

---

COMMITTEE REPORT NO. 295

Submitted *jointly* by the Committees on Women, Children, Family Relations and Gender Equality, Health and Demography and Finance on

AUG 31 2021

RE : S. B. No. 2372 prepared by the Committees

Recommending its approval in substitution of Senate Bill No. 2088

Sponsor : Senator Risa Hontiveros

---

MR. PRESIDENT:

The Senate Committee on Women, Children, Family Relations and Gender Equality *joint* with the Committees on Health and Demography and Finance, to which was referred S. B. No. 2088, introduced by Senators Hontiveros, Binay, Cayetano, De Lima, Marcos, Poe and Villar, *entitled*:

**"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"**


have considered the same and have the honor to report it back to the Senate with the recommendation that the attached S. B. No. 2372, prepared by the Committees, *entitled*:

**"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"**


be approved in substitution of S. B. No. 2088 with Senators Hontiveros, Binay, Cayetano, De Lima, Marcos, Poe, Villar, Go and Angara as authors thereof.

Respectfully submitted:

**CHAIRPERSONS**



**CHRISTOPHER LAWRENCE T. GO**  
Committee on Health and Demography  
*Vice Chair, Committee on Finance*




**RISA HONTIVEROS**  
Committee on Women, Children, Family  
Relations and Gender Equality  
*Vice Chair, Committee on Finance*  
*Member, Committee on Health*  
*and Demography*




**SONNY ANGARA**  
Committee on Finance


**VICE-CHAIRPERSONS:**



**MARIA LOURDES NANCY S. BINAY**  
Committee on Health and Demography  
*Member, Committees on Women,*  
*Children, Family Relations and Gender*  
*Equality and Finance*



**PIA S. CAYETANO** *may*  
*interplament*  
Committees on Health and Demography  
*and Finance*  
*Member, Committee on Women,*  
*Children, Family Relations and Gender*  
*Equality*



**CYNTHIA A. VILLAR**  
Committee on Finance  
*Member, Committee on Women,*  
*Children, Family Relations and Gender*  
*Equality*

**JOEL VILLANUEVA**  
Committee on Finance

**WIN GATCHALIAN**

Committee on Finance  
*Member, Committee on Women,  
Children, Family Relations and Gender  
Equality*

**RICHARD J. GORDON**

Committee on Finance  
*Member, Committee on Health and  
Demography*

**IMEE R. MARCOS**

Committee on Finance  
*Member, Committees on Women,  
Children, Family Relations and Gender  
Equality and Health and Demography*



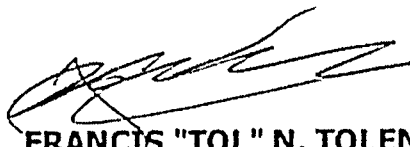
**GRACE POE**

Committee on Finance  
*Member, Committee on Women,  
Children, Family Relations and  
Gender Equality*

**MEMBERS:**

**RONALD "BATO" M. DELA ROSA**

Committees on Women, Children,  
Family Relations and Gender Equality,  
Health and Demography *and Finance*



**FRANCIS "TOL" N. TOLENTINO**

Committees on Health and Demography  
*and Finance*

**AQUILINO "KOKO" PIMENTEL III**

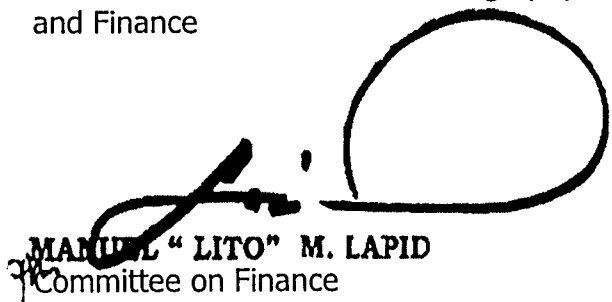
Committees on Health and Demography  
and Finance

