

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6881



Introduced by: Kababaihan Kabalikatan para sa Kapakanan at Kaunlaran ng Bayan (4K) Party-list
Representative Iris Marie D. Montes

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

EXPLANATORY NOTE

Article II, Section 14 of the Philippine Constitution provided that "The State recognizes the role of women in nation-building and shall ensure the fundamental equality before the law of women and men."

The COVID-19 pandemic in the Philippines that saw one of the world's longest COVID-19 lockdowns, has brought into fore the gendered dimensions of public health emergencies and disasters.

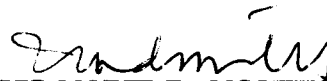
A report by the United Nations Women Regional Office for Asia and the Pacific, in particular, highlighted that women's mental and physical health and well-being are suffering.

It says that "Overall, women reported greater decreases in resources since the start of the COVID-19 pandemic, compared to men. Almost 70 per cent of women noted a decrease from family businesses, while 65 per cent noted a decrease in remittances. Confirming earlier warnings that women were less likely to be able to weather the economic shocks of the pandemic, 54 per cent of women reported decreases in resources related to properties, investments or savings."¹

Indeed, the social and economic impacts of COVID-19 have greatly affected women more than men. Women have to bear most responsibilities to take care of their family members who fall sick. Women had to endure greater risk of domestic violence and are disproportionately disadvantaged by limited access to reproductive health services. This has been exacerbated by being most likely to lose their jobs in times of economic instability. Hence, this compels the government to use evidence in creating mechanisms sensitive to these social realities.

Hence, this measure envisions that women, especially the marginalized and most vulnerable, are empowered during public health emergencies, to access gender-differentiated needs. The bill underscores the use of intersectional lenses espousing the overlapping vulnerabilities and conditions that intensifies the experience of women during the pandemic. This mandates that responses and recovery systems guarantee that women are strategically placed to fully participate in the decision and policy-making positions.

In view of ensuring gender-responsive and inclusive protocols and programs during pandemic and other public health emergencies, the immediate approval of this bill is earnestly sought.



IRIS MARIE D. MONTES

Kababaihan Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

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

ARTICLE I
GENERAL PROVISION

SECTION 1. *Short Title.* - This Act shall be known as the "Gender Responsive and Inclusive Pandemic and Disaster Management Act."

SEC. 2. *Declaration of Policy.* - The State hereby affirms its role as the primary duty-bearer in ensuring the enjoyment and fulfillment of all human rights during natural and other disasters and emergencies, including a pandemic, especially the right to life, which permits no derogation even during emergencies, and the right to health, so that every individual shall enjoy the highest attainable level of health. It affirms its Constitutional duties to guarantee the equality of men and women to the enjoyment of their human rights, with focus on the differentiated needs of, and impact of emergencies on, women, prohibit discrimination, and create an enabling environment under the new normal that guarantees the human rights of women. It acknowledges its corresponding duties relating to women's rights to participation and representation, protection from gender-based violence (GBV) during emergency situations, sexual health and reproductive health, and economic empowerment of women. It adopts a zero-tolerance policy towards GBV, 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 planning and programming during pandemics and disasters 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 and guarantee the agency, participation and leadership of women during pandemics and disasters 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, integrating gender analysis, 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 (CSOs), 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, with special focus on at-risk individuals and groups;

(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 GBV 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 GBV 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 GBV and aggravate the situations of women;

(k) Craft and design effective gender-fair 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 GBV both in private and public spaces and access to protection mechanisms and effective remedies;

(l) 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; and

(m) Utilize existing modern information, communication, research and technological capacities and techniques in crafting the policies and protocols with due regard to human rights and gender-fair language.

SEC. 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) and principles enunciated in Section 2 of this Act.

