

NINETEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
First Regular Session

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23 FEB -6 P 6 :15

SENATE

S. No. 1838

RECEIVED BY: _____

Introduced by SENATOR RAMON BONG REVILLA, JR.

**AN ACT
TO ENSURE GENDER RESPONSIVE AND INCLUSIVE PROTOCOLS AND
PROGRAMMING TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF
WOMEN DURING PANDEMICS, PUBLIC HEALTH CONCERNS, EMERGENCIES
AND DISASTERS**

EXPLANATORY NOTE

Article II, Section 14 of the 1987 Constitution asserts that "*The State recognizes the role of women in nation-building and shall ensure the fundamental equality before the law of women and men.*"

In recent research, it has been clearly established that women are most affected by pandemic. The social and economic impacts of COVID-19 have greatly affected women more than men. Women have to bear most responsibilities to take care of their family members who fall sick. Women had to endure greater risk of domestic violence and are disproportionately disadvantaged by limited access to reproductive health services. This has been exacerbated by being most likely to lose their jobs in times of economic instability. Hence, this compels the government to use evidence in creating mechanisms sensitive to these social realities.

The measure envisions that woman, especially the marginalized and most vulnerable among them, are empowered during public health emergencies, to access gender-differentiated needs. The measure emphasizes the use of intersectional lenses espousing the overlapping vulnerabilities and conditions that intensifies the experience

of women during the pandemic. This mandates that responses and recovery systems guarantee that women are strategically placed to fully participate in the decision and policy-making positions.

In view of ensuring gender-responsive and inclusive protocols and programs during pandemic and other public health emergencies, the immediate approval of this bill is earnestly sought.


RAMON BONG REVILLA, JR. 

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*Be it enacted by the Senate and House of Representatives of the Philippines in
Congress assembled:*

ARTICLE I

GENERAL PROVISION

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3
4 Section 1. *Short Title.* - This Act shall be known as the "*Gender Responsive and*
5 *Inclusive Pandemic and Disaster Management Act of 2023.*"

6 Sec. 2. *Declaration of Policy.* - The State hereby affirms its role as the primary
7 duty-bearer in ensuring the enjoyment and fulfillment of all human rights during
8 natural and other disasters and emergencies, including a pandemic, especially the
9 right to life, which permits no derogation even during emergencies, and the right to
10 health, so that every individual shall enjoy the highest attainable level of health. It
11 affirms its Constitutional duties to guarantee the equality of men and women to the
12 enjoyment of their human rights, with focus on the differentiated needs of, and impact
13 of emergencies on, women, prohibit discrimination, and create an enabling
14 environment under the new normal that guarantees the human rights of women. It
15 acknowledges its corresponding duties relating to women's rights to participation and
16 representation, protection from gender-based violence (GBV) during emergency
17 situations, sexual health and reproductive health, and economic empowerment of

1 women. It adopts a zero-tolerance policy towards GBV, abuse and exploitation, which
2 is rooted in gender inequality and discrimination. The implementation of approaches
3 and strategies relevant to disaster risk reduction, emergency and pandemic
4 management must integrate human rights and gender lenses. It is fundamental that
5 policies, plans, programs, actions, conduct and results are non-discriminatory and that
6 no one is left behind.

7 Towards ensuring gender equality, the State shall be guided by existing
8 frameworks on gender-responsive planning and programming during pandemics and
9 disasters and shall likewise establish mechanisms and processes to ensure the
10 adoption, reprogramming and/or continuity of programs that serve and address the
11 gender differentiated needs of women during a pandemic.

12 Accordingly, the State shall:

- 13 a. Be the primary duty bearer to enforce the protection of human rights and
14 guarantee the agency, participation and leadership of women during pandemics
15 and disasters from the point of prevention until recovery and while adapting to
16 the new normal in society;
- 17 b. Establish policies and programs to prevent the spread of a notifiable disease,
18 to prepare prior to its actual impact, and to deliver treatment, care, support
19 and other essential services to individuals affected in accordance with evidence-
20 based strategies and approaches that uphold the principles of human rights,
21 integrating gender analysis, and taking into account the intersectional
22 considerations that differentiate impact on different groups, identities and
23 sectors;
- 24 c. Institutionalize real, actual and meaningful participation of women, at-risk
25 individuals and communities affected by the pandemic and other public health
26 emergencies, and those who are most vulnerable to violations of human rights
27 during such situations in policy and decision making and at every stage of the
28 pandemic or emergency management, especially in the formulation of general
29 guidelines and resolutions governing the national management of the pandemic
30 as well as in its implementation;
- 31 d. Empower and collaborate with women and institutionalize their role to publicly
32 lead, decide and promote gender responsive, equitable and universally

