From: Ugochi Daniels <daniels@UNFPA.ORG>

To: DRR\_INTER-AGENCY\_FOCAL\_POINTS@GROUPS.PREVENTIONWEB.NET,

Date: 05/11/2014 22:47

Subject: Comments on Zero Draft Framework document

Sent by: "DISASTER RISK REDUCTION FOR RESILIENCE, INTER-AGENCY FOCAL POINTS" <DRR\_INTER-AGENCY\_FOCAL\_POINTS@GROUPS.PREVENTIONWEB.NET>

Dear John and Colleagues,

Thank you for the opportunity to provide a second round of comments on the zero draft. Overall, UNFPA welcomes references made to women’s role and gender perspectives in disaster risk reduction. However, the text could be further strengthened to address clearly gender perspective in the post-2015 framework for DRR. In this regard, UNFPA agrees with earlier comments submitted by UNWomen.It is indeed of utmost importance that women are positioned as active stakeholders not only as beneficiaries for building resilience within the new framework.

The new framework also refers to enhancing the resilience of health system by integrating DRR into primary health care, especially at local level developing the capacity of health workers in understanding risk and supporting community health groups in DRR approaches. However, the zero draft does not make any references to sexual and reproductive health into health emergency preparedness management to ensure health system resilience with regard to reproductive health services for pregnant and lactating women. Please see below our recommendations for strengthening the text in this regard:

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| Zero Draft, page 8:  D. Priorities for Action  Priority 1 "Understanding disaster risk"  National and local levels  22. It is important to:  b) Systematically survey, record and publicly account for all disaster losses and the economic, social and health impacts especially with regard to sexual and reproductive health of child-bearing and lactating women; |
|  |
| Zero Draft, page 12:  Priority 3: Investing in economic, social, cultural, and environmental resilience  National and local levels  28. It is important to:  g) Enhance the resilience of health systems by integrating disaster risk reduction into primary health care, especially at local level developing the capacity of health workers in understanding risk, applying and implementing disaster risk reduction approaches in health work, and supporting and training community health groups in disaster risk reduction approaches, particularly with regard to women’s sexual and reproductive health; |

Thanks for your consideration.

Best regards,

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Ugochi Daniels

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