

## FY21 Quarter 2 (January - March) CORE Group Polio Project (CGPP) Global Quarterly Update

COVID-19 and insecurity in project areas continued to present challenges, but CGPP community volunteers persevered to reach communities with important social mobilization messages, mobilize communities for routine immunization and polio supplemental immunization campaigns, and contribute to improving AFP surveillance in project areas. CGPP's 16,620 volunteers reached 3,342,359 community members through social mobilization during FY21 Quarter 2. These efforts made inroads in communities hit hard by restrictions and low immunization coverage. Immunization and surveillance rates have begun to rebound after dropping during FY20 due to the COVID pandemic and movement restrictions.

Country	Number of Community Volunteers	Number of Community Members Reached with Social Mobilization and Health Messages
<b>Ethiopia</b>	10,876	894,686
<b>India</b>	507	939,645
<b>Kenya</b>	1,875	159,947
<b>Nigeria</b>	2,046	729,946
<b>Somalia</b>	221	228,617
<b>Uganda</b>	1,095	389,518
<b>South Sudan</b>	5,861	369,539
<b>TOTAL</b>	<b>22,481</b>	<b>3,711,898</b>

### Ethiopia

CGPP Ethiopia works through 9 partner organizations to provide social mobilization, health education, and surveillance in the five focal regions of Oromiya, B/Gumz, Gambella, Somali, and SNNPR. The project covers 79 implementation woredas in the 16 focal zones of these regions.

During the quarter, CGPP Ethiopia's 10,876 CVs/HDALs reached 316,477 households and 894,686 people with health education on vaccine preventable diseases and surveillance in the project's implementation areas. To support improved routine immunization coverage, CVs/HDALs identified and referred 13,344 pregnant women to ANC for follow-up and identified and referred 9,607 newborns and 4,782 defaulters to vaccination posts. These efforts contributed to improved routine immunization coverage in children under 1: OPV0 (50%); OPV3 (71%); Measles (66%); Penta (71%).

Robust community engagement, sensitization, and community-based surveillance added to strong surveillance in project areas, with project CV/HDALs reporting 36.8% (7/19) AFP cases and 88.7% (47/53) measles cases. Additionally, CV/HDALs/AHAs contributed to surveillance for priority zoonotic diseases, reporting 76.4% (55/72) zoonotic cases in humans and animals in project areas. (On the quarter, there were 34 human and 38 animal cases of zoonotic diseases reported).

CGPP Secretariat and partner staff supported one campaign round of bOPV was conducted from March 26-29. The campaign targeted 33% of the children under 5 years in the country and included most of CGPP Ethiopia's implementation areas. The campaign reached 455,301 children of the 446,982 (102%) targeted children under 5 in project areas (Gambella region, B/Maji and S/Omo zones of SNNP region,

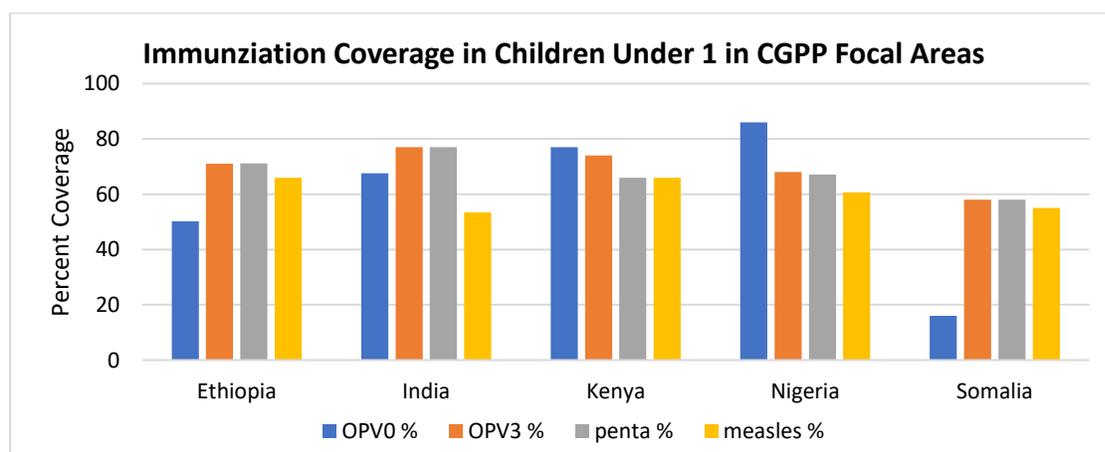
**Data Source:** CGPP Project data collected by CGPP

