

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. **3405**



INTRODUCED BY REPRESENTATIVE PM VARGAS

AN ACT
TO ENSURE GENDER-RESPONSIVE AND INCLUSIVE PROTOCOLS AND
PROGRAMMING TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS
OF WOMEN DURING PUBLIC HEALTH EMERGENCIES, PUBLIC HEALTH
THREATS, DISASTERS, AND OTHER HEALTH EVENTS
OF PUBLIC CONCERN

EXPLANATORY NOTE

As the State provides that it shall protect and promote the right to health of all Filipinos and ensure a people-oriented approach in the health care delivery system, several legislations have been passed to this intent, including Republic Act 1223 or the Universal Health Care Act and the National Health Insurance Act, also known as RA 7875.

With the aftereffects, however, of the pandemic and the health crisis that came with it, these health legislations were put to the test, revealing that more should be done to guarantee that health care is universal across all cultures, socio-economic statuses, ages, and, more importantly, across genders.

The State's response to the COVID-19 pandemic exposed the inequality in the healthcare system, especially in catering to the needs of women who are at greater risk of infection as they comprise 70% of the healthcare workforce.¹ With the lockdowns and prolonged time staying at home, more women also experienced gender-based violence as well as disruption of access

¹ OECD Policy Report. April 1, 2020 "Women at Core of the fight against COVID-19 Pandemic" <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/> Accessed on October 27, 2022

and utilization to reproductive health services.²

With the distinct needs of women in health and in their roles as most primary caregivers in the family who are at the same time expected to be productive at work, policy responses and programming must be crafted from a gender lens and account for women's unique needs, responsibilities, and perspectives.

Only by making policies and programs gender-responsive and transformative can the State advance the overall status of women's health and their general well-being.

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


REP. PM VARGAS
Fifth District, Quezon City

² <https://www.cgdev.org/publication/covid-19-and-women-and-girls-health-low-and-middle-income-countries-updated-review> Accessed on November 7, 2022

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. **3405**

INTRODUCED BY REPRESENTATIVE PM VARGAS

AN ACT
TO ENSURE GENDER-RESPONSIVE AND INCLUSIVE PROTOCOLS AND
PROGRAMMING TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS
OF WOMEN DURING PUBLIC HEALTH EMERGENCIES, PUBLIC HEALTH
THREATS, DISASTERS, AND OTHER HEALTH EVENTS
OF PUBLIC CONCERN

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

CHAPTER I
GENERAL PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the “*Gender Responsive and Inclusive Public Health Concern and Disaster Management Act.*”

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

strategies relevant to disaster risk reduction, emergency and pandemic management must integrate human rights and gender lenses. It is fundamental that policies, plans, programs, actions, conduct and results are non-discriminatory and that no one is left behind.

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

Accordingly, the State shall:

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

- (g) Undertake appropriate actions to ensure the continuous and effective functioning of and access to concerned institutions, communication systems, referral systems, protection mechanisms and other appropriate measures to address gender-based violence and give priority to access effective remedies, including reprogramming of delivery of services and capacitating service providers to deliver pertinent essential services;
- (h) Ensure that the differentiated needs, multiple burdens and gender-based violence faced by women during the pandemic or emergency situation are addressed and integrated in measures, actions and conduct relating to the management of the pandemic response by integrating intersectional analysis in the formulation of policies, plans and programs relating to pandemic management, particularly in the area of security and law enforcement at all levels of government and particularly at the barangay level;
- (i) Ensure access to prompt and substantive social protection and safety nets, taking into account the heightened insecurity and burden on the part of women and at-risk individuals, communities and groups that might hinder access;
- (j) Positively act, address and seek to eradicate and prohibit stigma, discrimination and other conditions that result in gender-based violence and aggravate the situations of women;
- (k) Craft and design effective communication and information platforms and systems that ensure broad, accurate and prompt dissemination, and effective understanding by all, particularly in relation to monitoring incidence of gender-based violence both in private and public spaces and access to protection mechanisms and effective remedies; and
- (l) Utilize existing modern information, communication, research and technological capacities and techniques in crafting the policies and protocols with due regard to human rights.

