eHealth AFRICA

Scaling Digital Solutions to Save More lives.
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2025 Annual Impact Report

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#WeAreeHA
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A world where everyone lives healthy and more prosperous lives.

Table of Contents

List of Acronyms

AIT –	Area of Intervention Target
CAHFSN –	Climate Adaptation in Health, Food Security and Nutrition
CO_2 –	Carbon Dioxide
cVDPV2 –	Circulating Vaccine-Derived Poliovirus Type 2
DIP -	Daily Implementation Plan
DPM –	Disease Prevention Monitoring
DRC –	Democratic Republic of the Congo
EOCs –	Emergency Operations Centers
eHA –	eHealth Africa
FCT –	Federal Capital Territory
GIS –	Geospatial Information System
HPV -	Human Papilomavirus
Indigo –	A vaccine carrier technology or system
LGAs –	Local Government Areas
LIPs –	Laboratory Infrastructure Projects
LS&D –	Laboratory Systems and Diagnostics
M-R -	Measles Rubella
NIMR –	Nigerian Institute of Medical Research
OBR –	Outbreak Response
PEOCs –	Public Health Emergency Operations Centers
PH –	Public Health
PHLs –	Public Health Laboratories
PHEM –	Public Health Emergency Management
POCRs –	Public Health Operations Centers
PortaBat –	A digital solution designed for optimal vaccine maintenance
REACH –	Resiliency through Azithromycin for Children
RI –	Routine Immunization
SARMANN –	Safety and Antimicrobial Resistance of Mass Administration of Azithromycin on Children
SERICC –	State Emergency Routine Immunization Coordination Center
SLS –	Strengthening Laboratory Systems
SPOCR –	Strengthening Public Operations and Coordination Response
TWG –	Technical Working Group
VDD –	Vaccine Direct Delivery
WFP –	World Food Programme

About eHealth Africa

Our Mission

Our Unified Mission is to empower vulnerable and underserved communities to achieve healthier, more prosperous lives by strengthening health systems through innovative, data-driven digital solutions and person-centered care.

Our Vision

A world where everyone lives healthy and more prosperous lives.

Our Core Values

Impact and Quality: We push ourselves to maintain high standards ensuring that we produce the most meaningful results in everything we do, no matter how big or small.

Innovative Problem Solving: We maintain a worldview driven by possibilities, not limitations. We take smart risks and foster an environment where creativity and innovation thrive.

Integrity: We are honest and truthful in our work. We always do what is right, even when it is not easy. We put our values into practice and hold each other accountable.

Program Areas

Public Health Emergency Management (PHEM)

This program strengthens the capacity of governments and health organizations to detect, investigate, and respond to health threats swiftly and effectively. We support the development of emergency operations centers (EOCs), integrate real-time data collection systems, and provide logistical support to ensure timely, coordinated responses; even in remote regions. Featured Projects: POCR, PEOC

Disease Prevention and Monitoring (DPM)

eHealth Africa strengthens disease prevention and monitoring by providing digital tools and operational support for effective disease surveillance. Our solutions enable timely data collection and analysis, allowing governments and health organizations to detect outbreaks early and take preventive action. By tracking vaccine distribution and monitoring infectious disease cases, eHA helps reduce disease burdens and build healthier communities across Africa. Featured Projects include DPM, ETI, POBR, GTS, VDD etc

Program Areas

Laboratory Systems & Diagnostics (LS&D)

This program upgrades laboratory infrastructure, provides essential equipment and consumables, and builds the capacity of laboratory personnel, ensuring reliable diagnostics and improved public health outcomes. Featured Projects include The Support for Laboratory Supplies (SLS) and Laboratory Infrastructure and Procurement Strengthening (LIPS) project

Climate Adaptation in Health, Food Security & Nutrition (CAHFSN)

This program addresses climate smart health infrastructure and resilience. Climate adaptation is crucial for safeguarding health, food security, and nutrition as climate change exacerbates vulnerabilities. Rising temperatures, extreme weather, and ecosystem shifts increase climate-sensitive diseases, disrupt food production, and threaten nutrition for millions. Integrating adaptive strategies into health and food systems strengthens resilience, mitigates risks, and ensures sustainable outcomes for vulnerable communities. Featured Projects - WFM M&A, Solarization, PDM, CHAT

2025: The Year That Reaffirmed Our Purpose

– From Our Executive Director

The year 2025 not only reaffirmed our purpose as an organization but also reminded us why we do what we do. It presented immense challenges that tested our resilience and determination to remain committed to ensuring equitable and sustainable access to health services, even in the remotest communities. Our 2025 Annual Impact Report is more than a repertoire of impactful numbers; it is a testament to our dedication and perseverance amidst challenges, reflecting our continuous efforts to save and protect lives. We are excited to share this report, which not only highlights measurable impact but also carries the weight of human lives positively affected by our work.

The year provided an opportunity for eHealth Africa to evolve from a project partner to a trusted systems operator and leader in the digital and public health space. In 2025, we made significant strides in improving access to quality healthcare services across Nigeria. Through targeted interventions and innovative technologies, more people were able to access life-saving care.

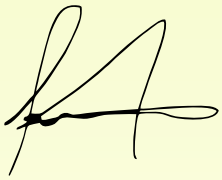
We continued to leverage geospatial technology to expand vaccination reach and enhance vaccine

uptake, driving tangible gains toward universal health coverage. Similarly, our digital innovation, PlanFeld, was adopted as a national microplanning solution and is currently piloted to support polio, measles & rubella, and UNICEF catch-up Routine Immunization campaigns in 18 states enabling governments to plan efficiently and reach more children.

eHealth Africa also achieved a scalable footprint in renewable energy for primary healthcare, including plans to solarize the Somalia EOC and eight laboratories in 2026, creating opportunities for partnership and expanded impact.

Looking ahead, in 2026, eHealth Africa will focus on disease-driven priorities, strengthen core health systems, support government-led scale, deliver measurable public health outcomes, and build systems that can scale across African countries.

We deeply appreciate our invaluable staff, consultants, and the unwavering trust of our donors and partners at national and subnational levels.



Atef Fawaz
Executive Director, eHealth Africa

Looking ahead, in 2026, eHealth Africa will focus on disease-driven priorities, strengthen core health systems, support government-led scale, deliver measurable public health outcomes, and build systems that can scale across African countries.

Key Numbers Driving Impact

Public Health Emergency Management (PHEM)

4,531	Total EOC Engagement: 4,531 Meetings Hosted
1,458	Unique Individuals Utilizing EOC
237	Partner Organizations Engaged
124	Campaigns Directly Supported
3,228	**Practitioners Trained,** (with 1,913 demonstrating improved capacity)

Laboratory Systems & Diagnostics (LS&D)

5	Infrastructure projects handed over to host countries
9	Renovation, IT and power upgrade ongoing
50%	of eligible labs for sequencing capabilities activated(2 of 4 Eligible Labs)
10	Laboratories equipped with digital system (LoMIS) (Scaled from 3)
5 Labs	actively using LoMIS (Utilizing LoMIS for core stock management

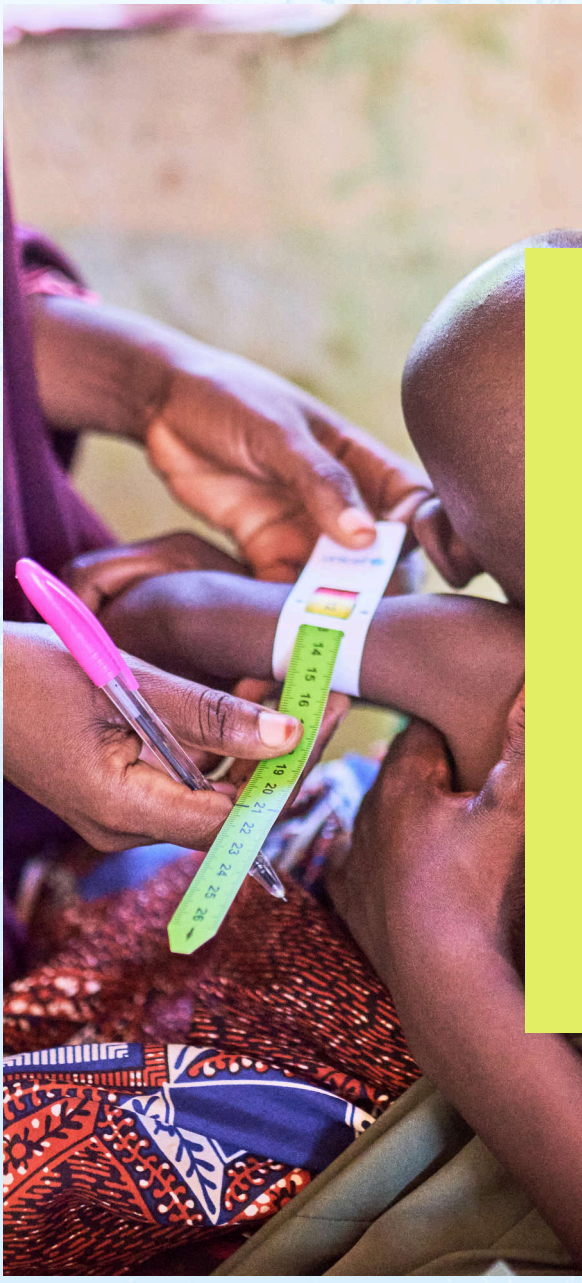
PLANFELD

7,490

healthcare workers were trained on utilizing the PlanFeld tool, along with the digitally-generated microplans, DIPs, and maps.

44,171 DIPs

A total of 44,171 DIPs and Catchment Area Maps were developed and deployed to support vaccination campaigns.



GTS/SIP

520,715

As a result, **520,715 settlements** were visited out of **574,784 planned,** achieving **91% settlement** coverage, a **113% increase** compared to the **243,961 settlements** reached in **2024.**

20,754

20,754 settlements were tracked, with **17,185 successfully visited,** representing an **83% visit rate, 20 million children** were reached.

Key Numbers Driving Impact

VDD/Indigo

104,683 children were reached using Indigo as a primary delivery solution.

1,007 Indigo devices were deployed across 493 logistics trips, extending reach into underserved and hard-to-reach communities.

$3,889 transport cost saved compared to traditional vaccine carriers.