\*\*Number of volunteers includes all community volunteers, mobilizers, key informants

B/Gumz region, Assosa and Kamashi zones, Borena and Kellem Wollega zones of Oromiya region). Due to technical and logistical issues, the campaign in Somali region was postponed to April 2021. Three CGPP Secretariat staff provided technical field support in S/Omo zone (SNNPR) and Anguak zone (Gambella). All field staff supported the campaign including 2,643 CVs/HDALs that participated as social mobilizers and members of the vaccination teams and 25 field staff that provided technical support. Additionally, CGPP provided 9 vehicles, 4 motorcycles, and 5,101 liters of fuel to support logistics and transport vaccination teams.

The CGPP Secretariat provided supportive supervision in 8 woredas of Gambella, Oromiya, and Somali regions to ensure project implementation, data gathering and processing, and improve project quality. The team visited 9 health centers, 11 health posts, and interviewed CVs/HDALs as part of this effort. Additionally, partner field staff conducted 285 supervision visits (6 hospitals, 66 health centers and 213 health posts were visited) during the quarter.

The CGPP Secretariat staff attended and organized various meetings during the quarter to enhance and support strong partnership, share program achievements and lessons learned, and ensure strong program implementation. The CGPP Director and Deputy Director attended the National Polio EOC and Horn of Africa Polio update virtual meetings weekly. Additionally, the CGPP Secretariat Director attended the Annual Review Meeting (CRS/HCS project) in Somali State (Siti zone) organized by the Somali Regional Health Bureau. In addition to CGPP, participants from RHB, ZHD, WHO, CRS, HCS attended the meeting to and worked to identify gaps and action plans to address them. The Secretariat organized three virtual monthly partner meetings (January, February, March) to keep abreast of project developments, implementation, and challenges. Additionally, an in-person partners meeting was conducted in March 2021 during the CGPP Senior Advisor for Global Health Security’s visit to Ethiopia. This meeting was used to share information about GHS activities, attend one on one sessions with key partners, and identify areas and opportunities for collaboration within the CGP-GHS project.



**Data Sources:** India data is from internal surveys; Nigeria data is from project registers; Ethiopia (government reports), Kenya/Somalia (the MOH DHIS 2 Tool) South Sudan data is from national administrative data reported by the government\*\*\*

\*Under 1 data is not available for Nigeria and is reported for children 12-23 months.



## India

CGPP India reengaged 507 former Community Mobilization Coordinators (CMCs) and virtually oriented them on polio and COVID-19 appropriate behaviors prior to the SIA in the quarter. CMCs reached community members, families, and local influential people using virtual platforms and interactive communication was done using various IEC materials. They also provided support to quarantined individuals through telephonic coordination. More than 2500 Community Action Group (CAGs) members were also engaged by CGPP.

