Typhoon Bopha/Pablo: Cross-Cluster Matrix

**Purpose:** To enable clusters to identify what they might need from other clusters, in terms of information and response.

**Instructions:** Locate the row for your cluster and proceed across the matrix, identifying what you need from the cluster listed at the top of each column.

**Example:** Bottom row, fourth column, WASH indicates that it needs Education cluster to report which schools have WASH facilities which have been damaged or destroyed.

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|  | **Camp Coordination and Camp Management** | **Early Recovery** | **Education** | **Food Security and Agriculture** | **Health** | **Livelihood** | **Nutrition** | **Protection** | **Shelter** | **Water Sanitation and Hygiene** |
| **Camp Coordination and Camp Management** |  |  | * Number and list of schools used as evacuation centres * Alternative education conducted in evacuation centres * Learning space for children * Coordination of response inside IDP sites | * Food service providers in evacuation centres * Schedule of food distributions in evacuation centres * Distribution list of food in IDP sites * Coordination of response inside IDP sites | * Health and MHPSS services and providers in evacuation centres * Schedule of medical missions or mobile clinics in evacuation centres * Coordination of response inside IDP sites | * Availability of information of alternative livelihood activities for IDPs * Coordination of response inside IDP sites | * Schedule of feeding activities in evacuation centres * Coordination of response and service providers inside IDP sites | * Coordination of response inside IDP sites * Service providers and types of services to groups with special needs inside evacuation centres * Provision of women-friendly spaces * Referral pathways and information desks in evacuation centres | * Coordination on availability of shelter provision for IDPs * Available lands for transitional and permanent relocation sites | * Coordination of WASH services inside IDP sites * WASH Service providers inside IDP sites * Information on provision of latrines, bathing cubicles and water inside sites |
| **Early Recovery** | * Early Recovery   planned transitory sites which need debris clearing |  | * - list of schools which would need to be cleaned up (already provided) * - list of schools which need repair | * - areas which need to be immediately cleared of debris in order to facilitate restoration of agricultural livelihood | * -List of health centres which need debris clearing activities * - List of health facilities which need repairs | * - list of possible livelihood and enterprise activities that can be anchored in debris clearing and clean-up activities |  |  | * - list of relocation sites which need debris clearing * List of municipalities which would require assistance in the identification of possible relocations sites |  |
| **Education** | * List of school children who stayed or still staying school or non-school sites or areas | * Project support for school clean-up operations |  |  | * List of teachers and school children who received MHPSS; List of school children w/ serious health problems per Health surveillance results, if any |  | * List of young school children with malnutrition problems per nutrition surveillance results | * List of school children who availed of or participated in psychosocial support activities, list of children who are orphaned, unaccompanied, separated, drop outs and abused. | * List of affected education workers whose housing units including boarding houses were damaged. | * Project support for provision or rehab of WASH in school, day-care, temporary learning spaces’ facilities |
| **Food Security and Agriculture** | * HOUSING AND AMMENITIES * Condition of current shelter type | * Community PRIORITIES ; most pressing problems; status of market functioning; Distance to markets; Cost of transportation; problem reported by HHS | * Community PRIORITIES * If Students attending schools at the time, access to and distance to schools major reasons of not attending |  | * Service of health and distance | * Community PRIORITIES, most pressing problems road access , cash intervention info’s; and sources of Livelihood information | * Nutrition information; children U5 by age sex group | * IDP information number in shelters, outside.. * Child protection information; sex and age classified and disabled population; ethnic composition; community with special needs | * Housing and Amenities Condition of current shelter residence type | * WASH information |
| **Health** | * Updates on availabilities/needs for health services delivery and referral system in the EC; * Inform on any rumour/suspected diseases outbreaks | * Updates on any health facilities rehabilitation projects.  Inform on any rumour/suspected diseases outbreaks | * Link with health cluster for any health related Mass communication campaign and/or health, hygiene and nutrition messages in schools. * Inform on any rumour/suspected diseases outbreaks | * Inform health partners on any disruption in general food distribution, blanket feeding and/or supplementary feeding supplies. * Inform on any rumour/suspected diseases outbreaks |  | * Inform on any rumour/suspected diseases outbreaks | * Update on GAM and SAM rates and especially on hospitalised malnourished children needing medical care. * Involve health cluster partners when nutritional survey are planned and carried out. * Inform health cluster on any rumour/suspected diseases outbreaks in the nutritional centres | * Update health cluster partners on any protection issue that could have negative impact on health and/or could jeopardize the health services delivery to the most vulnerable, especially children and women. * Inform health partners on any observed inequity in health services delivery. * Inform on any rumour/suspected diseases outbreaks | * Inform health cluster on any disrupting in provision of hygiene materials (hygiene kits, aqua tabs, jerry cans, etc). * Inform on any rumour/suspected diseases outbreaks | * Inform on any rumour/suspected diseases outbreaks in the communities and at water distribution points. * Consult with health cluster on needs for safe water supply identified at health facility level. * Inform health cluster when water quality testing are done, as it should be done in collaboration with the Department of Health and WHO * Inform cluster partners on disruption in chorine in community. * Consult with health cluster and DoH for development of joint Health WASH Action plan for potential AWD/Cholera outbreak |
| **Livelihood** | * Camp location, site devt plan and sched, skills inventory, livelihood sources before/after Pablo. | * Areas for debris clearing, number of workers needed, hauling and dumping requirements, location of dump sites | * Name and location of damaged schools; specific repairs needed, availability of skilled labour, access conditions | * Agri areas for debris clearing, no. of available workers, conditions of agricultural support infra | * Accessibility to health station, physical condition of health station |  |  |  | * Sites for transitional/ permanent shelters, construction schedule, manpower needed | * Areas for WASH development, possibilities for skilled/ unskilled mentoring |
