
**INTRODUCED BY SENATORS RISA HONTIVEROS, MARIA LOURDES
NANCY S. BINAY, PIA S. CAYETANO, LEILA M. DE LIMA, IMEE R. MARCOS,
GRACE POE, AND CYNTHIA A. VILLAR**

**AN ACT
TO ENSURE GENDER RESPONSIVE AND INCLUSIVE PROTOCOLS AND
PROGRAMMING TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF
WOMEN DURING COVID-19 AND OTHER PUBLIC HEALTH CONCERNS,
EMERGENCIES AND DISASTERS**

EXPLANATORY NOTE

In the Philippines, the first COVID-19 case was reported on January 30, 2020. Subsequently, on March 7, the first local transmission was confirmed. Four days after, the World Health Organization declared the COVID-19 outbreak as a global pandemic. The government responded to the pandemic through the imposition of community quarantine mechanisms (i.e. essentially lockdowns) since March, minimal mass testing of Persons Under Investigation (PUIs), and contact tracing. Notwithstanding, the number of infections in the Philippines had risen to an insurmountable extent with about 385, 400 cases as of November 2020.

The imposition of the Community Quarantine protocols dramatically changed the social landscape of the country. With these restrictive mechanisms in place, the provision of services - both public and private, is hampered. The advent of the new normal alters how things are done and provided. This complicates the enforcement of laws and policies, especially that the pandemic was unprecedented. The people are faced with a new reality that poses new challenges and threats and exacerbates pre-existing problems and issues.

One of the heavily-affected sectors during this pandemic is the women's sector. In the Philippines, a patriarchal society, there are already existing issues pertaining to women. These issues are aggravated alongside the changing environment and processes. Some of these prominent issues are: decreased economic opportunities, gender-based violence, inadequate access to justice and services, increased unpaid care work, labor-

related issues (both domestic and overseas), and compounded sexual and reproductive health risks. The COVID-19 crisis creates further risks for inclusion, as women in certain populations are more affected than others. They are often marginalized and have limited access to social services and opportunities to cope.

Statistics and reports have shown that there was a marked increase in gender-based violence (GBV) globally upon the implementation of lockdowns. Women are more exposed to increased control and restriction by their abusers and are often left without recourse since it is more difficult to make private calls to report the abuse. Increased stress during catastrophic situations (e.g. natural disasters) may also cause increased domestic abuse. The availment of services became more complicated due to lack of ECQ guidelines, quarantine measures restricting mobility and transportation, and the fear of being infected when they go outside to report. Disruptions in public services like justice and social services further hindered reporting of GBV. Due to overstretched healthcare structures and local and national government justice systems, women were constrained in filing cases and accessing services and facilities (like medical treatment, psychosocial support, and domestic violence shelters). Women experienced difficulties in getting barangay protection orders (BPO) and temporary protection orders (TPO). In the Philippines, the Philippine National Police (PNP) recorded 804 cases of gender-based violations from March 15- April 30, 2020 alone. Although there was a decrease in the number of reported abuses, the implication could be that women face more constraints in reaching out for help. Aside from domestic violence, House Resolution 866 also called for the investigation of "state-sponsored" violence and abuse against women, children, and LGBTQI+ grounded on various reports on the same being committed by government authorities and agents during the stringent implementation of the enhanced community quarantine.

The pandemic also disrupted the continuity of care for survivors and their access to health services, such as routine health or antenatal visits. The condition is worse for poorer women, those from indigenous groups, and women with disability who have less resources to sustain themselves from existing abusive relationships as well as insecure environments. GBV exposes women to greater risk of injury, transmission of sexually transmitted infections, pregnancy complications, and death.

Sexual and reproductive health (SRH) services for women are also impeded. According to the World Economic Forum, countries in the Asia Pacific including the Philippines have reduced access to SRH services. This could lead to a 17% - 43% increase

in maternal mortality. More than half of family planning services were also reduced due to suspension of public transportation, limited clinic staff, and reduced clinic hours. The health system is also overwhelmed due to the surge in COVID-19 cases. This is a vulnerable environment considering that a study by the University of the Philippines Population Institute estimated that two million Filipino women between 15 to 49 years old are expected to get pregnant this year due to the imposed lockdowns.

Women frontline workers should also be afforded services due to their more disadvantaged position. Generally, they lack access to personal protective equipment. They are also at greater risk of weakened immune systems due to the emotional and physical toll brought by the burden of their unpaid domestic care work on top of their regular work.

Another vulnerable sector whose difficulties have been amplified due to the pandemic are the migrants and forcibly displaced populations. Those particularly vulnerable are forcibly displaced populations including refugees, asylum seekers, stateless persons, populations at risk of statelessness and internally displaced persons. It has been a "force multiplier" in exacerbating existing precarities faced by vulnerable and marginalized populations such as refugees, asylum seekers, stateless persons, populations at risk of statelessness and internally displaced persons. While no socioeconomic impact study has been undertaken, regular monitoring of refugees, asylum seekers, stateless persons and persons at risk of statelessness initially sheds light on a myriad of protection issues faced by these populations. These range from challenges in accessing education and shelter to widespread loss of income with little to no access to social protection systems and livelihood and employment opportunities as amelioration programs to ease the impact of the pandemic cater to nationals.

Due to this influx of Filipino migrants striving to look for a better life in other countries, the Philippines has come up with several policies and programs which ensure that they are given the proper preparation and protection for their departure as well as their return.

Migrant workers are inherently disenfranchised by the spread of the coronavirus due to the stringent policies being put in place by the different governments to combat the disease's transmission. Different aspects of their lives are severely affected by these responses. Nations have implemented lockdowns which have led to many migrant

workers to return to their home countries while others stay stranded in the host countries to continue to earn their livelihood. The disruptions caused by the virus are predicted to have profound and long-term effects on migration and migration policies. With migrant workers treated as scapegoats for the transmission of the disease, xenophobia is rampant. This places them in a situation of uncertainty about the help that they can receive, whether for their health or social welfare. Those particularly vulnerable are refugees, displaced persons, and asylum seekers¹. Another important aspect of migration is returning home. A 'forced' return puts migrant workers at great risk because embarking on migration required them to take loans to be able to pay for the procedures. Despite working elsewhere for a long period, a study has shown that one out of ten OFWs still return home broke. Less than half of OFWs save a part of their cast remittances, most only setting aside 25% or less of their earnings².