- 1 accessible response, recovery, rehabilitation and reconstruction approaches in
2 all areas of concerns, including public health, during a pandemic;
- 3 e. Adopt a multi-sectoral and inter-disciplinary approach in the preparation,
4 response and recovery stages of the pandemic response management by
5 ensuring an all-of-society engagement and partnership involving the whole
6 government, public health practitioners, technical experts, local communities,
7 civil society organizations (CSOs), academe, private sector, persons most
8 vulnerable to the pandemic and other relevant actors or stakeholders, with the
9 State as the primary duty-bearer;
- 10 f. Enable indiscriminate access of everyone to pandemic-related and essential
11 services, as well as sustained access to livelihood and other productive
12 opportunities, with special focus on at-risk individuals and groups;
- 13 g. Undertake appropriate actions to ensure the continuous and effective
14 functioning of and access to concerned institutions, communication systems,
15 referral systems, protection mechanisms and other appropriate measures to
16 address GBV and give priority to access effective remedies, including
17 reprogramming of delivery of services and capacitating service providers to
18 deliver pertinent essential services;
- 19 h. Ensure that the differentiated needs, multiple burdens and GBV faced by
20 women during the pandemic or emergency situation are addressed and
21 integrated in measures, actions and conduct relating to the management of the
22 pandemic response by integrating intersectional analysis in the formulation of
23 policies, plans and programs relating to pandemic management, particularly in
24 the area of security and law enforcement at all levels of government and
25 particularly at the barangay level;
- 26 i. Ensure access to prompt and substantive social protection and safety nets,
27 taking into account the heightened insecurity and burden on the part of women
28 and at-risk individuals, communities and groups that might hinder access;
- 29 j. Positively act, address and seek to eradicate and prohibit stigma, discrimination
30 and other conditions that result in GBV and aggravate the situations of women;
- 31 k. Craft and design effective gender-fair communication and information
32 platforms and systems that ensure broad, accurate and prompt dissemination,

1 and effective understanding by all, particularly in relation to monitoring
2 incidence of GBV both in private and public spaces and access to protection
3 mechanisms and effective remedies;

- 4 l. Utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society
5 approach wherein the State collaborates with non-state actors to achieve
6 maximum efficiency and effectiveness; and
- 7 m. Utilize existing modern information, communication, research and technological
8 capacities and techniques in crafting the policies and protocols with due regard
9 to human rights and gender-fair language.

10 *Sec. 3. Purpose.* - The principal purpose of this Act is to ensure that there is
11 adequate statutory power for government agencies to act, pursuant to their respective
12 mandates, upon a declaration of an emergency by the President by reason of a
13 pandemic and guided by the policies issued by the Inter-Agency Task Force on
14 Emerging Infectious Diseases (IATF) and principles enunciated in Section 2 of this Act.

15 *Sec. 4. Definition of Terms.* -

- 16 a. "*Access to Justice*" means the sufficient access to essential services for victim
17 survivors of GBV, and all women and girls in conflict with the law such as the
18 unimpeded availability of legal assistance, case management services, health
19 services, medico-legal services, counselling, protection, operational shelters,
20 and support; with an accountability mechanism in place.
- 21 b. "*At-risk individuals and groups*" include the following vulnerable and
22 marginalized persons, sectors and/or groups including but not limited to women
23 with disabilities, children, elderly, among others.
- 24 c. "*Early Recovery*" means a multidimensional process of recovery that begins in
25 a humanitarian setting. It is guided by development principles that seek to build
26 on humanitarian programs and catalyze sustainable development opportunities.
27 It aims to generate self-sustaining, nationally-owned, resilient processes for
28 post-crisis recovery. It encompasses the restoration of basic services,
29 livelihoods, shelter, governance, security and rule of law, environment and
30 social dimensions, including reintegration of displaced populations. Essential
31 services to address gender-differentiated needs shall be made available during
32 this period.

- 1 d. "*Emergency*" is any situation in which the life or well-being of civilians affected
2 by natural disaster, conflict or a public health threat has been or will be at risk
3 unless immediate and appropriate action is taken, and that demands an
4 extraordinary response and exceptional measures;
- 5 e. "*Essential services*" covers health and social services, whether provided by a
6 public or private undertaking, to ensure the security, safety and well-being of
7 persons, including but not limited to food, water, medicine, medical devices,
8 public utilities, energy, access to justice, police, health and protection services,
9 and social protection addressing the needs of women during situations of
10 pandemic, emergency or disaster as may be determined by the IATF or other
11 relevant lead government agency or body under the law;
- 12 f. "*Frontline Workers*" are those employees within essential industries who must
13 physically show up to their jobs. It includes public and private health workers,
14 such as but not limited to medical professionals, hospital and health facility
15 administrative and maintenance staff, and aides from private health facilities,
16 as well as their service providers, health workers and volunteers of the
17 Philippine Red Cross and the World Health Organization, and employees of
18 Health Maintenance Organizations (HMOs), the Philippine Health Insurance
19 Corporation (PHIC), health insurance providers, disaster risk reduction
20 management officers, public safety officers, and other workers in other high
21 priority sectors: *Provided*, That the IATF shall determine the sectors by which
22 its workers can be classified as frontline workers;
- 23 g. "*Gender-Responsive*" is the consistent and systematic attention given to the
24 gendered differences among individuals in society with a view to addressing
25 status quo and structural constraints to gender equality; this includes creating
26 and sustaining an environment through site selection, staff selection, program
27 development, content, processes and materials that reflect an understanding
28 of the realities of women's lives and addresses their needs and issues;
- 29 h. "*Health event of public health concern*" refers to either a public health
30 emergency (PHE) or a public health threat due to biological, chemical, radio-
31 nuclear and environmental agents as defined under RA 11332.