| **Nutrition** | * Updated list of camps and age and sex disaggregated camp data, including PLWs; * Establishment of women-friendly spaces or breastfeeding areas as standard component of any camp design/layout |  | * Plans for TLSs and day-care centres | * Data on coverage of food aid, mid-long term analysis of food security situation, identification of high-risk areas; targeted food aid for pregnant and lactating women | * Timely disease surveillance by municipality (even barangay) especially for diarrhoea and respiratory infections in children under-5 |  |  | * Information on orphaned or separated infants below 6 months | * Plans for transitional shelters (locations, timelines, etc) | * Integration of hygiene promotion in infant and young child feeding counselling support, targeted provision of hygiene kits and water kits to pregnant and lactating women and families with severely malnourished children |
| **Protection** | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. Completed DTM information for Protection * Collaborate to ensure protection standards are incorporated into CCCM interventions. * Any training or guidance needs for child protection and protection in evacuation centres. * Collaborate on referral mechanisms and monitoring protection issues in evacuation centres. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. * Collaborate to ensure children’s and women’s participation in reconstruction efforts. * Include child-centred DRR initiatives. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. Collaborate to ensure protection standards are incorporated into education interventions. Incorporate child protection training in training of teachers, or support in arranging this separately. * Information on number of school dropouts, reason for dropout. Collaborate on referral mechanisms and monitoring of protection issues in schools. * Collaborate on vocational training and other education initiatives for out of school children. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. * Collaborate to ensure protection standards are incorporated into food security interventions. Ensure consideration of food security for vulnerable populations (e.g. ensure that they can benefit from cash for work, cash transfers, etc.) * Analysis of child labour in affected areas (cooperate on this). Collaborate on guidelines on child protection in interventions, e.g. conditionality of school attendance for children etc. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. * Information on pregnant women disaggregated by age. * Collaborate to ensure protection standards are incorporated into health interventions. * Collaborate on training for health workers on child protection, GBV and psychosocial support where necessary. * Collaborate on referral mechanisms and monitoring of protection issues in health centres, including referral for mental health support. Agree classification and coordination for PSS interventions. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. * Analysis of child labour in affected areas (cooperate on this). Collaborate on guidelines on protection in interventions, e.g. conditionality of school attendance for children etc. * Analysis of child labour in affected areas (cooperate on this). Collaborate to ensure protection standards are incorporated into livelihood interventions. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. Coordinate on psychosocial support for infants (e.g. incorporate early childhood stimulation activities, positive discipline sessions into breastfeeding / parent education sessions). * Collaborate to ensure protection standards are incorporated into nutrition interventions. * Cooperation on use of community spaces (CFS, Women Friendly Space, Breast-feeding Space, etc.) |  | * Sex and age disaggregated data. Information on affected persons with specific needs, and services provided for them. * Collaborate to ensure protection standards are incorporated into shelter design, community reconstruction. * Collaborate on guidelines for identifying vulnerable persons for shelter assistance. * Support in constructing child friendly / women friendly spaces. * Collaborate on referral mechanisms and monitoring of protection issues in temporary shelters. | * Sex and age disaggregated data. * Information on affected persons with specific needs, and services provided for them. * Collaborate to ensure protection standards are incorporated into WASH facilities. * WASH facilities for CFS, community centres, and other CP buildings. * Collaborate on child-friendly hygiene messaging. * Collaborate on referral mechanisms and monitoring of protection issues in and around WASH facilities. |
| **Shelter** | * CCCM needs to coordinate closures to ensure adequate shelter provision. Share Assessment data | * Updates on Gov plans Support shelter DRR training * Support construction training. * Share Assessment data | * Needs to ensure education facilities for non-displaced and in relocation sites. * Share Assessment data |  | * Needs to ensure health facilities for non-displaced and in relocation sites | * Activities should support self recovery and reconstruction * Share Assessment data |  | * Needs to inform on special needs and advise on protection issues * Share Assessment data |  | * Needs to ensure adequate WASH facilities for non displaced and in relocation sites |
| **Water Sanitation and Hygiene** | * Flagging of sites with WASH concerns based on agreed LOCAL indicators (NOT SPHERE). * Monitoring of WASH situation based on agreed indicators. | * Flagging of opportunities for cash for work for environmental sanitation, drainage clean up and rehab of water and sanitation systems | * Flagging of TLC with WASH concerns based on agreed indicators. * Monitoring of WASH situation based on agreed indicators. |  | * Flagging of health centres with WASH concerns based on agreed indicators, esp. during diarrhoeal outbreaks * - Monitoring WASH situation based on agreed indicators. * Flagging of diarrhoeal / water-borne diseases. * Provision of standard messages related to specific disease outbreaks. | * Cash for work for environmental sanitation, drainage clean up and rehab of water and sanitation systems | * Flagging of nutritional centres with WASH concerns based on agreed indicators. * Monitoring WASH situation based on agreed indicators. * Flagging of geographic regions with chronic malnutrition. * Provision of standard messages to be included with hygiene. promotion sessions. | * Monitor Gender disaggregated communal toilet and bathing facilities in TRS. | * Flagging of sites with inadequate WASH based on agreed indicators. * Monitoring of WASH situation based on agreed indicators. |  |