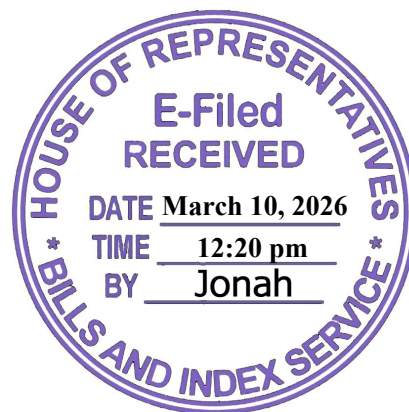


**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City**

**Twentieth Congress
First Regular Session**

House Bill No. 8407



**Introduced by Honorable Representatives
DADAH KIRAM ISMULA (Akbayan Partylist)
JOSE MANUEL TADEO "CHEL" I. DIOKNO (Akbayan Partylist)
PERCIVAL V. CENDAÑA (Akbayan Partylist)
KAKA BAG-AO (Dinagat Islands)**

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

EXPLANATORY NOTE

The Philippines faces various crises annually that affect millions of Filipinos annually. Arguably, the most significant and costly event of the 21st century, the COVID-19 pandemic took over the world and drastically changed the global social landscape as we know it. The COVID-19 pandemic became an invisible and vicious threat that brought harm and fear to millions of Filipinos worldwide and tested the capabilities of the government to respond to rising global trends at such magnitude.

State policies aimed to combat the spread of the virus heavily focused on isolation and limitation of social interactions. Community Quarantine protocols became the government's primary solution both in response to the pandemic and in response to the people's needs. These restrictive mechanisms has changed the Filipino people's view on how social and public services are given and attained, with many experiencing the increased gap and injustice between social classes and sectors in the society. The unprecedented time brought out a new reality for Filipinos, along with a new set of challenges and threats that exacerbated existing social inequalities.

As one of the most heavily affected sectors at the time, the women's sector experienced issues attributed to the vastly changing times and environment on top of an already aggravated state of affairs. A study conducted by the International Public Policy Observatory stated that the impact of COVID-19 on gender-based violence in the Philippines is 'One of the most insidious consequences of the pandemic'. On the

first four (4) months of the Community Quarantine alone, 4,260 cases of violence against women and children (VAWC) were reported to the Philippine National Police (PNP), of which 2,183 were committed against women.¹

As stunning as it may be, the Philippine Commission on Women (PCW) declared that the number may even be higher as many cases may not have even been reported due to the restricted mobility of people that disabled women to seek help from the authorities. An independent regional study conducted by UN Women, UN Population Fund and Quilt.ai, an internet analytics company, gave further credence to the PCW's assertion. This study found a spike in online searches related to violence against women in the Philippines and seven other Asian countries with searches relating to physical violence against women rising by 63% in the Philippines, and help-seeking queries increasing by 10%.²

Furthermore, State response to the onset of gender-based violence (GBV) can even be hampered or limited by restrictive measures in place, such as that of the Community Quarantine. The pandemic also disrupted GBV survivors' access to legal remedies and conciliatory processes, rendering it unenforceable due to the circumstances that may affect the implementation of the government's measures against a public health crisis.

As an effort to curtail these unfortunate incidences, this measure seeks to institutionalize and ensure a gender-responsive and inclusive protocol and policymaking in the Philippines. As an effort to curtail these unfortunate incidences, this measure seeks to institutionalize and ensure a gender-responsive and inclusive protocol and policymaking in the Philippines and guarantee the meaningful participation of women and vulnerable sectors in decision-making processes. Through this framework, the State affirms its commitment to equitable, rights-based, and inclusive governance.

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

¹ International Property & Planning Organisation. (2021, July 1). *Impact of COVID-19 & gender-based violence in the Philippines: The most insidious consequences of the pandemic*. The IPPO. <https://theippo.co.uk/impact-covid-19-gender-based-violence-the-philippines-most-insidious-consequences-pandemic/>

² UN Women Asia and the Pacific. (2021, March 8). *Online searches and social media posts mirror 'shadow pandemic' of violence against women in Asia*. <https://asiapacific.unwomen.org/en/news-and-events/stories/2021/03/online-searches-and-social-media-posts-mirror-shadow-pandemic-of-violence-against-women-in-asia>



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

**ARTICLE I
GENERAL PROVISIONS**

SECTION 1. Short Title. - This Act shall be known as the "**Gender Responsive
and Inclusive Emergency 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 during emergency situations,
sexual, reproductive, and mental health, and economic empowerment of women. It
adopts a zero-tolerance policy towards gender-based violence, abuse, and
exploitation, which is rooted in gender inequality and discrimination. The
implementation of approaches and strategies relevant to disaster risk reduction,
emergency management must integrate human rights and gendered 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

1 State shall be guided by existing frameworks on gender-responsive planning and
2 programming during emergencies and shall likewise establish mechanisms and
3 processes to ensure the adoption, reprogramming and/or continuity of programs that
4 serve and address the gender differentiated needs of women during an emergency
5 situation.

