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REPUBLIC OF THE PHILIPPINES )  
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Senate  
Office of the Secretary

22 SEP 21 P5:19

SENATE

S. No. 1339

RECEIVED BY: \_\_\_\_\_

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Introduced by Senator Loren B. Legarda

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

**EXPLANATORY NOTE**

The COVID-19 pandemic has shown the vulnerability of provisions and mechanisms protecting the women's sector against the adverse effects of a health crisis. Government responses were inadequate in the following instances: giving immediate and sufficient protection to victims of gender-based violence and other abuses against women, delivering social services that promote women's welfare, acting upon the unavailability of economic opportunities for women during the pandemic, addressing unpaid care work and other labor-related issues, and providing health care and sexual and reproductive health services, among others.

Gender-based violence (GBV) has reportedly increased, particularly during lockdowns and community quarantines. The lockdown measures have made women more vulnerable to exploitation. Reporting such abuses to authorities has become more difficult due to restricted mobility. Necessary government support and protection were inadequate due to disruption in public services in justice and social work. Government guidelines responsive to these issues in the face of the pandemic were lacking, if not absent. These experiences have exposed the need to strengthen the

existing laws on women and to intensify the implementation of programs promoting women's welfare.

In this regard, this bill seeks to ensure gender-responsive and inclusive protocols and programs to address the gender-differentiated needs of women during the COVID-19 pandemic and other public health concerns, emergencies, and disasters.

Under the proposed measure, during a public health emergency, women shall be empowered to be included in the national and local government's response systems to address the gender-differentiated needs of the different groups of women, especially the marginalized. The bill also mandates that responses and recovery systems must ensure that women are placed strategically and shall participate meaningfully in leadership, decision-making, and policy-making positions at all levels. Furthermore, the bill requires the national and local authorities to target the most vulnerable and economically disadvantaged women, taking into account their intersectionality or different experiences of discrimination and oppression, and ensure that social protection and safety nets are afforded to them, especially victims of GBV. The protection of rural women and indigenous women is also highlighted as the bill mandates the local government units to provide them with adequate and unimpeded access to health, legal, and socio-economic services.

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



LOREN LEGARDA



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WOMEN DURING COVID-19 AND OTHER PUBLIC HEALTH CONCERNS,  
EMERGENCIES, AND DISASTERS**

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

**CHAPTER I  
GENERAL PROVISIONS**

- 1           Section 1. *Short Title.* – This Act shall be known as the “*Gender Responsive and*  
2 *Inclusive Pandemic Management Act of 2022.*”
- 3           Sec. 2. *Declaration of Policy.* – The State hereby affirms its role as the primary  
4 duty-bearer in ensuring the enjoyment and fulfillment of all human rights during  
5 disasters and emergencies, including a pandemic, especially the right to life, which  
6 permits no derogation even during emergencies, and the right to health, so that every  
7 individual shall enjoy the highest attainable level of health. It affirms its Constitutional  
8 duties to guarantee the equality of men and women to the enjoyment of their human  
9 rights, with a focus on the differentiated needs of and impact of emergencies on  
10 women, prohibit discrimination, and create an enabling environment under the  
11 “better normal” that guarantees the human rights of women. It acknowledges its  
12 corresponding duties relating to women’s rights to participation and representation,  
13 protection from gender-based violence during emergencies, sexual health and  
14 reproductive health, and women’s economic empowerment. It adopts a zero-tolerance

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

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

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



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

1 understanding by all, particularly in relation to monitoring the incidence of  
2 gender-based violence in both private and public spaces, as well as access  
3 to protection mechanisms and effective remedies;

4 (l) Utilize existing modern information, communication, research, and  
5 technological capacities and techniques in crafting policies with due regard  
6 to human rights; and

7 (m) Appropriate funds specifically for the above-mentioned mandates. Such  
8 funds will be taken out from the Calamity Fund appropriated under the  
9 annual General Appropriations Act and shall be used for the preparation  
10 stage until the recovery stages in connection with any public health  
11 emergency that may occur during the budget year or those that occurred in  
12 the past two (2) years prior to the budget year.