5,477,540 Antigens delivered

2,935,775 Dry goods delivered

1,907,292 Children Immunized

1,146,783 Undelivered Vaccines returned

SARMAAN

31,080 field teams trained across 10 states over 29 implementation activities for effective household data and children enumeration

6,183,222 HHs and **8,914,970 eligible children reached** with project services

Digitizing for Impact

81%

Disease Control Rate Achieved for Hypertension

67%

Disease Control Rate Achieved for Diabetes

215%

Screening Target Surpassed

AMF Post distribution Monitoring

>19,000

households monitored per state

98.4% - 100.6%

Monitoring Coverage Achieved

96.6%

Operational Efficiency

Saving Lives By Reducing Outbreak Response time with Data-Driven and Coordinated Emergency Response

When a public health outbreak occurs, every minute that passes before action is taken increases the risk of lives lost. In many Low- and Middle-Income Countries (LMICs), early warning signals often sit in fragmented databases, surveillance systems are not fully integrated, and response partners operate in silos. The result is predictable: delays in verification, slow coordination, and precious time lost before decisive action begins. Unfortunately, the gap between detecting an alert and mounting a coordinated response is often where outbreaks escalate into full-scale public health emergencies or even pandemics.

If lives are to be saved, that gap must shrink. By combining physical infrastructure with embedded data management, advanced analytics, and real-time operational decision support, eHealth Africa is intentionally reducing response times and strengthening preparedness, coordination, and response across health systems. In 2025, eHealth Africa established and upgraded 6 Public Health Emergency Operation Centers across Africa while providing operational support to 11 Emergency Operations Centers (EOCs) in Nigeria. This has no doubt transformed outbreak response from reactive to rapid. The EOC functions as a live coordination nerve center integrating surveillance data, laboratory reports, field intelligence, and partner updates into one real-time decision-making platform.

This was achieved through supporting **124 distinct public health emergency campaigns** in 2025 as EOC hosted **4,531 coordination meetings,** including

1,179 public health emergency sessions dedicated to active outbreak management. Thus harmonising stakeholders to effectively ensure a structured response to outbreak. Across the year, **1,458 public health practitioners** made repeated visits to EOCs, working side by side with **237 partner organizations** to interpret data, align decisions, and deploy field teams.

Indeed the result has not just been measurable but impactful as Public Health Operations Centers have contributed to a 60% reduction in outbreak detection time. This means, earlier containment of these outbreak led to fewer spread of infections and ultimately saving more lives.

In addition, 90% of public health practitioners reported strengthened surveillance systems and improved real-time data use in POCR-supported settings, underscoring the role of POCRs in enabling faster, more informed public health decision-making.

In 2026, the objective is to sustain the gains and transform this powerful hub into a resilient, fully integrated, and sustainable EOCs, securing Africa's health security for the long term.

> If lives are to be saved, that gap must shrink. By combining physical infrastructure with embedded data management, advanced analytics, and real-time operational decision support...

124
Campaigns Directly Supported

3,228
Practitioners Trained, (with 1,913 demonstrating improved capacity)

Key Performance Metrics	2024	2025	Change	% Change
Number of Campaigns eHA Supported During Public Health Emergencies	525	124	▼ -401	▼ -76%
Number of cvDPV2 campaign meetings supported by EOC	525	591	▲ 66	▲ 13%
Number of outbreak control rooms established within the approved standards by the country	31	18	▼ -13	▼ -42%
Number of partner organizations that utilized the EOC facility	247	238	▼ -9	▼ -4%
Average number of unique individuals who utilized the EOC facility every month	829	1,459	▲ 630	▲ 76%
Average number of times individuals visited the EOC in a month	1,360	4,530	▲ 3169	▲ 233%
Number of TWGs eHA participated in	482	1,534	▲ 1052	▲ 218%
Number of public health event scorecards produced routinely, as determined by the TWG	137	158	▲ 21	▲ 15%
Number of Public Health emergency meetings hosted in the EOC	2,106	1,179	▼ -927	▼ -44%
Other meetings held in the EOC (IPC of COVID-19, SOD, IDT, VMT, Routine SERICC/ EOC, MSP, State debriefs etc.)	2,040	1,661	▼ -379	▼ -19%
Number of public health practitioners supported with public health emergency management & technical trainings	9,673	3,228	▼ -6445	▼ -67%
Number of trained public health practitioners with improved capacity on public health emergency management	4,094	1,913	▼ -2181	▼ -53%

Stakeholder Reflections and Voices

“We already have a physical building and instituted a system of permanence … because in the standards of the operations center, we must have a permanent team … having all the sub-committees gathered there allows for rapid implementation, responsiveness, promptness, and monitoring of activities on the ground. It’s different from a country where people only get together when there’s a meeting. Here, we are together every day … we make decisions directly.”

- A POCR Coordinator, DRC

“Now, regular EOC meetings allow stakeholders to plan, mobilize resources, and implement polio vaccination rounds more quickly.”

- POCR User, Ethiopia

"So the new EOC provides really adequate space; it also provides a facility for sitting and discussing, for connecting with the field level, with the regional level. And also provided the equipment for presentations for video conferences for meetings. Yeah, the new EOC is a really supportive body for outbreak response by providing a very good platform to have or ensure real coordination and bringing partners together."

- (UNICEF, Zambia)

Strengthened laboratory systems for timely disease diagnosis, surveillance, and response to emerging public health threats

In 2023, the African Continent experienced 180 public health emergencies, of which 90% were infectious diseases. Low and Medium Income Countries (LMIC) have consistently lagged behind when it comes to early detection of disease outbreak and health emergencies. In 2024, more than 35,000 suspected cases of Mpox were reported across 13 African countries before widespread diagnostic and surveillance efforts were scaled up. This highlights the gaps in laboratory infrastructure and disease surveillance systems which poses challenges LMICs face in early outbreak detection.

The delay in conducting swift laboratory tests and getting the right results only means further delay in action and possible response, leaving communities vulnerable to escalation of public health emergencies. In a bid to improve timely response to emerging public health threats, including polio and other priority pathogens, eHealth Africa is working with World Health Organization (WHO AFRO) and national governments to strengthen public health laboratory infrastructure across Africa.

In this vein, the intervention over the years has successfully equipped the Global Polio Laboratory Network (GPLN) and national public health laboratories with the infrastructure, tools, and systems required for rapid diagnosis, effective surveillance, and timely response to emerging public health threats, including polio and other priority pathogens.

During the year, eHA completed the construction or upgrade of five laboratories and successfully handed over 100% of these facilities to host countries, directly strengthening national ownership and sovereign diagnostic capacity. Supported laboratories included the Institut Pasteur de Côte d'Ivoire, National Microbiology Laboratory, National Institute for

5
Infrastructure projects handed over to host countries

9 Renovation,
IT and power upgrade ongoing

50%
of eligible labs for sequencing capabilities activated(2 of 4 Eligible Labs)

10 Laboratories equipped
with digital system (LoMIS) (Scaled from 3)

Communicable Diseases, and the Kenya Medical Research Institute.

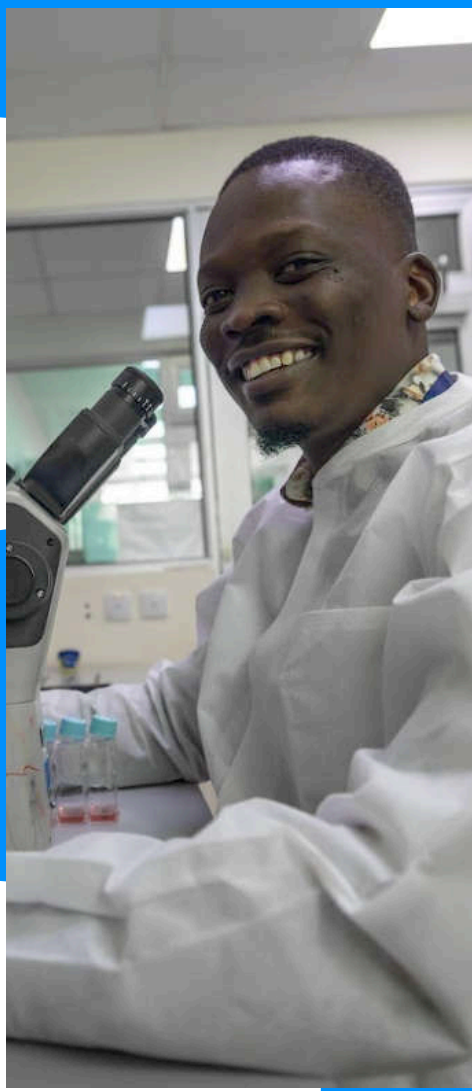
The sustained intervention continues to support 17 public health laboratories across Africa, ensuring a consistent continental footprint for polio diagnosis. Recognizing the growing importance of genomic surveillance, eHA activated sequencing capabilities in two of four eligible laboratories in 2025. The results confirmed that eHealth Africa's foundational model, combining laboratory renovation, equipment upgrades, digital systems, and workforce capacity building, is effective. By expanding infrastructure and advancing sequencing and digital stock-management capabilities, we increased both the reach and resilience of laboratory systems critical to Africa's disease surveillance architecture.

Finally, to complement the physical upgrade, eHealth Africa deployed its in-house digital solution; Logistics Management Information System (LoMIS) to establish a digital backbone for data-driven stock management. The scaling of the digital transformation of laboratories from three to ten laboratories demonstrates the organization's commitment to reducing stock-out risks, improved visibility of consumables, and strengthening laboratories' ability to sustain uninterrupted testing, directly supporting faster diagnostics and more reliable surveillance during outbreaks. In 2026, our strategy evolves to ensure these foundations are fully activated, sustainably maintained, and leveraged to their maximum potential.

5 Labs
actively using LoMIS for core stock management

Stakeholder Reflections and Voices

"This is the biggest transformation I have witnessed in the Polio laboratory, University of Zimbabwe, since I started working here over 2 decades ago", **these are the words of Professor Rooyen Mavenyengwa, Director of Zimbabwe Polio Laboratory as he expresses excitement about the recent upgrade of the Lab.**



"Before the upgrade, our challenges were multitude," **he recalls.** ***"Our equipment, internet, fire alarm system, needed an urgent upgrade. In some instances we even lacked basic safety features like eyewash stations. It was not just inconvenient—it was unsafe."***

"For years, we had to send our environmental samples to South Africa. Now, we can test them right here, saving both time and money, and building our own local expertise," he shares proudly.

Professor Mavenyengwa believes this shift holds lasting promise. ***"The future is very bright,"*** **he says.** ***"Our data already informs national immunization policies, like the rollout of the nOPV2 vaccine. With stronger systems and better-trained personnel, Zimbabwe can make an even greater contribution to global polio eradication."***

Planfeld: Reaching More children with Live-Saving Vaccines through Digital Microplaning

Public health campaigns in Nigeria, particularly immunization efforts, have long been hampered by manual, time-consuming planning processes. Existing traditional methods often yield inaccurate or incomplete data, delayed micro-plans, and inefficient resource allocation, which in turn compromise the reach and quality of vaccination campaigns. In an era where timely, data-driven action is critical, the lack of digital tools for micro-planning severely limits the effectiveness and scalability of public health responses. Evidence from polio supplemental immunization activities showed that weak or outdated microplans contributed to chronically missed children and settlements during campaigns.