SEC. 4. *Definition of Terms.* -

(a) "Access to Justice" means the sufficient access to essential services for victim survivors of GBV, 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" include the following vulnerable and marginalized persons, sectors and/or groups including but not limited to women with disabilities, children, elderly, among others;

(c) "Early Recovery" means 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 populations. Essential

services to address gender-differentiated needs shall be made available during this period;

(d) "Emergency" is 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 service" covers 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 or other relevant lead government agency or body under the law;

(f) "Frontline Worker" are 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 shall determine the sectors by which its workers can be classified as frontline workers;

(g) "Gender-Responsive" is 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 reflect an understanding of the realities of women's lives and addresses their needs and issues;

(h) "Health event of public health concerns" refers to either a public health emergency (PHE) or a public health threat due to biological, chemical, radio nuclear and environmental agents as defined under RA 11332;

(i) "Intersectionality" is 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 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" refer 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) "Nondiscrimination" 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" is defined under this Act as an epidemic occurring worldwide, 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 RA 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 or emergency situations. Essential services to address gender differentiated needs shall be included in these efforts;

(p) "Prevention" generally refers to taking action to stop 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) "Recover" 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, livelihood 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 available during this period;

(r) "Response" refers to an emergency response involving 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" refer 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 noncontributory interventions designed to help individuals and households cope with chronic poverty, destitution, and vulnerability, such as unconditional and conditional cash transfers, noncontributory 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" refers to any act of GBV 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.

SEC. 5. Humanitarian Principles Guiding Pandemic Programming and Management to Address Gender-Differentiated Needs of Women During Pandemics or Disasters. - 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 pandemics and disasters:

(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. 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.

(e) The Principles of Partnership which comprise a framework for all actors in the humanitarian space to follow principles of equality, transparency, a results⁶ oriented approach, responsibility and complementarity.

(f) Taking into account the best interests of the 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;

(g) 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.

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

SEC. 6. *Interpretation of this Act.* - Unless otherwise provided, nothing in this Act shall be construed as reducing 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.

ARTICLE II

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

SEC. 7. *National Preparedness and Response Plan to Address the Gender - differentiated Needs of Women during the Pandemic or Disaster.* - 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 shall 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, a Task Force, to be co-headed by the National Disaster Risk Reduction and Management Council (NDRRMC) and the Philippine Commission on Women (PCW), in coordination with the IATF, shall come up with said National Plan within six (6) months from passage of this Act, to be cascaded to the LGUs where local counterparts may be established, and must be automatically integrated into the national strategy to manage the pandemic or disaster. 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) Reviewing lessons from the COVID-19 pandemic to be able to address the specific barriers and obstacles faced by women during pandemics and

disasters 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;

(b) Gathering, managing, and utilizing data concerning the risks and incidence of GBV, including online GBV, to inform policies and programs to achieve gender inclusive responses and address gaps and lapses;

(c) Providing prompt, accurate, disaggregated, accessible, up-to-date, comprehensible, science-based, and transparent data on women during pandemics and disasters;

(d) Developing protocols and guidelines of conduct relating to the delivery of service to women in the context of pandemics, providing access to essential services and government social protection and safety nets, including water, hygiene and sanitation (WASH), food and nutrition security;

(e) Providing 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 evidence¹¹ 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, including systems of global cooperation; and

(j) Carrying out other duties related to preparedness, response and recovery activities for women, as the Task Force may deem appropriate.

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

SEC. 8. *Duties of National Government Agencies and Local Government Units (LGUs).* - Every department, agency and LGU must come up with a gender responsive pandemic preparedness plan, manual or protocol for women in pandemics within sixty (60) days from receipt of the national plan and appoint

one focal person to supervise and oversee the implementation of said plan, manual or protocol. The preparedness plan should outline the entity's plans to, where relevant:

(a) Monitor and gather data regarding the realities of women relating to GBV and enjoyment of their human rights in the context of a pandemic that would inform, craft and direct policies to be implemented by the agency in all the stages of pandemic management;

(b) Effectively prevent, respond and eliminate the incidence of GBV;

