



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



October 21, 2025

DEPARTMENT CIRCULAR

No. 2025 - 0500

**FOR: ALL EXECUTIVE COMMITTEE (EXECOM) MEMBERS;
DIRECTORS OF CENTRAL OFFICE BUREAUS / SERVICES /
UNITS AND CENTERS FOR HEALTH DEVELOPMENT;
CHIEFS OF DOH HOSPITALS AND TREATMENT AND
REHABILITATION CENTERS; AND ALL OTHERS
CONCERNED**

**SUBJECT: Dissemination of the DOH Adjusted GAD Plan and Budget (GPB)
Based on the FY 2025 General Appropriations Act (GAA)**

Republic Act No. 9710, or the Magna Carta of Women, directs the government to allocate at least 5% of the agency's total appropriations. For FY 2025, the DOH allocated 9.93% of the total National Expenditure Program and 9.08% of the total General Appropriations Act (GAA). This exceeds the 5% minimum requirement set by the Magna Carta of Women, reflecting major investments in the National Health Workforce Support System program, maternal and child health, and gender-responsive social health protection packages through the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program and the establishment of gender-responsive health facilities.

Units are encouraged to refer to the attached document for the monitoring of the implementation and utilization of their 2025 GPBs, in preparation for the submission of the 2025 GAD Accomplishment Report. You may also access the document through this link: <https://tinyurl.com/2025DOHAdjustedGPB>.

For dissemination and guidance.

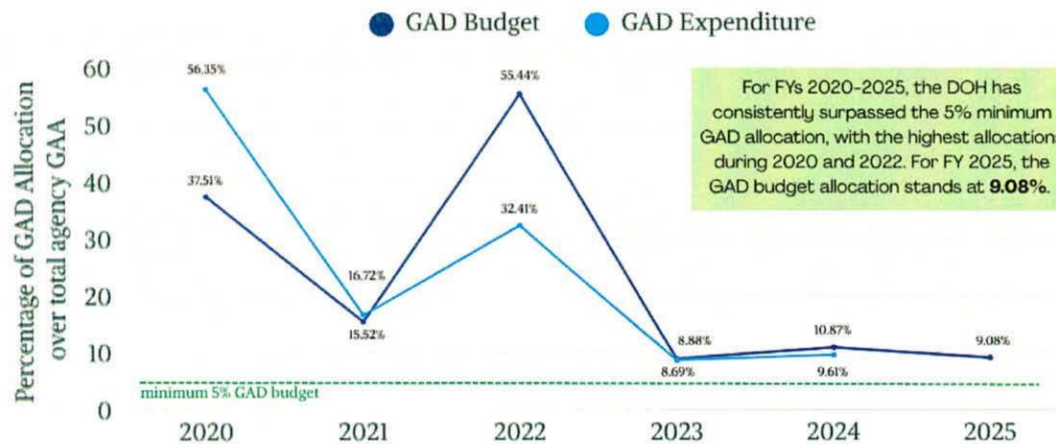
By Authority of the Secretary of Health:

MS. FARWA M. HOMBRE, RN, MBA, PhD
Undersecretary of Health
Gender and Development Focal



DOH FY 2025 GAD PLAN AND BUDGET (GPB) BASED ON GENERAL APPROPRIATIONS ACT (GAA)

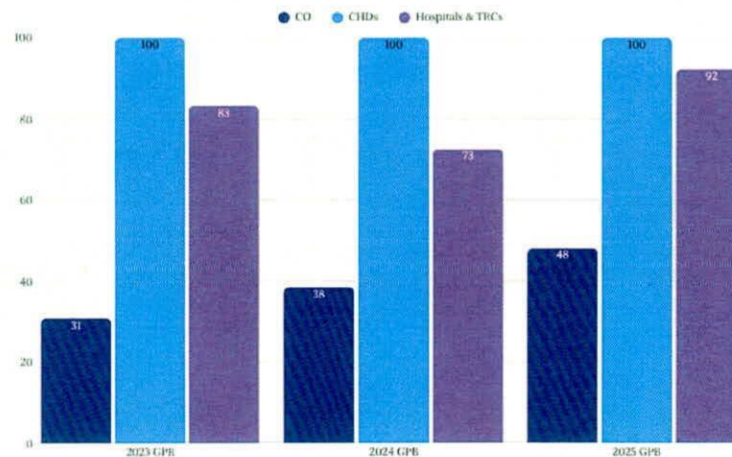
I. GAD ALLOCATION OVER THE YEARS



II. SUBMISSION COMPLIANCE

Tracking the compliance rate of GPB submissions over the years:

For FY 2025, 124 out of 146 units (84.93%) submitted their GPBs.



