

Philippines Humanitarian Country Team

2019 Marawi Humanitarian Response, Early Recovery and Resources Overview

for the Displacement Caused by Conflict in Marawi City



Philippines: Humanitarian Country Team's 2019 Marawi Humanitarian Response, Early Recovery and Resources Overview

Key Figures As of 12 October (DSWD)

73,000
displaced people

230,000
returned people

125,000
affected children

300,000
people in need

300,000
people targeted

\$43.6M
required (US\$)

INTRODUCTION

In May 2017, conflict between security forces and armed insurgents in Marawi City in Lanao del Sur displaced at least 360,000 people. The Government of the Philippines led the provision of relief assistance with support also coming from local, national and international humanitarian agencies. The Philippines Humanitarian Country Team and its partners guided by the Government's Task Force Bangon Marawi provided a coordinated response to the priority humanitarian, protection and early recovery needs of vulnerable people severely affected by the conflict. While most people have now returned home, upwards of 73,000 may remain in temporary settlements around Marawi City for some years, according to Government estimates.

Maintaining the necessary momentum of humanitarian assistance to people who remain displaced by the conflict, and their host communities, is the primary purpose of the strategy outlined in this document, as well as looking to complement the Government-led recovery and rehabilitation programme. In 2019, the Humanitarian Country Team will prioritize assistance to those still displaced in transitional shelters and camps and to support sustainable early recovery under the overall guidance and leadership of Government at the national, provincial and city levels.

SITUATION OVERVIEW

The Autonomous Region of Muslim Mindanao (ARMM), has the highest number of people displaced by armed conflict, crime and violence in the Philippines. The majority of the displaced people are from the Marawi conflict. As of October 2018, 73,266 displaced persons are living in evacuation centres, homebased with relatives and in transitional shelter sites waiting to return home to rebuild their lives. However, their homes, businesses and livelihoods in the most affected area of the city were destroyed by the conflict and remnants of bombs and other unexploded ordnance remains a threat. The Government estimates that it will take 3 to 5 years to reconstruct this part of the city, comprising 24 Barangays.

Displaced women, children, elderly and other vulnerable people will continue to require sustained humanitarian assistance including protection in their current locations until they can return home or achieve a secure and sustainable future. In the coming months, the Government plans to relocate the occupants of the remaining evacuation centres to transitory sites in Marawi city with limited basic services. While plans to rebuild road and bridge infrastructure, rehabilitate institutions and economic infrastructure gains momentum, the provision of food, shelter, health, water & sanitation, education and protection services to meet the immediate needs of the displaced remains limited.

The Department of Social Welfare and Development estimates 230,250 people have so far returned to the 72 Barangays in Marawi City that were partially damaged by the conflict. This community also looks to the restoration of their businesses and livelihoods to meet their basic needs, including education and health requirements for their children. Rehabilitation of schools, water systems, health infrastructure and income-earning remains a challenge. The most vulnerable segment of the community – children under five, women, girls, and boys – require to be targeted with programmes and projects to assist them in recovery. Employment of youth in the productive sector, including agriculture, fisheries, and income generating business, as well as in peace-building and counter-extremism programmes is essential.

The Humanitarian Country Team works closely with the Government of the Philippines at the national and Mindanao level to support the priority humanitarian needs of people displaced and affected by the Marawi conflict. It is also coordinating with Regional, Provincial and Local Government agencies to identify opportunities to assist in early recovery efforts. As of October 2018, the food security and agriculture sector had identified a 69 percent food gap impacting the displaced people. Only 6 of the 15 Barangay health stations are functional and lack visiting doctors. Reproductive health and addressing gender-based violence and management remains a challenge. Inadequate

clean water supply and sanitation – particularly the desludging of latrines and hygiene promotion – need to be maintained for the displaced people and returnees. Both transitional shelter and relocation sites require to be maintained, particularly those that are tented. A protection assessment in August 2018, found that about 18,000 displaced people do not have identification card or birth registration documents, including Philippines Health Cards. Displaced people are also not receiving adequate information on their status or when they can return home. Regular and meaningful consultation with displaced communities and provision of information remains an important component of the return and recovery process.

PHILIPPINES: Marawi City



Philippines Humanitarian Country Team (as of 15 Nov)

HUMANITARIAN RESPONSE OVERVIEW

CCCM AND SHELTER



The Department of Social Welfare and Development (DSWD) continues to provide camp management in various evacuation centers through deployment of camp managers to ensure proper coordination and management of the sites in place. International agencies provided technical assistance to government by conducting CCCM training to the camp managers of the Sarimanok Transfer Area, personnel of DSWD Region 12 and the Marawi City Social Welfare Office (CSWDO); through monitoring and field visits to evacuation centers and transitory sites to observe current status of camps and provide recommendations to improve the sites, as well as providing awareness-raising on camp safety, and supporting Task Force Bangon Marawi (TFBM) in the installation of insulators and repair activities in Sarimanok Transfer Area.

EARLY RECOVERY AND LIVELIHOODS



The cluster is currently providing conditional cash grants through a financial inclusion project supported by funding through the CERF under-funded emergencies mechanism supplemented through the internal funds of partners.

The initiative defines pathways to increase access to inclusive financial products and services, including those based on Islamic finance principles and gender sensitivity. As of 30 September 2018, the project had completed the registration and validation of the 10,000 qualified target beneficiaries and distributed digitally-enabled iAFFORD cards to 2,391 IDPs or 29% of the 10,000 targeted in the areas of Bubong, Saguiran and Ditsaan Raman. Distribution of digital cards and disbursement of assistance are still ongoing in the rest of the areas, as well as in Marawi City.

At present, more than 70,000 persons are still displaced, either inside evacuation centers, transitional sites or homebased displaced people still needing financial and livelihood support. Based on the results of community market mapping done in the third quarter of this year, Marawi City, and the municipalities of Bubong and Saguiran, Lanao del Sur the top three types of micro merchants are: sari sari store (neighborhood sundry store), marketing, and ticketing outlet/travel tours. These are some livelihood opportunities that can be supported

through cash assistance to aid displaced people resume lives of relative normalcy.

EDUCATION



Over 100,000 school-aged children are either not back to school or are at risk of dropping out of school because of distances from their schools and unaffordable cost of schooling. Of this, the education sector through the leadership of the Department of Education – ARMM (DepEd-ARMM) were able to monitor over 21,000 learners enrolled in various public elementary and secondary schools in Marawi City, Lanao del Sur, and Lanao del Norte. DepEd-ARMM in cooperation with the members of the education sector launched the 'Back to School and Stay in School Initiative' (BTS/SIS) in June 2018, to ensure that school-aged displaced children can go back to school and continue to stay in school. This \$3 million programme comprises the tracking of learners through household visits, general communications for families and children, and provision of learner and teacher kits for schools to reduce the costs to families of sending children to school. Education partners also committed to provide school supplies and provision of school meals in Lanao del Sur and Lanao del Norte.