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

- (a) To monitor and gather data regarding the realities of women relating to gender-based violence and enjoyment of their human rights in the context of a pandemic that would inform, craft and direct policies to be implemented in all the stages of pandemic management.
- (b) To effectively prevent, respond and eliminate the incidence of gender-based violence against women and girls through the integration of gender and intersectional analysis in pandemic policy and decision making, planning and programming in all the stages of pandemic management;

- (c) To develop and craft guidelines and instructions on practices, protocols, systems of coordination and networking, information and education of first responders, especially during the response and early recovery stage, safety and personal protection of workers, and needs of women, girls and at-risk individuals, groups and communities, and ensure its timeliness, responsiveness, availability and accessibility;
- (d) To ensure that communications systems, referral systems, protection mechanisms and other measures on access to justice and effective remedies by women subject to gender-based violence are in place and continue to operate during the period of a pandemic;
- (e) To provide immediate haven, shelter and security, resources and support to women and girls subject to violence;
- (f) To enable sufficient and effective regulatory authority to respond and to prevent the incidence of gender-based violence during a pandemic, including but not limited to the relaxation of regulatory requirements that impede the delivery of services or its compliance during a pandemic, emergency procurement and provision of emergency funds for these purposes.

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

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

SECTION 5. *Definition of Terms.* – As used in this Act:

- (a) *Access to justice* refers to the sufficient access to essential services for victim survivors of gender-based violence, and all women and girls in conflict with the law such as the unimpeded availability of legal assistance, case management services, health services, medico-legal services, counselling, protection, operational shelters, and support; with an accountability mechanism in place;
- (b) *At-risk individuals and groups* refer to the following vulnerable and marginalized persons, sectors and/or groups:
 - 1) Women and Girls with Disabilities;
 - 2) Girl children;
 - 3) Elderly women;
 - 4) Women deprived of liberty especially those who are pregnant, about to give birth, or have just given birth;
 - 5) Pregnant, Lactating, and Post-partum mothers;
 - 6) Members of the LGBTQI+ community;

- 7) Urban and Rural Poor Women;
 - 8) Women in the informal and formal economy;
 - 9) Women who are COVID-19 positive including those under investigation and monitoring;
 - 10) Moro and Muslim women;
 - 11) Rural and indigenous women;
 - 12) Internally displaced women;
 - 13) Migrant women and their families;
 - 14) Persons living with HIV;
 - 15) Women frontline workers (as defined under IATF-EID Guidelines);
 - 16) Women human rights defenders;
 - 17) Single mothers;
 - 18) Teenage mothers;
 - 19) Women who are refugees, asylum seekers, stateless persons, or at risk of statelessness;
 - 20) Women in prostitution/ victim-survivors of illegal recruitment, and trafficking;
 - 21) Women experiencing sexual or domestic violence and online gender-based harassment;
 - 22) Minors and adolescents (population below 19 years of age); and
 - 23) Women and girls who are homeless and street dwellers;
- (c) *Early recovery* refers to a multidimensional process of recovery that begins in a humanitarian setting. It is guided by development principles that seek to build on humanitarian programs and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including reintegration of displaced population. Essential services to address gender-differentiated needs shall be made available during this period;
- (d) *An emergency* refers to any situation in which the life or well-being of civilians affected by natural disaster, conflict or a public health threat has been or will be at risk unless immediate and appropriate action is taken, and that demands an extraordinary response and exceptional measures;
- (e) *Essential services* refers to all health and social services, whether provided by a public or private undertaking, to ensure the security, safety and well-being of persons, including but not limited to food, water, medicine, medical devices, public utilities, energy, access to justice, police, health and protection services, and social protection addressing the needs of women during situations of pandemic, emergency or disaster as may be determined by the IATF-EID or other relevant lead government agency or body under the law. Essential services cover health, police and justice, and social services sectors as defined by the Essentials for Quality Multisectoral Service Provision to Women Migrant Workers Subject to Violence, Brief: COVID-19 and essential services provision for

survivors of violence against women and girls; and Essential Services Package for Women and Girls Subject to Violence. Such services will remain available throughout the preparation period, any possible imposed government lockdown, and during the recovery period;