6
7 Accordingly, the State shall:
8

- 9 (a) Be the primary duty bearer to enforce the protection of human rights and
10 guarantee the agency, participation, and leadership of women during
11 emergencies from the point of prevention until recovery and while adapting to
12 the new normal in society;
- 13 (b) Establish policies and programs to prevent the spread of a “notifiable disease”,
14 to prepare prior to its actual impact, and to deliver treatment, care, support,
15 and other essential services to individuals affected in accordance with evidence-
16 based strategies and approaches that uphold the principles of human rights,
17 integrating gender analysis, and taking into account the intersectional
18 considerations that differentiate impact on different groups, identities and
19 sectors;
- 20 (c) Institutionalize real, actual, and meaningful participation of women, at-risk
21 individuals and communities affected by an emergency, and those who are
22 most vulnerable to violations of human rights during such situations in policy
23 and decision-making and at every stage of the emergency management,
24 especially in the formulation of general guidelines and resolutions governing
25 the national management of an emergency as well as in its implementation;
- 26 (d) Empower and collaborate with women and institutionalize their role to publicly
27 lead, decide, and promote gender responsive, equitable and universally
28 accessible response, recovery, rehabilitation, and reconstruction approaches in
29 all areas of concerns, including public health, during an emergency;
- 30 (e) Adopt a multi-sectoral and inter-disciplinary approach in the preparation,
31 response, and recovery stages of the emergency response management by
32 ensuring an all-of-society engagement and partnership involving the whole
33 government, public health practitioners, technical experts, local communities,
34 civil society organizations (CSOs), academe, private sector, youth councils,
35 persons most vulnerable to the emergency situation and other relevant actors
36 or stakeholders, with the State as the primary duty- bearer;
- 37 (f) Guarantee access of everyone to emergency-related and essential services, as
38 well as sustained access to livelihood and other productive opportunities, with
39 special focus on at-risk individuals and groups;
- 40 (g) Undertake appropriate actions to ensure the continuous and effective
41 functioning of and access to concerned institutions, communication systems,
42 referral systems, protection mechanisms, and other appropriate measures to
43 address gender-based violence and give priority to access effective remedies,
44 including reprogramming of delivery of services and capacitating service
45 providers to deliver pertinent essential services;
- 46 (h) Ensure that the differentiated needs, multiple burdens, and gender-based
47 violence faced by women during the emergency situation are addressed and

1 integrated in measures, actions, and conduct relating to the management of
2 the emergency response by integrating intersectional analysis in the
3 formulation of policies, plans, and programs, particularly in the area of security
4 and law enforcement at all levels of government and particularly at the
5 barangay level;

- 6 (i) Ensure access to prompt and substantive social protection and safety nets,
7 taking into account the heightened insecurity and burden on the part of women
8 and at-risk individuals, communities, and groups that might be hindered from
9 access;
- 10 (j) Positively act, address, and seek to eradicate and prohibit stigma,
11 discrimination and other conditions that result in gender-based violence and
12 aggravate the situations of women;
- 13 (k) Craft and design effective gender-sensitive communication and information
14 platforms and systems that ensure broad, accurate and prompt dissemination,
15 and effective understanding by all, particularly in relation to monitoring
16 incidence of gender-based violence both in private and public spaces and
17 access to protection mechanisms and effective remedies;
- 18 (l) Utilize a multisectoral/interdisciplinary, all-of-government, and all-of-society
19 approach wherein the State collaborates with non-state actors to achieve
20 maximum efficiency and effectiveness; and
- 21 (m) Utilize existing modern information, communication, research and
22 technological capacities and techniques in crafting the policies and protocols
23 with due regard to human rights and gender-fair language.

24
25 **Sec. 3. Purpose.** – The principal purpose of this Act is to ensure that there is
26 adequate statutory power for government agencies to act and provide gender
27 responsive and inclusive emergency protocols and programming, pursuant to their
28 respective mandates in the event of an emergency as defined in Sec. 4.

29
30 **Sec. 4. Definition of Terms.** – For the purpose of this Act, the following terms are
31 defined as follows:

- 32
33 (a) **Access to Justice** means the sufficient access to essential services for victim
34 survivors of gender-based violence, and all women and girls in conflict with the
35 law such as the unimpeded availability of legal assistance, case management
36 services, health services, medico-legal services, counselling, protection,
37 operational shelters, and support with an accountability mechanism in place;
- 38 (b) **At-risk individuals and groups** include the following vulnerable and
39 marginalized persons, sectors and/or groups:
 - 40 1. Women with Disabilities
 - 41 2. Girl children
 - 42 3. Elderly women
 - 43 4. Women deprived of liberty especially those who are pregnant, about to
44 give birth, or has just given birth
 - 45 5. Pregnant, Lactating, and Post-partum mothers
 - 46 6. Members of the LGBTQIA+ community
 - 47 7. Urban Poor Women

8. Women in the informal and formal economy
9. Women who are or have been positive for the disease, including those under investigation or monitoring
10. Bangsamoro and Muslim Women
11. Moro Indigenous Peoples (IP) and Non-Moro IP Women
12. Rural and indigenous women
13. Internally displaced women
14. Women migrants and their families
15. Persons living with HIV
16. Women frontline workers (as defined under the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) Guidelines)
17. Women human rights defenders
18. Single mothers
19. Teenage mothers
20. Women who are refugees, asylum seekers, stateless persons, or at risk of statelessness
21. Female sex workers/trafficked women
22. Women experiencing sexual or domestic violence
23. Women and girls who are homeless or street dwellers
24. Women with intersectional identities, as defined in Sec. 4(j).

