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(In substitution of Senate Bill Nos. 375, 1339 and 1838)

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Submitted by the Committee on Women, Children, Family Relations and Gender Equality joint with the Committees on Health and Demography; and Finance with Senators Hontiveros, Legarda, Revilla, Jr. and Go as authors.

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

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

**ARTICLE I**

**GENERAL PROVISIONS**

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2  
3 Section 1. *Short Title.* – This Act shall be known as the “Gender Responsive and  
4 Inclusive Emergency Management Act of 2023.”

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

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

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

13 Accordingly, the State shall:

14 (a) Be the primary duty bearer to enforce the protection of human rights and  
15 guarantee the agency, participation, and leadership of women during  
16 emergencies from the point of prevention until recovery and while adapting  
17 to the new normal in society;

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

25 (c) Institutionalize real, actual and meaningful participation of women, at-risk  
26 individuals and communities affected by an emergency, and those who are  
27 most vulnerable to violations of human rights during such situations in policy  
28 and decision-making and at every stage of the emergency management,  
29 especially in the formulation of general guidelines and resolutions governing  
30 the national management of an emergency as well as in its implementation;

31 (d) Empower and collaborate with women and institutionalize their role to  
32 publicly lead, decide and promote gender responsive, equitable and

1 universally accessible response, recovery, rehabilitation and reconstruction  
2 approaches in all areas of concerns, including public health, during an  
3 emergency;

4 (e) Adopt a multi-sectoral and inter-disciplinary approach in the preparation,  
5 response, and recovery stages of the emergency response management by  
6 ensuring an all-of-society engagement and partnership involving the whole  
7 government, public health practitioners, technical experts, local  
8 communities, civil society organizations (CSOs), academe, private sector,  
9 youth councils, persons most vulnerable to the emergency situation and  
10 other relevant actors or stakeholders, with the State as the primary duty-  
11 bearer;

12 (f) Guarantee access of everyone to emergency-related and essential services,  
13 as well as sustained access to livelihood and other productive opportunities,  
14 with special focus on at-risk individuals and groups;

15 (g) Undertake appropriate actions to ensure the continuous and effective  
16 functioning of and access to concerned institutions, communication  
17 systems, referral systems, protection mechanisms, and other appropriate  
18 measures to address gender-based violence and give priority to access  
19 effective remedies, including reprogramming of delivery of services and  
20 capacitating service providers to deliver pertinent essential services;

21 (h) Ensure that the differentiated needs, multiple burdens, and gender-based  
22 violence faced by women during the emergency situation are addressed and  
23 integrated in measures, actions, and conduct relating to the management  
24 of the emergency response by integrating intersectional analysis in the  
25 formulation of policies, plans, and programs, particularly in the area of  
26 security and law enforcement at all levels of government and particularly at  
27 the barangay level;

28 (i) Ensure access to prompt and substantive social protection and safety nets,  
29 taking into account the heightened insecurity and burden on the part of  
30 women and at-risk individuals, communities, and groups that might be  
31 hindered from access;

- 1 (j) Positively act, address, and seek to eradicate and prohibit stigma,  
2 discrimination and other conditions that result in gender-based violence and  
3 aggravate the situations of women;
- 4 (k) Craft and design effective gender-sensitive communication and information  
5 platforms and systems that ensure broad, accurate and prompt  
6 dissemination, and effective understanding by all, particularly in relation to  
7 monitoring incidence of gender-based violence both in private and public  
8 spaces and access to protection mechanisms and effective remedies;
- 9 (l) Utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society  
10 approach wherein the State collaborates with non-state actors to achieve  
11 maximum efficiency and effectiveness; and
- 12 (m) Utilize existing modern information, communication, research and  
13 technological capacities and techniques in crafting the policies and protocols  
14 with due regard to human rights and gender-fair language.

15 *Sec. 3. Purpose.* – The principal purpose of this Act is to ensure that there is  
16 adequate statutory power for government agencies to act and provide gender-  
17 responsive and inclusive emergency protocols and programming, pursuant to their  
18 respective mandates in the event of an emergency as defined in Sec. 4.

19 *Sec. 4. Definition of Terms.* –

- 20 (a) "Access to Justice" means the sufficient access to essential services for  
21 victim survivors of gender-based violence, and all women and girls in conflict  
22 with the law such as the unimpeded availability of legal assistance, case  
23 management services, health services, medico-legal services, counselling,  
24 protection, operational shelters, and support with an accountability  
25 mechanism in place.
- 26 (b) "At-risk individuals and groups" include the following vulnerable and  
27 marginalized persons, sectors and/or groups:
- 28 1) Women with Disabilities
  - 29 2) Girl children
  - 30 3) Elderly women
  - 31 4) Women deprived of liberty especially those who are pregnant, about to  
32 give birth, or has just given birth

- 1 5) Pregnant, Lactating, and Post-partum mothers
- 2 6) Members of the LGBTQI+ community
- 3 7) Urban Poor Women
- 4 8) Women in the informal and formal economy
- 5 9) Women who are or have been positive for the disease, including those
- 6 under investigation or monitoring
- 7 10) Moro and Muslim women
- 8 11) Rural and indigenous women
- 9 12) Internally displaced women
- 10 13) Women migrants and their families
- 11 14) Persons living with HIV
- 12 15) Women frontline workers (as defined under the Inter-Agency Task Force
- 13 for the Management of Emerging Infectious Diseases (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
- 18 of statelessness
- 19 20) Female sex workers/trafficked women
- 20 21) Women experiencing sexual or domestic violence
- 21 22) Women and girls who are homeless or street dwellers
- 22 23) Women with intersectional identities, as defined in Sec. 4(j).