- 1 i. "*Intersectionality*" is a framework for understanding that people experience
2 overlapping (i.e., intersecting) forms of oppression, discrimination and
3 marginalization based on their co-existing identities (e.g., inequality based on
4 gender and/or ethnicity);
- 5 j. "*Locally Stranded Individual*" refers to foreign nationals or Filipino citizens in a
6 specific locality within the Philippines who have expressed intention to return
7 to their place of residence or home origin;
- 8 k. "*Marginalization*" refers to a condition where a whole category of people is
9 excluded from useful and meaningful participation in political, economic, social,
10 and cultural life;
- 11 l. "*Migrant Workers*" refer to Filipinos who are to be engaged, are engaged, or
12 have been engaged in a remunerated activity in a State of which they are not
13 legal residents, whether documented or undocumented;
- 14 m. "*Nondiscrimination*" refers to the guarantee wherein human rights are
15 exercised without discrimination of any kind based on race, color, sex,
16 language, religion, political or other opinion, national or social origin, property,
17 birth or other status such as disability, age, marital and family status, sexual
18 orientation and gender identity, health status, place of residence, economic and
19 social situation;
- 20 n. "*Pandemic*" is defined under this Act as an epidemic occurring worldwide, or
21 over a very wide area, crossing international boundaries, and usually affecting
22 a large number of people as declared by the World Health Organization. The
23 term also contemplates other public health emergencies as defined under RA
24 No. 11332 and as declared by the Department of Health (DOH);
- 25 o. "*Preparedness*" refers to efforts that focus on ensuring adequate capacity and
26 knowledge, while reinforcing the ability to anticipate, respond and recover from
27 the impact or emergency situations. Essential services to address gender
28 differentiated needs shall be included in these efforts;
- 29 p. "*Prevention*" generally refers to taking action to stop GBV from first occurring
30 (e.g., scaling up activities that promote gender equality or working with
31 communities to address practices that contribute to GBV). Mitigation refers to

1 reducing the risk of exposure to GBV (e.g., ensuring that reports of "hot spots"
2 are immediately addressed through risk-reduction strategies);

3 q. "*Recovery*" is the process following relief and supports the transition into long
4 term reconstruction and development. Recovery actions are most effective if
5 anticipated and facilitated from the very outset of a humanitarian response. It
6 involves the restoration and improvement of facilities, livelihood and living
7 conditions of crisis-affected communities, including efforts to reduce risks
8 brought on by the crisis. Essential services to address gender-differentiated
9 needs shall be made available during this period;

10 r. "*Response*" refers to an emergency response involving the provision of
11 emergency services and public assistance during or immediately after a
12 humanitarian crisis to save lives, reduce health impacts, ensure public safety
13 and protection, and meet the basic needs of women, girls, boys and men in the
14 affected population. This stage can range from a few days or weeks to many
15 months and even years, particularly in protracted insecurity and displacement
16 contexts. For the purposes of this Act, response shall be undertaken upon the
17 declaration of the DOH of a public health emergency. Essential services to
18 address gender-differentiated needs shall be made available during this period;

19 s. "*Social Protection floors*" refer to nationally defined sets of basic social security
20 guarantees that should ensure, as a minimum that, over the life cycle, all in
21 need have access to essential health care and to basic income security which
22 together secure effective access to goods and services defined as necessary at
23 the national level; which include among others: access to essential health care,
24 including maternity care; basic income security for children, providing access
25 to nutrition, education, care and any other necessary goods and services; basic
26 income security for persons in active age who are unable to earn sufficient
27 income, in particular in cases of sickness, unemployment, maternity and
28 disability; basic income security for older persons;

29 t. "*Social Safety Nets*" refer to noncontributory interventions designed to help
30 individuals and households cope with chronic poverty, destitution, and
31 vulnerability, such as unconditional and conditional cash transfers,
32 noncontributory social pensions, food and in-kind transfers, school feeding

1 programs, public works, and fee waivers. These programs target the poor and
2 vulnerable;

3 u. "*Stigma*" refers to a set of negative and often unfair beliefs that a society or
4 group of people have about something such as in the context of women; and

5 v. "*Violence Against Women*" refers to any act of GBV that results in, or is likely
6 to result in physical, sexual, or psychological harm or suffering to women,
7 including threats of such acts, coercion, or arbitrary deprivation of liberty,
8 whether occurring in public or in private life.

9 Sec. 5. *Humanitarian Principles Guiding Pandemic Programming and*
10 *Management to Address Gender-Differentiated Needs of Women During Pandemics or*
11 *Disasters.* - The following principles shall ground, inform and guide the formulation
12 and implementation of policies, plans, programs, and other appropriate measures,
13 including affirmative actions, in managing pandemics and disasters:

14 a. A survivor-centered approach which creates a supportive environment in which
15 survivors' rights and wishes are respected, their safety is ensured, and they are
16 treated with dignity and respect.

17 b. A human rights-based approach that seeks to analyze and address the root
18 causes of discrimination and inequality to ensure that everyone has the right
19 to live with freedom and dignity, safe from violence, exploitation and abuse, in
20 accordance with principles of human rights law.

21 c. A community-based approach that ensures that affected populations are
22 engaged actively as partners in developing strategies related to their protection
23 and the provision of humanitarian assistance. This approach involves direct
24 involvement of women, girls and other at-risk groups at all stages in the
25 humanitarian response, to identify protection risks and solutions, and build on
26 existing community-based protection mechanisms.

27 d. The humanitarian principles of humanity, impartiality, independence and
28 neutrality which should underpin the implementation of the Minimum Standards
29 and are essential to maintaining access to affected populations and ensuring
30 an effective humanitarian response.