(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 population. Essential services to address gender-differentiated needs shall be made available during this period;

(d) An **emergency** is an event or series of events that represents a critical threat, unless immediate and appropriate action is taken, to the health, safety, security, or wellbeing of a community or other large group of people, such as a pandemic, natural or man-made disasters, humanitarian conflict or a public health threat;

(e) **Essential services** 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 emergency situations, as may be determined by the IATF or other relevant lead government agency or body under the law;

(f) **Frontline Workers** 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

1 Health Maintenance Organizations (HMOs), the Philippine Health Insurance
2 Corporation (PHIC), health insurance providers, disaster risk reduction
3 management officers, public safety officers, volunteers, and other workers in
4 other high priority sectors; Provided, that the IATF shall determine the sectors
5 by which its workers can be classified as frontline workers;

- 6 (g) **Gender-responsive** is the consistent and systematic attention given to the
7 gendered differences among individuals in society with a view to addressing
8 status quo and structural constraints to gender equality; this includes creating
9 and sustaining an environment through site selection, staff selection, program
10 development, content, processes, and materials that reflects an understanding
11 of the realities of women's lives and addresses their needs and issues;
- 12 (h) **Gender-sensitive** generally refers to the use of language in a gender equal
13 manner, this includes non-usage of language that overtly and/or intentionally
14 discriminates and stereotypes that demeans a group based on gender;
- 15 (i) **Health event of public health concern** refers to either a public health
16 emergency or a public health threat due to biological, chemical, radio- nuclear
17 and environmental agents as defined under Republic Act No. 11332 or the
18 "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health
19 Concern Act";
- 20 (j) **Intersectionality** is a framework for understanding that people experience
21 overlapping (i.e., intersecting) forms of oppression, discrimination and
22 marginalization based on their co-existing identities (e.g., inequality based on
23 both gender and ethnicity);
- 24 (k) **Locally Stranded Individual** refers to foreign nationals or Filipino citizens in
25 a specific locality within the Philippines who have expressed intention to return
26 to their place of residence or home origin;
- 27 (l) **Marginalization** refers to a condition where a whole category of people is
28 excluded from useful and meaningful participation in political, economic, social,
29 and cultural life;
- 30 (m) **Mental Health Condition** refers to a neurologic or psychiatric
31 condition characterized by the existence of a recognizable, clinically-significant
32 disturbance in an individual's cognition, emotional regulation, or behavioral that
33 reflects a genetic or acquired dysfunction in the neurological, psychosocial, or
34 developmental process underlying mental functioning. The determination of
35 neurologic and psychiatric conditions shall be based on scientifically-accepted
36 medical nomenclature and best available scientific and medical evidence;
- 37 (n) **Migrant Workers** refer to Filipinos who are to be engaged, are engaged, or
38 have been engaged in a remunerated activity in a State of which they are not
39 legal residents, whether documented or undocumented;
- 40 (o) **Mitigation** refers to reducing the risk of exposure to GBV (e.g., ensuring that
41 reports of "hot spots" are immediately addressed through risk-reduction
42 strategies);
- 43 (p) **Nondiscrimination** refers to the guarantee wherein human rights are
44 exercised without discrimination of any kind based on race, color, sex,
45 language, religion, political or other opinion, national or social origin, property,
46 birth or other status such as disability, age, marital and family status, sexual

1 orientation and gender identity, health status, place of residence, economic and
2 social situation;

3 (q) **Pandemic** is defined under this Act as an epidemic occurring worldwide, or
4 over a very wide area, crossing international boundaries, and usually affecting
5 a large number of people as declared by the World Health Organization. The
6 term also contemplates other public health emergencies as defined under
7 Republic Act No. 11332 and as declared by the Department of Health;

8 (r) **Preparedness** refers to efforts that focus on ensuring adequate capacity and
9 knowledge, while reinforcing the ability to anticipate, respond and recover from
10 the impact of emergency situations. Essential services to address gender-
11 differentiated needs shall be included in these efforts;

12 (s) **Prevention** generally refers to taking action to stop gender-based violence
13 (GBV) from first occurring (e.g., scaling up activities that promote gender
14 equality or working with communities to address practices that contribute to
15 GBV);

16 (t) **Recovery** is the process following relief and supports the transition into long-
17 term reconstruction and development. Recovery actions are most effective if
18 anticipated and facilitated from the very outset of a humanitarian response. It
19 involves the restoration and improvement of facilities, livelihoods and living
20 conditions of crisis-affected communities, including efforts to reduce risks
21 brought on by the crisis. Essential services to address gender-differentiated
22 needs shall be made available during this period;

