

# Marawi Recovery Project (MRP)

Mid-Term Review

(October 2017 - September 2020)

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## List of Acronyms

ALS	Alternative Learning System
APMC	Amai Pakpak Medical Center
AQC	Aid Quality Check
ARMM	Autonomous Region in Muslim Mindanao
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BCRS	Barangay Civil Registration System
BHRC	Bangsamoro Human Rights Commission
BLM	Butig, Lumbayanague and Masiu areas
BMFI	Balay Mindanaw Foundation Inc.
CBSL	Community-based Support to Livelihood
CBO	Community-based Organizations
CDRRMO	City Disaster Risk Reduction and Management Office
CFSI	Community and Family Services International
COLB	Certificate of Live Birth
CoRA	Community Consultations on the Response Action
COVID-19	Novel Coronavirus/Coronavirus Disease
CP-GBV	Child Protection and Gender-Based Violence
CRAO	Community Rights Awareness Orientation
CSWD	City Social Welfare and Development
CSWO	City Social Welfare Officer
DFAT	Australian Government Department of Foreign Affairs and Trade
DMP	Ditsa-an Ragain, Marantao, and Piagapo areas
DSWD	Department of Social Welfare and Development
DTI	Department of Trade and Industry
ECOWEB	Ecosystems Work for Essential Benefits, Inc.
ECQ	Enhanced Community Quarantine
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FMBK	Financial Management and Bookkeeping
GCQ	General Community Quarantine
IDP	Internally Displaced Person
IATF-EID	Inter-Agency Task Force for Emerging Infectious Disease
IEC	Information, Education, and Communication materials
IHL	International Humanitarian Law
INGO	International Non-Government Organization
IPHO	Integrated Provincial Health Office
KII	Key Informant Interview
LCR	Local Civil Registrar
LDS	Lanao del Sur
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex+
LGU	Local Government Unit
LSI	Locally Stranded Individuals
M&E	Monitoring and Evaluation

MAA	Most Affected Area
MAFAR	Ministry of Agriculture, Fishery, and Agrarian Reform
MAO	Municipal Agriculture Office
MARADECA	Maranao People Development Center Inc.
MDRRMO	Municipal Disaster Risk Reduction and Management Office
MGCQ	Moderate General Community Quarantine
MHPSS	Mental Health and Psychosocial Support
MHSD	Ministry of Human Settlements and Development
MILF	Moro Islamic Liberation Front
MLCR	Municipal Local Civil Registrar
MILG	Ministry of Interior and Local Government
MTIT	Ministry of Trade, Investment, and Tourism
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRP	Marawi Recovery Project
MSF	Médecins Sans Frontières
MSS	Ministry of Social Services
MSSD	Ministry of Social Services and Development
DSWD	Department of Social Welfare and Development
MSWD	Municipal Social Welfare and Development
NHA	National Housing Authority
NGO	Non-Government Organization
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OVP	Other Vulnerable Persons
OPAg	LDS Office of the Provincial Agriculture of Lanao del Sur
PLGU	Provincial Local Government Unit
PQA	Performance and Quality Assurance
PSA	Philippine Statistics Authority
PSC	Project Steering Committee
PSS	Psychosocial Support
PSWDO	Provincial Social Welfare and Development Office
PWD	Persons with Disability
PWSN	Persons with Special Needs
RHU	Rural Health Unit
SAP	Social Amelioration Program
SC	Senior Citizens
SECPA	Security Paper
TESDA	Technical Education and Skills Development Authority
TFBM	Task Force Bangon Marawi
TWG	Technical Working Group
UBL	Urban-based Livelihood
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNYPAD	United Youth for Peace and Development, Inc.

# 1. Introduction and Background

## 1.1 Basic Project Information

<b>Project Title</b>	<b>Marawi Recovery Project (MRP) – Recovery Assistance for people and families affected by the Marawi Conflict (Philippines)</b>
Project Sites and Target number of Beneficiaries/ project recipients	CFSI provides assistance to 6,500 households or 32,500 individuals comprised of the following: <ul style="list-style-type: none"> <li>• 2,800 households in the Islamic City of Marawi</li> <li>• 2,500 households in Municipalities of Ditsa-an Ragain, Marantao, and Piagapo (DMP Cluster)</li> <li>• 300 households in Municipalities of Butig, Lumbayanague and Masiu (BLM Cluster)</li> <li>• 900 Other Vulnerable Persons in Lanao del Sur and Lanao del Norte</li> </ul>
Total DFAT Project Grant	AUD 6 million over four (4) years
MRP Project Period	October 2017 to December 2021
Implementing Organization	<ol style="list-style-type: none"> <li>1. Community and Family Services International (CFSI)</li> <li>2. Food and Agriculture Organization of the United Nations (FAO) (sub-agreement until December 2019 for Agri-based livelihoods in the BLM Cluster)</li> </ol>
Implementing Partners	<ul style="list-style-type: none"> <li>• Local Government Units of <ol style="list-style-type: none"> <li>1. Marawi City</li> <li>2. Ditsa-an Ragain</li> <li>3. Marantao</li> <li>4. Piagapo</li> <li>5. Butig</li> <li>6. Lumbayanague</li> <li>7. Masiu</li> </ol> </li> <li>• Task Force Bangon Marawi (TFBM)</li> <li>• Rural Health Units (RHU)</li> <li>• Philippines Statistics Authority (PSA)</li> <li>• Local Civil Registries (LCR)</li> <li>• PhilHealth</li> </ul>
Support Agencies	<ul style="list-style-type: none"> <li>• Médecins Sans Frontières (MSF)</li> <li>• Marawi City Traffic Management Office</li> <li>• Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) <ul style="list-style-type: none"> <li>○ Ministry of Agriculture, Fisheries and Agrarian Reform (MAFAR)</li> <li>○ Ministry of Social Services and Development (MSSD)</li> <li>○ Ministry of Health (MOH) / Integrated Provincial Health Office (IPHO)</li> <li>○ Ministry of Human Settlements and Development (MHSD)</li> </ul> </li> </ul>
Development Issue	Improving conditions for peace and stability, specifically, humanitarian assistance leading to recovery after armed conflict and displacement, as the reintegration of children formerly associated with the armed non-state actors.

## 1.2 Overview of the MRP

The Marawi siege, an armed conflict that dragged on for five months, began on the 23<sup>rd</sup> of May 2017 in a military attempt to capture a wanted terrorist leader of a group affiliated with the Islamic State of Iraq and Syria (ISIS). The military operations were met with heavy resistance from ISIS supporters launching counter attacks on several locations across Marawi City. As the crisis escalated, the Philippine President placed the entire island of Mindanao under martial law.

In the five months that followed, more than 300,000 people were displaced and thousands of buildings were destroyed before the Philippine military declared victory in October. However, sporadic clashes persisted for a couple more months after this declaration of victory. The Marawi siege is considered the longest and fiercest armed conflict in the history of the Philippines since the Japanese occupation.

In August 2017, the Department of Social Welfare and Development (DSWD) reported that a total of 360,000 people had been displaced, with 73,000 (6 per cent) staying in government-designated evacuation centers. 55 per cent of the IDPs were children and 52 per cent were female<sup>1</sup>. Around this time, the Australian Government's Department of Foreign Affairs and Trade (DFAT) committed to provide assistance to the civilians affected by the Marawi siege in addition to the emergency food and supplies they mobilised in June.

This assistance from the Australian Government known as the Marawi Recovery Project (MRP), was implemented through a partnership between DFAT and Community and Family Services International (CFSI). CFSI is an international NGO based in the Philippines that also operates in other parts of Southeast Asia. It has done humanitarian and development work in conflict-affected areas in Mindanao, with a long track record of responding to large-scale displacements brought about by national hazards and armed conflict. The two organizations had a prior partnership and implemented the Zamboanga Recovery Project (ZRP) in response to the Zamboanga City crisis in 2013.

The MRP project design was also informed by the Food and Agriculture Organization (FAO) of the United Nations (UN), who served as a partner of CFSI in the implementation of the agri-based livelihoods component.

The MRP design intended to put in place mechanisms to ensure that:

- ✓ *“persons displaced by the Marawi Crisis and other vulnerable persons are able to fully exercise their rights without fear of retribution”* – Protection Component
- ✓ *“displaced persons and other vulnerable persons are able to recover from the psychosocial impact of the Marawi Crisis, both individually and collectively”* – Psychosocial Component
- ✓ *“livelihoods are restored or created to replace those no longer viable”* – Livelihoods Component

The goal of the MRP is “to promote protection, psychosocial, and economic recovery of partner households affected by the Marawi Crisis, thereby enabling an improved quality of life, the strengthening of relations between people, and greater prospects for peace.”

The project was initially designed to cover the City of Marawi and the three municipalities of Ditsa-an Ramin, Marantao, and Piagapo. A sub-grant was extended to the FAO to handle agriculture-related livelihood inputs to the three municipalities.

After two years of implementation, the MRP has contributed to significant progress in helping to improve the lives of internally displaced persons (IDPs) and their communities. However, in the course

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<sup>1</sup> Based on an analysis of the DSWD's Disaster Assistance Family Card (DAFAC).

of implementation, many unmet needs arose due to the delayed response in the overall rehabilitation, a still-lingering threat of local violent extremist groups, and a rapidly changing political scene.

Thus, in April 2019, the MRP project implementation was extended to December 2021 and expanded to cover the municipalities of Butig, Lumbayanague, and Masiu, increasing coverage from 4,000 households (20,000 person) to 6,500 households (32,500 persons). It also placed particular focus on rehabilitating the families' children who were officially disengaged from the Moro Islamic Liberation Front (MILF). The amended agreement modified the geographical coverage, and the scope and number of target beneficiaries as follows:

1. The Protection Component will endeavor to:
  - Provide Certificate of Live Birth to **13,000 persons** from the Local Civil Registry and the Philippine Statistics Authority, if possible.
  - Registration to PhilHealth, including updating of registration, to **6,500 households**; and
  - Conduct community rights awareness orientation to **6,500 households**.
2. The Psychosocial Component will embark on Psychosocial intervention *both individually and collectively*, more specifically to endeavor to:
  - Conduct case management to at least **650 persons with special needs**.
  - Provide assistive devices to **650 persons**: and
  - Provide/conduct training on mental health and psychosocial support to community-based stakeholders.
3. The Livelihoods Component will embark on restoring livelihoods or create to replace those that are no longer viable. More concretely it will endeavor to:
  - Provide livelihood packages to **6,500 households**.
  - Conduct livelihood training to **6,500 households**: and
  - Facilitate referral to specialized livelihood training opportunities.

### 1.3 Purpose and Scope of the Evaluation

The MRP Mid-Term Review (MTR) is an external and independent evaluation that systematically and objectively assessed the achievements, progress and key challenges and opportunities of the project towards the achievement of set goal and outcomes, while also evaluating its potential for sustainability. It is also expected to provide findings based on credible evidence to inform project management and the future directions of the MRP. This will reinforce public confidence by demonstrating achievements of the program objectives and in meeting accountability obligations. More specifically, the MTR pursued the following objectives:

- assess the performance and the level of accomplishment of the project based on the quantitative target outputs and envisaged outcomes as qualitatively described in the project document and project reports.
- ascertain the extent to which the project fulfills the key policy priorities of the government of Australia, as well as its extent of compliance with the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria in implementing development projects.
- generate, document, and capture both intended and unintended outcomes, learnings and good practices that will help guide the project moving forward to the next phase of the project.

The MTR was under contract with Abt Associates, with DFAT and CFSI as the intended end users of the final report. The MTR consulted key stakeholders from FAO, partner government entities [i.e., Task Force Bangon Marawi (TFBM), Philippine Statistics Authority (PSA), local government unit (LGU)

partners, etc.], and other organisations implementing similar programs in the area, to improve the quality of the report and maximise use of the findings. The assessment process was guided using the OECD-DAC criteria on Relevance, Effectiveness, Efficiency, Impact, Sustainability, Gender Equality, Risk and Risk Management, and in alignment with Australia’s key policy priorities including disability inclusion, environmental and social safeguards, climate change and disasters, private sector engagement and consideration of innovation. A rating scale for each criterion, based on DFAT’s Aid Quality Check (AQC) ratings matrix, was used to derive the overall project performance.

## 2. Methodology and Limitations

### 2.1 Approach and Methodology

The overarching research approach to the MTR, is qualitative, oriented towards ascertaining the extent of achievement in meeting accountability obligations and capturing meaningful outcomes and learnings vital to sustaining the gains and improving project implementation. This approach is compatible with the MTR’s purpose as an evaluation research for a humanitarian project that looks at social protection, psychosocial well-being, livelihood restoration, and public order and public safety. The MTR project period coverage is from October 2017 to September 2020 as agreed during the inception meeting. The review process began in October 2020 and ended in February 2021.

#### Data Gathering Framework

Category of Informants	Key Informants /Respondents	Methodology	Source of Questions
Participants/ Beneficiary	IDPs Other Vulnerable Persons/Persons with special needs (PWSN)	Key Informant Interview (KII) with Interview Schedule	Indicators and activities set forth in the Grant Agreement and the DFAT AQC Criteria and progress reports
Implementers	CFSI and FAO	KII with guide questions	Indicators and activities set forth in the Grant Agreement and the DFAT AQC criteria and progress reports
Policy setting	PSC, DFAT	KII with guide questions	Progress reports, agreements
LGU partners	LGU focal persons, M/LCR, RHU, MSWD, MAO, BLGU, PLGU-LdS	KII with guide questions	Agency mandate and integral role in the implementation of the project and progress reports
National Agency Partners	PhilHealth, PSA, TFBM, LOCR, DSWD, DoH	KII with guide questions	Agency mandate and role viz 3 components of the project, PSC minutes and progress reports
Other similar NGO projects	Plan International, Maranao People Development Center Inc. (MARADECA), Balay Mindanaw Foundation Inc. (BMFI), Ecosystems Work for Essential Benefits, Inc. (ECOWEB), United Youth for Peace and Development, Inc. (UNYPAD)	KII with guide questions	Commonalities and complementary of services



Selection of the first set of key informants was done through Purposive Sampling as identified by CFSI and the Semi-Ethnographic snowballing (chaining method) was used to select the succeeding respondents.

## Instrumentation

Instruments used in the MTR are as follows:

- Interview schedule consisting of survey questions with mixed closed- and open-ended questions, covering key issues involving the three project components and aligned with the activities set forth in the grant agreement between CFSI and DFAT. The interview schedule was administered to the project beneficiaries by local research staff who interpreted/translated the questions to the local language and in ways that can be understood by the respondents.
- Key informant interview guide questions for implementers, project partners, LGUs, support groups, and other groups in the area implementing similar projects.
- Key informant interview guide questions for CFSI field team members.