(c) Consistent with the National Plan, develop and craft guidelines and instructions on practices, protocols, systems of coordination and networking, information and education of first responders, especially during the response and early recovery stage, safety and personal protection of workers, and needs of women, girls and at-risk individuals, groups and communities, and ensure its timeliness, responsiveness, availability and accessibility;

(d) Develop and craft guidelines and protocols for alternative work arrangements that take into account the gender-differentiated needs of female employees of the agency;

(e) Ensure that communications systems, referral systems, protection mechanisms and other measures on access to justice and effective remedies by women subject to GBV are in place and continue to operate during the period of a pandemic;

(f) Where applicable, provide immediate haven, shelter and security, resources and support to women and girls subject to violence

(g) Enable sufficient and effective regulatory authority to respond and to prevent the incidence of GBV during a pandemic, including but not limited to the relaxation of regulatory requirements that impede the delivery of services or its compliance during a pandemic, emergency procurement and provision of emergency funds for these purposes.

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

SEC. 9. *General Duties of Local Government Units.* - In addition to the duties under the preceding section, LGUs shall develop their pandemic preparedness protocols through a gender-differentiated localized response, taking into account the local contexts, cultural norms, and concerns of the different women sectors in their area. This includes protocols and systems for assistance to GBV, 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 PHE. 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 GBV, 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. Subject to health protocols, the LGUs, in coordination with CSOs, 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 GBV 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.

ARTICLE IV PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER DIFFERENTIATED NEEDS OF WOMEN DURING A PANDEMIC

SEC. 10. *Leadership, Participation and Empowerment of Women.* - Response and recovery systems must ensure that women are placed strategically and participate meaningfully in leadership, decision-making, and policy-making positions at all levels.

In accordance with this, the IATF shall have the Philippine Commission on Women (PCW) as permanent member. Forty percent (40%) of membership of all development or counterpart response councils or bodies from the regional, provincial, city, municipal and barangay levels shall be composed of women. In the formulation, planning, programming and implementation of prompt, effective and survivor-centered measures to address issues of violence against women and girl-children, the most senior leadership position shall be held by a woman. Forms committed against women as provided under the Magna Carta of Women during the occurrence of a pandemic or any PHE.

SEC. 11. Strengthening GBV Preparedness and Response Systems. - GBV preparedness and response systems during pandemics and disasters 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. Services to respond to GBV shall remain uninterrupted and functional, even during quarantines and lockdowns. In particular:

(a) GBV services, especially temporary shelters, psychosocial services, appropriate medical aid, and legal aid, shall remain functional and accessible notwithstanding the occurrence of a public health emergency. All government units, desks and offices involved in the GBV referral pathways, including hotlines, social protection, and community care services, must also be fully operational to enable timely reporting and response to GBV;

(b) Mechanisms under Republic Act 9262 for the processing and issuance of Barangay Protection Orders (BPO), Temporary Protection Orders (TPO) and Permanent Protection Orders (PPO) shall remain operative and the reglementary periods under the law shall be maintained;

(c) GBV services are to be made available to women staying in any detention, quarantine or isolation facilities where prolonged stay is required or necessary: Provided, that all personnel and decision-makers involved in camp

coordination and camp management, such as in evacuation sites, transitory shelters and community-based/home-based arrangements shall be capacitated to receive GBV related complaints and provide GBV-related services;

(d) All duty-bearers "required under Republic Act 11313 to establish mechanisms to receive and investigate complaints for violations of the Act must ensure that such mechanisms are functional and effective;

(e) 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, 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 and gender-fair language, format, and relevant channels that are culturally- and age-appropriate shall be taken into consideration to ensure effective communication with individuals and communities.