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

- 1 (d) An “emergency” is an event or series of events that represents a critical  
2 threat, unless immediate and appropriate action is taken, to the health,  
3 safety, security, or wellbeing of a community or other large group of people,  
4 such as a pandemic, natural or man-made disasters, humanitarian conflict  
5 or a public health threat.
- 6 (e) “Essential services” covers health and social services, whether provided by  
7 a public or private undertaking, to ensure the security, safety and well-being  
8 of persons, including but not limited to food, water, medicine, medical  
9 devices, public utilities, energy, access to justice, police, health and  
10 protection services, and social protection addressing the needs of women  
11 during emergency situations, as may be determined by the IATF or other  
12 relevant lead government agency or body under the law.
- 13 (f) “Frontline Workers” are those employees within essential industries who  
14 must physically show up to their jobs. It includes public and private health  
15 workers, such as but not limited to medical professionals, hospital and  
16 health facility administrative and maintenance staff, and aides from private  
17 health facilities, as well as their service providers, health workers and  
18 volunteers of the Philippine Red Cross and the World Health Organization,  
19 and employees of Health Maintenance Organizations (HMOs), the Philippine  
20 Health Insurance Corporation (PHIC), health insurance providers, disaster  
21 risk reduction management officers, public safety officers, volunteers, and  
22 other workers in other high priority sectors; Provided, that the IATF shall  
23 determine the sectors by which its workers can be classified as frontline  
24 workers.
- 25 (g) “Gender-responsive” is the consistent and systematic attention given to the  
26 gendered differences among individuals in society with a view to addressing  
27 status quo and structural constraints to gender equality; this includes  
28 creating and sustaining an environment through site selection, staff  
29 selection, program development, content, processes and materials that  
30 reflects an understanding of the realities of women’s lives and addresses  
31 their needs and issues.

- 1 (h) "Gender-sensitive" generally refers to the use of language in a gender equal  
2 manner, this includes non-usage of language that overtly and/or  
3 intentionally discriminates and stereotypes that demeans a group based on  
4 gender.
- 5 (i) "Health event of public health concern" refers to either a public health  
6 emergency or a public health threat due to biological, chemical, radio-  
7 nuclear and environmental agents as defined under RA 11332.
- 8 (j) "Intersectionality" is a framework for understanding that people experience  
9 overlapping (i.e., intersecting) forms of oppression, discrimination and  
10 marginalization based on their co-existing identities (e.g., inequality based  
11 on both gender and ethnicity).
- 12 (k) "Locally Stranded Individual" refers to foreign nationals or Filipino citizens  
13 in a specific locality within the Philippines who have expressed intention to  
14 return to their place of residence or home origin.
- 15 (l) "Marginalization" refers to a condition where a whole category of people is  
16 excluded from useful and meaningful participation in political, economic,  
17 social, and cultural life.
- 18 (m) "Mental Health Condition - refers to a neurologic or psychiatric condition  
19 characterized by the existence of a recognizable, clinically-significant  
20 disturbance in an individual's cognition, emotional regulation, or behavioral  
21 that reflects a genetic or acquired dysfunction in the neurological,  
22 psychosocial, or developmental process underlying mental functioning. The  
23 determination of neurologic and psychiatric conditions shall be based on  
24 scientifically-accepted medical nomenclature and best available scientific  
25 and medical evidence;
- 26 (n) "Migrant Workers" refers to Filipinos who are to be engaged, are engaged,  
27 or have been engaged in a remunerated activity in a State of which they  
28 are not legal residents, whether documented or undocumented.
- 29 (o) Mitigation refers to reducing the risk of exposure to GBV (e.g., ensuring that  
30 reports of "hot spots" are immediately addressed through risk-reduction  
31 strategies).

- 1 (p) "Nondiscrimination" refers to the guarantee wherein human rights are  
2 exercised without discrimination of any kind based on race, color, sex,  
3 language, religion, political or other opinion, national or social origin,  
4 property, birth or other status such as disability, age, marital and family  
5 status, sexual orientation and gender identity, health status, place of  
6 residence, economic and social situation.
- 7 (q) "Pandemic" is defined under this Act as an epidemic occurring worldwide,  
8 or over a very wide area, crossing international boundaries, and usually  
9 affecting a large number of people as declared by the World Health  
10 Organization. The term also contemplates other public health emergencies  
11 as defined under RA No. 11332 and as declared by the Department of  
12 Health.
- 13 (r) "Preparedness" refers to efforts that focus on ensuring adequate capacity  
14 and knowledge, while reinforcing the ability to anticipate, respond and  
15 recover from the impact of emergency situations. Essential services to  
16 address gender-differentiated needs shall be included in these efforts.
- 17 (s) "Prevention" generally refers to taking action to stop gender-based violence  
18 (GBV) from first occurring (e.g., scaling up activities that promote gender  
19 equality or working with communities to address practices that contribute  
20 to GBV).
- 21 (t) "Recovery" is the process following relief and supports the transition into  
22 long- term reconstruction and development. Recovery actions are most  
23 effective if anticipated and facilitated from the very outset of a humanitarian  
24 response. It involves the restoration and improvement of facilities,  
25 livelihoods and living conditions of crisis-affected communities, including  
26 efforts to reduce risks brought on by the crisis. Essential services to address  
27 gender-differentiated needs shall be made available during this period.
- 28 (u) "Response" refers to an emergency response involves the provision of  
29 emergency services and public assistance during or immediately after a  
30 humanitarian crisis to save lives, reduce health impacts, ensure public safety  
31 and protection, and meet the basic needs of women, girls, boys and men in  
32 the affected population. This stage can range from a few days or weeks to

1 many months and even years, particularly in protracted insecurity and  
2 displacement contexts. For the purposes of this Act, response shall be  
3 undertaken upon the declaration of the Department of Health of a public  
4 health emergency. Essential services to address gender-differentiated needs  
5 shall be made available during this period.