The data and information needed to establish the extent of accomplishment of the targeted quantitative outputs of the three project components were generated mainly from the project reports, and other related official documents.

Key informants were selected among project beneficiaries through purposive sampling, a nonprobability sampling method, and the semi-ethnographic snowballing (chaining) method. The initial list of respondents was provided by CFSI and from these, additional respondents were added on the basis of referral by fellow IDP/beneficiaries. A total of 55 beneficiary respondents were interviewed, 23 males and 32 females. The following is a breakdown of the key informants:

	<b>Respondents</b>	<b>Number</b>
<b>Beneficiaries</b>	IDPs, OVPs, Beneficiaries	55
<b>LGU Officials</b>	Mayor, Vice Mayor, Barangay LGUs, Admin, Chief of Staff, Barangay Chair	25
<b>PLGU Officials</b>	OPAG, IPHO, PDRMO	5
<b>TFBM</b>	TFBM Manager and Livelihood Focal Person	2
<b>DFAT</b>	First Secretary, Portfolio Manager and Senior Program Officer	3
<b>BARMM</b>	MOH (RHU), MSSD, MILG (MLGOO), TESDA, MAFAR (MAO)	9
<b>PSA/LCR</b>	Municipal/City LCR, PSA Lanao del Sur	6
<b>FAO</b>	Project Officers	2
<b>NGOs/INGO</b>	Plan International, UNYPAD, ECOWEB, MARADECA, BMFI	5
<b>Farmer Cooperative / Organization</b>	Barlin	2
<b>CFSI</b>	Project Coordinator, Assistant Coordinator, Senior Community Organizer (CO), M&E and Component-Project Officers, Chief of Staff	14
<b>Others</b>	Sociologist/Historian/3 Researchers	4
<b>Total</b>		<b>132</b>

## Deployment of Local Research Team

It was during the data gathering phase a COVID-19 lockdown was strictly enforced by both the City Government of Marawi and Provincial Government of Lanao del Sur. Thus, a research team was organized, composed of three Meranaw professionals who were also residents of the area. They were introduced to the respondents by CFSI staff at the project sites to ease their acceptance by community members.

Because of limitations in mobility, a variety of methods in data gathering were used, including:

- Face-to-face interviews by research staff with beneficiaries in project sites with proper observance of COVID-19 protocol procedures i.e., wearing of face masks and observance of physical distancing.
- Face-to-face interviews with respondents by the research team with direct participation of the consultant through SMS and/or phone calls.
- Direct interviews by the consultant through phone, facilitated by the research staff and/or by CFSI staff.
- Phone interviews by the consultant with MRP project partners, CFSI staff and beneficiaries.
- SMS exchanges through mobile phones and Facebook Messenger.
- Email exchanges

## 2.2 Limitations and Opportunities

The provincial government of Lanao del Sur and the City of Marawi both declared the entire area to be under Modified Enhanced Community Quarantine (MECQ) until the end of October 2020. This constrained movements within the area and limited the conduct of face-to-face meetings and group discussions. While face-to-face interviews proceeded with beneficiaries and partners in Marawi and Lanao del Sur, meetings had to be cancelled at times due to unavailability of respondents. One of the consultant's main constraints was his inability to travel to the project sites.

The MTR had to forego the conduct of focus group discussion in compliance with COVID-19 protocols.

At the inception, threats posed by the alleged presence of violent extremist groups in the area was considered as a security concern, but this issue did not surface in the entire conduct of the field work.

## 3. Presentation of MTR Findings

### 3.1 Relevance

The MRP project design speaks well of how it was directly and clearly responding to the pressing humanitarian needs and scenario in the aftermath of the Marawi siege, the conceptualization of which was informed, among others, by the rapid needs assessment carried out by CFSI. The siege resulted in massive displacement where families lost practically everything they had – material belongings, food, dwellings and livelihoods – affecting their emotional balance and psychological well-being. These were the same needs and problematic situation that the Philippine Government and other agencies were also responding to as their respective contribution to the humanitarian crisis.

In addition, the project design was also enriched by CFSI's experience in implementing the Zamboanga Recovery Project and FAO's long and wide experience and expertise in food security and agriculture development. FAO served as a partner of CFSI in the implementation of the agri-based livelihoods component.

The design of the MRP augurs well with the findings of the post Marawi conflict assessment conducted by the UN and Philippine counterpart agencies, which showed that protection and psychosocial support, food and agriculture, and early recovery assistance were the priority requirements of those displaced by the conflict. The findings were also consistent with that of Task Force Bangon Marawi (TFBM) for recovery, rehabilitation, and reconstruction. The TFBM, at the height of the humanitarian response, reported that hundreds of thousands of Marawi residents remained displaced, staying with

family or friends or in evacuation centers, and are expected to remain displaced for an extended period of time, with critical needs for protection, access to basic services, civil documentation, livelihoods, and education. Not only is the MRP aligned with the agenda of the TFBM, but it also operates within ambit and working structure of the Task Force.

The city government of Marawi, while it bore most of the brunt of the siege, had to take the lead role in the relief, rehabilitation, reconstruction, and recovery efforts. Together with the national government, the city had most of the resources to facilitate the overall rehabilitation and reconstruction work. Since the start, the MRP through CFSI had been working closely with the leadership of the city government. It has actively participated not only in helping provide strategic direction, but also in facilitating delivery of services and resolving issues that were arising at the barangay level. When the need arises, the city's chief of staff had to assume as co-chair of the project steering committee (PSC).

The MRP has also received guidance and advice from the TFBM and city government in bilateral talks and informal discussions outside of the formal mechanisms of the PSC and technical working group (TWG).

The project is aligned with the various plans and programs of the Philippine and Australian governments and other humanitarian agencies, some of which are as follows:

1. The Australia's Aid Investment Plan for the Philippines seeks to maintain program support for community resilience and provide short-term humanitarian and recovery assistance to meet basic needs and rebuild lives of IDPs and affected communities. This includes assistance for continued support for the rehabilitation and reconstruction of Marawi City through the TFBM.
2. The Philippine Development Plan 2017-2022 (PDP) <sup>2</sup> is the Philippine Government's framework for inclusive growth and the anchor for the bilateral development engagement between the Philippines and Australia. The support of the Australian government to people affected by the Marawi crisis, such as the MRP, and other displacements in Mindanao was anchored on the priorities and objectives set out in this plan.
3. In the aftermath of the Marawi conflict, the Philippines established a whole-of-government response that led to the constitution of the TFBM, which was tasked to lead the recovery and reconstruction efforts. The MRP response was not only aligned with the TFBM agenda, but also worked within the operating structure of government which the task force is overseeing. Relatedly, it also supports TFBM's effort to assist IDP access social and humanitarian services like health, education, and welfare.
4. The Bangsamoro Organic Law<sup>3</sup>, providing for the establishment of a new, larger autonomous Bangsamoro region in Mindanao, was ratified through two plebiscites held on 21 January and 6 February 2019. The plebiscites overwhelmingly supported the creation of a new Bangsamoro region. All MRP interventions are being coordinated and supported by various BARMM ministries and LGUs.
5. The second phase or the reprogramming of the MRP among others was also in support to the Action Plan signed between the UN and the MILF to end the recruitment of children under the age of 18, and to release and reintegrate child soldiers into their communities. By the end of 2017, the MILF had released all the child soldiers in its ranks, and consequently, had been removed from the United Nations' list of parties to armed conflict that recruited and used

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<sup>2</sup> <https://pdp.neda.gov.ph/wp-content/uploads/2017/01/PDP-2017-2022-07-20-2017.pdf>

<sup>3</sup> [https://www.lawphil.net/statutes/repacts/ra2018/ra\\_11054\\_2018.html](https://www.lawphil.net/statutes/repacts/ra2018/ra_11054_2018.html)

child soldiers. Local support for this step and a desire for legitimacy influenced the MILF to act in accordance with the International Humanitarian Law (IHL)<sup>4</sup>.” This is one international pact that the MRP is modestly supporting. The second phase is also in line with the priorities set by the 2019 Marawi Humanitarian Response, Early Recovery and Resources Overview<sup>5</sup>.

6. The MRP is also anchored on the recently signed Republic Act no. 11036 of June 2018, or the Mental Health Law<sup>6</sup>, whose salient feature is the enabling of community-based Mental health care such as awareness raising, preventing progression, and capacitating community-based frontlines in addressing mental health concerns.
7. In adapting to a more pressing concern, the MRP had to make adjustments in order respond and support the Bayanihan to Heal as One Act Law<sup>7</sup> or Republic Act No. 11469. This was signed into law by on 26 March 2020, giving the President emergency powers in order to address the COVID-19 pandemic. At the height of the pandemic in early 2020, psychosocial support activities and information campaign of the MRP integrated COVID-19 issues and concerns and prevention measures.

MRPs relevance as an appropriate response to the problematic situation is also shown on the level of satisfaction of partner agencies that CFSI is working with. The result of the MTR key informant interview showed how the LGUs, LCRs and health units under the Ministry of Health (MOH) of BARMM expressed satisfaction not only on the quality of the partnership, but how the partnership has produced positive outcomes for the beneficiaries.

The relatively slow pace of certificate of live birth (COLB) registration and security paper (SECPA) issuance have been challenging for CFSI – considering the number of hitches and delays in document processing. However, at the broader scale, both the LCR partners and CFSI are pleased with how the partnership and coordination have been mutually productive as collaborative works for the issuance of COLB are functionally defined and delineated. It is worth noting that one LGU partner was given an award by the Philippine Statistics Authority (PSA) because it had significantly surpassed its COLB target. The PSA in Lanao del Sur in the interview expressed satisfaction with how CFSI showed openness to PSA’s technical advice and assistance. The interviewee even expressed willingness to assist should the MRP decide to pursue with the marriage and death registration documentation facilitation.

The partnership between CFSI and the City Government of Marawi has been mutually beneficial and satisfactory in more ways than one. At one point, the City Social Welfare and Development (CSWD) explicitly recognized the contribution of the MRP in helping the city government validate and consult about 70 per cent per cent of the 16,000 more or less potential household beneficiaries of the government’s social amelioration program. This is in relation to the “Bayanihan to Heal as One Law” that was signed in response to the COVID-19 pandemic.

In relation to Australia’s Grand Bargain localization commitments<sup>8</sup>, the MRP can take pride in how the seven LGU partners have been assisted to enhance their capacity to process and issue COLB efficiently and effectively. The result of the capacity enhancement initiated by the MRP, has vividly shown in the

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<sup>4</sup> <https://ihl-in-action.icrc.org/case-study/philippines-release-child-soldiers>

<sup>5</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/171123\\_hct\\_marawi\\_conflict\\_response\\_and\\_resources\\_overview\\_no3\\_23\\_november\\_2017.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/171123_hct_marawi_conflict_response_and_resources_overview_no3_23_november_2017.pdf)

<sup>6</sup> [https://lawphil.net/statutes/repacts/ra2018/ra\\_11036\\_2018.html](https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html)

<sup>7</sup> <https://polisci.upd.edu.ph/resources/bayanihan-primer/>

<sup>8</sup> <https://www.humanitarianleadershipacademy.org/wp-content/uploads/2017/06/1543-Background-paper-1-June-WP.pdf>

swift increase of COLB issuances right after the capacity enhancement packages were completed. There were efforts as well to link the MRP's humanitarian assistance and intervention with the mainstream development programs of Technical Education and Skills Development Authority (TESDA), Department of Trade and Industry (DTI), Ministry of Health (MOH), Ministry of Social Services and Development (MSSD) and Department of Health (DOH), thus setting the transition for the early recovery of IDPs. Linking humanitarian response to development initiatives is one of the commitments of DFAT set forth under the Grand Bargain localization work-stream.

***Relevance rated 6: Very Good***

### **3.2 Effectiveness**

Despite several daunting challenges and factors beyond the control of the project, the MRP has continuously pushed, in earnest, the execution of planned activities of the three interrelated key project components of protection, psychosocial support (PSS), and livelihoods development.

#### **Protection**

One of the first activities for birth registration was the completion of dummy forms for those who wished to apply for COLB. By the end of the third quarter of 2020, 9,424 forms have been filled out, comprising 72 per cent of the total target for COLB registration. CFSI reported to have encoded and printed a total of 7,474 COLB forms, and 4,790 have been endorsed and submitted to the appropriate municipal Local Civil Registrar (LCR). By September 2020, a total of 3,858 persons had received LCR COLB. This represents 54 per cent of the target for the period. For the same reporting period, CFSI has transmitted 4,512 SECPA applications to PSA and a corresponding 2,287 persons have been provided with PSA SECPA copies of the COLB. It is interesting to note that out of the total applications transmitted by CFSI, only about 50 per cent have been processed and provided with SECPA. While the figures connote low accomplishment rate in terms of quantitative output on COLB and SECPA issuances which are key indicators, it cannot, however, be construed necessarily as low performance for CFSI. Low quantitative output in this case is not necessarily underperformance in as much as COLB and SECPA per se are not direct functions of CFSI. Among others, this is where CFSI should reassess and redefine its output indicators and correspondingly the outcome indicators and means of verification.

For the past 3 years, achieving the COLB registration and SECPA targets have been uphill work for CFSI, LCRs and PSA for varied reasons. It was only after the second quarter of 2020 that the rates of accomplishment for birth registration significantly increased. This was right after the LCR has put in place the capacity enhancement package provided by the MRP for the 7 partner LGUs. Clearly, the equipment and personnel provided by the project has boosted the capacity of the LCRs to process COLBs. In the months following the delivery and installation of the capacity enhancement package to LCRs, the PSA was able to issue a total of 2,005 SECPA copies of birth certificates. This was considerably higher compared to a total 282 copies issued in the past three years. While the increased capacity of the LCR may have contributed, CFSI however attributed the same to the response and adjustments made by the PSA in Iligan and Cagayan de Oro City to increase the number of endorsements coming from MRP.

When asked during the MTR interview and survey how the beneficiaries benefited from the COLB or how the COLB were used, the following were the common responses:

- For enrollment purposes and as an identification document.

- As a supporting document for employment and to access social services like the Pantawid Pamilyang Pilipino Program (4Ps).
- As a supporting document for passport applications and to secure identification cards for persons with disabilities (PWDs), senior citizens

*“COLB is an essential document to access protection and social services from both the public and private sectors. It is an important requirement to access basic social services, such as food subsidies, health care, subsidized housing, education, social security/pension, and other social service benefits. It is also mandatory, once eligible, to be a beneficiary of the Philippine Government’s Conditional Cash Transfer Program or the Pantawid Pamilyang Pilipino Program”<sup>9</sup>, MRP Beneficiary.*

*“Giving COLBs to those who do not have civil registration is giving them lifetime’s worth of help,” CFSI staff.*

Under the protection component of the grant agreement between DFAT and CFSI, death and marriage certificates were included as among the civil registration papers to be facilitated alongside the COLB. However, there is no mention of death and marriage certificates in the CFSI progress reports as well as in the revised M&E system. In a meeting, it was clarified that it is the position of CFSI, that “assisting the most disadvantaged and vulnerable to obtain death and marriage certificates remain a part of the protection component and deliverables as both have protection implications.”

