

### Reproductive health for people in Peru's earthquake crisis: an essential part of primary health care



#### Background

A powerful earthquake with a magnitude of 7.9 degrees in the Richter scale struck Peru on the 15 August 2007, seriously damaging hospitals, schools, churches and government buildings (at least 85% of housing has been damaged) in the cities of Pisco, Chincha Alta, Ica and Cañete in the departments of Ica and south of Lima. At this time, the death toll stands at over 500 and the number of injured exceeds the thousand (both these numbers are likely to increase since there are still areas that have not been assessed). The Peruvian Government and civil society immediately mobilized available resources, while the coordination of the response has been led by the National Institute of Civil Defence (INDECI).

The Peruvian Government has officially requested support from the international cooperation and has also declared the state of emergency in this region. The estimated number of people affected by earthquake crisis is 200,000. From the total women affected, more than 9,500 are adolescents (15 to 19 years old).

#### Justification

Humanitarian assistance for populations affected by complex emergencies has been generally limited to food, water and sanitation, shelter and protection, and basic health care. The risk of unwanted pregnancy and sexually transmitted infection (STD) including HIV and AIDS increases dramatically in natural disasters as well as the infringement of sexual and reproductive rights, but few humanitarian actors provide family planning services, post-rape treatment, information and counseling, or even condoms.

For women in crisis settings, an unplanned pregnancy can be fatal, particularly if they are adolescents. Women are uniquely vulnerable to vitamin and iron deficiencies (particularly anemia, which can be fatal for pregnant women and their babies); suffer a range of sexual and reproductive health problems, from not having sanitary supplies for menstruation to life threatening complications related to pregnancy; the stress of disasters lead to a rise in gender-based and sexual violence, unprotected sex, and women are primarily responsible for caring for children, the sick and the elderly giving up their own health needs.

Sexual and Reproductive health including prevention of STD/HIV and AIDS is important in crisis situations and should be an integral part of primary health care services in the regions affected by the earthquake; and strengthen the health services. This is the reason why UNFPA has included in the Flash Appeal a project with the purpose of ensuring access to sexual and reproductive health services (including prevention and attention) of the population affected by the earthquake.

#### Beneficiaries:

Affected communities with a focus on men, women and adolescents in their reproductive age, disabled and elderly. It should be noted that the affected areas in Ica and Huancavelica and south of Lima have a population of approximately 255,000 women in reproductive age (15-49 years), among which there would be 27,500 pregnant women each year and we could expect to have 15,000 deliveries per annum in the affected region.

#### Areas of Intervention:

Ica Region, Provinces Chincha and Canete  
Huancavelica Region, Provinces of Castrovirreyna, Huaytara

## Specific Objectives

1. To support the Ministry of Health (MoH) and local health authorities in affected areas to ensure reproductive health services in order to reduce maternal mortality and unwanted pregnancies; and
2. To strengthen the capacity of health services to prevent and respond to situations that affect sexual and reproductive rights (STD, HIV and AIDS, sexual abuse, access to information and counseling; etc) .

## Activities

1. Finalization of the rapid assessment of SRH services in the affected areas; and SSR necessities in affected population.
2. Procurement of the Reproductive Health (RH) Emergency Kits. There are 12 complementary types of sub kits designed by UNFPA to provide aid to natural disasters victims using a comprehensive and integral approach. They cover the following components: Risk-free maternity: pre- and post-natal care and ensuring conditions for safe delivery; prevention and treatment for sexual violence including social support; information and means of prevention (male condom) to adopt sexual protected behaviors to prevent Sexually Transmitted Diseases (STD) including HIV and AIDS; voluntary family planning services; information and services for the special needs of adolescents.
3. Training and Information. Train health providers to use the RH kits; sensitize and inform communities about the existence of these kits and how to use them; contribute to establish a network of community services to respond to the integral needs of affected population.
4. Systematize lessons learned as a way to prevent future inadequacies in disaster response.

## Budget

### 1. Purchase of Reproductive Health Kits

Subkit	Name of subkit	Quantity	Unitary Price	Total \$US
<b>Block 1 Community Level</b>				
0	Training and administration	20	234	4,680
2	Home birth	100	420	42,000
3	Consequences of rape	20	225	4,500
4	Hormonal contraception	32	550	17,600
5	Treatment of STDs	20	1100	22,000
<b>Block 2 Health Center</b>				
6	Clinical delivery	17	725	12,325
8	Complications of abortion	17	585	9,945
<b>Total Number of subkits</b>		226	<b>Total Price</b>	113,050
			<b>Transport</b>	20,000
			<b>Overhead costs (5%)</b>	6,653
<b>TOTAL COST OF ORDER</b>				<b>139,703</b>

### 2. Training and Information.

Human resources, travel and accommodation.	\$US 2,500
Brochures about the services.	\$US 3,500
<b>Total</b>	<b>\$US 6,000</b>

### 3. Systematization.

Human resources, travel and accommodation.	\$US 2,500
Printing of the final report	\$US 1,800
<b>Total</b>	<b>\$US 4,300</b>

<b>TOTAL BUDGET (1+2+3)</b>	<b>\$US 150,003</b>
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<b>Already covered</b>	<b>\$US 50,000</b>
<b>Funds Requested</b>	<b>\$US 100,000</b>

**Phasing Out Strategy:**

- 1) Training of medical providers to support RH needs of the affected population
- 2) Strengthening of health centers through the provision of medical equipment and supply
- 3) Political compromise of local authorities
- 4) Strengthening of population demand side for RH services

**Responsible managing officer to coordinate the project:**

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