



GENDER-BASED VIOLENCE RESPONSE MARAWI CITY



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 group and government forces.



360,000 internally displaced persons



Over **170,000** affected women and girls

Hundreds of thousands of people from Marawi City fled to nearby municipalities, cities and to other 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 300,000. On October 23, 154 days after the conflict began in Marawi City, the government issued a press statement announcing the end of combat operations.

WOMEN AND CHILDREN MOST AT RISK. Assessments indicated that 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. Yet under-reporting of gender-based violence (GBV) cases is common in this particular city compared to others (UNOCHA, 2017).



Photos by Dennis Amata/CARE

CARE'S RESPONSE

The Gender-based Violence Response in Marawi City project bridges the Philippine government's rehabilitation plan and other identified gaps and needs to ensure culturally-appropriate and relevant structures and systems will be in place to better address GBV among internally displaced people (IDPs).

Project Objective: To promote GBV awareness and prevention by providing quality psychosocial support and access to GBV referral pathways for crisis-affected communities in Marawi City.

ACTIVITIES:

1. Strengthening national, provincial, and municipal mandate of government units to have an established GBV referral pathway, and provide access to other services including health, psychosocial, protection and legal support.
2. Providing technical assistance to Civil Society Organizations on institutionalizing gender and GBV responsiveness through regularly updating 'Family Conversation Session' (fam con) content, and promote the approach with government agencies for mainstreaming.
3. Promoting and implementing the 'Family Conversation Session' with displaced families and provide opportunities for psychosocial healing and GBV awareness raising.
4. Incorporating GBV referral pathways and other GBV-related key messaging and materials to families during the fam con sessions.
5. Conducting a learning workshop bringing together CARE and partners across Asia, to integrate good practice in tools and approaches, and develop an action plan of future technical collaboration on GBV response in post-disaster and protracted conflict settings.

IMPLEMENTING PARTNERS:



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