The MRP target to facilitate the registration and coverage of 4,000 households with PhilHealth has not taken off the ground. Efforts in pushing for PhilHealth registration of MRP beneficiaries have remained unsuccessful. There is no corresponding financing from the MRP to support PhilHealth registration. For CFSI, the PhilHealth registration is no longer a key project indicator under the protection component and thus in the new design, PhilHealth activities will be treated as referrals for indigents, senior citizens (SCs), and PWDs. CFSI will still, however, pursue the registration of senior citizens and PWDs in collaboration with the CSWD. DFAT and TFBM share the same position that COLB should be given utmost priority. DFAT put premium on COLB as it is a requirement for children to enroll in school but added that death and marriage certificate still has to be pursued on as needed (i.e., if the need arises, then MRP should be able to assist the family).

In an interview with a retired Mindanao State University (MSU) Professor of History and Sociology, he explained that compliance to civil registration on birth and marriage is directly related to social order, protection, and security. He cited common practice registering names of dead relatives during election registration period.

One of the subcomponents under protection is community rights awareness orientation (CRAO). The target was to provide 6,500 beneficiaries with awareness raising on the rights of IDPs, humanitarian principles, referral places, and LGBTQI+ issues. The third quarter report documents that 49 per cent or 3,216 persons have been reached for this target. However, the CFSI notes that all CRAOs have been put on hold since the declaration of lockdown in the province in order to uphold the physical distancing protocols. CFSI will be modifying the CRAO module to include issues related to COVID-19.

## Psychosocial

The psychosocial referral system is one project subcomponents that has reached a substantial number of beneficiaries. As of reporting period, CFSI has assisted 518 PWSN through referral to access various forms of support and assistance to different agencies. This is 80 per cent of the overall target of 650 persons.

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<sup>9</sup> <https://reliefweb.int/report/philippines/cfsi-hands-over-protection-support-equipment-local-civil-registrars-lanao-del-sur>

Aside from those directly served by the MRP, another 218 persons (54 per cent of the 353 target) have been referred to other agencies such as the RHU and MSSD for their other needs, including antipsychotic medications and other forms of PWD assistance. Additionally, 379 persons (58 per cent of the overall target) have been given assistive devices, improving mobility, accessibility, and relieving pain and discomfort for PWDs and PWSNs. The assistive devices include nebulizers, wheelchairs, canes and guiding sticks, crutches, and walkers. For children, toys were also given as a form of psychosocial support.

In MTR interviews, recipients and family members expressed gratitude to the project for the provision of these devices. One interviewee shared that her mother, a wheelchair recipient, is now regularly going out to socialize and has even participated in MRP-related community activities.

One progress report of CFSI mentions that the referral services of MRP has gained recognition not only with partner agencies but also in the communities. The MTR interviews with Integrated Provincial Health Office (IPHO), Rural Health Units (RHU) and MSSD-MSWD support this claim. This is also evidenced by the increasing number of clients for referrals, including new cases such as Down syndrome and autism.

For the MTR, these trends indicate positive results and encouraging emerging outcomes. Evidently, there is now an increasing consciousness among the people of Lanao that psychosocial and mental impairment have appropriate treatment and can be addressed through professional health intervention.

The traditional belief in most rural areas in the country is that mental, psychosocial, and even some physical impairments are caused by spirits. The same belief is also predominant in Lanao. In one TWG meeting, an IPHO mentioned that mental impairment is viewed by most people in rural communities as a supernatural phenomenon and thus they resort to treatment referred to as 'witchcraft', which can be considered as an element of folk medicine. The Field Manager of TFBM also noted that some Meranaw families will hide members of the family who have disabilities or mental impairment from the public. Because more families are now seeking professional medical intervention for these cases, it can be surmised that the MRP has contributed to the increasing appreciation of professional medical services among the Meranaws.

## **Livelihood**

### *Urban-Based Livelihoods*

Probably the most visible feature of the MRP is the Urban Based Livelihoods (UBL) program. Targets for the UBL have been consistently on track, covering 3,595 household beneficiaries, which is 97 per cent of the total target. At least 27 per cent of said households registered to have savings of at least 1,000 pesos by the end of the third quarter of 2020. CFSI progress reports before the COVID-19 pandemic indicated that a considerable number of UBL recipients have opened bank accounts, recorded extra income and savings as early 2018. However, while many of the beneficiaries interviewed expressed that they have been able to monitor and record their finances, a number still have neither savings nor investments. This may be due to both the challenges and the uncertainty of income brought by the pandemic.

For urban livelihoods, the major setback has been a decrease in customers due to the pandemic, although different businesses experienced this at varying degrees. The households most resilient to these changes appear to be the ones that have diversified their income. Because of this, future intervention and community collaboration may want to look into measures that ensure these livelihood projects continue to generate income for the families for years to come.

One of the features of the UBL is the training on basic financial and business management. About 70 per cent of the UBL recipients have already undergone training on financial bookkeeping as of 30 September 2020.

### *Agri-Based Livelihoods*

The Agri-based sub-component implemented by the FAO ended in September 2019. The final report for the sub-component indicated that “the project activities were implemented successfully having delivered the expected agricultural inputs to all 2,500 target beneficiaries”. This was despite delays, attributed by FAO primarily to the modification of the selection criteria of project beneficiaries, among others. The delays seem to have lingered for months. The distribution of the planting materials and bulk of the agricultural inputs was done only in the third quarter of 2019 and completed simultaneously with the ending of the project. The project therefore ended while the crops introduced were still at the vegetative stage.

The FAO and CFSI reports on the causes of delays and setbacks in the implementation of the Agri-based livelihoods correspond with the MTR findings coming from the beneficiaries themselves. A sizeable quantity of planting materials distributed and received by the farmers were not planted and another considerable number of those that were planted did not grow due to scarcity of water. The distribution of the agricultural inputs took place during an El Niño phenomenon which also coincided with the onset of the dry season, thus aggravating the difficulties of farmers to plant and continue their usual farming activities. One FAO report indicated other challenges related to procurement and distribution of the agricultural inputs.

The FAO acknowledges that “the short project implementation period limits the potential socio-economic impact in the short-term because the project missed the cropping cycle”.

The MTR takes note of the increasing participation of women in household and community economic activities. This was particularly a result of livelihood projects that are homebased and can be handled by any member of the family such as sari-sari stores and ‘carindaria’. It was noted there are more women who were able to access the UBL package as principal recipients. More women are actively participating in the CRAO and community stakeholders’ forum.

Another noteworthy intervention is the special attention for the rehabilitation and reintegration of former child combatants or OVPs. The MRP project is effectively addressing the three core components of the reintegration of child combatants: family reunification, psychosocial support and education, and economic opportunity<sup>10</sup>. The MRP seems to have provided a complete package to rehabilitate and reintegrate those OVPs that were decommissioned by the MILF. The package of assistance extended to OVPs include civil registration to ascertain identity and access to services as legitimate members of the community with the same rights and privileges. The economic livelihood assistance may even be the best form of psychosocial support that the MRP has provided, as it effectively reunited OVPs with their families.

### *Community-based Support to Livelihoods*

The community-based support to livelihood (CBSL) was introduced as an expansion phase and counterpart of the UBL. Under the UBL, project participants are individuals or families, while the CBSL targets communities or group of families as beneficiary-participants of the livelihood component in the expansion to the BLM areas. The implementation of the CBSL had been affected by the lockdowns

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<sup>10</sup>*Conflict Prevention and Reconstruction Unit. (2002). Child Soldiers: Prevention, Demobilization, and Reintegration. Massachusetts: University of Massachusetts, Social Development Department. Accessed from: <http://people.umass.edu/educ870/PostConflict/resources/ChildSoldiers-Reintegration.pdf>*



causing delays in the conduct of field activities for the MRP staff. It was only at the end of the third quarter of 2020 that CFSI was able to complete the social preparation works for the 15 identified community projects. Examples of the CBSL are farm-to-market roads, bridges, warehouses, pathways, rice millers, coffee grinding machines, power tillers, and floater machines. In response to the COVID-19 pandemic, WASH concerns such as hand washing facilities, water system and toilets were also considered under the CBSL.

### Perceived Weaknesses in the Design

- In hindsight, the planning for the execution of the civil registration sub-component under protection should have been done with the participation of PSA/LCR and PhilHealth. Inputs from LCR and PSA at the inception stage could have made a difference, at the very least in setting targets. There is no clear indication that the PSA and PhilHealth were engaged at the inception stage. Otherwise, the issue on capacity to process COLB and SECPA, timing, fees and support needs could have been threshed out at the beginning.
- Benchmarking with other agencies in providing civil registration like that of Plan International, UNHCR and other agencies could have also been part of the inception activities. While CFSI's experience with the Zamboanga Recovery Project was valuable in terms of expertise and familiarity, inputs from partners would have been of help in the planning and preparatory work at the early stage. These could have provided inputs on targeting and managing expectations with the LCR and PSA.
- The agri-based component of the MRP could have provided local organizations the opportunity to bring in their long experience and expertise in assisting communities within their area of operation. It would have been better had a local institution or NGO operating within LDS and Northern Mindanao was engaged to implement the agri-based livelihoods component considering the nature of the project, which is focused on the delivery of agricultural inputs, training, establishing linkages, and the time element to complete the project. Local organizations have better mobility and familiarity of the area, putting them in a better position to move around, as well as source and distribute planting materials and fertilizers. They can conduct training on site, monitor the progress of the farm activities more closely, and troubleshoot and resolve any issues expediently with the farmers.

### External factors that adversely affected the MRP implementation

- The constant delays at the LCRs and the PSA in the issuance of COLB and SECPA due to limited absorptive capacity to respond and process increasing demand, not only from MRP but also from other agencies.
- First Quarter of 2020 was marked by armed conflict, natural disasters, and the COVID-19 pandemic.
- Beginning March 2020, a number of scheduled field visits, travel and community activities had to be put on hold due to the introduction of COVID-19 health protocols under the Enhanced Community Quarantine in the cities of Iligan and Marawi.
- For a period in 2018, the non-issuance of official receipts by the LCR caused delays in transacting business with the office.
- Substantial delays in the delivery of agricultural inputs due to slow procurement, testing and transport of seeds and fertilizers to the farmers for Agri-based livelihoods.

- The non-availability in the locality of materials/equipment/machine needed for the UBL and PSS projects have been attributed to the delay.
- For a time, there was no LCR assigned in Marantao, thus processing of COLBs was put on hold for an extended period of time.

***Effectiveness rated 5: Good***

### **3.3 Efficiency**

Overall, the MRP implementation has thus far exemplified good value for money. CFSI put in place coordination mechanisms that have effectively brought key partners together to plan, monitor, resolve bottlenecks and complement efforts. The PSC and TWGs as coordination mechanism also served as venues for policy dialogue involving all MRP key stakeholders with the TFBM and the City Government of Marawi providing guidance and leadership. It is worth noting that these implementing modalities provided an opportunity for the TFBM Field Manager to play an active role in the planning and policy direction of the MRP. The continued support and active participation of the TFBM Field Manager has been crucial in keeping the project aligned with the direction and priorities of the agency administering the overall recovery, reconstruction, and rehabilitation of Marawi.

Operating independently under the ambit of the TFBM allowed the MRP more opportunity to strengthen coordination and consolidate its network of partners and support agencies, foremost among which is the city government of Marawi, who is hosting almost all the humanitarian and development agencies who have responded to the Marawi crisis and serving the IDPs. Aside from the involvement of the TFBM management at the policy level, the operations of the three components of the MRP are being coordinated correspondingly with the appropriate committees of the agency.

The project has given the local government, B/ARMM, national government and CSOs an opportunity to find common ground to coordinate initiatives and discuss common issues, as well as provide mutual support for each other's activities. This is taking place at the PSC, at the level of the TWG and, at the operations level between CFSI project staff, partner agencies and the beneficiaries. The TWG meetings proved to have contributed to bringing together key agencies concerned like MOH-RHUs, LCRs, LGUs and support offices of the Ministry of Basic, Higher, and Technical Education (MBHTE), Amai Pakpak Medical Center, Mediciens Sans Frontieres (MSF), Bangsamoro Human Rights Commission (BHRC) and National Housing Authority (NHA). In the Psychosocial Support and Protection Technical Working Group (PSSP-TWG) for example, varied matters are being discussed involving inter-agency coordination and complementation, resolving duplication of efforts, to even specific details like what particular assistive devices are to be made available to beneficiaries. Threshing out issues at the TWG makes work more expedient at the PSC.

#### **On Coordination and Partnership**

The coordination mechanisms and the strategies that have been put in place in implementing the three key components of the MRP are continuously gaining headway. This refers mainly to the fitness of strategies, quality of partnership and participation of support agencies, and leadership at the PSC and TWG level. The PSC and TWGs effectively served as a forum not only for resolving issues but also provided opportunities for policy dialogue that are highly participatory. For example, the reprogramming or phase 2 plan grew from the PSC and TWG discussions with participation from the various key stakeholders like the LGUs concerned, LCRs, PSA, TFBM, RHU, IPHO, PSWD and agencies under the then ARMM Government. The integration of COVID-19 concerns into the MRP's work program and community activities have been reviewed and discussed at the PSC.

Under the protection component for the COLB civil registration, CFSI worked with the different administrative levels of the PSA. Initially CFSI deals with the municipal and city LCRs for the preliminary steps in filling out forms based on data generated from the community. From the LCRs, CFSI goes through another level of coordination with the PSA in Lanao del Sur, who provide technical assistance, and thereafter with the PSA Iligan and the PSA Regional Office in Cagayan de Oro City for the issuance of the SECPA. According to a member of the protection component, while the processes, activities and outputs are the same across all LGUs, each of the LCRs have varying work style and work ethic. This makes institutional partnership and coordination work more interesting and challenging as each site provides different learning experience.

For the PSS component, CFSI has forged partnerships with LGUs through Memorandums of Agreement and working with the MSWD, RHUs for welfare, health, and wellness concerns. This partnership is also replicated up to the level of the IPHO and PSWD of the provincial government and the MOH at the BARMM level. The support of MSF, an international NGO, is recognized by CFSI for having brought to MRP complementary assistance in delivering health and PSS care. After the siege, only about 15 of the 39 health facilities in Marawi and other parts of Lanao del Sur were effectively functioning. MSF helped rehabilitate some of the health centers, which eventually also helped in providing mental health services complementary to the MRP.