FOOD SECURITY AND AGRICULTURE



More than 230,000 displaced people received relief items from the Government-led food support programme and at least 60,000 people received 50kgs of rice each in Lanao del Sur municipalities including Marawi City from international aid agencies. Nearly 50,000 family returnees received a return package from the Government's social welfare office.

Assistance is continuing to 7,200 farmers and fisher folks to stabilize the food security situation and restore livelihoods through the provision of planting materials, poultry and small ruminants, fertilizers, and support to fishing livelihood in the four municipalities of Saguiran, Ditsaan Raman, Piagapo, and Marantao. Preparation to support an additional 9,000 farmers and fisher folks with livelihood support has started. The profiling of 2,500 displaced families was conducted to target technical assistance on improving the value chain

of high value commercial crops and commodities, together with the provision of inputs, trainings, and various market linking activities.

HEALTH INCLUDING RH AND MHPSS



The sector deployed mobile health teams in 188 barangays, including nine evacuation centers financed through the Central Emergency Response Fund (CERF), while other agencies provided health services in evacuation centers and transitory sites in Marawi City, Lanao Del Sur and Lanao Del Norte not reached by the CERF project. In addition 1,540 children and 7,640 pregnant or lactating women which were nutritionally at risk, received nutritious food supplements in 14 municipalities in Lanao del Sur and Lanao del Norte. 12,890 displaced people received health services, including 824 pregnant and lactating women who received pre- and post-maternal health care services, and 3,286 children under five who were screened for their nutritional status, of which 13 at-risk cases were identified together with 21 children suffering from Moderate Acute Malnutrition and three from Severe Acute Malnutrition. Six months' worth of essential medicines and supplies were distributed to five Rural Health Units and one City Health Office to ensure availability of essential drugs. Disease surveillance was strengthened through the Philippine Integrated Disaster Surveillance and Response (PIDSRS) mechanism, while training was delivered in Specimen Collection Packaging and Transport (SCPT)/Rapid Diagnostic Test for Cholera (RDT) for health personnel from the rural and city health units, the Provincial Health Office, and district hospitals.

Eighteen Reproductive Health medical missions have been conducted in evacuation centers, transitory sites and return sites, including host communities in Lanao del Sur. A Reproductive Health Coordinating Team was established in Lanao del Sur and Marawi City and 1,352 women's kits, 122 maternity packs, and seven reproductive health kits distributed. Training has been provided to build the capacity of 20 displaced youth leaders on Adolescent Sexual and Reproductive Health in Emergencies and provision of Reproductive Health training given to health service providers. Rehabilitation and installation of water systems for health facilities in Piagapo, Ditsaan Raman, and Marawi City were completed and handed over to the respective rural health units.

HUMANITARIAN RESPONSE OVERVIEW

NUTRITION



43,342 under-five children have been screened from April to September 2018 in eight municipalities and one city in Lanao del Sur and two municipalities in Lanao del Norte. Sixty cases of Severe Acute Malnutrition and 192 cases of Moderate Acute Malnutrition were identified. The sector also trained and mobilized 192 Barangay Nutrition Scholars. 8,644 pregnant and lactating women (PLW) were also screened, with 88 cases of Moderate Acute Malnutrition and 713 nutritionally at risk cases were identified. Of those screened 49 received micronutrient powder while all received Infant and Young Child Feeding (IYCF) education. The sector advocated for the establishment of enabling environment in policy making and allocation of funds for nutrition.

As part of life-saving and preventive nutrition interventions to children and PLWs, nearly 3,000 children 6-59 months old and 502 nutritionally at risk PLWs were admitted to Targeted/Blanket Supplementary Feeding Programme (T/BSFP); 2,010 boxes of ready to use supplementary food distributed to the Rural Health Units and orientation provided on the Supplementary Feeding Programme to workers in 31 rural health units.

PROTECTION INCLUDING CP AND GBV



Protection Forum members continue to facilitate birth registration for 17,000 individuals affected by the Marawi conflict, as well as facilitating the issuance of government identification cards. Conduct of regular protection forum meetings, advocacy on and referral of key protection issues/concerns identified through field monitoring, is continuing. Access to information, especially on government interventions for the Internally Displaced Persons (IDPs), is being strengthened through the IDP HelpDesk and Feedback Mechanisms as well as the InfoCast System, capable of sending text messages to at least 9,000 mobile numbers registered in the system.

Capacity-enhancing training on Gender-Based Violence (GBV) and Child Protection (CP) in emergencies is being conducted by the Joint Regional CP and GBV Working Group (JRCPGBVWG) for local service

providers. Among the target participants reached are: staff of the women and child protection desk of the Philippine National Police Lanao Del Sur, Joint Task Force Ranao, members of the Philippine Army, newly elected barangay officials in Lanao del Norte, social workers as well as orientation for 82 members of the Working Group itself. Technical assistance has been provided to the Marawi City Social Welfare and Development Office (CSWDO) and to the Women and Child Protection Unit (WCPU) of Amai Pakpak Medical Center in Marawi City on responding to GBV cases. Other activities focusing on protection of women and children include: integration of awareness-raising activities in the monthly plans of the CSWDO, capacity-building of the Local Committee Against Trafficking-Violence Against Women and their Children (LCAT-VAWC) member agencies on rights-based and survivor-centered approach for GBV-prevention. Awareness-raising information sessions are also conducted by JRCPGBVWG on Child Protection in Emergencies and Gender-Based Violence in Emergencies and Community-based Emergencies (CPIE and GBVIE) and Community-based Disaster Risk Reduction and Management (CBDRMM) for 49 IDPs in Sarimanok Transfer Area. Women's rights and GBV awareness raising sessions in Women Friendly Spaces have been held in Marawi City, Piagapo, Saguwaran, Marantao, Bubong and Ditsaan-Ramain as well as among women leaders in return areas. Family conversations were also conducted in 18 barangays in Marawi City.

