

**NINETEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
First Regular Session**)
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)



'22 JUL 12 A11 :44

SENATE
S.B. No. 375

RECEIVED BY: 

INTRODUCED BY SENATOR RISA HONTIVEROS

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

EXPLANATORY NOTE

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 availability 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.

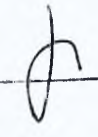

RISA HONTIVEROS
Senator

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WOMEN DURING PANDEMICS, PUBLIC HEALTH CONCERNS, EMERGENCIES
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

ARTICLE I

GENERAL PROVISIONS

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Section 1. *Short Title.* – This Act shall be known as the “Gender Responsive and Inclusive Pandemic and Disaster Management Act of 2022.”

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.

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

6 Accordingly, the State shall:

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

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

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

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

29 (e) Adopt a multi-sectoral and inter-disciplinary approach in the preparation,
30 response and recovery stages of the pandemic response management by
31 ensuring an all-of-society engagement and partnership involving the whole
32 government, public health practitioners, technical experts, local communities,
33 civil society organizations (CSOs), academe, private sector, persons most
34 vulnerable to the pandemic and other relevant actors or stakeholders, with the
35 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, with special focus on at-risk individuals and groups;
- 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 gender-fair communication and information
24 platforms and systems that ensure broad, accurate and prompt dissemination,
25 and effective understanding by all, particularly in relation to monitoring
26 incidence of gender-based violence both in private and public spaces and
27 access to protection mechanisms and effective remedies;
- 28 (l) Utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society
29 approach wherein the State collaborates with non-state actors to achieve
30 maximum efficiency and effectiveness; and
- 31 (m) Utilize existing modern information, communication, research and
32 technological capacities and techniques in crafting the policies and protocols
33 with due regard to human rights and gender-fair language.

34 **Sec. 3. Purpose.** – The principal purpose of this Act is to ensure that there is
35 adequate statutory power for government agencies to act, pursuant to their respective
36 mandates, upon a declaration of an emergency by the President by reason of a pandemic

1 and guided by the policies issued by the Inter-Agency Task Force on Emerging Infectious
2 Diseases (IATF) and principles enunciated in Section 2 of this Act.

3 *Sec. 4. Definition of Terms. –*

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

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

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

- 1 (c) "Early Recovery" means a multidimensional process of recovery that begins in
2 a humanitarian setting. It is guided by development principles that seek to build
3 on humanitarian programmes and catalyze sustainable development
4 opportunities. It aims to generate self-sustaining, nationally-owned, resilient
5 processes for post-crisis recovery. It encompasses the restoration of basic
6 services, livelihoods, shelter, governance, security and rule of law, environment
7 and social dimensions, including reintegration of displaced population. Essential
8 services to address gender-differentiated needs shall be made available during
9 this period.
- 10 (d) An "emergency" is any situation in which the life or well-being of civilians
11 affected by natural disaster, conflict or a public health threat has been or will
12 be at risk unless immediate and appropriate action is taken, and that demands
13 an extraordinary response and exceptional measures.
- 14 (e) "Essential services" covers health and social services, whether provided by a
15 public or private undertaking, to ensure the security, safety and well-being of
16 persons, including but not limited to food, water, medicine, medical devices,
17 public utilities, energy, access to justice, police, health and protection services,
18 and social protection addressing the needs of women during situations of
19 pandemic, emergency or disaster as may be determined by the IATF or other
20 relevant lead government agency or body under the law.
- 21 (f) "Frontline Workers" are those employees within essential industries who must
22 physically show up to their jobs. It includes public and private health workers,
23 such as but not limited to medical professionals, hospital and health facility
24 administrative and maintenance staff, and aides from private health facilities,
25 as well as their service providers, health workers and volunteers of the
26 Philippine Red Cross and the World Health Organization, and employees of
27 Health Maintenance Organizations (HMOs), the Philippine Health Insurance
28 Corporation (PHIC), health insurance providers, disaster risk reduction
29 management officers, public safety officers, and other workers in other high
30 priority sectors; Provided, that the IATF shall determine the sectors by which
31 its workers can be classified as frontline workers.
- 32 (g) Gender-Responsive is the consistent and systematic attention given to the
33 gendered differences among individuals in society with a view to addressing
34 status quo and structural constraints to gender equality; this includes creating
35 and sustaining an environment through site selection, staff selection, program

1 development, content, processes and materials that reflects an understanding
2 of the realities of women's lives and addresses their needs and issues.

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

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

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

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

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

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

3 **GENERAL DUTIES OF NATIONAL GOVERNMENT AGENCIES AND LOCAL**
4 **GOVERNMENT UNITS**

5 *Sec. 8. Duties of National Government Agencies and Local Government Units. -*

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

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

35 Concerned agencies may also be mandated to update such plans, manuals or
36 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.

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ARTICLE IV

26

PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-DIFFERENTIATED

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NEEDS OF WOMEN DURING A PANDEMIC

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

FINAL PROVISIONS

1
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,*