23 (u) **Response** refers to an emergency response involves the provision of
24 emergency services and public assistance during or immediately after a
25 humanitarian crisis to save lives, reduce health impacts, ensure public safety
26 and protection, and meet the basic needs of women, girls, boys and men in the
27 affected population. This stage can range from a few days or weeks to many
28 months and even years, particularly in protracted insecurity and displacement
29 contexts. For the purposes of this Act, response shall be undertaken upon the
30 declaration of the Department of Health of a public health emergency. Essential
31 services to address gender-differentiated needs shall be made available during
32 this period;

33 (v) **Social Protection Floors** refers to nationally defined sets of basic social
34 security guarantees that should ensure, as a minimum that, over the life cycle,
35 all in need have access to essential health care and to basic income security
36 which together secure effective access to goods and services defined as
37 necessary at the national level; which include among others: access to essential
38 health care, including maternity care; basic income security for children,
39 providing access to nutrition, education, care and any other necessary goods
40 and services; basic income security for persons in active age who are unable to
41 earn sufficient income, in particular in cases of sickness, unemployment,
42 maternity and disability; basic income security for older persons;

43 (w) **Social Safety Nets** refer to noncontributory interventions designed to
44 help individuals and households cope with chronic poverty, destitution, and
45 vulnerability, such as unconditional and conditional cash transfers,
46 noncontributory social pensions, food and in-kind transfers, school feeding

1 programs, public works, and fee waivers. These programs target the poor and
2 vulnerable;

3 (x) **Stigma** refers to a set of negative and often unfair beliefs that a society or
4 group of people have about something such as in the context of women;

5 (y) **Violence Against Women** refers to any act of gender-based violence that
6 results in, or is likely to result in, physical, sexual, or psychological harm or
7 suffering to women, including threats of such acts, coercion, or arbitrary
8 deprivation of liberty, whether occurring in public or in private life.
9

10 ***Sec. 5. Humanitarian Principles Guiding Emergency Programming and***
11 ***Management to Address Gender-Differentiated Needs of Women Including***
12 ***At-risk Individuals and Groups During Emergencies.*** - The following principles
13 shall ground, inform, and guide the formulation and implementation of policies, plans,
14 programs and other appropriate measures, including affirmative actions, in managing
15 emergencies:
16

17 (a) A survivor-centered approach which creates a supportive environment in which
18 survivors' rights and wishes are respected, their safety is ensured, and they are
19 treated with dignity and respect;

20 (b) A human rights-based approach that seeks to analyze and address the root
21 causes of discrimination and inequality to ensure that everyone has the right
22 to live with freedom and dignity, safe from violence, exploitation and abuse, in
23 accordance with principles of human rights law;

24 (c) A community-based approach that ensures that affected populations are
25 engaged actively as partners in developing strategies related to their protection
26 and the provision of humanitarian assistance. This approach involves direct
27 involvement of women, girls, and other at-risk groups at all stages in the
28 humanitarian response, to identify protection risks and solutions, and build on
29 existing community-based protection mechanisms;

30 (d) The humanitarian principles of humanity, impartiality, independence and
31 neutrality which should underpin the implementation of the Minimum Standards
32 and are essential to maintaining access to affected populations and ensuring
33 an effective humanitarian response;

34 (e) An equity approach that prioritizes the allocation of interventions and support
35 that considers the intersectionality of women's circumstances that are affected
36 disproportionately because of the multiple disadvantaged identities they
37 possess (e.g. indigenous and poor woman);

38 (f) The "do no harm" approach which takes into account all measures necessary
39 to avoid exposing people to further harm as a result of the actions of
40 humanitarian actors;

41 (g) The Principles of Partnership which comprise a framework for all actors in the
42 humanitarian space to follow principles of equality, transparency, a results-
43 oriented approach, responsibility, and complementarity;

44 (h) Taking into account the best interests of the child wherein child and adolescent
45 girl survivors of sexual abuse have the right to have their best interests
46 assessed and determined and taken as a primary consideration in all decisions
47 that affect them; 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.

Sec. 6. 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.

ARTICLE II

CREATION OF NATIONAL PREPAREDNESS AND RESPONSE PLAN TO ADDRESS THE GENDER-DIFFERENTIATED NEEDS OF WOMEN DURING AN EMERGENCY

Sec. 7. National Preparedness and Response Plan to Address the Gender differentiated Needs of Women during an Emergency. - 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, Climate Change Commission, and Department of the Interior and Local Government, Department of Health, Department of Social Welfare and Development, and Department of Education, shall come up with said National Plan within six (6) months from passage of this Act, to be cascaded to the local government units where local counterparts may be established, and must be automatically integrated into the national strategy to manage the emergency. This plan shall be subjected to review and improvement every two (2) years. It shall address GBV and gender-differentiated needs at all stages of emergency management, and anticipating emergency-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 based on the responsiveness, preparedness, and impact of previous interventions from the COVID-19 pandemic to address the specific barriers and institutional obstacles faced by women including at-risk individuals and groups during emergencies that result in GBV, lack of access to sexual, reproductive, and mental health services, and discontinued education, 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 online and offline GBV, limited access to sexual, reproductive, and mental