The ongoing pandemic has caused great difficulty on the part of the government to provide services particularly to women migrant workers. Women migrant workers face a whole new set of challenges due to the onslaught of the pandemic. In the latest Department of Foreign Affairs (DFA) Advisory in April 2020, there were 517 confirmed COVID-19 cases of Filipino migrant women workers in over 33 countries/regions, with the highest percentage coming from the European region. This reflects an increase of 11% in the number of confirmed COVID-19 cases reported from around the world.

8.5 million women migrant domestic workers on insecure contracts are facing income loss and much greater risks of abuse and exploitation³. 740 million women worldwide working in the informal sector are also at threat due to the existing lockdowns and curfews and their lack of accessibility to social protection provisions⁴. The Philippines alone houses 6.6 million women in the informal economy who are not exempted from such a dilemma⁵.

It is estimated that about 25 million jobs will be lost globally, putting migrant workers as heavily vulnerable⁶. According to the latest survey on overseas Filipino (April to September 2019), there are an estimated 2.2 million workers overseas. Filipina migrant

¹ Ahsan Ullah, Locked up under lockdown: The COVID-19 pandemic and the migrant population, University of Brunei Darusalam, June 30, 2020.

² Kidjie Saguin, Returning broke and broken? Return migration, reintegration and transnational social protection in the Philippines, July 7, 2020, <https://www.tandfonline.com/doi/full/10.1080/21632324.2020.1787100?scroll=top&needAccess=true>.

³ Id.

⁴ Id.

⁵ Gender Snapshot: COVID-19 in the Philippines, UN Women (April 2020).

⁶ Id.

workers comprise 56% of this number⁷. These women migrant workers are exposed to a myriad of risks such as loss of livelihood since there is limited coverage by labor laws and the shutdown of migrant support services in the host country. Women are also more prone to abuse and sexual harassment since they cannot leave their employers due to travel restrictions. They also lack access to social protection, healthcare, and maternity protection. For example, the women who do domestic work in Singapore in homes consist of those from countries like the Philippines, Indonesia, Myanmar, or Sri Lanka. The State prescribes that they live with employers, often under their surveillance and control. Stringent labor and immigration policies which could affect job security further hinder overseas Filipina workers from registering the births of their children which could lead to increased risk of statelessness and hinder them from accessing programs and services⁸⁹. This is particularly the case in the Middle East where a significant portion of OFWs, particularly female domestic workers, are deployed.

The lockdown measures of the country have emphasized their vulnerability to exploitation due to the lack of mobility and limited access to the outside world. Although their employers could be sanctioned for abuse, the fact that there is no legal protection for domestic workers under labor laws heightens their situation.

Aside from above, there are several other gender-differentiated needs of women especially from marginalized sectors, which must be inquired into and addressed. These multifaceted issues continue to persist as the community quarantine protocols are still in place. The COVID-19 crisis is far from over. Thus, it is imperative that policies are tailored to fit the specific needs of women. This crisis which exacerbated the violence against women is an opportunity to strengthen the current domestic violence and sexual abuse laws such as the Magna Carta of Women (R.A. 9710), Anti-Violence Against Women and their Children Act (R.A. 9262), Anti-Rape Law (R.A. 8353), Acts of Lasciviousness under Art. 336 of the Revised Penal Code, and Safe Spaces Act (R.A. 11313) because their weaknesses are exposed in light of the more complex social realities. Nonetheless, the essential duty to protect women from all forms of violence mandated in these enumerated laws shall persistently be maintained and enforced during the pandemic.

⁷ Philippine Statistics Authority, Total Number of OFWs Estimated at 2.2 Million, June 4, 2020, <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>.

⁸ UN High Commissioner for Refugees, Desk Review Report on Populations at Risk of Statelessness, n.d.

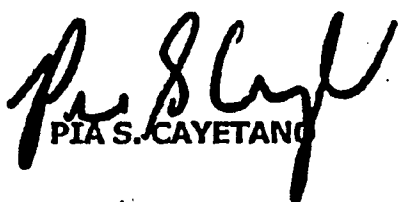
⁹ House of Representatives' Committee on Overseas Workers Affairs, The Condition of Overseas Filipino Workers in Saudi Arabia, 9 February 2011, <https://centerformigrantadvocacy.files.wordpress.com/2012/06/report-of-congress-mission-to-saudi-arabia-on-the-ofw-condition.pdf>

Most importantly, the issues on women should not be taken as independent and exclusive of each other. Simply put, some women are more vulnerable than others. Using a gender lens without taking into account other structural factors (e.g. socio-economic status, age, ableness, migrant status, access to resources, membership in indigenous populations) would not sufficiently expose other forms of oppression which deepen women's disadvantage in different areas of life. Using an intersectional lens, it could be seen that there are various overlapping vulnerabilities and conditions that exacerbate the experience of women during the pandemic. They are at a greater risk of experiencing the long-term consequences of COVID-19 brought by constrained health systems, lack of access to resources, and social and economic impacts. By not adopting an intersectional gender analysis, policies fall short of providing a gender-informed and comprehensive approach to the COVID-19 crisis.

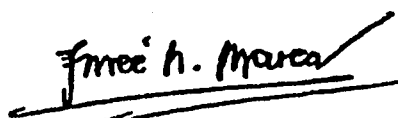
In view of the forgoing, the passage of this bill is earnestly sought.


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

CHAPTER I

GENERAL PROVISIONS

Section 1. *Short Title.* – This Act shall be known as the “Gender Responsive and
Inclusive Pandemic Management Act of 2021.”