WATER, SANITATION AND HYGIENE (WASH)



The WaSH Cluster provided interventions to over 104,000 displaced people in Iligan City, Baloi, Pantar, Pantao Ragat, Sapad and Sultan Naga Dimaporo in Lanao Del Norte and Balindong, Bubong, Ditsaan-Ramain, Saguwaran, Piagapo, Malabang, Marantao, Poona Bayabao, Tamparan and Marawi City in Lanao Del Sur through provision of WaSH facilities, intensive hygiene promotion, sanitation support and water provision. The support of the humanitarian agencies to the government has minimized morbidity, stunting of under-five children and prevented the outbreak of WaSH-related communicable diseases among displaced people as well as their host communities. As residual humanitarian needs are still to be addressed, WaSH partners continue to work in strengthening

government capacity and mechanisms, systems improvement of basic WaSH services, development of water systems covering settlements and communities hosting displaced people, returned barangay communities, schools and learning centers. WaSH cluster partners continue to conduct communication for development and behavior change campaigns for sustainability and better WaSH intervention outcomes.

COORDINATION



Members of the Mindanao Humanitarian Team (MHT), composed of UN agencies, national and international NGOs continues to meet in Iligan and Cotabato to facilitate a coordinated and effective response to the residual humanitarian and early recovery needs of displaced people living in various displacement sites. A smaller groups of cluster lead agency representatives meets either in Iligan or in Cotabato City on an ad hoc basis to address inter-cluster coordination and response. OCHA chairs and provides secretariat and strategic support to these coordination forums. To ensure humanitarian efforts complement the Government responses, MHT agencies are supporting Government-led sectors on WaSH, Education, Food Security and Agriculture, Health, Nutrition that continue to meet regularly under the auspices of the Government's Task Force Bangon Marawi (TFBM). Joint coordination mechanisms between the TFBM and MHT are regularly held in Iligan City.

In Cotabato City, the MHT meets regularly to analyze the humanitarian situation in Mindanao including the response to Marawi displacements. A joint forum with the ARMM Government has been established to discuss the humanitarian situation in Maguindanao, Lanao del Sur (including Marawi) and the island provinces. As of October 2018, there are more than a thousand ongoing and planned activities in the Marawi response carried out by seven UN agencies, 32 international and national Non-Governmental Organizations and two Red Cross agencies. Since the beginning of the conflict, more than eight thousand activities have been completed by 132 organizations. OCHA maintains, develops and produces regular information management products to support the work of humanitarian community, such as updated contact lists, 3Ws, infographics and a monthly bulletin.

HUMANITARIAN RESPONSE AND EARLY RECOVERY STRATEGY

JANUARY TO DECEMBER 2019



With more than 73,000 people remaining displaced and unlikely to return home soon, the Humanitarian Country Team (HCT) will continue to address the priority residual humanitarian needs of a targeted population of those who remain the most vulnerable and marginalized by the conflict, including those in various states of displacement and their host communities through 2019. It will strengthen coordination mechanisms and integrate programming with that of national and sub-national government and the programmes of other stakeholders to improve accountability and access to information and services. This approach will facilitate the sustainability of the programmes, once integrated with counterpart institutions. The HCT will enable partnerships with government, private sector and other stakeholders to support early recovery and peacebuilding among the targeted group. Sustainable recovery, protection, gender and adoption of culturally sensitive approaches will be cross-cutting themes for all clusters. To better facilitate the response, the clusters of the Mindanao humanitarian team will be further aligned with the sector coordination structure under the Government's Task Force Bangon Marawi, which are: food security, agriculture and livelihoods; protection, including gender-based violence and child protection; shelter and camp coordination and management; and health including: reproductive health, mental health and psycho-social services; water, sanitation and hygiene (WaSH); and nutrition.

The estimate of Government that the rebuilding and rehabilitation of the 24 Barangays most affected by the conflict will not be completed until 2021 brings to the fore the imperative for a longer-term and more strategic approach to assisting those who remain in a state of dislocation and displacement. Given the resource and capacity limitations of humanitarian actors, strong partnership and continued joint planning with Government agencies will help enable sustainability of the planned interventions and ensure resource complementation, rather than substitution.

With more actors joining the rehabilitation space in Marawi, UN and NGO partners on the ground are encouraged to explore linking seamlessly the humanitarian response to the overall recovery, and

peacebuilding efforts of different stakeholders, with the end view that such efforts will lead to sustainable solutions, encourage social cohesion and build more resilient communities.

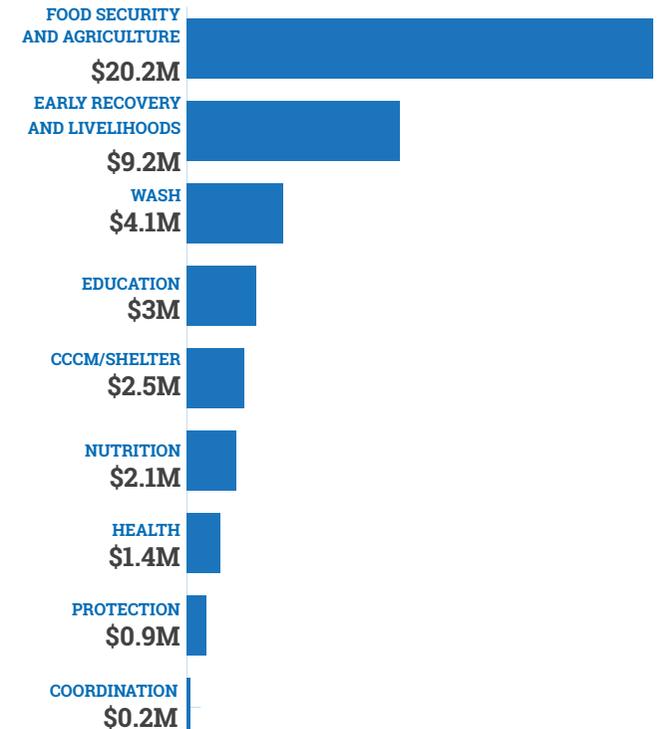
HUMANITARIAN NEEDS AND PROPOSED ACTIONS



While some 230,000 people have already returned in Marawi City, more than 73,000 remain displaced. With the proposed closure of the remaining 21 evacuation centers, displaced people in these locations will again face uncertainties and the challenges of resettling in new proposed locations. The registration and profiling of displaced people has commenced but until its completion, the tracking of their needs and identification of gaps in assistance remains a challenge. Protection issues on exclusion have been raised, potentially emanating or associated with registration, which will have a bearing on access to humanitarian support and basic services. Access to right, timely and relevant information, and effectiveness of grievance and feedback mechanisms has also been concern. The food gap remains high at 69 percent as of September 2018, and the safe and reliable supply of water remains insufficient in evacuation centers and transitory sites. Vulnerability runs high in Lanao del Sur, being the poorest province in the country. Displaced people and host communities alike are challenged to adapt to the demands brought forth by the economic and social disruption arising from the conflict. Malnutrition is expected to increase as displacement continues, aggravated by poor access to water, loss of property and livelihoods. Even before the conflict, 5 out of 10 children in Lanao del Sur were categorized as malnourished. Continued support for displaced people and dislocated communities throughout Lanao del Sur is therefore essential. But the situation inside Marawi City needs priority and continuous support, both to meet basic humanitarian needs and address protection concerns. Raising awareness of the dangers of unexploded ordnance needs to continue, particularly for people planning to return to the 'most affected areas'. Gaps in needed assistance continue to be reported in key sectors of protection, food security, agriculture and livelihood, WASH, health, nutrition and education. Additional financial and material resources are needed in these sectors to ensure that people who remain displaced do not become critically vulnerable.