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

18 (a) To monitor and gather data regarding the realities of women relating to  
19 gender-based violence and enjoyment of their human rights in the context of a  
20 pandemic that would inform, craft, and direct policies to be implemented in all  
21 the stages of pandemic management;

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

26 (c) To develop and craft guidelines and instructions on practices, protocols,  
27 systems of coordination and networking, information and education of first  
28 responders, especially during the response and early recovery stages, safety  
29 and personal protection of workers, and needs of women, girls, and at-risk  
30 individuals, groups, and communities, and ensure their timeliness,  
31 responsiveness, availability, and accessibility;

32 (d) To ensure that communications systems, referral systems, protection

1 mechanisms, and other measures on access to justice and effective remedies by  
2 women subject to gender-based violence are in place and continue to operate  
3 during the period of a pandemic;

4 (e) To provide an immediate haven, shelter, security, resources, and support to  
5 women and girls subject to violence; and

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

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

16 *Sec. 4. Interpretation of this Act.* — Unless otherwise provided, nothing in this Act  
17 shall be construed as precluding provisions in existing Philippine laws, international  
18 human rights laws and related instruments, and international humanitarian laws that  
19 are more promotive of human rights and the preservation and protection of the right  
20 to life.

21 *Sec. 5. Definition of Terms.* — As used in this Act, the following terms shall be  
22 defined as follows:

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

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

- 30 1. Women with Disabilities;
- 31 2. Girl children;
- 32 3. Elderly women;

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

22 (c) "*Early Recovery*" means a multidimensional process of recovery that begins in  
23 a humanitarian setting. It is guided by development principles that seek to  
24 build on humanitarian programs and catalyze sustainable development  
25 opportunities. It aims to generate self-sustaining, nationally-owned, resilient  
26 processes for post-crisis recovery. It encompasses the restoration of basic  
27 services, livelihoods, shelter, governance, security, the rule of law, the  
28 environment, and social dimensions, including the reintegration of the  
29 displaced population. During this time, essential services to address gender-  
30 differentiated needs shall be made available.

31 (d) An "*emergency*" is any situation in which the life or well-being of civilians  
32 affected by a natural hazard or human-induced disaster, conflict, or a public



1 health threat has been or will be at risk unless immediate and appropriate  
2 action is taken, which demands an extraordinary response to exceptional  
3 measures.

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

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

29 (g) "*Gender-Responsive*" refers to the consistent and systematic attention paid to  
30 gendered differences among individuals in society with the goal of addressing  
31 the *status quo* and structural constraints to gender equality; this includes  
32 creating and maintaining an environment through site selection, staff selection,

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

4 (h) "*Health event of public health concern*" refers to either a public health emergency  
5 or a public health threat due to biological, chemical, radio-nuclear, or  
6 environmental agents defined under Republic Act No. 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,  
16 social, 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 in 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, sex, language,  
22 religion, political or other opinions, national or social origin, property, birth,  
23 or another 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 the worldwide spread of an illness or  
27 disease, occurring worldwide or over a vast area, crossing international  
28 boundaries, and usually affecting a large number of people, as declared by the  
29 World Health Organization. The term also contemplates other public health  
30 emergencies as defined under RA 11332 and as declared by the Department of  
31 Health.

32 (o) "*Preparedness*" refers to efforts that focus on ensuring adequate capacity and

1 knowledge while reinforcing the ability to anticipate, respond, and recover  
2 from the impact of emergency situations. Essential services to address gender-  
3 differentiated needs should be included in these efforts.

4 (p) "*Prevention*" generally refers to taking action to stop gender-based violence  
5 (GBV) from first occurring (e.g., scaling up activities that promote gender  
6 equality or working with communities to address practices that contribute to  
7 GBV).

8 (q) "*Mitigation*" refers to reducing the risk of exposure to GBV (e.g., ensuring that  
9 reports of "hot spots" are immediately addressed through risk-reduction  
10 strategies).

11 (r) "*Recovery*" is the process following relief and supports the transition into long-  
12 term reconstruction and development. Recovery actions are most effective if  
13 anticipated and facilitated from the very outset of a humanitarian response. It  
14 involves restoring and improving facilities, livelihoods, and living conditions  
15 of crisis-affected communities, including efforts to reduce risks brought on by  
16 the crisis. During this time, essential services to address gender-differentiated  
17 needs shall be made available.

18 (s) "*Response*" refers to an emergency response that involves the provision of  
19 emergency services and public assistance during or immediately after a  
20 humanitarian crisis to save lives, reduce health impacts, ensure public safety  
21 and protection, and meet the basic needs of women, girls, boys, and men in the  
22 affected population. This stage can range from a few days or weeks to months  
23 or even years, particularly in protracted insecurity and displacement contexts.  
24 For the purposes of this Act, the response shall be undertaken upon the  
25 declaration by the Department of Health of a public health emergency. During  
26 this time, essential services to address gender-differentiated needs shall be  
27 made available.

