





<b>LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE</b>	<b>Pre-Start Fund</b>		
	<b>During Start Fund</b>	Bill & Melinda Gates Foundation (\$900,000 ≈ £556,000)	Jersey Overseas Aid Commission (£30,000)
	<b>Post-Start Fund</b>		
	<b>Details of additional response</b>	Expand and continue the cholera response efforts to more districts in the Far North Region. Plan an exit and recovery strategy at the community level and with the Government of Cameroon and support other health activities.	Implement the health component of locally developed disaster risk reduction plans that were made with the community earlier in the year.

<b>PROJECT DETAILS</b>	<b>Funds spent out of funds awarded</b>	£75,000 out of £75,000	£64,915 out of £64,915
	<b>Implementing Partner</b>	Direct implementation	Direct implementation
	<b>Existing presence</b>	Pre-existing programmes	Pre-existing programmes
	<b>Procurement</b>	In country	In country
	<b>Activities</b>	<ul style="list-style-type: none"> <li>126,000 aquatabs, 2,000 soaps and 2,000 jerry cans distributed to households in Mogode and Burha districts</li> <li>2,000 bags of ringer lactate solution and 14,000 tabs of doxycycline distributed to health facilities in Mogode and Burha</li> <li>10,000 sachets of oral rehydration salts distributed to community health workers</li> <li>60 hand washing stations with soap installed in health facilities in Mogode and Burha.</li> </ul>	<ul style="list-style-type: none"> <li>175 water points purified with 18,000 aquatabs</li> <li>6,000 doxycycline tablets, 18,000 sachets of oral rehydration salts and 3,000 bags of ringer lactate solution distributed to health facilities and regional pharmaceutical warehouses</li> <li>12 sanitation agents mobilized for disinfection campaigns in 4,105 households, 67 public latrines, 335 households latrines, 210 water points, 68 churches and mosques, 46 markets and 30 schools</li> <li>418 communities received door-to-door sensitisation from 330 volunteers in 6 health districts</li> <li>19 films and radio campaigns broadcast with cholera prevention and treatment messages</li> <li>600 households received WaSH kits with 1 bucket and cover, 2 cups, 4 soaps and 100 tablets of aquatabs.</li> </ul>
	<b>Additional Information</b>	IMC is finalizing a real-time evaluation report and a mapping of the WaSH facilities in the health centres in Mogode and Burha with the optional 1% learning budget.	Plan is using the 1% learning budget to carry out a study on the risk factors of cholera epidemics in the Far North region and analyse the patterns of transmission in the current epidemic. The study will also include a comparative analysis of cholera vulnerability in the southern regions of the country.

**Intervention Summary:**

A cholera epidemic was first detected in the Far North Region of Cameroon in April 2014. When the Start Fund was activated on 29 July there were more than 1,200 reported cases. Without immediate action, local organisations feared the outbreak would lead to the same situation as the 2010 epidemic, which infected 10,000 people and killed nearly 1,000. Two agencies, already operating in the region, were awarded Start Fund grants and worked together to fulfil three main objectives: procure medicines, raise awareness about cholera prevention and improve sanitation in the affected camps and villages.

Between the two agencies, their collective efforts covered eight of the most affected districts and reached 14.7% of the Far North population, targeting the most vulnerable areas. Both agencies worked closely with the Ministry of Health and local stakeholders to distribute antibiotics and oral rehydration salts to health facilities and install hand washing stations. One agency facilitated the purification of water points, disinfected public spaces, carried out an awareness raising campaign and distributed hygiene kits to the households most at-risk. The awareness raising campaigns delivered essential messages on how to prevent cholera and improve sanitation and included a month of door-to-door sensitisation, poster distribution, film screenings and radio broadcasts.

Despite project delays due to security constraints and poor road conditions, the response still met or exceeded their targets of health facilities and vulnerable or affected communities. The projects directly reached 513,947 people through door to door community sensitisation and the provision of hygiene kits and indirectly reached 621,256 people through the disinfection campaign and support to the MoH and health facilities in the form of medicines and sanitation supplies.<sup>1</sup> About 63% of the overall funding was spent on health and WaSH inputs, and agencies secured £586,000 of additional funds during their Start Fund response to complement or expand their interventions. The leveraged funding will reach an estimated 221,334 people.

**Lessons from the Response:**

**Audio-visual technology helped amplify the impact of the cholera awareness messages**

- Using a short film as a method of communication for cholera prevention awareness was innovative for the Far North region. Initial findings indicated that the new technology was more effective at generating questions and discussions to help retention of the messages.
- The film screenings drew higher attendance than other methods and especially helped children improve their hand washing.<sup>2</sup>

**Distribution of supplies to households must be aligned with the seasonal calendar.**

- The WaSH kit distribution coincided with the agricultural season when families were working in the fields, negatively impacting on the distribution.

**Collaboration among the Start Fund projects increased efficiency and value for money in the response and led to unintended added value in other areas.**

- Early in the project timelines, IMC and Plan organized a workshop with local officials from the Ministry of Health and Water Authorities to share the objectives and intended results, jointly resolving issues of beneficiary selection criteria and accessing remote villages.
- IMC and Plan coordinated procurement of aquatabs to receive a reduced rate on the supply.
- The areas of operation were divided amongst the two agencies to avoid duplication and increase their coverage. Certain activities such as the disinfection campaign were administered across both of the agencies' target communities to expand the reach.
- Coordination was so successful between Start Network projects that the agencies involved have started coordinating in other contexts on non-Start Fund grants, including on projects in Gaza.

**The Start Team provided a lighter model for allocation and project selection.**

- As a light touch option for a smaller scale alert with an insufficient number of in-country volunteers to hold a local project selection meeting, the members mandated the Start central team to award the applications. This allowed the Network to explore a new light decision-making model with lower transaction costs for project selection.

<sup>1</sup> The direct and indirect figures listed are not adjusted for double counting <sup>2</sup> For more information, please see a case study about the implementation of this activity [here](#).