Sec. 2. Declaration of Policy. – The State hereby affirms its role as the primary
duty-bearer in ensuring the enjoyment and fulfillment of all human rights during natural
and other disasters and emergencies, including a pandemic, especially the right to life,
which permits no derogation even during emergencies, and the right to health, so that
every individual shall enjoy the highest attainable level of health. It affirms its
Constitutional duties to guarantee the equality of men and women to the enjoyment of
their human rights, with focus on the differentiated needs of, and impact of emergencies
on, women, prohibit discrimination, and create an enabling environment under the “new
normal” that guarantees the human rights of women. It acknowledges its corresponding
duties relating to women’s rights to participation and representation, protection from
gender-based violence during emergency situations, sexual health and reproductive
health, and economic empowerment of women. It adopts a zero-tolerance policy towards
gender-based violence, abuse and exploitation, which is rooted in gender inequality and
discrimination. The implementation of approaches and strategies relevant to disaster risk
reduction, emergency and pandemic management must integrate human rights and

gender lenses. It is fundamental that policies, plans, programs, actions, conduct and results are non-discriminatory and that no one is left behind.

Towards ensuring gender equality, the State shall be guided by existing frameworks on gender-responsive programming during the COVID-19 pandemic and shall likewise establish mechanisms and processes to ensure the adoption, reprogramming and/or continuity of programs that serve and address the gender-differentiated needs of women during a pandemic.

Accordingly, the State shall:

- (a) Be the primary duty bearer to enforce the protection of human rights of women during pandemics and other public health emergency from the point of prevention until recovery and while adapting to the new normal in society;
- (b) Establish policies and programs to prevent the spread of a "notifiable disease", to prepare prior to its actual impact, and to deliver treatment, care, support and other essential services to individuals affected in accordance with evidence-based strategies and approaches that uphold the principles of human rights and gender-responsiveness, and taking into account the intersectional considerations that differentiate impact on different groups, identities and sectors;
- (c) Institutionalize real, actual and meaningful participation of women, at-risk individuals and communities affected by the pandemic and other public health emergencies, and those who are most vulnerable to violations of human rights during such situations in policy and decision making and at every stage of the pandemic or emergency management, especially in the formulation of general guidelines and resolutions governing the national management of the pandemic as well as in its implementation;
- (d) Empower and collaborate with women and institutionalize their role to publicly lead, decide and promote gender responsive, equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches in all areas of concerns, including public health, during a pandemic;
- (e) Adopt a multi-sectoral and Inter-disciplinary approach in the preparation, response and recovery stages of the pandemic response management by ensuring an all-of-society engagement and partnership involving the whole government, public health practitioners, technical experts, local communities, civil society organizations (CSOs), academe, private sector, persons most vulnerable to the pandemic and other relevant actors or stakeholders, with the State as the primary duty-bearer;

- 1 (f) Enable indiscriminate access of everyone to pandemic-related and essential
2 services, as well as sustained access to livelihood and other productive
3 opportunities;
- 4 (g) Undertake appropriate actions to ensure the continuous and effective
5 functioning of and access to concerned institutions, communication systems,
6 referral systems, protection mechanisms and other appropriate measures to
7 address gender-based violence and give priority to access effective remedies,
8 including reprogramming of delivery of services and capacitating service
9 providers to deliver pertinent essential services;
- 10 (h) Ensure that the differentiated needs, multiple burdens and gender-based
11 violence faced by women during the pandemic or emergency situation are
12 addressed and integrated in measures, actions and conduct relating to the
13 management of the pandemic response by integrating intersectional analysis
14 in the formulation of policies, plans and programs relating to pandemic
15 management, particularly in the area of security and law enforcement at all
16 levels of government and particularly at the barangay level;
- 17 (i) Ensure access to prompt and substantive social protection and safety nets,
18 taking into account the heightened insecurity and burden on the part of women
19 and at-risk individuals, communities and groups that might hinder access;
- 20 (j) Positively act, address and seek to eradicate and prohibit stigma, discrimination
21 and other conditions that result in gender-based violence and aggravate the
22 situations of women;
- 23 (k) Craft and design effective communication and information platforms and
24 systems that ensure broad, accurate and prompt dissemination, and effective
25 understanding by all, particularly in relation to monitoring incidence of gender-
26 based violence both in private and public spaces and access to protection
27 mechanisms and effective remedies;
- 28 (l) Utilize existing modern information, communication, research and
29 technological capacities and techniques in crafting the policies and protocols
30 with due regard to human rights; and
- 31 (m) Appropriate funds specifically for the above-mentioned mandates. Such
32 funds will taken out from the Calamity Fund appropriated under the annual
33 General Appropriations Act and shall be used for the preparation stage until
34 the recovery stages in connection with any public health emergency that may
35 occur during the budget year or those that occurred in the past two (2) years
36 from the budget year.

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

6 (a) To monitor and gather data regarding the realities of women relating to
7 gender-based violence and enjoyment of their human rights in the context of
8 a pandemic that would inform, craft and direct policies to be implemented in
9 all the stages of pandemic management.

10 (b) To effectively prevent, respond and eliminate the incidence of gender-based
11 violence against women and girls through the integration of gender and
12 intersectional analysis in pandemic policy and decision making, planning and
13 programming in all the stages of pandemic management;

14 (c) To develop and craft guidelines and instructions on practices, protocols,
15 systems of coordination and networking, information and education of first
16 responders, especially during the response and early recovery stage, safety
17 and personal protection of workers, and needs of women, girls and at-risk
18 individuals, groups and communities, and ensure its timeliness,
19 responsiveness, availability and accessibility;

20 (d) To ensure that communications systems, referral systems, protection
21 mechanisms and other measures on access to justice and effective remedies
22 by women subject to gender-based violence are in place and continue to
23 operate during the period of a pandemic;

24 (e) To provide immediate haven, shelter and security, resources and support to
25 women and girls subject to violence;

26 (f) To enable sufficient and effective regulatory authority to respond and to
27 prevent the incidence of gender-based violence during a pandemic, including
28 but not limited to the relaxation of regulatory requirements that impede the
29 delivery of services or its compliance during a pandemic, emergency
30 procurement and provision of emergency funds for these purposes.

31 For this purpose, every department or agency must come up with a gender-responsive
32 pandemic preparedness plan, manual or protocol for women in pandemics within sixty
33 (60) days from the implementation of this Act and ensure the designation of focal persons
34 to supervise and oversee the implementation of said plan, manual or protocol.