- (f) *Frontline Workers* refer to those employees within essential industries who must physically show up to their jobs. It includes public and private health workers, such as but not limited to medical professionals, hospital and health facility administrative and maintenance staff, and aides from private health facilities, as well as their service providers, health workers and volunteers of the Philippine Red Cross and the World Health Organization, and employees of Health Maintenance Organizations (HMOs), the Philippine Health Insurance Corporation (PHIC), health insurance providers, disaster risk reduction management officers, public safety officers, and other workers in other high priority sectors: *Provided*, That the IATF-EID shall determine the sectors by which its workers can be classified as frontline workers;
- (g) *Gender Responsive* refers to the consistent and systematic attention given to the gendered differences among individuals in society with a view to addressing status quo and structural constraints to gender equality; this includes creating and sustaining an environment through site selection, staff selection, program development, content, processes and materials that reflects an understanding of the realities of women's lives and addresses their needs and issues;
- (h) *Health Event of Public Concern* refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear and environmental agents as defined under Republic Act No. 11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act;"
- (i) *Intersectionality* refers to a framework for understanding that people experience overlapping (i.e., intersecting forms of oppression, discrimination and marginalization based on their co-existing identities (e.g., inequality based on gender, age, disability and/or ethnicity);
- (j) *Locally Stranded Individual* refers to foreign nationals or Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence or home origin;
- (k) *Marginalization* refers to a condition where a whole category of people is excluded from useful and meaningful participation in political, economic, social, and cultural life;
- (l) *Migrant Workers* refers to Filipinos who are to be engaged, are engaged, or have been engaged in a remunerated activity in a State of which they are not legal residents, whether documented or undocumented;
- (m) *Non-discrimination* refers to the guarantee wherein human rights are exercised without discrimination of any kind based on race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age,

marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation;

- (n) *Pandemic* refers to the worldwide spread, or over a very wide area, crossing international boundaries and usually affecting a large number of people as declared by the World Health Organization. The term also contemplates other public health emergencies as defined under Republic Act No. 11332 and as declared by the Department of Health (DOH);
- (o) *Preparedness* refers to efforts that focus on ensuring adequate capacity and knowledge, while reinforcing the ability to anticipate, respond and recover from the impact of emergency situations. Essential services to fully address gender-differentiated needs especially of women and girls shall be included in these efforts;
- (p) *Prevention* refers to taking action to stop gender-based violence (GBV) from first occurring (e.g., scaling up activities that promote gender equality or working with communities to address practices that contribute to GBV). Mitigation refers to reducing the risk of exposure to GBV (e.g., ensuring that reports of “hot spots” are immediately addressed through risk-reduction strategies);
- (q) *Recovery* is the process following relief and supports the transition into long- term reconstruction and development. Recovery actions are most effective if anticipated and facilitated from the very outset of a humanitarian response. It involves the restoration and improvement of facilities, livelihoods and living conditions of crisis-affected communities, including efforts to reduce risks brought on by the crisis. Essential services to address gender-differentiated needs shall be made fully available during this period;
- (r) *Response* refers to an emergency response that involves the provision of emergency services and public assistance during or immediately after a humanitarian crisis to save lives, reduce health impacts, ensure public safety and protection, and meet the basic needs of women, girls, boys and men in the affected population. This stage can range from a few days or weeks to many months and even years, particularly in protracted insecurity and displacement contexts. For the purposes of this Act, response shall be undertaken upon the declaration of the DOH of a public health emergency. Essential services to address gender-differentiated needs shall be made available during this period;
- (s) *Social Protection Floors* refers to nationally defined sets of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level; which include among others: access to essential health care, including maternity care; basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; basic income security for

- older persons;
- (t) *Social Safety Nets* refer to non-contributory interventions designed to help individuals and households cope with chronic poverty, destitution, and vulnerability, such as unconditional and conditional cash transfers, non-contributory social pensions, food and in-kind transfers, school feeding programs, public works, and fee waivers. These programs target the poor and vulnerable;
 - (u) *Stigma* refers to a set of negative and often unfair beliefs that a society or group of people have about something such as in the context of women; and
 - (v) *Violence Against Women (VAW)* refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.

CHAPTER II

PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-DIFFERENTIATED NEEDS OF WOMEN DURING PANDEMIC, DISASTERS, HEALTH EMERGENCIES, AND OTHER HEALTH EVENTS OF PUBLIC CONCERN

SECTION 6. *Leadership, Participation and Empowerment of Women.* – 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. It is thus mandated that response and recovery systems must ensure that women are placed strategically and participate meaningfully in leadership, decision-making, and policy-making positions at all levels. In accordance with this, the Philippine Commission on Women (PCW) shall be made a permanent member in the IATF-EID or similar bodies that will be created in response to a pandemic or disaster to help facilitate the continuous integration of a gender-responsive plan to be developed therein in national governance response systems. Further, forty percent (40%) of membership of all development councils from the regional, provincial, city, municipal and barangay levels shall be composed of women.