**PANFILO M. LACSON**

Committee on Health and Demography  
and Finance

**MANUEL "LITO" M. LAPID**

Committee on Finance



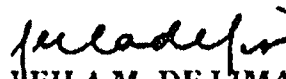
**EMMANUEL D. PACQUIAO**

Committee on Finance





**RAMON BONG REVILLA, JR.**  
Committee on Finance



**LEILA M. DE LIMA**  
Committees on Women, Children, Family  
Relations and Gender Equality *and*  
Finance



**FRANCIS "KIKO" PANGILINAN**  
Committees on Health and Demography  
*and* Finance

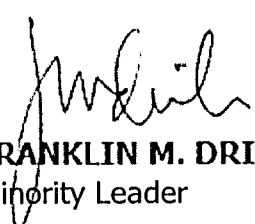
**EX-OFFICIO MEMBERS:**



**RALPH G. RECTO**  
President Pro-Tempore

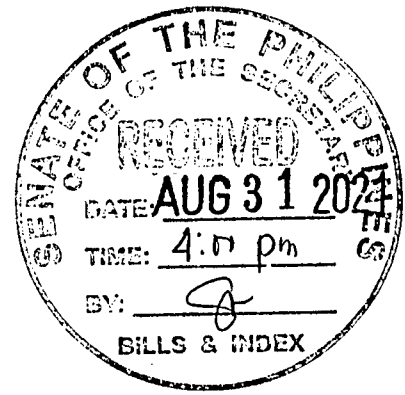


**JUAN MIGUEL F. ZUBIRI**  
Majority Leader



**FRANKLIN M. DRILON**  
Minority Leader

**HON. VICENTE SOTTO III**  
Senate President  
Pasay City



SENATE

S.B. No. 2372

---

Prepared by the Committees on Women, Children, Family Relations and Gender Equality; Health and Demography; and Finance with Senators Hontiveros, Binay, Cayetano, De Lima, Marcos, Poe, Villar, Go and Angara as authors thereof.

---

**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**

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

**ARTICLE I**

**GENERAL PROVISIONS**

1  
2  
3       Section 1. *Short Title.* – This Act shall be known as the "Gender Responsive and  
4 Inclusive Pandemic and Disaster Management Act of 2021."

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

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

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

8 Accordingly, the State shall:

9 (a) Be the primary duty bearer to enforce the protection of human rights and  
10 guarantee the agency, participation and leadership of women during  
11 pandemics and disasters from the point of prevention until recovery and while  
12 adapting to the new normal in society;

13 (b) Establish policies and programs to prevent the spread of a "notifiable disease",  
14 to prepare prior to its actual impact, and to deliver treatment, care, support  
15 and other essential services to individuals affected in accordance with  
16 evidence-based strategies and approaches that uphold the principles of human  
17 rights, integrating gender analysis, and taking into account the intersectional  
18 considerations that differentiate impact on different groups, identities and  
19 sectors;

20 (c) Institutionalize real, actual and meaningful participation of women, at-risk  
21 individuals and communities affected by the pandemic and other public health  
22 emergencies, and those who are most vulnerable to violations of human rights  
23 during such situations in policy and decision making and at every stage of the  
24 pandemic or emergency management, especially in the formulation of general  
25 guidelines and resolutions governing the national management of the  
26 pandemic as well as in its implementation;

27 (d) Empower and collaborate with women and institutionalize their role to publicly  
28 lead, decide and promote gender responsive, equitable and universally  
29 accessible response, recovery, rehabilitation and reconstruction approaches in  
30 all areas of concerns, including public health, during a pandemic;

31 (e) Adopt a multi-sectoral and inter-disciplinary approach in the preparation,  
32 response and recovery stages of the pandemic response management by  
33 ensuring an all-of-society engagement and partnership involving the whole  
34 government, public health practitioners, technical experts, local communities,  
35 civil society organizations (CSOs), academe, private sector, persons most