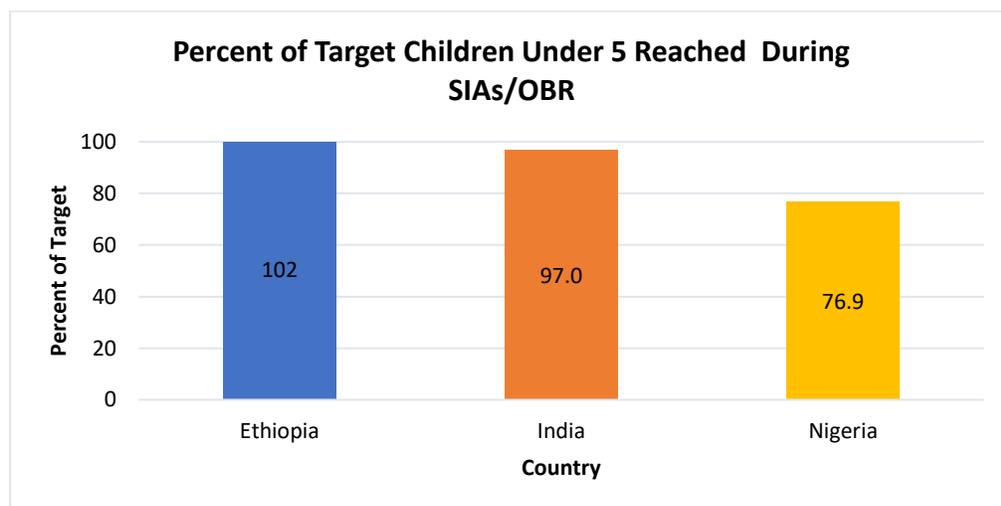
Following restrictions and impacts of the COVID-19 pandemic, CGPP India ramped up efforts to support and build capacity of government functionaries to support polio immunization coverage. During the reporting period, the District Mobilization Coordinators (DMCs) and Block Mobilization Coordinators (BMCs), provided hands-on support in improving social mobilization activities and updating of vaccination records, and preparation of duelists. In addition, they also provided support to the Block Medical Officers (BMOs) in revising Routine Immunization (RI) micro-plans due to the COVID-19 situation. Since October 2019, the CGPP functionaries (BMCs) are providing support to a few government frontline health workers, i.e., ASHAs (about 15 ASHAs per BMC). Intensified Immunization Campaign (IMI)3.0 was developed and conducted in February and March 2021 to cover children who missed routine immunization during the pandemic period. The CGPP team actively supported the government front-line health workers (ASHAs, AWW, and ANMs) to make the campaign successful. The team provided training for ASHAs, engaged Community Action Groups (CAGs), met with community leaders, and supported e-rickshaw meetings in selected areas to strengthen social mobilization and improve vaccine uptake during the routine campaign. After the withdrawal of CMCs in March 2020, the CGPP staff started compiling RI coverage from the ASHA records. The present CGPP MIS (based on ASHA records) provides immunization coverage only among children below 12 months. It is evident that the COVID-19 pandemic has negatively affected childhood vaccination and RI coverage has significantly declined from the previous year. However, the vaccination coverage has improved from the first quarter, particularly, OPV3/Penta 3 coverage, which has improved substantially by 24 percentage points. Routine immunization coverage for CGPP focal areas was: OPV0 (67.6% ); OPV3 (77.0% ); Penta3 (77.%); Measles (53.4%).

One SIA, a National Immunization Day (NID), was conducted in project areas during the quarter (January 31 to February 10). Field staff provided active support in planning and undertaking social mobilization activities before the SIA round to create awareness among the community. CGPP India contacted and rehired 507 former Community Mobilization Coordinators (CMCs) prior to the SIA to implement intensified community mobilization and to coordinate with ASHAs to update newborn and refusal family lists, met with CAG members to share newborn/refusal family lists and ensure visits to those families during the campaign, provided mosque announcements, coordination meetings with ASHAs, AWW, and others for booth days, and supporting e-rickshaw rallies prior to booth days to create mass awareness for the NID. Approximately 97% of the targeted 188,669 vaccination eligible children were vaccinated. Out of the total targeted children, about 81 percent were vaccinated at polio booths (fixed-site vaccination). The house-to-house vaccination teams visited 246,453 households in CMC areas of CGPP

Uttar Pradesh, of 4.2 percent of houses were missed. CMC areas reported a comparatively lower proportion of missed houses than in non-CMC areas (4.6%).

During the quarter, 26 AFP cases were reported from direct intervention CGPP areas in Uttar Pradesh; 9 (34.6%) were identified by CGPP functionaries. According to AFP surveillance indicators, as of 31st March 2021, the CGPP work districts from Uttar Pradesh had a Non-Polio AFP rate of 8.9, which is higher than the state average of 6.1 cases per 100,000 children under 15 years. The CGPP work districts maintained a high (86%) level of adequate stool collection.

CGPP India began and continued important research and documentation projects during the quarter. The team is undertaking a barrier analysis study aimed at understanding vaccine hesitancy among parents of vaccine eligible children (under 2 years old) and association with childhood vaccination. The protocols, data collection tools, and data collection application were finalized and data collectors were trained. Data collection was delayed due to the second severe wave of COVID, but the team will attempt to start next quarter. Two other studies will begin shortly in India – one documenting the transformation of CMCs during the project and the second detailing the utility of the Secretariat Model in CGPP projects globally.