28 (t) "*Social Protection Floors*" refer to nationally defined sets of basic social security  
29 guarantees that should ensure, as a minimum, that all those in need have access  
30 to essential health care and to basic income security, which together secure  
31 effective access to goods and services defined as necessary at the national level,  
32 which includes, among others, access to essential health care, including



1 maternity care; basic income security for children, providing access to  
2 nutrition, education, care, and any other necessary goods and services; basic  
3 income security for persons in active age who are unable to earn sufficient  
4 income, in particular in cases of sickness, unemployment, maternity, and  
5 disability; basic income security for older persons.

6 (u) "*Social Safety Nets*" refer to noncontributory interventions designed to help  
7 individuals and households cope with chronic poverty, destitution, and  
8 vulnerability, such as unconditional and conditional cash transfers,  
9 noncontributory social pensions, food and in-kind transfers, school feeding  
10 programs, public works, and fee waivers. These programs target the poor and  
11 vulnerable.

12 (v) "*Stigma*" refers to a set of negative and often unfair beliefs that a society or  
13 group of people have about something, such as in the context of women.

14 (w) "*Violence Against Women*" refers to any act of gender-based violence that results  
15 in, or is likely to result in, physical, sexual, or psychological harm or suffering  
16 to women, including threats of such acts, coercion, or arbitrary deprivation of  
17 liberty, whether occurring in public or private life.

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

21 *Sec. 6. Leadership, Participation, and Empowerment of Women.* - During a public  
22 health emergency, women shall be empowered to be included in the national and local  
23 government's response systems to address the gender-differentiated needs of the  
24 different groups of women, especially the marginalized. Thus, response and recovery  
25 systems must ensure that women are placed strategically and participate  
26 meaningfully in leadership, decision-making, and policy-making positions at all  
27 levels. In accordance with this, the IATF and other similar and related bodies shall  
28 have the Philippine Commission on Women (PCW) as a permanent member at all  
29 levels, including planning, implementation, monitoring, and evaluation, and to  
30 facilitate the continuous integration of a gender-responsive plan to be developed  
31 therein in national governance response systems. Furthermore, women must make up



1 forty percent (40%) of all development council membership at the regional, provincial,  
2 city, municipal, and barangay levels.

3 *Sec. 7. Humanitarian Principles Guiding Pandemic Programming and Management*  
4 *to Address Gender-Differentiated Needs of Women During the Pandemic.* – Following the  
5 Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based  
6 Violence Interventions in Humanitarian Action and the United Nations Population  
7 Fund (UNFPA) Minimum Standards for Prevention and Response to Gender-based  
8 Violence in Emergencies, the following principles shall ground, inform, and guide the  
9 formulation and implementation of policies, plans, programs, and other appropriate  
10 measures, including affirmative actions, in managing the COVID19 pandemic:

- 11 (a) A survivor-centered approach that creates a supportive environment in which  
12 survivors' rights and wishes are respected, their safety is ensured, and they are  
13 treated with dignity and respect.
- 14 (b) A human rights-based approach that seeks to analyze and address the root  
15 causes of discrimination and inequality to ensure that everyone has the right to  
16 live with freedom and dignity, safe from violence, exploitation, and abuse, in  
17 accordance with the principles of human rights law.
- 18 (c) A community-based approach that ensures that affected populations are  
19 engaged actively as partners in developing strategies related to their protection  
20 and the provision of humanitarian assistance. This approach involves the direct  
21 involvement of women, girls, and other at-risk groups at all stages of the  
22 humanitarian response to identify protection risks and solutions and build on  
23 existing community-based protection mechanisms.
- 24 (d) The humanitarian principles of humanity, impartiality, independence, and  
25 neutrality, which should underpin the implementation of the Minimum  
26 Standards, are essential to maintaining access to affected populations and  
27 ensuring an effective humanitarian response.
- 28 (e) The "do no harm" approach takes into account all measures necessary to avoid  
29 exposing people to further harm as a result of the actions of humanitarian  
30 actors.
- 31 (f) The Principles of Partnership, which comprise a framework for all actors in the  
32 humanitarian space to follow principles of equality, transparency, a results-

1 oriented approach, responsibility, and complementarity.