FUNDING REQUIREMENTS

For 2019, US\$43.6 million is required to provide continuity of humanitarian and early recovery assistance to people who remain displaced, host families and for the returnee communities needing food security and agriculture, shelter, WaSH, health, education, protection and early recovery and livelihood support.



43.6M
required funding (US\$)

HUMANITARIAN NEEDS AND PROPOSED ACTIONS

 **CAMP COORDINATION AND CAMP MANAGEMENT (CCCM) AND SHELTER**

Target areas: Evacuation centres and home-based communities and transit sites

Target beneficiaries: 73,266 people

Funding required: \$2,500,000

Lead: Department of Social Welfare and Development

Co-Lead: IOM

In May 2017, Marawi was besieged by the ISIS-inspired Maute groups which led to the protracted displacement of 353,921 people, of which 73,266 are still displaced. According to IOM's Displacement Tracking Matrix (as of the 23rd of July), about 12,636 families were living in Evacuation Sites (ECs) and about 10,000 of the displaced families are still living with host families. Recently, 849 families from the ECs were relocated to government constructed Transitional Shelters in Sagonsongan, which has left 1,773 families living in 'tent-cities'. The situation in these sites is grim considering that, according to international humanitarian standards, tents should be used for a maximum of six (6) months. Occupants are already having to deal with the tent's wear and tear, and their exposure to the elements is only getting more extreme as the rainy season continues. The long period of displacement need for psychosocial support, both in relation to the conflict and the protracted displacement.

As part of the DTM Report on 23 July 2018, the Sarimanok Tent City, with 319 families, and the Bito Buadi Itawod Tent City, with 540 families, were identified as having particularly poor living conditions with IDPs complaining of torn and damaged tents during the frequent and heavy downpours. These conditions have further ramifications, with reports of children and elderly getting sick due to the fluctuating temperatures and exposure to the elements. The distance between tents is noted as less than the prescribed 2 meters, leaving fire as a potential risk. In addition, IDPs in these sites reported the need for maintenance and upgrading of WASH facilities, irregular water delivery, desludging of septic tanks, lack of proper cooking and laundry areas, and lack of temporary learning spaces for children who have dropped out of school due to lack of public transportation from the tent sites.

INDICATIVE PLANS

- Upgrade and maintenance of camp facilities including replacement of tents in tent sites with transitional shelters to avoid a repeat of the damaging impact of Typhoon Vinta last year to the tents particularly in Sarimanok and Bito Buadi Itawod tent cities
- Tracking of displaced populations and their continuing needs including the homebased and their host families
- Support to Camp Managers in terms of refresher trainings on coordination of camp services and referral systems
- Community-level consultations and information campaign on durable solutions particularly on housing and livelihood opportunities for the IDPs

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



EARLY RECOVERY AND LIVELIHOODS

Target areas: Marawi City and Lanao Del Sur province

Target beneficiaries: 10,700 individuals

Funding required: \$9,200,000

Lead: International/Local Organizations and Relevant Government Institutions

Co-Lead: United Nations Development Programme

The armed conflict in Marawi and other parts of Lanao del Sur caused substantial damage and loss to public and private assets and disrupted businesses and other sources of employment. As of July 2018, an estimated 73% of the families displaced during the five-month armed conflict in Marawi City have already voluntarily returned to 72 of 96 barangays affected by the hostilities, which the government have cleared and declared accessible. While displaced, most returned families have depleted their resources and are struggling to restore their essential livelihood. The entire area, once flourishing trade region, has lost its previous dynamism. While the local economy is still moving the first steps towards recovery, social cohesion is further weakened as a result of the displacement and return dynamics.

Through the intervention of the Government and other agencies, local markets have already started to operate, and commerce has already emerged in the area. However, there is still a need to accelerate and support the socio-economic activities. Substantial assistance is needed for the IDPs to have a ready access to appropriate financial resources to start, improve or recover their businesses and livelihood activities.

With the aim of complementing the ongoing efforts towards the sustainable rehabilitation of Marawi City, there is a need to further strengthen the resilience of the most vulnerable returnee communities through an integrated action including vocational capacity building, family livelihoods restoration, rehabilitation of critical social infrastructure, support to market-oriented social entrepreneurship and social cohesion activities. Bearing in mind the socio-cultural richness and complementarity that characterize communities in the affected areas, all project activities will be prioritized, owned and driven by the communities themselves, through inclusive and participatory decision-making mechanisms.

The need to support for micro, small and medium enterprise for women and men IDPs, as well as to contribute to the creation of alternative economic opportunities that give people a stake in the local economy, through an innovative method. Build a sustainable financial system that offers immediate assistance and most importantly develop the capacity of the IDPs to manage their personal and business finances effectively.