One key lesson from the COVID-19 vaccine rollout, as highlighted by the World Health Organization, is that countries with well-coordinated and effective plans achieved better outcomes than those without. This lesson applies across all vaccination campaigns and public health interventions. Consequently, the effort to ensure that every settlement in Nigeria is reached with vaccination and essential public health services remains an ongoing and continuous undertaking.

This gap was further corroborated when eHealth Africa took intentional steps to engage public healthcare personnel about the key challenges they face during immunization campaigns. One major challenge stood out during this engagement. Lack of accurate data and outdated microplanning. Having successfully piloted and secured national and subnational stakeholder endorsement, eHealth Africa strategically scaled the deployment of its digital microplanning solution to eight priority states in Nigeria.






The deployment of PlanFeld, its in-house digital microplanning platform, transforming immunization planning from paper-based estimation to GIS-enabled precision across Northern Nigeria and Lagos State. Supported by the Gates Foundation, NPHCDA, and UNICEF, the initiative strengthened how vaccination campaigns are designed, executed, and monitored, ensuring fewer missed settlements and more equitable service delivery.

Through Planfeld, a total of 44,171 digitized Daily Implementation Plans (DIPs) and catchment area maps were generated and deployed to strengthen vaccination planning. Additionally, 7,490 frontline healthcare workers were trained in digital microplanning workflows, equipping them with the skills needed to use data effectively during campaigns. By leveraging GIS-enabled settlement data, vaccination teams were able to improve the accuracy of team allocation and daily task assignments, ensuring more targeted coverage and better reach of communities.

The impact was measurable. Campaigns supported with PlanFeld recorded lower missed settlement rates compared to non-digital approaches. By eliminating overlapping team assignments and redundant travel, supervisors were able to allocate resources strategically, increasing daily coverage efficiency and improving campaign effectiveness.

Lagos Routine Immunization Strengthened with PlanFeld

The impact was similar when PlanFeld was deployed to strengthen routine immunization microplanning across four high-burden LGAs in Lagos state; Alimosho, Ikorodu, Kosofe, and Lagos Mainland. With support from UNICEF, eHealth Africa successfully transitioned the state from manual to digital microplanning while strengthening Lagos state immunization teams ability to identify underserved populations and prepare for vaccination campaigns with greater accuracy and confidence.

The intervention began with validation and updating of the Master List of Settlements (MLoS), including geo-coordinates and population targets. Capacity building followed through State Training of Trainers and cascade sessions, equipping program officers, ward focal persons, and facility teams with practical skills in digital planning and geospatial analysis. Critically, through this process, settlement-level data

Stakeholder Validation: **17 high-level stakeholders participated in the PlanFeld UAT, with 100% of respondents expressing a preference for the digital tool over traditional manual methods.**

Roll-Out: **PlanFeld was successfully deployed across 8 Northern States during polio campaign**

Capacity Building: **7,490 frontline healthcare workers were trained on how to utilize the PlanFeld tool, along with the digitally-generated microplans, DIPs, and maps. This is equivalent to 4% of HCWs including nurses, midwives, and doctors, practising in Nigeria as of 2025.**

was verified and corrected, enabling more accurate planning and targeting. The approach also helped identify operational gaps in immunization delivery, allowing program teams to address weaknesses in coverage and service reach. In addition, frontline teams were trained to use Planfeld for both planning and monitoring, strengthening data-driven decision-making during vaccination activities.

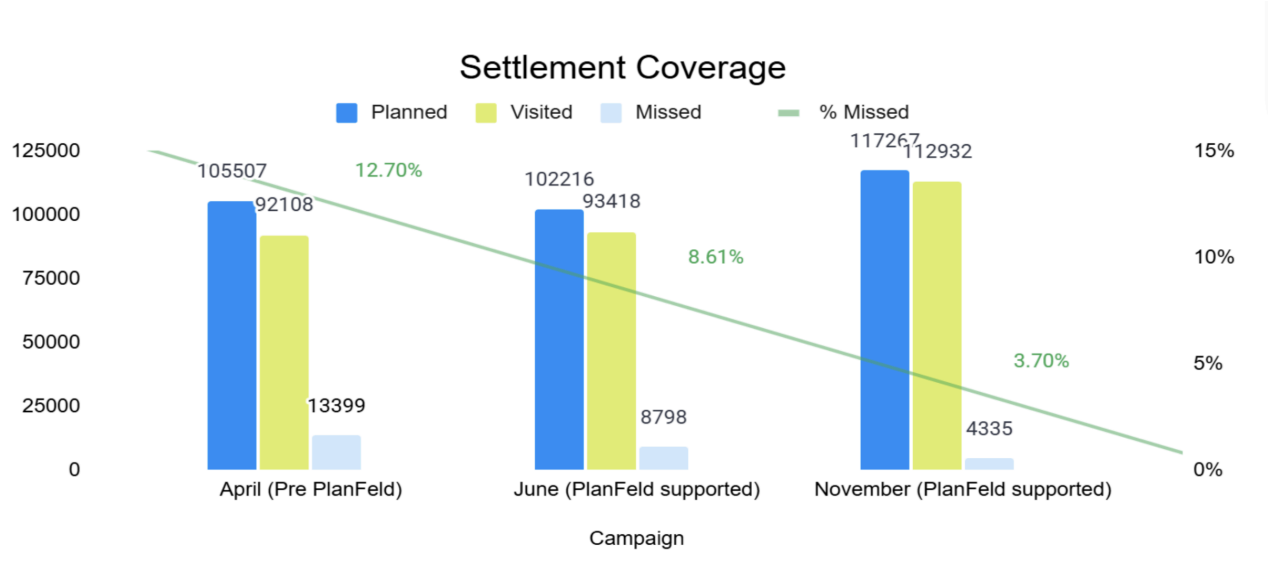
Across both Northern Nigeria and Lagos, Planfeld delivered more than just digital outputs—it strengthened entire systems. Precision improved as verified settlement data replaced estimates, while accountability increased through digitized plans that enabled transparent task assignments. Equity advanced as hard-to-reach and zero-dose communities were more accurately identified and targeted, and efficiency was enhanced as resource allocation became geographically informed rather than assumption-based.

In 2025, eHealth Africa supported Nigeria's immunization and outbreak response ecosystem through multiple, complementary interventions spanning geospatial technology and intelligence, digital microplanning, strategic community engagement, last-mile delivery, strengthening blood supply chain management, and data management. While implemented through distinct projects and funding streams, these initiatives converged around a shared objective: closing immunization gaps, improving accountability, and interrupting disease transmission in high-risk and underserved settings.

Across cVPV2, MR, HPV, malaria, azithromycin mass administration, and routine immunization, results consistently demonstrate that when geo-data, community trust, logistics, and real-time coordination are strengthened together, coverage increases.

Digitized DIPs/Maps generated: A total of 44,171 DIPs and Catchment Area Maps were developed and deployed to support vaccination campaigns.

Rationalizing Work and Maximizing Coverage: By using GIS-enabled maps and accurate settlement data from PlanFeld, supervisors are now strategically allocated teams and define daily tasks based on precise geographic boundaries and population densities. This eliminates overlapping assignments and redundant travel, optimizing team effort and significantly increasing daily coverage efficiency. *Evidence shows that campaigns supported with PlanFed had lower missed settlements as compared with non-PlanFeld enabled campaigns Fig. below).*



Expanding Immunization Coverage Through Geospatial Tracking in Nigeria

Nigeria is a country with a very complicated geographical landscape, characterized by vast rural areas, dense urban centers, riverine communities, and regions with limited transportation infrastructure. These geographic differences create significant challenges in delivering equitable healthcare services across the population. According to the World Health Organization, a large proportion of the global population still lacks access to essential health services, with geographic barriers playing a major role in these disparities.

For instance, states in Northern Nigeria such as Borno State, Yobe State, and Katsina State contain vast rural settlements, semi-arid terrain, and communities that are widely dispersed across difficult-to-reach areas. Similar cases abound in other parts of the country leading to limited access to healthcare delivery services including immunization interventions. As a matter of fact, Children living in conflict-affected or banditry-prone regions remain unvaccinated because their locations are inaccessible due to insecurity.

In a bid to address these disparities in the vaccination space, eHealth Africa is deploying GTS to strengthen the implementation of polio vaccination campaigns across 10 high-risk states in Northern Nigeria. This intervention is going a long way to improve the quality of vaccination campaigns ensuring the vaccination teams reach the targeted high-risk populations. With geospatial tracking, communities are no longer missed, and vaccine-eligible children are immunized.

In 2025 alone, a total of 520,715

settlements were visited out of 574,784 planned, achieving 91% settlement coverage, a 113% increase compared to the 243,961 settlements reached in 2024. These are not just numbers but human lives saved and children protected as findings show improved immunization coverage in tracked LGAs. Similarly, OPV3 coverage increased by 12.65 percentage points, of which an estimated 11.8 percentage points were directly attributable to the Geospatial Tracking System (GTS) intervention.

Behind the 520,715 settlements visited is a vaccinator who walked farther because the map read that a child was waiting. As a result, over 20 million children were immunized. The road to a polio-free Nigeria is now paved with data. We have proven that when innovation meets intention, immunity follows.

Our mission remains the same: every settlement and every child is within reach. Every settlement reached represents children protected from preventable diseases. Moving forward, continued investment in context-specific strategies will be essential to ensure that no child is left unvaccinated simply because of where they live.

Tracking devices deployed:
122,057
for real-time campaign monitoring

Settlements visited:
520,715
out of 574,784 planned (91% coverage)

Coverage increase:
113%
compared to 243,961 settlements reached in 2024

Field personnel trained:
15,815
on device use and quality-assurance protocols

State-level data managers trained:
198 from 20
northern states on GIS and data analytics

Missed settlements identified for mop-up:
54,067

Settlements in security-compromised areas tracked:
20,754

Visited in security-compromised areas:
17,185

OPV3 immunization coverage increase:
12.65
percentage points

Coverage directly attributed to GTS intervention:
11.8
percentage points

Community Demand MR and HPV Vaccine Surges through Community Engagement

The loss of a child to a vaccine-preventable disease leaves a deep and lasting pain that words can hardly express. For parents like Maman Fati, the grief is intensified by the realization that the illness could have been prevented. Witnessing a child suffer and fade from a disease that protection once existed for becomes a lifelong burden, one that often transforms personal sorrow into a determination to ensure other children do not face the same fate.

Known in her community as Maman Fati (Fatima's mother), Maryama Usman is a middle-aged resident of Ungogo Local Government Area in Kano State. Reflecting emotionally on her experience, Maryama explains that refusing or missing vaccination can have devastating consequences. She learned this painful lesson after losing her daughter to a vaccine-preventable disease.

Maryama emphasizes that she had always ensured her children received their vaccinations. However, in the case of her youngest daughter, a missed immunization proved tragic. The child later developed serious health complications, including persistent malaria, seizure-like symptoms, swelling, and stiffness in the neck. Ultimately, she succumbed to a disease that could have been prevented with the right education and awareness.