- 1 health services, and discontinued education to inform policies and programs to
2 achieve gender inclusive responses and address gaps and lapses;
- 3 (c) Providing prompt, accurate, disaggregated data by age, gender, ethnicity, and
4 special needs, accessible, up-to-date, comprehensible, science-based, and
5 transparent data on women during emergencies;
- 6 (d) Developing protocols and guidelines of conduct relating to the delivery of
7 service to women in the context of emergencies, providing access to essential
8 services and government social protection and safety nets, including water,
9 hygiene, and sanitation (WASH), food and nutrition security;
- 10 (e) Providing capacity-building for service providers, such as but not limited to
11 frontline workers, volunteers, and governmental workers, on early identification
12 and mitigation by building on their gendered analyses skills, strengthening
13 nationwide helplines, and community-level referral mechanisms to ensure they
14 are functional to prevent and respond to cases including chain management
15 and service provision plans for these services to stay open during the outbreak;
- 16 (f) Providing a clear channel of communication with GBV service providers and
17 actors as well as women's organizations, GBV and Sexual and Reproductive
18 Health watch groups, and local GBV service providers and survivor-centered
19 referral systems through the utilization of technology;
- 20 (g) Assisting in the planning of national, local and community units by developing,
21 identifying, and sharing best practices;
- 22 (h) Providing technical assistance, training, and consultation to improve
23 preparedness and response capabilities, with focus on the needs of women and
24 at-risk individuals and groups, including to support the achievement of
25 evidence-based benchmarks and objective standards to monitor, assess and
26 measure levels of preparedness, response and recovery;
- 27 (i) Improving systems of public, private, and civil society collaboration and
28 partnership to formulate, and address gaps and inefficiencies in the policies,
29 plans, and programs to address GBV during emergencies, including systems of
30 global cooperation; and
- 31 (j) Carrying out other duties related to preparedness, response, and recovery
32 activities for women, as the Task Force may deem appropriate.

33
34 **ARTICLE III**
35 **GENERAL DUTIES OF NATIONAL GOVERNMENT AGENCIES AND LOCAL**
36 **GOVERNMENT UNITS**
37

38 ***Sec. 8. Duties of National Government Agencies and Local Government***
39 ***Units.*** - Every department, agency and local government unit must come up with a
40 gender responsive emergency preparedness plan, manual or protocol for women in
41 emergencies within sixty (60) days from receipt of the national plan and appoint one
42 focal person to supervise and oversee the implementation of said plan, manual or
43 protocol. The preparedness plan should outline the entity's plans to, where relevant:
44

- 45 (a) Monitor and gather data through the meaningful participation of women,
46 including at-risk individuals and groups, regarding the realities of women
47 relating to gender-based violence and access to education and mental, sexual,

1 and reproductive health services in the context of an emergency that would
2 inform, craft and direct policies to be implemented by the agency in all the
3 stages of emergency management;

4 (b) Effectively prevent GBV by, but not limited to providing information about
5 gender-based violence and ensuring access to safe and accessible reporting
6 mechanisms notwithstanding curfews and quarantine restrictions, respond by,
7 but not limited to ensuring grievance and justice mechanisms for victims, and
8 eliminate the incidence of gender-based violence;

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

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

18 (e) Ensure that communications systems, referral systems, protection mechanisms,
19 and other measures on access to justice and effective remedies by women
20 subject to gender-based violence are in place and have a contingency plan in
21 case of barriers caused by an emergency to ensure operation during the
22 period;

23 (f) Where applicable, provide immediate haven, shelter and security, resources,
24 and support to women, especially to those from the at-risk individuals and
25 groups category, subject to violence;

26 (g) Enable sufficient and effective regulatory authority to respond and to prevent
27 the incidence of gender-based violence during an emergency, including but not
28 limited to the relaxation of regulatory requirements that impede the delivery of
29 services or its compliance during an emergency, emergency procurement and
30 provision of emergency funds for these purposes.

31
32 Concerned agencies may also be mandated to update such plans, manuals, or
33 protocols within a given timeframe after the issuance of the National Plan.

34
35 ***Sec. 9. General duties of local government units.*** – In addition to the duties
36 under the preceding Section, local government units shall develop their emergency
37 preparedness protocols through a gender-differentiated localized response, taking into
38 account the local contexts, cultural and religious norms of the local populace, and
39 concerns of the different women sectors in their area. This includes protocols and
40 systems for assistance to gender-based violence, provisions for access to sexual and
41 reproductive health needs, and ensuring availability of basic services for women
42 through all phases of the national response regarding the public health emergency.

43
44 The Local Government Units shall ensure that they have capable and trained personnel
45 to provide the essential services package for women and are oriented about the
46 policies, principles and procedure regarding gender equality, prohibition against
47 gender-based violence, and gender sensitivity as well as those governing the

1 management of an emergency. They are also mandated to use data-gathering, risk
2 assessment analyses, and data-analytics to further improve and strengthen their
3 services. They shall also develop a review mechanism by ensuring accessible feedback
4 structures to further guide all phases of their emergency interventions.