PRIORITY RESPONSE/INDICATIVE PLANS:

- Identification, prioritization and validation of beneficiary communities, families and individuals in need of livelihood and other forms of early recovery assistance
- Community assessment and profiling, including critical elements of market analysis and mapping, livelihood inventory and market assessment for asset recovery
- Conduction of vocational, livelihood and other skills training, to ensure beneficiaries' safety and sustainability of the implemented action
- Identification and merchandizing of community merchants
- Community-based digital card distribution
- Real time cash transfer
- Family livelihoods restoration
- Support market-oriented social entrepreneurship and social cohesion
- Strengthening of community-based accountability mechanisms, to ensure community ownership of implemented projects, as well as inclusive and participatory governance as means to increase community resilience and project sustainability
- Restoration of critical community-level social infrastructure to stimulate the local economy and increase social cohesion

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



Target areas: Marawi City, Iligan City; ARMM: Lanao del Sur: Bacolod-Kalawi, Balindong, Bubong, Butig, Ditsaan-Ramain, Lumbah bayabao, Marantao, Masiu, Piagapo, Poona bayabao, Saguwaran, Taraka, Buadiposo Buntong, Madalum and Tugaya including Malabang; Region X: Lanao del Norte: Pantar, Matungaw, Baloi, Pantao Ragat, including Munai, Matungao and Tangcal

Target beneficiaries: 125,004 conflict affected children and youth; 1,500 teachers, 300 school heads and other education workers; 600 parent and community leaders; 18 LGUs and at least 20 stakeholders mobilized to support back to school and stay in school initiatives

Funding required: \$3,000,000 (plus \$1 million under FSAC)

Lead: Department of Education - ARMM

Co-Lead: UNICEF/Save the Children

More than 200,000 children and adolescents were affected by the conflict in Marawi City (UNICEF Philippines 2017). The Department of Education in ARMM estimates around 125,000 (DepEd ARMM 2018) school aged children and adolescents are now burdened to continue schooling or access learning. Faced with the education challenges, DepEd ARMM and its education partners crafted the "Back to School" and "Stay in School" initiatives (BTS/SiS), a comprehensive strategy that will ensure school aged children and adolescents affected by the Marawi conflict are able to go back to school and stay in school or access learning through provision of basic education services, skills training, emergency school feeding and peacebuilding. To date, there are already 21,378 affected learners that have been counted as enrolled in various public elementary and secondary schools in Marawi City, Lanao del Sur and Lanao Del Norte. Latest displacement data shows that there are 8,914 displaced families in the two provinces with approximately 17,892 school aged children. This means that many displaced children and youth are not enrolled and are not accessing education. There is a great possibility that many of them have missed schooling for the last two school years and are at risk of dropping out of school for the rest of their lives.

The case of the displaced learners, on the other hand, compounds the already challenging conditions of the host schools that have already been facing a lot of difficulties even before the Marawi crisis and pupils encountering short term hunger. The province of Lanao del Sur, for instance, has been struggling with the lowest education performance matched with its rank as the poorest province in the country. While there is an urgent need to respond to the education needs of displaced learners from Marawi City, it is imperative that education interventions include all children in schools where displaced learners are being accommodated.

Therefore, there is an urgent need to ensure recovery in education that focuses on getting all children in to school, including those displaced as well as others in the same host communities.

PRIORITY RESPONSE/INDICATIVE PLANS

- Track all children and adolescents affected by the Marawi Crisis.
- Conduct alternative learning strategies including support to early learning programs, engagement with Madrasah and private schools, conduct peacebuilding programs and life skills support for remaining out of school children and adolescents;
- Immediately replenish learning and teaching supplies/kits for learners in Marawi City and provide for host schools in Lanao del Sur 2 Schools Division and Lanao Norte Schools Division to keep children in school;
- Provide water and sanitation facilities and services in schools hosting displaced learners;
- Mobilize stakeholders, LGUs and community leaders to protect children from the effects of conflict, disruption of classes and recruitment by different armed groups;
- Conduct school recovery planning and provide school grants for additional makeshift classrooms and facilities, chairs and tables.
- Build the capacities of school officials and teachers on providing psychosocial support and train them on education in emergencies and other conflict sensitive pedagogies to ensure continued education service delivery.
- Develop teaching and learning materials that incorporate Islamic values, DRR, peace education and human rights and the promotion of culture and history of the Bangsamoro.
- Coordinate and mobilize other sectors to support education on the provision of feeding programs, livelihood for parents, health and nutrition for learners particularly those that are living in transitory sites in Sagongsongan, Sarimanok, and Bahay Pag-asa and those in newly opened schools in the far-flung areas in Lanao Norte and Lanao Sur.
- Provision of Emergency School Feeding

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



FOOD SECURITY AND AGRICULTURE

Target areas: Marawi City, Iligan City; ARMM: Lanao del Sur: Bacolod-Kalawi, Balindong, Bubong, Butig,
Target areas: Evacuation centres, home-based communities, transit sites and returned areas in Marawi City

Target beneficiaries: 117,000 people including farmers, fishers and school children

Funding required: \$20,169,564

Lead: Department of Social Welfare and Development/Department of Agriculture and Fisheries-ARMM

Co-Lead: WFP/FAO

Below are some of the needs and gaps that still needs to be addressed for 2019 and beyond.

- Ability to meet daily dietary requirements for people with no or limited livelihood opportunities– in particular vulnerable people from the MAA areas
- Ability to meet daily dietary requirements for people attending livelihood activities
- Ability to address short term hunger for school children
- Adequate nutrition during the first 1,000 days
- Participatory planning at barangay level which includes the food security and nutrition dimension and addresses concerns to resilient agricultural livelihoods in the context of changing climatic conditions, available markets, and crop suitability
- Agricultural starter kits for vegetable gardening activities in transition shelters and transition areas to provide alternative food sources and nutrition for unserved IDP families.
- Poultry and livestock as replacement for lost stocks that will augment family nutrition, alternative sources of income and as work animals.
- Community assets linked to food and nutrition security such as storage and processing facilities, irrigation system, solar powered pumping systems, farm to market access roads.

INDICATIVE PLANS

- Unconditional food assistance for people with no or limited livelihood opportunities meet their daily dietary requirements – in particular vulnerable people from the MAA areas
- Conditional food assistance linked to livelihood activities, which restore and improve agricultural productivity and access to markets.
- Conditional food assistance to attend classes for pupils of all grades – Emergency School Feeding
- Unconditional Food assistance for most vulnerable IDPs and returnees through support to IDPs of main affected areas and returned areas
- Nutrition support to vulnerable groups specifically nutritionally-at-risk pregnant and lactating women and children to prevent malnutrition.
- Improve food security through access to food, livelihoods restoration and increased agricultural capacities;
- Support for Enhancing Agri-based Livelihoods of Internally Displaced Farmers Affected by the Marawi Conflict;
- Support and enhance food security and income generation by providing inputs including seeds and fingerlings for the production of nutrition sensitive foods as well as conditional food and cash-based transfers.
- Support to production, productivity and restoration of food supply chain;
- Promotion of smallholder commercialization & disaster resilient farmers/fisherfolks and agribusiness value chain

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



HEALTH INCLUDING MHPSS AND SRH

Target Areas: Marawi City, Lanao del Sur (LDS) municipalities hosting the 15 remaining ECs, and the LDS municipalities east of Lake Lanao (Mulondo, Taraka, Tamparan, Maguing, Poona Bayabao, Lumba Bayabao, Sultan Dumalondong, Masiu, Lumbayanague, Lumbatan, Butig) hosting home-based IDPs.