One strategic intervention led by eHealth Africa and UNICEF is currently changing this trajectory and saving children from dying of vaccine-preventable diseases. One strategic approach deployed by eHealth Africa is to precede the HPV intensification campaign with a strategic open co-creation and awareness session. Schools became critical entry points for engaging parents. Religious institutions reinforced culturally grounded messages through coordinated sermon guides. Community mobilizers ensured that information reached households directly, while youth-friendly service providers improved the vaccination experience for nine-year-old girls receiving HPV doses.

The session provided an avenue for parents, caregivers, school teachers, community leaders and healthcare providers to have frank conversations on potential dangers of the HPV. Also the session provided a uniting front on the critical importance of taking vaccines to prevent the dangers of diseases like cervical cancer.

The session provided an avenue

One strategic intervention led by eHealth Africa and UNICEF is currently changing this trajectory and saving children from dying of vaccine-preventable diseases.

for Maryama Usman to share her story with everyone. What followed afterwards is a woman that became committed to promoting vaccination within her community. She actively mobilized caregivers, shared her personal story during community interactions, and encouraged mothers to vaccinate their daughters. During the Human Papillomavirus (HPV) intensification campaign led by eHealth Africa in Kano State, Maryam actively ensured that eligible girls in her community received the HPV vaccine. "*The myth that vaccination causes infertility in women is false. I vaccinated all my other daughters, and they are healthy, married, and giving birth to my grandchildren,*" she emphasized.

Maman Fati has vowed to stay vaccinated herself and to consistently lead advocacy efforts to increase vaccination coverage in her community. "*I am pleading with our women and caregivers to always take their children for vaccination,*" she urged.

Her advocacy aligned with the knowledge gained from the co-creation and HPV awareness session. The Vaccination campaign was led by eHealth Africa, with support from the United Nations Children's Fund (UNICEF) and in line with guidance from the National Primary Healthcare Development Agency (NPHCDA).

The results were transformative. More than 27 million children were vaccinated against Measles–Rubella across the supported states, a 279% increase compared to the previous year. HPV vaccination among adolescent girls surged to over 262,000 girls vaccinated, representing a 252% increase from 2024 levels.

These gains reflect more than expanded outreach, they demonstrate a shift from awareness to action. Vaccination moved from being perceived as a directive to becoming a shared community responsibility. The technical strategies with trusted communities and the platforms, closed the gap between intention and uptake, proving that when communities are empowered, immunization coverage can accelerate at unprecedented scale.

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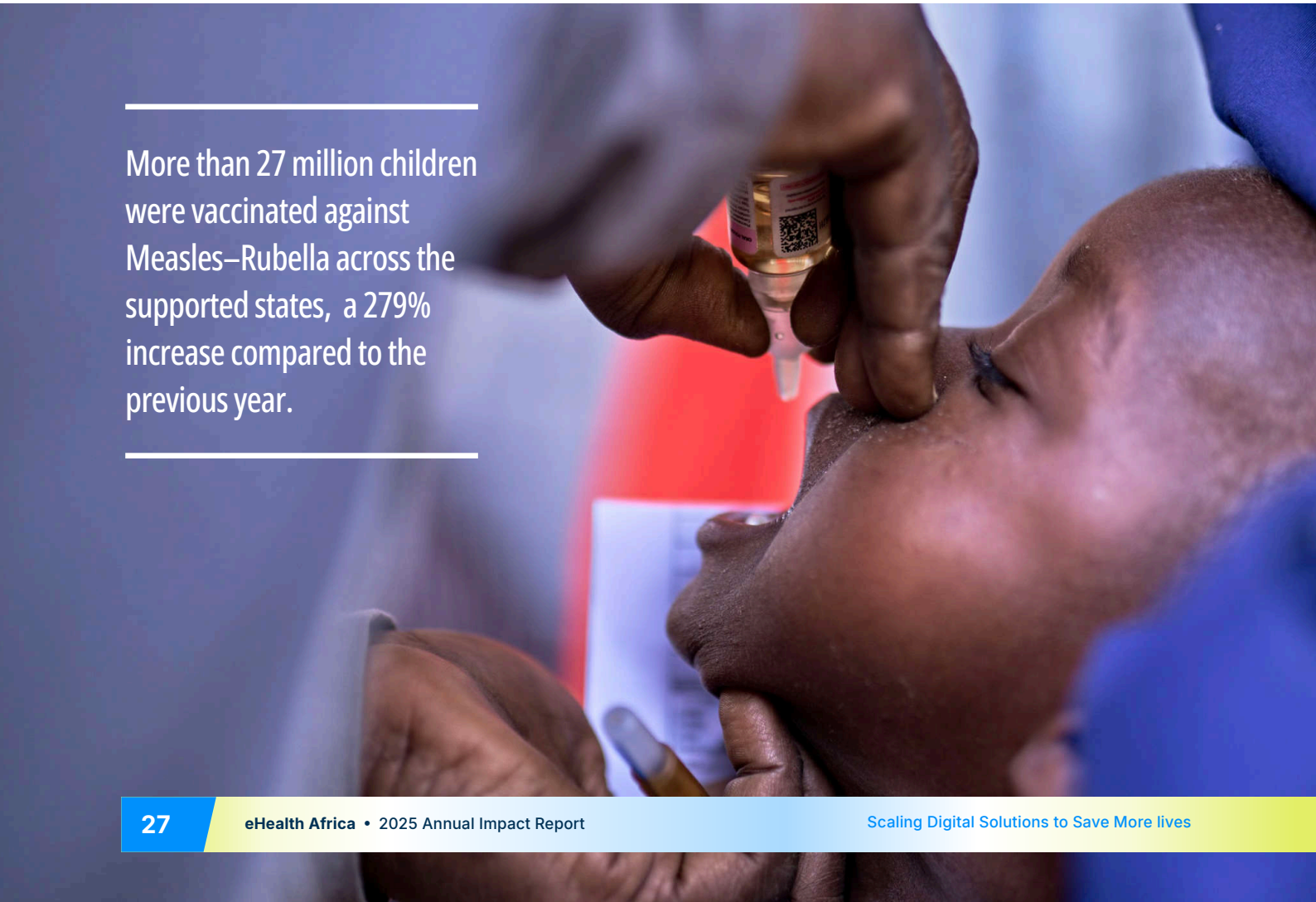


Strengthening Last-Mile Vaccine Delivery and Cold Chain Resilience in Underserved Communities

Although Magaji Bashir Sambo assumed the position of village head of Sarkin Zamfara in Sokoto South, Northern Nigeria, in 2022, his education in the health of his people began decades ago.

"When my father was alive, there were health issues that bedevilled us – sicknesses that caused diarrhea and vomiting, and diseases we didn't even know the origin of," Magaji Bashir Sambo, a community leader recalls the dark days of little of no vaccine supply in his community health facilities.. He said, "We would see a child fall sick with something we had never seen, and we had no idea how to cure him."

According to him, the skin of a sick child might look "burnt" from measles, or families would watch helplessly as neighbors were swept away by outbreaks of Yellow Fever or Whooping Cough. This is the common reality of a lot of communities who struggle to access medical supplies, especially routine vaccines.

eHealth Africa has since salvaged the situation with the consistent delivery of over 10million potent vaccine doses across all 351 Primary Healthcare facilities across all LGAs in the state. With support from partners, eHealth Africa strengthened the vaccine logistics management of Nigeria's immunization system to ensure vaccines reached health facilities reliably, safely, and on time, particularly in hard-to-reach and underserved areas. Through targeted last-mile delivery innovations and strengthened cold-chain monitoring, eHA helped convert vaccine availability into actual immunization outcomes.

In 2025 alone, eHealth Africa delivered a total of 5,477,540 vaccines and 2,935,775 units of dry commodities directly to health facilities, ensuring uninterrupted access to essential immunisation supplies and reducing stock-out risks at service delivery points. With this, 1,802,609 children were immunized through improved vaccine availability and

In 2025 alone, eHealth Africa delivered a total of 5,477,540 vaccines and 2,935,775 units of dry commodities directly to health facilities

delivery efficiency, directly contributing to the prevention of vaccine-preventable diseases and improved child health outcomes.

These are not just numbers but visible evidence that more children in Sokoto State were protected from vaccine-preventable deaths and illnesses, as strengthened settlement tracking improved health system planning and achieved immunization coverage of 90%.

Enhancing Cold-Chain Monitoring and Digital Logistics for Reliable Vaccine Delivery

Building on the improvements in last-mile vaccine delivery and increased immunization coverage in Sokoto State, eHealth Africa also strengthened the systems that ensure vaccines remain potent and reliably available. Through enhanced cold-chain monitoring and digital logistics solutions, 106 health facilities across four states adopted the Varo tool to monitor cold-chain equipment performance, while 74 Metafridges were actively tracked with routine monitoring and corrective actions.

To support continuous system improvement, 24 performance summary reports were shared with government and partners to guide operational decisions. In addition, innovative delivery technologies expanded access to underserved communities: 1,007 Indigo devices were deployed across 493 logistics trips, reaching hard-to-access settlements and helping immunize 104,683 children using Indigo as a primary delivery solution.

These innovations not only strengthened vaccine quality assurance but also improved operational efficiency, saving $3,889 in transport costs compared to traditional vaccine carriers while ensuring that life-saving vaccines reached children who need them most.

Summary of Key Metrics

- 5,477,540 vaccines and 2,935,775 dry commodity units delivered to health facilities through the Vaccine Direct Delivery (VDD) project.
- 351 health facility delivery visits conducted, strengthening last-mile distribution and supply chain oversight.
- 1,146,783 undelivered vaccine units safely returned to state cold stores, reducing wastage and protecting vaccine quality.
- 1,802,609 children immunized in 2025 due to improved vaccine availability and delivery efficiency.
- 90% immunization coverage achieved in Sokoto State, improving protection of children from vaccine-preventable diseases and deaths.

5,477,540
Antigens Delivered

2,935,775
Dry goods Delivered

1,907,292
Children Immunized

1,146,783
Undelivered Vaccines returned

Stakeholder Reflections and Voices

“No matter the financial benefit, taking the time to go the distance to communities that are not always safe… that’s not just ‘work.’ It’s a great service to humanity.”