5
6 Subject to health protocols, the Local Government Units, in coordination with civil
7 society organizations, non-government organizations, youth councils, private sector,
8 and other stakeholders, shall conduct regular dialogues and information drives with
9 the community to educate them on gender issues as a preventive measure to prevent
10 gender-based violence and address gender-differentiated needs. Through this multi-
11 sectoral mechanism, women can participate and put forth their specific needs for
12 integration in the local government emergency programming and management.

13
14 **ARTICLE IV**
15 **PROGRAMMING AND MANAGEMENT TO ADDRESS GENDER-**
16 **DIFFERENTIATED NEEDS OF WOMEN DURING A PANDEMIC**

17
18 ***Sec. 10. Leadership, Participation and Empowerment of Women.*** – Response
19 and recovery systems must ensure that women are placed strategically and participate
20 meaningfully in leadership, decision-making, and policy-making positions at all levels.
21 In accordance with this, the IATF shall have the PCW as permanent member. At least
22 forty percent (40%) of membership of all development or counterpart response
23 council or bodies from the regional, provincial, city, municipal and barangay levels
24 shall be composed of women.

25
26 In the formulation, planning, programming and implementation of prompt, effective
27 and survivor-centered measures, the most senior leadership position shall be held by
28 a woman to address issues affecting women and at-risk individuals and groups.

29
30 ***Sec. 11. Guarantee of non-discrimination.*** – This Act shall prohibit discrimination
31 in all forms committed against women as provided under the Magna Carta of Women
32 during the occurrence of an emergency.

33
34 ***Sec. 12. Strengthening GBV Preparedness and Response Systems.*** – GBV
35 preparedness and response systems during an emergency shall be considered
36 essential services and appropriate budgetary allotment from the emergency funding
37 shall be ensured towards the formulation, reprogramming or continuity of said
38 systems. Services to respond to GBV shall remain uninterrupted and functional, even
39 during quarantines and lockdowns. In particular:

- 40
41 (a) GBV services, especially temporary shelters that must be safe and secure,
42 psychosocial services, and legal aid, shall remain functional, accessible, and
43 compliant with public health protocols notwithstanding the occurrence of a
44 public health emergency. All government units, desks and offices involved in
45 the GBV referral pathways, including hotlines, social protection, and community
46 care services, must also be fully operational to enable timely reporting and
47 response to GBV;

- (b) Mechanisms under Republic Act No. 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, which must include but is not limited to a help desk, are to be made available to women and girls staying in any detention, quarantine, evacuation, or isolation facilities where a 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 No. 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 and National Telecommunications Commission, for education and information dissemination on GBV, promotion of gender equality at home and outside, emergency risks, access to social protection, psychosocial services, safety nets, referral systems, protection measures and other appropriate measures in cases of GBV, which shall be disseminated through online means and 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; and
- (f) Review systems must be emplaced or strengthened, if they already exist, to monitor the effectiveness of GBV-related initiatives in events of public health concerns, emergencies, and disasters.

Sec. 13. Sexual and Reproductive Health (SRH) Rights and Essential Services Package. – It shall be the duty of the national and local authorities to prioritize specific health needs of all women, including at-risk individuals and groups, 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 an emergency. 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 sexual and reproductive health commodities, goods, and essential services or relief packages and hygiene kits that must include emergency contraception and sanitary pads for women and girls of all ages;

- (d) Communication systems utilized to disseminate gender-sensitive information about SRH to enable women, youth, and communities to become aware of these available services and goods 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; and
- (g) Systematic coordination and planning of addressing the gaps in accessing SRH services based on data gathered with the involvement of women, including at-risk individuals and groups;
- (h) Adoption of a strategy to ensure continuity and availability of ante and post-natal 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 of SRH services to WDL and GCICL of sufficient and regular access to SRH 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 a reasonable accommodation to women with disabilities, including but not limited to access to sign language interpreters and large printouts;
- (k) Provision of SRH services to internally displaced women and girls in home-based arrangements or in evacuation sites/transitory shelters; and
- (l) Provision of SRH services to indigenous and religious groups to consider cultural and religious sensitivities, which can include having a female and/or indigenous person to provide SRH services, if practically possible.

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, women and girls are included in the implemented essential health packages, systems, and protocols in their constituency, including universal health coverage, during emergencies, subject to other existing laws.