SECTION 7. *Humanitarian Principles Guiding Pandemic Programming and Management to Address Gender-Differentiated Needs of Women During the Pandemic.* – Following the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, and the United Nations Population Fund (UNFPA) Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, the following principles shall ground, inform and guide the formulation and implementation of policies, plans, programs, and other appropriate measures, including affirmative actions, in managing the COVID-19 pandemic:

- (a) A *survivor-centered approach* which creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect;
- (b) A *human rights-based approach* that seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law;
- (c) A *community-based approach* that ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions, and build on existing community-based protection mechanisms;
- (d) The *humanitarian principles of humanity, impartiality, independence and neutrality* which should underpin the implementation of the Minimum Standards and are essential to maintaining access to affected populations and ensuring an effective humanitarian response;
- (e) The "*do no harm*" approach which takes into account all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors;
- (f) The *Principles of Partnership* which comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results-oriented approach, responsibility and complementarity;
- (g) Taking into account the best interests of the child wherein child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined and taken as a primary consideration in all decisions that affect them;
- (h) Focus should be given to the intersectionality of the circumstances of women, taking into account the specific needs and concerns of marginalized and vulnerable women groups including women and girls deprived of liberty, women working in the informal sector, women migrant workers, and other similarly situated at-risk individuals and groups; and
- (i) *Rights-based policing* wherein human rights principles and practices are taught and applied at all levels, in policy, doctrinal, operational and administrative functions of the police organization.

SECTION 8. Guarantee of non-discrimination. – This Act shall prohibit discrimination in all forms committed against women as provided under Republic Act No. 9710 or the "Magna Carta of Women" even, and especially, during the occurrence of a pandemic or any public health emergency. Those found guilty under this provision shall be meted out a penalty one degree higher than those penalties provided for discrimination under Republic Act No. 9710. The Revised Penal Code shall have suppletory application in setting

the penalties.

SECTION 9. Strengthening Gender-Based Violence (GBV) Preparedness and Response Systems. – GBV preparedness and response systems in the context of the COVID-19 pandemic and future pandemics 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. Strict adherence to the following must be undertaken:

- (a) Women and the most vulnerable among them must be placed at the front and center of leadership and policy and decision-making positions in key processes in the formulation, planning, programming and implementation of prompt, effective and survivor-centered measures to address issues of violence against women and girl-children during COVID-19;
- (b) GBV services, especially temporary shelters, psychosocial services, and legal aid, shall remain functional and accessible notwithstanding the occurrence of a public health emergency. Local Inter-agency Task Forces against COVID-19 shall ensure that GBV services are available to women staying in any detention, quarantine or isolation facilities where prolonged stay is required or necessary;
- (c) This process must be based on data and evidence and must integrate first responder systems to properly respond in the time of COVID-19;
- (d) The State shall utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society approach wherein the State collaborates with non-state actors to achieve maximum efficiency and effectiveness;
- (e) The national government, through the Department of the Interior and Local Government (DILG), shall assume the key leadership role but shall also empower local authorities and local communities to address the pandemic, including provision of resources, support and incentives, and enabling decision-making authorities and responsibilities;
- (f) Communication systems, with emphasis on localized communication down to the level of barangays, must be established in coordination with the Department of Information and Communications Technology (DICT) and National Telecommunications Commission (NTC), for education and information dissemination on pandemic and emergency risks and access to social protection, safety nets, referral systems, protection measures and other appropriate measures in cases of GBV, which shall include traditional modes of communication to reach women living in remote areas or areas with limited access such as newspaper, pamphlets, and radio. *Provided, That*, relevant language, format, and relevant channels that are culturally appropriate shall be taken into consideration to ensure effective communication with individuals and communities;

- (g) The State must give premium to the aspect of preparedness and early information and communication campaigns about the pandemic or emergency towards and informed public to affect attitudes and behaviors and shall encourage private investments on these areas, more than on post-disaster response and recovery;
- (h) Effective and meaningful global partnership must be fostered and existing international cooperation strengthened.