SEC. 12. *Sexual and Reproductive Health (SRH) Rights 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, 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 commodities, goods and services and essential services or relief packages and hygiene kits, including emergency contraception, for women and girls of all ages;

(d) Knowledge and awareness of women and communities of these available services, and continuous flow of SRHR information to young women to reduce unsafe and unhealthy sexual practices;

(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;

(g) Systematic coordination and planning of addressing the gaps in accessing SRH services;

(h) Adoption of a strategy to ensure continuity and availability of ante and postnatal care and services during lockdowns as well as prompt access of pregnant women to the same, 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 (WDL) of sufficient and regular access to sexual and reproductive health information, services, and products inside the detention and correctional facilities; Provided that, pregnant WDLs or those who have just given birth shall be allowed benefits including, but not limited to, house arrests, furloughs to attend to physical/medical checkups, release on recognizance, among others;

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

(k) Provision of SRH services to internally-displaced women and girls in home-based arrangements or in evacuation sites/transitory shelters. The DOH and each Barangay Health Emergency Response Team are mandated to ensure that the specific health needs, especially sexual health and reproductive needs, women and girls are included in the implemented essential health packages, systems and protocols in their constituency, including universal health care, during pandemics, subject to other existing laws.

SEC. 13. *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 GBV 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 COD, 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 and other public health concerns, emergencies and disasters.

SEC. 14. *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), and Department of Interior and Local Government (DILG), in coordination with the various LGUs, to target the most vulnerable and economically marginalized sectors of women, 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 vulnerable and poor women, and solo parents;

(c) Prioritizing gender alongside disability, age, and other overlapping vulnerabilities in the assessments of needs and decisions on targeting;

(d) Ensuring that women victims have adequate access to counselling and shelters that have access to adequate resources for the needs of women, particularly health and social workforce; solo, young and 4Ps mothers;

(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 (WFH) 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 redressal mechanisms embedded in social protection programming which are designed to be accessible and inclusive of girls, women, persons with disabilities, children, older people, and other at-risk individuals and groups;

(h) Providing WFH 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 emergencies, which contain services and protection afforded to women, particularly on social protection.

SEC. 15. *Protection for Locally Stranded Individuals.* - The DILG, in coordination with LCDs 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, protection against GBV, and other support.

SEC. 16. *Economic Empowerment.* - The DOLE, together with LGUs, including the Public Employment Systems Offices (PESO), shall enact mechanisms and procedures to address the difficulties faced by women in the employment sector during the pandemic, such as job loss and business closure. All measures shall tend to the continuous employment of women. These should include considerations regarding the workplace arrangements, marketplace and community supply chain, establishment of community level livelihood facilitators,

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 and the Civil Service Commission are mandated to ensure that women are afforded flexible work arrangements during a PHE. 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 (DA), Department of Tourism (DOT), Department of Trade and Industry (DTI), Technical Education and Skills Development Authority (TESDA) and other relevant agencies shall also bolster entrepreneurship and provide adequate livelihood opportunities and skills development to women.

SEC. 17. *Protection of Rural Women and Indigenous Women.* - The concerned LGU 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.

SEC. 18. *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 the National Telecommunications Commission, in coordination with public utilities and telecommunication providers, shall develop efficient and effective management information systems on GBV and other sexual exploitations, and other gender and inclusion issues, provide assistance to relevant agencies and CSOs, 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 of women especially in poor communities and remote areas, reasonable accommodation for persons with disabilities, such as provision of Filipino Sign Language, among others.

SEC. 19. *Protection for Women Migrant Workers and their Children.* - Interagency bodies such as the IATF, 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 OCTA (one-country team approach in countries of destination) such as the Department of Foreign Affairs (DFA), DOLE, Overseas Workers Welfare Administration, 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.