Under the livelihood component, CFSI worked mainly with MAO and TESDA but also sought the support and services of other offices like the OPAg, City Traffic Management Division, Philippine National Bank, and the ALS. The UBL worked the ALS to provide literacy training for beneficiaries. This prepared UBL beneficiaries to open savings accounts with the Philippine National Bank through an orientation on the importance and benefits of savings and banking. The agri-based livelihoods under FAO worked closely with the MAO-MAFAR. FAO was also able to draw in the support and services of DTI, Department of Labor and Employment (DOLE), Xavier University, and other foreign funded projects that also support the Marawi rehabilitation like the Marawi Response Project of Plan International and SURGE of USAID.

The LGU project partners, all the way down to the BLGU, have extended a considerable level of support and close collaboration in the conduct of community activities for the three project components. The quality and consistency of support of the LGU partners up to this stage of implementation speaks of a mutually satisfying and functional relationship showing alignment of objectives and humanitarian agenda in particular. The barangay chairpersons on the other hand, while not having substantial defined roles in the MRP, expressed the importance of civil registration further suggesting that said project be expanded to other areas. Civil registration is an important element in pursuing public order and public safety. The barangay should therefore be in the forefront in pushing for civil registration.

CFSI has regularly submitted quarterly and annual reports outlining progress of planned activities, financial disbursements, and in most part with accompanying risk register. The disbursement rate as of end of September 2020 is 87 per cent and with a computed per capita of AUD146, which is relatively lower than what was projected. This suggests good value for money. It is worth noting that the funds used to support the capacity building for the seven partner LCRs were drawn from out of the savings that CFSI was able to generate. CFSI's effort to encourage 'counterparting' arrangements with implementing partners in the conduct of joint activities may have contributed to generating savings for CFSI.

### **Staffing and Deployment**

While the MTR did not have the opportunity to look into individual credentials, individual interviews with CFSI staff showed not only broad and deep familiarity of the situation in the area, but they were

also technically conversant in their respective areas of assignments. Furthermore, the hiring and deployment of local staff by CFSI should have impacted positively on CFSI in terms of cost of transportation and local coordination. The effect of hiring and deploying local staff may not have been quantified but, the savings on transportation, subsistence allowance and cost of coordinating and conducting meetings can be substantial enough to cut cost. This is not to mention swift and expedient delivery of services. The implementation of the agri-based experience in DMP areas will attest to the validity of this claim on the efficiency and efficacy of deploying locals within the context of the MRP.

### **Alignment of MRP with other humanitarian and development initiatives**

The alignment of MRP with the various programs of the Philippine and Australian governments and other international agencies, as earlier listed, allows the implementation of the project to make use of existing mechanisms and adopt institutional processes that are already in place. Therefore, CFSI and its implementation partners do not have to re-invent the wheel.

At interview, the TFBM Field Manager expressed appreciation for the project's contribution to the agency's mandate, and also spoke well of how MRP was administered and how it maintained operational presence in the area. Drawing the support and participation of the TFBM Field Manager, as a member of the PSC, is one of the most helpful coordination and collaboration schemes that the MRP has put in place.

### ***Efficiency rated 5: Good***

## **3.4 Gender Equality**

An important feature of a humanitarian response is the adoption/application of a gender lens across all components of the project not just for inclusivity, but also in recognition of the vulnerability of women and children in a humanitarian crisis. The MTR finds that CFSI with its strong inclusion agenda, while not completely satisfactory, has adequately integrated gender equality agenda into the overall planning and implementation of the project.

Among MRP's program management document is the Gender Equality Strategy, the purpose of which was to identify the main drivers of vulnerabilities and inform the design and implementation of the MRP interventions. Gender-sensitive programming is essential to maximize gender outcomes of the intervention and ensure women's voices are heard.

Informed by the results of the IDP profiling conducted by UNHCR in August 2018, CFSI developed a Gender Equality Strategy, setting forth general guidelines to be incorporated in the planning and implementation of the MRP, as follows:

1. The MRP to adopt a gender-sensitive approach in the design of the project and targeting of beneficiaries.
2. The MRP will aim to address gender gaps and maximize gender outcomes throughout the implementation of the project across the three components.

A review of the progress reports and result of the key informant interviews shows that CFSI has adequately mainstreamed the key gender equality strategy in the over-all implementation of the MRP.

All members of the community needing COLB and PSS services were all considered equally for assistance on an as-needed basis. Livelihood packages were technically awarded to families not to individual members. The 30 September 2020 progress report includes age and gender disaggregation, which revealed that there are 19,314 female and 19,081 male project participants. Interestingly, more woman-headed families were able to avail of the UBL.

MRP beneficiaries interviewed by the MTR share a common perception and experience that community activities such as project orientation, CRAO, stakeholders' meetings, assemblies and fun days have been well-attended by community members. Participants in these community activities include PWSN, PWDs and LGBTQI+. According to one beneficiary respondent, PWDs may not be able to actively participate in all activities but they can now be brought out of the house to become part of community events. Another head of the family shared that those members of families that are physically unable to attend community activities were personally visited by CFSI staff.

It should be noted that during CRAO, information related to rights and roles of PSWN, PWDs, IDPs and LGBTQI+ are among the main themes that are discussed along with other topics relevant to the community, such as health, education, discipline, and nutrition for children. The referral pathways have been serving varying cases regardless of gender identify and sexual orientation, shepherding them to appropriate agencies and professional services. Within the communities served by the MRP, services have gone as far as organizing groups of community responders to include single mothers, male and female religious and traditional leaders, and members from LGBTQI+ gender-oriented groups.

On the subject of gender preferences, CFSI had to find culturally appropriate ways of discussing these issues and concerns in the open. While it may be safe to assume that gender preferences of any sort are now generally accepted in the Meranaw cultural context, there are groups that abhor overt display of gender preferences other than the binary cisgender male and female. Pushing the issue more than culturally acceptable may expose both the community and the MRP to harm.

CFSI reported that they know LGBTQI+ people in the community who have been participating in activities just like others in the neighborhood. They have had to perform a delicate balancing act in discussing LGBTQI+ issues. The manner by which they handled it shows their profound understanding not only of gender rights, but also how to implement it with consideration of the 'do no harm' principle promoted by both DFAT and CFSI.

The Project Coordinator describes the circumstances in Lanao as unique, in that they must encourage participation and ensure the protection of the LGBTQI+ community, but at the same time, they must make sure that these people are not exposed to unnecessary risk. This is especially due to the lingering presence of groups with violent tendencies who openly abhor non-cisgender, non-binary orientations. There is no doubt that the project has provided the LGBTQI+ community with space and opportunities to express themselves while making sure that they are not discriminated against and not "left behind."

Because of these community considerations, however, CFSI reports that it is not vocal in acknowledging and respecting gender preferences, and documentation does not reflect gender issues. The issues of the LGBTQI+ community have been discussed during the conduct of the CRAO together with the orientation on the humanitarian principle and the principles of internal displacement.

The PSWD respondent believes that although the LGBTQI+ gender spectrum is not totally accepted under the current Meranaw social consciousness, the individuals are still recognized and respected by the community as human person.

The livelihood packages offered by the MRP provide varying options that can be accessed by both males and females. Notably, all those in the menu of livelihood support both for the UBL and Agri-based are mainly family-oriented and family-focused. The Livelihood Action Committee, which serves as a local support and advisory mechanism, is driven and animated mostly by women who comprise majority of those who availed of the UBL.

The gender equality strategy of MRP states as follows *“The MRP will implement gender-inclusive monitoring, evaluation, and reporting mechanisms in its project management and information system to ensure accountability for gender-equal service delivery.”* While gender equality as an overarching theme and practice is evident across all components, there is no mechanism that integrates gender-oriented monitoring, evaluation and reporting systems into the overall operations of the project.

#### **Gender Equality rated 4: Adequate**

### **3.5 Monitoring and Evaluation**

The current M&E and reporting systems have been valuable tools for ascertaining progress of work for planning and decision-making. This is acknowledged by DFAT and TFBM.

The current M&E and reporting systems, while considered robust in its capacity to keep track of developments in the project areas, still need some improvement. More specifically, there is a need to review the result indicators, making sure they are more specific to what really matters most for each of the project components. CFSI noted that by design, reporting of the project outcomes will start upon the submission of the 2020 Annual Report.

The M&E system adopted at the project level to collect data on key indicators was not sufficient to allow a genuine learning process. The majority of program monitoring and reporting activities were realized at the level of activities and outputs with minor attention paid at the level of outcomes or results. The M&E reports do not provide much information on what is happening in the project site or with the community partners.

While the M&E system showed deficiency in capturing and documenting outcomes, there is enough evidence that the project has already produced positive results that can be attributed to MRP intervention and outputs. These are results of project intervention that can be gleaned from, among others, **change in the knowledge, skills, lifestyles, behavior, status, actions, activities, policies, or practices of an individual, group, community, organization, or institution.** CFSI and DFAT may need to figure out what changes are needed that will contribute and lead the MRP to produce the intended outcomes. From the perspective of the MTR, the following are just some of the emerging or completed outcomes, depending on who and how they are appreciated:

1. Adoption of new ways of doing work in offices, family, community manifested through:
  - Increase in outputs and productivity.
  - Increased and improving interaction in the community.
  - Improved access of PWD and PWSN in community and collective activities.
  - Improved homecare of PWD and PWSNs.
2. Partnership in delivering services shifting to advocacy and forming alliances to promote mental health care.
3. Increased income by individual/household recipient of livelihoods.
4. Scaling-up and expansion of business/investments and/or diversification of business venture
5. Changing appreciation of the causes of mental illness and physical deformities/abnormalities
6. Change of practice for the treatment of mental illness and physical deformities/abnormalities.
7. Increasing trust on authorities and government institutions (school, health and welfare, security sector, etc.)

More detailed discussion on outcomes is presented on Section 3.9 of this report.

The MRP's M&E system has changed since the start of the project. These changes include those in the quantification and qualification of the project indicators. The M&E tools and reporting formats had to be modified accordingly to capture newly-introduced or modified indicators which, for the most part, were inputs coming from the PSC and TWG. The MTR agrees with CFSI that, due to the MRP's nature as a humanitarian response, changes in strategies and plans are bound to happen to ensure its relevance and responsiveness to emerging relevant issues. Thus, the M&E systems and reporting framework also had to change and evolve.

One minor issue noted was that in progress reports, the overall accomplishment level per component was computed based on the average of the accomplishment percentages of the indicators using the arithmetic mean. It would have been more precise had a weighted average been used. This is because not all of the subcomponents have the same value in the achievement of the outcome. Using a simple average is therefore confusing and misleading. The MTR is of the opinion that presenting only the percentage of accomplishment for each of the key indicators will suffice for the purpose of reporting accomplishments.

Milestones that are adopted as result indicators may also have to be reviewed to include only those that are important and with direct bearing to the output being measured. The MTR may not be familiar with the context and intention, nevertheless, CFSI may want to take a look at the following:

1. "Number of persons assessed with valid COLBs" – this should not even be included as result indicator as this should fittingly be treated as baseline data.
2. "Number of persons assessed with valid PSA SECPA COLB copies" is not a result indicator.
3. "Number of households confirmed with PhilHealth during intake" is not a result indicator.
4. "Number of persons who benefited from structured psychosocial activities that are accessible and needs-based". MTR **Suggestion**: Number of persons who participated instead of benefited.
5. "Number of households that have submitted livelihood proposals." MTR **Suggestion**: Number of proposals endorsed and approved.
6. Items 1, 2, and 3 need not be computed as an achievement.

#### ***Monitoring and Evaluation rated 4: Adequate***

### **3.6 Risk**

The risk registers prepared and presented by CFSI on a quarterly basis look comprehensive enough in identifying risks based on standard risk categories confronting humanitarian actions.

In giving importance to risk management and mitigation, CFSI has designated two security focal persons in their Iligan and Marawi City offices. Risk registers are consistently reported as part of the quarterly progress and annual reports. It is good to note that the risk management role is shared at various levels within the MRP. Those taking on this role include CFSI HQ, PSC, and DFAT, down to the project staff assigned in the community who serve as listening posts and an "alert system" for the project. It is worth noting that partner communities also take part in identifying and flagging possible and emerging threats that can pose risks to the project, including fraud. This takes place during community consultations and home visits by CFSI staff.

In the preparatory work for the CBSL, CFSI adopted the five key safeguards prescribed by DFAT as part of the criteria in assessing project proposals. Risks identified among others include disagreements

between and among members of the community and involvement of individuals affiliated with terrorist groups and/or resources “going to the wrong hands”. While the result of the assessment showed that there is generally low inherent risk for the fifteen proposed CBSL in the BLM areas, continuous assessment may be needed as the conditions in the area may have changed since the completion of the preparatory work. The memorandum of agreement that CFSI forged with the respective LGUs is one good step to ensure that compliance by CBSL groups in relation to management and ownership of the project is sustained.

The MTR is taking note as well of the need for CFSI to ensure that CBSL recipients fully understand that there are other MRP beneficiaries that were awarded individual UBL packages who are OVPs and belonging to another category of MRP service groups. It is possible that CBSL recipients may compare the packages of assistance and feel discriminated to have not been given the opportunity to avail of the UBL. This matter may have been explained and discussed during the community project orientation, but it would help if this will be flagged as among the risks to watch out for.

There has been regular and continuing effort on the part of CFSI in conducting analysis of the social and political events, surmising possible consequences and their implications to project operations, MRP staff, partners, and beneficiaries. Observably, there were new identified risks presented and discussed in meetings but were not amply reflected in the risk register.

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 perpetrator.

One risk management practice of CFSI worth noting is the support that it has generated from the City Government of Marawi, more specifically from the mayor’s Chief of Staff. Selection of project beneficiaries in Marawi City was faced with the risk of including individuals affiliated with violent extremists at one point in time. The assistance extended by the Chief of Staff to screen prospective beneficiaries has increased CFSI’s confidence that all those served by MRP are legitimate and deserving IDPs. In one instance, she went out of her way to intercede to resolve a brewing disagreement and misunderstanding between CFSI and a local barangay leader. The lesson learned here is that local leaders’ involvement in risk management can be valuable considering their familiarity in the area and sphere of influence in assessing and controlling risks.

Another mechanism that CFSI is working with in risk management is the Mindanao Humanitarian Team (MHT) led and convened by the UN-OCHA. This forum provides a mechanism to identify and prevent duplication of efforts in the same area of operations. It is through this mechanism that CFSI is able to coordinate, receive briefings and share notes with cluster members on security, protection, food security and MHPSS, among others.

To minimize the negative impacts of risks in 2019, CFSI reported that key mitigation measures included due diligence in all processes. The initiative was to ensure that key stakeholders, especially the primary duty bearers, were properly coordinated and actively engaged throughout the processes of implementation. Communication channels were put in place to foster better understanding of the project, which included the CFSI feedback mechanism and crisis communication protocol. To ensure relevant issues and concerns are properly addressed and activities remain relevant, the governing body (principals and steering committee) are kept abreast of the activities in the project.