- e. The "do no harm" approach which takes into account all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.
- f. The Principles of Partnership which comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results-oriented approach, responsibility and complementarity.
- g. Taking into account the best interests of the child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them;
- h. Focus should be given to the intersectionality of the circumstances of women, taking into account the specific needs and concerns of marginalized and vulnerable women groups including women and girls deprived of liberty, women working in the informal sector, women migrant workers, and other similarly situated at-risk individuals and groups.
- i. Rights-based policing human rights principles and practices are taught and applied at all levels, in policy, doctrinal, operational and administrative functions of the police organization.

Sec. 6. Interpretation of this Act. - Unless otherwise provided, nothing in this Act shall be construed as reducing provisions in existing Philippine laws, international human rights laws and related instruments, and international humanitarian laws that are more promotive of human rights and the preservation and protection of the right to life.

ARTICLE II
CREATION OF NATIONAL PREPAREDNESS AND RESPONSE PLAN TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF WOMEN DURING A PANDEMIC OR DISASTER

Sec. 7. National Preparedness and Response Plan to Address the Gender - differentiated Needs of Women during the Pandemic or Disaster. - A coherent, appropriate, efficient, developmental, evidence-based and survivor-centered national

1 program against GBV and addressing gender-differentiated needs of women especially
2 from marginalized sectors shall be developed to inform, direct and coordinate its
3 implementation at all levels and to ensure accessibility, availability and quality of
4 services at the community level.

5 For this purpose, a Task Force, to be co-headed by the National Disaster Risk
6 Reduction and Management Council (NDRRMC) and the Philippine Commission on
7 Women (PCW), in coordination with the IATF, shall come up with said National Plan
8 within six (6) months from passage of this Act, to be cascaded to the LGUs where
9 local counterparts may be established, and must be automatically integrated into the
10 national strategy to manage the pandemic or disaster. This plan shall be subjected to
11 review every two (2) years. It shall address GBV and gender-differentiated needs at
12 all stages of the pandemic management, and anticipating pandemic related events
13 and factors that might impede the functioning of legal, medical, social, remedial and
14 other protection measures and mechanisms, to include, but not limited to:

- 15 a. Reviewing lessons from the COVID19 pandemic to be able to address the
16 specific barriers and obstacles faced by women during pandemics and disasters
17 that manifest in GBV, taking into account intersecting vulnerabilities and the
18 multiple burdens they experience, and addressing stigma and discriminatory
19 practices, attitudes and behaviors resulting in GBV;
- 20 b. Gathering, managing, and utilizing data concerning the risks and incidence of
21 GBV, including online GBV, to inform policies and programs to achieve gender
22 inclusive responses and address gaps and lapses;
- 23 c. Providing prompt, accurate, disaggregated, accessible, up-to-date,
24 comprehensible, science-based, and transparent data on women during
25 pandemics and disasters;
- 26 d. Developing protocols and guidelines of conduct relating to the delivery of
27 service to women in the context of pandemics, providing access to essential
28 services and government social protection and safety nets, including water,
29 hygiene and sanitation (WASH), food and nutrition security;
- 30 e. Providing capacity-building for service providers and governmental workers on
31 early identification and mitigation of such risks as well as strengthening
32 nationwide helplines and community-level referral to ensure they are functional

- 1 to prevent and respond to cases including chain management and service
2 provision plans for these services to stay open during the outbreak;
- 3 f. Providing a clear channel of communication with GBV service providers and
4 actors, as well as women's organizations and local GBV service providers and
5 survivor-centered referral systems through the utilization of technology;
- 6 g. Assisting in the planning of national, local and community units by developing,
7 identifying and sharing best practices;
- 8 h. Providing technical assistance, training, and consultation to improve
9 preparedness and response capabilities, with focus on the needs of women and
10 other vulnerable groups, including to support the achievement of evidence-
11 based benchmarks and objective standards to monitor, assess and measure
12 levels of preparedness, response and recovery;
- 13 i. Improving systems of public, private, and civil society collaboration and
14 partnership to formulate, and address gaps and inefficiencies in the policies,
15 plans and programs to address GBV during pandemic, including systems of
16 global cooperation; and
- 17 j. Carrying out other duties related to preparedness, response and recovery
18 activities for women, as the Task Force may deem appropriate.

19
20 **ARTICLE III**

21 **GENERAL DUTIES OF NATIONAL GOVERNMENT AGENCIES AND LOCAL**
22 **GOVERNMENT UNITS**

23
24 *Sec. 8. Duties of National Government Agencies and Local Government Units*
25 *(LGUs).* - Every department, agency and LGU must come up with a gender responsive
26 pandemic preparedness plan, manual or protocol for women in pandemics within sixty
27 (60) days from receipt of the national plan and appoint one focal person to supervise
28 and oversee the implementation of said plan, manual or protocol. The preparedness
29 plan should outline the entity's plans to, where relevant:

- 30 a. Monitor and gather data regarding the realities of women relating to GBV
31 and enjoyment of their human rights in the context of a pandemic that

1 would inform, craft and direct policies to be implemented by the agency
2 in all the stages of pandemic management;

- 3 b. Effectively prevent, respond and eliminate the incidence of GBV;
- 4 c. Consistent with the National Plan, develop and craft guidelines and
5 instructions on practices, protocols, systems of coordination and
6 networking, information and education of first responders, especially
7 during the response and early recovery stage, safety and personal
8 protection of workers, and needs of women, girls and at-risk individuals,
9 groups and communities, and ensure its timeliness, responsiveness,
10 availability and accessibility;
- 11 d. Develop and craft guidelines and protocols for alternative work
12 arrangements that take into account the gender-differentiated needs of
13 female employees of the agency;
- 14 e. Ensure that communications systems, referral systems, protection
15 mechanisms and other measures on access to justice and effective
16 remedies by women subject to GBV are in place and continue to operate
17 during the period of a pandemic;
- 18 f. Where applicable, provide immediate haven, shelter and security,
19 resources and support to women and girls subject to violence;
- 20 g. Enable sufficient and effective regulatory authority to respond and to
21 prevent the incidence of GBV during a pandemic, including but not
22 limited to the relaxation of regulatory requirements that impede the
23 delivery of services or its compliance during a pandemic, emergency
24 procurement and provision of emergency funds for these purposes.
25 Concerned agencies may also be mandated to update such plans,
26 manuals or protocols within a given timeframe after the issuance of the
27 National Plan.