SEC. 20. *Specific Protective Measures for Women Migrant Workers and their Children, including victims of Anti Trafficking in Persons.* - In relation to the preceding section, the following measures shall be undertaken, among other appropriate measures:

(a) During crisis preparation:

i. Track information on conflicts and natural and climate-induced disasters and potential impact on migrants and their children;

ii. Orient and sensitize male responders and decision-makers on gender responsive pandemic and disaster management policies;

iii. Collect and share information on women migrant workers and their children, subject to privacy, confidentiality, security, and safety of migrants;

iv. Incorporate women migrant workers and their children in the prevention, preparedness, and emergency response systems and contingency planning;

- v. Communicate effectively with migrants;
- vi. Establish coordination agreements beforehand; and
- vii. Build capacity and learn lessons from emergency response and post crisis action.

(b) During emergency response:

- i. Communicate widely with women migrant workers and their children on evolving crises and how to access help;
- ii. Facilitate migrants' ability to move safely;
- iii. Provide humanitarian assistance without discrimination;
- iv. Establish clear referral procedures and systems;
- v. Relocate women migrant workers and their children, when needed;
- vi. Uphold the principles of non-refoulement and refugee and stateless protection.

(c) After the crisis:

- i. Address migrants' and their children's immediate needs and support them to rebuild their lives;
- ii. Ensure rehabilitation, integration and other interventions;
- iii. Support migrant women's and their children's host communities. Victims of Anti-Trafficking in Persons shall be given support and assistance for their immediate rescue, repatriation and reintegration.

CHAPTER IV FINAL PROVISIONS

SEC. 21. *Appropriations.* - The funds appropriated from the Calamity Fund for disaster risk reduction management amounting to 100 million, and from portions of the Gender and Development (GAD) budget or special health funds of agencies or LGUs, may be used for the purposes above, including for the implementation of the National Preparedness and Response Plan. Should the amount be insufficient to cover the necessary expenses, further financial support will come from the National Government, subject to the guidelines of the Department of Budget and Management in coordination with the DILG.

SEC. 22. *Penalties.* - The following penalties and sanctions are hereby established:

(a) Any person or entity found to have committed any act of discrimination against women during a pandemic or disaster shall be penalized with a fine of not less than Twenty Thousand Pesos (PhP20,000.00) but not

more than Fifty Thousand Pesos (PhP50,000.00), or imprisonment of not less than one month but not more than six months, or both such fine or punishment, at the discretion of the proper Court: Provided, That if he or she is a government employee, he or she shall also be held administratively liable, without prejudice to criminal liability under this Act;

(b) Any public officer 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:

Provided, That 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 civil and criminal remedies;

(c) Any person found to have committed violations of Republic Act No. 7877, Republic Act 9208 as amended, Republic Act 9262, Republic Act 9775, Republic Act 9995, Republic Act 11313, as well as the crimes of rape, acts of lasciviousness, online sexual abuse and exploitation of children, as well as analogous crimes involving GBV, shall be meted the penalties in the aforementioned laws in its maximum period when the crime is committed in quarantine facilities, or against persons designated as at-risk individuals and/or members of at-risk groups, or during a pandemic and/or disaster when the said pandemic and/or disaster provided enabling or facilitating conditions for the commission of the crime.

SEC. 23. *Implementing Rules and Regulations.* - The PCW, as the lead agency, shall, in coordination with the Commission on Human Rights (CHR), IATF, DILG, DOH, Commission on Population and Development, DOLE, DSWD, DFA, Department of Economy, Planning, and Development, DTI, DICT, Department of Justice, Philippine National Police (PNP) and all concerned government departments and agencies, with the participation of CSOs, academe, private sector, public health practitioners and other key stakeholders, formulate the IRR of this Act within thirty (30) days after its effectivity.

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

SEC. 25. *Supplementary Applications.* -The applicable provisions of the Revised Penal Code shall have supplementary application insofar as they are consistent with the provisions of this Act.

SEC. 26. *Separability Clause.* - If any part or provision of this Act is declared invalid or unconstitutional, the other parts hereof not affected thereby shall remain in full force and effect.

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

SEC. 28. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication either in the Official Gazette or in at least two (2) national newspapers of general circulation in the Philippines.

Approved,