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

- (a) Available staff, funds, and other resources;
- (b) Creation of a strategy that establishes a structure for emergency-sensitive individual and community programs and/or sessions to improve the mental and psychosocial well-being of individuals; this strategy must consider the potential obstacles in supplying MHPSS in times of emergency to ensure that at least women at-risk have sufficient access to its services;

- (c) Availability and continuity of mental health services, which can include but are not limited to: clinical services and individual and/or community wellness and MHPSS programs;
- (d) Communication systems must inform individuals of the available MHPSS to guarantee the awareness of how citizens can avail of these services;
- (e) Provision of MHPSS services to WDL and GCICL of access to mental health information, services, and products inside the detention and correctional facilities;
- (f) Provision of reasonable and accessible accommodation to women with disabilities,
- (g) Provision of MHPSS services to internally displaced women and girls in home-based arrangements or in evacuation sites/transitory shelters; and
- (h) Provision of MHPSS services to indigenous and religious groups that consider cultural and religious sensitivities, which can include using culturally and religiously-sensitive language, and having a female and/or indigenous person to provide mental health services, if practically possible.

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

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

- (a) Available staff, funds and other resources;
- (b) Adoption of a strategy, which considers the possible obstacles and issues caused by the public health emergency or disaster, that ensures the continuity and accessibility of education for women, prioritizing those from the at-risk category, and ensures that staff have sufficient resources and knowledge to execute the strategy;
- (c) Awareness of parents, women, and children of the alternative mode of education through information sent online and offline such as newspapers, pamphlets, radio, and in-person announcements, if health or disaster protocols permit;
- (d) Promotion of gender equality at home through using communication systems that include both offline and online means, which can include but is not limited to encouraging co-sharing of the household's task, to ensure women and girls have more resources to continue their education;
- (e) Provision of reasonable accommodation to ensure women and girls with disabilities receive an accessible form of education.

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

6
7 ***Sec. 16. Gendered Approach to Vaccination.*** - The procurement, allocation,
8 distribution, delivery, facilitation, and administration of vaccines must be transparent
9 and must take into account gender-based differences in immunological responses,
10 care burden or work of women both paid and unpaid, security of women against
11 gender-based violence and other forms of attacks and other factors that increase
12 women's vulnerability. Safe, efficacious and free vaccines or medications, including
13 newly-approved ones for the current pandemic or health emergency, must be available
14 and accessible to women, taking into account intersectional considerations that may
15 impede such access and vulnerabilities of women that affect their right to life, health
16 and security; provided that such access shall be in accordance with the priority and
17 health protocols of the Philippines or relevant COD, and is rights-based, non-
18 discriminatory, voluntary and based on informed consent. Information on vaccination
19 and the scientific evidence behind it must be clear and effectively communicated. This
20 gendered approach must be integrated in legal, policy and program implementation
21 of vaccinations to address COVID 19 and other public health concerns, emergencies
22 and disasters.

23
24 ***Sec 17. Social Protection and Livelihood.*** - It shall be the duty of national and
25 local authorities such as the Department of Social Welfare and Development,
26 Department of Labor and Employment, Department of the Interior and Local
27 Government, the Civil Service Commission, in coordination with the various Local
28 Government units, including the Public Employment Systems Offices, to address the
29 difficulties of the most vulnerable and economically marginalized sectors of women
30 and ensure their services are agile and beneficial to them, with emphasis on victims
31 of gender-based violence. The measures shall provide long-term social protection
32 which include, but not limited to:

- 33
34 (a) Empowering women through their access to sustainable livelihood and/or
35 employment as may be practicable, such as through the capacity-building
36 and other services rendered by local Public Employment System Offices,
37 work-from-home programming, collaborations with the private sector,
38 providing economic empowerment programs to help women gain the skills
39 needed for the job market in collaboration with the Department of
40 Agriculture, Department of Tourism, Department of Trade and Industry, and
41 Technical Education and Skills Development Authority and other relevant
42 agencies, and access to flexible financing and loans,
43 (b) Ensuring the unimpeded provision of safety nets and cash-based
44 interventions to vulnerable and poor women, and solo parents;
45 (c) Prioritizing gender alongside disability, age, and other overlapping
46 vulnerabilities in the assessments of needs and decisions on targeting and
47 delivery of programs;

- (d) Ensuring that women victims have adequate access to psychosocial services and shelters that have adequate resources for the needs of women, particularly health and social workforce; solo, young and 4Ps mothers;
- (e) 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 an emergency, among others;
- (f) Providing flexible work arrangements during a public health emergency. The Department of Labor and Employment and the Civil Service Commission are mandated to ensure this and provide rules and regulations for this purpose, taking into account the specific needs and concerns faced by women under such circumstances.
- (g) Providing work-from-home setup for women subjected to violence in their workplaces until the perpetrator has been held accountable;
- (h) 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;
- (i) Enforcing other laws and issuances which may be enacted by virtue of the existence of such public health emergency or disaster, which contain services and protection afforded to women, particularly on social protection.

Sec. 18. Protection for Locally Stranded Individuals. - The Department of the Interior and Local Government, in coordination with Local Government Units and the respective designated barangays, shall ensure the safety and security of all displaced women migrants or at-risk individuals and groups due to the emergency. 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), access to necessary drugs and medical care for persons living with HIV/AIDS, 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. 19. 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 such as mobile clinics and service providers, as far as may be practicable.

