BACKGROUND
The attack of armed men in Marawi City, south of Philippines on May 23, 2017 resulted in massive bloody conflict between the ISIS-associated Maute group and government forces.

Three hundred and sixty thousand people particularly women and children fled to nearby municipalities and cities and in various regions in the country. Eventually, the Philippine government declared Martial Law in the whole island region of Mindanao. The Islamic City of Marawi is the capital and the only city in the province of Lanao del Sur with a population of more than 200,000. People of Marawi are called Maranao and speak the Maranao dialect.

360,000 internally displaced persons
Over 170,000 affected women and girls

WOMEN AND CHILDREN MOST AT RISK
Nearly 80 % of the communities surveyed reported changes in the behaviour of children displaced by the conflict, who more often than not demonstrated negative coping mechanisms. Girls and young women are especially affected, with about a quarter to a third of the communities surveyed reporting incidents of sexual violence, early marriage and negative consequences for survivors of abuse who become known (UNOCHA Philippines, 2017).
CARE’S RESPONSE
CARE has partnered with Agri-Aqua Development Coalition (AADC) in Davao del Sur and Al Mujadillah Foundation (AMDF) in Marawi City, to respond to the needs of the affected people.

CARE has provided multi-purpose cash grant assistance to IDPs and host families from Marawi in the towns of Buadiposo-buntong and Bubong in Lanao del Sur for food and non-food item needs.

CARE will support “Family Conversation Sessions”, a form of psychosocial therapy to be provided to displaced families (in evacuation centers and home-based) in other towns.

The goal of the Family Conversations is to provide displaced families a safe space to discuss mental, sexual and reproductive health status, and to share their plans and ideas for recovery and rehabilitation of Marawi City.

Each of the one-day Family Conversation session will gather 20 families who are in evacuation centers, home-based or barangay-based.

Each family is estimated to have an average of 6 members, therefore each session has estimated 120 individuals participating.

CARE’S PRIORITY SUPPORT INTERVENTIONS
- Shelter repair assistance incorporating the “Build back safer” techniques
- Livelihoods recovery assistance for women via conditional cash grants
- Psychosocial support for IDPs to discuss mental, sexual and reproductive health status

CARE is raising USD 3 Million to support over 50,000 people

“It is really difficult for me to stay in someone else’s home. I really miss my house. Now we have to depend on relief assistance to survive as we don’t have livelihood here to buy food and things we need.”

-Dipumbae (IDP from Marawi)

CARE’S PARTNERS

Photo credits: AMDF