Risk Management Actions	Yes/No
The risk register has been renewed and updated as required.	Yes
Actions are being taken to mitigate risks, and further actions identified as required.	Yes



### 3.7 Disability Inclusion

Disability inclusion is not only among the banner services of MRP under PSS, but a key guiding principle of CFSI. Under the PSS component, CFSI has served varied types of physical and mental disabilities. This is one of the services of the MRP that has reached far more than the set target of the project, including even those outside of the project areas. CFSI is keeping a database on this not only to take stock of services rendered, but also to facilitate monitoring and follow-up.

Between the two offices of CFSI in Iligan and Marawi, the management has taken cognizance of at least 5 staff who, themselves, have disabilities. The project supervisor reports that the said personnel are performing well and have not shown any signs of inferiority and feeling of discrimination.

The MTR had the opportunity to interview one of them. He shared his story of how he rose from the ranks, and how he is currently studying for a master's degree. He also manifested a high sense of self-motivation and passion to work with IDPs.

MRP's scope in PSS is not much on the clinical side, rather community-based and people-centered facilitation of healing and recovery 'where the hurt is'. By the nature of it being community-based, the clients are therefore varied e.g., orthopedics, clinically sick, mental, and emotional disorder, etc.

While CFSI does not have the expertise to directly address most of the disability cases, it has forged partnerships with key agencies in the health sector in Marawi both at the local and BARMM level under the Ministry of Health. It has also established a network of service providers within the humanitarian community, through the Mindanao Humanitarian Team's protection and MHPSS and Health Cluster. CFSI maintains close collaboration with an international NGO, the MSF. All these have been tapped by CFSI to provide support to MRP's referral pathways.

Issues and concerns related to disability inclusion, along with gender equality, always take center stage in the conduct of community stakeholders' forum and CRAO. These forums are conducted in all areas covered by the MRP project. There is therefore enough evidence that disability inclusion, as a protection issue, is widely and extensively covered by the MRP in advocating both for those concerned and with the wider community.

One beneficiary shared that she understands the importance of community activities organized under CFSI and thus sees to it that her grandmother, a senior citizen, is able to attend and participate. Another IDP respondent observed that community activities of the MRP are well-attended by those who are physically able, and that those who attend are able to participate. CFSI also goes the extra mile to visit those who are bedridden on a house-to-house basis.

A related service rendered by the MRP is the conduct of community stakeholders' forum involving different sectors of the community, including women, elders, traditional, religious and barangay leaders, PWSN and PWDs. Issues and concerns related to disability inclusion and barriers to inclusion are among the topics discussed with the community during this forum, along with community rights and protection issues. While the forum primarily focuses on awareness raising, it also served as a venue to organize local community responders – a mechanism for self-help to address PSS concerns and referral pathways.

Disability Inclusion Actions	Rating
The investment actively involves people with disabilities and /or disabled person's organizations in planning, implementation and monitoring and evaluation.	6: <i>Very Good</i>

Disability Inclusion Actions	Rating
The investment identifies and addresses barriers to inclusion and opportunities for participation for people with disabilities to enable them to benefit equally from the aid investment.	6: <i>Very Good</i>

### 3.8 Environmental and Social Safeguards

Most environmental and social safeguards have to be put in place as part of the social preparation of the project. CFSI had to secure environmental compliance clearances and conduct actual site and vicinity inspection where infrastructure and equipment are to be installed. For the agri-based livelihood component, FAO had to conduct soil testing, quality assurance testing of fertilizers and planting materials, and training on drought mitigation measures.

A training orientation by the Marawi Traffic Management Group was conducted under the UBL for motorcycle recipients to improve awareness of road safety measures. These are modest efforts not only to ensure the safety of UBL recipients from accidents, but also to forestall possible damage and injury to pedestrians and motorists in the streets.

For CBSL, part of the preparatory work was the conduct of a thorough inspection of the area where CBSL projects were to be located. The inspection included the use of drones, which allowed the team to get an aerial view, as well as an actual transect walk to get a thorough assessment of the project location. This was to ensure that the project would have no adverse effect on the population and the surrounding landscapes. The MTR finds these efforts more than enough to generate information to support decision and further planning to pursue the proposed project. Social safeguard formed part in the screening, assessment, and validation of the CBSL projects using DFATs five key social safeguard criteria giving due consideration to Environmental Protection, Children, Vulnerable and Disadvantaged Groups, Displacement and Resettlement, Indigenous peoples and Health and Safety.

Steps were also undertaken to officially secure environmental compliance certificates from the Municipal Environment and Natural Resource Office (MENRO) under the Ministry of Natural Resources and Energy (MENRE) of the BARMM. Efforts towards acquiring the necessary documents from the MENRO, however, have taken much time and encountered many complications. CFSI has referred the matter to the Provincial Environment and Natural Resource Office and is now awaiting response.

From the side of the agri-based livelihood projects in DMP areas, soil testing and comprehensive inspection of fertilizers and planting materials from government-accredited laboratories were conducted as part of FAO's standard operating procedures. This includes comprehensive inspection of fertilizers and planting materials from duly authorized laboratories accredited by the government. FAO reported that they also conducted soil testing and drought mitigation measures to address concerns of farmers during the dry spell.

### 3.9 Outcomes

At this stage of implementation, there are emerging outcomes that can be attributed to MRP intervention. Outcomes refer to results that can be attributed directly or indirectly from project activities and outputs. In this report, an outcome is defined as, **a change in the behavior, actions, activities, policies, or practices (BAAPP) of an individual, group, community, organization, or institution.**<sup>11</sup> By implication, it can also be a change in knowledge, skills, attitude, lifestyle at the

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<sup>11</sup> This definition of outcome was developed by the Canadian International Development Research Centre (IDRC) about 10 years ago and is widely used by development and social change programs. See Earl, S., Carden, F., & Smutylo, T. (2001). Outcome Mapping: Building Learning and Reflection into Development Programs. Ottawa:

individual level as well in relationships from partnership to collective collaboration to convergence. For agriculture, it can be changes in landscapes, productivity, income, and bio-physical environment. In evaluating project intervention for humanitarian and even development projects, inputs, ‘throughputs’, outputs, outcomes, and impact are among the important elements to look into. While most of these elements involve group consideration, more often than not, outcomes start manifesting at the individual person, mainly because if change does not happen in the individual person, it may not happen in any aspect of the project. If there are any intended positive changes in cohorts, they should start with the individual person.

While quantifiable output is low in terms of achieving set targets under the protection component, a considerable number of positive results and emerging outcomes at the individual, family, community level have nevertheless started to become evident. A number of these have been reported by CFSI in case studies and social media postings. The MTR has documented results or logical offshoots of MRP intervention that can be considered outcomes in themselves, or emerging and evolving ones that are either intended or unintended and positive or negative. In an attempt to ‘harvest outcomes’, the MTR went through various monitoring and progress reports and minutes of meetings, and then matched the same with the results of field interviews with beneficiaries, partners and CFSI as well.

Eventually, it will be CFSI and DFAT who will determine what emerging outcomes matter most and are more important for the project. In addition, DFAT and CFSI will also have to ascertain what emerging outcomes are to be developed or pushed further in the remaining months, to be the focus of the exit and transition and sustainability planning. It is important to note that in post-humanitarian and development projects, what needs to be sustained are gains and outcomes, not the project itself. Some of MTR’s ‘harvested outcomes’ are as follows:

- a. One local civil registrar proudly shared the changes in his workplace and work routine as he transitioned from *using a typewriter to a computer*, thereby increasing the capacity of the office to process COLB. He considers this transition a big deal as it not only allowed him to deliver more outputs, but it has also given him more comfort and ease at work. The changes in the LCR workplace evidently started evolving after the capacity enhancement from CFSI was put in place.
- b. A UBL recipient shared how she expanded *one “bigasan”<sup>12</sup> store to another “bigasan” outlet*, implying increase in productivity leading to expansion of investment from the original livelihood package. This is similar to another UBL recipient of a “sari-sari store” who shared that she was able to scale up her business by acquiring utensils that allowed her to sell tempura, which is technically a form of diversification or even a growth strategy.
- c. Interviews revealed that many Meranaw families tended to hide family members with disabilities or mental impairment from the public. These families consider exposure of these members as a source of embarrassment and shame. They believe that these impairments are caused by curses, spirits, or supernatural beings called Jinn. For this reason, families tend to resort to unscientific folk medicine to “heal” their family members. After measures to raise awareness on mental health, CFSI observed not too long ago an increase in the number of families seeking referral for professional medical intervention for their family members with

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IDRC (retrievable from [http://www.idrc.ca/en/ev-26586-201-1-DO\\_TOPIC.html](http://www.idrc.ca/en/ev-26586-201-1-DO_TOPIC.html)) and the Outcome Mapping Learning Community at [www.outcomemapping.ca](http://www.outcomemapping.ca).

<sup>12</sup> Bigasan is referred here as rice retail business.

mental illness. The MTR would like to view this as an emerging outcome, whether directly or indirectly, that resulted from the referral pathways of MRP.

- d. Assistive devices were given to a variety of cases of mobility-related impairments, including canes, crutches, and wheelchairs. A mother with two impaired (PWSN) children in Raman thankfully shared that “my other daughter is also a special child. She’s always on the floor of our sala, lying down. She could not sit nor stand on her own. Thank God, CFSI gave her a wheelchair. It really helped her sit and watch TV, and every morning, we’d go outside for sunbathing and sometimes whenever she cries feeling bored, we can easily go outside, that’s when she stops crying” – thus the so-called transition *from sala to plaza*.
- e. Meranaws are also not in the habit of keeping money in the bank. Instead, they prefer to have it in their possession. During the Marawi siege, this resulted in large sums of money abandoned and lost. CFSI helped encourage UBL recipients to open bank accounts, and what started out as a handful of people with bank accounts has ended up influencing more and more UBL beneficiaries, thus the so-called transition *from piggy bank to savings bank*.
- f. A mother belonging to a farming family shared that her son, an OVP, no longer goes far from home, except when he has to go to school to pick up the learning modules. It’s a cliché but the MTR would like to describe this transition *from the battlefield to the green fields* as a fundamental shift of priorities and change of lifestyle indicative of reintegration.
- g. The MRP has also raised awareness of the value of civil registration not only within the partner municipalities but in neighboring areas as well. It has also enhanced the capacity of the seven LGU partners to carry out civil registration at the barangay level with increased effectiveness and efficiency in processing COLB.

The series of still-unfolding events resulting from CFSI mental health referrals may be considered small victories that can lead to greater outcomes and impact. Consider the following:

- a. Raising awareness of the prevalence of mental health cases in Marawi.
- b. Increased interest of health agencies to respond to CFSI referral for mental health treatment.
- c. Increasing number of mental health cases accessing professional medical intervention.
- d. Shifting/changing of unscientific beliefs on mental health by a number of Meranaw families, evidenced by the increasing number of clients availing of professional services.
- e. Formation of an informal collaborative group of CFSI, IPHO, MSF, Marawi CHU and Iligan City Health to facilitate treatment of referred cases by a psychiatrist in the Iligan City Health office.
- f. The above group shifted gears from facilitating treatment to proactive advocacy and lobbying at the BARMM level for the setting up of mental health services at the APMC.
- g. At this stage, there is now a collective and shared goal between and among CFSI, IPHO, MSF, MHO, Marawi City and APMC to pursue the plan.

With all key stakeholders on board and with more persistent follow through, the plan to set up a mental health unit at the APMC may soon be realized.

As a next step, CFSI and DFAT may need to figure out what changes and outcomes are important and relevant in the realization of the project’s goals, and from which decide and agree on their corresponding indicators for integration into the M&E plan.

### 3.10 Sustainability

The following are sustainability measures that are now in place. Some of these measures may not have been intended as such. Nevertheless, at this stage of implementation, the MTR considers them sustainability measures and/or mechanisms that can sustain the gains of the project, to wit:

- Organizing Livelihood Action Groups to serve as local support systems for UBL recipients in the community served as an avenue where recipients of livelihood packages come together as a local support system and self-help group. As a new group, it may still need continued handholding by CFSI in terms of organization development and capacity development as a community service group.
- CFSI as part of the PSS component has been conducting community stakeholders' forums. The forums bring together a multi-sectoral group composed of young mothers, elderly, youth and traditional and religious leaders for training and orientation to prepare them to serve as PSS local responders in the community. It is also envisaged that these forums serve as a local support group to handle PSS and health referrals. Although this is still in the planning stage, the forum is anticipated to set in motion the setting up of an office/unit within the LGU/BLGU parallel to the duly mandated Senior Citizens Office. Training has been conducted to further develop individual skills as PSS responders. A total of 384 members have already undergone the training on child protection, GBV, and referral pathways.
- During the 3rd quarter of 2020, the seven LGU-LCR partners of MRP showed substantial improvement of institutional capacity to process COLB. The increased capacity to carry out civil registration by the MRP partner municipal LCRs can serve as model for other LGUs and other agencies implementing parallel projects, more specifically, on what specific interventions are needed to expedite documentation processing. With the number of like-minded humanitarian agencies promoting social protection, the facilitation work for civil registration as a humanitarian agenda can sustainably be fast-tracked following MRP's experience.
- FAO, in implementing the agri-based livelihood component, has embedded design processes into the project that could be considered sustainability measures. Among these are:
  - The conduct of Training of Trainers (Tot) on Farm Business Schools for municipal agriculture officers and agricultural technicians who will roll-out the training to farmers.
  - Facilitation assistance to register farmers' associations with the Department of Labor and Employment and cooperatives registering with Cooperative Development Authority. As duly registered organizations, farmer groups are eligible to enter into contracts and engage in business.
- Partnership-building, collaboration, training, and the continued handholding with the project partners have been the key elements of the intervention across all three components. The processes have contributed to more efficient and expedient delivery of services. Equally important is that these processes have also contributed to capacity development of beneficiaries and implementation partners. Handholding as an approach implies the continued engagement of CFSI with beneficiaries even after delivery of PSS, UBL goods and services and civil registration documents. The MTR took note of how CFSI integrated mentoring into their post-service delivery monitoring activities. At this stage, mentoring provided added value to the monitoring of savings and income for UBL and the progress of PSS intervention for clients who were referred to partners.

## 4. Integration of COVID-19 Response Measures into the MRP

At the height of the COVID-19 pandemic, the MRP had to act and adjust to make its services relevant and its resources available to respond to a more pressing concern. The integration of COVID-19 concerns had to be discussed and taken up at the TWG and PSC.