III. TOP 10 COST DRIVERS

- 14.7 B** Deployment of human resources for health (National Health Workforce Support System) **65.71%**
- 2.49 B** Gender-responsive public health intervention packages and social health protection **11.09%**
- 1.4 B** Maternal and child health services **6.32%**
- 661 M** Services for elderly women and women with disability **2.94%**
- 420 M** Gynecological care services **1.87%**
- 332 M** Family planning and sexual and reproductive health services **1.48%**
- 316 M** Mental health services **1.41%**
- 285 M** Voluntary blood donation **1.27%**
- 261 M** HIV/AIDS prevention, treatment, and care **1.16%**
- 246 M** Maternity, paternity, and solo parent leaves **1.1%**

**ANNUAL GENDER AND DEVELOPMENT (GAD) PLAN AND BUDGET
FY 2025**

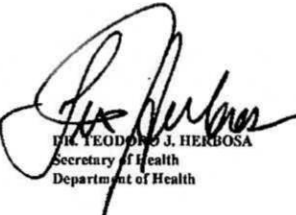
Sequence No.: 2025-001059				
Organization: Department of Health			Organization Category: National Government, Line Agency	
Organization Hierarchy: Department of Health				
Total Budget/GAA of Organization:	247,560,194,000.00			
Total GAD Budget	22,475,955,627.85	Primary Sources	22,475,955,627.85	
		Other Sources	813,800.00	
% of GAD Allocation:	9.08%			

Gender Issue /GAD Mandate	Cause of Gender Issue	GAD Result Statement /GAD Objective	Relevant Organization MFO/PAP or PPA	GAD Activity	Performance Indicators /Targets	GAD Budget	Source of Budget	Responsible Unit /Office
1	2	3	4	5	6	7	8	9
CLIENT-FOCUSED ACTIVITIES								



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MR. RODERICK M. NAPULAN,
 CHA, FPSQua, CESO III
 Director IV, Health Policy
 Development and Planning Bureau


DR. TEODORO J. HERBOSA
 Secretary of Health
 Department of Health



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1	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A.8) Comprehensive Health Services - In cases of VAWC, women and children victim-survivors shall be provided with comprehensive health services-----RA 9262 Anti-Violence Against Women and their Children Act-----RA 10398 National Consciousness Day for the Elimination of VAWC-----AO 2013-0011 Revised Policy on Establishment of Women and their Children Protection Units in All Government Hospitals	Lack of access of victim-survivors of gender-based violence to comprehensive health services Violence against women and children is still prevalent in the country. There is a need to raise the public's awareness of services they can avail in instances of violence and ensure access of victim-survivors to comprehensive health servicesWomen are at higher risk of experiencing gender-based violence than men due to lack of societal knowledge on gender sensitivity and equal distribution of power, resources, and knowledge among men and women	To ensure that all reported cases of VAWC are provided with comprehensive health services Increase public awareness on all kinds of gender-based violence (ie, VAWC, child marriage, rape, human trafficking)	MFO: OO1: Strengthened health systems and primary care services	Provision of gender-responsive comprehensive health services to victim-survivors of VAWC through consultations, laboratory tests, and treatment (drugs / medicine)Observance of the 18-day campaign to end VAW through promotional / advocacy activitiesConduct of information dissemination campaigns on GBV and VAWC for new employees, out-patients and relatives	Number of clients seen and attended, disaggregated by age and sex - 18,577 clients Number of activities done in observance to the 18-day campaign to end VAWC and other campaigns - 398 activities Number of WCPUs established / maintained - 53 WCPUs Number of clients participated / attended in the information dissemination campaign, disaggregated by sex - 4510 clients Number of materials posted / distributed to clients or health partners - 11,336 materials	194,050,078.02	GAA	DOH CHDs, Hospitals, and TRCs



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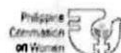
MR. RODERICK M. NAPIUAN,
CHA, FPSQA, CESO III
Director IV, Health Policy
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2	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health (A.2) Comprehensive Health Services - Promotion of breastfeeding and proper nutrition for lactating mothers	Low awareness on the importance of breastfeeding of pregnant women	To educate parents on infant and maternal health and nutrition	MFO: OO1: Strengthened health systems and primary care services	Advocacy/information education communication (IEC) dissemination on the importance of breastfeeding among pregnant mothersConduct of Breastfeeding Month or World Breastfeeding Week celebrations	Number of activities conducted for breastfeeding - 685 activities Number of clients provided with equipments / commodities for breastfeeding - 4874 clients Number of lactation rooms established - 655 rooms Number of IEC materials produced and distributed - 119,113 materials	48,818,073.41	GAA	DOH CHDs, Hospitals, and TRCs