28 *Sec. 9. General Duties of Local Government Units.* - In addition to the duties
29 under the preceding section, LGUs shall develop their pandemic preparedness
30 protocols through a gender-differentiated localized response, taking into account the
31 local contexts, cultural norms, and concerns of the different women sectors in their
32 area. This includes protocols and systems for assistance to GBV, provisions for access

1 to sexual and reproductive health needs, and ensuring availability of basic services for
2 women through all phases of the national response regarding the PHE. The LGUs shall
3 ensure that they have capable and trained personnel to provide the essential services
4 package for women and are oriented about the policies, principles and procedure
5 regarding gender equality, prohibition against GBV, and gender sensitivity as well as
6 those governing the management of the pandemic and other public health
7 emergencies. They are also mandated to use data-gathering and data-analytics to
8 further improve and strengthen their services. They shall also provide an accessible
9 feedback mechanism to further guide their practice. Subject to health protocols, the
10 LGUs, in coordination with CSOs, non-government organizations, private sector and
11 other stakeholders, shall conduct regular dialogues and information drives with the
12 community to educate them on gender issues as a preventive measure to prevent GBV
13 and address gender-differentiated needs. Through this multi-sectoral mechanism,
14 women can participate and put forth their specific needs for integration in the local
15 government pandemic programming and management.

17 **ARTICLE IV**

18 **PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-** 19 **DIFFERENTIATED NEEDS OF WOMEN DURING A PANDEMIC**

20
21 *Sec. 10. Leadership, Participation and Empowerment of Women.* - Response
22 and recovery systems must ensure that women are placed strategically and participate
23 meaningfully in leadership, decision-making, and policy-making positions at all levels.
24 In accordance with this, the IATF shall have the Philippine Commission on Women
25 (PCW) as permanent member. Forty percent (40%) of membership of all development
26 or counterpart response councils or bodies from the regional, provincial, city, municipal
27 and barangay levels shall be composed of women. In the formulation, planning,
28 programming and implementation of prompt, effective and survivor-centered
29 measures to address issues of violence against women and girl-children, the most
30 senior leadership position shall be held by a woman.

1 Sec. 11. *Guarantee of Non-discrimination.* - This Act shall prohibit discrimination
2 in all forms committed against women as provided under the Magna Carta of Women
3 during the occurrence of a pandemic or any PHE.

4 Sec. 12. *Strengthening GBV Preparedness and Response Systems.* - GBV
5 preparedness and response systems during pandemics and disasters shall be
6 considered essential services and appropriate budgetary allotment from the
7 emergency funding shall be ensured towards the formulation, reprogramming or
8 continuity of said systems. Services to respond to GBV shall remain uninterrupted and
9 functional, even during quarantines and lockdowns. In particular:

- 10 a. GBV services, especially temporary shelters, psychosocial services, appropriate
11 medical aid, and legal aid, shall remain functional and accessible
12 notwithstanding the occurrence of a public health emergency. All government
13 units, desks and offices involved in the GBV referral pathways, including
14 hotlines, social protection, and community care services, must also be fully
15 operational to enable timely reporting and response to GBV;
- 16 b. Mechanisms under Republic Act 9262 for the processing and issuance of
17 Barangay Protection Orders (BPO), Temporary Protection Orders (TPO) and
18 Permanent Protection Orders (PPO) shall remain operative and the
19 reglementary periods under the law shall be maintained;
- 20 c. GBV services are to be made available to women staying in any detention,
21 quarantine or isolation facilities where prolonged stay is required or necessary:
22 *Provided, that all personnel and decision-makers involved in camp coordination*
23 *and camp management, such as in evacuation sites, transitory shelters and*
24 *community-based/home-based arrangements shall be capacitated to receive*
25 *GBV related complaints and provide GBV-related services;*
- 26 d. All duty-bearers "required under Republic Act 11313 to establish mechanisms
27 to receive and investigate complaints for violations of the Act must ensure that
28 such mechanisms are functional and effective;
- 29 e. Communication systems, with emphasis on localized communication down to
30 the level of barangays, must be established in coordination with the
31 Department of Information and Communications Technology (DICT) and
32 National Telecommunications Commission, for education and information

1 dissemination on pandemic and emergency risks and access to social
2 protection, safety nets, referral systems, protection measures and other
3 appropriate measures in cases of GBV, which shall include traditional modes of
4 communication to reach women living in remote areas or areas with limited
5 access such as newspaper, pamphlets, and radio. *Provided*, that, relevant and
6 gender-fair language, format, and relevant channels that are culturally- and
7 age-appropriate shall be taken into consideration to ensure effective
8 communication with individuals and communities.