- 1 vulnerable to the pandemic and other relevant actors or stakeholders, with the  
2 State as the primary duty-bearer;
- 3 (f) Enable indiscriminate access of everyone to pandemic-related and essential  
4 services, as well as sustained access to livelihood and other productive  
5 opportunities, with special focus on at-risk individuals and groups;
- 6 (g) Undertake appropriate actions to ensure the continuous and effective  
7 functioning of and access to concerned institutions, communication systems,  
8 referral systems, protection mechanisms and other appropriate measures to  
9 address gender-based violence and give priority to access effective remedies,  
10 including reprogramming of delivery of services and capacitating service  
11 providers to deliver pertinent essential services;
- 12 (h) Ensure that the differentiated needs, multiple burdens and gender-based  
13 violence faced by women during the pandemic or emergency situation are  
14 addressed and integrated in measures, actions and conduct relating to the  
15 management of the pandemic response by integrating intersectional analysis  
16 in the formulation of policies, plans and programs relating to pandemic  
17 management, particularly in the area of security and law enforcement at all  
18 levels of government and particularly at the barangay level;
- 19 (i) Ensure access to prompt and substantive social protection and safety nets,  
20 taking into account the heightened insecurity and burden on the part of women  
21 and at-risk individuals, communities and groups that might hinder access;
- 22 (j) Positively act, address and seek to eradicate and prohibit stigma, discrimination  
23 and other conditions that result in gender-based violence and aggravate the  
24 situations of women;
- 25 (k) Craft and design effective gender-fair communication and information  
26 platforms and systems that ensure broad, accurate and prompt dissemination,  
27 and effective understanding by all, particularly in relation to monitoring  
28 incidence of gender-based violence both in private and public spaces and  
29 access to protection mechanisms and effective remedies;
- 30 (l) Utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society  
31 approach wherein the State collaborates with non-state actors to achieve  
32 maximum efficiency and effectiveness; and
- 33 (m) Utilize existing modern information, communication, research and  
34 technological capacities and techniques in crafting the policies and protocols  
35 with due regard to human rights and gender-fair language.

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 in Section 2 of this Act.

6           Sec. 4. *Definition of Terms.* –

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

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

- 14           1) Women with Disabilities
- 15           2) Girl children
- 16           3) Elderly women
- 17           4) Women deprived of liberty especially those who are pregnant, about to give  
18           birth, or has just given birth
- 19           5) Pregnant, Lactating, and Post-partum mothers
- 20           6) Members of the LGBTQI+ community
- 21           7) Urban Poor Women
- 22           8) Women in the informal and formal economy
- 23           9) Women who are or have been positive for the disease, including those  
24           under investigation or monitoring
- 25           10) Moro and Muslim women
- 26           11) Rural and indigenous women
- 27           12) Internally displaced women
- 28           13) Migrant women and their families
- 29           14) Persons living with HIV
- 30           15) Women frontline workers (as defined under IATF Guidelines)
- 31           16) Women human rights defenders
- 32           17) Single mothers
- 33           18) Teenage mothers
- 34           19) Women who are refugees, asylum seekers, stateless persons, or at risk of  
35           statelessness
- 36           20) Female sex workers/trafficked women



1 21) Women experiencing sexual or domestic violence

2 22) Women and girls who are homeless or street dwellers

3 (c) "Early Recovery" means a multidimensional process of recovery that begins in  
4 a humanitarian setting. It is guided by development principles that seek to build  
5 on humanitarian programmes and catalyze sustainable development  
6 opportunities. It aims to generate self-sustaining, nationally-owned, resilient  
7 processes for post-crisis recovery. It encompasses the restoration of basic  
8 services, livelihoods, shelter, governance, security and rule of law, environment  
9 and social dimensions, including reintegration of displaced population. Essential  
10 services to address gender-differentiated needs shall be made available during  
11 this period.

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

16 (e) "Essential services" covers health and social services, whether provided by a  
17 public or private undertaking, to ensure the security, safety and well-being of  
18 persons, including but not limited to food, water, medicine, medical devices,  
19 public utilities, energy, access to justice, police, health and protection services,  
20 and social protection addressing the needs of women during situations of  
21 pandemic, emergency or disaster as may be determined by the IATF or other  
22 relevant lead government agency or body under the law.

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

34 (g) Gender-Responsive is the consistent and systematic attention given to the  
35 gendered differences among individuals in society with a view to addressing  
36 status quo and structural constraints to gender equality; this includes creating

1 and sustaining an environment through site selection, staff selection, program  
2 development, content, processes and materials that reflects an understanding  
3 of the realities of women's lives and addresses their needs and issues.

4 (h) "Health event of public health concern" refers to either a public health  
5 emergency or a public health threat due to biological, chemical, radio-nuclear  
6 and environmental agents as defined under RA 11332.