- Magaji Bashir Sambo(Sarkin Zamfara in Sokoto South)

Indicators	2024	2025	% Change	Observation
Healthcare workers trained on Indigo use	62	344	▲ 554.8%	Scaled training beyond Borno State to Nigeria to 4 Nigerian States and 4 African countries (South Sudan, Sudan, Somalia and Ethiopia)
Reduced Wastage and Improved Efficiency	1,962,785	1,146,783	▼ -42%	The reduction is largely attributable to national-level vaccine stock-outs, which disrupted state-level commodity supply and halted service delivery for about one month. This supply chain interruption led to reduced outputs compared to 2024.
Antigens Delivered	6,504,604	5,477,540	▼ 16%	
Dry goods Delivered	2,851,424	2,935,775	▲ 3%	
Children immunized	1,906,902	1,802,609	▼ 5%	

Reducing Under-Five Mortality By Enhancing Azithromycin Mass Administration Through Digital, Data-Driven Systems

Mass drug administration (MDA) campaigns such as the distribution of azithromycin to reduce child mortality and eliminate diseases are widely used in Nigeria to reach large populations quickly. While these interventions remain highly impactful, delivering medicines at this scale presents significant operational and data management challenges. This is because campaigns often rely on thousands of community distributors and supervisors collecting data across hundreds of communities.

For example, a monitoring survey of azithromycin distribution for trachoma control in Plateau State found that administrative reports estimated treatment coverage at 75.8%, while independent household surveys showed that only 60.3% of people actually received treatment, revealing discrepancies between reported and actual program performance. This is just one of several cases where fragmented reporting results in inconsistent coverage estimates and delays in identifying gaps during implementation.

As an organization which is a reference point for impactful deployment of digital innovations for public health impact, eHealth Africa took intentional steps to transform how data supports Azithromycin distribution. Moving from fragmented reporting to coordinated, real-time decision-making, eHealth Africa embedded digital tools, interoperable data workflows, and real-time analytics into both national and regional implementation.

Through its SARMAAN project, eHealth Africa digitized field-level data collection and established live command centres to support

program monitoring. The system enabled real-time validation of data from the field, allowing supervisors and national teams to identify discrepancies quickly and maintain accountability throughout the campaign.

The SARMAAN intervention supported 29 data collection activities across ten Nigerian states via the training of data collectors, ward focal persons, pharmacy technicians, sample collectors, and laboratory focal persons. This no doubt has led to consistent and high-quality reporting, by the over 29,000 frontline workers trained on standardized data collection protocols. In addition, 1,497 local government supervisors were trained to provide routine supportive supervision, strengthening ongoing data quality assurance and validation.

Together, these systems supported the management of data from 6.18 million households and 8.91 million eligible children across Adamawa, Bauchi, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Yobe states. This reach represents approximately 96 percent of under-five children in Nigeria's Northwest and Northeast zones, according to the 2024 National Demographic and Health Survey.

Behind these numbers is a deeper transformation: a shift from fragmented campaign monitoring to coordinated, data-driven health delivery. By strengthening digital systems, building workforce capacity, and improving data governance, eHealth Africa is helping ensure that Azithromycin campaigns are not only large in scale but also smarter, safer, and more accountable—ultimately protecting millions of children across the region.

Strengthening Regional Data Coordination and Accountability

To complement national implementation in Nigeria, eHealth Africa also strengthened regional coordination and data governance for Azithromycin Mass Administration programs. Working with stakeholders in Mali, Niger, and Nigeria, eHealth Africa co-developed a Regional Indicator Compendium that standardizes key indicators while allowing countries to adapt them to their specific contexts. This has improved consistency in reporting, enabled comparability across countries, and supported faster, data-informed decision-making. In addition, end-to-end data flow maps were developed to clarify how information moves across different levels of implementation. By defining roles, reducing duplication, and strengthening accountability for data validation and use, these processes improved overall data governance.

At the regional level, the REACH Regional Dashboard now provides near real-time visibility into program performance, allowing program leaders to monitor trends and make timely adjustments during implementation. Together with the digitized delivery model implemented through the SARMAAN project in Nigeria, these systems are helping ensure that Azithromycin campaigns are coordinated, accountable, and driven by reliable data at scale.

31,080 field teams trained

across 10 states over 29 implementation activities for effective household data and children enumeration

Established 23 Command Centers, serving as operational centers during field activities

6,183,222 HHs

and 8,914,970 eligible children reached with project services

Implementation Activities: AMR - 10, Coverage - 8, Census Pilot - 1, Census - 5, Mortality - 4, Mortality Pilot - 1

As an organization which is a reference point for impactful deployment of digital innovations for public health impact, eHealth Africa took intentional steps to transform how data supports Azithromycin distribution.

How Free NCD Treatment Gave Hope to Communities

At 62, Bilhatu Danjuma has lived a life of resilience. A retired worker from Federal College of Education Kano, she spent her years caring for students in the hostel. But after retirement, life took an unexpected turn. With her gratuity unpaid and no steady work, she found herself in a quiet struggle not just financially, but with her health.

It all started with swelling in her leg. It didn't hurt, so she brushed it off, but a close friend urged her to go to the Hospital. That visit changed everything. The doctors told her she had hypertension. She was given medication, but it never really made her feel different. She would go to the hospital occasionally to check her blood pressure, but life went on as usual.

Then, she found the EHA Reach Clinic. *"When I started coming here, everything changed," Bilhatu recalls with a smile. "They didn't just give me medicine; they cared. They called me, checked on me, and treated me like family. I had already accepted that I would live with this condition, but for the first time, I felt like someone was truly looking out for me."*

This story of Bilhatu is not different from many more hypertensive and diabetic patients who have benefited from free medical screening and care as a result of eHealth Africa's Digitize for Impact (DIIAN) project. In 2025, impactful intervention expanded its patient enrollment to at least 600 clients, representing a 50% growth over Phase I enrollment levels. By the end of year end, the DIIAN project demonstrated that a digitally enabled, patient-centric care model can significantly scale screening, enrollment, and effective management of non-communicable diseases (NCDs) in Nigeria.

As a matter of fact, the program not only met but substantially exceeded its enrollment and screening targets, while using real-time data to continuously refine care pathways and improve clinical outcomes throughout the year. The project delivered significant impact by expanding screening, strengthening treatment enrolment, and improving clinical outcomes. Early detection efforts exceeded expectations, with 2,427 individuals screened for hypertension (143% of target) and 645 individuals screened for diabetes (215% of target), resulting in 3,072 total community screenings.

This broad screening approach helped identify at-risk individuals early and created a strong pipeline for enrolment, preventive counselling, and long-term disease management. As a result, the program expanded its clinical footprint across Abuja and Kano, managing 532 hypertension patients (111% of target) and 129 diabetes patients (108% of target), bringing the total number of patients receiving integrated care and follow-up services to 661. These efforts translated into measurable health improvements, with 81% hypertension control (432 of 532 patients) exceeding the 75% target and 67% diabetes control (87 of 129 patients), surpassing the 65% target, demonstrating the program's effectiveness in improving chronic disease management outcomes. While the numbers are indeed telling, today, people like Bilhatu have been given another chance to live a healthier and more prosperous life. She dreams of using her gratuity to start a small business. She doesn't want to depend on anyone, and she certainly doesn't want to stop moving.

Her message to others is simple but powerful: *"If you feel anything unusual, don't wait. Go to the hospital. Even if it's just a headache, check it out. I almost ignored my swelling because it didn't hurt, but look where I am now. I'm healthy, I'm happy, and I thank God for that."*

And to the clinic that gave her a second chance at life, Bilhatu has nothing but gratitude. *"I tell my neighbors about you. I pray that your workplace is blessed, that you all get promotions and success. Because what you're doing—it's changing lives."* Bilhatu Danjuma's story is one of hope, resilience, and the power of care. And as she continues to live life on her own terms, one thing is certain—nothing will slow her down.

The "Control Journey" – A Story of Adaptive Success:

The month-by-month data reveal a powerful narrative of continuous quality improvement:

- Hypertension control began the year at 71% and, after strategic adaptations, climbed to a sustained peak of 81-85% in the final quarter.
- Diabetes control showed even more dramatic improvement, starting at 53% in January and rising to a remarkable 80-81% peak in July-October, before a year-end recalibration to 67%. This journey highlights the program's responsive clinical management and patient engagement strategies.

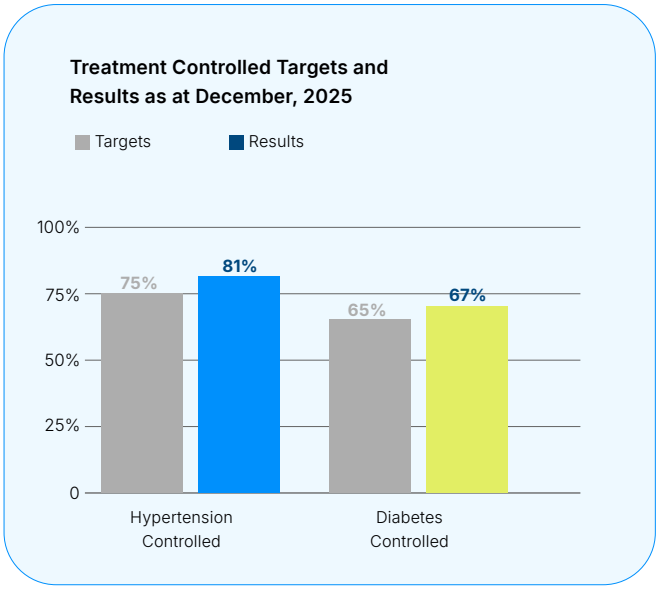
661
Patients in Active Treatment

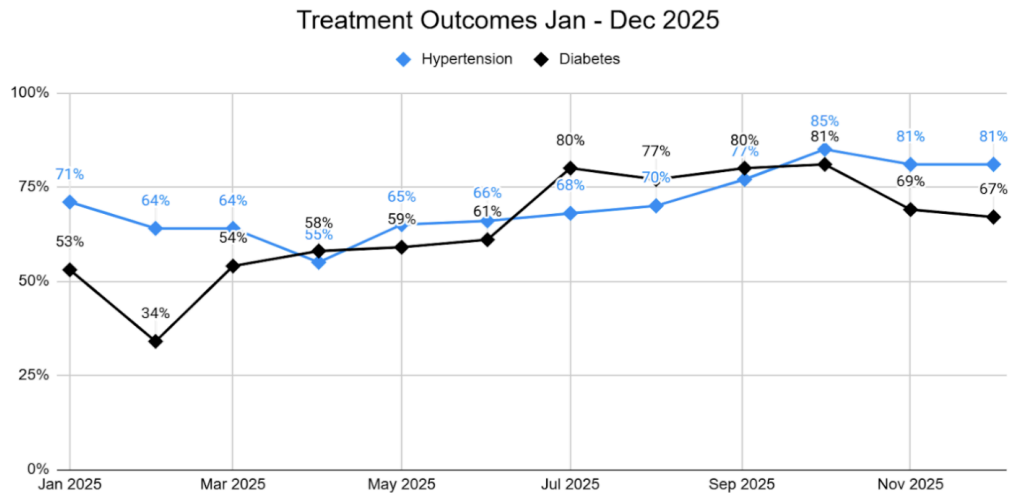
3,072
Community Screenings Conducted

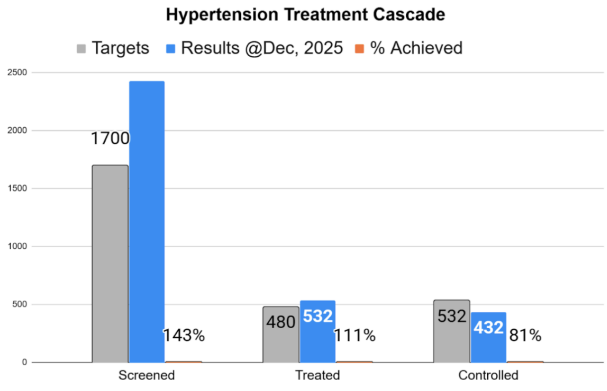
81% **Disease Control Rate Achieved for Hypertension**