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3	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A) Comprehensive Health Services(3) Responsible, ethical, legal, safe, and effective methods of family planning(4) Family and State collaboration in youth sexuality education and health services without prejudice to the primary right and duty of parents to educate their children(7) Prevention of abortion and management of pregnancy-related complications-----As partners in reproduction and sexuality, men's reproductive health and their behaviors impact on women's reproductive health and children's well-being and society as well	Increased incidence of unintended pregnancies in teenage girls and WRA due to 1) lack of awareness regarding SRH services 2) lack of power and bodily autonomy and disadvantages with regards to opportunities 3) unmet SRH needs due to lack of support and access to SRH and FP services for unintended pregnancies The emphasis of men's shared responsibility and the promotion of their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning prenatal, maternal and child health prevention of sexually transmitted diseases, including HIV.	To increase awareness of women and adolescents on FP and SRH services and information, such as safe sexual practicesTo improve access of WRA to family planning services by providing medical and psychosocial support to expecting parents, especially the youth To enhance men's awareness of and support for their partners reproductive health and increase men's access to and use of reproductive health servicesTo promote equality between couples in family planning To improve men's access to gender-responsive reproductive health services	MFO: OO1: Strengthened health systems and primary care services	Conduct of gender-responsive activities on FP / teen pregnancyProvision of essential sexual and reproductive health services and commodities, such as laboratory tests, contraceptives, and psychosocial assistanceDistribution of IEC materials about pregnancy and family planningConduct of advocacy activities on male reproductive healthConduct of information campaigns / trainings on child care for fathersProvision of gender-responsive health services and commodities	Number of FP / teen pregnancy activities conducted - 1394 activities Number of clients provided with SRH/FP services and commodities, disaggregated by age and sex - 678,872 clients Number of clients / LGUs / health facilities provided with IECs - 35,408 clients Number of participants attended, disaggregated by sex - 21,750 clients	332,942,488.82	GAA	DOH CHDs, Hospitals, and TRCs



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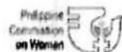
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4	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A.6) Comprehensive Health Services - Prevention and management of reproductive tract cancers such as breast and cervical cancers, and other gynecological conditions and disorders	Increased need to prevent and manage reproductive tract cancers and other gynecologic conditions and disorders	To facilitate prevention and treatment of cancers and gynecologic disorders among women To increase awareness of women clients on gynecologic disorders	MFO: OO1: Strengthened health systems and primary care services	Provision of gynecological care services to female patientsConduct of information campaigns and screenings for cancers and other gynecological disorders	Number of female clients examined for early detection of possible cancer and/or provided with health care services (including surgical operations) - 48,768 clients Number of community outreach visits, information and media campaigns - 128 campaigns Number of clients who attended information campaigns / provided with promotional materials, disaggregated by sex - 8894 clients	420,324,408.24	GAA	DOH CHDs, Hospitals, and TRCs



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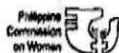

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5	RA 9710 Magna Carta of Women IRR Section 13 Women Affected by Disasters, Calamities, and Other Crisis Situations—National Policy on DRRM-H should adopt gender sensitive and culturally appropriate interventions that address the needs of the affected population especially the vulnerable and disadvantaged groups	Poor access to maternal health and SRH services (such as FP, SRH, safe motherhood, HIV/AIDS) during emergencies and disasters Exposure to disaster and emergencies resulting in poor health and well-being of pregnant women, lactating mothers, and the LGBTQIA community due to 1) inadequate provisions of Water, Sanitation, and Hygiene (WASH) needs due to interruptions and loss of facilities and services 2) limited capacity to cope with disasters and emergency situations 3) lack of awareness in good hygiene, proper waste disposal and water system, and proper food preparation	To provide efficient health emergency response to communities/areas affected by disaster and emergencies in order to decrease the risk of disease outbreaks in women and children To promote breastfeeding among lactating mothers during emergencies and disasters To decrease mortality and morbidity rates among WRA by improving access to health information and services during emergencies and disasters	MFO: OO1: Strengthened health systems and primary care services	Procurement of water testing equipment and kits for the benefit UHC Integration Sites - Province-Wide Health Systems (PWHS) Procurement and distribution of breastfeeding kits and milk storage equipment to be used during emergencies and disaster Printing and distribution of informational materials on breastfeeding in emergencies Procurement and distribution of drugs, medicine, and hygiene kits during emergencies and disaster Conduct of activities / capacity building in disaster preparedness Provision of gender-responsive emergency response to epidemics in the community in collaborations with the LGU	Number of clients / LGUs provided with drugs and medicines, hygiene kits and refills, and collapsible drinking containers - 234 LGUs 24,420 clients Number of clients / LGUs provided with water testing kits or Troclosen sodium, disaggregated by sex - 121 LGUs 503,453 clients Number of clients / LGUs provided with breastfeeding kits and equipment, disaggregated by sex - 254 LGUs 4650 clients Number of informational materials printed and distributed on breastfeeding - 13,321 materials Number of promotional activities conducted - 122 activities	229,841,475.46	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs



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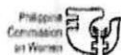
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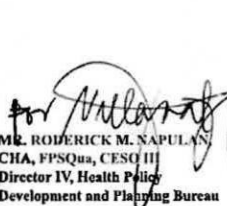


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6	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A.1) Comprehensive Health Services - Maternal care to include pre-natal services, delivery, and post-natal services to address pregnancy and infant health and nutrition(C) Comprehensive Health Information and Education-----RA 11148 Kalusugan at Nutrisyon ng Magnanay Act Section 8 specifies that the program shall include health and nutrition services and interventions provided at the different life stages.	High rates of maternal, infant, and neonatal mortality due to lack of knowledge on the risk factors affecting MMR, premature births and early detection of several congenital disorders Lack of access to maternal and child care, including pre- and post-natal services, addressing pregnancy, infant health, and nutrition due to 1) cost of diagnostic and treatment procedures 2) poor access to a hospital 3) low number of health care workers 4) lack of awareness of pregnant women on institutional delivery and infant health	To enhance maternal and child health care services and information dissemination To improve access to maternal and newborn health care services to decrease deaths, especially in far flung areas To improve management for emergencies and complications of pregnancies and deliveries		Provision of comprehensive maternal health services such as pre-natal, post-operative, and post-natal care, vitamin supplementation, immunizations, and laboratory tests to mothers, pregnant women and lactating mothersProvision of gender-responsive health care services to newborn and infants such as screenings and treatmentConduct of awareness campaigns and seminars for risk factors of pregnancy, newborn screening and premature births (such as activities for Buntis Congress, Purple Wednesdays, and Safe Motherhood Week)Provision of information materials and discussions to WRA, pregnant or postpartum mothers	Number of infants and newborns provided with health services and commodities, disaggregated by sex - 194,449 infants / children Number of activities conducted on maternal and infant health - 1188 activities Percentage of Fully Immunized Children in barangays - 95-100% Number of mothers, pregnant women and lactating mothers provided with health care services, vitamin supplementation, immunizations, and laboratory tests - 425,058 mothers Number of clients / partners attended / provided with materials, disaggregated by sex - 43,728 clients	1,420,180,149.75	GAA	DOH CHDs, Hospitals, and TRCs



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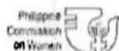

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 CHA, FPSQua, CESO III
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7	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(C) Comprehensive Health Information and Education—RA 11313 Safe Spaces ActEvery person has the right to equality, security, and safety.—RA 9710 Magna Carta of Women IRR Section 22 Equal Rights in All Matters Relating to Marriage and Family Relations	Need for awareness of clients on VAWC, Safe Spaces, SRH and corresponding services available Gender roles are shared beliefs that apply to individuals on the basis of their socially identified sex and is key to analyzing inequalities in pay, division of labor, and increased risk of gender-based violence. Rights of people with diverse SOGIESC also still lack recognition, leading to discrimination and harassment of this marginalized sector of the society.	To increase awareness on GBV and SRH and on available GAD services and programs To advocate for gender equality and women's empowerment and to support the recognition of people with diverse SOGIESC	MFO: OO1: Strengthened health systems and primary care services	Conduct of orientations and trainings on gender concepts such as gender norms and rolesConduct of gender-responsive promotional / advocacy campaigns and posting of informational materials	Number of orientations / activities conducted on GAD concepts - 370 orientations Number of clients attended and provided with IEC materials, disaggregated by sex - 3724 clients	13,114,933.88	GAA	DOH CHDs, Hospitals, and TRCs
8	RA 9710 Magna Carta of Women Section 17The state shall, at all times, provide for a comprehensive, culture-sensitive and gender- responsive health services and programs covering all stages of a woman's life cycle.	Inadequate availment of health services among female IPs due to culture differences	To establish and sustain culture-sensitive maternal, neonatal, and children health and nutrition (MNCHN) health services for female hospital IP clientele	MFO: OO1: Strengthened health systems and primary care services	Provision of culture-sensitive reproductive health and MNCHN services for female IP hospital clients	Number of IP clients provided with culture-sensitive health services, disaggregated by sex - 550 clients	9,470,000.00	GAA	CHDs and DOH Hospitals
9	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A.5) Comprehensive Health Services - Prevention and management of reproductive tract infections, including STIs, HIV, and AIDS(C) Comprehensive Health Information and Education—RA 11166 HIV and AIDS Policy Act of 2018	Limited access of key population groups to counseling, testing, and treatment of HIV Lack of knowledge on HIV status, access to treatment, and prevention services among key population groups	To ensure availability of routine testing, counseling, and treatment for PLHIV and key affected population (KAP) To spread awareness about the status of the pandemic and promote progress and accessibility of HIV/AIDS prevention, treatment, and care	MFO: OO1: Strengthened health systems and primary care services	Provision of screening / testing, counseling, and treatment to PLHIV and KAPConduct of gender-responsive promotional / advocacy activities for International AIDS Candlelight Memorial and World AIDS Day	Number of patients tested, counseled, and treated, disaggregated by sex and gender - 24,935 clients Number of promotional / advocacy activities done for HIV/AIDS - 946 activities Number of HIV facilities established/maintained - 12 facilities	261,638,954.11	GAA	DOH CHDs, Hospitals, and TRCs