7 (i) "Intersectionality" is a framework for understanding that people experience  
8 overlapping (i.e., intersecting) forms of oppression, discrimination and  
9 marginalization based on their co-existing identities (e.g., inequality based on  
10 gender and/or ethnicity).

11 (j) "Locally Stranded Individual" refers to foreign nationals or Filipino citizens in a  
12 specific locality within the Philippines who have expressed intention to return  
13 to their place of residence or home origin.

14 (k) "Marginalization" refers to a condition where a whole category of people is  
15 excluded from useful and meaningful participation in political, economic, social,  
16 and cultural life.

17 (l) "Migrant Workers" refers to Filipinos who are to be engaged, are engaged, or  
18 have been engaged in a remunerated activity in a State of which they are not  
19 legal residents, whether documented or undocumented.

20 (m) "Nondiscrimination" refers to the guarantee wherein human rights are  
21 exercised without discrimination of any kind based on race, color, sex,  
22 language, religion, political or other opinion, national or social origin, property,  
23 birth or other status such as disability, age, marital and family status, sexual  
24 orientation and gender identity, health status, place of residence, economic  
25 and social situation.

26 (n) "Pandemic" is defined under this Act as an epidemic occurring worldwide, or  
27 over a very wide area, crossing international boundaries, and usually affecting  
28 a large number of people as declared by the World Health Organization. The  
29 term also contemplates other public health emergencies as defined under RA  
30 No. 11332 and as declared by the Department of Health.

31 (o) "Preparedness" refers to efforts that focus on ensuring adequate capacity and  
32 knowledge, while reinforcing the ability to anticipate, respond and recover from  
33 the impact of emergency situations. Essential services to address gender-  
34 differentiated needs shall be included in these efforts.

35 (p) "Prevention" generally refers to taking action to stop GBV from first occurring  
36 (e.g., scaling up activities that promote gender equality or working with

1 communities to address practices that contribute to GBV). Mitigation refers to  
2 reducing the risk of exposure to GBV (e.g., ensuring that reports of "hot spots"  
3 are immediately addressed through risk-reduction strategies).

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

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

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

31 (t) "Social Safety Nets" refer to noncontributory interventions designed to help  
32 individuals and households cope with chronic poverty, destitution, and  
33 vulnerability, such as unconditional and conditional cash transfers,  
34 noncontributory social pensions, food and in-kind transfers, school feeding  
35 programs, public works, and fee waivers. These programs target the poor and  
36 vulnerable.

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

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

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

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

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

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

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

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

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

35 (g) Taking into account the *best interests of the child* wherein child and adolescent  
36 girl and boy survivors of sexual abuse have the right to have their best interests

1 assessed and determined and taken as a primary consideration in all decisions  
2 that affect them.

3 (h) Focus should be given to the intersectionality of the circumstances of women,  
4 taking into account the specific needs and concerns of marginalized and  
5 vulnerable women groups including women and girls deprived of liberty,  
6 women working in the informal sector, women migrants workers, and other  
7 similarly situated at-risk individuals and groups.

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

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

## 15 **ARTICLE II**

### 16 **CREATION OF NATIONAL PREPAREDNESS AND RESPONSE PLAN TO** 17 **ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF WOMEN DURING A** 18 **PANDEMIC OR DISASTER**

19 *Sec. 7. National Preparedness and Response Plan to Address the Gender-*  
20 *differentiated Needs of Women during the Pandemic or Disaster.* – A coherent,  
21 appropriate, efficient, developmental, evidence-based and survivor-centered national  
22 program against GBV and addressing gender-differentiated needs of women especially  
23 from marginalized sectors shall be developed to inform, direct and coordinate its  
24 implementation at all levels and to ensure accessibility, availability and quality of services  
25 at the community level.