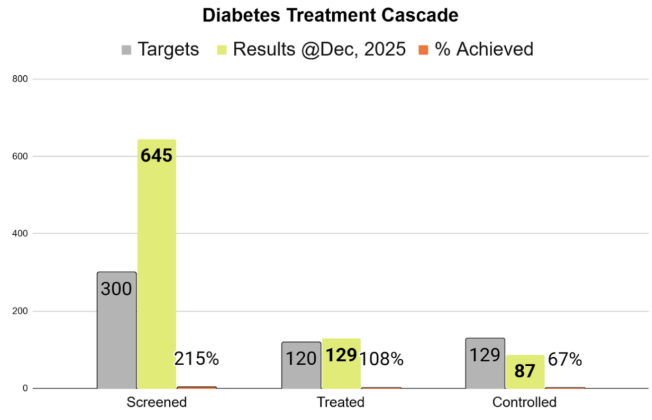
67% **Disease Control Rate Achieved for Diabetes**

215%
Screening Target Surpassed


Treatment Controlled Targets and Results as at December, 2025
Targets
Results
100%
75%
50%
25%
0
75%
81%
65%
67%
Hypertension Controlled
Diabetes Controlled


Treatment Outcomes Jan - Dec 2025
Hypertension
Diabetes
100%
75%
50%
25%
0%
Jan 2025
Mar 2025
May 2025
Jul 2025
Sep 2025
Nov 2025


Hypertension Treatment Cascade
Targets
Results @Dec, 2025
% Achieved
1700
143%
480
532
111%
532
432
81%
Screened
Treated
Controlled


Diabetes Treatment Cascade
Targets
Results @Dec, 2025
% Achieved
800
600
400
200
0
300
645
215%
120
129
108%
129
87
67%
Screened
Treated
Controlled

Digital Innovations for Increased access to healthcare services

COMM-R: Strengthening Community Leadership and Influence in Health Campaigns

In many communities, trust in health services begins with traditional leaders, yet their role often remains informal, undocumented, and invisible in health system data. In 2025, eHealth Africa, addressed this gap by institutionalising community leadership engagement through the Community Mobilization, Monitoring, and Reporting Toolkit (COMM-R) across Zamfara, Katsina, and Sokoto States.

Through a co-design process involving 20 stakeholders, 65 partners and traditional leaders,33 community-based organisations, eHealth Africa developed a DHIS2-based Traditional Leaders Capture App, standardised COMM-R toolkit, and practical user guidance. 222 data collectors were trained to ensure consistent, high-quality data capture. Pre-testing with stakeholders confirmed strong acceptance: 95% of participants reported that the COMM-R Toolkit met or exceeded expectations.

COMM-R was designed to transform informal engagement into a structured, data-driven system, providing real-time visibility into which traditional leaders are active, where they are engaged, and how they support health interventions. This is expected to improve coordination, accountability, and evidence-based mobilization of traditional leaders.

Looking forward, the COMM-R toolkit is to be used in 2026 to provide a set of standard compendia of community mobilization, monitoring, and reporting tools for use by stakeholders working in community settings. The toolkit is applicable for community mobilization efforts in program and sector areas that include Health, Education, Protection, WASH, Food security and Livelihood, Peace Building, Climate Adaption etc.

Transforming Blood Supply Management Through Digital Systems (BISKIT)

Safe blood saves lives, yet blood supply management in many health facilities still relies on fragmented, paper-based systems that limit visibility, delay decision-making, and increase the risk of shortages and wastage.

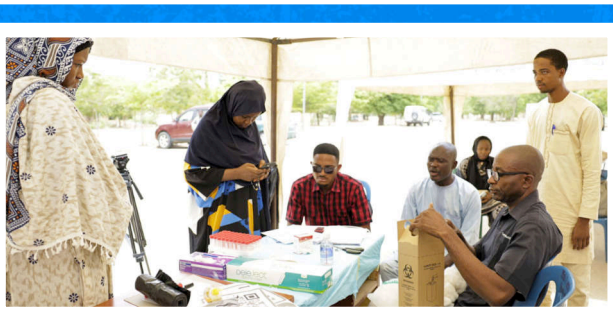
To address this, eHealth Africa piloted the Blood Information System for Crisis Intervention (BISKIT), a digital solution designed to strengthen end-to-end blood supply chain management through real-time data and coordinated workflows. Piloted at Aminu Kano Teaching Hospital (AKTH), BISKIT integrates donor registration, blood product tracking, crossmatching, and transfusion documentation into a single digital platform. The pilot focused on testing feasibility, usability, and system value in a high-volume clinical setting, while minimising disruption to routine service delivery.

During the pilot phase, the system supported:

- 6,049 blood donors registered, improving donor traceability and records
- 628 transfusions digitally documented, strengthening clinical accountability
- Four research assistants were trained, embedding local capacity to operate and support the system

Beyond these outputs, the pilot generated early evidence on how the solution can improve data visibility, reduce documentation gaps, and strengthen coordination between donor recruitment and transfusion services, addressing long-standing limitations of manual blood management.

Insights from the AKTH pilot will be used to refine the BISKIT solution and build a robust evidence base to guide responsible, phased scale-up. Expansion decisions will be informed by performance data, user experience, and health system readiness, ensuring that scale is driven by proof, not assumption.



PROMPT: Preparing Digital Maternal Care for Scale

Reaching women with timely, trusted maternal and newborn health information requires more than technology; it requires systems that work quietly and reliably in the background. The innovation, PROMPTS MNH, is focused on preparing those systems so that the platform can reach 25,000 women in Kano State safely and at scale.

Throughout the year, eHealth Africa worked with Jacaranda Health, telecom partners, and government stakeholders to move PROMPTS from concept to launch-ready. Partnerships were formalized, governance structures agreed, and a clear enrollment pathway defined, supported by an approved results and quality-assurance framework.

The digital backbone for the platform was established. A dedicated short code and toll-free support line were secured, and mobile network integration progressed with 9Mobile and MTN, enabling two-way communication with users. To ensure women receive information that is accurate and locally relevant, all platform content was fully localized, with ANC and PNC messages aligned to Nigeria's Routine Immunization schedule.

Operational readiness was also prioritized. A user support hub was established, health-trained call centre agents were onboarded, and the implementation team completed intensive platform training. Together, these efforts ensured PROMPTS is not only technically functional but ready to support women consistently and responsibly.

By the end of 2025, the project had completed the essential groundwork for rollout, positioning PROMPTS as a people-centred, system-ready digital health platform prepared for phased deployment and growth in Kano State.

Advanced from Design to Pilot Implementation Readiness

The project laid all the necessary groundwork to move from theory to practical application

- Pilot Strategy Defined: Collaboratively brainstormed and aligned on a clear implementation strategy for the pilot training phase, transitioning the project from a design to an execution mindset.
- Milestone Delivery: Successfully achieved and reported on Milestone 2, marking the conclusion of the curriculum development phase and securing concurrence to proceed.
- Implementation Planning Finalized: Developed and refined all workshop presentation materials and logistical plans, achieving full readiness for pilot launch.

Enhanced early mental health support for Hausa-speaking communities in conflict-affected and delicate settings.

The Mental AI Support Project aims to develop a tool called LUMANA, an AI human-centered screening and support tool for mental health in conflict and fragile settings. The project is implemented by eHA in partnership with Neuromatch & MEXA Accelerator, Blueroom Care, Kano Independent Research Trust (KIRCT), and eHA Clinics.

Key Achievements

— A Delphi study was conducted in Sokoto to develop a safe and culturally appropriate AI-powered Hausa mental health chatbot for conflict-affected populations in Nigeria, where trauma, displacement, and limited services increase mental health needs. By bringing together 31 participants, consisting of experts, practitioners, community members, and people with lived experience, the study builds consensus on key features to ensure the tool is trustworthy, protects users from harm or stigma, and is culturally and religiously acceptable. The approach combines scientific evidence with grassroots perspectives to create a participatory, accessible mental health support tool.

The initiative demonstrated an ethical and culturally appropriate application of generative AI through LUMANA, designed to enhance early mental health support for Hausa-speaking communities in conflict-affected areas in Sokoto state.