**Data source:** National Administrative data

### Kenya and Somalia (HOA)

The HOA region continues to struggle with cVDPV2 outbreaks. During the quarter, Kenya reported three cVDPV2 isolated from healthy children arriving in Daadab Refugee Camp from Somalia, with none of the children presented with paralysis. Kenya also reported three more cVDPV2 isolated from the environment, two from Mombasa and one in Garissa town; all cases are genetically linked to Somalia cases. The current outbreak in Kenya is attributed to the frequent cross-border movement of unvaccinated persons from outbreak affected neighboring countries of Somalia, South Sudan and Ethiopia and the suboptimal population immunity in special populations and disruption of surveillance activities by the COVID-19 pandemic. In response to the outbreak, Kenya has planned two rounds of



SIAs in 13 high-risk counties targeting over 3,437,378 under-five children to be vaccinated using mOPV2 at the end May 2021 and preparing to introduce nOPV2 towards the end of the year. The country is also conducting a systematic sampling of new arrivals in all the refugee camps.

In Kenya, CGPP HOA supported 95 border health facilities to conduct 189 outreach clinics for hard to reach and nomadic settlements along the Kenya borders. These outreach sessions vaccinated 36,512 children with various antigens. Community volunteers identified and traced 3,660 children under 5 who had defaulted on RI and referred them for services. Social mobilization of focal communities was a key factor in turn out at outreach clinics and for routine immunization. During the quarter 1,761 CHVs and 114 Community Mobilizers in Kenya reached 159,947 people with one on one and group social mobilization activities and provided messages geared at enhancing routine immunization, and improving surveillance for polio, priority zoonotic diseases, and COVID-19. In Somalia, CGPP's 192 CHVs and 29 CMs supported 5 border health facilities in lower Juba region to conduct 15 integrated outreach sessions in hard-to-reach nomadic communities vaccinating 392 children under 5; volunteers identified and traced 551 immunization defaulters, 461 who were vaccinated as a result. Social mobilization activities reached 228,617 people. The project supported 7 community dialogue sessions in Gedo and Lower Juba regions to promote routine immunization and supported the regional MOH team to conduct supportive supervision in Afmadow health facility.

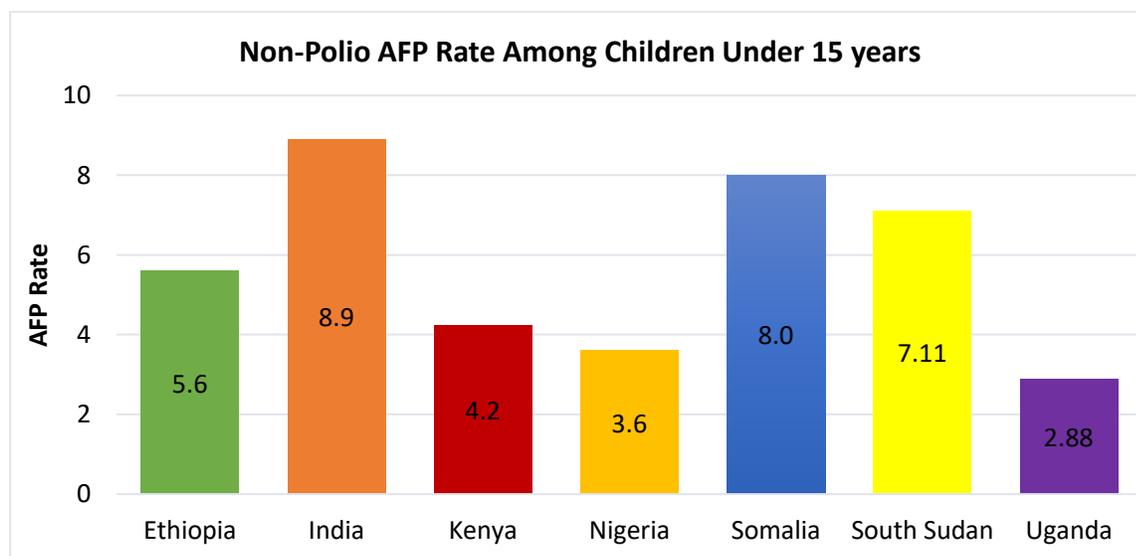
There were no polio SIAs in Kenya or Somalia during the quarter, but campaigns are planned for May 2021 in Kenya project areas and June/July 2021 in Southern Somalia.

