

FINAL REPORT

Modality 1 (live saving) & Modality 2 (live saving and stabilisation)

The total report may not exceed 8 pages (excluding this)

Aim of this report is to provide the organisation(s) that partnered in implementing an intervention with the opportunity to document, reflect on and learn from achievements made and challenges experienced in seeking to assist crisis-affected communities. The final report is also an element in the Danish organisation's "track record" and can be taken into account in future assessments of applications to the DERF or other CISU administered Funds from the Danish organisation with the same or other partners.

Danish applicant organisation	DIB		
Contact person name and email	Lykke Valentin, dib@dib.dk		
Implementing Organisation	ALTERPLAN		
DERF Journal number	17-62-M2	Modality	2

Title of Intervention	Inclusive and integrated humanitarian actions for community- and home-based internally displaced people (IDPs) of the Marawi siege		
Name of Call	Philippines island of Mindanao: conflict and IDP crisis		
Country of Intervention	Philippines		
Location(s) of Intervention	Iligan City, Pantar Municipality	What sectors did the intervention most relate to (please tick ALL that apply)	<input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Shelter <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Camp Management <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Protection <input checked="" type="checkbox"/> Emergency FSL <input checked="" type="checkbox"/> Other (specify) Psycho-social
Period of Intervention	21 July 2017 – 26 April 2018		
Total Budget of Intervention	DKK 1,971,198		
Method of Implementation (tick one)	<input checked="" type="checkbox"/> Through local partner organisation <input type="checkbox"/> Through own organisation <input type="checkbox"/> Through other DK or international organisation		

Aarhus 26th May 2018
Place and Date



Person responsible (Signature)

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Person responsible (Name in Block letters)

E-mail

1. Objectives and results achieved

1.1 Describe the results achieved compared to planned objectives and outputs. How have you succeeded to contribute to live saving and protection, and (for modality 2) stabilization of the crisis affected communities / population.

The project sought to contribute to life-saving and protection of the community- and home-based IDPs in three barangays/villages outside of official government evacuation centers, and therefore also government assistance to the IDPs. The outputs of providing relief assistance and early recovery planning and implementation, and improved conditions (zero deaths, reduced sickness and more positive outlook for the future) of the IDPs were more or less met through the planned activities listed below. The detailed reports for each component are attached.

- 1) Health interventions (*Attachment A*) which included:
 - Due attention to health condition of the vulnerable groups, i.e. children, pregnant women, persons with disabilities, including bedridden sick people, and senior citizen
 - Ensuring safe shelters for displaced families
 - Ensuring access to food and safe drinking water
 - Ensuring access to facilities for Water, Sanitation and Hygiene (WASH)
 - Early restoration of food security
- 2) Cash grants assistance (*Attachment B*). Two rounds of cash grants were provided during the intervention, the first one as a cash voucher and the second as a grocery voucher assisted the families in buying food, medicine, school assistance, household items etc. The average amounts provided per family were PhP 2,345.88 and PhP 1,866.70 respectively for 1528 and 985 families in total.

Both components were guided by IDP data compiled through the exercise on Profiling (*Attachment C*). Furthermore the project contributed to stabilize the crisis-affected communities through the following activities:

- Psycho-social support (*Attachment D*) including arts therapy sessions (puppetry, creative arts, dance, music etc.) and level 2 Creative Intensive Healing program targeting the IDPs more affected.
- Inter-faith dialog (*Attachment E*).
- Livelihoods assessment (*Attachment F*) to get a picture of the current situation of the IDPs, the challenges and their major needs in order to present general recommendations for future strategies to stabilise their livelihoods. The assessment showed that 92% of the respondents are currently earning below the first income bracket¹ or don't have any income at all. They indicated that this is hardly sufficient to cover for all their basic needs like food, education, house payment or rental, and health or medical needs.
- An important offshoot of the project's Community Consultations activity is the formation of Lombay Ka Marawi, the organization of IDPs (*Attachment G*).
- A multi-purpose structure in the West Pantar has been built. The structure provides a base for health workers and other government service personnel to deliver basic services to the IDPs on site.