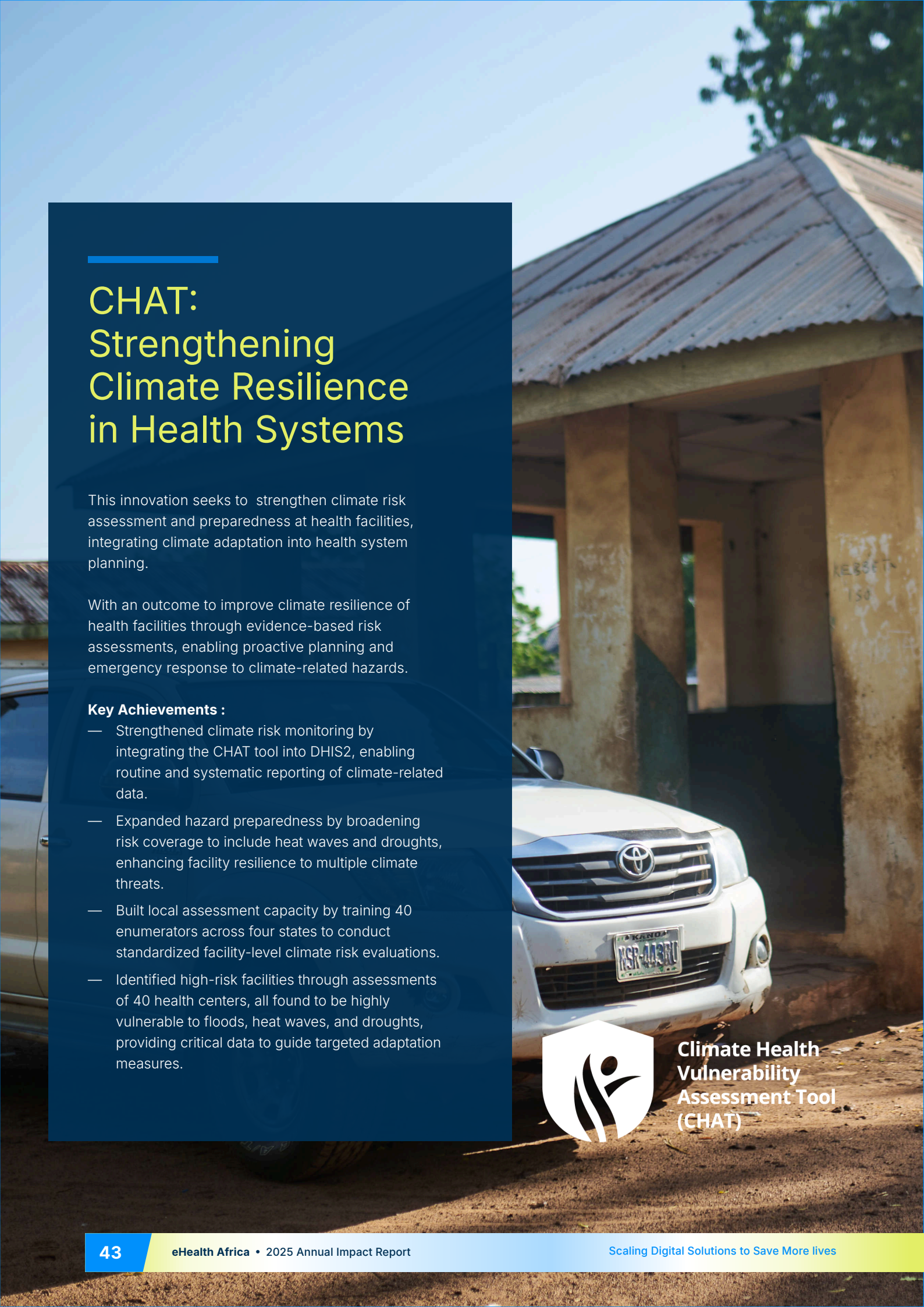
CHAT: Strengthening Climate Resilience in Health Systems

This innovation seeks to strengthen climate risk assessment and preparedness at health facilities, integrating climate adaptation into health system planning.

With an outcome to improve climate resilience of health facilities through evidence-based risk assessments, enabling proactive planning and emergency response to climate-related hazards.

Key Achievements :

- Strengthened climate risk monitoring by integrating the CHAT tool into DHIS2, enabling routine and systematic reporting of climate-related data.
- Expanded hazard preparedness by broadening risk coverage to include heat waves and droughts, enhancing facility resilience to multiple climate threats.
- Built local assessment capacity by training 40 enumerators across four states to conduct standardized facility-level climate risk evaluations.
- Identified high-risk facilities through assessments of 40 health centers, all found to be highly vulnerable to floods, heat waves, and droughts, providing critical data to guide targeted adaptation measures.



PDM: Turning Distribution into Measurable Malaria Impact

Mass distribution of long-lasting insecticidal nets (LLINs) has been one of the most important interventions for preventing malaria, but evidence shows that distribution alone does not guarantee protection. Data from the Nigeria Malaria Indicator Survey across sub-Saharan Africa revealed that even where households possess insecticide-treated nets, up to 20–30% do not sleep under them regularly. Similarly, data from the Nigeria Malaria Indicator Survey (MIS) 2015, conducted by the National Population Commission of Nigeria and partners, reported that 71% of households owned at least one insecticide-treated net, yet only 36% of households had enough nets for every two people.

This not just reveals substantial gaps in effective coverage but also shows the need to bridge social behavioral change communications. eHealth Africa made immense progress by delivering a digitally enabled, high-integrity Post-Distribution Monitoring (PDM) system combining robust field operations, strong data quality controls, and trained local teams to generate credible, decision-ready evidence. The AMF PDM Project proved that rigorous, large-scale monitoring of ITN distributions is not only feasible but can be executed with exceptional coverage and operational efficiency. The project demonstrated a formidable ability to reach nearly every targeted household, collect foundational data with high quality, and build a skilled field force.

The PDM conducted in Bauchi, Plateau and Zamfara did not just achieve near-universal coverage of the sampled households, but served as an avenue to

educate communities on effective usage of the nets. The intervention went beyond simply reaching households as it successfully built a lasting monitoring capacity that ensures data integrity for future malaria interventions. A highly competent indigenous field team was trained and deployed, with eHealth Africa equipping 208 personnel (169 data collectors and 39 supervisors) to form a reusable workforce for upcoming campaigns. This skilled team became the backbone of the project's rigorous monitoring, enabling the collection of a robust primary dataset that met the donor's core quality standards from the very first household visits. Impressively, 98–100% of main household data across all states and rounds met the quality expectations, consistently surpassing the 95% target and demonstrating both the effectiveness of the team and the reliability of the monitoring process.

The Post-Distribution Monitoring project turned net distribution into real protection against malaria. By reaching nearly every targeted household, training a skilled local field team, and collecting high-quality, reliable data, the project ensured that nets were not only delivered but also properly used. With 98–100% of household data meeting quality standards and a reusable workforce in place, this initiative strengthened Nigeria's capacity to fight malaria transforming coverage into impact, and distribution into measurable health gains.

Stakeholder Reflections and Voices

Adamu Yusuf Ali, a supervisor with eHealth Africa, during the first and second cycles of Post-Distribution Monitoring (PDM) is no stranger to humanitarian interventions. He said, "My colleagues and I are more concerned about the immense impact the PDM intervention is making, especially in protecting children and pregnant women from malaria," .

GLIP: Building Sustainable Geospatial Health Capacity in Nigeria

The Geospatial Landscaping Insights in Priority (GLIP) geographies intervention is building Nigeria's capacity for geospatial health by delivering a nationally validated curriculum, establishing a multi-sector coordination framework, and preparing a pilot-ready, partner-driven training approach. This intervention is critical at this point as it tackles a long-standing challenge of inadequate sustainable, institutionalized expertise in GIS, mapping, and spatial analytics, leaving public health institutions without the tools to plan, target, and monitor interventions effectively.

This novel intervention is embedding geospatial skills within government and academic institutions and aligning diverse stakeholders, GLIP ensures that evidence-based, data-driven decision-making can become a permanent feature of Nigeria's public health system. Through the Umbrella Fund for Geospatial Intervention, eHealth Africa worked alongside government, academic, and implementation partners to embed geospatial health skills as a sustainable part of Nigeria's public health system.

In 2025, GLIP advanced from concept to pilot readiness, proving that diverse national stakeholders can align around a shared vision for building geospatial health capacity. The project delivered a validated national geospatial health curriculum, co-developed with partners and reviewed to meet academic standards, creating a clear pathway for institutional adoption. At the same time, it established a functional multi-sector coordination framework, fostering shared ownership and alignment across government, academic, and implementation partners. By the end of the year, curriculum milestones were completed, pilot implementation strategies agreed upon, and all technical and logistical preparations finalized. GLIP closed 2025 ready to launch a nationally owned, partner-driven geospatial health training program, laying the foundation for stronger, data-driven public health decision-making in Nigeria.

GLIP has the potential to transform Nigeria's public health landscape by turning data into actionable insight. With a nationally validated geospatial health curriculum, a trained indigenous workforce, and a multi-sector coordination framework, the initiative equips institutions to plan, target, and monitor interventions with precision. Beyond the pilot, this approach creates a scalable, national model for training and analytics, strengthening the country's ability to respond efficiently to health challenges and ultimately saving lives through smarter, more effective public health action.

Advancing Sustainable Humanitarian Logistics in Fragile Settings

Seeing families displaced from their homes due to insecurity is already heartbreaking, but it is even more tragic when the limited humanitarian support meant for these underserved communities fails to reach them or is not stored safely under proper conditions. This has been the reality of many Internally Displaced Persons (IDPs) across fragile regions of Borno State, Adamawa State, Sokoto State, and Zamfara State before eHealth Africa intervened. The fact remains that the aim of these humanitarian interventions stands defeated without strengthening both the physical logistics backbone and the accountability mechanisms that safeguard these assistance. Thus it is essential to ensure that food, nutrition, and other critical commodities reach the people who need them most.

Through the Common Storage Warehouse project, eHealth Africa is implementing a sustainable shared logistics infrastructure with rigorous independent monitoring across these regions. Importantly, eHealth Africa provided efficient, accountable, and climate-smart storage solutions that enabled humanitarian

It is essential to ensure that food, nutrition, and other critical commodities reach the people who need them most.

1,995 units
Consignments managed

24 partners
using the warehouse

partners to safely manage essential commodities.

In 2025, the warehouses handled 1,995 consignments totaling 3,602 metric tonnes and 14,834 cubic metres of goods, ensuring that critical supplies remained protected and ready for timely distribution. This milestone attracted five new partners, bringing the total number of partners using the warehouses to 24. This reinforces the idea of shared infrastructure as a practical model for improving efficiency and reducing duplication across humanitarian operations.

Safeguarding commodities remains critical in regions that are vulnerable to disease outbreaks of any type. This informed the 12 fumigation exercises and 24 inventory activities during the year, thereby ensuring high standards of accountability and commodity integrity.

Beyond providing shared safe storage solutions, it became pertinent to strengthen the integrity and effectiveness of food and nutrition assistance by delivering reliable independent monitoring. As a matter of fact, the independent oversight of 68 food distributions and 673 nutrition activities ensured that assistance reached intended beneficiaries in the correct quantities and conditions. Generally, the monitoring of 54 warehouse sites improved supply chain accountability. These efforts ensured that humanitarian assistance was not only delivered but delivered with integrity, strengthening coordination, protecting resources, and enabling faster, more reliable responses for vulnerable communities living in fragile settings.

Through the Common Storage Warehouse project, eHealth Africa is implementing a sustainable shared logistics infrastructure with rigorous independent monitoring across these regions.

Strengthening Food and Nutrition Accountability in Fragile Settings

Food & Nutrition Accountability - 2025 at a Glance

96%
average annual monitoring performance score

68
food distributions were independently monitored

96%
average score on food distribution accountability

673
nutrition activities (TSFP & FFP) monitored

94%
average score on nutrition programme quality

514
retailer evaluations completed

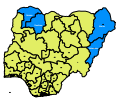
100%
retailer monitoring completion rate

91%
performance score for retail and voucher ecosystem integrity

54
warehouse sites monitored across the supply chain

424
market price data collections completed

100%
achievement of market monitoring work orders



4 states
covered: Zamfara, Sokoto, Borno, Adamawa

How Solarization of 198 Healthcare Facilities is Powering Health and Hope in Communities

RELIABLE POWER. RELIABLE CARE.

It almost sounds like a broken record to say that in the 21st century, there are still primary healthcare facilities that can barely receive patients or deliveries at night because of poor or nonexistent power supply. Yet the reality remains that unreliable electricity continues to disrupt care in many of Nigeria's primary health facilities, interrupting immunization, diagnostics, emergency response, and maternal and child health services.

