Situation overview:
The Government of the Philippines launched a military and law enforcement operation in Marawi City, Lanao del Sur province, on 23 May 2017 against the Maute Group, a local non-state armed group that has claimed allegiance to the Islamic State in Iraq and the Levant (ISIL/Da'esh). Within hours of the conflict outbreak, President Rodrigo Duterte declared martial law for the entire Mindanao region in the Philippines.

Mass evacuations took place as local residents left and sought refuge in identified safe areas in Marawi City and in the adjacent areas of Lanao del Sur (Autonomous Region in Muslim Mindanao/ARMM) and Lanao del Norte, including Iligan City and Cagayan de Oro City (Region X). As of 29 June 2017, 388,073 individuals, half assumed to be children, have been internally displaced (Dromic Report #53). There is limited information on the disaggregated numbers by gender or age, but a disproportionate number of those displaced are reported to be women and children.

According to the Department of Social Welfare and Development, 16,117 or 4% of those displaced are staying in local government-run evacuation centers. The rest are being hosted by relatives and friends in surrounding areas, now putting considerable strain on local resources. Some host communities have increased their population size by over 50%. Current evacuation centers are overcrowded and ill-equipped to address the residents’ existing needs, particularly water, sanitation and hygiene. There have been 2,069 reported cases of acute respiratory infections (as of 15 June 2017) thought to be directly related to the conditions in the evacuation centres. There is little information about families and children in host communities and ‘ unofficial’ evacuation centres; but these communities are already known to have high levels of open defecation, wasting and stunting.

Currently, Marawi City is under the control of the Government, with some areas on the outskirts still subject to armed clashes. Assessments in areas surrounding Marawi City and in evacuation centers have been initiated. Access to areas affected by the conflict is extremely limited. As a consequence, humanitarian needs there are mostly unknown. While peace corridors have been negotiated, they have not stayed open for long before the resumption of fighting. It is assumed that food stocks and water supplies in these areas are limited.
UNICEF’s sector response with partners to date

Water, sanitation and hygiene (WASH)

Issues:
- Sanitation conditions are deteriorating at evacuation centres and in communities hosting the largest number of displaced families. Reports of increased diarrhea cases and of acute watery diarrhea highlight the need to scale up sanitation responses as well as camp management responses.
- Some barangays (villages) have still not been assessed for needs or received relief assistance.

Action:
- UNICEF has provided water storage bladders; jerry cans and water purification tablets to ensure adequate clean water for drinking and general household use; family hygiene kits; and items for setting up emergency toilets. To date, UNICEF has provided some 1,600 families with hygiene and water kits, including hygiene promotion sessions, in the municipalities of Pantao Ragat and Balo-i in Lanao del Norte, and Saguiaran in Lanao del Sur. In addition, UNICEF is supporting the construction of some 200 temporary toilets to ease the sanitation conditions in evacuation centres in 5 municipalities.
- In coordination with Department of Health and other communication partners, key messages on sanitation and hygiene are being broadcast on mass media, aiming to reach some 200,000 people.
- Consistent with its designated lead agency role for cluster coordination, UNICEF has supported Government-led coordination and increased information-sharing among non-government partners.

Health and Nutrition

Issues:
- The nutrition situation of children displaced by the conflict was already among the worst in the country with high rates of stunting, wasting and open defecation. Displacement is expected to exacerbate this. Special efforts in screening and referral of malnutrition cases, as well as counselling for mothers with young children, is a priority.
- As fighting continues and host communities struggle to share existing resources, the nutrition situation of young children in the poorest families will be affected by the loss of household income, access to livestock and markets. This will necessitate follow-up nutrition surveillance and may require additional supplementary feeding for the poorest families while they are displaced and after they return to Marawi City, to prevent deterioration.
- Emergency measles vaccinations and vitamin A supplementation have not been organized on a large scale. The risk of measles outbreak has increased.

Action:
- In response to reports of powdered milk formula being distributed, UNICEF, through the National Nutrition Council, advocated for a formal letter to be issued by the Department of Health to prevent the solicitation or distribution of infant formula in evacuation centers, and a press release to protect and promote breastfeeding. UNICEF also delivered 100 breastfeeding kits and breastfeeding flip charts to promote positive infant and young child feeding (IYCF) practices in evacuation centers in Lanao del Sur, Lanao del Norte and Iligan City. To date 1,352 caregivers have been sensitized, with 709 infants aged 0-6 months benefitting from these efforts.
- Scales and mid-upper arm circumference measuring tapes to screen children for acute malnutrition have been provided. At least 20 health workers were provided with anthropometric equipment and tools for IYCF counselling. This is to aid in the identification and referral of severe cases of malnutrition to medical facilities. To date, 1,912 children aged 6-59 months have been screened. Fifteen severe acute malnutrition cases (SAM) were identified and managed with ready-to-use therapeutic food, and 61 children with moderate acute malnutrition were identified.
- Micronutrient supplementation: 2,257 children aged 6-59 months old were given Vitamin A supplements, 2,602 children aged 6-59 months old provided with one month’s supply of multiple micronutrient powder, and 662 pregnant and lactating women given a one-month dose of iron-folic acid tablets.
Education