2 (g) Taking into account the best interests of the child, wherein child and adolescent  
3 girl and boy survivors of sexual abuse have the right to have their best interests  
4 assessed and determined and taken as a primary consideration in all decisions  
5 that affect them.

6 (h) The intersectionality of women's circumstances should be prioritized, taking  
7 into account the specific needs and concerns of marginalized and vulnerable  
8 women groups, such as women and girls detained, women working in the  
9 informal sector, women migrants workers, and other similarly situated at-risk  
10 individuals and groups.

11 (i) Rights-based policing, wherein human rights principles and practices are  
12 taught and applied at all levels of the police organization's policy, doctrinal,  
13 operational, and administrative functions.

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

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

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

30 (b) GBV services, especially temporary shelters, psychosocial services, and legal  
31 aid, shall remain functional and accessible, notwithstanding a public health  
32 emergency. Local Inter-agency Task Forces against COVID-19 shall ensure that

1 GBV services are available to women detained, quarantine, or isolated in any  
2 facility where a prolonged stay is required or necessary;

3 (c) This process must be based on data and evidence, and it must integrate first  
4 responder systems in order to respond appropriately during COVID-19;

5 (d) To achieve maximum efficiency and effectiveness, the State shall utilize a  
6 multisectoral/interdisciplinary, all-of-government, all-of-society approach in  
7 which the State collaborates with non-state actors;

8 (e) The national government, through the Department of the Interior and Local  
9 Government (DILG), shall assume the key leadership role but shall also  
10 empower local authorities and local communities to address the pandemic,  
11 including the provision of resources, support, and incentives, and by enabling  
12 decision-making authorities and responsibilities;

13 (f) Communication systems, with an emphasis on localized communication down  
14 to the level of barangays, must be established in coordination with the  
15 Department of Information and Communications Technology (DICT) and  
16 National Telecommunications Commission (NTC) for education and  
17 information dissemination on pandemic and emergency risks and access to  
18 social protection, safety nets, referral systems, protection measures, and other  
19 appropriate measures in cases of GBV, which shall include traditional modes  
20 of communication to reach women living in remote areas or areas with limited  
21 access, such as newspapers, pamphlets, and radio: *Provided*, that, relevant  
22 language, format, and relevant channels that are culturally appropriate shall be  
23 taken into consideration to ensure effective communication with individuals  
24 and communities;

25 (g) The State must prioritize preparedness and early information and  
26 communication campaigns about the pandemic or emergency in order to  
27 influence attitudes and behaviors, and it must encourage private investments  
28 in these areas more than in response and recovery;

29 (h) An effective and meaningful global partnership must be fostered, and existing  
30 international cooperation must be strengthened.

31 The DILG, in coordination with the local government units (LGUs), is mandated  
32 to ensure that the rights of women and the services accorded to them remain available



1 and accessible in all stages of the emergency response to a public health crisis.

2 *Sec. 10. Sexual and Reproductive Health (SRH) Rights and Essential Services Package. –*

3 It shall be the duty of national and local authorities to prioritize the specific health  
4 needs of all women and girls at the community level, including in countries of  
5 destination for women migrants, particularly access to sexual and reproductive health  
6 services, including pre- and post-natal healthcare, access to essential services as  
7 defined above, and physical rehabilitation during pandemics and other public health  
8 concerns, emergencies, and disasters. The preparedness and response systems must  
9 include, but shall not be limited to:

- 10 (a) Available staff, funds, and other resources;
- 11 (b) Unhampered mobility and available public and safe transportation;
- 12 (c) Availability and continuity of reproductive health services and essential  
13 services packages for women and girls of all ages;
- 14 (d) Knowledge and awareness of women of these available services;
- 15 (e) Gender-sensitive support to frontline health workers on both facility and  
16 community levels;
- 17 (f) Additional financial, human, or logistical support to female health workers to  
18 offset the additional burden of household management;
- 19 (g) Systematic coordination and planning of addressing the gaps in accessing SRH  
20 services;
- 21 (h) Adoption of a strategy to ensure pregnant women's access to antenatal and  
22 postnatal care during lockdowns, with corresponding precautions to protect  
23 them from risks of exposure, such as, but not limited to, the provision of  
24 maternal health information, online check-ups, and updated referral hospitals  
25 and lying-in clinics during the lockdowns;
- 26 (i) Provision to women deprived of liberty of sufficient and regular access to  
27 sexual and reproductive health information, services, and products inside the  
28 detention and correctional facilities;
- 29 (j) Measures to protect pregnant women deprived of liberty and their unborn  
30 children, as well as women who have recently given birth and their newborn  
31 infants, such as, but not limited to, house arrests, furloughs to attend to physical  
32 or medical checkups, and release on recognizance, among others; and



1 (k) Provision of a reasonable accommodation to ensure women with disabilities  
2 access to SRH services.