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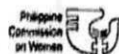


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10	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health (A.10) Comprehensive Health Services - Care of elderly women-----Elderly and aging women have unique health needs and considerations such as menopause, osteoporosis, and increased vulnerability to mental health problems, elder abuse, and lower quality of sexual health. There are also chronic disabling conditions specific to men which need attention like urinary incontinence, benign prostate hyperplasia and erectile dysfunction.-----RA 7277 Magna Carta for Disabled Persons Section 20 Health Services-----Women with disability (WWDs) have greater unmet health needs due to barriers in accessing screening, prevention and care services (Lee et al., 2015). The restricted economic participation of WWDs, compounded by a lack of locally available services and costly, inaccessible transport, reduces their ability to access health services. Service providers also lack appropriate equipment and training on providing SRH services for women with disability (Lee et al., 2015).	Elderly women with medical problems or women with disability do not seek / seek late medical attention due to 1) lack of capability to finance their medical needs secondary to economic dependence and lack of decision making power 2) limited access of to comprehensive health care services	To ensure access to comprehensive health care services for elderly women and women with disability	MFO: OO1: Strengthened health systems and primary care services	Provision of free health services (preventive, diagnostic, treatment) for age-related and sex-specific health issues to persons with disabilities and elderly clients (i.e. services for menopause for female clients, services for erectile dysfunction for male clients)	No. of female or male elderly clients or clients with disability provided with free sex-specific diagnostic and treatment procedures (including immunization, laboratory tests), disaggregated by sex - 108,459 clients	661,719,045.08	GAA	DOH CHDs, Hospitals, and TRCs



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11	RA 9710 Magna Carta of Women IRR Section 20 Women's Right to Health(A.11) Comprehensive Health Services - Management, treatment, and intervention of mental health problems of women and girls-----The 2021 YAFS Study highlighted concerning rates of suicide ideation and attempts among Filipino youth, with disparities between female and male youths (UPPI, 2022). Sexual minority youths face even greater mental health challenges, with higher rates of suicide ideation and attempts compared to their heterosexual counterparts (Alibudbud, 2023a; Manalastas, 2013; Manalastas, 2016). Discrimination and negative attitudes towards LGBTQIA community members further exacerbate these issues, contributing to higher instances of depression, anxiety, and stress (Alibudbud, 2023b).	Women, girls, and LGBTQIA youth are at disproportionate risk for mental health issues such as suicidal ideationsLack of mental health awareness contributing to social stigma and low health seeking behavior	To improve access of women, girls, and LGBTQIA youth to mental health services and commoditiesTo ensure awareness of the importance of mental health and decrease discrimination and stigma against sexual and gender minorities which exacerbate their mental health challenges	MFO: OO1: Strengthened health systems and primary care services	Provision of essential gender-responsive mental health drugs and services to women, girls, and LGBTQIA youthConduct of prevention, information, and awareness mental health programs for women, girls, and LGBTQIA youth	Number of women, girls, and/or people with diverse SOGIESC provided with essential commodities and mental health services, disaggregated by sex and gender - 16,459 clients Number of clients / partners attended / provided with informational materials, disaggregated by age and sex - 5086 clients Number of programs / activities conducted on mental health of women, girls, and LGBTQIA youth - 123 programs	316,057,276.06	GAA	DOH CHDs, Hospitals, and TRCs
12	Inadequate supply of safe blood for use of mothers in birthing facilities	Blood Donation Rate of 10/1000 of the total population in which at least 96% comes from Voluntary Non-Remunerated Blood Donation	To increase voluntary blood donation in the community	MFO: OO2: Improved operations of DOH health facilities	Conduct of Mobile Blood Donation Activities and other advocacy programsCelebration of National Blood Donors' Month and World Blood Donors' Day	Number of blood units collected - 132,658 units Number of IEC campaigns and advocacy activities done - 3727 campaigns Number of participants attended, disaggregated by sex - 7518 participants	285,409,496.04	GAA	DOH CHDs, Hospitals, and TRCs