6 (v) "Social Protection Floors" refers to nationally defined sets of basic social  
7 security guarantees that should ensure, as a minimum that, over the life  
8 cycle, all in need have access to essential health care and to basic income  
9 security which together secure effective access to goods and services  
10 defined as necessary at the national level; which include among others:  
11 access to essential health care, including maternity care; basic income  
12 security for children, providing access to nutrition, education, care and any  
13 other necessary goods and services; basic income security for persons in  
14 active age who are unable to earn sufficient income, in particular in cases  
15 of sickness, unemployment, maternity and disability; basic income security  
16 for older persons.

17 (w) "Social Safety Nets" refer to noncontributory interventions designed to  
18 help individuals and households cope with chronic poverty, destitution, and  
19 vulnerability, such as unconditional and conditional cash transfers,  
20 noncontributory social pensions, food and in-kind transfers, school feeding  
21 programs, public works, and fee waivers. These programs target the poor  
22 and vulnerable.

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

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

29 *Sec. 5. Humanitarian Principles Guiding Emergency Programming and*  
30 *Management to Address Gender-Differentiated Needs of Women Including At-risk*  
31 *Individuals and Groups During Emergencies.* – The following principles shall ground,  
32 inform, and guide the formulation and implementation of policies, plans, programs,

1 and other appropriate measures, including affirmative actions, in managing  
2 emergencies:

- 3 (a) A *survivor-centered approach* which creates a supportive environment in  
4 which survivors' rights and wishes are respected, their safety is ensured,  
5 and they are treated with dignity and respect.
- 6 (b) A *human rights-based approach* that seeks to analyze and address the root  
7 causes of discrimination and inequality to ensure that everyone has the right  
8 to live with freedom and dignity, safe from violence, exploitation and abuse,  
9 in accordance with principles of human rights law.
- 10 (c) A *community-based approach* that ensures that affected populations are  
11 engaged actively as partners in developing strategies related to their  
12 protection and the provision of humanitarian assistance. This approach  
13 involves direct involvement of women, girls and other at-risk groups at all  
14 stages in the humanitarian response, to identify protection risks and  
15 solutions, and build on existing community-based protection mechanisms.
- 16 (d) The *humanitarian principles of humanity, impartiality, independence and*  
17 *neutrality* which should underpin the implementation of the Minimum  
18 Standards and are essential to maintaining access to affected populations  
19 and ensuring an effective humanitarian response.
- 20 (e) An *equity approach* that prioritizes the allocation of interventions and  
21 support that considers the intersectionality of women's circumstances that  
22 are affected disproportionately because of the multiple disadvantaged  
23 identities they possess (e.g. indigenous and poor woman).
- 24 (f) The "*do no harm*" *approach* which takes into account all measures  
25 necessary to avoid exposing people to further harm as a result of the actions  
26 of humanitarian actors.
- 27 (g) The *Principles of Partnership* which comprise a framework for all actors in  
28 the humanitarian space to follow principles of equality, transparency, a  
29 results-oriented approach, responsibility and complementarity.
- 30 (h) Taking into account the *best interests of the child* wherein child and  
31 adolescent girl survivors of sexual abuse have the right to have their best

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

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

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

## 11 **ARTICLE II**

### 12 **CREATION OF NATIONAL PREPAREDNESS AND RESPONSE PLAN TO** 13 **ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF WOMEN DURING AN** 14 **EMERGENCY**

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

22 For this purpose, a Task Force, to be co-headed by the National Disaster Risk  
23 Reduction and Management Council (NDRRMC), the Philippine Commission on Women  
24 (PCW), in coordination with the IATF, Climate Change Commission, and Department  
25 of the Interior and Local Government, Department of Health, Department of Social  
26 Welfare and Development, and Department of Education, shall come up with said  
27 National Plan within six (6) months from passage of this Act, to be cascaded to the  
28 local government units where local counterparts may be established, and must be  
29 automatically integrated into the national strategy to manage the emergency. This  
30 plan shall be subjected to review and improvement every two (2) years. It shall  
31 address GBV and gender-differentiated needs at all stages of emergency  
32 management, and anticipating emergency-related events and factors that might

1 impede the functioning of legal, medical, social, remedial and other protection  
2 measures and mechanisms, to include, but not limited to:

- 3 (a) Reviewing lessons based on the responsiveness, preparedness, and impact  
4 of previous interventions from the COVID-19 pandemic to address the  
5 specific barriers and institutional obstacles faced by women including at-risk  
6 individuals and groups during emergencies that result in GBV, lack of access  
7 to sexual, reproductive, and mental health services, and discontinued  
8 education, taking into account intersecting vulnerabilities and the multiple  
9 burdens they experience, and addressing stigma and discriminatory  
10 practices, attitudes, and behaviors resulting in GBV;
- 11 (b) Gathering, managing, and utilizing data concerning the risks and incidence  
12 of online and offline GBV, limited access to sexual, reproductive, and mental  
13 health services, and discontinued education to inform policies and programs  
14 to achieve gender inclusive responses and address gaps and lapses;
- 15 (c) Providing prompt, accurate, disaggregated data by age, gender, ethnicity,  
16 and special needs, accessible, up-to-date, comprehensible, science-based,  
17 and transparent data on women during emergencies;
- 18 (d) Developing protocols and guidelines of conduct relating to the delivery of  
19 service to women in the context of emergencies, providing access to  
20 essential services and government social protection and safety nets,  
21 including water, hygiene and sanitation (WASH), food and nutrition security;
- 22 (e) Providing capacity-building for service providers, such as but not limited to  
23 frontline workers, volunteers, and governmental workers, on early  
24 identification and mitigation by building on their gendered analyses skills,  
25 strengthening nationwide helplines, and community-level referral  
26 mechanisms to ensure they are functional to prevent and respond to cases  
27 including chain management and service provision plans for these services  
28 to stay open during the outbreak;
- 29 (f) Providing a clear channel of communication with GBV service providers and  
30 actors as well as women's organizations, GBV and Sexual and Reproductive  
31 Health watch groups, and local GBV service providers and survivor-centered  
32 referral systems through the utilization of technology;

- 1 (g) Assisting in the planning of national, local and community units by  
2 developing, identifying, and sharing best practices;
- 3 (h) Providing technical assistance, training, and consultation to improve  
4 preparedness and response capabilities, with focus on the needs of women  
5 and at-risk individuals and groups, including to support the achievement of  
6 evidence-based benchmarks and objective standards to monitor, assess and  
7 measure levels of preparedness, response and recovery;
- 8 (i) Improving systems of public, private, and civil society collaboration and  
9 partnership to formulate, and address gaps and inefficiencies in the policies,  
10 plans, and programs to address GBV during emergencies, including systems  
11 of global cooperation; and
- 12 (j) Carrying out other duties related to preparedness, response, and recovery  
13 activities for women, as the Task Force may deem appropriate.

### 14 **ARTICLE III**

#### 15 **GENERAL DUTIES OF NATIONAL GOVERNMENT AGENCIES AND** 16 **LOCAL GOVERNMENT UNITS**

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

18 Every department, agency and local government unit must come up with a gender-  
19 responsive emergency preparedness plan, manual or protocol for women in  
20 emergencies within sixty (60) days from receipt of the national plan and appoint one  
21 focal person to supervise and oversee the implementation of said plan, manual or  
22 protocol. The preparedness plan should outline the entity's plans to, where relevant:

- 23 1) Monitor and gather data through the meaningful participation of women, including  
24 at-risk individuals and groups, regarding the realities of women relating to gender-  
25 based violence and access to education and mental, sexual, and reproductive  
26 health services in the context of an emergency that would inform, craft and direct  
27 policies to be implemented by the agency in all the stages of emergency  
28 management;
- 29 2) Effectively prevent GBV by, but not limited to providing information about gender-  
30 based violence and ensuring access to safe and accessible reporting mechanisms  
31 notwithstanding curfews and quarantine restrictions, respond by, but not limited

- 1 to ensuring grievance and justice mechanisms for victims, and eliminate the  
2 incidence of gender-based violence;
- 3 3) Consistent with the National Plan, develop and craft guidelines and instructions on  
4 practices, protocols, systems of coordination and networking, information and  
5 education of first responders, especially during the response and early recovery  
6 stage, safety and personal protection of workers, and needs of women, girls and  
7 at-risk individuals, groups and communities, and ensure its timeliness,  
8 responsiveness, gender-sensitivity, availability, and accessibility;
- 9 4) Develop and craft guidelines and protocols for alternative work arrangements that  
10 take into account the gender-differentiated needs of female employees of the  
11 agency;
- 12 5) Ensure that communications systems, referral systems, protection mechanisms,  
13 and other measures on access to justice and effective remedies by women subject  
14 to gender-based violence are in place and have a contingency plan in case of  
15 barriers caused by an emergency to ensure operation during the period;
- 16 6) Where applicable, provide immediate haven, shelter and security, resources and  
17 support to women, especially to those from the at-risk individuals and groups  
18 category, subject to violence;
- 19 7) Enable sufficient and effective regulatory authority to respond and to prevent the  
20 incidence of gender-based violence during an emergency, including but not limited  
21 to the relaxation of regulatory requirements that impede the delivery of services  
22 or its compliance during an emergency, emergency procurement and provision of  
23 emergency funds for these purposes.

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

26 *Sec. 9. General duties of local government units.* – In addition to the duties  
27 under the preceding Section, local government units shall develop their emergency  
28 preparedness protocols through a gender-differentiated localized response, taking into  
29 account the local contexts, cultural and religious norms of the local populace, and  
30 concerns of the different women sectors in their area. This includes protocols and  
31 systems for assistance to gender-based violence, provisions for access to sexual and

1 reproductive health needs, and ensuring availability of basic services for women  
2 through all phases of the national response regarding the public health emergency.

3 The Local Government Units shall ensure that they have capable and trained  
4 personnel to provide the essential services package for women and are oriented about  
5 the policies, principles and procedure regarding gender equality, prohibition against  
6 gender-based violence, and gender sensitivity as well as those governing the  
7 management of an emergency. They are also mandated to use data-gathering, risk  
8 assessment analyses, and data-analytics to further improve and strengthen their  
9 services. They shall also develop a review mechanism by ensuring accessible feedback  
10 structures to further guide all phases of their emergency interventions.

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

#### 18 **ARTICLE IV**

#### 19 **PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-** 20 **DIFFERENTIATED NEEDS OF WOMEN DURING AN EMERGENCY**

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

28 In the formulation, planning, programming and implementation of prompt,  
29 effective and survivor-centered measures, the most senior leadership position shall  
30 be held by a woman to address issues affecting women and at-risk individuals and  
31 groups.