35 Sec. 4. *Interpretation of this Act.* – Unless otherwise provided, nothing in this Act
36 shall be construed as precluding 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.

Sec. 5. Definition of Terms. –

(a) "Access to Justice" means the sufficient access to essential services for victim survivors of gender-based violence, and all women and girls in conflict with the law such as the unimpeded availability of legal assistance, case management services, health services, medico-legal services, counselling, protection, operational shelters, and support; with an accountability mechanism in place.

(b) "At-risk individuals and groups" include the following vulnerable and marginalized persons, sectors and/or groups:

- 1) Women with Disabilities
- 2) Girl children
- 3) Elderly women
- 4) Women deprived of liberty especially those who are pregnant, about to give birth, or has just given birth
- 5) Pregnant, Lactating, and Post-partum mothers
- 6) Members of the LGBTQI+ community
- 7) Urban Poor Women
- 8) Women in the informal and formal economy
- 9) Women PUIs, PUMs, and COVID Positive
- 10) Moro and Muslim women
- 11) Rural and indigenous women
- 12) Internally displaced women
- 13) Migrant women and their families
- 14) Persons living with HIV
- 15) Women frontline workers (as defined under IATF Guidelines)
- 16) Women human rights defenders
- 17) Single mothers
- 18) Teenage mothers
- 19) Women who are refugees, asylum seekers, stateless persons, or at risk of statelessness
- 20) Women in prostitution/ victim survivors of illegal recruitment and trafficking
- 21) Women experiencing sexual or domestic violence

(c) "Early Recovery" means a multidimensional process of recovery that begins in a humanitarian setting. It is guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development

opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including reintegration of displaced population. Essential services to address gender-differentiated needs shall be made available during this period.

(d) An "emergency" is any situation in which the life or well-being of civilians affected by natural disaster, conflict or a public health threat has been or will be at risk unless immediate and appropriate action is taken, and that demands an extraordinary response and exceptional measures.

(e) "Essential services" covers health and social services, whether provided by a public or private undertaking, to ensure the security, safety and well-being of persons, including but not limited to food, water, medicine, medical devices, public utilities, energy, access to justice, police, health and protection services, and social protection addressing the needs of women during situations of pandemic, emergency or disaster as may be determined by the IATF or other relevant lead government agency or body under the law. Essential services cover health, police and justice, and social services sectors as defined by the the Essentials for Quality Multisectoral Service Provision to Women Migrant Workers Subject to Violence, Brief: COVID-19 and essential services provision for survivors of violence against women and girls; and Essential Services Package for Women and Girls Subject to Violence. Such services will remain available throughout the preparation period, any possible imposed government lockdown, and during the recovery period.

(f) "Frontline Workers" are those employees within essential industries who must physically show up to their jobs. It includes public and private health workers, such as but not limited to medical professionals, hospital and health facility administrative and maintenance staff, and aides from private health facilities, as well as their service providers, health workers and volunteers of the Philippine Red Cross and the World Health Organization, and employees of Health Maintenance Organizations (HMOs), the Philippine Health Insurance Corporation (PHIC), health insurance providers, disaster risk reduction management officers, public safety officers, and other workers in other high priority sectors; Provided, that the IATF shall determine the sectors by which its workers can be classified as frontline workers.

- (g) Gender-Responsive is the consistent and systematic attention given to the gendered differences among individuals in society with a view to addressing status quo and structural constraints to gender equality; this includes creating and sustaining an environment through site selection, staff selection, program development, content, processes and materials that reflects an understanding of the realities of women's lives and addresses their needs and issues.
- (h) Health event of public health concern refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear and environmental agents as defined under RA 11332.
- (i) "Intersectionality" is a framework for understanding that people experience overlapping (i.e., intersecting) forms of oppression, discrimination and marginalization based on their co-existing identities (e.g., inequality based on gender and/or ethnicity).
- (j) "Locally Stranded Individual" refers to foreign nationals or Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence or home origin.
- (k) "Marginalization" refers to a condition where a whole category of people is excluded from useful and meaningful participation in political, economic, social, and cultural life.
- (l) "Migrant Workers" refers to Filipinos who are to be engaged, are engaged, or have been engaged in a remunerated activity in a State of which they are not legal residents, whether documented or undocumented.
- (m) "Nondiscrimination" refers to the guarantee wherein human rights are exercised without discrimination of any kind based on race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.
- (n) "Pandemic" is defined under this Act as the worldwide spread occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people as declared by the World Health Organization. The term also contemplates other public health emergencies as defined under RA 11332 and as declared by the Department of Health.
- (o) "Preparedness" refers to efforts that focus on ensuring adequate capacity and knowledge, while reinforcing the ability to anticipate, respond and recover from

- 1 the impact of emergency situations. Essential services to address gender-
2 differentiated needs shall be included in these efforts.
- 3 (p) "Prevention" generally refers to taking action to stop GBV from first occurring
4 (e.g., scaling up activities that promote gender equality or working with
5 communities to address practices that contribute to GBV). Mitigation refers to
6 reducing the risk of exposure to GBV (e.g., ensuring that reports of "hot spots"
7 are immediately addressed through risk-reduction strategies).
- 8 (q) "Recovery" is the process following relief and supports the transition into long-
9 term reconstruction and development. Recovery actions are most effective if
10 anticipated and facilitated from the very outset of a humanitarian response. It
11 involves the restoration and improvement of facilities, livelihoods and living
12 conditions of crisis-affected communities, including efforts to reduce risks
13 brought on by the crisis. Essential services to address gender-differentiated
14 needs shall be made available during this period.
- 15 (r) "Response" refers to an emergency response involves the provision of
16 emergency services and public assistance during or immediately after a
17 humanitarian crisis to save lives, reduce health impacts, ensure public safety
18 and protection, and meet the basic needs of women, girls, boys and men in
19 the affected population. This stage can range from a few days or weeks to
20 many months and even years, particularly in protracted insecurity and
21 displacement contexts. For the purposes of this Act, response shall be
22 undertaken upon the declaration of the Department of Health of a public health
23 emergency. Essential services to address gender-differentiated needs shall be
24 made available during this period.
- 25 (s) "Social Protection floors" refers to nationally defined sets of basic social security
26 guarantees that should ensure, as a minimum that, over the life cycle, all in
27 need have access to essential health care and to basic income security which
28 together secure effective access to goods and services defined as necessary at
29 the national level; which include among others: access to essential health care,
30 including maternity care; basic income security for children, providing access
31 to nutrition, education, care and any other necessary goods and services; basic
32 income security for persons in active age who are unable to earn sufficient
33 income, in particular in cases of sickness, unemployment, maternity and
34 disability; basic income security for older persons.
- 35 (t) "Social Safety Nets" refer to noncontributory interventions designed to help
36 individuals and households cope with chronic poverty, destitution, and

1 vulnerability, such as unconditional and conditional cash transfers,
2 noncontributory social pensions, food and in-kind transfers, school feeding
3 programs, public works, and fee waivers. These programs target the poor and
4 vulnerable.