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

- 1 (a) Reviewing lessons from the COVID19 pandemic to be able to address the  
2 specific barriers and obstacles faced by women during pandemics and disasters  
3 that manifest in GBV, taking into account intersecting vulnerabilities and the  
4 multiple burdens they experience, and addressing stigma and discriminatory  
5 practices, attitudes and behaviors resulting in GBV;
- 6 (b) Gathering, managing, and utilizing data concerning the risks and incidence of  
7 GBV, including online GBV, to inform policies and programs to achieve gender  
8 inclusive responses and address gaps and lapses;
- 9 (c) Providing prompt, accurate, disaggregated, accessible, up-to-date,  
10 comprehensible, science-based, and transparent data on women during  
11 pandemics and disasters;
- 12 (d) Developing protocols and guidelines of conduct relating to the delivery of service  
13 to women in the context of pandemics, providing access to essential services  
14 and government social protection and safety nets, including water, hygiene and  
15 sanitation (WASH), food and nutrition security;
- 16 (e) Providing capacity-building for service providers and governmental workers on  
17 early identification and mitigation of such risks as well as strengthening  
18 nationwide helplines and community-level referral to ensure they are functional  
19 to prevent and respond to cases including chain management and service  
20 provision plans for these services to stay open during the outbreak;
- 21 (f) Providing a clear channel of communication with GBV service providers and  
22 actors as well as women's organizations and local GBV service providers and  
23 survivor-centered referral systems through the utilization of technology;
- 24 (g) Assisting in the planning of national, local and community units by developing,  
25 identifying and sharing best practices;
- 26 (h) Providing technical assistance, training, and consultation to improve  
27 preparedness and response capabilities, with focus on the needs of women and  
28 other vulnerable groups, including to support the achievement of evidence-  
29 based benchmarks and objective standards to monitor, assess and measure  
30 levels of preparedness, response and recovery;
- 31 (i) Improving systems of public, private, and civil society collaboration and  
32 partnership to formulate, and address gaps and inefficiencies in the, policies,  
33 plans and programs to address GBV during pandemic, including systems of  
34 global cooperation; and
- 35 (j) Carrying out other duties related to preparedness, response and recovery  
36 activities for women, as the Task Force may deem appropriate.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36

**ARTICLE III**  
**GENERAL DUTIES OF NATIONAL GOVERNMENT AGENCIES AND LOCAL GOVERNMENT UNITS**

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

- 1) Monitor and gather data regarding the realities of women relating to gender-based violence and enjoyment of their human rights in the context of a pandemic that would inform, craft and direct policies to be implemented by the agency in all the stages of pandemic management;
- 2) Effectively prevent, respond and eliminate the incidence of gender-based violence;
- 3) Consistent with the National Plan, develop and craft guidelines and instructions on practices, protocols, systems of coordination and networking, information and education of first responders, especially during the response and early recovery stage, safety and personal protection of workers, and needs of women, girls and at-risk individuals, groups and communities, and ensure its timeliness, responsiveness, availability and accessibility;
- 4) Develop and craft guidelines and protocols for alternative work arrangements that take into account the gender-differentiated needs of female employees of the agency;
- 5) Ensure that communications systems, referral systems, protection mechanisms and other measures on access to justice and effective remedies by women subject to gender-based violence are in place and continue to operate during the period of a pandemic;
- 6) Where applicable, provide immediate haven, shelter and security, resources and support to women and girls subject to violence;
- 7) Enable sufficient and effective regulatory authority to respond and to prevent the incidence of gender-based violence during a pandemic, including but not limited to the relaxation of regulatory requirements that impede the delivery of services or its compliance during a pandemic, emergency procurement and provision of emergency funds for these purposes.

Concerned agencies may also be mandated to update such plans, manuals or protocols within a given timeframe after the issuance of the National Plan.

1           *Sec. 9. General duties of local government units.* – In addition to the duties under  
2 the preceding Section local government units shall develop their pandemic preparedness  
3 protocols through a gender-differentiated localized response, taking into account the local  
4 contexts, cultural norms, and concerns of the different women sectors in their area. This  
5 includes protocols and systems for assistance to gender-based violence, provisions for  
6 access to sexual and reproductive health needs, and ensuring availability of basic services  
7 for women through all phases of the national response regarding the public health  
8 emergency.

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

17           Subject to health protocols, the Local Government Units, in coordination with civil  
18 society organizations, non-government organizations, private sector and other  
19 stakeholders, shall conduct regular dialogues and information drives with the community  
20 to educate them on gender issues as a preventive measure to prevent gender-based  
21 violence and address gender-differentiated needs. Through this multi-sectoral  
22 mechanism, women can participate and put forth their specific needs for integration in  
23 the local government pandemic programming and management.