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13	Women, children, and adolescents still face numerous interrelated health challenges (The Global Strategy for women's Children's and Adolescents Health (2018-2030))	Health outcomes among women, children and adolescents are worse when people are marginalized or excluded from society, affected by criminalization or lived in underserved communities, especially among the poorest and least educated and in most remote areas (the Global strategy for Women's, Children's and Adolescents Health (2018-2030)	Overall GAD Result Statement: Create an enabling environment for health to transform communities so that women, children, and adolescents everywhere can realize their right to the highest attainable standards of well-being. Objective: 1. Survive (End preventable deaths).2. Thrive (Ensure health and well being, achieve universal health coverage, including financial risk protection and access to quality essential services, medicines, and vaccines)	MFO: OO2: Improved operations of DOH health facilities MFO: OO1: Strengthened health systems and primary care services MFO: OO4: Assured social health protection	Implement gender-responsive public health intervention packages including health emergency preparedness and response throughout life courses (i.e. women's health, pregnancy,	Percentage of LGUs and other Health Partners provided with technical assistance on Public Health Programs and procurement of commodities (i.e. institutionalization of DRRM-H system) - 100% (391 LGUs) Number of clients provided with timely health information on gender-responsive public health programs and/or materials, disaggregated by sex - 9,284 clients Client Responsiveness Survey - 83-96% Number of clients served in the conduct of gender-responsive community needs-based health programs, disaggregated by sex - 40,316 clients Number of gender-responsive health facilities established / maintained - 35 facilities Number of patients provided with medical expense assistance through MAIP, disaggregated by age and sex - 338,847 clients Number of staff / BHWs hired / deployed, disaggregated by sex - 72 staff	2,492,197,240.38	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs



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CHA, FPSQua, CESO III
Director IV, Health Policy
Development and Planning Bureau

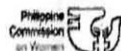
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	Gender Issue /GAD Mandate	Cause of Gender Issue	GAD Result Statement /GAD Objective	Relevant Organization MFO/PAP or PPA	GAD Activity	Performance Indicators /Targets	GAD Budget	Source of Budget	Responsible Unit /Office
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14	Prostate cancer is one of the leading causes of morbidity and mortality in men. Early detection and proper management can help alleviate the burden of the disease.	Progression of prostate cancer can lead to early morbidity and mortality.	Diagnose, treat, and prevent further progression of prostate cancer and other conditions	MFO: OO1: Strengthened health systems and primary care services	Provision of gender-responsive health services and commodities	Number of male clients served - 2773 clients	55,275,163.04	GAA	DOH Hospitals
15	Males are more likely to engage in risk-taking behaviors – such as smoking, substance use, or drinking – to cope with social or behavioral problems leading to increased morbidity and mortality (lung cancer, TB, pneumonia, injuries, NCDs) in males	Contribution of traditional gender norms of family and marriage to substance use (ie. men use it as a coping mechanism or due to a pressure to conform to expectations of masculinity women feel pressured to stay in unhealthy relationships due to societal expectations and/or caregiving responsibilities) Lack of awareness on the serious and life-threatening side effects of smoking There is lack of awareness on the serious and life-threatening medical consequences of risky behaviors such as smoking, excessive drinking, etc Inadequate and/or delayed delivery of gender-responsive health supplies and commodities	To improve understanding among drug dependents and their families on the impact of gender on substance use and vice versa To ensure access of quality services such as proper diagnosis and treatment to presumptive and confirmed TB patients, patients with lung cancer, injuries resulting from risk-taking behaviors etc. To enhance IEC campaigns on substance use, drug prevention, and smoking To increase awareness on the dangerous effects of smoking and certain behaviors and to increase access to the necessary health services	MFO: OO2: Improved operations of DOH health facilities	Conduct of gender-responsive health information drives and summits about the effects of smoking to health Conduct of counseling, lectures, information campaigns for drug dependents and their family members Provision of gender-responsive health services and commodities Conduct of active case finding of confirmed close contacts	Number of clients served, disaggregated by sex - 84,337 clients Treatment success rate for all forms of Tuberculosis - 80-100% Number of activities / sessions conducted - 91 activities Number of participants / facilities provided with health education and/or IEC materials, disaggregated by sex - 14,999 clients	185,112,231.88	GAA	DOH CHDs, Hospitals, and TRCs

ORGANIZATION-FOCUSED ACTIVITIES



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CHA, FPSQA, CESO III
Director IV, Health Policy
Development and Planning Bureau