5
6 (u) "Stigma" refers to a set of negative and often unfair beliefs that a society or
7 group of people have about something such as in the context of women.

8 (v) "Violence Against Women" refers to any act of gender-based violence that
9 results in, or is likely to result in, physical, sexual, or psychological harm or
10 suffering to women, including threats of such acts, coercion, or arbitrary
11 deprivation of liberty, whether occurring in public or in private life.

12
13 **CHAPTER II.**
14 **PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-DIFFERENTIATED**
15 **NEEDS OF WOMEN DURING A PANDEMIC**
16

17 *Sec. 6. Leadership, Participation and Empowerment of Women.* – During a public
18 health emergency, women shall be empowered to be included in the national and local
19 government's response systems to address the gender-differentiated needs of the
20 different groups of women especially the marginalized. It is thus mandated that response
21 and recovery systems must ensure that women are placed strategically and participate
22 meaningfully in leadership, decision-making, and policy-making positions at all levels. In
23 accordance with this, the IATF and other similar and related bodies shall have the
24 Philippine Commission on Women (PCW) as permanent member at all levels including
25 planning, implementation, monitoring and evaluation, and to facilitate the continuous
26 integration of a gender-responsive plan to be developed therein in national governance
27 response systems. Further, forty percent (40%) of membership of all development
28 councils from the regional, provincial, city, municipal and barangay levels shall be
29 composed of women.

30 *Sec. 7. Humanitarian Principles Guiding Pandemic Programming and Management*
31 *to Address Gender-Differentiated Needs of Women During the Pandemic.* – Following the
32 Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based
33 Violence Interventions in Humanitarian Action, and the United Nations Population Fund
34 (UNFPA) Minimum Standards for Prevention and Response to Gender-based Violence in
35 Emergencies, the following principles shall ground, inform and guide the formulation and

1 implementation of policies, plans, programs, and other appropriate measures, including
2 affirmative actions, in managing the COVID19 pandemic:

3 (a) A *survivor-centered approach* which creates a supportive environment in which
4 survivors' rights and wishes are respected, their safety is ensured, and they are
5 treated with dignity and respect.

6 (b) A *human rights-based approach* that seeks to analyze and address the root
7 causes of discrimination and inequality to ensure that everyone has the right
8 to live with freedom and dignity, safe from violence, exploitation and abuse, in
9 accordance with principles of human rights law.

10 (c) A *community-based approach* that ensures that affected populations are
11 engaged actively as partners in developing strategies related to their protection
12 and the provision of humanitarian assistance. This approach involves direct
13 involvement of women, girls and other at-risk groups at all stages in the
14 humanitarian response, to identify protection risks and solutions, and build on
15 existing community-based protection mechanisms.

16 (d) The *humanitarian principles of humanity, impartiality, independence and*
17 *neutrality* which should underpin the implementation of the Minimum
18 Standards and are essential to maintaining access to affected populations and
19 ensuring an effective humanitarian response.

20 (e) The *"do no harm" approach* which takes into account all measures necessary
21 to avoid exposing people to further harm as a result of the actions of
22 humanitarian actors.

23 (f) The *Principles of Partnership* which comprise a framework for all actors in the
24 humanitarian space to follow principles of equality, transparency, a results-
25 oriented approach, responsibility and complementarity.

26 (g) Taking into account the *best interests of the child* wherein child and adolescent
27 girl and boy survivors of sexual abuse have the right to have their best interests
28 assessed and determined and taken as a primary consideration in all decisions
29 that affect them.

30 (h) Focus should be given to the intersectionality of the circumstances of women,
31 taking into account the specific needs and concerns of marginalized and
32 vulnerable women groups including women and girls deprived of liberty,
33 women working in the informal sector; women migrants workers, and other
34 similarly situated at-risk individuals and groups.

1 (i) *Rights-based policing* wherein human rights principles and practices are taught
2 and applied at all levels, in policy, doctrinal, operational and administrative
3 functions of the police organization.

4 Sec. 8. *Guarantee of non-discrimination.* – This Act shall prohibit discrimination in
5 all forms committed against women as provided under the Magna Carta of Women even,
6 and especially, during the occurrence of a pandemic or any public health emergency.
7 Those found guilty under this provision shall be meted out a penalty one degree higher
8 than those penalties provided for discrimination under the Magna Carta of Women. The
9 Revised Penal Code shall have supplementary application in setting the penalties.

10 Sec. 9. *Strengthening GBV Preparedness and Response Systems.* – GBV
11 preparedness and response systems in the context of the COVID-19 pandemic and future
12 pandemics shall be considered essential services and appropriate budgetary allotment
13 from the emergency funding shall be ensured towards the formulation, reprogramming
14 or continuity of said systems. Strict adherence to the following must be undertaken:

15 (a) Women and the most vulnerable among them must be placed at the front and
16 center of leadership and policy and decision-making positions in key processes
17 in the formulation, planning, programming and implementation of prompt,
18 effective and survivor-centered measures to address issues of violence against
19 women and girl-children during COVID-19;

20 (b) GBV services, especially temporary shelters, psychosocial services, and legal
21 aid, shall remain functional and accessible notwithstanding the occurrence of a
22 public health emergency.