Target beneficiaries: 78,282 people (Health and MHPSS); 35,100 (Sexual and Reproductive Health)

Funding required: \$ 1,430,788

Lead: Department of Health

Co-Lead: WHO (Health and MHPSS) / UNFPA (Sexual and Reproductive Health)

Recurring Gaps that needs to be addressed by the health (including MHPSS and SRH) sector

- Limited access to essential health services including sexual and reproductive health services especially in evacuation centers/ transitional shelters and unrecognized settlements and among home-based IDPs
- No health station and regular posting of health personnel in Sarimanok and Mipaga Transitional Shelters
- Limited capacity in terms of availability of health human resource and medical equipment in the newly constructed health facility in Sagonsongan Resettlement Sites
- Limited supply of basic drugs, medicines and supplies and family planning commodities
- Poor health data
- Inadequate number of adolescent-friendly health facilities in Marawi and Lanao del Sur to deliver age appropriate health information and services to young people (There is only 1 adolescent-friendly health facility in Lanao del Sur and none in Marawi City.)
- Health risks associated with continued practice of home-based and traditional birth attendance

INDICATIVE PLANS

- Strengthen capacities of existing health facilities and staff to deliver primary care services through:
 - » Minor repairs of RHUs and BHS including installation of water supply to health facilities
 - » Capacity building on disease surveillance and outbreak control
 - » Conduct training and mentoring on MHPSS and MCH services
- Continue health interventions to prevent outbreaks, mortalities and morbidities due to communicable and non-communicable diseases and prevent maternal and neonatal morbidities and mortalities through:
 - » Establishment of temporary health facilities in the transitory, transfer and remaining evacuation centers where no access to health services
 - » Establishment of disease surveillance and outbreak control at the LGU level.
- Improve disaster preparedness and delivery of health services through:
 - » Support to information and data management
 - » Capacity building on Sub-PHEMAP, DRRM-H Planning and Hospital Safety index

Sexual and Reproductive Health(SRH)

- Strengthen capacities of existing health facilities and staff to deliver essential SRH services through:
 - » Conduct of a refresher course for midwives and nurses on pre-natal assessment and post-natal assessment.
 - » Identification and capacity building of EC/TS-based community volunteers (BHWs) who will assist the midwife assigned in the area in tracking pregnant women and identifying and referring IDPs in need of family planning services.
 - » Conduct of orientation to local health personnel on the Fatwah on FP/RH and the Fatwah on Model Family in Islam

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



HEALTH INCLUDING MHPSS AND SRH

- Continue health interventions to prevent maternal and neonatal morbidities and mortalities through:
 - » Increased access to facility-based and skilled-birth attended deliveries and referral of complicated pregnancies.
 - » Conduct of RH medical missions, with emphasis on pre-natal services (fetal heart tone and fundic height monitoring, maternal nutrition screening, blood glucose measurement and proteinuria screening) and post-natal services.
 - » Provision of women's kits, maternity packs, RH kits, and pap smear test kits
 - » Identification and referral of cervical cancer-at risk women for pap smear
 - » Support the establishment of temporary health facilities in the transitory, transfer and remaining evacuation centers where there is no access to health services
- Improve disaster preparedness and delivery of SRH services during emergencies through:
 - » Train interagency emergency responders on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies
- Coordinate with DOH Central and concerned DOH Regional Offices for family planning commodities and augmentation of basic drugs, medicines and supplies for SRH
- Capacity building and technical assistance for health data management (data collection, collation, presentation) and health information generation
- Address the need for Adolescent-friendly health facilities through:
 - » Technical assistance in the establishment of adolescent-friendly health facilities
 - » Identify and capacitate youth leaders (Sangguniang Kabataan) on the conduct of Adolescent Sexual and Reproductive Health in Emergencies (ASRHIE) information sessions. Trained youth leaders will be linked to Marawi City Health Office (CHO) / Province of Lanao Del Sur – Integrated Provincial Health Office (LDS-IPHO) as focal persons for youth and adolescent health and development program.
 - » Conduct of ASRHIE information sessions in ECs/TSs/unrecognized settlements.
 - » Provision of iron for adolescent girls during ASRHIE information sessions
- Conduct of community-based health information sessions (with emphasis on facility-based/skilled birth-attended deliveries, to include GBV information sessions) in Women-Friendly Space (WFS) tents



Credit: UNFPA

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



NUTRITION

Target areas: Home-based communities especially other municipalities affected in Lanao del Sur
Target areas: Home-based communities especially other municipalities affected in Lanao del Sur and Lanao del Norte

Target beneficiaries: 0-5-year-old children: at least 70,000; PLW: at least 25,000; RHU and Hospital staff: 300; Barangay Nutrition Scholars: 1,159

Funding required: \$2,146,656 (plus \$1.1 million under FSAC)

Lead: Department of Health

Co-Lead: UNICEF

Between February and September 2018, acute malnutrition increased from 5% to 7.9% and chronic malnutrition (stunting) increased from 40% to 43%. Children 6-23 months eating the minimum acceptable diet has slightly increased but is still very low (from 11.9% to 16%), the same finding was observed for minimum diet diversity (13.7% to 27%). Pregnant and lactating women (PLW) are still eating less diverse food which has slightly decreased from 47.1% to 43.5%. Food inadequacy and insufficient health care services are the causes of malnutrition. Malnutrition in Lanao del Sur is expected to increase as displacement continues and is aggravated by the loss of property and livelihood, poor access to water, and increased vulnerability to diseases. Before the conflict, the province had the highest prevalence of malnutrition in the country, with 5 out of 10 children categorized as malnourished. The area is still at risk for man-made and natural calamities.

In 2018, the cluster supported and capacitated government partners (provincial and municipal health officers and local government units) in delivering life-saving nutrition interventions for children and pregnant and lactating women. This was done by providing assistance in the assessment and monitoring of Nutritional Status (EFSA). This was done by strengthening the community-based nutrition service delivery through the mobilization of Barangay Nutrition Scholars (BNS) to identify, prevent and manage children with acute malnutrition including nutritionally at risk Pregnant and Lactating Women, and improving local government inter-agency coordination and ownership through the issuance of written policies/ordinances, prioritizing and allocating budget for nutrition-specific (e.g. allowances of BNS) and nutrition-sensitive interventions (e.g. improvement of water and sanitation facilities).

