

Case Study: Marawi

Evaluation of Building Community Resilience and Delivery of Essential Services for Post-Conflict Recovery in BARMM/Lanao del Sur/Marawi

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Marawi's Governance Turn: Pushing Past Compliance to Institutionalization

In the wake of the 2017 siege, Marawi's child protection architecture existed largely on paper. The Local Council for the Protection of Children (LCPC) was constituted but unevenly active due to overlapping mandates. Responsibilities clustered around the City Social Welfare and Development Office (CSWDO), while other offices saw children's issues as "CSWDO's domain." Reporting of abuse and exploitation was low, not only because of stigma and fear but because procedures and coordination were still being rebuilt.¹ At the same time, around 55² per cent of local revenue was committed to salaries, leaving limited fiscal space for expanding operating budgets in social protection.

"After the siege... we were rebuilding systems. What is the protocol? What is the correct process?"³



Figure 1: UNICEF/EU Plaque of Appreciation

UNICEF's contribution "covered almost everything"⁴. Social workers and daycare workers were put through structured courses, including a 77-CPD-unit social workforce program; CFS/SWAPC inputs further reinforced case management, documentation standards and everyday routines. Crucially, support was not abstract, it was tangible:

"UNICEF is one call away...We consult on cases; they don't intervene, but we're used to consulting and reporting."⁵

At the systems level, UNICEF's support helped the LCPC to be re-activated, and an Early Childhood Care and Development Council (ECCDC) was created by executive order⁶ to distribute roles across city departments and partners, CSWDO, City Health, the Local Civil Registrar (LCR), MILG/PNP and others, so the work would no longer rest on one office alone. The city also leaned into cross-sector touchpoints: UNICEF supported ECCD materials and trainings, while the CSWDO and planning offices worked to ensure

¹ CSWDO Official_Marawi

² CSWDO Official_Marawi

³ CSWDO Official_Marawi

⁴ CSWDO Official_Marawi

⁵ CSWDO Official_Marawi

⁶ Office of the Provincial Governor. No. 004. Available [here](#).

children’s priorities appeared in the Annual Investment Program and in the routine minutes and memos.⁷ Effective political leadership and support was vital.

“The mayor does not entertain negotiations when it comes to social protection. [This makes us] feel empowered to say, yes, let’s file the case, let’s pursue it. His support strengthens our resolve to pursue cases, to continue our work.”⁸

Capacity Change

Capacity has fundamentally shifted. The LCPC is meeting more regularly and has a wider remit. Membership is still lean, mostly heads of local government offices and some selected partners, but there is a deliberate move to add the ECCD federation president so that daycare voices are present in decisions. The provincial governor’s executive order on ECCDC’s has clarified who does what. Equally important, once-peripheral offices now claim a place in child rights: the Local Civil Register, for instance, frames birth registration explicitly as a protection function and asks to be counted in the LCPC’s work. Within the workforce, social workers and daycare staff describe greater confidence in case management routines, checklists and audits; the mix of training and accompaniment has made opening a case, documenting it and following through more predictable.