24  
25   **ARTICLE IV**  
26           **PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-DIFFERENTIATED**  
27   **NEEDS OF WOMEN DURING A PANDEMIC**

28           *Sec. 10. Leadership, Participation and Empowerment of Women.* – Response and  
29 recovery systems must ensure that women are placed strategically and participate  
30 meaningfully in leadership, decision-making, and policy-making positions at all levels. In  
31 accordance with this, the IATF shall have the Philippine Commission on Women (PCW)  
32 as permanent member. Forty percent (40%) of membership of all development or  
33 counterpart response council or bodies from the regional, provincial, city, municipal and  
34 barangay levels shall be composed of women.



1 In the formulation, planning, programming and implementation of prompt,  
2 effective and survivor-centered measures to address issues of violence against women  
3 and girl-children, the most senior leadership position shall be held by a woman.

4 Sec. 11. *Guarantee of non-discrimination.* – This Act shall prohibit discrimination  
5 in all forms committed against women as provided under the Magna Carta of Women  
6 during the occurrence of a pandemic or any public health emergency.

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

- 13 a) GBV services, especially temporary shelters, psychosocial services, appropriate  
14 medical aid, and legal aid, shall remain functional and accessible notwithstanding  
15 the occurrence of a public health emergency. All government units, desks and  
16 offices involved in the GBV referral pathways, including hotlines, social protection,  
17 and community care services, must also be fully operational to enable timely  
18 reporting and response to GBV;
- 19 b) Mechanisms under Republic Act No. 9262 for the processing and issuance of  
20 Barangay Protection Orders (BPO), Temporary Protection Orders (TPO) and  
21 Permanent Protection Orders (PPO) shall remain operative and the reglementary  
22 periods under the law shall be maintained;
- 23 c) GBV services are to be made available to women staying in any detention,  
24 quarantine or isolation facilities where prolonged stay is required or necessary:  
25 *Provided that;* all personnel and decision-makers involved in camp coordination  
26 and camp management, such as in evacuation sites, transitory shelters and  
27 community-based/ home-based arrangements shall be capacitated to receive GBV-  
28 related complaints and provide GBV-related services;
- 29 d) All duty-bearers required under Republic Act No. 11313 to establish mechanisms  
30 to receive and investigate complaints for violations of the Act must ensure that  
31 such mechanisms are functional and effective;
- 32 e) Communication systems, with emphasis on localized communication down to the  
33 level of barangays, must be established in coordination with the Department of  
34 Information and Communications Technology and National Telecommunications  
35 Commission, for education and information dissemination on pandemic and  
36 emergency risks and access to social protection, safety nets, referral systems,

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

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

- 15 (a) Available staff, funds and other resources;
- 16 (b) Unhampered mobility and available public and safe transportation;
- 17 (c) Availability and continuity of reproductive health commodities, goods and  
18 services and essential services or relief packages and hygiene kits, including  
19 emergency contraception, for women and girls of all ages;
- 20 (d) Knowledge and awareness of women and communities of these available  
21 services, and continuous flow of SRHR information to young women to reduce  
22 unsafe and unhealthy sexual practices;
- 23 (e) Gender-sensitive support to frontline health workers on both facility and  
24 community level;
- 25 (f) Additional financial, human, or logistical support to female health workers to  
26 offset the additional burden of household management; and
- 27 (g) Systematic coordination and planning of addressing the gaps in accessing SRH  
28 services;
- 29 (h) Adoption of a strategy to ensure continuity and availability of ante and post-  
30 natal care and services during lockdowns as well as prompt access of pregnant  
31 women to the same, with corresponding precautions to protect them from risks  
32 of exposure such as, but not limited to, provision of maternal health  
33 information, provision of online check-ups, and updated referral hospitals and  
34 lying-in clinics during the lockdowns;
- 35 (i) Provision to women deprived of liberty (WDL) of sufficient and regular access  
36 to sexual and reproductive health information, services, and products inside

1 the detention and correctional facilities; *Provided that*, pregnant WDLs or those  
2 who have just given birth shall be allowed benefits including, but not limited  
3 to, house arrests, furloughs to attend to physical/medical checkups, release on  
4 recognizance, among others;

5 (j) Provision of reasonable accommodation to ensure women with disabilities'  
6 access to SRH services; and

7 (k) Provision of SRH services to internally-displaced women and girls in home-  
8 based arrangements or in evacuation sites/transitory shelters.