These interventions, though pursued in the humanitarian context, are foundational to strengthening nutrition systems and improving nutrition services for the entire province of Lanao del Sur.

INDICATIVE PLANS

For 2019, the nutrition cluster will continue to work with the local government, line agencies, and other partners to further strengthen health and nutrition service delivery by investing on programmes geared towards improving nutrition outcomes including the distribution of supplementary nutritious foods whenever need. This will be done by increasing the capacities of barangays and municipalities, improving enabling environment, and collaborating with other sectors to deliver nutrition-sensitive programs. The 2019 humanitarian strategy increasingly places emphasis on recovery more than relief, recognizing that beneficiaries are shifting from evacuation centres/ transitory sites to displaced and host community population living in municipalities outside of Marawi City.



Credit: UNFPA

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



PROTECTION INCLUDING CHILD PROTECTION AND GENDER-BASED VIOLENCE

Target areas: Evacuation centres, home-based communities, transit sites and returned areas in Marawi City, host communities in Lanao del Sur

Target beneficiaries: 300,000 people

Funding required: \$850,959

Lead: Department of Social Welfare and Development

Co-Lead: UNHCR/UNFPA/UNICEF

Recurring gaps that needs to be addressed by Protection cluster member agencies

- Support to government in leading coordination mechanism (inter-LGU, cluster coordination)
- Information management systems to monitor and track IDPs, protection issues
- Continued capacity-building for service providers on protection, Gender Based Violence (GBV) and Child Protection in Emergencies (CPIE) including reporting and referral mechanisms.
- Access to assistance (incl. access to viable livelihood for women and children and at-risk groups with priority on sexually abused hostage survivors and widows of hostages during the Marawi siege); access to information and grievance redress mechanisms; participation in planning and implementation;
- Limited functionality of local protection mechanisms such as Local Council on Anti Trafficking and Violence Against Women and Their Children (LCAT-VAWC), Local/Barangay Council for the Protection of Children (L/BCPC), VAW Desk

INDICATIVE PLANS (SHORT AND LONG TERM)

- Continued discussion with the Department of Social Welfare and Development of the Autonomous Region in Muslim Mindanao (DSWD-ARMM) including Provincial Local Government Unit (PLGU) for handover of Joint Child Protection Gender Based Violence Working Group (JCPGBVWG)
- Review Joint CPGBV recovery and rehabilitation strategy for Lanao Del Sur.
- GBV Working Group Lessons and Learned Workshop

- Strengthen Child Protection in Emergencies coordination capacity.
- Enhance capacities PLGU Provincial Disaster Risk and Reduction Management Office (PDRMO) on information management including sex and gender disaggregated data. Support for the establishment of database management system at the PLGU level.
- Incorporate protection principles in disaster and contingency planning at the municipal level
- Roll out of RA10821, CPIE and GBViE for service providers across 5 provinces
- Capacity building of Muslim Religious Leaders (MRLs) and Traditional Leaders as influencers on preventing and responding to GBV and CP issues
- Build on existing work with Dawah Committee and Regional Darul Iftah on development and dissemination of child rights sermons.
- Expansion and Roll out Monitoring and Reporting on Grave Child rights Violations in armed conflict situations
- Support to Bangsamoro Transition through capacity building of Moro Islamic Liberation Front (MILF) ceasefire mechanisms and TWG under normalization, especially the women's medical team as first responders (specific to CP and GBV).
- Strengthening capacity of stakeholders and community on Mine Risk Education (MRE)
- Build capacity of stakeholders on housing, land and property
- Advocate for the provision of viable livelihood options and cash-based interventions for women, girls and other at-risk groups.
- Engage adolescent and young people for life skills and/or self-employment opportunities, ADM, ALS, and active participation to youth development activities.
- Support the Local Youth Development Committee to incorporate peacebuilding initiatives in their local youth development and investment plan.
- Psychosocial Support is provided to displaced and affected children and their families. PSS intervention linked with Education, Health Services and Viable Livelihood)

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



PROTECTION INCLUDING CHILD PROTECTION AND GENDER-BASED VIOLENCE

- Facilitate provision of immediate access of CP issue, and GBV survivors to life-saving and appropriate case management interventions through Women and Children Protection Units.
- Continued field monitoring and assessment of displacement sites, including IDP profiling, when needed
- Continue operation of IDP Feedback Mechanism access points with additional mobile desks in areas outside Marawi
- Monitoring, Reporting and Responding to Grave Violations Against Children in Mindanao. Continue operations of safe spaces for women and adolescent girls at community level and establishments of semi-permanent WFS as a platform to support women and girls' empowerment and participation in post-conflict recovery and rehabilitation, conflict prevention, and peacebuilding. This will also serve as a channel of correct information to IDPs (i.e. government recovery plans, services available to IDPs especially women and other at-risk groups such as women-headed households).
- Develop a C4D campaign on IDP rights and on prevention and response to GBV to influence a positive change in community values, practices and behaviors attributed to gender-based violence.
- Provide support for the integration of GBV prevention and response and women, peace and security-related policies, programs and services in Gender and Development (GAD) plans and budgets.
- Conduct trainings/orientation to inter-agency protection mechanisms at community, city/municipal level on rights-based, culturally sensitive, survivor-centered for CP and GBV prevention and response.
- Advocate for inclusion in the "recovery/rebuilding" plan the operationalization of local protection mechanisms to prevent new cases of CP and GBV in ECs, transitory sites, homebased, return areas.
- Closely link with Department of Local Government (DILG) to ensure functionality of Local Special Bodies (i.e. LCAT-VAWC, VAW Desk, L/BCPC). Provision of Technical Assistance to LGUs (Provincial, Municipal and Barangay) to plan, budget and prioritize action for women and children.



Credit: Care Philippines

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



WATER SANITATION AND HYGIENE

Target areas: Evacuation centres, home-based settings and host communities, temporary relocation and transit sites, and return sites in Marawi City and affected municipalities in Lanao del Sur and Lanao del Norte provinces

Target beneficiaries: 73,266 people

Funding required: \$ 4,147,276

Lead: Department of Health **Co-Lead:** UNICEF

Over 104,000 displaced people in Lanao del Norte, Lanao del Sur and Marawi City have benefitted from water, sanitation and hygiene facilities, WASH items and intensive hygiene promotion interventions by both government and NGO WASH partners. Though significant outcomes have been achieved by the coordinated efforts of WASH Cluster partners, WASH remains a critical need with the evolving humanitarian situation that is now moving towards recovery, rehabilitation and development. Pre-existing WASH conditions in Marawi City and Lanao del Sur, amongst the poorest in the whole country, have greatly contributed to the insecurity of population extendedly displaced by the armed conflict.