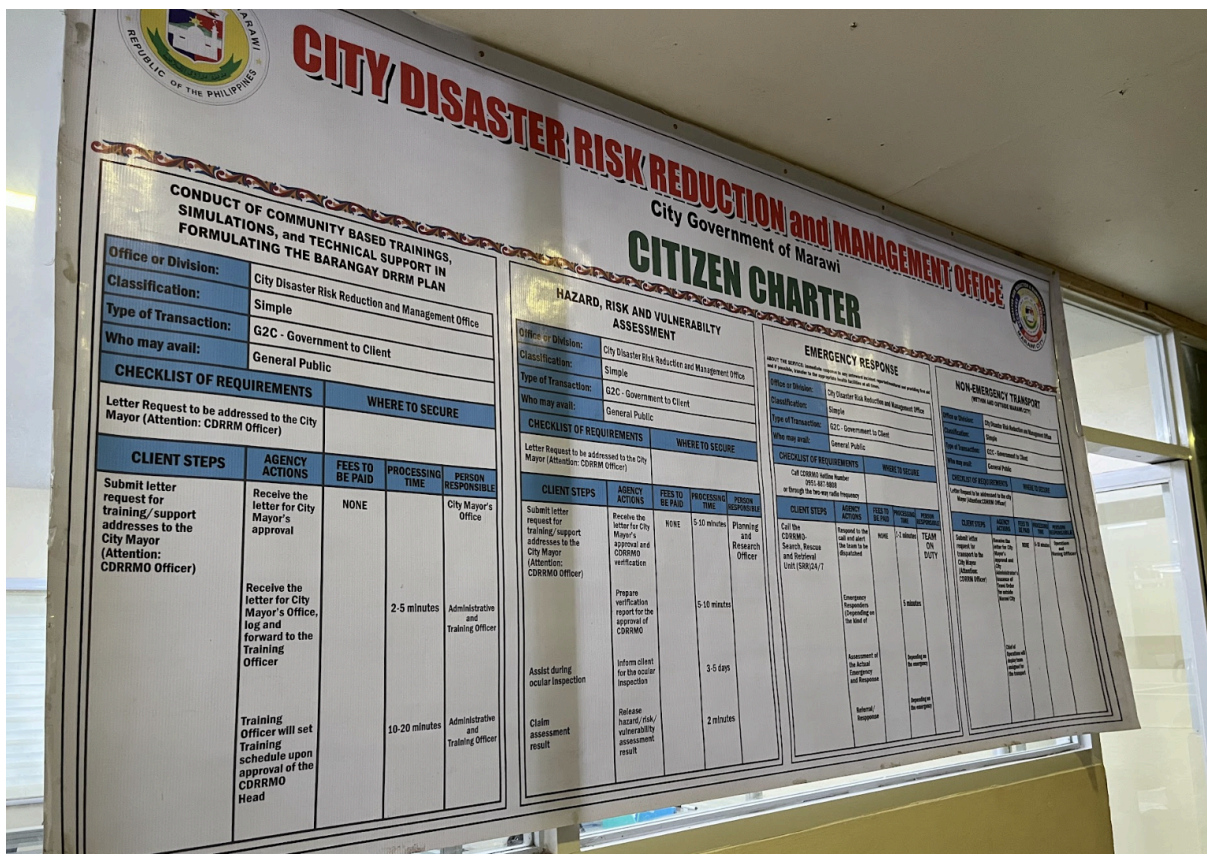


Figure 2: DRRMO in Marawi, Citizens Charter

⁷ CPDO_2025 Annual Investment Plan

⁸ CSWDO Official_Marawi

The 2025 AIP⁹ makes these governance gains visible in the ledger and, importantly, **ties them to the statutory 1 per cent LCPC allocation**. Scholarship support for school-aged learners and youth sits beside nutrition and food supplementation for learners from Geographically Isolated and Disadvantaged Areas (GIDA), indicating that basic social protection remains a pillar in risk reduction throughout the year. It also includes assistance to learning institutions, ECCD service trainings, and database maintenance, which help stabilise routine services so families are less likely to fall into preventable crises.

The AIP also allocates resources for intervention programming for children at risk (CAR), support to Children in Especially Difficult Circumstances (CEDC), and assistance to children affected by emergencies and disasters through a dedicated budget line. Alongside these are LCPC capacity-building, the mapping of youth and out-of-school youth organizations (vital for risk communication and surge volunteering), the annual Children’s Month¹⁰ (used locally to socialize safety norms), and in-person audits that verify barangay-level readiness rather than rely on uploaded documentation alone. Each line is tagged to the “1% LCPC” source, making institutional commitment to children, from prevention to response, visible in the budget itself.