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

14 *Sec. 14. Gendered Approach to Vaccination.* – The procurement, allocation,  
15 distribution, delivery, facilitation and administration of vaccines must be transparent and  
16 must take into account gender-based differences in immunological responses, care  
17 burden or work of women both paid and unpaid, security of women against gender-based  
18 violence and other forms of attacks and other factors that increase women's vulnerability.  
19 Safe, efficacious and free vaccines or medications, including newly-approved ones for the  
20 current pandemic or health emergency, must be available and accessible to women,  
21 taking into account intersectional considerations that may impede such access and  
22 vulnerabilities of women that affect their right to life, health and security; provided that  
23 such access shall be in accordance with the priority and health protocols of the Philippines  
24 or relevant COD, and is rights-based, non-discriminatory, voluntary and based on  
25 informed consent. Information on vaccination and the scientific evidence behind it must  
26 be clear and effectively communicated. These gendered approach must be integrated in  
27 legal, policy and program implementation of vaccinations to address COVID 19 and other  
28 public health concerns, emergencies and disasters.

29 *Sec. 15. Social Protection.* – It shall be the duty of national and local authorities  
30 such as the Department of Social Welfare and Development, Department of Labor and  
31 Employment, and Department of Interior and Local Government, in coordination with the  
32 various Local Government units, to target the most vulnerable and economically  
33 marginalized sectors of women, with emphasis on victims of gender-based violence. The  
34 measures shall include, but not limited to:

35 (a) Empowering women through their access to sustainable livelihood and/or  
36 employment as may be practicable, such as through the capacity-building and

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

26 *Sec. 16. Protection for Locally Stranded Individuals.* – The Department of Interior  
27 and Local Government, in coordination with Local Government Units and the respective  
28 designated barangays, shall ensure the safety and security of all displaced migrants or  
29 individuals and at-risk individuals and groups due to the pandemic. This shall include an  
30 efficient mechanism for immediate delivery of food (in full respect for the individual's  
31 dietary restrictions by reason of health or religion), shelter and medical supplies for  
32 women and children, including assisting mothers with breastfeeding, feed and care for  
33 their babies, protection against GBV, and other support.

34 *Sec 17. Economic Empowerment* – The Department of Labor and Employment,  
35 together with local government units and offices, including the Public Employment  
36 Systems Offices, shall enact mechanisms and procedures to address the difficulties faced

1 by women in the employment sector during the pandemic such as job loss and business  
2 closure. All measures shall tend to the continuous employment of women. These should  
3 include considerations regarding the workplace arrangements, marketplace and  
4 community supply chain, establishment of community level livelihood facilitators, and the  
5 women working in the informal economy. For this purpose, said units and offices must  
6 be well-equipped and capacitated to perform all measures necessary to address the  
7 livelihood and employment concerns of their constituents, with special attention to  
8 vulnerable women and the protection afforded to them under other laws.

9 The Department of Labor and Employment and the Civil Service Commission are  
10 mandated to ensure that women are afforded flexible work arrangements during a public  
11 health emergency. They shall provide for rules and regulations for this purpose, taking  
12 into account the specific needs and concerns faced by women under such circumstances.

13 The Department of Agriculture, Department of Tourism, Department of Trade and  
14 Industry, and Technical Education and Skills Development Authority and other relevant  
15 agencies shall also bolster entrepreneurship and provide adequate livelihood  
16 opportunities and skills development to women.

17 *Sec. 18. Protection of Rural Women and Indigenous Women.* – The concerned  
18 local government unit shall ensure that women in rural and indigenous communities  
19 belonging to their jurisdiction have adequate and unimpeded access to health, legal, and  
20 socio-economic services. This guarantee for indigenous women must be undertaken with  
21 due respect to their indigenous health systems, practices and beliefs. They shall be  
22 furnished with the same, if not more, opportunities and facilities as those of their urban  
23 counterparts, as far as may be practicable.