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

8 Sec. 11. *Gendered Approach to Vaccination.* - The procurement, allocation,  
9 distribution, delivery, facilitation, and administration of vaccines must be transparent.  
10 It must take into account gender-based differences in immunological responses; the  
11 care burden or work of women, both paid and unpaid; the security of women against  
12 gender-based violence and other forms of attack; and other factors that increase  
13 women's vulnerability. Safe, efficacious, and free vaccines or medications, including  
14 newly-approved ones for the current pandemic or health emergency, must be  
15 available and accessible to women, taking into account intersectional considerations  
16 that may impede such access and the vulnerabilities of women that affect their right  
17 to life, health, and security: *Provided, however,* That such access is rights-based, non-  
18 discriminatory, voluntary, and based on informed consent, and is in accordance with  
19 the Philippines' priority and health protocols r relevant COD. Information on  
20 vaccination and its scientific evidence must be clear and effectively communicated.  
21 This gendered approach must be integrated into legal, policy, and program  
22 implementation of vaccinations to address COVID-19 and other public health  
23 concerns, emergencies, and disasters.

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

27 Sec. 12. *Social Protection.* - It shall be the responsibility of national and local  
28 authorities, such as the Department of Social Welfare and Development, Department  
29 of Labor and Employment, and Department of Interior and Local Government, in  
30 coordination with the various LGUs, to target the most vulnerable and economically  
31 marginalized sectors of women, taking into account their various intersectionality,  
32 and to ensure that social protection and safety nets are provided to them, with an

1 emphasis on victims of gender-based violence. The measures shall include, but shall  
2 not be limited to:

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

30 *Sec. 13 Protection for Locally Stranded Individuals.* - The DILG, in coordination  
31 with the LGUs and respective designated barangays, shall ensure the safety and  
32 security of all displaced migrants or individuals and at-risk individuals and groups

1 due to the pandemic. This shall include an efficient mechanism for immediate delivery  
2 of food (in full respect of the individual's dietary restrictions by reason of health or  
3 religion), shelter, and medical supplies for women and children, including assisting  
4 mothers with breastfeeding, feeding, and care for their babies and other support.

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

16       The DOLE is mandated to ensure that women are afforded flexible work  
17 arrangements during a public health emergency. They shall provide rules and  
18 regulations for this purpose, taking into account women's specific needs and concerns  
19 under such circumstances.

20       The Department of Agriculture (DA), Department of Tourism (DOT), Department  
21 of Trade and Industry (DTI) , Technical Education and Skills Development Authority  
22 (TESDA), and other relevant agencies must also bolster entrepreneurship and provide  
23 women with adequate livelihood opportunities and skills development.

24       Sec. 15. *Protection of Rural Women and Indigenous Women.* - The concerned LGU  
25 shall ensure that women in rural and indigenous communities belonging to their  
26 jurisdiction have adequate and unhindered access to health, legal, and socio-economic  
27 services. This guarantee for indigenous women must be undertaken due to their  
28 indigenous systems, practices, and beliefs. As far as may be practicable, they will be  
29 provided with the same, if not more, opportunities and facilities as their urban  
30 counterparts.

31       Sec 16. *Utilization of Information and Communications Technology (ICT).* – This  
32 Act mandates the enhancement of the capacity of ICT systems to facilitate and aid the



1 implementation of provisions under this Act. The DICT and the NTC, in coordination  
2 with public utilities and telecommunication providers, shall provide assistance to  
3 ensure the accessibility of the services provided through the use of the ICT system,  
4 including, but not limited to, immediate assistance from the Philippine National  
5 Police (PNP), information dissemination through short message service, and other  
6 services. ICT assistance shall include, among others, increasing women's ICT literacy,  
7 particularly in poor communities and remote areas, as well as reasonable  
8 accommodations for persons with disabilities, such as the provision of Filipino Sign  
9 Language.