The DILG, in coordination with the local government units (LGUs), is mandated to ensure that the rights of women and services accorded them are to remain available and accessible in all stages of the emergency responses to a public health crisis.

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

- (a) Available staff, funds and other resources;
- (b) Unhampered mobility and available public and safe transportation;
- (c) Availability and continuity of reproductive health services and essential services packages for women and girls of all ages;
- (d) Knowledge and awareness of women of these available services;
- (e) Gender-sensitive support to frontline health workers on both facility and community level;
- (f) Additional financial, human, or logistical support to female health workers to offset the additional burden of household management; and
- (g) Systematic coordination and planning of addressing the gaps in accessing SRH services;
- (h) Adoption of a strategy to ensure access of pregnant women to ante and post-natal care including post-partum psychiatric care during lockdowns with corresponding precautions to protect them from risks of exposure such as, but not limited to, provision of maternal health information, provision of online check-ups, and updated referral hospitals and lying-in clinics during the lockdowns;
- (i) Provision to women deprived of liberty of sufficient and regular access to sexual and reproductive health information, services, and products inside the detention and correctional facilities;
- (j) Measures to protect pregnant women deprived of liberty and their unborn child as well as women who have just given birth and their newborn infant, such as but not limited to, house arrests, furloughs to attend to physical/medical checkups, release on recognizance, among others; and

- (k) Provision of reasonable accommodation to ensure women with disabilities' access to SRHR services.

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

SECTION 11. Gendered Approach to Vaccination. – The procurement, allocation, distribution, delivery, facilitation and administration of vaccines must be transparent and must take into account gender-based differences in immunological responses, care burden or work of women both paid and unpaid, security of women against gender-based violence and other forms of attacks and other factors that increase women's vulnerability. Safe, efficacious and free vaccines or medications, including newly-approved ones for the current pandemic or health emergency, must be available and accessible to women, taking into account intersectional considerations that may impede such access and vulnerabilities of women that affect their right to life, health and security; *Provided*, That such access shall be in accordance with the priority and health protocols of the Philippines or relevant code of practice, and is rights-based, non-discriminatory, voluntary and based on informed consent. Information on vaccination and the scientific evidence behind it must be clear and effectively communicated. These gendered approaches must be integrated in legal, policy, and program implementation of vaccinations to address COVID-19 and other public health concerns, emergencies and disasters.

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

SECTION 12. Social Protection. – It shall be the duty of national and local authorities such as the Department of Social Welfare and Development (DSWD), Department of Labor and Employment (DOLE), DILG and Civil Service Commission (CSC), in coordination with the various Local Government units, to target the most vulnerable and economically marginalized sectors of women, taking into account their various intersectionality, and ensure that social protection and safety nets are afforded to them, with emphasis on victims of gender-based violence. The measures shall include, but not limited to:

- (a) Empowering women through their access to sustainable livelihood and/or employment as may be practicable, such as through the capacity-building and other services rendered by local Public Employment System Offices and work-from-home programming, and access to flexible financing and loans;

- (b) Ensuring the unimpeded provision of safety nets and cash-based interventions to poor elderly women, teenage mothers and other vulnerable and poor women;
- (c) Prioritizing gender, disability, age and other overlapping vulnerabilities in the assessments of needs and decisions on targeting;
- (d) Ensuring that women victims have adequate access to counseling and shelters that have access to adequate resources for the needs of women;
- (e) Providing women access to opportunities such as trainings and seminars pertinent to their capacity to sustain themselves;
- (f) Ensuring that work environments, including work-from-home arrangements, are VAW-free through continuous monitoring of the situations of vulnerable women and their protection, guaranteeing accountability of the perpetrators and holding of regular seminars to educate on VAW issues and standards especially during a pandemic, among others;
- (g) Ensuring effective and inclusive grievance and redress mechanisms embedded in social protection programming which are designed to be accessible and inclusive of girls, women, women and girls with disabilities, children, older people, and other at-risk individuals and groups;
- (h) Providing work-from-home setup for women subjected to violence in their workplaces until the perpetrator has been held accountable; and
- (i) Enforcing other laws and issuances which may be enacted by virtue of the existence of such public health emergency, which contain services and protection afforded to women, particularly on social protection.