While the pandemic has constrained several deliverables across all components, it also afforded time and opportunity for CFSI to think through of how the MRP can respond to a more demanding and urgent health concern. The reference materials for the PSS and protection component's CRAO had to be revised and reproduced to integrate and give emphasis on COVID-19. These were done through referral pathways, and the development of infographics on facts about COVID-19. The Community Health Education of the PSS component integrated topics on raising awareness on preventing COVID-19 and basic management of communicable and non-communicable disease (NCD). With CFSI's deeper involvement in communicating COVID-19 concerns, it had to establish a coordination line and work closely with the provincial/local IATF.

Under the livelihoods component, while technically not in sync with the objectives, an effort to respond to the pandemic had introduced WASH facilities into the CBSL menu of priority community projects. Among these are the rehabilitation and construction of hand-washing facilities, rehabilitation of water systems, and construction of toilet facilities. These community projects were designed to serve other neighboring communities.

CFSI initiated a rapid assessment on the impacts of COVID-19 on the livelihoods of the IDPs. The assessment was carried out with the following key government partners:

- LGU of Marawi represented by the Chief of Staff of the Office of the City Mayor
- President of the League of Municipalities (the Mayor of Butig)
- Vice Chair of Lanao del Sur IATF-EID (Integrated Provincial Health Office)
- Provincial Disaster Risk Reduction and Management Office (PDRRMO)
- Other partner municipal LGUs

The methodology involved home visits to MRP beneficiaries to see the actual living conditions of the IDPs and how the pandemic has affected them. It was at this instance that several UBL recipients reported they had been adversely affected by the enforcement of lockdowns, and the closure of some offices and business operations. In effect, savings and earnings had to be used to help meet their daily needs. The assessment showed that livelihoods that are highly dependent on face-to-face transactions and not providing essential services were the most affected, such as sari-sari stores, 'pedicabs', printing and lamination services, barbershops, and carpentry.

On 25 March 2020, the President of the Philippines signed into law the 'Bayanihan, to Heal as One Act'. Among its provisions was the Social Amelioration Program (SAP) which provided emergency subsidies for the 18 million Filipino families affected by lockdowns as a result of the COVID-19 pandemic. Quite familiar with the reach of staff and capacity of CFSI to undertake field work, the City Government of Marawi, through the Chief of Staff, endorsed the participation of MRP to assist the CSWD in the conduct of validation of prospective SAP beneficiaries. As a result, CFSI was able to cover 72 barangays in Marawi, validating more than 11,000 households as prospective recipients of COVID-19 emergency subsidy. The total number of households validated by CFSI comprises about 72 per cent of the entire population targeted by the CSWD.

## 5. Conclusions and Recommendations

### 5.1 Conclusions

At this stage, 15 months before the end of the project, there are now emerging outcomes indicating that the interventions in pursuit of the MRP objectives and goals are gaining grounds. This is evidenced by the considerable change in economic condition where IDPs and OVPs are generating more than enough for their daily needs, with some thriving businesses and livelihoods. These are indicative of the restoration and rebuilding of the livelihoods and economic pursuits of IDPs.

While there is no baseline information to support this claim, official reports and studies provide a clear description of the dismal condition in the aftermath of the Marawi siege. The current state of affairs of the IDPs and OVPs has improved.

The MTR has documented enough testimonies to show connection and possible attribution to merit the following specific inferences:

1. The MRP has played an important role in the restoration and rebuilding of the livelihoods and economic pursuits of IDPs. Some of these UBL recipients have achieved relative stability, while others have found opportunities to expand their ventures.
2. The PSS services of the MRP have gone far beyond easing the pain, discomfort, and difficulties of PWSNs, PWDs and other vulnerable persons. It has also provided a venue for community interaction and helped them feel that they are being cared for. While the MRP cannot claim for now that IDP partners have fully recovered from the psychosocial impact of the Marawi crisis, it can at least take pride of improvements in community relationships and closer interactions, with respect and acceptance extended towards PWSNs, PWDs, and persons of varying gender orientations.
3. There are still several IDPs who still cannot exercise their full rights to education and other basic government services. This could have been resolved through COLB civil registration. While the MRP was judicious in carrying out its role to support issuance of civil registration, the offices mandated to complete the process still lacked the capacity to keep pace with the volume of demand. It was only in mid-2020 that these constraints were addressed, effectively increasing the capacity of the partner agencies to process more COLB and SECPA.
4. The cumulative achievements and progress of implementation of the PSS and UBL components thus far are now evolving into full outcomes at the family and community levels. These said outcomes can, however, still be pushed to a higher level of governance and scale up to cover more areas.

### 5.2 Best Practices

- The Memorandum of Understanding (MOU) of CFSI with MSU for the field placement of 14 social work students for the MRP was a good move. While this initially intended to fill gaps in personnel, it also provided students with the opportunity to learn and deliver much-needed community services in response to the pandemic.
- The manner by which the issue and advocacy on LGBTQI+ has been handled in a socio-milieu that is not yet ready to accept the concept, exemplified CFSI's understanding of the cultural and political sensitivities of the area. The MTR noted how CFSI had to delicately balance in

promoting social inclusion and gender equality, at the same time managing risks in the midst of lurking threat of violent extremism.

- Handholding or the continued engagement of CFSI with the beneficiaries even after delivery of PSS, UBL goods and services, and civil registration documents was a valuable extra-added service to the community. CFSI integrated mentoring into their post-delivery services and this allowed better monitoring of the savings and income of UBL recipients, as well as the progress of PSS intervention to clients who were referred to other partners.
- With the growing need for MHPSS medications and specialized services, the MSF, IPHO and CFSI have jointly advocated for government partners to pay extra attention to the delivery and provision of MHPSS to the constituents of Marawi and LDS. This initiative prompted the government to consider setting up a psychiatric ward within the APMC. This, again, is a manifestation of MRP's sensitivity to respond to emerging needs.
- Resource matching and brokering complementary services with other partners has also generated increased attention towards the IDPs. To provide IDPs more opportunities to strengthen food security, CFSI drew in the services of the Office of the Provincial Agriculturist to provide seeds for high-value crops and varying vegetable seeds to 1,000 MRP project participants engaged in farming.
- Coordination with the LGU of Iligan was a good example of drawing in other support services even outside of project area. An illustration of *out of the box thinking*.
- During the time when IDPs started to move to transitory communities, it was observed that social segregation was high. CFSI saw this as a looming threat to harmonious community life as they shifted the focus of interventions from the individual level to collective processes that will improve social cohesion.

### 5.3 Recommendations for CFSI

1. As the project is ending, the MRP needs to promote the sustainability of the project gains by embedding vital processes in civil registration, PSS and livelihoods to the appropriate LGU and BLGU offices.
2. In consultation with BARMM MILG, work out the adoption by MRPLGU partners the Barangay Registration System on a piloting basis. The MRP may also lobby with the BARMM Parliament and/or congressional representatives for appropriate policy support.
3. 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 MAO of Piagapo.
4. To explain to the CBSL beneficiaries and concerned LGUs why a number of MRP participants in BLM areas received UBL type of assistance from CFSI.
5. With the lessons learned from the COVID-19, the MTR recommends integrating epidemics, and infectious diseases and communication 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.



6. 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.
7. 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 PWD, 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.
8. 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.
9. Pursue the planned changes and enhancement of the M&E system and framework, including setting up of the database system and the capturing of project outcomes.
10. 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.
11. 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.

#### 5.4 Recommendations for DFAT

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 at the DFAT to establish the terms of reference of the coordination to be replicated at the level of project operations.
2. 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.

# Annexes

## Monograph and Case Studies

### The Referral Pathways of PSS : Institutionalizing Mental Health Care

#### A Monograph

Psychosocial services (PSS) are often perceived as clinical in nature: a psychiatrist may conduct several interviews with a patient and their families to determine the nature of their condition, from that information make a diagnosis, and then finally prescribe treatment and further consultations as appropriate. In the context of Marawi, especially in the Marawi after the siege, the clinical aspect of PSS is just the figurative tip of the iceberg. Below the surface, there is a complex milieu of cultural, political, and social factors that are just as important as making the diagnosis.

The MRP's role in PSS, on paper at least, is the provision of assistive devices and making referrals. The scope of the project was only 650 assistive devices. However, in the course of project implementation, more than a thousand PWSNs have been identified. In addition, the MRP does not currently have the capacity to provide direct intervention to these individuals. The referral system for psychosocial support was founded on this limitation, in hope that it would give PWSNs the appropriate treatment was out of the scope of the MRP. Because of this, CFSI was compelled to collaborate with government agencies, the Médecins Sans Frontières (MSF), the Integrated Provincial Health Office (IPHO), and the Amai Pakpak Medical Center (APMC).

To understand the magnitude of the MRP's impact, it is first important to understand how mental health and illness are received in communities in Marawi. Multiple persons interviewed acknowledged that, especially in rural communities, there is still stigma against those with mental illnesses. In particular, among the Meranaws it is a common belief that mental illness is caused by curses or by spirits called *jinn*. Because of this, those with mental illness are a source of shame to their families and are often kept locked in their homes as a consequence. Also because of this belief, these person's families often seek treatment from traditional medicine men whose objective is often to drive away spirits or counter curses rather than addressing the patient's psyche.

The stories of people being locked in their homes are eerily similar to the old literary trope of the "madwoman in the attic"<sup>13</sup> usually in stories set in the periods before breakthroughs in the treatment of mental illness. There is little documentation of real-life examples of these cases, whether in Marawi or elsewhere, but we can conjecture that the stigma and social isolation these persons receive is detrimental to their well-being. This is especially since we know that, with adequate treatment, many people with mental illnesses are still able to function capably in society.

In addition, the abrupt life changes following the Marawi siege may have had adverse effects on those with existing mental illnesses or may have serve as triggers for those who did not have them before. Displacement, in particular, may play an important role. In one study following the 1998-1999 war in Kosovo, it was found that war survivors who were internally displaced were at increased risk for psychiatric morbidity<sup>14</sup>.

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<sup>13</sup> Most famously, the one in Charlotte Brontë's "Jane Eyre".

<sup>14</sup> Cardozo, B.L.; Vergara, A.; Agani, F.; et al. (2000). Mental Health, Social Functioning, and Attitudes of Kosovar Albanians Following the War in Kosovo. *Journal of the American Medical Association*, 284(5), 569-577. doi:10.1001/jama.284.5.569

We can therefore say that both community stigma towards mental illness and the stresses of war have made PSS a necessity post-Marawi siege, with the former also serving as a hindrance to its delivery.

The MRP, however, took service delivery as an opportunity to educate the community on mental illness. Along with the distribution of assistive devices, community orientations and other activities became an opportunity to talk openly about mental illness and its treatment. In particular, the MRP held trainings with community and religious leaders, equipping them with basic skills to do Psychosocial First Aid and referral. In addition, together with the MSF, documentation of mental health cases was discussed with Local Government Units (LGUs) at a Technical Working Group Meeting. After a while, more and more people sought the MRP's referral service. This began to include cases that were new to the MRP, including persons with down syndrome and autism.

This may not be too surprising, considering that education facilitates understanding, and therefore reduces stigma. But also, there may have been a domino effect within the community itself. An action research on mental health stigma showed that, aside from formal training, learning directly from those recovering from mental illness helped facilitate acceptance<sup>15</sup>. That is, the more that people came to realize that mental illness was not something to be ashamed of, the more people began to open up about illness, which further facilitated acceptance. Of course, full community acceptance may not be achieved within the span of the project, and we can realistically expect it to take years and much more educating before dangerous beliefs about mental illness die down. However, what we can say is that this project played a role in opening up the floodgates, allowing people in the community to talk about mental illness instead of treating it as taboo. As well, it has made them aware of the availability of science-based treatment.

Speaking of that, while the MRP itself did not offer treatment for mental illness, it unexpectedly played a role in increasing access to treatment. Following the surge in the number of referrals from the MRP, it was discovered that the Department of Health (DOH) had a stockpile of medicines for psychiatric conditions, some of which had expired over years of unuse. Because so few people were seeking professional help, few diagnoses were made, and therefore many of the medicines, which were supposed to be readily available, sat unused in the stockroom. The increasing number of referrals meant that more of these medicines were used.

The realization that there *were* mental health cases out there also resulted in an attitude shift within some members of the local health care community as well. Perhaps the current context required not that health care professionals waited in their clinics for patients, but that they actively go to communities to assess mental health and engage with the people they were meant to serve. The MRP helped facilitate this shift by accompanying members of the IPHO to the community, allowing them to see these cases firsthand. It is hoped that the IPHO will continue this practice beyond the project's duration, and that this practice will spread beyond the borders of Marawi and Lanao.

All this, however, did not come without setbacks. According to the MRP 3<sup>rd</sup> Quarter Report of 2020, there has been a halt in the medicine supply to Marawi since March of the same year. Because of that, "the provision of Mental Health and Psychosocial Support Services (MHPSS) in Marawi particularly... (are) facilitated by humanitarian actors like the Médecins Sans Frontières and CFSI."

As both awareness, and subsequently the demand for medications and specialized services, grew, the MSF and CFSI partnered to advocate for MHPSS delivery. After many conversations with

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<sup>15</sup> Theurer, J.M.; Jean-Paul, N.; Cheyney, K.; Koro-Ljungberg, M.; and Stevens, B.R. (2015). Wearing the Label of Mental Illness: Community-Based Participatory Action Research of Mental Illness Stigma. The Qualitative Report, 20(1), 42-58. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss1/4>

government partners, there are now plans to open a psychiatric unit at the APMC, “the only medical facility in the (Lanao del Sur) region servicing 36 municipalities and the City of Marawi<sup>16</sup>”. (For reference, CFSI currently brings cases that require psychiatric intervention to either Iligan or Cagayan de Oro City as none are available within the region.)

In summary, we can say that the MRP PSS component is beginning to make an impact at several different levels. First, it has begun to reduce stigma against mental illness at the level of the community by opening safe spaces to talk about mental illness and educating people about the science behind it and its treatment. Second, it has also encouraged public health care providers to take on a more proactive approach to mental health through community engagement. Third, it has set the ball rolling for the institutionalization of mental health services at the APMC, allowing these services to be more readily available for people all over the region. Finally, it has forged partnerships between various civil society and government institutions that will, hopefully, continue to advocate for and improve mental health services for the vulnerable communities that need it most.

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<sup>16</sup> Lanto, M.B. (2020). Commentary: Amai Pakpak Medical Center. The Daily Tribune. Accessed from: <https://tribune.net.ph/index.php/2020/10/28/amai-pakpak-medical-center/>

## Case No. 1 – “From Driving to Sewing: A Shift in Livelihood”

Before the Marawi Siege in 2017, 31-year-old Mobahar P. Yusoph made his living off driving a rented tricycle. Back then, his wife owned an old sewing machine but it was outdated and was mostly used for repairing the clothes of the household. Little did they know that this skill of hers would be their hope in difficult times.