23 Local Inter-agency Task Forces against COVID-19 shall ensure that GBV
24 services are available to women staying in any detention, quarantine or
25 isolation facilities where prolonged stay is required or necessary;

26 (c) This process must be based on data and evidence and must integrate first
27 responder systems to properly respond in the time of COVID19;

28 (d) The State shall utilize a multisectoral/interdisciplinary, all-of-government, and
29 all-of-society approach wherein the State collaborates with non-state actors to
30 achieve maximum efficiency and effectiveness;

31 (e) The national government, through the Department of Interior and Local
32 Government, shall assume the key leadership role but shall also empower local
33 authorities and local communities to address the pandemic, including provision
34 of resources, support and incentives, and enabling decision-making authorities
35 and responsibilities;

1 (f) Communication systems, with emphasis on localized communication down to
2 the level of barangays, must be established in coordination with the
3 Department of Information and Communications Technology and National
4 Telecommunications Commission, for education and information dissemination
5 on pandemic and emergency risks and access to social protection, safety nets,
6 referral systems, protection measures and other appropriate measures in cases
7 of GBV, which shall include traditional modes of communication to reach
8 women living in remote areas or areas with limited access such as newspaper,
9 pamphlets, and radio. Provided, that, relevant language, format, and relevant
10 channels that are culturally appropriate shall be taken into consideration to
11 ensure effective communication with individuals and communities;

12 (g) The State must give premium to the aspect of preparedness and early
13 information and communication campaigns about the pandemic or emergency
14 towards and informed public to affect attitudes and behaviors and shall
15 encourage private investments on these areas, more than on post-disaster
16 response and recovery;

17 (h) Effective and meaningful global partnership must be fostered and existing
18 international cooperation strengthened.

19 The Department of Interior and Local Government, in coordination with the LGUs, is
20 mandated to ensure that the rights of women and services accorded them are to remain
21 available and accessible in all stages of the emergency responses to a public health crisis.

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

30 (a) Available staff, funds and other resources;

31 (b) Unhampered mobility and available public and safe transportation;

32 (c) Availability and continuity of reproductive health services and essential services
33 packages for women and girls of all ages;

34 (d) Knowledge and awareness of women of these available services;

35 (e) Gender-sensitive support to frontline health workers on both facility and
36 community level;

- 1 (f) Additional financial, human, or logistical support to female health workers to
2 offset the additional burden of household management; and
- 3 (g) Systematic coordination and planning of addressing the gaps in accessing SRH
4 services;
- 5 (h) Adoption of a strategy to ensure access of pregnant women to ante and post-
6 natal care during lockdowns with corresponding precautions to protect them
7 from risks of exposure such as, but not limited to, provision of maternal health
8 information, provision of online check-ups, and updated referral hospitals and
9 lying-in clinics during the lockdowns;
- 10 (i) Provision to women deprived of liberty of sufficient and regular access to sexual
11 and reproductive health information, services, and products inside the
12 detention and correctional facilities;
- 13 (j) Measures to protect pregnant women deprived of liberty and their unborn child
14 as well as women who have just given birth and their newborn infant, such as
15 but not limited to, house arrests, furloughs to attend to physical/medical
16 checkups, release on recognizance, among others.
- 17 (k) Provision of reasonable accommodation to ensure women with disabilities'
18 access to SRH services

19 The Department of Health and each Barangay Health Emergency Response Team are
20 mandated to ensure that the specific health needs, especially sexual health and
21 reproductive needs, women and girls are included in the implemented essential health
22 packages, systems and protocols in their constituency, including universal health
23 coverage, during pandemics, subject to other existing laws.

24 *Sec. 11. Gendered Approach to Vaccination.* – The procurement, allocation,
25 distribution, delivery, facilitation and administration of vaccines must be transparent and
26 must take into account gender-based differences in immunological responses, care
27 burden or work of women both paid and unpaid, security of women against gender-based
28 violence and other forms of attacks and other factors that increase women's vulnerability.
29 Safe, efficacious and free vaccines or medications, including newly-approved ones for the
30 current pandemic or health emergency, must be available and accessible to women,
31 taking into account intersectional considerations that may impede such access and
32 vulnerabilities of women that affect their right to life, health and security; provided that
33 such access shall be in accordance with the priority and health protocols of the Philippines
34 or relevant COD, and is rights-based, non-discriminatory, voluntary and based on
35 informed consent. Information on vaccination and the scientific evidence behind it must
36 be clear and effectively communicated. These gendered approach must be integrated in

1 legal, policy and program implementation of vaccinations to address COVID 19 and other
2 public health concerns, emergencies and disasters.

3 In policy and decision-making affecting vaccine availability, quality and access, including
4 prioritization and development of criteria, representation and participation of women
5 must be guaranteed.

6 **Sec. 12. *Social Protection.*** – It shall be the duty of national and local authorities
7 such as the Department of Social Welfare and Protection, Department of Labor and
8 Employment, and Department of Interior and Local Government, in coordination with the
9 various Local Government units, to target the most vulnerable and economically
10 marginalized sectors of women, taking into account their various intersectionality, and
11 ensure that social protection and safety nets are afforded to them, with emphasis on
12 victims of gender-based violence. The measures shall include, but not limited to:

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

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

4 Sec. 13. *Protection for Locally Stranded Individuals.* – The Department of Interior
5 and Local Government, in coordination with Local Government Units and the respective
6 designated barangays, shall ensure the safety and security of all displaced migrants or
7 individuals and at-risk individuals and groups due to the pandemic. This shall include an
8 efficient mechanism for immediate delivery of food (in full respect for the individual's
9 dietary restrictions by reason of health or religion), shelter and medical supplies for
10 women and children, including assisting mothers with breastfeeding, feed and care for
11 their babies and other support.

12 Sec 14. *Economic Empowerment* – The Department of Labor, together with local
13 government units and offices, including the Public Employment Systems Offices, shall
14 enact mechanisms and procedures to address the difficulties faced by women in the
15 employment sector during the pandemic such as job loss and business closure. All
16 measures shall tend to the continuous employment of women. These should include
17 considerations regarding the workplace arrangements, marketplace and community
18 supply chain, and the women working in the informal economy. For this purpose, said
19 units and offices must be well-equipped and capacitated to perform all measures
20 necessary to address the livelihood and employment concerns of their constituents, with
21 special attention to vulnerable women and the protection afforded to them under other
22 laws.