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

- 23       a) Responsibility to prevent and reduce GBV in migrant women and their  
24       children, including through international, regional, and bilateral cooperation;
- 25       b) Development of consistent and coherent frameworks and protocols between  
26       the host country and country of origin for the expedited process of seeking  
27       redress by women subjected to violence;
- 28       c) Global partnership and international cooperation, such as through drafting  
29       agreements on the extension of stay permits of women migrant workers and  
30       their children between the host and the country of origin and through the  
31       relaxation of migrant workers' requirements to access social services;
- 32       d) Migrants and marginalized and other at-risk individuals or groups should be



- 1 included in the public health strategies with due consultation with them;
- 2 e) Grant of bilateral incentives between countries to encourage employers to
- 3 renew contracts for existing workers in the host country;
- 4 f) Labor, economic livelihood, and social protections for migrants;
- 5 g) Freedom of movement;
- 6 h) Non-discrimination;
- 7 i) Access to Health, especially sexual and reproductive health rights services;
- 8 j) Access to Justice; and
- 9 k) Access to Social Protection and Social Services.

10 *Sec. 18. Specific Protective Measures for Women Migrant Workers and their Children. —*

11 In relation to the preceding section, the following measures shall be undertaken,  
12 among other appropriate measures:

13 a) During crisis preparation:

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

25 b) During emergency response:

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

1 protection.

2 c) After the crisis:

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

7 CHAPTER III  
8 COORDINATION MECHANISMS IN A PANDEMIC

9 Sec. 19. *National Preparedness and Response Program to Address the Gender-*  
10 *differentiated Needs of Women during the Pandemic.* – To ensure access to essential  
11 services, including access to justice and remedial measures, and to mitigate the impact  
12 of any public health emergency or disaster on the economy, a coherent, appropriate,  
13 efficient, developmental, evidence-based, and survivor-centered national program  
14 against GBV and addressing gender-differentiated needs of women, especially from  
15 marginalized sectors, must be developed to inform, direct, and coordinate its  
16 implementation at all levels and to ensure accessibility, availability, and quality of  
17 services at the community level. For this purpose, a Task Force to be co-headed by the  
18 National Disaster Risk Reduction and Management Council (NDRRMC) and the  
19 PCW, in coordination with the IATF, shall come up with a national plan to be cascaded  
20 to the local government units and must be automatically integrated into the national  
21 strategy to manage the pandemic. This plan shall be reviewed every two (2) years. It  
22 shall address GBV and gender-differentiated needs at all stages of pandemic  
23 management and anticipate pandemic-related events and factors that might impede  
24 the functioning of legal, medical, social, remedial, and other protection measures and  
25 mechanisms, including, but not limited to:

- 26 a) Understanding the nature and risks of the COVID-19 pandemic to be able to
- 27 address the specific barriers and obstacles faced by women during the
- 28 pandemic that manifest in GBV, taking into account intersecting vulnerabilities
- 29 and the multiple burdens they experience, addressing stigma and
- 30 discriminatory practices, attitudes ,and behaviors resulting in GBV, and
- 31 providing for their food and nutrition security as well as access to essential

- 1 services and government social protection and safety nets;
- 2 b) Gathering, managing, and utilizing data concerning the risks and incidence of  
3 GBV to inform policies and programs to achieve gender-inclusive responses  
4 and address gaps and lapses in ensuring access by women to protection  
5 mechanisms;
- 6 c) Providing prompt, accurate, disaggregated, accessible, up-to-date,  
7 comprehensible, science-based, and transparent data on women;
- 8 d) Developing protocols and guidelines of conduct relating to the delivery of  
9 service to women in the context of COVID-19;
- 10 e) Strengthening protection from sexual exploitation and abuse through capacity  
11 building for service providers and governmental workers on early  
12 identification and mitigation of such risks, as well as strengthening nationwide  
13 helplines and community-level referral to ensure they are functional to prevent  
14 and respond to cases, including chain management and service provision plans  
15 for these services to stay open during the outbreak;
- 16 f) Providing a clear channel of communication with GBV service providers and  
17 actors as well as women's organizations and survivor-centered referral systems  
18 through the utilization of technology;
- 19 g) Assisting in the planning of national, local, and community units by  
20 developing, identifying, and sharing best practices;
- 21 h) Providing technical assistance, training, and consultation to improve  
22 preparedness and response capabilities, with a focus on the needs of women  
23 and other vulnerable groups, including supporting the achievement of  
24 evidence-based benchmarks and objective standards to monitor, assess and  
25 measure levels of preparedness, response, and recovery;
- 26 i) Improving systems of public, private, and civil society collaboration and  
27 partnership to formulate and address gaps and inefficiencies in the policies,  
28 plans, and programs to address GBV during the pandemic;
- 29 j) Carrying out other duties related to preparedness, response, and recovery  
30 activities for women, as the Task Force may deem appropriate; and
- 31 k) Representation and participation of women in coordination and decision-  
32 making