24 *Sec. 19. Utilization of Information and Communications Technology (ICT).* – This  
25 Act mandates the emphasis on the enhancement of the capacity of ICT systems to  
26 facilitate and aid the implementation of provisions under this Act. The Department of  
27 Information and Communications Technology and the National Telecommunications  
28 Commission, in coordination with public utilities and telecommunication providers, shall  
29 develop efficient and effective management information systems on GBV and other sexual  
30 exploitations, and other gender and inclusion issues, provide assistance to relevant  
31 agencies and civil society organizations, provide assistance to ensure the accessibility of  
32 the services provided through the use of ICT system including, but not limited to,  
33 immediate assistance from the Philippine National Police, information dissemination  
34 through short message service, and other services. ICT assistance shall include  
35 strengthening ICT literacy of women especially in poor communities and remote areas,

1 reasonable accommodation for persons with disabilities, such as provision of Filipino Sign  
2 Language, among others.

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

- 17 a) Responsibility to prevent and reduce GBV in migrant women and their children,  
18 including through international, regional, and bilateral cooperation;
- 19 b) Development of consistent and coherent frameworks and protocols between  
20 the host country and country of origin for the expedited process of seeking  
21 redress by women subjected to violence;
- 22 c) Global partnership and international cooperation such as through drafting  
23 agreements on the extension of stay permits of the women migrant workers  
24 and their children between the host country and the country of origin and  
25 through the relaxation of migrant workers' requirements to access social  
26 services;
- 27 d) Migrants and marginalized and other at-risk individuals or groups should be  
28 included in the public health strategies with due consultation with them;
- 29 e) Grant of bilateral incentives between countries to encourage employers to  
30 renew contracts for existing workers in the host country;
- 31 f) Labor, economic livelihood, and social protections for migrant;
- 32 g) Freedom of movement;
- 33 h) Non-discrimination;
- 34 i) Access to Health, especially sexual and reproductive health rights services;
- 35 j) Access to Justice; and
- 36 k) Access to Social Protection and Social Services.

1           Sec. 21. Specific *protective measures for Women Migrant Workers and their*  
2 *Children, including victims of Anti Trafficking in Persons* . – In relation to the preceding  
3 section, the following measures shall be undertaken, among other appropriate measures:

4           a) During crisis preparation:

- 5                   1. Track information on conflicts and natural and climate-induced disasters  
6                   and potential impact on migrants and their children;
- 7                   2. Orient and sensitize male responders and decision-makers on gender-  
8                   responsive pandemic and disaster management policies;
- 9                   3. Collect and share information on women migrant workers and their  
10                  children, subject to privacy, confidentiality, security, and safety of  
11                  migrants;
- 12                  4. Incorporate women migrant workers and their children in the  
13                  prevention, preparedness, and emergency response systems and  
14                  contingency planning;
- 15                  5. Communicate effectively with migrants;
- 16                  6. Establish coordination agreements beforehand; and
- 17                  7. Build capacity and learn lessons from emergency response and post-  
18                  crisis action.

19          b) During emergency response:

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

28          c) After the crisis:

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

33           Victims of Anti-Trafficking in Persons shall be given support and assistance for their  
34 immediate rescue, repatriation and reintegration.

35  
36           **CHAPTER IV**

1 **FINAL PROVISIONS**

2 Sec. 22. *Appropriations.* – The funds appropriated from the Calamity Fund for  
3 disaster risk reduction management and calamities amounting to 100 million, as well as  
4 from portions of the Gender and Development (GAD) budget or special health funds of  
5 agencies or local government units, may be used for the purposes above including for  
6 the implementation of the National Preparedness and Response Plan. Should the amount  
7 be insufficient to cover the necessary expenses, further financial support will come from  
8 the national government, subject to the guidelines of the Department of Finance in  
9 coordination with the Department of Interior and Local Government.

10 Sec. 23. *Penalties.* – The following penalties and sanctions are hereby established:

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



1 and/or disaster when the said pandemic and/or disaster provided  
2 enabling or facilitating conditions for the commission of the crime.

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

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

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

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

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

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

31 *Approved,*