1           Sec. 11. *Guarantee of non-discrimination.* – This Act shall prohibit discrimination  
2 in all forms committed against women as provided under the Magna Carta of Women  
3 during the occurrence of an emergency.

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

10       a) GBV services, especially temporary shelters that must be safe and secure,  
11       psychosocial services, and legal aid, shall remain functional, accessible, and  
12       compliant with public health protocols notwithstanding the occurrence of a  
13       public health emergency. All government units, desks and offices involved in  
14       the GBV referral pathways, including hotlines, social protection, and community  
15       care services, must also be fully operational to enable timely reporting and  
16       response to GBV;

17       b) Mechanisms under Republic Act No. 9262 for the processing and issuance of  
18       Barangay Protection Orders (BPO), Temporary Protection Orders (TPO) and  
19       Permanent Protection Orders (PPO) shall remain operative and the  
20       reglementary periods under the law shall be maintained;

21       c) GBV services, which must include but is not limited to a help desk, are to be  
22       made available to women and girls staying in any detention, quarantine,  
23       evacuation, or isolation facilities where a prolonged stay is required or  
24       necessary: *Provided* that; all personnel and decision-makers involved in camp  
25       coordination and camp management, such as in evacuation sites, transitory  
26       shelters and community-based/ home-based arrangements shall be capacitated  
27       to receive GBV-related complaints and provide GBV-related services;

28       d) All duty-bearers required under Republic Act No. 11313 to establish  
29       mechanisms to receive and investigate complaints for violations of the Act must  
30       ensure that such mechanisms are functional and effective;

31       e) Communication systems, with emphasis on localized communication down to  
32       the level of barangays, must be established in coordination with the

1 Department of Information and Communications Technology and National  
2 Telecommunications Commission, for education and information dissemination  
3 on GBV, promotion of gender equality at home and outside, emergency risks,  
4 access to social protection, psychosocial services, safety nets, referral systems,  
5 protection measures and other appropriate measures in cases of GBV, which  
6 shall be disseminated through online means and traditional modes of  
7 communication to reach women living in remote areas or areas with limited  
8 access such as newspaper, pamphlets, and radio. Provided, that, relevant and  
9 gender-fair language, format, and relevant channels that are culturally- and  
10 age-appropriate shall be taken into consideration to ensure effective  
11 communication with individuals and communities.

- 12 f) Review systems must be emplaced or strengthened, if they already exist, to  
13 monitor the effectiveness of GBV-related initiatives in events of public health  
14 concerns, emergencies, and disasters.

15 *Sec. 13. Sexual and Reproductive Health (SRH) Rights and Essential Services*  
16 *Package.* – It shall be the duty of the national and local authorities to prioritize specific  
17 health needs of all women, including at-risk individuals and groups, at the community  
18 level, including in countries of destination for women migrants, particularly access to  
19 sexual and reproductive health services, including pre- and post-natal healthcare,  
20 access to essential services as defined above and physical rehabilitation during an  
21 emergency. The preparedness and response systems must include, but not limited to:

- 22 (a) Available staff, funds and other resources;  
23 (b) Unhampered mobility and available public and safe transportation;  
24 (c) Availability and continuity of sexual and reproductive health commodities,  
25 goods, and essential services or relief packages and hygiene kits that must  
26 include emergency contraception and sanitary pads for women and girls of  
27 all ages;  
28 (d) Communication systems utilized to disseminate gender-sensitive  
29 information about SRH to enable women, youth, and communities to  
30 become aware of these available services and goods to reduce unsafe and  
31 unhealthy sexual practices;

- 1 (e) Gender-sensitive support to frontline health workers on both facility and  
2 community level;
- 3 (f) Additional financial, human, or logistical support to female health workers  
4 to offset the additional burden of household management; and
- 5 (g) Systematic coordination and planning of addressing the gaps in accessing  
6 SRH services based on data gathered with the involvement of women,  
7 including at-risk individuals and groups;
- 8 (h) Adoption of a strategy to ensure continuity and availability of ante and post-  
9 natal care and services during lockdowns as well as prompt access of  
10 pregnant women to the same, with corresponding precautions to protect  
11 them from risks of exposure such as, but not limited to, provision of  
12 maternal health information, provision of online check-ups, and updated  
13 referral hospitals and lying-in clinics during the lockdowns;
- 14 (i) Provision of SRH services to WDL and GCICL of sufficient and regular access  
15 to SRH information, services, and products inside the detention and  
16 correctional facilities; *Provided that*, pregnant WDLs or those who have just  
17 given birth shall be allowed benefits including, but not limited to, house  
18 arrests, furloughs to attend to physical/medical checkups, release on  
19 recognizance, among others;
- 20 (j) Provision of a reasonable accommodation to women with disabilities,  
21 including but not limited to access to sign language interpreters and large  
22 printouts;
- 23 (k) Provision of SRH services to internally displaced women and girls in home-  
24 based arrangements or in evacuation sites/transitory shelters; and
- 25 (l) Provision of SRH services to indigenous and religious groups to consider  
26 cultural and religious sensitivities, which can include having a female and/or  
27 indigenous person to provide SRH services, if practically possible.

28 The Department of Health and each Barangay Health Emergency Response  
29 Team are mandated to ensure that the specific health needs, especially sexual health  
30 and reproductive needs, women and girls are included in the implemented essential  
31 health packages, systems and protocols in their constituency, including universal  
32 health coverage, during emergencies, subject to other existing laws.