DR. TEODORO J. HERBOSA
Secretary of Health
Department of Health



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16	RA 9710 Magna Carta of Women IRR Section 21 Special Leave Benefits for WomenRA 11210 Expanded Maternity Leave ActRA 8187 Paternity Act of 1996	Need to acknowledge the unique gender needs of female health care workers, who total the majority of the workforce	To enable male and female employees to avail maternity and paternity leave	MFO: OO1: Strengthened health systems and primary care services	Attribution of salary of women and men employees who availed maternity, paternity and solo parent leaves	Number of employees who availed maternity, paternity, and solo parent leaves, disaggregated by sex - 1851 of employees availed maternity, paternity, and solo parent leaves (441 - F, 108 - M, others not disaggregated)	246,796,256.50	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs
17	RA 9710 Magna Carta of Women IRR Section 21 Special Leave Benefits for Women	Inability of female employees to avail leave credits during their gynecological surgical procedures	To enable female employees to avail leave credits during their gynecological surgical procedures	MFO: OO1: Strengthened health systems and primary care services	Attribution of salary of female employees who underwent gynecological surgical procedures	Number of female employees who underwent gynecological surgical procedures - 1274 female employees underwent gynecological surgical procedures	33,429,114.79	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs
18	CSC Resolution No. 01-0940 "Administrative Disciplinary Rules on Sexual Harassment Cases in the Civil Service", Rule VI - Section 7 states that "A Committee on Decorum and Investigation (CODI) in all national or local agencies of the government state colleges and universities, including government-owned or controlled corporation with original charter."	Stress, disruption of social and protective networks, and decreased access to services can exacerbate the risk of violence for women	To ensure the protection of health care workers against harassment in the workplace		Establishment of a functional Committee on Decorum and Investigation of Sexual Harassment (CODI)Orientation of employees on the prevention and reporting of sexual harassment, and investigation of reported sexual harassment cases	Number of security personnel hired - 65 security personnel Number of activities conducted Number of HCWs provided with assistance, disaggregated by sex Number of CODI established through policy issuance - 5 CODI	42,491,470.64	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs



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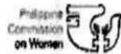
for Valiente
MR. RODERICK M. NAJULAN,
CHA, FPSQua, CESO III
Director IV, Health Policy
Development and Planning Bureau

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DR. TEODORO J. HERBOSA
Secretary of Health
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19	RA 9710 Magna Carta of Women IRR Section 37 Gender Mainstreaming as a Strategy for Implementing the Magna Carta of Women(C) Creation and/or Strengthening of the GAD Focal Points	Weak functionality of the GFPS leading to lack of gender mainstreaming in the organization	To equip and ensure the commitment of the GFPS on gender mainstreaming	MFO: OO1: Strengthened health systems and primary care services	Establishment / reconstitution of the GAD Focal Point SystemRegular conduct of GFPS meetingsCreation / issuance of gender-responsive policies	Number of gender-responsive policies created / issuedNumber of gender-responsive researches conducted - 84 policies created/issued/research conducted Number of GFPS meetings conducted - 321 GFPS meeting conducted Number of GAD technical experts hired - 24 GAD technical experts hired Number of GFPS members, disaggregated by sexNumber of staff dedicated to GAD / Number of new GAD staff hired - 887 GFPS members/staff dedicated to GAD	96,056,190.64 813,800.00	GAA Others (not GAA)	DOH Central Offices, CHDs, Hospitals, and TRCs



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for Mr. Roderick M. Napulan
MR. RODERICK M. NAPULAN,
CHA, FPSQua, CESO III
Director IV, Health Policy
Development and Planning Bureau

Dr. Teodoro J. Herbosa
DR. TEODORO J. HERBOSA
Secretary of Health
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20	RA 9710 Magna Carta of Women IRR Section 37 Gender Mainstreaming as a Strategy for Implementing the Magna Carta of Women(C) Creation and/or Strengthening of the GAD Focal Points	Lack of understanding and appreciation of GFPS members for GAD concepts due to limited opportunities for capacity development on GAD concepts and their roles and responsibilities.	To enhance the knowledge and awareness of employees on GAD concepts and issues GAD champions are recognized in the hospital and to increase appreciation among employees on the importance of GAD	MFO: OO1: Strengthened health systems and primary care services	Conduct of GAD trainings / assembly / orientationAttendance to trainings / workshops / seminars related to GAD concepts and tools (ie. GPB, HGDG, gender analysis)Recognition of GAD initiatives	Number of personnel trained / attended, disaggregated by sex - 7,771 personnel trained Number of staff, LGUs, or partners given recognition - 201 staff/LGUs/partners given recognition Number of orientations conducted - 7 orientations conducted	97,242,421.59	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs
21	Women, Children and adolescents still face numerous interrelated health challenges (The Global Strategy for women's Children's and Adolescents Health (2016-2030))	Health service providers need continuous and regular capacitation on gender-responsive service delivery	To equip health care workers in providing gender-responsive, quality, safe, and accessible health services	MFO: OO1: Strengthened health systems and primary care services	Conduct of advocacy / promotional campaigns and celebrations (ie. Safe Motherhood, Women's Month, Men's Health, Pride Month)Development and distribution of IEC materials to staffEstablishment of GAD corner / officeConduct of trainings / seminars on gender-related issues for health workers and health students (ie. VAWC, GBV, SRH, maternal health, etc)	Number of personnel attended and provided with informational materials, disaggregated by sex - 5870 personnel attended and provided with informational materials Number of activities conducted - 316 activities conducted Number of health workers and students trained, disaggregated by sex - 13,548 health workers and students trained Number of GAD corners / offices established / maintained - 73 corners	134,517,218.95	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs



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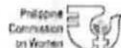
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MR. RODERICK M. NAPULAN,
CHA, FPSQua, CESO III
Director IV, Health Policy
Development and Planning Bureau

[Signature]
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Secretary of Health
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22	Women, Children and adolescents still face numerous interrelated health challenges (The Global Strategy for women's Children's and Adolescents Health (2016-2030))	Health programs, projects, and activities are not gender-responsive	To ensure gender-responsive design and implementation of PAPs	MFO: OO1: Strengthened health systems and primary care services	Regular conduct of monitoring and evaluation of gender-responsive PAPs Conduct of meetings for planning and implementation of gender-responsive PAPs Collection and monitoring of sex-disaggregated data (SDD)	Number of consultative meetings / reviews / evaluations conducted - 156 consultative meetings / reviews / evaluations conducted Number of gender databases established / maintained / utilized - 24 gender databases established / maintained / utilized Number (or percentage) of PAPs with SDD collected and monitored - 70-100% of PAPs Number of plans / reports developed / submitted - 38 plans / reports developed / submitted	27,429,799.03	GAA	DOH Central Offices, CHDs, Hospitals, and TRCs
23	Women, Children and adolescents still face numerous interrelated health challenges (The Global Strategy for women's Children's and Adolescents Health (2016-2030))	Gender-responsiveness of health facilities not prioritized due to restrictions on budget or staff	To ensure gender-responsive design and implementation of PAPs	MFO: OO3: Ensured safe and quality health commodities, devices, and facilities	Accreditation / inspection of gender-responsive health facilities and care providers Assessment of baseline readiness and training needs of health facilities for gender-responsive program implementation	Percentage of LGUs with accredited health care providers - 92% of LGUs with accredited health care providers Number of inspections / monitoring visits / quality audits done Percentage of facilities compliant to gender-responsive (regulatory) policies - 163 facilities compliant to gender-responsive (regulatory) policies	28,880,151.70	GAA	DOH Central Offices, CHDs, and Hospitals



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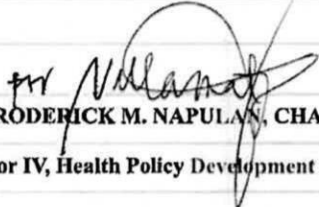
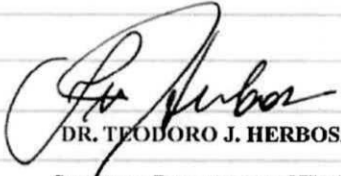
for
MR. RODERICK M. NAPULAN,
CHA, FPSQua, CESO III
Director IV, Health Policy
Development and Planning Bureau

DR. TEODORO J. HERBOSA
Secretary of Health
Department of Health



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24	The health sector has long been dominated by women, who represent 70% of health workers worldwide and 62% in the Philippines. In addition to stark inequities such as underrepresentation in leadership roles and wage disparities, female workers are estimated to perform 3x more unpaid work than their male counterparts, placing an undue burden on women in healthcare, further stressing the urgent need for targeted interventions (WGH, 2022)	Gender roles and stereotypes, such as the belief that women are the natural caregivers and should therefore shoulder child rearing and household responsibilities, serve to reinforce the unfair burden on women in unpaid care work.	To promote work-life balance in the workplace to create resilient societies and families To provide high-quality, accessible and affordable care services to health care workers	MFO: OO1: Strengthened health systems and primary care services	Provision of sex-specific health care services to health workers (ie. gynecologic care for women, prostate care for men)Conduct of gender-responsive activities that promote the health and work-life balance of health care workers (ie. stress management activities)	Number of health workers provided with services, disaggregated by sex - 10,778 health workers provided with services Number of health workers attended, disaggregated by sex - 7,812 health workers attended	74,983,432.34	GAA	DOH Hospitals, CHDs, and TRCs
ATTRIBUTED PROGRAM									
25					National Health Workforce Support System		14,767,998,557.50	GAA	DOH - HHRDB
						SUB-TOTAL	22,475,955,627.85	GAA	
							813,800.00	Others (not GAA)	
						TOTAL GAD BUDGET	22,476,769,427.85		

Prepared By:	Approved By:	Date
 MR. RODERICK M. NAPULAN, CHA, FPSQua, CESO III Director IV, Health Policy Development and Planning Bureau	 DR. TEODORO J. HERBOSA Secretary, Department of Health	09/06/2025



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