Given the cVDPV2 outbreaks, surveillance is of paramount importance in Kenya and Somalia, particularly in the border areas where CGPP operates. During the quarter, CGPP Kenya reported 35 NPAFP cases, 11 (31%) of which were reported by CGPP volunteers. In CGPP project areas of Kenya, the NPAFP rate was 4.23 per 100,000 children under 15 with a stool adequacy rate of 91%. Volunteers reached 42,132 people with active case search and surveillance social mobilization. The project supplied 1,500 surveillance related IEC materials to border health facilities. In CGPP Somalia, 24 suspected AFP cases were reported in project areas with 4 (17% reported by project community mobilizers). The NPAFP rate in project areas was 8.0 per 100,000 children under 15 years, and stool adequacy rate 100%. CGPP Somalia supported 5 community dialogues sessions that sensitized 88 people including community opinion and religious leaders, village chiefs, elders, TBAs, and traditional healers. Community mobilizers also conducted 248 group meetings to reach 2,486 people on issues related to disease surveillance.

CGPP HOA continued to integrate messaging and surveillance for priority zoonotic diseases (through GHSA) and COVID-19. Project volunteers provided critical support in the report of a Rift Valley Fever outbreak in Mandera that led to the death of one human and 300 camels. CGPP continued to integrate and support COVID-19 response through community sensitization, contact tracing, rumor monitoring and reporting community feedback to the national risk communication and community engagement technical working group.

To support and establish effective partnerships, CGPP held and participated in a variety of meetings in Kenya and Somalia. The CGPP HOA Secretariat participated in 38 coordination meeting at regional, national, County and districts levels, while the CGPP-IPs participated and supported 29 coordination and planning meeting at the Kenya county and sub-county levels and 9 coordination meetings at the region and district level in Somalia. CGPP also participated in bi-weekly GPEI HOA partner and Tripartite country (Kenya, Somalia, Ethiopia) meetings organized by the WHO-HOA office which focused on preparations for the synchronized polio campaigns, validation of AFP cases and enhanced surveillance in the event of scVDPV2/3 outbreaks in the Horn of Africa region.

To increase cross border communication and coordination, CGPP supported and participated in two cross border health coordination meetings in Nadapal (between Turkana County in Kenya and Kapoeta East in South Sudan) and Moyale (between Kenya and Ethiopia CGPP project areas). These meetings focused on strengthening community-based surveillance along the border regions. CGPP also supported one cross border health coordination meeting between Dadaab sub-county (Garissa) and Dhobley subdistrict (Somalia) which agreed upon the formation of a join WhatsApp group to enhance coordination, deploy extra CHVs and track cross borer movement. In Kenya, CGPP also conducted four stakeholder forums on community-based polio and zoonotic surveillance in Nairobi, Turkana, Wajir, and Lamu Counties. In Somalia, CGPP teams held one coordination meeting with district MOH officials to discuss improvements in surveillance and immunization services.



*Data Sources: National Administrative Data*

### Nigeria

As COVID-19 lockdown measures eased, CGPP was able to safely and effectively implement social mobilization, community engagement, and surveillance activities to reach more community members



through its 2,046 volunteers across project states. CGPP continued to provide technical support to National EOC, Public Health EOC, and the COVID-19 Task Force.

