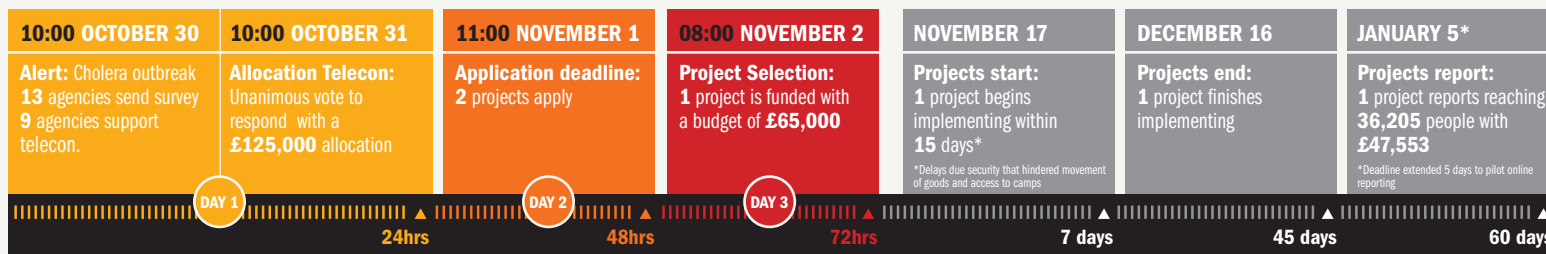
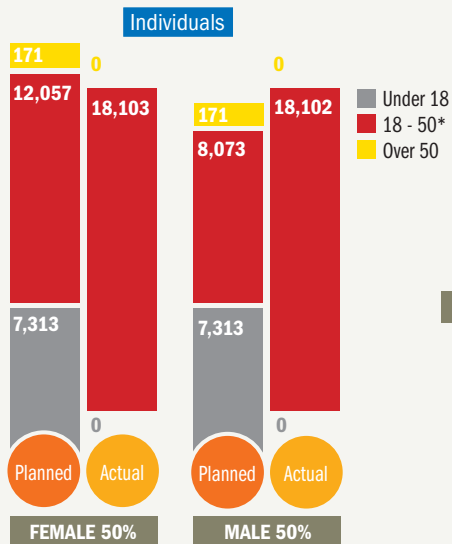


RESPONSE TIMELINE



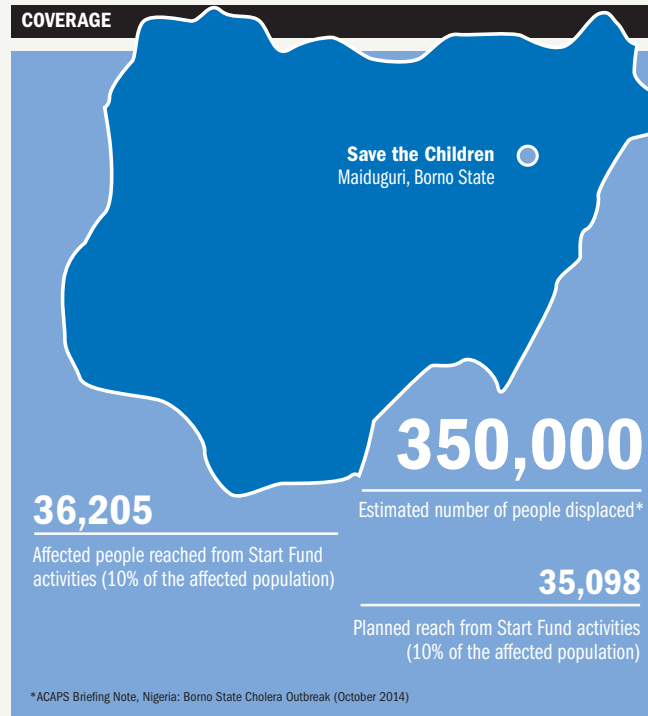
BREAKDOWN OF PEOPLE REACHED



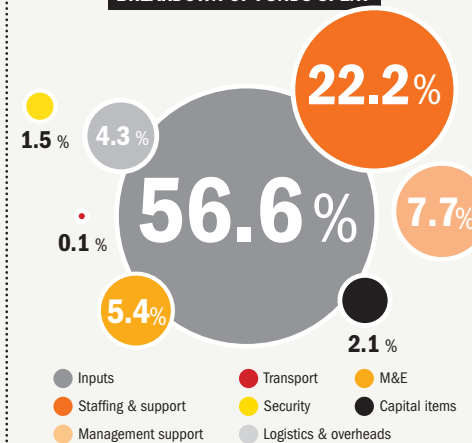
*Partner staff were not able to collect disaggregated data, as they were not authorised to count or register people other than those that collected items during distribution.

**Figures refer to number of people assisted
**Cumulative total indirect: An estimated 18,120 people were reached through hygiene promotion sessions in 6 camps