While the Yusoph’s did not live in ground zero, the area most affected by the siege, they say that they were most affected by its aftermath. In the months that followed, Yusoph found his old work as a tricycle driver could no longer sustain the family. Some of their *suki* (frequent customers) had relocated following the siege and there were much less people visiting Marawi in general, which made it difficult for him to justify the costs of renting the motorcycle.

Fortunately, it was around this time that the MRP offered urban-based livelihood projects to Yusoph’s community of Barangay Mipantao. Since their previous livelihood was no longer profitable, the couple decided to request a more modern sewing machine with a zigzag stitch, a feature that was not available with his wife’s old machine. This and the machine’s faster speed meant that she could take in a large volume of orders.

At first, Yusoph’s wife catered to the sewing needs of relatives. Gradually, as word-of-mouth of their services spread through the community, she began to receive more job requests. Some of her first projects included an order for curtains for the barangay hall and other jobs from barangay officials. Later on, she was commissioned to make uniforms for the nearby Madrasah (Islamic school). Now she even gets requests from a nearby wedding venue.

Now, Yusoph himself helps with the sewing work. In fact, they plan on saving up to buy more sewing machines and, perhaps, even hire their relatives to keep up with the demand. Yusoph says that, if given an opportunity, they would like to receive training in dressmaking so that they can expand their repertoire of services.

## Case No. 2 – “Adapting to Change: Reviving a Losing Business”

When Mrs. Nane Ampaso, a 47 year-old and mother of four, was offered a livelihood package by CFSI, she chose to go for a refrigerator and groceries so she could start a sari-sari store. Eventually, she was able to use her earnings from the store to buy utensils and open a *carenderia* (eatery). This helped her family immensely and even allowed them to save some money. However, COVID-19 hit the country early in 2020 which led to community quarantines. The resulting quarantine meant less customers, and therefore less financial security for the family.

Given the limited options available to her, she had to be strategic to ensure that her family would still have a source of income in these rough times. Knowing that while people may not be going out to eat, they still had to put food on the table, she used her savings from her previous businesses to buy *palay* (rice) seedlings in Mulondo, a municipality about 30 kilometres away, to sell to the local farmers. In time, she became a major supplier of seedlings in the area.

Her resourcefulness is, perhaps, not too surprising. She knows she must do what she can to support her children. One of her sons was a Moro Islamic Liberation Front child soldier who was since disengaged as per the United Nations and MILF Action Plan implemented in 2017. In fact, this son was the reason why she was identified by CFSI as a beneficiary -- as livelihood security for their family would decrease the chance that he would become involved in armed conflict again. This son is now back in school.

Within the past year, her 12-year-old daughter, developed hydrocephalus. She is currently out of school, saying she is embarrassed of her growing head. Though the family cannot afford to take the child to the city to receive specialized treatment, Nane is convinced that it is still important “*na mahalín at ipakita sa kanya na okay lang na ganoon siya para maramdaman niya na hindi siya naiiba sa normal na tao*” (to love her and show her that it’s okay for her to have that condition, so she feels that she is not different from other people). Nane still hopes that one day she can get treatment for her daughter.

## MRP Dashboard - Physical and Financial with MTR comments

Accomplishments as of 30 September 2020

1	Indicators for the Protection Component	Unit	Target based WFP as of 31 Aug 2020	Overall Target Oct 2017 - Dec 2021	Outputs as of 30 Sept 2020 (c)	% of Achievement compared to cumulative target as of 30 Sept2020	% of Achievement as compared to overall target
1.1	Number of persons assessed with valid COLBs	persons	19,500	19,500	23,127	119%	119%
1.2	Number of dummy forms completed by persons in need	forms	7,089	13,000	9,424	133%	72%
1.3	Number of COLB forms encoded and printed by CFSI	forms	7,089	13,000	7,474	105%	57%
1.4	Number of COLB applications submitted to LCR	persons	7,089	13,000	4,790	68%	37%
1.5	Number of persons provided with LCR COLB	persons	7,089	13,000	3,858	54%	30%
1.6	Number of persons assessed with valid PSA SECPA copies	persons	N/A	N/A	13,000	N/A	N/A
1.7	Number of SECPA applications transmitted by CFSI to PSA	persons	3,750	10,000	4,512	120%	45%
1.8	Number of persons provided with PSA SECPA copies of birth certificates	persons	3,338	10,000	2,287	69%	23%
1.9	Number of households confirmed with PhilHealth during intake	households	N/A	N/A	2,523	N/A	N/A
1.10	# of HH assisted by for access, registration, updating of records at PhilHealth	households	N/A	N/A	0	N/A	N/A
1.11	Number of persons participating in awareness raising on IDP Rights, humanitarian principles, referral pathways and LGBTQI issues	persons	5,691	6,500	3,216	57%	49%
	<b>Total</b>						<b>54%<sup>17</sup></b>

<sup>17</sup> One minor issue noted was that in progress reports, the overall accomplishment level per component was computed based on the average of the accomplishment percentages of the indicators using the arithmetic mean. It would have been more precise had a weighted average been used. This is because not all of the subcomponents have the same value in the achievement of the overall component. Using a simple average is therefore confusing and misleading. The MTR is of the opinion that presenting only the percentage of accomplishment for each subcomponent will suffice in terms of reporting.

**MTR Comments:**

- 1.1. This seems not a result indicator. There is no information about the Intake. How about the ff:
  - ✓ Intake minus those with PSA SECPA equals Target for Assistance: Those with COLB will be assisted to get PSA SECPA. Those without COLB will first be assisted to get COLB then, later, PSA SECPA.
- 1.6 This is not a result indicator. The proper result indicators would be: (1) Percentage of persons previously w/o PSA birth certificate in security paper but with COLB who now have PSA SECPA; and (2) Percentage of persons previously w/o COLB who now have PSA SECPA.
- 1.9 This is not a result indicator. These HHs already had PhilHealth before the project. The proper result indicator would be: Percent of HHs previously w/o PhilHealth now enrolled in PhilHealth.

<b>2</b>	<b>Indicators for the Psychosocial Support Component</b>	<b>Unit</b>	<b>Target based WFP as of 31 Aug 2020</b>	<b>Overall Target Oct 2017 - Dec 2021</b>	<b>Outputs as of 30 Sept 2020 (c)</b>	<b>% of Achievement compared to cumulative target as of 30 Sept 2020</b>	<b>% of Achievement as compared to overall target</b>
2.1	Number of persons provided with case management services	persons	475	650	518	109%	80%
2.2	Number of persons provided with appropriate assistive devices	persons	505	650	379	75%	58%
2.3	# of persons with special needs assisted to avail assistance from relevant agencies	persons	610	650	353	58%	54%
2.4	Number of persons who benefit from structured psychosocial support activities that are accessible and needs based	persons	500	500	2,006	401%	401%
2.5	Number of religious leaders, community responders, and other humanitarian service providers trained on PSS, CP, GBV and Referral Pathways	persons	535	600	384	72%	64%
	<b>Total</b>						<b>132%</b>



<b>3</b>	<b>Indicators for the Livelihood Component</b>	<b>Unit</b>	<b>Target based WFP as of 31 Aug 2020</b>	<b>Overall Target Oct 2017 - Dec 2021</b>	<b>Outputs as of 30 Sept 2020 (c)</b>	<b>% of Achievement compared to cumulative target as of 30 Sept2020</b>	<b>% of Achievement as compared to overall target</b>
3.1	Number of households having submitted livelihood proposals	households	4000	4,000	4,000	100%	100%
3.2	Number of persons trained on financial bookkeeping		3,598	4,000	2,782	77%	70%
3.3	Number of Households provided with Urban-Based Livelihood Support Packages	households	3,700	3,700	3,595	97%	97%
3.4	Number of Households implemented Community-based Support to Livelihood Sub-projects	households	300	300	0	0%	0%
3.5	Percentage of urban livelihood beneficiaries having savings of at least 1000	percent	70	70	19	27%	27%
3.6	Number of Households provided with Agri-Based Livelihood	households	2500	2,500	2,500	100%	100%
3.7	Percentage of households with positive Return of Investment	percent					No data yet
3.8	At least 10% increase from the average household income from agriculture	percent					No data yet
	<b>Total</b>						<b>66%</b>

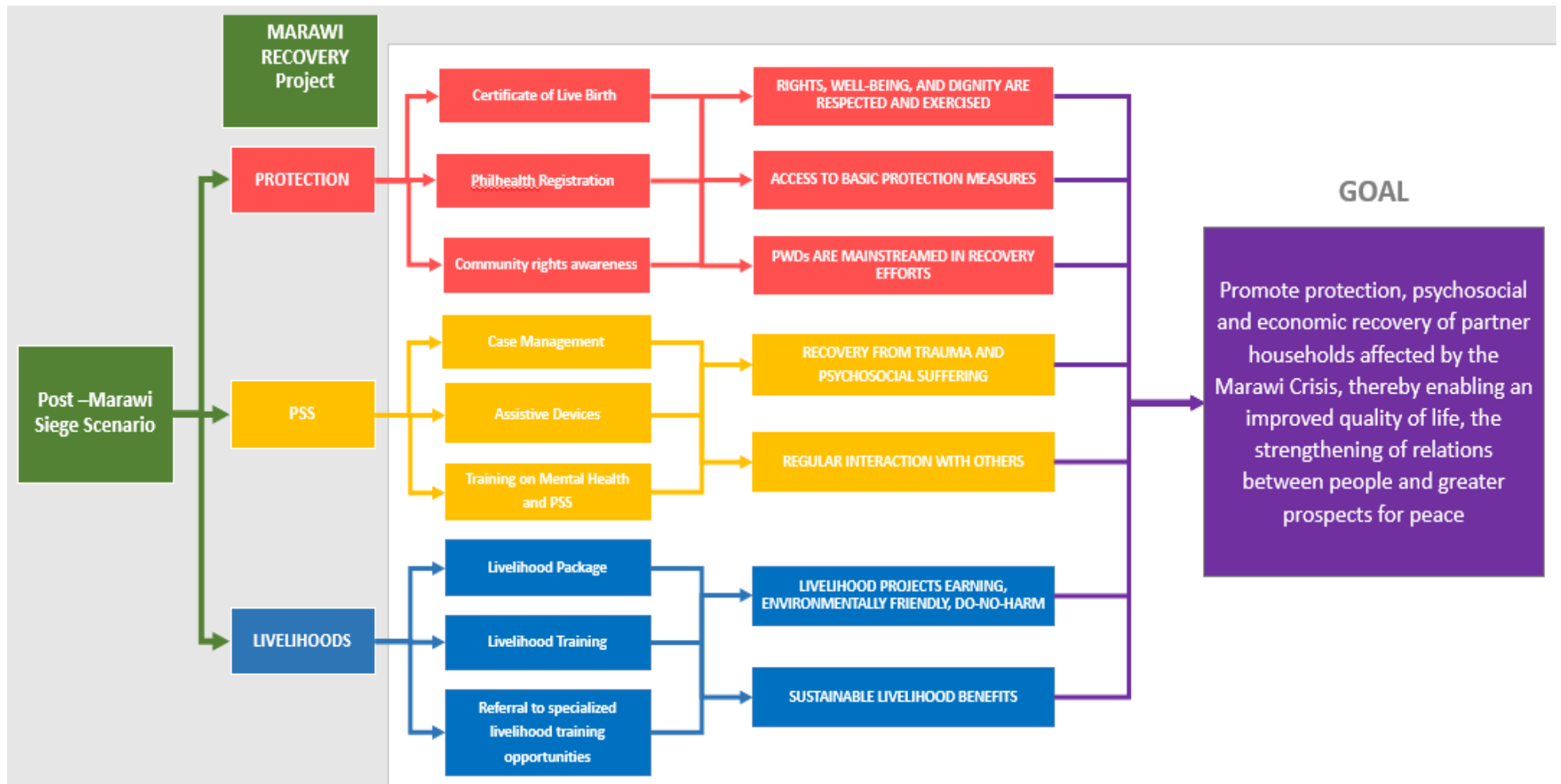
**MTR Comments:**

1. 3.1 Suggested rephrasing: Number of proposal processed/approved.
2. 3.4 For CBSL is it the HH or the number of community projects completed and delivered that should be quantified and reported?

Milestones that are adopted as result indicators may also have to be reviewed to include only those that are important and with direct bearing to the output being measured. The MTR may not be familiar of the context and intention, nevertheless, CFSI may want to take a look at the following:

1. Number of persons assessed with valid COLBs –this should not even be included as result indicator. This is more of a baseline data
2. Number of persons assessed with valid PSA SECPA COLB copies – Not a result indicator
3. Number of households confirmed with PhilHealth during intake – Not a result indicator
4. Number of persons who benefited from structured psychosocial activities that are accessible and needs-based. **MTR Suggestion:** # of persons who participated in the structured psychosocial activities that are accessible and needs-based.
5. Number of households that have submitted livelihood proposals. MTR Suggestion: # of proposal endorsed and approved.
6. Items 1, 2 3 need not be computed as achievement.

# MRP Conceptual Framework



## Evolution of the Project

### A glimpse of the MRP from the perspective of CFSI

*Source: CFSI Quarterly and Annual Reports 2017 to September 2020*

The following is an attempt of the MTR to capture in encapsulated form the unfolding of the MRP since it started. This narrative is mainly informed by the progress the reports, project documents made available to the MTR and a few from the MTR interviews.

For the first six months, the focus of the project was largely social preparation, including the selection of project beneficiaries, the finalization of the project implementation plan, the establishment of contacts, and communication to prospective partners in government agencies. These were carried out at the municipal, city and provincial levels, up to the regional government level of the ARMM/BARMM.

Even before this particular project started, the CFSI-MRP had already involved themselves in the planning and facilitating the transfer of IDPs from Iligan City to Marawi City. The context for this was that the Mayor of Iligan had abruptly ordered IDPs to vacate current relocation sites, as these facilities were to be used accordingly by the city government.

#### *3<sup>rd</sup> Quarter of 2018*

At this time, initial steps for the issuance of the COLB were set in motion. It was at this stage that the MRP began to assist interested IDPs in opening savings accounts with the PNB. Alongside this, trainings on the benefits of savings and the processes of bank transactions were also conducted. Simultaneously, the project facilitated the conduct of both Basic Literacy Training through the ALS (with the DepEd) and skills training with TESDA.

At this stage, FAO submitted a proposal for the revision of the selection criteria in order to meet the target number of beneficiaries in the DPM cluster. This proposal was to be reviewed by the DFAT, CFSI and FAO principals.

#### *4<sup>th</sup> Quarter of 2018*

196 persons were enrolled to PhilHealth, with the support of the Marawi Local Legislative Council. It was also during this period that the MRP monitored that at least 300 beneficiaries from UBL had savings of at least 1,000 pesos deposited in the bank. This is an early outcome, and quite an achievement since Meranaws tend to either carry all their cash or keep it at home instead of setting it aside in a bank, a reality that led to much financial loss during the Marawi siege.