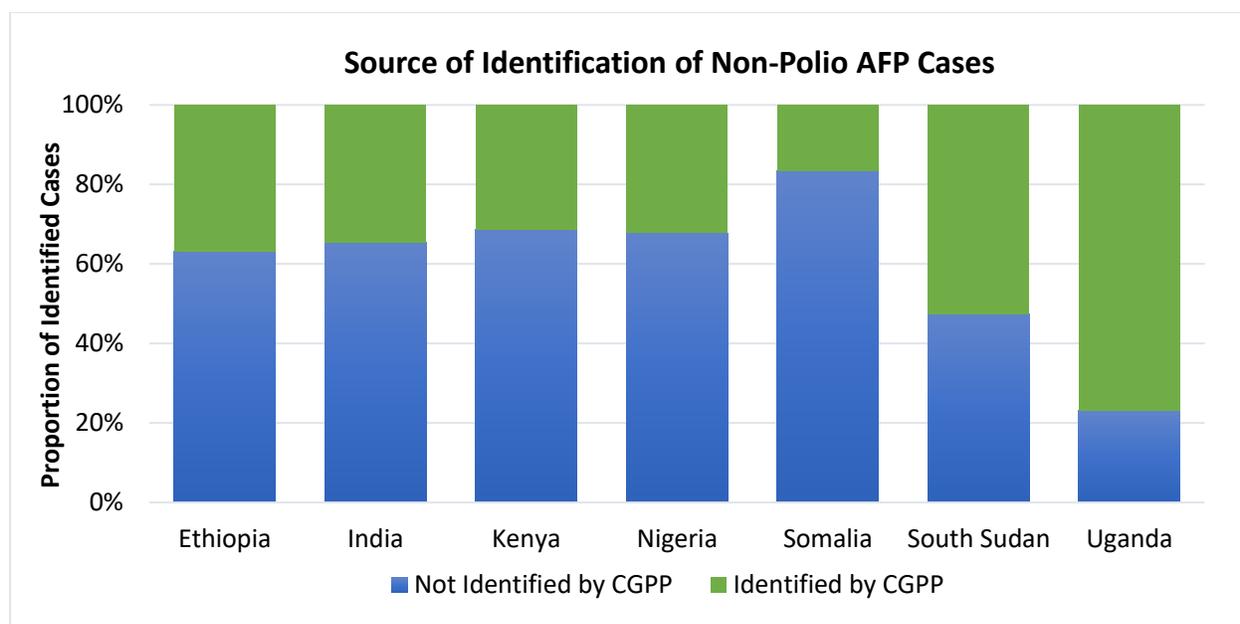
CGPP's team of 1,140 VCMs (supervised by 124 Voluntary Ward Supervisors (VWSs)) conducted 2,157 compound meetings on the quarter, 93.9% of those planned. During these meetings, project volunteers provided convergent messaging on polio, routine immunization, COVID-19, and other health topics, to address the needs of women, children, and families in project focal areas. VCMs worked close with Health facility in charges and the VWSs to line list, track and refer 4,076 vaccination defaulters and 15,882 pregnant women for antenatal care. VCMs tracked pregnant women and newborns and attended naming ceremonies to ensure that newborns received OPV0 within the first 14 days of life; 96.7% of newborns tracked by VCMs received OPV0. Despite continued challenges with insecurity and COVID-19 in project areas, routine immunization coverage rose among children 12-23 months from quarter 1. Routine immunization rates were: OPV0 (86.6%); OPV3 (68%); Penta (67.1%) Measles (60.7%); and fully immunized children (60.7%).

CGPP supported one SIA during the quarter from January 14<sup>th</sup> to 19<sup>th</sup>. VCMs mobilized caregivers of children under 5 to vaccinate their children with OPV. VCMs and VWSs worked with families and vaccination teams to resolve noncompliance in their communities through provision of information and dialoguing with families. CGPP also provided technical support through supportive supervision of the vaccination teams.

With approval from USAID, CGPP supported and provided technical support to the first pilot and roll-out of the Novel Oral Polio Vaccine Type 2 (nOPV2) in the world. This was in response to the outbreak of circulating Vaccine Derived Polio Vaccine Type 2 (cVDPV2) in 4 states - Zamfara, Sokoto, Niger and Delta. Nigeria is the first country to get approval from the World Health Organization (WHO) to use the vaccine under the Emergency Use Listing (EUL).

To strengthen AFP surveillance, CGPP community volunteers and community informants conducted actively detected and reported AFP cases as well as cases of others childhood illnesses including measles and malaria, and for COVID-19. In addition to VCMs/VWSs, CGPP's 782 Community Informants contributed to the surveillance system. CGPP volunteers reported 32% (10/31) confirmed AFP cases in project areas. The NPAFP rate in CGPP project areas was 3.6 per 100,000 children under 15 years and the stool adequacy rate was 96% during the quarter.

CGPP provided on the job training and mentorship to project volunteers to ensure high quality program delivery, surveillance, and improve data collection and quality. CGPP provided mentorship to State MEAL officers who cascaded the mentorship to the LGA Coordinators who were able to provide mentorship and guidance to the VWSs and VCMs. With COVID-19 restrictions eased, the program intensified monthly meetings at the LGA level across the states to verify and validate data in the VCM register. Data review meetings were done in cohorts to respect COVID-19 protocols. Data was constantly reflected upon and used to make programming decisions. Areas with data challenges were prioritized for supportive supervision to provide technical support and mentorship.