Constraints remain, however. Compliance with national and BARMM reporting systems (including CFLG and other audit requirements) can still get in the way of performance, especially when online uploads fail, templates change, or key staff are reassigned.¹¹ Training coverage is also uneven: male police officers, DRR staff, and military personnel are often the first point of contact for survivors, yet many have not received trauma-informed interviewing training. While the CSWDO maintains its own database of cases, including siege-era biometric lists, these records are not fully aligned with national datasets, so evidence does not always flow smoothly into city planning or the AIP.

Results

Even with those constraints, the conversion from capacity to outcomes is visible. Stakeholders report increased numbers of reported cases. “It’s sad these cases happen,” the CSWDO reflected, “but people are no longer afraid to report, that, I consider a success.” In 2025 alone, the office handled twenty-five child-related cases across categories such as children in conflict with the law, trafficking, rape and VAWC, and custody disputes; several resulted in warrants and convictions. Although data on previous years was not accessible, this was described as a substantial increase. Everyday rights are realized more quickly as well. Certificates of indigency regularly unlock PhilHealth indigent coverage, and referrals are less episodic, more routine.¹² In ECCD, checklists and audit feedback have sharpened classroom practice and revealed gaps to be filled, while the LCPC and ECCDC provide tables where those gaps can be assigned rather than admired.

“Even just the checklist, what is needed, what is lacking...those help a lot.”¹³

Structural issues continue to constrain progress. Good practices that are not embedded in the AIP or supported by an ordinance remain dependent on individual champions and external projects rather than on institutional commitment. Limited training for DRR

⁹ CPDO_2025 Annual Investment Plan

¹⁰ National Children’s Month. Available [here](#).

¹¹ CSWDO Official Marawi

¹² CSWDO Official Marawi

¹³ CSWDO Official Marawi

responders and barangay frontliners means that initial responses to cases are not always safe, timely, or child-sensitive. At the same time, heavy compliance and reporting demands, combined with lean staffing, can slow follow-through on CFLGA requirements and obscure underlying improvements.

Sustainability Moving Forward

Marawi now has structures in place; formal planning, routine casework, and engaged leaders who support staff and can name the fixes. Sustainability, however, depends on institutional anchors. The first is legislation and budgeting: programs that live in ordinances and sit plainly in the AIP, with outputs, accountabilities and modest operating budgets for transport, communications and supplies, will outlast staff rotations and changing priorities. The second is active monitoring, ideally with support from the full Sangguniang Panlungsod.¹⁴ Stakeholders described that this would encourage full participation from all LGUs, especially if routine audits were also in place.¹⁵ It should be noted that the 2026-28 CDRRM¹⁶ plan already has some of these measures in place (whether they will follow through with implementation remains to be seen). The third is a wider, city-level skill base: trauma-informed interviewing and basic child-protection SOPs for male PNP officers, DRR staff and soldiers, and a planned engagement with ulama and traditional leaders so prevention and referral rest on cultural ground that people recognize. With a large share of the budget tied up in salaries, the city will need to protect small but decisive operating and equipment lines, and ensure that high-visibility outreach, whether mayoral programs or new SPED initiatives, connects to referral pathways and routine services rather than living as one-off events.

Lessons Learned

Marawi's experience illustrates how political commitment can accelerate progress in sensitive and high-risk areas such as child protection. It also underlines the limits of compliance-driven approaches: digital uploads and audit seals are important, but they do not, on their own, guarantee safety for children. Effective protection depends on verification, mentoring, and shared ownership of responsibilities. When health, education, and planning officers understand their preventive roles, and when DRR personnel and police apply trauma-informed practices at first contact, the LCPC functions as an integrated system rather than simply a coordinating body. Over time, institutionalisation through ordinances and AIP budget lines is what embeds these practices, allowing gains to persist beyond individual champions, political turnover, and project timelines.

¹⁴ City Council Body including Mayor and Vice-Mayor.

¹⁵ CSWDO Official Marawi

¹⁶ CDRRMO_MARAWI CDRRM PLAN 2026-2028. Monitoring and Evaluation. pp228