¹ According to Income Deciles for the Philippines (FIES, 2015)

1.2 Describe the target groups reached in the table below

How many people directly benefitted from this intervention? (actual (a) compared to planned (p))							
Type of Activity	Female (by age)						Total
	Under 18 (p)	Under 18 (a)	Over 50 (p)	Over 50 (a)	Between 18-50 (p)	Between 18-50 (a)	
Health interventions - Feeding - Medical consultations, referrals, free medicine, medical equipment	2,079	1,460	924	297	1,617	1,409	4,620 (p) 3,166 (a)
Cash grants assistance - First round (Cash voucher) - Second round (Grocery voucher)		1,460 1,025		297 186	980	1,409 924	980 (p) 3,166 (a) 2,135 (a)
Psycho-social support - Arts therapy workshops - Level 2	2,079	132 8	924	2	1,617	38 4	4,620 (p) 170 (a) 14 (a)
Total:							
Total adjusted for double counting:	2,079	1,460	924	297	1,617	1,409	3,166 (a) 4,620 (p)

Type of Activity	Male (by age)						Total
	Under 18 (p)	Under 18 (a)	Over 50 (p)	Over 50 (a)	Between 18-50 (p)	Between 18-50 (a)	
Health interventions - Feeding - Medical consultations, referrals, free medicine, medical equipment	1,890	1,442	756	238	1,134	1,233	3,780 (p) 2,913 (a)
Cash grants assistance - First round (Cash voucher) - Second round (Grocery voucher)		1,442 989		238 159	420	1,233 818	420 (p) 2,913 (a) 1,966 (a)
Psycho-social support - Arts therapy workshops - Level 2	1,890	72 6	756		1,134	63 4	3,780 (p) 135 (a) 10 (a)
Total:							
Total adjusted for double counting:	1,890	1,442	756	238	1,134	1,233	2,913 (a) 3,780 (p)

1.2 a Describe shortly your calculations above, and reflect on reasons for changes in actual compared to planned targets:

The target number of households was 1,400, and the assumed family size was 6, making the total target population 8,400. When the project team decided to substitute Bgy. Ubaldo Laya for Bgy. Lumbacatoros, due to the IDPs in Lumbacatoros were receiving assistance from NGOs, while those in Ubaldo Laya were not, the actual total number of households in the project sites was 1,539. However after the household survey, the team found that the average family size was smaller, at 3.95, than the assumed 6 family members. The total population that the project sought to assist became 6,079 instead of 8,400. We did not include a new project area as the smaller total number of household members (6,079) became clear two months into the project, and adding to the total population would have meant delay due to the protocols of preparing another site.

The “small” family size is due to reckoning each family on the female spouse, given that some males in the Maranao households had more than one female spouse. This kind of reckoning was decided by the project team in order to ensure that each family grouping under a female spouse would be able to access assistance.

The variances between planned and actual could also be explained by the following:

- The gender distribution in the project application (more than 2 females to 1 male) is far from the actual (almost 1:1).
- Psycho-social interventions could not be massively implemented in the amount of time available. The arts therapy workshops for children and youth, and the religious meetings and study sessions for the adults could not be conducted simultaneously and in large numbers because they took time to set up, time to train facilitators, and for the religious meetings, time to establish relations etc.

1.2.b How have you managed to reach the particular vulnerable groups / people you identified in your application of the intervention? If you have conducted a vulnerability assessment as part of the intervention, please do also describe the results of this assessment and how you applied the knowledge in your humanitarian action.

The three barangays chosen for this intervention were receiving the least relief assistance from government agencies, as they area located outside official evacuation centers. For various reasons (including lack of space and lack of identification documents), big numbers of households regrouped outside of the official evacuations sites, and came to be known as “community-based” (housed in madrasahs or other public buildings) or “home-based” (living with relatives or friends) IDPs. The three barangays (1 in Iligan City, 1 in Pantar Municipality, 1 in Saguwaran Municipality) were proposed as DERF project sites. However based on information collected in the initial stages of the intervention Barangay Ubaldo Laya in Iligan City was included as project site instead of Barangay Lumbacatoros in Saguwaran Municipality as the IDPs in Lumbacatoros were receiving assistance from other NGOs, while those in Ubaldo Laya were not.