**Data Source:** WHO Surveillance Line List; CGPP project records collected by CGPP

### South Sudan

During Q2, CGPP South Sudan implemented activities to strengthen community-based surveillance, improve demand for immunization services, provide post campaign monitoring in SIA activities, and support partnership. COVID-19, insecurity, and flooding impacted the ease with which planned activities were implemented. However, strong, well established cadres of volunteers and supervisors continued to reach project beneficiaries even under difficult circumstances.

Most of the counties supported by CGPP continue to report poor routine immunization coverage, with most children either unimmunized or under immunized. CGPP, through its implementing partners and coordinating with the various county health departments, initiated a community outreach vaccination program to improve routine immunization. This initiative includes recruitment and training of community vaccinators, increasing awareness on vaccine preventable diseases and the importance of vaccination done through mothers group meetings, and identification and referral of newborns, pregnant mothers, and vaccine defaulters to vaccination sites. During the quarter, CGPP held 197 mothers group meetings, reaching 2,321 mothers to raise awareness on vaccination. Project Boma Health Promoters (BHPs) traced 3,301 vaccine defaulters, with 71% (2,369) referred and vaccinated at their nearest health facility.

South Sudan conducted a national polio SIA from February 16-19, which covered 67 of 80 counties nationwide. The campaign vaccinated over 3.5 million children under 5 with mOPV2. CGPP supported the campaign through social mobilization activities in project focal areas and provided nationwide Post Campaign Monitoring (PCE). CGPP recruited, trained, and deployed 207 social mobilizers who reached 69,995 community members in the 3-day period prior to the campaign in the greater Equatoria area. BHPs identified 1,838 defaulter children through social mobilization, 93.3% (1,715) of which were



vaccinated following referral. CGPP implemented PCE activities in 52/67 (78%) of counties where the SIA took place. Through PCE activities, CGPP surveyed 19,276 children from 8,220 households and found 88% to be vaccinated. Results of PCE were provided to the government and key stakeholders to aid in decision making for mop up and future campaigns.

CGPP implemented integrated community-based surveillance (CBS) in all 24 counties of Central, Eastern, and Western Equatoria with a focus on polio, measles, COVID-19, EVD, yellow fever, and adverse events following vaccination. The integrated CBS includes interventions on RCCE, timely detection and reporting of cases and events by community key informants, COVID-19 infection prevention and control, and COVID-19 contact tracing and primary screening at international borders. BHPs conducted 23,831 household visits and 4,800 visits to social places (churches, markets, grinding mills, funerals, schools, etc) to disseminate health and surveillance messages, reaching 369,539 people. The NPAFP rate in CGPP project areas was 7.11 per 100,000 children under 15 years; the stool adequacy rate was 98%. There were a total of 38 NPAFP cases reported in project areas during the quarter, with 52.6% being reported through the CGPP CBS system. Overall, 12.5% (3/24) of CGPP focal counties were silent during the quarter. CGPP will continue to work to improve the surveillance system through detection and reporting and to aim for less than 5% silent counties. To improve the quality of the CBS and immunization systems strengthening interventions, CGPP conducted a 3-day training for project officers and supervisors. In March 2021. Also in March, CGPP conducted CBS Annual Review meetings to discuss program progress, lessons learned, best practices, challenges, and to develop solutions and workplans. During the quarter, strong supportive supervision was utilized to reach 397 (94.3%) BHPs and 4,270 (78%) of community key informants.

## **Uganda**

Medical Teams International (MTI) – Uganda and International Rescue Committee (IRC) implement CGPP programming in the West Nile districts of Uganda, areas which host many South Sudanese refugees. MTI covers Adjumani, Moyo/Obongi and Amuru districts at the Elegu border of South Sudan and the IRC covers Lamwo and Yumbe districts in Northern Uganda. In Uganda, CGPP's focus is on improved detection, reporting and investigation of AFP cases among refugee populations and host communities in focal areas. CGPP was launched in FY19 at the request of the Ugandan government to strengthen the Integrated Disease Surveillance and Response (ISDR) system at the community level and help to address the risk of AFP importation. As lockdown measures eased during the quarter, CGPP was able reach additional individuals through individual and group meetings and provide stronger contributions to the surveillance system.