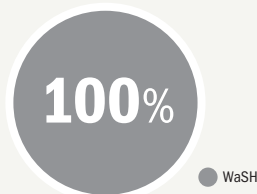
COVERAGE



BREAKDOWN OF FUNDS SPENT



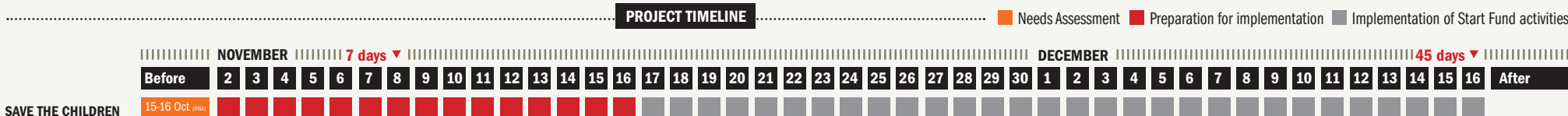
INPUTS BY SECTOR



PEOPLE REACHED BY SECTOR



PROJECT TIMELINE





LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE

| | |
|---------------------------------------|---|
| Pre-Start Fund | £50,000 provided by SCI; \$650,000 (~£422,000) from USAID to provide Child Protection and psychosocial support services to IDPs and host communities. |
| During Start Fund | £499,729 from ECHO to scale up WaSH intervention in Borno, following on from Start Fund project |
| Post-Start Fund | |
| Details of additional response | Under ECHO funded WaSH project, SCI will distribute 5,000 hygiene kits, conduct mass hygiene awareness and repair 20 existing water points, expecting to reach an additional 35,000 people from Jan 1 to Apr 30, 2015. USAID funding is not related specifically to the cholera outbreak, but has been secured for overlapping operational areas. Internal Save resources were used to provide psychological first aid training and humanitarian protection platform strengthening. |

PROJECT DETAILS

| | |
|---|---|
| Funds spent out of funds awarded | £47,553 out of £65,000 |
| Implementing Partner | About £8,130 (2,543,450 Nigerian Naira) through the Nigerian Red Cross |
| Existing presence | Pre-existing partner |
| Procurement | Locally |
| Activities | <ul style="list-style-type: none"> • 1,500 households (8,550 people) received drinking water storage containers and hygiene kits containing chlorine tablets, soap and hand sanitiser • 50 waste bins distributed in 6 camps: NYSC (10 bins), Government College (10), Yerwa (8), Government Girls College (7), Shehu Sanda Kyan (7), ATC (8) • 18 hygiene promotion awareness sessions run in 6 camps (3 each): NYSC (4,100 people), Government College (3,500), Yerwa (2,500), Government Girls College (2,800), Shehu Sanda Kyan (1,500), ATC (2,700) |
| Additional Information | An underspend of the project budget was attributed to a change in the price of commodities, as well as a change in transport needs due to the project procuring locally. |

Intervention Summary:

In Maiduguri, the capital of Borno State Nigeria, an outbreak of cholera escalated from 260 cases in September to 4,536 cases (including 70 deaths) by the end of October. Cholera is endemic in the region – only a few months previously, the Start Fund responded to an outbreak across the border from Borno State in Cameroon.

With outbreaks almost every year in Nigeria, there were 33,000 confirmed cases and over 2,600 deaths from presumptive or confirmed cholera between 2010 and 2013. This year, the crisis coincided with an increased number of IDPs in Maiduguri. With 350,000 IDPs in multiple camps, this created the perfect scenario for a more catastrophic crisis to develop. Anticipating this, the Start Fund was activated to intervene before the outbreak could escalate to the scale seen in previous years.

One agency responded through a partnership with the Nigerian Red Cross, implementing prevention WaSH activities in 6 camps in Maiduguri (NYSC, Government College, Yerwa, Government Girls College, Shehu Sanda Kyan, ATC). The project distributed hygiene kits, water storage containers and communal solid waste bins and disseminated Information Education Communication (IEC) materials with key messages about cholera. Staff reported an increase in awareness around hygiene practices, such as the use of solid waste bins provided and using jerry cans when collecting water.

The project faced severe delays past the 7 day target due to security incidents that hindered movement of goods and staff in the area. It finished in 45 days, reaching 10% of the IDPs in Maiduguri (36,205 people). Only 57% of funds were spent on inputs, and a large underspend of 27% was the result of over-budgeting WaSH supplies, which were procured locally. The Start Fund response is being continued with funding from ECHO from Jan to Apr, 2015. In addition, IDPs received psychosocial support using internal funding from Save the Children and USAID funding.

This project took part in a pilot, along with the Somalia response, to test online reporting.

Lessons from the Response:

External coordination helped to integrate the project into wider cholera response activities.

- The Start Fund filled a financing gap that gave the implementing agency time to secure nearly eight times the amount of resources from ECHO for scaling up WaSH interventions, and the follow-on funding began within days of the Start Fund project ending.
- Only a few months previously, the Start Fund's response to cholera across the border in Cameroon generated lessons through the 1% learning budget that could be fed in to the response in Nigeria for improving implementation.

Assumptions during project planning made it difficult to meet expectations.

- Even though goods were procured locally, implementation suffered severe delay because security incidents prevented access to the camps. Checkpoints and curfews slowed transportation and identification of beneficiaries.
- The project expected to reach more women than men, children and older people, but actual disaggregated data could not be collected because partner staff were not authorized to count or register people other than those that could directly collect distributed items.
- A smaller percentage of funding was spent on inputs than planned (57%), and a large underspend was reported (£17,447), largely due to overestimating the cost of commodities.

Overcrowding and access in camps challenged mitigation measures to prevent the spread of cholera and evidence reaching the most vulnerable.

- Limited resources were available to handle the size of the affected population and account for movements in and out of crowded camps. Although reports of cholera cases were decreasing, the arrival of nearly 1,000 IDPs every week means that another outbreak could happen if sufficient resources are not made available.
- The project had high aspirations for reaching vulnerable groups (eg young married girls, elderly, disabled, children under 5) but was unable to collect actual beneficiary data.

Mobilizing the community aided distribution and awareness raising activities.

- Thirty trained volunteers worked with camp committees, SEMA, community leaders and beneficiaries to identify beneficiaries for distribution and conduct community outreach.