23 The Department of Labor is mandated to ensure that women are afforded flexible work
24 arrangements during a public health emergency. They shall provide for rules and
25 regulations for this purpose, taking into account the specific needs and concerns faced
26 by women under such circumstances.

27 The Department of Agriculture, Department of Tourism, Department of Trade and
28 Industry, and Technical Education and Skills Development Authority and other relevant
29 agencies shall also bolster entrepreneurship and provide adequate livelihood
30 opportunities and skills development to women.

31 Sec. 15. *Protection of Rural Women and Indigenous Women.* – The concerned
32 local government unit shall ensure that women in rural and indigenous communities
33 belonging to their jurisdiction have adequate and unimpeded access to health, legal, and
34 socio-economic services. This guarantee for indigenous women must be undertaken with
35 due respect to their indigenous health systems, practices and beliefs. They shall be

1 furnished with the same, if not more, opportunities and facilities as those of their urban
2 counterparts, as far as may be practicable.

3 Sec 16. *Utilization of Information and Communications Technology (ICT)*. – This
4 Act mandates the emphasis on the enhancement of the capacity of ICT systems to
5 facilitate and aid the implementation of provisions under this Act. The Department of
6 Information and Communications Technology and the National Telecommunications
7 Commission, in coordination with public utilities and telecommunication providers, shall
8 provide assistance to ensure the accessibility of the services provided through the use of
9 ICT system including, but not limited to, immediate assistance from the Philippine
10 National Police, information dissemination through short message service, and other
11 services. ICT assistance shall include strengthening ICT literacy of women especially in
12 poor communities and remote areas, reasonable accommodation for persons with
13 disabilities, such as provision of Filipino Sign Language, among others.

14 Section 17. *Protection for Women Migrant Workers and their Children* - Interagency
15 bodies such as the Inter-Agency Task Force on Emerging Infectious Diseases (IATF),
16 Inter-Agency Council on Violence Against Women and Their Children (IACVAWC), Inter-
17 Agency Council Against Trafficking (IACAT) and the Sub-Committee on International
18 Migration and Development (SCIMD), as well as government agencies part of the OCTA
19 (one-country team approach in countries of destination) such as the Department of
20 Foreign Affairs, Department of Labor and Employment, and Department of Social Welfare
21 and Development are mandated to ensure that women migrant workers are given
22 adequate resources and access to legal, medical, and social services in the receiving
23 State, during transit and upon return, especially during repatriation. Relevant embassies
24 and foreign affairs personnel must ensure the protection of women migrant workers and
25 their children during pandemic and other emergencies. Coordination among these bodies
26 is imperative, taking into account, but not limited to, the following:

- 27 a) Responsibility to prevent and reduce GBV in migrant women and their children,
28 including through international, regional, and bilateral cooperation;
- 29 b) Development of consistent and coherent frameworks and protocols between
30 the host country and country of origin for the expedited process of seeking
31 redress by women subjected to violence;
- 32 c) Global partnership and international cooperation such as through drafting
33 agreements on the extension of stay permits of the women migrant workers
34 and their children between the host country and the country of origin and
35 through the relaxation of migrant workers' requirements to access social
36 services;

- d) Migrants and marginalized and other at-risk individuals or groups should be included in the public health strategies with due consultation with them;
- e) Grant of bilateral incentives between countries to encourage employers to renew contracts for existing workers in the host country;
- f) Labor, economic livelihood, and social protections for migrant;
- g) Freedom of movement;
- h) Non-discrimination;
- i) Access to Health, especially sexual and reproductive health rights services;
- j) Access to Justice; and
- k) Access to Social Protection and Social Services.

Sec. 18. *Specific protective measures for Women Migrant Workers and their Children.* – In relation to the preceding section, the following measures shall be undertaken, among other appropriate measures:

a) During crisis preparation:

1. Track information on conflicts and natural disasters and potential impact on migrants and their children;
2. Collect and share information on women migrant workers and their children, subject to privacy, confidentiality, security, and safety of migrants;
3. Incorporate women migrant workers and their children in the prevention, preparedness, and emergency response systems and contingency planning;
4. Communicate effectively with migrants;
5. Establish coordination agreements beforehand; and
6. Build capacity and learn lessons from emergency response and post-crisis action.

b) During emergency response:

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

c) After the crisis:

- 1 1. Address migrants' and their children's immediate needs and support
- 2 them to rebuild their lives;
- 3 2. Ensure rehabilitation, integration and other interventions;
- 4 3. Support migrant women's and their children's host communities.

5

6 **CHAPTER III.**

7 **COORDINATION MECHANISMS IN A PANDEMIC**

8

9 *Sec. 19. National Preparedness and Response Program to Address the Gender-*

10 *differentiated Needs of Women during the Pandemic.* – To ensure access to essential

11 services including access to justice and remedial measures and to mitigate the impact of

12 any public health concern, emergency or disaster on the economy, a coherent,

13 appropriate, efficient, developmental, evidence-based and survivor-centered national

14 program against GBV and addressing gender-differentiated needs of women especially

15 from marginalized sectors must be developed to inform, direct and coordinate its

16 implementation at all levels and to ensure accessibility, availability and quality of services

17 at the community level. For this purpose, a Task Force, to be co-headed by the National

18 Disaster Risk Reduction and Management Council (NDRRMC) and the Philippine

19 Commission on Women (PCW), in coordination with the IATF, shall come up with said

20 national plan, to be cascaded to the local government units, and must be automatically

21 integrated into the national strategy to manage the pandemic. This plan shall be

22 subjected to review every two (2) years. It shall address GBV and gender-differentiated

23 needs at all stages of the pandemic management, and anticipating pandemic related

24 events and factors that might impede the functioning of legal, medical, social, remedial

25 and other protection measures and mechanisms, to include, but not limited to:

- 26 (a) Understanding the nature and risks of the COVID19 pandemic to be able to
- 27 address the specific barriers and obstacles faced by women during COVID19
- 28 pandemic that manifest in GBV, taking into account intersecting vulnerabilities
- 29 and the multiple burdens they experience, and addressing stigma and
- 30 discriminatory practices, attitudes and behaviors resulting in GBV, and providing
- 31 for their food and nutrition security as well as access to essential services and
- 32 government social protection and safety nets;
- 33 (b) Gathering, managing, and utilizing data concerning the risks and incidence of
- 34 GBV to inform policies and programs to achieve gender inclusive responses and
- 35 address gaps and lapses in ensuring access by women of protection
- 36 mechanisms;

- (c) Providing prompt, accurate, disaggregated, accessible, up to date, comprehensible, science based, and transparent data on women;
- (d) Developing protocols and guidelines of conduct relating to the delivery of service to women in the context of COVID19;
- (e) Strengthening protection from sexual exploitation and abuse through capacity building for service providers and governmental workers on early identification and mitigation of such risks as well as strengthening nationwide helplines and community-level referral to ensure they are functional to prevent and respond to cases including chain management and service provision plans for these services to stay open during the outbreak;
- (f) Providing a clear channel of communication with GBV service providers and actors as well as women's organizations and local GBV service providers and survivor-centered referral systems through the utilization of technology;
- (g) Assisting in the planning of national, local and community units by developing, identifying and sharing best practices;
- (h) Providing technical assistance, training, and consultation to improve preparedness and response capabilities, with focus on the needs of women and other vulnerable groups, including to support the achievement of evidence-based benchmarks and objective standards to monitor, assess and measure levels of preparedness, response and recovery;
- (i) Improving systems of public, private, and civil society collaboration and partnership to formulate, and address gaps and inefficiencies in the, policies, plans and programs to address GBV during pandemic; and
- (j) Carrying out other duties related to preparedness, response and recovery activities for women, as the Task Force may deem appropriate.
- (k) Representation and participation of women in coordination and decision-making bodies

Sec. 20. *Capacity-building of LGUs.* – The Department of Interior and Local Government, with the local government units, shall be given the appropriate and sufficient funding by the national government to properly carry out the designated provisions under this Act. They shall be capacitated to be able to develop their pandemic preparedness protocols through a gender-differentiated localized response, taking into account the local contexts and concerns of the different women sectors in their area. This includes protocols and systems for assistance to gender-based violence, provisions for access to sexual and reproductive health needs, and ensuring availability of basic services

1 for women through all phases of the national response regarding the public health
2 emergency.

3 The Local Government Units shall ensure that they have capable and trained personnel
4 to provide the essential services package for women and are oriented about the policies,
5 principles and procedure regarding gender equality, prohibition against gender-based
6 violence, and gender sensitivity as well as those governing the management of the
7 pandemic and other public health emergencies. They are also mandated to use data-
8 gathering and data-analytics to further improve and strengthen their services. They shall
9 also provide an accessible feedback mechanism to further guide their practice.

10 Sec. 21. *Community Engagement.* – Subject to COVID-19 protocols, the Local
11 Government Units, in coordination with civil society organizations, non-government
12 organizations, private sector and other stakeholders, shall conduct regular dialogues and
13 information drives with the community to educate them on gender issues as a preventive
14 measure to prevent gender-based violence and address gender-differentiated needs.
15 Through this multi-sectoral mechanism, women can participate and put forth their specific
16 needs for integration in the local government pandemic programming and management.

18 **CHAPTER IV.**

19 **FINAL PROVISIONS**

20
21 Sec. 22. *Appropriation.* – The funds appropriated from the Calamity Fund for
22 disaster risk reduction management and calamities amounting to 100 million, as well as
23 from portions of the Gender and Development (GAD) budget or special health funds of
24 agencies or local government units, may be used for the purposes above including for
25 the implementation of the National Preparedness and Response Program to Address the
26 Gender-differentiated Needs of Women during the COVID-19, and other pandemics,
27 emergencies and disasters;. Should the amount be insufficient to cover the necessary
28 expenses, further financial support will come from the national government, subject to
29 the guidelines of the Department of Finance in coordination with the Department of
30 Interior and Local Government.

31 Sec. 23. *Penalties.* - Any public officer, employee of an agency or any private
32 individual mandated to implement this Act, who shall fail to perform in accordance with
33 the mandates, duties, tasks and other acts imposed by this law shall be administratively
34 liable for neglect in the performance of duty during the COVID-19, and other pandemics,
35 emergencies and disasters. Should damage or injury be inflicted on any person by reason
36 of such neglect, the aggrieved party can have recourse against the erring public officer,

1 employee or private individual for appropriate legal remedies as the law may provide or
2 afford, including criminal cases. In case of gender-based violence amounting to a crime
3 or offense is committed by a public officer or employee while in the performance of any
4 acts covered herein, penalties next higher in degree shall be imposed, including sexual
5 harassment, especially in quarantine facilities, and against persons belonging to at risk
6 individuals and those adversely affected by the pandemic.

7 *Sec. 24. Implementing Rules and Regulations.* – The PCW, as the lead agency,
8 shall, in coordination with the Commission on Human Rights (CHR), Inter-Agency Task
9 Force on Emerging Infectious Diseases, Department of Interior and Local Government,
10 Department of Health, Commission on Population and Development, Department of Labor
11 and Employment, Department of Social Welfare and Development, Department of Foreign
12 Affairs, National Development Authority, Department of Trade and Industry, Department
13 of Information and Communications Technology, Department of Justice Philippine
14 National Police and all concerned government departments and agencies, with the
15 participation of civil society organizations, academe, private sector, public health
16 practitioners and other key actors and stakeholders, formulate the implementing rules
17 and regulations (IRR) of this Act within thirty (30) days after its effectivity.

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

24 *Sec. 26. Suppletory Applications.* – The applicable provisions of the Revised Penal
25 Code shall have suppletory application insofar as they are consistent with the provisions
26 of this Act.

27 *Sec. 27. Separability Clause.* – If any part or provision of this Act is declared invalid
28 or unconstitutional, the other parts hereof not affected thereby shall remain valid.

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

33 *Sec. 29. Effectivity.* – This Act shall take effect fifteen (15) days after its publication
34 in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,