1  
2 Sec. 14. *Ensuring Mental Health and Psycho-social support (MHPSS)*. – It shall be the  
3 duty of the national and local authorities to prioritize the allocation of MHPSS to  
4 emergency victims most at-risk (e.g. women in the at-risk individuals and groups  
5 classification). The MHPSS systems shall include, but not be limited to:

- 6  
7 (a) Available staff, funds, and other resources;  
8 (b) Creation of a strategy that establishes a structure for emergency-sensitive  
9 individual and community programs and/or sessions to improve the mental  
10 and psychosocial well-being of individuals; this strategy must consider the  
11 potential obstacles in supplying MHPSS in times of emergency to ensure that  
12 at least women at-risk have sufficient access to its services;  
13 (c) Availability and continuity of mental health services, which can include but  
14 are not limited to: clinical services and individual and/or community wellness  
15 and MHPSS programs;  
16 (d) Communication systems must inform individuals of the available MHPSS to  
17 guarantee the awareness of how citizens can avail of these services;  
18 (e) Provision of MHPSS services to WDL and GCICL of access to mental health  
19 information, services, and products inside the detention and correctional  
20 facilities;  
21 (f) Provision of reasonable and accessible accommodation to women with  
22 disabilities,  
23 (g) Provision of MHPSS services to internally displaced women and girls in  
24 home-based arrangements or in evacuation sites/transitory shelters; and  
25 (h) Provision of MHPSS services to indigenous and religious groups that  
26 consider cultural and religious sensitivities, which can include using culturally  
27 and religiously-sensitive language, and having a female and/or indigenous  
28 person to provide mental health services, if practically possible.

29 The Department of Health and each Barangay Health Emergency Response  
30 Team are mandated to ensure that the mental and psychosocial health needs of  
31 emergency victims, especially women at-risk, are included in their strategy and  
32 implementation of MHPSS services during emergencies.

1           Sec. 15. *Strengthening education systems' responsiveness.* – Education  
2 systems' adaptability in the event of a public health emergency or disaster must be  
3 accounted for to ensure the continuation of education for all learners, bearing in mind  
4 the vulnerabilities of girl learners. It shall be the duty of national and local authorities  
5 to identify the barriers to education of women and girls including those at-risk, at the  
6 community level and provide interventions, during emergencies. The preparedness  
7 and response systems must include, but not limited to:

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

9           (b) Adoption of a strategy, which considers the possible obstacles and issues  
10 caused by the public health emergency or disaster, that ensures the continuity  
11 and accessibility of education for women, prioritizing those from the at-risk  
12 category, and ensures that staff have sufficient resources and knowledge to  
13 execute the strategy;

14           (c) Awareness of parents, women, and children of the alternative mode of  
15 education through information sent online and offline such as newspapers,  
16 pamphlets, radio, and in-person announcements, if health or disaster protocols  
17 permit;

18           (d) Promotion of gender equality at home through using communication  
19 systems that include both offline and online means, which can include but is  
20 not limited to encouraging co-sharing of the household's task, to ensure women  
21 and girls have more resources to continue their education;

22           (d) Provision of reasonable accommodation to ensure women and girls with  
23 disabilities receive an accessible form of education.

24           The Department of Education, Technical Education and Skills Development  
25 Authority, Commission on Higher Education, and Local Government Units, in  
26 coordination with the Department of Information and Communications Technology,  
27 are mandated to address the specific needs of women and girls, as practically feasible,  
28 in the implemented alternative mode of education strategy.

29           Sec. 16. *Gendered Approach to Vaccination.* – The procurement, allocation,  
30 distribution, delivery, facilitation and administration of vaccines must be transparent  
31 and must take into account gender-based differences in immunological responses,  
32 care burden or work of women both paid and unpaid, security of women against

1 gender-based violence and other forms of attacks and other factors that increase  
2 women’s vulnerability. Safe, efficacious and free vaccines or medications, including  
3 newly-approved ones for the current pandemic or health emergency, must be available  
4 and accessible to women, taking into account intersectional considerations that may  
5 impede such access and vulnerabilities of women that affect their right to life, health  
6 and security; provided that such access shall be in accordance with the priority and  
7 health protocols of the Philippines or relevant COD, and is rights-based, non-  
8 discriminatory, voluntary and based on informed consent. Information on vaccination  
9 and the scientific evidence behind it must be clear and effectively communicated. This  
10 gendered approach must be integrated in legal, policy and program implementation  
11 of vaccinations to address COVID 19 and other public health concerns, emergencies  
12 and disasters.

13       *Sec. 17. Social Protection and Livelihood.* – It shall be the duty of national and  
14 local authorities such as the Department of Social Welfare and Development,  
15 Department of Labor and Employment, Department of the Interior and Local  
16 Government, the Civil Service Commission, in coordination with the various Local  
17 Government units, including the Public Employment Systems Offices, to address the  
18 difficulties of the most vulnerable and economically marginalized sectors of women  
19 and ensure their services are agile and beneficial to them, with emphasis on victims  
20 of gender-based violence. The measures shall provide long-term social protection  
21 which include, but not limited to:

22       (a) Empowering women through their access to sustainable livelihood and/or  
23 employment as may be practicable, such as through the capacity-building  
24 and other services rendered by local Public Employment System Offices,  
25 work-from-home programming, collaborations with the private sector,  
26 providing economic empowerment programs to help women gain the skills  
27 needed for the job market in collaboration with the Department of  
28 Agriculture, Department of Tourism, Department of Trade and Industry, and  
29 Technical Education and Skills Development Authority and other relevant  
30 agencies, and access to flexible financing and loans,