In December 2018, FAO completed compiling the IDPs' baseline data for the livelihood component. It was also during this time that subcomponents were developed into "packages" of commodities for distribution to DMP cluster beneficiaries.

#### *1<sup>st</sup> Quarter of 2019*

Throughout this period, there was continued improvement in project's overall household coverage in Marawi City. There was also significant progress by the UBL in completing their overall targets. For this, the CFSI report showed that, at this time, the MRP already accomplished 79 per cent of its total targets. It is important to note that the majority of the recipients were women-headed households. FAO, at this time, reported to have served 15 initial recipients as they were yet to accomplish the distribution of agricultural support, procurement, and training activities.

During this period, the Mental Health and Psychosocial Support (MHPSS) program had already accomplished 94 per cent of its total target in Marawi City and the DMP cluster. Parallel activities in

the conduct of Community Rights Awareness and Orientation (CRAO) were also carried out simultaneously. These activities were organized for the MRP beneficiaries, but other members of the community were also invited to participate.

Under the protection component, the MRP started the registration process of at least 4,133 clients. By the end of the quarter, these were in varying stages of registration (e.g. encoding, printing, submission to LCR, or transmission to PSA Central for processing of the SECPA). The PSA, realizing the need to fast-track the process, provided software that would allow CFSI to encode birth registration details themselves.

Following this, CFSI submitted a proposal to DFAT for the expansion and extension of the MRP.

At this time, the results of the referral services to PWSNs by the MRP had been encouraging. Among these services was the provision of ID cards and booklets, which allowed PWDs and Senior Citizens to avail of discounts for groceries and medicines. This was made possible through the action of the CSWD/MSWDs of the concerned LGUs, through the facilitation of the MRP.

The MTR noted an item in the CFSI report for this quarter indicating that “Medical Social Services at Amai Pakpak Medical Center (APMC) was coordinated to ensure hospitalized MRP beneficiaries could avail of no-balance-billing through maximizing PhilHealth and charity privilege”. From an outsider’s perspective, this may not speak well of the project as it connotes discrimination against non-MRP beneficiaries and runs counter with the inclusivity tenet and “do no harm” policy that both DFAT and CFSI believe in.

#### *2<sup>nd</sup> Quarter of 2019*

This period marked a changing political landscape, through the creation of a new political entity, the Bangsamoro Autonomous Government in Muslim Mindanao (BARMM), following the ratification of the Bangsamoro Organic Law that was, itself, a result of the GPH-MILF Peace Process. This entity covered the entirety of the Bangsamoro ancestral land. In addition, this period marked the start of the political campaign period for the local elections, and so it was riddled with the habits of partisan politics.

For the second half of 2019, there was significant progress in the accomplishment of the three project components. By the end of this period, only 45 households remained to be served. Also, 75 per cent of the 1,455 recipients reported to have set aside additional savings.

The psychosocial component was also underway and had increased its coverage to IDPs of varying ages and of often overlooked groups, including young mothers, children, youth, and humanitarian service providers.

Under the protection component, the delivery of Community Rights Awareness Orientation was progressing well, but the issuance of the COLB at the level of the Local Civil Registry was delayed due to “overload and lack of capacity” in their system.

The Agri-based livelihood component also experienced delays due to internal constraints in the procurement of livelihood packages. To ensure the quality of the items given to the beneficiaries, FAO established procedures to check on these items, particularly the seed samples and fertilizers. However, there were a limited number of laboratories capable of performing the tests on these items, thereby postponing their distribution. The observance of Ramadan also affected the distribution schedules. On a positive note, the FAO reported to have organized a total of 11 CBOs, either as associations or cooperatives, at this time.

### *3<sup>rd</sup> Quarter of 2019*

Just before the start of the expansion and extension phase in September 2019, CFSI reported to have completed the target coverage of 1500 households under the UBL sub-component. At this time, 88 per cent of UBL recipients reported to have generated additional savings. While not emphasized in CFSI progress reports, the cumulative effect of additional income and savings could already be observed in MTR field visits and interviews. Among the examples of beneficiaries who have achieved astounding progress include:

- One household had managed to expand their business from a sari-sari store to a bigasan (rice retail store), and then purchased a printer to start a printing shop.
- One household whose sole source of income used to be driving a sidecar used their savings to open a bigasan.
- One household's income came from an amortized motorcycle, which they had paid off by the end of this quarter and had, in addition, installed a sidecar, allowing it to carry additional passengers.
- One beneficiary's additional income allowed them to support the education of their siblings, purchase an additional refrigerator to store supplies, and provide medical support to the PWSN in their family.

This observed impact on the lives of the IDPs was so profound that one CFSI staff reflected that “all we need is help IDPs stabilize their livelihoods, then everything will follow i.e. they will now be in better capacity to protect themselves and address health and psychosocial needs of family members”.

At this stage, activities planned for the PSS component were on track. Among the milestones include referrals for acute mental cases, customized interventions for PWSN, the provision of assistive devices to PWDs, and trainings and orientations on gender-based violence, child protection, community support and participation.

Despite this, challenges in the issuance of COLB at the LCR level lingered. Throughout this quarter there was only a 4 per cent accomplishment rate in registration, though efforts in identifying prospective PSA clients continued. The Marawi City Government indicated that “they did not have the capacity to process more than 200 applications per month”. The other partner LGUs indicated, as well, that “they could hardly process more than 60 applications per month”. They further acknowledged that “they did not have the adequate number of staff and equipment to match the rise in demand” for the issuance of COLB.

FAO reported that, as of September 20, 2019, agricultural inputs were distributed to project beneficiaries in the DMP cluster, 4 value chain analyses were conducted, 12 CBOs were organized, and 460 beneficiaries were trained on GAP, business matching and microfinance.

### *4<sup>th</sup> Quarter of 2019*

A number of significant external events occurred during this quarter which directly or indirectly affected operations. One of these was the second commemoration of what the government labelled as “Marawi's liberation from terrorism.” In addition, the verdict was made for the Maguindanao Massacre, a case that had been in court for almost a decade, found 101 (out of 197 accused) persons guilty of the murder of 58 persons, most of whom were women. At least 4 earthquakes of devastating magnitude shook Mindanao from October to December 2019, causing massive displacement and destruction to property in Central and Southern Mindanao, drawing the attention of humanitarian agencies, including those operating in the Lanao area.

At the end of the year, CFSI reported to have delivered livelihood support to 4,422 households, surpassing the 4,000-household target set before the expansion phase.

There were also continuing PSS efforts for IDPs and vulnerable members of the community in the form of referrals to partner agencies, as well as direct intervention by MRP staff through training facilitation, monitoring, and mentoring.

While the delivery of Community Rights Awareness Orientations were in progress, efforts in the issuance of the COLB continued to be delayed at the LCR level. At this point, the MTR took note of a CFSI report indicating that “while around 33 per cent of the targeted caseload has been processed by CFSI, the percentage of issuance of COLB by the relevant LCR remained low, with 1,089 provided with COLB (8 per cent)”.

Before the year ended, a proposal to support the LCR operations was presented to DFAT for review. The proposed support included the provision of desktop computers and augmentation of support staff to LCR.

#### *1<sup>st</sup> Quarter of 2020*

During the first quarter of 2020, a number of challenges hit the MRP and other humanitarian initiatives in Mindanao. CFSI reports that during the period “*the operational context was marked by the onset of episodes of armed conflict, natural disasters, and the COVID-19 pandemic, which posed a number of challenges to the team*”. During this time, a number of armed encounters between three factions of the Bangsamoro Islamic Freedom Fighters (BIFF) and the Armed Forces of the Philippines (AFP) in Central Mindanao caused disturbances to peace on the island. The eruption of the Taal volcano in Luzon affected air travel between Manila and Mindanao and drew the attention of humanitarian agencies.

However, the event that produced the most impact was (and still is) the COVID-19 pandemic. On March 16, 2020, the Philippine government imposed an enhanced community quarantine (ECQ) in Luzon, which restricted the movement of the population. This put on hold many social and economic activities, including key activities of the MRP.

During this period, no additional beneficiaries for UBL were added. However, 767 more livelihood recipients were documented by CFSI to have savings of at least 1,000 pesos.

The 1<sup>st</sup> quarter report also showed that out of the 707 COLB applications processed and submitted by CFSI, only 200 were accepted by the LCR. The rest were held in abeyance upon the request of the respective LCRs. The LCR of Marawi had to transfer to a new office and the LGU of Marantao and the appointment of a new Civil Registrar is still pending.

In the meantime, the DFAT approved the proposal to extend support to the LCRs on February 2020. Among the support that was approved included the hiring of 6 field assistants for the partner municipalities, as well as 15 sets of desktop computers with corresponding UPS, printers, and cabinets.

It was at this point that the MRP’s monitoring and evaluation system had to be reviewed. The CFSI report for the quarter indicated that “*The review of M&E indicators and methodology for data collection required has led to a complete review of means of verification to ensure data accuracy, concrete means of verification, and accuracy of figures.*”

#### *2<sup>nd</sup> Quarter of 2020*

At this time, enhanced community quarantine was enforced in Iligan and Marawi City.

In response to pressing needs in the community, CFSI focused more on providing life-saving activities to “help prevent deterioration of well-being.” This included “referrals for medical services, provision of assistive devices, as well as distribution of livelihood support packages.” This also included coordination with the Ministry of Agriculture, Fisheries, and Agrarian Reform (MAFAR) and Global Network of Women Peace Builders for further assistance. These offices helped provide vegetable seeds and dignity kits to MRP beneficiaries.

While the lockdowns adversely affected the delivery of services for most MRP components, it was an opportunity to push for the processing of COLB applications by the LCRs, as they were not accepting walk-in clients at this time and were therefore less occupied. Although these LCRs operated on skeletal staffing, MRP applications for COLB were thus given priority.

In the meantime, partner agencies spread the word of the MRP’s referral services, resulting in an increase in the number of referrals made. These new referrals included cases that were new to the project, including persons with down syndrome or autism and requests for assistance for medical expenses. Evidently, there is now increasing consciousness among the Meranaws of the importance of treating and mitigating psychosocial and mental health issues. This is a welcome development, considering that in most rural areas of the country, a common, traditional belief is that mental (and even some physical) impairments are caused by spirits. In this way, therefore, the MRP is contributing to correcting misconceptions that can be dangerous to the well-being of these individuals and to stressing the importance of science.

Under the expansion phase, 103 PWDs were documented and referred to their respective Social Welfare Offices. Due to these referrals, MRP participants were able to acquire PWD identification cards, which make them eligible for discounts and PWD-targeted services, including a monetary grant from the provincial government.

The MRP support to the 6 LCR partners was finally handed over to the concerned offices on the last week of May and the first week of June 2020. This included the deployment of the field assistants.

Throughout this period, CFSI continued in delivering essential services that are lifesaving, helping prevent the extreme deterioration of well-being in times that were so challenging to people across the globe. These services include assistive devices, the conduct of community health education on the prevention of COVID and other diseases, and the distribution of livelihood support packages.

In addition, CFSI mobilized support from its partners to ease the impact of the pandemic among MRP project participants. For instance, cash subsidies were given to pedicab drivers from the LGU of Marawi City, medicines for people with mental health issues were provided by the Integrated Provincial Health Office (IPHO) under the Ministry of Health (MOH) of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), and seeds for MRP project participants were provided by the BARMM Ministry of Agriculture, Fisheries and Agrarian Reform (MAFAR).



## Process Documentation

The following are the major phases of the conduct of this MTR:

- I. Desk Review and preparation of the Inception Report – This is included in the general list of possible questions based on indicators and planned activities set forth in the grant agreement and comprehensive listing of possible questions based on each of the AQC criteria
- II. Preparation of the MTR Research Tools
- III. Setting-up and mobilization of the Local Research Team in consultation and with the assistance of CFSI
- IV. Entry meeting with CFSI – Project Coordinator Farida Mangcaan and Asst. Project Coordinator Jalil Usman and CFSI Staff
  - Introduction of the research team
  - Briefing and orientation by CFSI for the team – Overview of the MRP
  - Discussion on deployment and coordination arrangement between CFSI and MTR Team
  - Review of the MTR Research instruments – integration of inputs and suggested amendments
- V. Revision of the MTR research instruments
  - Guide questions
  - Survey for the beneficiaries
  - Design and development of guide questions that will specifically address Quality Aid indicators/criteria and enhancement of the survey questions and KII guide questions with inputs from DFAT
- VI. Coordination with Senior Community Organizers and firming up of site interviews
- VII. Deployment of MTR Research Team in BLM areas with prior arrangement with CFSI to assist and usher the team to the area and introduce them to the beneficiaries.
- VIII. Field interviews in DMP areas with assistance from CFSI
- IX. Field interview in DMP cluster and Marawi City – (Site ocular visit and face to face interview with beneficiaries, LGU key departments, LCR, BLGU, MLGOO, Provincial offices)
- X. While the data gathering were progressing in the three main project sites, virtual/telephone interviews were simultaneously conducted for the following:
  1. Phone conversation and interview with MRP of Plan International Deputy Chief of Party, Marlon Libot; and Team Leader, PLAN Marawi Response Project, Economic Development, Tito Ilagan.
  2. BalayMindanaw – Balay Marawi Project Manager
  3. Face to face interview with MARADECA Exec. Director Ibrahim Salik
  4. Phone interview and Email exchanges with ECOWEB Executive Director Regina Salvador Antequisa
  5. Phone and face to face interview with Professor Paladan Badron – Retired MSU Sociology/History teacher
  6. Virtual Interview with DFAT: Ms. Anne Orquiza, Ms. Inge Stokkel and Ms. Mei Santos
  7. Chat/Facebook exchanges with CFSI Component heads and Senior Community Organizers
  8. Phone interview with TFBM Livelihood focal person, Ms. Johara Lao Badelles and Field Manager ASec. Felix Castro
  9. MTR team visit to PSA PhilHealth in Marawi City (but no interview took place)

10. Courtesy call to the office of the Marawi City Mayor and Chief of Staff
  11. Courtesy call to the Provincial governors office and Information Office
  12. Interview with MAFAR City Agriculture Officer and Ministry of Local Government Officer, Marawi City
  13. Interview with IPHO personnel
  14. Face to face interview with CFSI Project Coordinator Farida Mangcaan and Asst. Coordinator Jalil Usman
  15. Phone interview with FAO Project officers Mr. Roy Galvan and Ms. Rissa Espenido
- XI. Preparation and presentation of Debriefing Notes: Key Findings, Recommendations and Best Practice
  - XII. Preparation of Draft Full Report
  - XIII. Presentation of draft report to the research team and workshop for the preparation of the case studies (Cagayan de Oro City)
  - XIV. Revision and integration of comments and inputs
  - XV. Submission of the Final Report