9 *Sec. 13. Sexual and Reproductive Health (SRH) Rights and Essential Services*
10 *Package.* - It shall be the duty of national and local authorities to prioritize specific
11 health needs of all women and girls at the community level, including in countries of
12 destination for women migrants, particularly access to sexual and reproductive health
13 services, including pre- and post-natal healthcare, access to essential services as
14 defined above and physical rehabilitation during pandemics and other public health
15 concerns, emergencies and disasters. The preparedness and response systems must
16 include, but not limited to:

- 17 a. Available staff, funds and other resources;
- 18 b. Unhampered mobility and available public and safe transportation;
- 19 c. Availability and continuity of reproductive health commodities, goods and
20 services and essential services or relief packages and hygiene kits, including
21 emergency contraception, for women and girls of all ages;
- 22 d. Knowledge and awareness of women and communities of these available
23 services, and continuous flow of SRHR information to young women to reduce
24 22 unsafe and unhealthy sexual practices;
- 25 e. Gender-sensitive support to frontline health workers on both facility and
26 community level;
- 27 f. Additional financial, human, or logistical support to female health workers to
28 offset the additional burden of household management;
- 29 g. Systematic coordination and planning of addressing the gaps in accessing SRH
30 services;
- 31 h. Adoption of a strategy to ensure continuity and availability of ante and postnatal
32 care and services during lockdowns as well as prompt access of pregnant

1 women to the same, with corresponding precautions to protect them from risks
2 of exposure such as, but not limited to, provision of maternal health
3 information, provision of online check-ups, and updated referral hospitals and
4 lying-in clinics during the lockdowns;

- 5 i. Provision to women deprived of liberty (WDL) of sufficient and regular access
6 to sexual and reproductive health information, services, and products inside the
7 detention and correctional facilities; *Provided* that, pregnant WDLs or those
8 who have just given birth shall be allowed benefits including, but not limited
9 to, house arrests, furloughs to attend to physical/medical checkups, release on
10 recognizance, among others;
- 11 j. Provision of reasonable accommodation to ensure women with disabilities'
12 access to SRH services; and
- 13 k. Provision of SRH services to internally-displaced women and girls in home-
14 based arrangements or in evacuation sites/transitory shelters. The DOH and
15 each Barangay Health Emergency Response Team are mandated to ensure that
16 the specific health needs, especially sexual health and reproductive needs,
17 women and girls are included in the implemented essential health packages,
18 systems and protocols in their constituency, including universal health
19 coverage, during pandemics, subject to other existing laws.

20 *Sec. 14. Gendered Approach to Vaccination.* - The procurement, allocation,
21 distribution, delivery, facilitation and administration of vaccines must be transparent
22 and must take into account gender-based differences in immunological responses,
23 care burden or work of women both paid and unpaid, security of women against GBV
24 and other forms of attacks and other factors that increase women's vulnerability. Safe,
25 efficacious and free vaccines or medications, including newly-approved ones for the
26 current pandemic or health emergency, must be available and accessible to women,
27 taking into account intersectional considerations that may impede such access and
28 vulnerabilities of women that affect their right to life, health and security: *Provided,*
29 That such access shall be in accordance with the priority and health protocols of the
30 Philippines or relevant COD, and is rights-based, non-discriminatory, voluntary and
31 based on informed consent. Information on vaccination and the scientific evidence
32 behind it must be clear and effectively communicated. These gendered approaches

1 must be integrated in legal, policy and program implementation of vaccinations to
2 address COVID and other public health concerns, emergencies and disasters.

3 *Sec. 15. Social Protection.* - It shall be the duty of national and local authorities
4 such as the Department of Social Welfare and Development (DSWD), Department of
5 Labor and Employment (DOLE), and Department of Interior and Local Government
6 (DILG), in coordination with the various LGUs, to target the most vulnerable and
7 economically marginalized sectors of women, with emphasis on victims of gender-
8 based violence. The measures shall include, but not limited to:

- 9 a. Empowering women through their access to sustainable livelihood and/or
10 employment as may be practicable, such as through the capacity-building and
11 other services rendered by local Public Employment System Offices and work
12 from-home programming, and access to flexible financing and loans;
- 13 b. Ensuring the unimpeded provision of safety nets and cash-based interventions
14 to vulnerable and poor women, and solo parents;
- 15 c. Prioritizing gender alongside disability, age, and other overlapping
16 vulnerabilities in the assessments of needs and decisions on targeting;
- 17 d. Ensuring that women victims have adequate access to counselling and shelters
18 that have access to adequate resources for the needs of women, particularly
19 health and social workforce; solo, young and 4Ps mothers;
- 20 e. Providing women access to opportunities such as trainings and seminars
21 pertinent to their capacity to sustain themselves;
- 22 f. Ensuring that work environments, including work-from-home (WFH)
23 arrangements, are VAW-free through continuous monitoring of the situations
24 of vulnerable women and their protection, guaranteeing accountability of the
25 perpetrators and holding of regular seminars to educate on VAW issues and
26 standards especially during a pandemic, among others;
- 27 g. Ensuring effective and inclusive grievance redressal mechanisms embedded in
28 social protection programming which are designed to be accessible and
29 inclusive of girls, women, persons with disabilities, children, older people, and
30 other at-risk individuals and groups;
- 31 h. Providing WFH setup for women subjected to violence in their workplaces until
32 the perpetrator has been held accountable; and

- 1 i. Enforcing other laws and issuances which may be enacted by virtue of the
2 existence of such public health emergencies, which contain services and
3 protection afforded to women, particularly on social protection.