At project start, a survey of the IDP households in the 3 project sites (Barangays Tomas Cabili and Ubaldo Laya in Iligan City, Barangay West Pantar in Pantar Municipality) was undertaken to form a better picture of vulnerabilities. The survey (*Attachment H*) information was used in designing the cash grant assistance and to determine the amount to be received per family, as well as the health interventions. A specialized assessment, the Rapid Health Hazard and Evacuation Site Assessment, or RHHaESA (*Attachment I*), was the main input for the project’s action plan on health.

Towards the end of the project, a second survey of a sample number of households was conducted. This survey (*Attachment J*) focused on livelihoods capacities and challenges and it served as the primary input for a report with medium-term recommendations that could contribute to the economic

stability of the IDP communities. Both surveys were conducted using KoboCollect, an android phone application.

1.3a Describe shortly how your interventions were appropriate and relevant (CHS1) for the identified target group, including the particular vulnerable groups, as well as the effectiveness and timeliness of your response (CHS2). If you have received any feedback on this from your beneficiaries, please share.

At the end of the project, the team conducted a Lessons Learned Workshop (*Attachment K*) where key stakeholder groups discussed how the project was able (or not) to comply with the commitments in the CHS. In the discussions at the workshop, the following project features contributed to the generally positive perception of compliance with CHS1 and CHS2:

- The instruments for data collection and analysis (listed above in 1.1) characterized the conditions, vulnerabilities and capacities of project's IDP population.
- The cash grants and health interventions were tailored according to the identified special needs. Instead of uniform amounts, the cash grants were variable, based on the number of household members with identified vulnerabilities, and gave flexibility to the IDPs to determine their own priorities. The distribution to sites of materials and equipment like mattresses for sleeping, wheelchairs, nebulizers were also demand-driven.
- The deployment of Community Facilitators (CFs) who provided the link between the IDPs and the project team was critical in addressing issues and concerns in a timely, relevant and appropriate manner. The CFs were in the communities daily, met with ICESDev at least once a month, more often weekly, and submitted written reports monthly, based on the agreed workplan.
- Most of the CFs were themselves IDPs and Maranao-speaking, helping to ensure that communication lines were open, and not prone to misinterpretation. The CFs were also encouraged to provide input on cultural sensitivity in the course of planning activities.
- The second round of cash grants was much appreciated because it came at a time when most of the other donors and even government agencies were already pulling out of the area.
- The feeding services were open to suggestion (e.g. more variety), and medical assistance was observed to be prompt when requested.
- Psycho-social interventions were observed to be effective in lifting the over-all disposition of children and adults, relieving some of the trauma and stress, providing direction to the IDPs' daily actions, keeping order in the communities, and teaching the young people about the difference between aggressiveness and assertiveness.

The following were limiting factors for the attainment of CHS1 and CHS2:

- The project was not able to engage an Iligan-based focal person for health monitoring who could have more regularly assisted and mentored the project's Health Monitors.
- Setting up the distribution system for the cash grants and completing the IDP profile could have been done in parallel in order to cut the preparation time for the cash grants.
- The project was perceived to be responsive in almost all aspects, except for the shelter (particularly expressed in Bgy. Tomas Cabili in Iligan) and immediate livelihood needs (i.e. income sources) of the IDPs, which were not part of the proposed project activities.

Timeframe of the Intervention:

How soon after your submission of a funds disbursement request was funding made available to your organisation (in days)?

First request from ALTERPLAN to DIB – July 26, 2017

First transfer from DIB to ALTERPLAN – July 28, 2017 (2 calendar/working days after request)