31       (b) Ensuring the unimpeded provision of safety nets and cash-based  
32 interventions to vulnerable and poor women, and solo parents;

- 1 (c) Prioritizing gender alongside disability, age, and other overlapping  
2 vulnerabilities in the assessments of needs and decisions on targeting and  
3 delivery of programs;
- 4 (d) Ensuring that women victims have adequate access to psychosocial services  
5 and shelters that have adequate resources for the needs of women,  
6 particularly health and social workforce; solo, young and 4Ps mothers;
- 7 (e) Ensuring that work environments, including work-from-home arrangements,  
8 are VAW-free through continuous monitoring of the situations of vulnerable  
9 women and their protection, guaranteeing accountability of the perpetrators  
10 and holding of regular seminars to educate on VAW issues and standards  
11 especially during an emergency, among others;
- 12 (f) Providing flexible work arrangements during a public health emergency. The  
13 Department of Labor and Employment and the Civil Service Commission are  
14 mandated to ensure this and provide rules and regulations for this purpose,  
15 taking into account the specific needs and concerns faced by women under  
16 such circumstances.
- 17 (g) Providing work-from-home setup for women subjected to violence in their  
18 workplaces until the perpetrator has been held accountable;
- 19 (h) Ensuring effective and inclusive grievance redressal mechanisms embedded  
20 in social protection programming which are designed to be accessible and  
21 inclusive of girls, women, persons with disabilities, children, older people,  
22 and other at-risk individuals and groups;
- 23 (i) Enforcing other laws and issuances which may be enacted by virtue of the  
24 existence of such public health emergency or disaster, which contain services  
25 and protection afforded to women, particularly on social protection.

26 *Sec. 18. Protection for Locally Stranded Individuals.* – The Department of the  
27 Interior and Local Government, in coordination with Local Government Units and the  
28 respective designated barangays, shall ensure the safety and security of all displaced  
29 women migrants or at-risk individuals and groups due to the emergency. This shall  
30 include an efficient mechanism for immediate delivery of food (in full respect for the  
31 individual’s dietary restrictions by reason of health or religion), access to necessary  
32 drugs and medical care for persons living with HIV/AIDS, shelter and medical supplies

1 for women and children, including assisting mothers with breastfeeding, feed and care  
2 for their babies, protection against GBV, and other support.

3         *Sec. 19. Protection of Rural Women and Indigenous Women.* – The concerned  
4 local government unit shall ensure that women in rural and indigenous communities  
5 belonging to their jurisdiction have adequate and unimpeded access to health, legal,  
6 and socio-economic services. This guarantee for indigenous women must be  
7 undertaken with due respect to their indigenous health systems, practices, and beliefs.  
8 They shall be furnished with the same, if not more, opportunities and facilities as those  
9 of their urban counterparts such as mobile clinics and service providers, as far as may  
10 be practicable.

11         *Sec. 20. Utilization of Information and Communications Technology (ICT).* –  
12 This Act mandates the emphasis on the enhancement of the capacity of ICT systems  
13 to facilitate and aid the implementation of provisions under this Act. The Department  
14 of Information and Communications Technology and the National Telecommunications  
15 Commission, in coordination with public utilities and telecommunication providers,  
16 shall develop efficient and effective management information systems on GBV and  
17 other sexual exploitations, and other gender and inclusion issues, provide assistance  
18 to relevant agencies and civil society organizations, provide assistance to ensure the  
19 accessibility of the services provided through the use of ICT system including, but not  
20 limited to, immediate assistance from the Philippine National Police, information  
21 dissemination through short message service, and other services. ICT assistance shall  
22 include improving access and strengthening ICT literacy of women especially in poor  
23 communities and remote areas, reasonable accommodation for persons with  
24 disabilities, such as provision of Filipino Sign Language, among others.

25         *Sec. 21. Protection for Women Migrant Workers and their Children* -  
26 Interagency bodies such as the IATF, Inter-Agency Council on Violence Against  
27 Women and Their Children (IACVAWC), Inter-Agency Council Against Trafficking  
28 (IACAT) and the Sub-Committee on International Migration and Development  
29 (SCIMD), as well as government agencies including the Department of Migrant  
30 Workers and those part of the OCTA (one-country team approach in countries of  
31 destination) such as the Department of Foreign Affairs, Department of Labor and  
32 Employment, Overseas Workers Welfare Administration, and Department of Social

1 Welfare and Development are mandated to ensure that migrant workers are given  
2 adequate resources and access to legal, medical, and social services in the receiving  
3 State, during transit and upon return, especially during repatriation. Relevant  
4 embassies and foreign affairs personnel must ensure the protection of women migrant  
5 workers and their children during an emergency. Coordination among these bodies is  
6 imperative, considering but not limited to the following:

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

29 Sec. 22. *Specific protective measures for Women Migrant Workers and their*  
30 *Children, including victims of Anti Trafficking in Persons .* – In relation to the preceding  
31 section, the following measures shall be undertaken, among other appropriate  
32 measures:

1 a) During crisis preparation:

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

16 b) During emergency response:

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

25 c) After the crisis:

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

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

1 **CHAPTER IV**

2 **FINAL PROVISIONS**

3 *Sec. 23. Appropriations.* – The funds appropriated from the Calamity Fund for  
4 disaster risk reduction management and calamities amounting to 100 million, as well  
5 as from portions of the Gender and Development (GAD) budget or special health funds  
6 of agencies or local government units, may be used for the purposes above including  
7 for the implementation of the National Preparedness and Response Plan. Should the  
8 amount be insufficient to cover the necessary expenses, further financial support will  
9 come from the national government, subject to the guidelines of the Department of  
10 Finance in coordination with the Department of the Interior and Local Government.