CGPP Uganda's 1,095 VHTs reached 389,518 people through house-to-house visits, community dialogues, community meetings, and sensitization sessions. CGPP (MTI) also supported a radio spot that reached an estimated 500,000 which sensitized communities on the importance of AFP surveillance, COVID surveillance, and provided information on immunization and other pertinent health topics. During the quarter, CGPP supported 13 trainings which trained a total of 1,226 people (including 225



health center staff, medical personnel, community leaders, and others and 1,001 VHTs) on topics related to surveillance, AFP case identification and reporting, health education, and cold chain maintenance. The relaxing of COVID restrictions and increased focus on surveillance contributed to improved NPAFP rate in project areas, 2.88 per 100,000 children under 5 during quarter 2, with a 90% stool adequacy rate. There were 13 NPAFP cases identified in CGPP project areas of Uganda, with 10 (77%) identified by project VHTs; 5 NPAFP cases were identified among refugees. All cases reported by VHTs were reported within 7 days of symptom onset.

IRC's 503 active VHTs reached 110,118 with house-to-house visits, social mobilization, and group dialogues and outreach for case detection, reporting and sensitization of the communities. In Yumbe, 423 VHTs made 26,071 house to house visits and conducted 151 integrated sensitization sessions (reaching 9,277 people through outreach and dialogue). In Lamwo, 80 VHTs conducted 26,429 house to house visits reaching 72,807 people. The visits focused on surveillance to improve early case identification, reporting, and sensitization. Additionally, VHTs traced and referred 627 vaccine defaulters to immunization centers. There were 198 OPV3, 185 IPV, 235 DPT3 and 243 measles defaulters referred, and 406 of these were subsequently vaccinated. Immunization coverage and sanitation parameters in Lamwo remain a challenge and puts the areas at risk to a polio outbreak. IRC will continue to provide information about immunization to communities to help improve immunization rates. To bolster the capabilities of surveillance key informants, IRC held both one on one and group meetings with 102 key informants including village chiefs/RWCs, religious leaders and women leaders. Additionally, 33 VHT review meetings were held with 712 attendees to improve case detection and provide support, and additional supervision/mentorship visits were provided to 172 VHTs. Sessions for CMEs with an emphasis on AFP surveillance were held for 75 staff. VHTs sensitized communities, provided information about AFP and surveillance, and performed active community-based surveillance in focal communities, and supported AFP detection at 73 health facilities in project areas.

MTI's 592 volunteers reached 279,400 people through house-to-house visits, social mobilization, group dialogues and sensitization sessions. While the project maintained 592 volunteers from last quarter, it had to recruit 148 VHTs to replace others who left the program for various reasons including death and relocation. All new recruits were trained on reporting and AFP/COVID surveillance protocols and will continue to receive additional training in the coming months. Volunteers integrated surveillance messaging on COVID with polio and other health information and promoted the "Dial COVID" tool for case/contact reporting of suspected COVID cases. During the quarter, MTI worked to build the capacity of community actors to participate in surveillance through monthly and quarterly review meetings with VHTs and community leaders. In addition to in-person outreach, MTI conducted 11 integrated radio talk shows in Ajumani and 4 in Obongi in partnership with the district surveillance and EPI departments. These talk shows were estimated to reach 500,000 who have access to the radio programming.

No national or international CGPP partners meetings took place during the quarter due to the restrictions of the COVID pandemic. However, other meetings were held to support relationships with partners, the government, and other key stakeholders. IRC conducted quarterly health sector review meetings in Yumbe and Lamwo with district health senior management teams, health facilities, and



maternity in charges to share program progress and lessons learned and sensitize key personnel to the need for increased cased detection and reporting. MTI worked closely with the national MOH to coordinated service delivery through monthly national health coordination forums, joint monthly coordination meetings at the district level, and joint monitoring of health facilities. MTI collaborated with DLG to achieve MOH accreditation of four health refugee health facilities in Adjumani and three facilities in Obongi with the aim of strengthening EPI performance and integrated disease surveillance and response activities in these facilities.