First transfer credited to ALTERPLAN account – August 2, 2017 (7 calendar days after request, 5 calendar days/3 banking days after transfer)
<p><i>How soon after receipt of funds were you able to start implementation (in days)?</i></p> <p>Project operations started as soon as the project received approval, before receipt of funds.</p>
<p><i>How soon after receipt of funds were beneficiaries in receipt of assistance (in days)?</i></p> <p>Training of staff (CHS orientation and data collection) – 22 days after receipt of funds Household surveys – app. 37 days after receipt of funds Health monitoring and arts therapy workshops – app. 60 days after receipt of funds Feeding activities (material counterpart from Feed the Children Philippines) were carried out with transport support from DERF immediately upon receipt of funds.</p>
<p><i>What internal or external factors negatively affected the speed of implementation?</i></p> <p><i>Aside from the limiting factors (internal) listed above, the following also negatively affected the speed of implementation:</i></p> <ul style="list-style-type: none"> - The changing external conditions (e.g. rumors of renewed outbreak of fighting, attitudes of LGUs to IDPs, level of assistance of NGOs and national government agencies) required that the project team and staff frequently consult with each other before implementing specific activities. - ALTERPLAN, PHILSSA and ICESDev are not primarily humanitarian organizations and needed time at the project start to train hired staff and set up systems and guidelines.

1.4 Describe how your intervention has contributed to strengthen local capacities and to make communities and people more prepared, resilient and less at-risk as a result of your humanitarian action (CHS 3). Include in your description also how you have involved the communities in a participatory way, and ensured communication, participation and feedback (CHS 4).

The following project components/activities contributed to compliance with CHS3:

- The project supported and encouraged the IDPs' initiative to form an organization of IDPs, Lombay Ka Marawi, which has now been given a seat in Task Force Bangon Marawi, the inter-agency mechanism created by the Office of the President for the recovery, reconstruction and rehabilitation of Marawi City and other localities affected by the siege.
- Committees formed and composed of the IDPs have learned to work together in managing their own communities, and in distributing services to the households. The different committees include health and sanitation, relief, information, conflict management, grievance, security, peace and order, and livelihood.
- The deployment of Community Facilitators (CFs) in the intervention gave opportunity and tools for a group of IDPs to be able to act and help others in need. This was articulated as an important element of their own recovery process and their empowerment during the lessons learned workshop and conversations.
- Urban gardening has been promoted in all 3 sites, with West Pantar having the advantage with the most extensive planting area.
- The livelihoods assessment report indicates options for self-reliant economic development.

For CHS4:

- ICESDev ensured at project start that the Community Facilitators, the survey enumerators and the project in general were properly introduced to the IDP communities, as well as to host LGUs and other NGOs in the area.
- The Maranao and Maranao-speaking CFs were a big factor in enabling the IDPs to give feedback and relay their concerns to the project team.
- ICESDev and other members of the project team also regularly visited the sites to gather and validate feedback.

- The IDPs were able to express their concerns to the informal leaders of the community, and later the leaders of Lombay Ka Marawi, at times when the project staff were not around. The leaders would then communicate these concerns to the project team.
- The grievance or conflict management committees were the mechanisms for settling issues. However, it was observed that there was no provision for anonymous complaints, in case it was required by circumstances.

2. Coordination and risk management

2.1 Describe the coordination bodies that existed and how you participated or collaborated with these contributing to ensure crisis affected communities received coordinated and complementary assistance? Include a short description of the different stakeholders taking part in the humanitarian action. How did your intervention complement that of local and/or national authorities and other humanitarian organisations (CHS 6)?

The project team reached out to government and non-government agencies in order to complement the assistance provided by DERF.

- Feed the Children Philippines provided a steady supply of feeding material during the project period.
- The Philippine Association of Medical Technologists (PAMET) conducted medical missions, using data collected by the project.
- The project had a referral system to hospitals run by the Department of Health before the Operations Center for Marawi was transferred from Iligan City to Marawi City in April 2018. After the transfer, ICESDev referred IDPs in need of medical assistance to volunteer Iligan-based medical practitioners.
- Psycho-social support was bolstered through the PSS consultant's links with the Mindanao State University – Iligan Institute of Technology (MSU-IIT), the University of the Philippines (UP), and other academic institutions.
- Skills Mastery Institute (SMI) provided training on agricultural crop production to the IDPs at West Pantar.
- The April 26-27, 2018 National Conversations activity spearheaded by the People's Disaster Response and Resilience network (PDRRN) was the venue where Lombay Ka Marawi received the invitation to become a member of the Task Force Bangon Marawi.
- Kamagogopa, Inc. (group of Maranao students, teachers and professionals), United Iligan (group of Iligan City-based professionals), and Iligan Medical Center College provided volunteers for various project activities.