11 *Sec. 24. Penalties.* – The following penalties and sanctions are hereby  
12 established:

- 13 a. Any person or entity found to have committed any act of  
14 discrimination against women and girls during an emergency  
15 situation shall be penalized with a fine of not less than Twenty  
16 Thousand Pesos (Php20,000.00) but not more than Fifty Thousand  
17 Pesos (Php50,000.00), or imprisonment of not less than one month  
18 but not more than six months, or both such fine or punishment, at  
19 the discretion of the proper Court: *Provided*, that if he or she is a  
20 government employee, he or she shall also be held administratively  
21 liable, without prejudice to criminal liability under this Act;
- 22 b. Any public officer mandated to implement this Act, who shall fail to  
23 perform in accordance with the mandates, duties, tasks and other  
24 acts imposed by this law shall be administratively liable for neglect in  
25 the performance of duty: *Provided*, that should damage or injury be  
26 inflicted on any person by reason of such neglect, the aggrieved party  
27 can have recourse against the erring public officer, employee or  
28 private individual for appropriate civil and criminal remedies;
- 29 c. Any person found to have committed violations of Republic Act No.  
30 7877, Republic Act No. 9208 as amended, Republic Act No. 9262,  
31 Republic Act 9775, Republic Act No. 9995, Republic Act No. 11313,  
32 as well as the crimes of rape, acts of lasciviousness, online sexual

1 abuse and exploitation of children, as well as analogous crimes  
2 involving gender-based violence, shall be meted the penalties in the  
3 aforementioned laws in its maximum period when the crime is  
4 committed in quarantine facilities, or against persons designated as  
5 at-risk individuals and/or members of at-risk groups, or during an  
6 emergency when the said emergency provided enabling or facilitating  
7 conditions for the commission of the crime.

8 *Sec. 25. Implementing Rules and Regulations.* – The PCW, as the lead agency,  
9 shall, in coordination with the Commission on Human Rights (CHR), Inter-Agency Task  
10 Force on Emerging Infectious Diseases, Department of the Interior and Local  
11 Government, Department of Health, Commission on Population and Development,  
12 Department of Labor and Employment, Department of Social Welfare and  
13 Development, Department of Foreign Affairs, National Development Authority,  
14 Department of Trade and Industry, Department of Information and Communications  
15 Technology, Department of Justice Philippine National Police and all concerned  
16 government departments and agencies, with the participation of civil society  
17 organizations, academe, private sector, public health practitioners and other key  
18 actors and stakeholders, formulate the implementing rules and regulations (IRR) of  
19 this Act within thirty (30) days after its effectivity.

20 *Sec. 26. Congressional Oversight* - Both Houses of Congress, particularly the  
21 Committee on Women, Children, Family Relations and Gender Equality of the Senate  
22 and Committee on Women and Gender Equality of the House of Representatives shall  
23 oversee the implementation of this Act. The CHR, as Gender Ombud, shall likewise  
24 review the implementation after one (1) year, and subsequently, every year, in  
25 accordance with the recovery and rehabilitation plans of the government.

26 *Sec. 27. Suppletory Applications.* – The applicable provisions of the Revised  
27 Penal Code shall have suppletory application insofar as they are consistent with the  
28 provisions of this Act.

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

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

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

8           *Approved,*

## **GENDER RESPONSIVE AND INCLUSIVE PROTOCOLS**

### **Salient Points**

- The bill seeks to protect human rights and guarantee the participation and leadership of women during emergencies from the point of prevention until recovery and while adapting to the new normal in society;
- The bills seek to establish policies and programs to prevent the spread of a “notifiable disease”, to prepare prior to its actual impact, and to deliver treatment and other essential services. This shall be according to evidence-based strategies and by integrating gender analysis, and taking into account the intersectional considerations that differentiate impact on different groups, identities and sectors;
- The bill creates the National Preparedness and Response Plan to Address the Gender-Differentiated Needs of Women During an Emergency;
- A Task Force, to be co-headed by the National Disaster Risk Reduction and Management Council (NDRRMC), the Philippine Commission on Women (PCW), in coordination with the IATF, Climate Change Commission, and Department of the Interior and Local Government, Department of Health, Department of Social Welfare and Development, and Department of Education, shall come up with said national plan;
- The national plan shall, among other things review lessons based on the responsiveness, preparedness, and impact of previous interventions from the COVID-19 pandemic to address the specific barriers and institutional obstacles faced by women including at-risk individuals and groups during emergencies that result in gender-based violence, lack of access to sexual, reproductive, and mental health services, and discontinued education;
- The bill strengthens gender-based violence preparedness and response systems. They shall be considered essential services, and appropriate budgetary allotment from the emergency funding shall be ensured towards the formulation, reprogramming or continuity of said systems;
- The bill seeks to prioritize sexual and reproductive health rights (SRH) and develop essential services package in the communities;
- The bill seeks to prioritize the allocation of mental health and psychosocial services to emergency victims most at-risk (e.g. women in the at-risk individuals and groups classification);
- The bill seeks to provide social protection and livelihood to address the difficulties of the most vulnerable and economically marginalized sectors of women;

- The bill seeks to Protect Women Migrant Workers and their Children ensure that migrant workers are given adequate resources and access to legal, medical, and social services in the receiving State, during transit and upon return, especially during repatriation;
- The bill outlines the General Duties of National Government Agencies and Local Government Units.