4 *Sec. 16. Protection for Locally Stranded Individuals.* - The DILG, in coordination
5 with LGUs and the respective designated barangays, shall ensure the safety and
6 security of all displaced migrants or individuals and at-risk individuals and groups due
7 to the pandemic. This shall include an efficient mechanism for immediate delivery of
8 food (in full respect for the Individual's dietary restrictions by reason of health or
9 religion), shelter and medical supplies for women and children, including assisting
10 mothers with breastfeeding, feed and care for their babies, protection against GBV,
11 and other support.

12 *Sec 17. Economic Empowerment.* - The DOLE, together with LGUs, including
13 the Public Employment Systems Offices (PESO), shall enact mechanisms and
14 procedures to address the difficulties faced by women in the employment sector during
15 the pandemic, such as job loss and business closure. All measures shall tend to the
16 continuous employment of women. These should include considerations regarding the
17 workplace arrangements, marketplace and community supply chain, establishment of
18 community level livelihood facilitators, and the women working in the informal
19 economy. For this purpose, said units and offices must be well-equipped and
20 capacitated to perform all measures necessary to address the livelihood and
21 employment concerns of their constituents, with special attention to vulnerable
22 women and the protection afforded to them under other laws. The DOLE and the Civil
23 Service Commission are mandated to ensure that women are afforded flexible work
24 arrangements during a PHE. They shall provide for rules and regulations for this
25 purpose, taking into account the specific needs and concerns faced by women under
26 such circumstances. The Department of Agriculture (DA), Department of Tourism
27 (DOT), Department of Trade and Industry (DTI), Technical Education and Skills
28 Development Authority (TESDA) and other relevant agencies shall also bolster
29 entrepreneurship and provide adequate livelihood opportunities and skills
30 development to women.

31 *Sec. 18. Protection of Rural Women and Indigenous Women.* - The concerned
32 LGU shall ensure that women in rural and indigenous communities belonging to their

1 jurisdiction have adequate and unimpeded access to health, legal, and socio-economic
2 services. This guarantee for indigenous women must be undertaken with due respect
3 to their indigenous health systems, practices and beliefs. They shall be furnished with
4 the same, if not more, opportunities and facilities as those of their urban counterparts,
5 as far as may be practicable.

6 *Sec. 19. Utilization of Information and Communications Technology (ICT). -*

7 This Act mandates the emphasis on the enhancement of the capacity of ICT systems
8 to facilitate and aid the implementation of provisions under this Act. The DICT and the
9 National Telecommunications Commission, in coordination with public utilities and
10 telecommunication providers, shall develop efficient and effective management
11 information systems on GBV and other sexual exploitations, and other gender and
12 inclusion issues, provide assistance to relevant agencies and CSOs, provide assistance
13 to ensure the accessibility of the services provided through the use of ICT system
14 including, but not limited to, immediate assistance from the Philippine National Police
15 (PNP), information dissemination through short message service, and other services.
16 ICT assistance shall include strengthening ICT literacy of women especially in poor
17 communities and remote areas, reasonable accommodation for persons with
18 disabilities, such as provision of Filipino Sign Language, among others.

19 *Sec. 20. Protection for Women Migrant Workers and their Children. -*

20 Interagency bodies such as the IATF, Inter-Agency Council on Violence Against
21 Women and Their Children (IACVAWC), Inter Agency Council Against Trafficking
22 (IACAT) and the Sub-Committee on International Migration and Development
23 (SCIMD), as well as government agencies part of the OCTA (one-country team
24 approach in countries of destination) such as the Department of Foreign Affairs (DFA),
25 DOLE, Overseas Workers Welfare Administration, and DSWD are mandated to ensure
26 that women migrant workers are given adequate resources and access to legal,
27 medical, and social services in the receiving State, during transit and upon return,
28 especially during repatriation. Relevant embassies and foreign affairs personnel must
29 ensure the protection of women migrant workers and their children during pandemic
30 and other emergencies. Coordination among these bodies is imperative, taking into
31 account, but not limited to, the following:

- 1 a. Responsibility to prevent and reduce GBV in migrant women and their children,
2 including through international, regional, and bilateral cooperation;
- 3 b. Development of consistent and coherent frameworks and protocols between
4 the host country and country of origin for the expedited process of seeking
5 redress by women subjected to violence;
- 6 c. Global partnership and international cooperation such as through drafting
7 agreements on the extension of stay permits of the women migrant workers
8 and their children between the host country and the country of origin and
9 through the relaxation of migrant workers' requirements to access social
10 services;
- 11 d. Migrants and marginalized and other at-risk individuals or groups should be
12 included in the public health strategies with due consultation with them;
- 13 e. Grant of bilateral incentives between countries to encourage employers to
14 renew contracts for existing workers in the host country;
- 15 f. Labor, economic livelihood, and social protections for migrant;
- 16 g. Freedom of movement;
- 17 h. Non-discrimination;
- 18 i. Access to Health, especially sexual and reproductive health rights services;
- 19 j. Access to Justice; and
- 20 k. Access to Social Protection and Social Services.