Issues:
- Classes in 153 schools in Marawi City and in 3 surrounding municipalities have been suspended indefinitely because of the conflict. 86,000 school children in public and private schools are unable to return to school.
- A Government-led ‘Back to School’ campaign has been initiated, although the number of temporary leaning spaces (TLS) cannot accommodate all children who are returning to school. Tents for additional classrooms, school materials, and school hygiene items are insufficient. There are not enough skilled teachers in the schools hosting displaced children to accommodate the increase in the number of students.
- No education assessment has been done in Marawi City because it is currently inaccessible. There are unconfirmed reports of seven schools severely damaged/destroyed based on aerial footage and initial reports from the ground, and considering reports of widespread damage in the city. This was shared by the Department of Education (ARMM division) in a 19 June 2017 coordination meeting.

Action:
- To support Government-led ‘Back to School’ efforts, UNICEF has provided 16 emergency school tents and 12 early childhood development (ECD) kits for TLSs in Iligan City in Lanao del Norte, with more supplies for Lanao del Sur in the pipeline. These TLSs will also offer psychosocial support and mine risk education activities for displaced children, complementing the support of other humanitarian actors.
- Some 3,600 learners have already been integrated into classes of accommodating schools.
- Psychosocial support and training in the provision of psychosocial first aid has been provided to 44 teachers by the Department of Education. Psychosocial first aid interventions have been provided to 3,759 learners by the Department of Education and various education partners.
- UNICEF continues to coordinate with the Department of Education’s Region X and ARMM divisions and other education partners for the ‘Back to School’ initiative and is playing a coordinating role for international and local non-governmental partners.

Child Protection

Issues:
- There are unconfirmed reports of the recruitment and use of children by the non-state group and attacks on schools and hospitals by the conflict parties.
- Armed conflict and displacement have negative psychosocial impacts on children.
- There are risks to children from ongoing armed clashes, including air strikes, in civilian residential areas in Marawi City.
- There are concerns about the risk of injuries and deaths from unexploded ordinances and explosive remnants of war when displaced families return to Marawi City and in adjacent areas after the cessation of armed hostilities.

Action:
- In a 30 May 2017 statement, UNICEF called for careful military action to minimize civilian injuries and deaths, and that children should not be engaged as combatants, camp accessories, informants or as human shields against government forces.
- 14 child friendly spaces (CFS) have been established for some 7,000 children. UNICEF is providing essential supplies for CFSs and psychosocial recovery including tents, recreation and ECD kits, and related items as well as training of 30 CFS volunteers.
- Psychosocial recovery activities through CFSs have reached some 2,386 children.
- UNICEF and the Regional Child Protection Working Group have referred 12 cases of children who are either unaccompanied (3), separated (5) or orphaned (4) for appropriate social case work management interventions.
- Technical support has been provided to Government-led child protection coordination, increasing coherency of responses among partners.
Humanitarian leadership and coordination

As of 14 June 2017, the Government of the Philippines has activated the national response pillar. All Government-led clusters have designated Inter-Agency Standing Committee co-leads. Inter-cluster coordination is taking place at the National Emergency Operations Center in Iligan City. Geographically, Region X authorities will continue humanitarian response activities in Lanao del Norte, while the ARMM government will lead the response in Lanao del Sur.

Daily Government-led overall inter-cluster coordination involving both Region X and ARMM is taking place. UNICEF is supporting Government-led coordination in Iligan City for both Region X and ARMM agencies.

The Humanitarian Country Team in Manila and the Mindanao Humanitarian Team meet regularly to discuss the conflict and humanitarian response. On 29 May 2017, the ARMM Government transmitted an official request for the augmentation of humanitarian assistance to international and non-government actors through the Mindanao Humanitarian Team.