Sec. 20. 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 Department of Information and Communications Technology 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 civil society organizations, 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, information dissemination through short message service, and other services. ICT assistance shall include improving access and 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. 21. 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 including the Department of Migrant Workers and those part of the OCTA (one-country team approach in countries of destination) such as the Department of Foreign Affairs, Department of Labor and Employment, Overseas Workers Welfare Administration, and Department of Social Welfare and Development are mandated to ensure that migrant workers are given adequate resources and access to legal, medical, and social services in the receiving State, during transit and upon return, especially during repatriation. Relevant embassies and foreign affairs personnel must ensure the protection of women migrant workers and their children during an emergency. Coordination among these bodies is imperative, considering but not limited to the following:

- (a) Responsibility to prevent and reduce GBV in women migrants and their children, including through international, regional, cooperation; and bilateral
- (b) Development of consistent, gendered, 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 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) Implement measures to increase migrant women's awareness on how to access and utilize services provided by gender focal point officers;
- (g) Labor, economic livelihood, and social protections for migrant;
- (h) Freedom of movement;
- (i) Non-discrimination;
- (j) Access to Health, especially sexual and reproductive health rights services;
- (k) Access to Justice; and
- (l) Access to Social Protection and Social Services.

Sec. 22. 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:

1. Track information on conflicts and natural and climate-induced disasters and potential impact on migrants and their children;
2. Orient and sensitize male responders and decision-makers on gender-responsive emergency management policies;
3. Collect and share information on women migrant workers and their children, subject to privacy, confidentiality, security, and safety of migrants;
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;
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;
3. 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. 23. Appropriations. - The amount required for the initial implementation of this Act shall be sourced from the appropriations for the Calamity Fund, the Gender and Development (GAD) budget, the special health funds of agencies or local government units (LGUs), and other appropriations available for the purpose during the fiscal year of its implementation. Thereafter, the funds necessary for the full implementation of this Act shall be included in the annual General Appropriations Act.

1 **Sec. 24. Penalties.** - The following penalties and sanctions are hereby established:
2

- 3 (a) Any person or entity found to have committed any act of discrimination against
4 women and girls during an emergency situation shall be penalized with a fine
5 of not less than Twenty Thousand Pesos (PhP 20,000.00) but not more than
6 Fifty Thousand Pesos (PhP 50,000.00), or imprisonment of not less than one
7 (1) month but not more than six (6) months, or both such fine or punishment,
8 at the discretion of the proper Court: Provided, that if he or she is a government
9 employee, he or she shall also be held administratively liable, without prejudice
10 to criminal liability under this Act;
11 (b) Any public officer mandated to implement this Act, who shall fail to perform in
12 accordance with the mandates, duties, tasks and other acts imposed by this
13 law shall be administratively liable for neglect in the performance of duty:
14 Provided, that should damage or injury be inflicted on any person by reason of
15 such neglect, the aggrieved party can have recourse against the erring public
16 officer, employee or private individual for appropriate civil and criminal
17 remedies;
18 (c) Any person found to have committed violations of Republic Act No. 7877,
19 Republic Act No. 9208 as amended. Republic Act No. 9262, Republic Act 9775,
20 Republic Act No. 9995, Republic Act No. 11313, as well as the crimes of rape,
21 acts of lasciviousness, online sexual abuse and exploitation of children, as well
22 as analogous crimes involving gender-based violence, shall be meted the
23 penalties in the aforementioned laws in its maximum period when the crime is
24 committed in quarantine facilities, or against persons designated as at-risk
25 individuals and/or members of at-risk groups, or during an emergency when
26 the said emergency provided enabling or facilitating conditions for the
27 commission of the crime.
28

29 **Sec. 25. Implementing Rules and Regulations.** - The PCW, as the lead agency,
30 shall, in coordination with the Commission on Human Rights (CHR), Inter-Agency Task
31 Force on Emerging Infectious Diseases, Department of the Interior and Local
32 Government, Department of Health, Commission on Population and Development,
33 Department of Labor and Employment, Department of Social Welfare and
34 Development, Department of Foreign Affairs, National Development Authority,
35 Department of Trade and Industry, Department of Information and Communications
36 Technology, Department of Justice Philippine National Police and all concerned
37 government departments and agencies, with the participation of civil society
38 organizations, academe, private sector, public health practitioners and other key
39 actors and stakeholders, formulate the implementing rules and regulations (IRR) of
40 this Act within thirty (30) days after its effectivity.
41

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

1
2 ***Sec. 27. Suppletory Applications.*** - The applicable provisions of the Revised Penal
3 Code shall have suppletory application insofar as they are consistent with the
4 provisions of this Act.

5
6 ***Sec. 28. Separability Clause.*** - If any part or provision of this Act is declared invalid
7 or unconstitutional, the other parts hereof not affected thereby shall remain valid.

8
9 ***Sec. 29. Repealing Clause.*** - All laws, decrees, executive orders, rules and
10 regulations or parts thereof inconsistent with any of the provisions of this Act, or is
11 shown to facilitate or enable the commission of gender-based violence are hereby
12 repealed, amended, or modified accordingly.

13
14 ***Sec. 30. Effectivity.*** - This Act shall take effect fifteen (15) days after its publication
15 in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,