21 *Sec. 21. Specific Protective Measures for Women Migrant Workers and their*
22 *Children, including victims of Anti Trafficking in Persons.* - In relation to the preceding
23 section, the following measures shall be undertaken, among other appropriate
24 measures:

- 25 a. During crisis preparation:
 - 26 i. Track information on conflicts and natural and climate-induced disasters
27 and potential impact on migrants and their children;
 - 28 ii. Orient and sensitize male responders and decision-makers on gender
29 responsive pandemic and disaster management policies;
 - 30 iii. Collect and share information on women migrant workers and their
31 children, subject to privacy, confidentiality, security, and safety of
32 migrants;

- iv. Incorporate women migrant workers and their children in the prevention, preparedness, and emergency response systems and contingency planning;
- v. Communicate effectively with migrants;
- vi. Establish coordination agreements beforehand; and
- vii. Build capacity and learn lessons from emergency response and post crisis action.

b. During emergency response:

- i. Communicate widely with women migrant workers and their children on evolving crises and how to access help;
- ii. Facilitate migrants' ability to move safely;
- iii. Provide humanitarian assistance without discrimination;
- iv. Establish clear referral procedures and systems;
- v. Relocate women migrant workers and their children, when needed;
- vi. Uphold the principles of non-refoulement and refugee and stateless protection.

c. After the crisis:

- i. Address migrants' and their children's immediate needs and support them to rebuild their lives;
- ii. Ensure rehabilitation, integration and other interventions;
- iii. Support migrant women's and their children's host communities. Victims of Anti-Trafficking in Persons shall be given support and assistance for their immediate rescue, repatriation and reintegration.

CHAPTER IV
FINAL PROVISIONS

Sec. 22. *Appropriations.* - The funds appropriated from the Calamity Fund for disaster risk reduction management amounting to 100 million, and from portions of the Gender and Development (GAD) budget or special health funds of agencies or LGUs, may be used for the purposes above, including for the implementation of the National Preparedness and Response Plan. Should the amount be insufficient to cover

1 the necessary expenses, further financial support will come from the National
2 Government, subject to the guidelines of the Department of Budget and Management
3 in coordination with the DILG.

4 Sec. 23. *Penalties.* - The following penalties and sanctions are hereby
5 established:

- 6 a. Any person or entity found to have committed any act of discrimination against
7 women during a pandemic or disaster shall be penalized with a fine of not less
8 than Twenty Thousand Pesos (PhP20,000.00) but not more than Fifty Thousand
9 Pesos (PhP50,000.00), or imprisonment of not less than one month but not
10 more than six months, or both such fine or punishment, at the discretion of the
11 proper Court: *Provided*, That if he or she is a government employee, he or she
12 shall also be held administratively liable, without prejudice to criminal liability
13 under this Act;
- 14 b. Any public officer mandated to implement this Act, who shall fail to perform in
15 accordance with the mandates, duties, tasks and other acts imposed by this
16 law shall be administratively liable for neglect in the performance of duty:
17 *Provided*, That should damage or injury be inflicted on any person by reason
18 of such neglect, the aggrieved party can have recourse against the erring public
19 officer, employee or private individual for appropriate civil and criminal
20 remedies;
- 21 c. Any person found to have committed violations of Republic Act No. 7877,
22 Republic Act 9208 as amended, Republic Act 9262, Republic Act 9775, Republic
23 Act 9995, Republic Act 11313, as well as the crimes of rape, acts of
24 lasciviousness, online sexual abuse and exploitation of children, as well as
25 analogous crimes involving GBV, shall be meted the penalties in the
26 aforementioned laws in its maximum period when the crime is committed in
27 quarantine facilities, or against persons designated as at-risk individuals and/or
28 members of at-risk groups, or during a pandemic and/or disaster when the said
29 pandemic and/or disaster provided enabling or facilitating conditions for the
30 commission of the crime.

31 Sec. 24. *Implementing Rules and Regulations (IRR).* - The PCW, as the lead
32 agency, shall, in coordination with the Commission on Human Rights (CHR), IATF,

1 DILG, DOH, Commission on Population and Development, DOLE, DSWD, DFA, National
2 Economic and Development Authority, DTI, DICT, Department of Justice, Philippine
3 National Police (PNP) and all concerned government departments and agencies, with
4 the participation of CSOs, academe, private sector, public health practitioners and
5 other key stakeholders, formulate the IRR of this Act within thirty (30) days after its
6 effectivity.

7 *Sec. 25. Congressional Oversight* - Both Houses of Congress, particularly the
8 Committee on Women, Children, Family Relations and Gender Equality of the Senate
9 and Committee on Women and Gender Equality of the House of Representatives shall
10 oversee the implementation of this Act. The CHR, as Gender Ombud, shall likewise
11 review the implementation after one (1) year, and subsequently, every year, in
12 accordance with the recovery and rehabilitation plans of the government.

13 *Sec. 26. Suppletory Applications.* -The applicable provisions of the Revised
14 Penal Code shall have suppletory application insofar as they are consistent with the
15 provisions of this Act.

16 *Sec. 27. Separability Clause.* - If any part or provision of this Act is declared
17 invalid or unconstitutional, the other parts hereof not affected thereby shall remain in
18 full force and effect.

19 *Sec. 28. Repealing Clause.* - All laws, decrees, executive orders, rules and
20 regulations or parts thereof inconsistent with any of the provisions of this Act, or is
21 shown to facilitate or enable the commission of gender-based violence are hereby
22 repealed, amended, or modified accordingly.

23 *Sec. 29. Effectivity.* - This Act shall take effect fifteen (15) days after its
24 publication either in the *Official Gazette* or in at least two (2) national newspapers of
25 general circulation in the Philippines.

Approved,