# MANAGEMENT RESPONSE

**Mid-term Review of the Marawi Recovery Project**

## Overview

The Marawi Recovery Project (MRP) is a four-year project (2017-2021) that supports the protection, psychosocial needs, and economic recovery of 6,500 families (32,500 persons) affected and displaced by the Marawi crisis. The project is implemented in Marawi City and six neighbouring municipalities in Lanao del Sur (LDS), through Community and Family Services International (CFSI), with support from the Australian Government - Department of Foreign Affairs and Trade (DFAT).

DFAT commissioned an independent mid-term review (MTR) of the project in 2020, covering the period of October 2017 to September 2020, to assess the achievements, progress, key challenges and opportunities of the MRP towards the set goal and outcomes. The MTR consulted key stakeholders, including government partners (e.g., Task Force Bangon Marawi (TFBM), Philippine Statistics Authority (PSA) and local government units), families supported by the project, and other organisations implementing similar programs in the area. The final report was completed in March 2021.

## Summary of Management Response

The review identified key achievements of the MRP and provided valuable recommendations to help inform the implementation of the project towards its closure in December 2021. DFAT Manila Post has discussed the review and its recommendations with CFSI and agreed to issue a joint management response. DFAT and CFSI agree with eight of the recommendations and partially agree with five recommendations, which are detailed in the sections below:

### Recommendations for CFSI

| **RECOMMENDATIONS** | **RESPONSE(Agree/Partially Agree/Disagree)** |
| --- | --- |
| 1. As the project is ending, the MRP needs to promote the sustainability of the project gains by embedding vital processes in civil registration, psychosocial support and livelihoods to the appropriate local government unit (LGU) and Barangay LGU (BLGU).
 | ***Agree*.** CFSI will continue to work with its partners to ensure sustained assistance and gains. Vital processes currently being mainstreamed to LGU and BLGU are informed by the agreements made during governance and coordination meetings as well as the MRP Sustainability Plan. These include, but not limited to, piloting of BLGU-led civil registration; inclusion of persons with special needs (*e.g., senior citizens and persons with disabilities*) to LGU’s social welfare programs; and linking of select livelihood beneficiaries to appropriate government offices (*e.g., tricycle driver associations to LGU’s Traffic Management Group, farmers to Office of the Provincial Agriculture, maintenance of small socio-economic infrastructures with LGUs and BLGUs, among others*). |
| 1. In consultation with Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) Ministry of the Interior and Local Government (MILG), work out the adoption by MRP LGU partners the Barangay Civil Registration System (BCRS) on a piloting basis. The MRP may also lobby with the BARMM Parliament and/or congressional representatives for appropriate policy support.
 | ***Partially Agree*.** CFSI will complete its initiative with the Philippine Statistics Authority (PSA) and LGUs of Butig, Lumbayanague, and Masiu (BLM) in piloting the BCRS by September 2021. LGUs will be trained by PSA and will be responsible for the adoption of the BCRS. Results of the pilot implementation will be shared with the Project Steering Committee (PSC), where the BARMM Government is represented. |
| 1. CFSI to assist the farmers of Piagapo to forge a marketing agreement with the LGU Matanog, Maguindanao for the supply of white scallion. This can be worked out in coordination with the Municipal Agriculture Office (MAO) of Piagapo.
 | ***Partially Agree*.** The Food and Agriculture Organization (FAO) has already assigned the market linkages as part of their transition plan. CFSI will allow the mechanism put in place by FAO, i.e., linkage between FAO-organized people’s organizations (POs) and LGU MAOs, to run as it was designed. |
| 1. To explain to the community-based support to livelihood (CBSL) beneficiaries and concerned LGUs why a number of MRP participants in BLM areas received UBL type of assistance from CFSI.
 | ***Agree*.** CFSI will continue to integrate key messages regarding livelihood support packages in community orientations as well as act quickly on queries regarding assistance, if any. |
| 1. With the lessons learned from the COVID-19, the MTR recommends integrating epidemics, and infectious diseasesandcommunication risk in the regular risk register. It is important to note how misinformation can affect the vulnerable population in the community. This is along the lines of identifying and mitigating the flow of misleading, inaccurate, and harmful information to vulnerable groups, the community, project partners and CFSI. This refers to any false and adverse information that are circulating through word of mouth or social media.
 | ***Agree*.** CFSI will include mitigating the risk of misinformation related to infectious diseases, epidemics, and pandemics to its risk register starting April 2021. |
| 1. In the delivery of the livelihood projects, CFSI should integrate the value and concept of ‘*counterparting*’, cost-sharing, leveraging and/or equity participation to the beneficiaries. These measures will help beneficiaries move away from donor dependence and appreciate the value of partnership.
 | ***Partially Agree*.** The concept of beneficiary counterpart is already incorporated in the implementation of the livelihood projects. CFSI asked project participants to include in their livelihood proposals their counterpart for the livelihood assistance. CFSI will include in its final report some examples, evidence, and results. |
| 1. While general registration for PhilHealth is not viable at this stage due to constraints of funding support for the payment of premium, MRP may instead push for the registration of persons with disabilities (PWDs), indigents, and senior citizens. The MRP may start in the BLM areas. This is a reiteration of the recommendation of CFSI’s project coordinator and assistant coordinator.
 | ***Agree*.** CFSI will prioritize indigents, PWDs, and senior citizens for PhilHealth registration. |
| 1. Training for CBSL will have to include maintenance of equipment and infrastructure. The planned training on financial management may not be appropriate unless the CBSL is intended to be income-generating.
 | ***Agree*.** CFSI will monitor the implementation of Operations and Maintenance mechanisms established by CBSL recipients, following the related training facilitated by CFSI in late 2020 and early 2021. |
| 1. Pursue the planned changes and enhancement of the monitoring and evaluation (M&E) system and framework, including setting up of the database system and the capturing of project outcomes.
 | ***Agree*.** The current versions of the M&E Framework as well as the database were established in early 2019. Project outcome will be measured using outcome indicators per component through surveys and focus group discussions (FGDs). |
| 1. Under the referral pathways, members of the community are encouraged to report violence against women and children. The MTR reiterates the need to flag possible risks to referral pathway processes and protocols to protect the referees from possible retaliation by the suspect.
 | ***Partially Agree*.** Operational implementation of referral pathways is shared among service providers from the government and other humanitarian organizations. CFSI will assess the risks, identify protocols to protect referees, and raise the issue to coordination platforms. |
| 1. Because 2021 marks the start of the 2022 election season, CFSI may want to embark on a regular political and security analysis per municipality as part of its risk management. It is important that the locals are informed of the regional political dynamics. This way, CFSI will be able to insulate the project from partisan politics. It is worth noting that during the campaign period, politicians tend to piggyback on community activities to increase their community exposure and visibility.
 | ***Agree*.** CFSI will continue to monitor key developments in the operating environment and regularly update the risk register. |

### Recommendations for DFAT

| **RECOMMENDATIONS** | **RESPONSE(Agree/Partially Agree/Disagree)** |
| --- | --- |
| 1. Initiate the setting up of a mechanism for coordination, sharing of experiences, and pooling of resources among all DFAT-supported projects in the area. This can initially be introduced by DFAT through the development of the terms of reference for coordination to be replicated at the level of project operations.
 | ***Partially Agree*.** While DFAT has been encouraging its partners working in Marawi to coordinate their activities, no formal coordination mechanism has been set up. Prior to the pandemic, DFAT initiated a joint monitoring among partners in Marawi, which DFAT intends to hold more consistently along with regular coordination meetings. |
| 1. With CFSI and or through the PSC, to modify/recalibrate targets on PhilHealth related deliverables. This is important for CFSI for the remaining months of the project, so they can make the necessary work planning based on the new official targets that will be agreed upon.
 | ***Agree*.** DFAT has discussed this with CFSI, which is now prioritising PhilHealth registration of indigents, PWDs, and senior citizens to help meet the MRP’s targets. Revised indicator and corresponding target on PhilHealth registration have also been proposed by CFSI to DFAT. DFAT and CFSI will inform the PSC of the recalibrated indicator and target during the PSC meeting in June 2021. |