1 bodies

2 Sec. 20. *Capacity-building of Local Government Units (LGUs).* – The DILG, with  
3 the LGUs, shall be given the appropriate and sufficient funding by the national  
4 government to properly carry out the designated provisions under this Act. They shall  
5 be capacitated to develop their pandemic preparedness protocols through a gender-  
6 differentiated localized response, taking into account the local contexts and concerns  
7 of the different women’s sectors in their area. This includes protocols and systems for  
8 assistance to gender-based violence, provisions for access to sexual and reproductive  
9 health needs, and ensuring the availability of basic services for women through all  
10 phases of the national response regarding the public health emergency.

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

19 Sec. 21. *Community Engagement.* - Subject to COVID-19 protocols, the LGUs, in  
20 coordination with civil society organizations, non-government organizations, the  
21 private sector, and other stakeholders, shall conduct regular dialogues and  
22 information drives with the community to educate them on gender issues as a  
23 preventive measure to prevent gender-based violence and address gender-  
24 differentiated needs. Through this multi-sectoral mechanism, women can participate  
25 and put forth their needs for integration into the local government pandemic  
26 programming and management.

#### CHAPTER IV FINAL PROVISIONS

27 Sec. 22. *Appropriation.* – The funds appropriated from the Calamity Fund for  
28 disaster risk reduction management and calamities amounting to 100 million, as well  
29 as from portions of the Gender and Development (GAD) budget or special health



1 funds of agencies or local government units, may be used for the purposes above,  
2 including for the implementation of the National Preparedness and Response  
3 Program to Address the Gender-differentiated Needs of Women during the COVID-  
4 19, and other pandemics, emergencies, and disasters. Should the amount be  
5 insufficient to cover the necessary expenses, further financial support will come from  
6 the national government, subject to the guidelines of the Department of Finance in  
7 coordination with the DILG.

8         *Sec. 23. Penalties.* - Any public officer, an employee of an agency, or any private  
9 individual mandated to implement this Act who fails to perform in accordance with  
10 the mandates, duties, tasks, and other acts imposed by this law shall be  
11 administratively liable for neglect in the performance of duty during the COVID-19  
12 and other pandemics, emergencies, and disasters. Should damage or injury be  
13 inflicted on any person by reason of such neglect, the aggrieved party can have  
14 recourse against the erring public officer, employee, or private individual for  
15 appropriate legal remedies as the law may provide or afford, including criminal cases.  
16 In case of gender-based violence amounting to a crime or offense is committed by a  
17 public officer or employee while in the performance of any acts covered herein,  
18 penalties next higher in degree shall be imposed, including sexual harassment,  
19 especially in quarantine facilities, and against persons belonging to at-risk individuals  
20 and those adversely affected by the pandemic.

21         *Sec. 24. Implementing Rules and Regulations.* – The PCW, as the lead agency,  
22 shall, in coordination with the Commission on Human Rights (CHR), Inter-Agency  
23 Task Force on Emerging Infectious Diseases, DILG, DOH, Commission on Population  
24 and Development, DOLE, DSWD, DFA, National Development Authority, DTI ,  
25 DICT, Department of Justice, PNP, and all concerned government departments and  
26 agencies, with the participation of civil society organizations, academe, private sector,  
27 public health practitioners, and other key actors and stakeholders, formulate the  
28 implementing rules and regulations (IRR) of this Act within thirty (30) days after its  
29 effectivity.

30         *Sec. 25. Congressional Oversight* - Both Houses of Congress, particularly the  
31 Committee on Women, Children, Family Relations, and Gender Equality of the Senate  
32 and the Committee on Women and Gender Equality of the House of Representatives,

1 shall oversee the implementation of this Act. The CHR, as Gender Ombud, shall  
2 likewise review the implementation after one (1) year and, subsequently, every year  
3 in accordance with the recovery and rehabilitation plans of the government.

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

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

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

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

Approved,