UNICEF’s proposed response July-December, 2017

**WATER, SANITATION AND HYGIENE**

- Scale-up of the sanitation response, through the construction of hygienic toilets/latrines for families in evacuation centres and in the most congested host communities. This will benefit an additional 20,000 people, including 10,000 children, for safe sanitation; and 12,500 people, including 6,500 children, for clean water.
- Continuous dissemination of key sanitation and hygiene messages through TV and radio as well as through interpersonal communication using already printed materials integrated into Government and CSO partner activities, including during supply distribution and nutrition counselling sessions.
- Ensure adequate handwashing and hygiene facilities for 47,000 children in new temporary learning centres, including support for the installation of portable handwashing and tooth brushing facilities.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of affected people reached with sanitation and hygiene promotion activities</td>
<td>65,000</td>
</tr>
<tr>
<td>Number of affected people have improved access to clean water</td>
<td>20,000</td>
</tr>
<tr>
<td>Number of affected individuals reached with key sanitation and hygiene messages through TV/radio broadcasting and interpersonal communications using already printed materials</td>
<td>200,000</td>
</tr>
</tbody>
</table>

**HEALTH AND NUTRITION**

- Continued support for mothers with young children to ensure early initiation of breastfeeding for newborns, continuation of breastfeeding and support with infant and young child feeding.
- Scale-up of nutrition screening and referral of severely malnourished children to hospital care.
- Mass immunization campaigns for measles, as well as Vitamin A and micronutrient supplementation to benefit 30,000 children.
- Dissemination of key health and nutrition-related messages in mass media to reach 200,000 displaced people, to support positive practices in the higher-risk environment that they are in.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children aged 6-59 months old vaccinated for measles</td>
<td>30,000</td>
</tr>
<tr>
<td>Number of mothers/caregivers of children aged 0-23 months old with access to IYCF counselling for appropriate feeding</td>
<td>5,000</td>
</tr>
<tr>
<td>Number of children aged 6-59 months old screened for acute malnutrition</td>
<td>30,000</td>
</tr>
</tbody>
</table>
Percentage of those identified with SAM referred to therapeutic care services | 90%
---|---
Number of children aged 6-59 months old in the affected areas provided with 3-month supply of micronutrient powder | 30,000

**EDUCATION**

- Establishment of TLSs for 60,000 school-aged children in identified areas with a high concentration of displaced families, including the provision of learning and teaching materials to school children and teachers.
- Scale-up of psychosocial support for 40,000 school-aged children and teachers.
- Back-to-learning messages in mass media, schools and communities to encourage parents to support children to access existing learning support where they may be displaced. The campaign is expected to reach 200,000 people.
- Continued support in emergency response coordination and information management to the responsible government agency.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children aged 5-17 years old with access to a safe learning environment</td>
<td>60,322</td>
</tr>
<tr>
<td>Number of children aged 5-17 years provided with learning materials and supplies</td>
<td>60,322</td>
</tr>
<tr>
<td>Number of teachers provided with psychosocial support and training on responding to the needs of children in an emergency, and emergency preparedness and response strategies</td>
<td>1,993</td>
</tr>
</tbody>
</table>

**CHILD PROTECTION**

- Further strengthening the reporting and referral of cases of unaccompanied and separated children (UASC), as well as orphaned children. This includes family tracing and reunification, including before the large-scale return of those displaced back to Marawi City.
- Reinforcing current capacities for the monitoring, reporting, verification, prevention and response to GCRVs considering initial reports received of children associated with armed groups.
- Scale-up of psychosocial recovery activities for 57,000 children through activities on the ground and reaching 200,000 people through the use of TV and radio messages on psychosocial recovery, avoiding separation, and the reporting and referral of child protection cases.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of UASC and orphaned children, if identified, provided with support by interim care and assisted with family tracing and reunification</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of reported cases of GCRV verified and responded to</td>
<td>75%</td>
</tr>
<tr>
<td>Number of affected individuals reached with key psychosocial recovery and other child protection messages through TV/radio broadcasting and interpersonal communications using already printed materials</td>
<td>200,000</td>
</tr>
</tbody>
</table>
Summary analysis of funding needs as of 29 June 2017

The table below identifies potential UNICEF key interventions and estimated costs

<table>
<thead>
<tr>
<th>Appeal sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td>US$</td>
<td>US$</td>
</tr>
<tr>
<td>WASH</td>
<td>880,000</td>
<td>0</td>
<td>880,000</td>
</tr>
<tr>
<td>Education</td>
<td>350,000</td>
<td>0</td>
<td>350,000</td>
</tr>
<tr>
<td>Health</td>
<td>30,000</td>
<td>0</td>
<td>30,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>197,000</td>
<td>0</td>
<td>197,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Programme support</td>
<td>147,980²</td>
<td>0</td>
<td>147,980</td>
</tr>
<tr>
<td>Total</td>
<td>1,804,980</td>
<td>0</td>
<td>1,804,980</td>
</tr>
</tbody>
</table>

1 On 26 June, a CERF concept note was submitted, requesting US$ 600,000 to support UNICEF’s WASH activities. If approved, this would reduce the funding gap to 32%, however the remaining US$280,000 would then urgently be needed to ensure needs are fully met.

2 14% of total requirement. Programme support includes operations, logistics and communication needs to support programme implementation.

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