2.1 Please describe the usefulness of your security and risk management strategies. If you conducted a specific security and risk assessment as part of the intervention, please describe how the results of this assessment were used to guide your activities (CHR 3).

- Security arrangements were primarily guided by consultations with government and military contacts.
- The project ensured that there would be communications equipment from the project team to the communities (2-way radios).
- The project also ensured that project staff would be identifiable through ID cards, shirts and security vests, and that they would be introduced to communities and LGUs.
- There were no specific security and risk assessments made except for when DIB did monitoring visits.

3. Monitoring and learning

3.1. *What is the most important learning from your humanitarian intervention which stands out for you (mention a maximum of 3 in form of bullets) (CHS 7)?*

- Living up to the ambition of “survivor- and community-led response” is multi-dimensional and requires a thorough review of objectives and operating systems.
- Quick and open lines of communication, as well as a sound base of data and information, facilitated responsive and rational interventions, and contributed a lot to peace and order in assisted communities.
- Timelines for winding up humanitarian actions are often artificial, not informed by actual conditions. It is very challenging to address the need to “build back better” when survival is still the immediate concern. Shelter/settlement reconstruction and livelihoods are key issues here.

3.2 *How has this learning been gathered, systematised and shared (CHS 7)? How will the learning be used in the future by the Danish organisation and the different partners?*

A Lessons Learned Workshop (*Attachment K*) was conducted. The learnings are expected to contribute not only to developing continuing programs for the Marawi survivors, but also to enhancing the humanitarian capacities of the Danish organisation and Philippine partners.

3.3 *Which feedback and complaint mechanisms did you put in place? (CHS 5) Did you receive any complaints and how did you address them?*

The following structures were formed by IDPs:

- Grievance Committee or Peace and Order Committee
- Relief Committee (complaints regarding project services)
- Committee on Information (getting feedback as well as information dissemination)

The Community Facilitators were also seen by the IDPs as an important channel for sending feedback. Feedback was more in the form of suggestions for improvement (e.g. family arrangements for toilets rather than male/female areas), which were carried out, or reminders on delayed services (e.g. first round of cash grants), which were caught up on.

4. Resource management

4.1 *How did your financial management systems work to control expenditure against budget? (if relevant, please include a description of any kind of corruption, fraud, or misuse of funds which you encountered and how you have addressed the issue) (CHS 9).*

The funds transferred from DIB to ALTERPLAN were disbursed to ICESDev and PHILSSA according to their respective responsibilities in the partnership agreements, and to suppliers of the goods and services listed in the application and budget. ICESDev and PHILSSA were responsible for reporting to ALTERPLAN on the amounts disbursed to them. There was frequent (at least once a month) reporting by ALTERPLAN of the consolidated financial status to members of the project team, in order to check burn rate, relevance of expenditures and to adjust the intervention if needed.

4.2 *How did you evaluate your performance in efficient, effective and ethical management and use of your resources to achieve their intended purpose (CHS 9)?*

- Cash advance liquidation reports from ICESDev and PHILSSA (had to be submitted before the next activity cash advance)
- Activity reports from the resource persons (as per contract) and Community Facilitators (monthly)
- Monitoring reports by Health Monitors (monthly)
- Regular community consultations (included in CF monthly reports)

4.3 Human resource and volunteers: Please describe shortly, how you supported staff and volunteers in order to do their job effectively (max 3 bullets) (CHS 8).

- Training and mentoring was provided on relevant subject matter for the project
- Their identification as project staff was made clear to the communities, the LGUs and the IDPs.
- They benefited from health and psycho-social interventions on occasion (This could have been more systematically carried out.)

5. Synergies

5.1. Please describe how the humanitarian action created synergies, maybe with activities supported by CISUs Civil Society Fund or with other interventions of your organisation. Has there been any opportunity to share your humanitarian experience for a Danish audience through the media or other communication channels?

- The *Disaster Risk-Sensitive Shelter Planning Project*, a CSF project of DIB and ALTERPLAN was ongoing when the Marawi siege started. The partnership with ICESDev in the DRSSP Project was a solid base from which the DERF Project easily took off.