SECTION 13. *Protection for Locally Stranded Individuals.* – The DILG, in coordination with the LGUs and the respective designated barangays, shall ensure the safety and security of all displaced migrants or individuals and at-risk individuals and groups due to the pandemic. This shall include an efficient mechanism for immediate delivery of food (in full respect for the individual’s dietary restrictions by reason of health or religion), shelter and medical supplies for women and children, including assisting mothers with breastfeeding, feed and care for their babies and other support.

SECTION 14. *Economic Empowerment.* – The DOLE shall, in coordination with the local government units and offices, including the CSC and Public Employment Service Office (PESO), enact mechanisms and procedures to address the difficulties faced by women in the employment sector during the pandemic such as job loss, business closure and debt incurred by repatriated migrants. All measures shall tend to the continuous employment of women. These should include considerations regarding the workplace arrangements, marketplace and community supply chain, and the women working in the informal economy. For this purpose, said units and offices must be well-equipped and capacitated to perform all measures necessary to address the

livelihood and employment concerns of their constituents, with special attention to vulnerable women and the protection afforded to them under other laws.

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

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

SECTION 15. *Protection of Rural Women and Indigenous Women.* – The concerned local government unit shall ensure that women in rural and indigenous communities belonging to their jurisdiction have adequate and unimpeded access to health, legal, and socio-economic services. This guarantee for indigenous women must be undertaken with due respect to their indigenous health systems, practices and beliefs. They shall be furnished with the same, if not more, opportunities and facilities as those of their urban counterparts, as far as may be practicable.

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

SECTION 17. *Protection for Women Migrant Workers and Their Children.* – Inter-agency bodies such as the IATF-EID, Inter-Agency Council on Violence Against Women and Their Children (IACVAWC), Inter-Agency Council Against Trafficking (IACAT) and the Sub-Committee on International Migration and Development (SCIMD), as well as government agencies part of the One-Country Team approach in countries of destination such as the Department of Foreign Affairs (DFA), DOLE, and DSWD are mandated to ensure that women 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. Relevant embassies and foreign affairs personnel must ensure the protection of women migrant workers and their children during pandemic and other emergencies. Coordination among these bodies is imperative, taking into account, but not limited to, the

following:

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

SECTION 18. *Specific Protective Measures for Women Migrant Workers and Their Children.* – In relation to the preceding section, the following measures shall be undertaken, among other appropriate measures:

- a) During crisis preparation:
 - 1. Track information on conflicts and natural disasters and potential impact on migrants and their children;
 - 2. Collect and share information on women migrant workers and their children, subject to privacy, confidentiality, security, and safety of migrants;
 - 3. Maintain an updated registry of sex-disaggregated data of migrant workers and their children;
 - 4. Incorporate women migrant workers and their children in the prevention, preparedness, and emergency response systems and contingency planning;
 - 5. Communicate effectively with migrants;
 - 6. Establish coordination agreements beforehand; and
 - 7. Build capacity and learn lessons from emergency response and post-crisis action.
- b) During emergency response:
 - 1. Communicate widely with women migrant workers and their children on evolving crises and how to access help;

2. Facilitate migrants' ability to move safely;
 3. Provide humanitarian assistance without discrimination;
 4. Establish clear referral procedures and systems;
 5. Relocate women migrant workers and their children, when needed; and
 6. Uphold the principles of non-refoulement and refugee and stateless protection.
- c) After the crisis:
1. Address migrants' and their children's immediate needs and support them to rebuild their lives;
 2. Ensure rehabilitation, integration and other interventions; and
 3. Support migrant women's and their children's host communities.

CHAPTER III

COORDINATION MECHANISMS DURING PANDEMIC, DISASTERS, HEALTH EMERGENCIES, AND OTHER HEALTH EVENTS OF PUBLIC CONCERN

SECTION 19. *National Preparedness and Response Program to Address the Gender-Differentiated Needs of Women During the Pandemic.* – To ensure access to essential services including access to justice and remedial measures and to mitigate the impact of any public health concern, emergency or disaster on the economy, a coherent, appropriate, efficient, developmental, evidence-based and survivor-centered national program against GBV and addressing gender-differentiated needs of women especially from marginalized sectors must be developed to inform, direct and coordinate its implementation at all levels and to ensure accessibility, availability and quality of services at the community level. For this purpose, the National Disaster Risk Reduction and Management Council (NDRRMC) and PCW, in coordination with the IATF-EID, shall come up with said national plan, to be cascaded to the local government units, and must be automatically integrated into the national strategy to manage the pandemic. This plan shall be subjected to review every two (2) years. It shall address GBV and gender-differentiated needs at all stages of the pandemic management, and anticipating pandemic related events and factors that might impede the functioning of legal, medical, social, remedial and other protection measures and mechanisms, to include, but not limited to:

- (a) Understanding the nature and risks of the COVID-19 pandemic to be able to address the specific barriers and obstacles faced by women during COVID-19 pandemic that manifest in GBV, taking into account intersecting vulnerabilities and the multiple burdens they experience, and addressing stigma and discriminatory practices, attitudes and behaviors resulting in GBV, and providing for their food and nutrition security as well as access to essential services and government social protection and safety nets;

- (b) Gathering, managing, and utilizing data concerning the risks and incidence of GBV to inform policies and programs to achieve gender inclusive responses and address gaps and lapses in ensuring access by women of protection mechanisms;
- (c) Providing prompt, accurate, disaggregated, accessible, up to date, comprehensible, science based, and transparent data on women;
- (d) Developing protocols and guidelines of conduct relating to the delivery of service to women in the context of COVID-19;
- (e) Strengthening protection from sexual exploitation and abuse through capacity building for service providers and governmental workers on early identification and mitigation of such risks as well as strengthening nationwide helplines and community-level referral to ensure they are functional to prevent and respond to cases including chain management and service provision plans for these services to stay open during the outbreak;
- (f) Providing a clear channel of communication with GBV service providers and actors as well as women's organizations and local GBV service providers and survivor-centered referral systems through the utilization of technology;
- (g) Assisting in the planning of national, local and community units by developing, identifying and sharing best practices;
- (h) Providing technical assistance, training, and consultation to improve preparedness and response capabilities, with focus on the needs of women and other vulnerable groups, including to support the achievement of evidence-based benchmarks and objective standards to monitor, assess and measure levels of preparedness, response and recovery;
- (i) Improving systems of public, private, and civil society collaboration and partnership to formulate, and address gaps and inefficiencies in the, policies, plans and programs to address GBV during pandemic;
- (j) Representation and participation of women in coordination and decision-making bodies; and
- (k) Carrying out other duties related to the national preparedness and response program and recovery activities for women.

SECTION 20. *Capacity-Building of the Local Government Units (LGUs).* –

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

The LGUs shall ensure that they have capable and trained personnel to provide the essential services package for women and are oriented about the

policies, principles and procedure regarding gender equality, prohibition against gender-based violence, and gender sensitivity as well as those governing the management of the pandemic and other public health emergencies. They are also mandated to use data-gathering and data-analytics to further improve and strengthen their services. They shall also provide an accessible feedback mechanism to further guide their practice.

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

CHAPTER IV FINAL PROVISIONS

SECTION 22. *Appropriations.* – The amount needed for the initial implementation of this Act shall be taken from the current fiscal year's appropriations for the Calamity Fund, Gender and Development (GAD) budget or special health funds of agencies and LGUs, and other appropriations available for the purpose. Thereafter, the amount necessary for the full implementation of this Act shall be included in the annual General Appropriations Act.

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

SECTION 24. *Joint Congressional Oversight Committee.* - There is hereby created a Joint Congressional Oversight Committee to monitor the implementation of this Act and to review the implementing rules and regulations promulgated. The Committee shall be composed of five (5) Senators and five (5) Representatives to be appointed by the Senate President and the Speaker of the House of Representatives, respectively. The Oversight

Committee shall be co-chaired by the Chairpersons of the Senate Committee on Women, Children, Family Relations and Gender Equality and the House Committee on Women and Gender Equality.

SECTION 25. *Implementing Rules and Regulations.* – Within sixty (60) days from the effectivity of this Act, the PCW, as lead agency shall, in coordination and consultation with the Commission on Human Rights (CHR), IATF-EID, DILG, DOH, Commission on Population and Development, DOLE, DSWD, Department of Foreign Affairs, National Economic and Development Authority, DTI, DICT, Department of Justice, PNP and other concerned government agencies, as well as civil society organizations, academe, private sector, public health practitioners and other key actors and stakeholders, promulgate rules and regulations to implement this Act.

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

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

SECTION 28. *Repealing Clause.* – All laws, decrees, executive orders, issuances, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 29. *Effectivity.* – This Act shall take effect within fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,