To date there are significant needs and gaps on WASH still persisting in all types of displacement situations; in some situations, these have even been compounded. IDPs in the remaining evacuation centres and tent cities, even those in newly-constructed transitory sites, for example, still have limited access to safe water and this has greatly contributed to non-usage of sanitation facilities. Desludging of temporary toilets, septage management, and waste management have become more and more challenging. Unfortunately, LGUs that for years had weak WASH governance structures, could only extend very limited WASH services, and generally are still being supported by WASH partners to meet the demand.

WASH has been a longstanding issue in Lanao del Sur municipalities and Marawi City even before the conflict. In 2017 Marawi City and Lanao de Sur have the lowest water coverage in the entire country with access to safe water supply of only 11.4% and 25.10% respectively. Marawi City only has 17.18% toilet coverage and Lanao del Sur, only 11.71% coverage. Acute watery diarrhea is the 3rd leading cause of diseases in the entire ARMM and directly attributed to poor WASH condition.

Water, toilet and handwashing facilities in temporary schools and learning centers set up after the conflict in Marawi City, and in host schools in Lanao del Sur, are also very limited that contribute to poor sanitation and hygiene practices amongst children.

INDICATIVE PLANS

With IDPs' gradual transfer from ECs and transitory sites to permanent shelters and places of origin, WASH partners will work together in strengthening government capacity, particularly of LGUs, to deliver basic WASH services and significantly expand water and sanitation coverage sustainably in Marawi City and affected municipalities in Lanao del Sur and Lanao del Norte provinces. The WASH Cluster, both government and non-government partners, will jointly work on the following:

- Support coordination amongst LGUs, government line agencies, and other sectors to improve WASH services and coverage, including continued assessment, monitoring and surveillance of WASH status in the remaining evacuation centers, host communities, temporary shelters and learning centers
- Capacity-building and provision of technical assistance to LGUs and line agencies in implementing sustainable WASH programmes;
- Further develop and strengthen WASH mechanisms particularly at the community level;
- Strengthen enabling environment, e.g., development of plans and policies supporting WASH, for sustainability of interventions towards development. including reactivation of government mechanisms and existing working groups and committees on WASH
- Support the development and/or rehabilitation of water systems for increased water coverage in Marawi City and Lanao del Sur, including in schools and learning centers
- Repair and/or rehabilitate sanitation facilities, including supporting septage management
- Provide technical assistance to LGUs to intensify Zero Open Defecation (ZOD) campaign of the Department of Health to ensure that all the affected population have proper sanitation facilities that meet the standards
- Intensify hygiene promotion and solid waste management initiatives in evacuation centers, transitory sites, schools and host communities
- Provide communication for development and behavior change campaign interventions for better WASH outcomes contributing to the improvement of the overall nutritional status of the children in Lanao provinces and Marawi City

HUMANITARIAN NEEDS AND PROPOSED ACTIONS



COORDINATION

Target areas: Evacuation centres, host communities, transitional sites and returnees in Marawi City

Target beneficiaries: 300,000 people

Funding required: \$167,946

Lead: Government – Task Force Bangon Marawi/ARMM

Co-Lead: OCHA

Through its core coordination function, information management, advocacy, and resources mobilization OCHA supports the Marawi response primarily through its Iligan antenna office and Cotabato sub-office in Mindanao. At the height of the emergency, well over 100 partner organizations responded to the needs of people displaced by the conflict, which required effective coordination with the Government-led response. OCHA established a coordination hub in Iligan to ensure a strong link with the Government's Task Force Bangon Marawi, identify gaps to be addressed and advocate the targeting of the most vulnerable population. During the response OCHA:

- Provided regular information on humanitarian needs, response, and gaps.
- Established a close working relationship with the Government's Task Force Bangon Marawi.
- Produced a range of information products and services for the humanitarian community.
- Extended coordination to the Local Government of Marawi for a better managed response.
- Facilitated humanitarian access to displaced population in Lanao del Sur.
- Facilitated funding through the Central Emergency Response Fund Rapid Response and Underfunded Emergency mechanisms resulting in the disbursement of US\$ 7.5m
- Maintained coordination with Regional Government of ARMM in Cotabato.
- Supported the development and regular review of Marawi Humanitarian Response and Resource Overview document as a strategic framework and basis for mobilizing funds.
- Strengthened attention to cross-cutting issues that emerged during the response, including access, protection, Gender Based Violence and Early Recovery at various levels - humanitarian clusters, donors and Government

In 2019, The Mindanao Humanitarian Team in Iligan and Cotabato will continue to focus on outstanding humanitarian, protection, and early recovery needs of the Marawi IDPs and returnees and hold joint situation

analysis, information sharing and coordinated sectoral response planning. MHT members will focus on support to the Government-led sector response, while OCHA seeks to: OCHA will work closely with coordination structures established by the Government's Task Force Bangon Marawi in Iligan, and with the Marawi City authorities and at ARMM to ensure coherence with government-led assistance and identify priority needs.

- Work closely with coordination structures established by the Government's Task Force Bangon Marawi in Iligan, and with the Marawi City authorities and at ARMM to ensure coherence with government-led assistance and jointly identify priority needs.
- Produce and share regular updates with partners and donors to advocate key humanitarian and recovery needs in the Marawi response
- Maintain the Iligan coordination hub to support UN, INGOs and Local NGOs to support collaboration, identify gaps and prioritize the response.
- Assist in the coordination of early recovery needs of the returnee population to advance sustainability of livelihoods working closely with TFBM and Marawi City.
- Coordinate joint MHT and ARMM meetings at Cotabato level for the Marawi response. Engage with the new Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) to establish coordination and information management, ensuring the Marawi response remains a priority.
- Facilitate coordination between Marawi City and Lanao del Sur Provincial Authorities and Mindanao Humanitarian Team; and maintain collaboration with TFBM.
- Provide information on IDP movements and returns and who is doing what and where.
- Advocate for sustained community engagement to involve IDPs in the humanitarian and early recovery response. Support the established Protection Grievance Mechanism and linked process of Community Engagement with the Government - with TFBM taking the lead.
- Strengthen civil-military coordination through liaison and training with the military on humanitarian architecture, coordination, and principles.
- Assist in protection and gender mainstreaming in the response, including the prevention of sexual exploitation and abuse. Support initiatives that link the humanitarian response to longer-term recovery needs, including initiatives that build social cohesion and promote peace.