For patients like Aisha Suleiman Ibrahim, childbirth has meant delivering babies under the dim light of torches or lanterns, while healthcare workers like Saliu Muhammad often have to delay laboratory tests and results until the next day when power becomes available. Beyond these immediate challenges, unreliable electricity also threatens vaccine safety, leaving many children in the zero-dose danger zone because health facilities cannot consistently preserve vaccine potency.

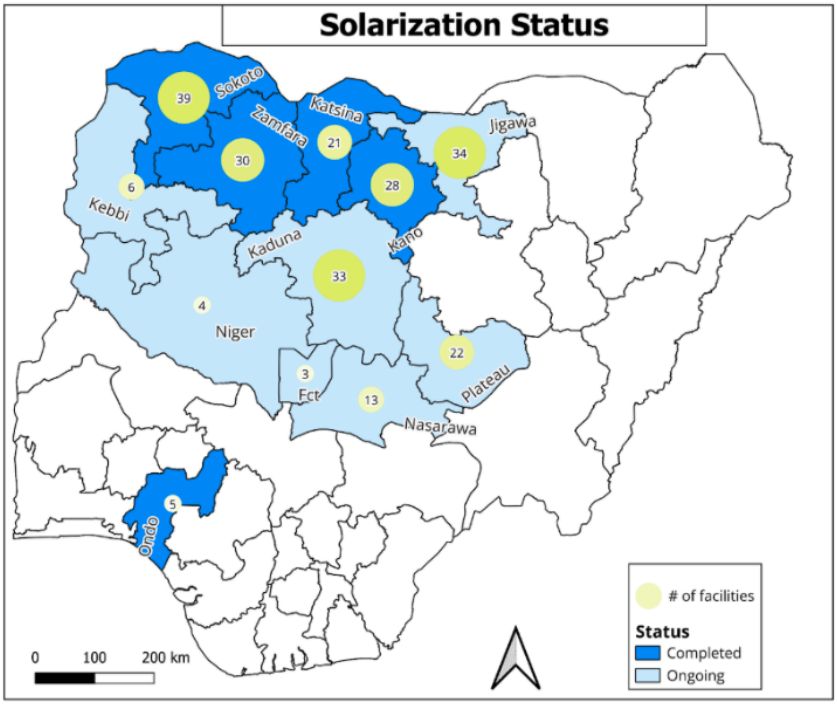
Amazingly, this is no more the case with 198 with Health Care facilities across 12 states as eHealth Africa took intentional steps to address this systemic gap by restoring dependable, renewable power at the frontline of care. PHCs are now taking thrice the delivery they usually take while more children are now getting vaccinated as a result of renewable energy powered cold chain facilities.

Primary Healthcare personnel like Saliu in Kano, Olusola in Abuja and many more across these 12 states can now save more lives, take more deliveries and deliver effective healthcare delivery in their various communities. In some facilities, the benefits extend beyond their walls. Seun Olusola explains;

"Solar doesn't just power our own facility. It keeps the AMAC vaccine store running. We now maintain vaccine potency not only for ourselves but for other centres that collect from us. It has strengthened the whole local supply chain." This improvement ensures vaccine integrity, reduces wastage, and supports higher immunization coverage across multiple facilities, enhancing the efficiency of the wider health system.

Beyond bringing PHCs back to life, the solarization of facilities has drastically reduced operating costs and emissions through renewable energy use while contributing to climate change resilience. The estimated annual reduction of 117.8 metric tonnes of CO_2 is equivalent to the carbon absorption capacity of over 5,500 mature trees, demonstrating how operational energy transitions can generate measurable environmental benefits alongside health impact.

By restoring reliable power at the point of care, the solarization initiative did more than electrify facilities; it re-enabled health systems, strengthening continuity of care, protecting life-saving commodities, and building more resilient, climate-smart primary health care services across Nigeria.



Embedding Environmental Responsibility in Health Programme Delivery

Delivering health programmes in resource-constrained and fragile settings often requires energy-intensive operations, including reliance on diesel-powered systems. Recognising this reality, eHealth Africa has begun to integrate environmental considerations into programme design and implementation where practical, focusing on incremental improvements rather than stand-alone climate projects.

Across several programmes in 2025, this approach generated early evidence that environmentally responsible choices can support both service delivery and system efficiency, while reducing operational risks and costs.

Cleaner energy solutions improved power reliability at supported facilities, reducing disruptions linked to fuel availability and enabling more consistent service delivery,

Highlighted Results

01 **Reduced Environmental Footprint:** eHA made efforts to reduce reliance on diesel-powered energy systems across multiple projects, contributing to an estimated 452.02 metric tonnes of CO_2e avoided annually. While modest in scale, these reductions show how everyday operational decisions can lower the environmental footprint of health programmes.

02 **Improved Energy Reliability and Service Continuity:** Cleaner energy solutions improved power reliability at supported facilities, reducing disruptions linked to fuel availability and enabling more consistent service delivery, particularly in fragile and hard-to-reach settings.

03 **Lower Operational Risk and Carbon Intensity:** Reduced diesel dependence lowered exposure to fuel price volatility and supply disruptions, contributing to lower facility-level carbon intensity and more resilient day-to-day operations.

04 **Cost Efficiency and Resource Reallocation:** Across projects, diesel displacement generated an estimated ₦44.19 million in cost savings, allowing partners to redirect scarce resources away from fuel costs toward essential health services.

Experience from 2025 suggests that embedding environmental responsibility into routine programme delivery, where feasible, can deliver practical gains: emission reductions, improved operational efficiency, and cost savings. These results provide a grounded foundation for refining and strengthening eHealth Africa's approach to environmentally responsible health system delivery over time.



Building Momentum for Food Safety Reform Through Strategic Evidence and Coalition Action

Regulatory reform in Nigeria's edible oil sector requires more than advocacy intent; it requires coordinated evidence, aligned messaging, and structured documentation. In 2025, the Third-Party Advocacy Campaign (TPAC) was implemented by Civil Society Scaling Up Nutrition in Nigeria (CS-SUNN) and eHealth Africa, with funding from Global Alliance for Improved Nutrition (GAIN).

Within the consortium, eHealth Africa served as the monitoring and evaluation lead, anchoring advocacy efforts in measurable results and policy ready evidence. Through structured assessments and learning processes, advocacy messaging was refined, partner actions aligned, and legislative engagement strengthened.

What changed:

1. Legislative traction was achieved with evidence of the first hearing of the draft bill on unbranded bulk edible oil.
2. Technical regulatory readiness advanced through the development of a zero draft MNDC guideline.
3. National awareness expanded via the eHA Insight Webinar, reaching 591 stakeholders, reinforcing alignment across civil society, media, and advocacy actors.
4. eHealth Africa provided M&E support to partner led trainings, enabling 235 CSOs and media personnel to be engaged with harmonized data capture and structured outcome documentation.

What the project evaluation showed:

As a core TPAC deliverable, eHealth Africa conducted baseline and endline Knowledge, Attitudes, and Practices (KAP) assessments across Abia, Lagos, and Kano States. The evaluation assessed CSOs, producers, and distributors of vegetable oil, measuring shifts in knowledge of oil branding and fortification, attitudes toward compliance, and alignment of practices with national fortification policies.

Key findings include:

- Private sector knowledge of food fortification policies increased from 9% at baseline to 88% at endline, signaling a substantial rise in regulatory awareness and compliance readiness.
- 90% of engaged CSOs are now actively participating in LSFF advocacy, reflecting strengthened institutional capacity and sustained ownership.
- Community leaders mobilized through the project sensitized over 2,400 community members on LSFF, reinforcing grassroots demand for fortified edible oil.

Collectively, this shift marks a transition from awareness-driven advocacy toward structured, system-informed reform momentum.

Global Health Monitoring

Countries and partner bodies invest billions in procuring vaccines and building clinics, yet 'last mile' failure continues to drive wastage and missed immunizations.

eHA Global Health Monitoring (EHA-GHM) brings best-in-class cold chain risk management to essential supply chains in global health.

EHA-GHM is a data-powered risk management solution for essential supply chains, including temperature monitoring and data management.

Quantifying climate impact and facility resilience using national-scale telemetry

The Operational Context: As health systems expand across hotter, more variable climates, we need to move from anecdotal assumptions about heat stress to quantified risk coefficients for planning and adapted service delivery.

The Evidence Base: Analysis of 236,432 refrigeration unit-day observations across 149 public health facilities over a 3-year period (Sept 2022 - Sept 2025).

Key Finding 1
Heat is a Predictable Driver of Cold Chain Failure
National analysis shows each **+1°C** increases cold chain failure odds by **3 to 4%**

Key Finding 2
Facility Performance Varies by **>40x**
High-risk facilities experience **40x** higher failure rates than low-risk ones
At Identical temperatures, best facilities have a **<2%** predicted excursion risk
Worst facilities up to **~90%** predicted risk

Why This Matters

Each 1°C increase in ambient temperature increases the odds of cold chain failure, ie. excursion, by about 3%.

Corporate Social Responsibility Interventions

Industrial Mapping: A Data-Driven Framework for strategic investment and economic planning.

Kano State, being the industrial and commercial hub of Northern Nigeria, is pivotal to the nation's economic development. As part of Kan-Invest's mandate to attract strategic investments and drive economic growth, an industrial mapping initiative was launched to establish a comprehensive database of all industries within the 44 local government areas of Kano State. The goal is to provide reliable data to support strategic planning, policy formulation, and partnership promotion.

eHealth Africa played a critical role as the technical implementation partner, providing expertise in field coordination, geospatial mapping, and data management systems to ensure the project's success.

Key Achievement

The Kano State Industrial Mapping Project achieved full coverage across all 44 Local Government Areas:

- 60 Enumerators were trained.
- 3,632 industries enumerated and geospatially mapped.
- 44 e-copy of industrial distribution maps produced.

The manufacturing sector dominates the landscape, accounting for 60% of all industries captured. These findings provide an unprecedented evidence base to strategically formalize the economy, attract targeted investments, and design policies that will catalyze sustainable economic growth and improved livelihood across Kano State.

eHealth Africa played a critical role as the technical implementation partner, providing expertise in field coordination, geospatial mapping, and data management systems

eHA Academy: Bridging Tech Skills Gaps Across Africa

For over a decade, our eHA Academy has developed a cohort of young tech and software experts currently making waves across Nigeria and Africa. This very important but pro bono intervention is a response to tech skills gap and brain drain especially in Low and Medium Income Countries.

So far the eHA Academy Program has equipped participants with practical software development and data analytics skills to build digital solutions for healthier communities and development challenges. Delivered biannually in two phases, blended technical training followed by hands-on internship. The Academy bridges critical tech skills gaps and empower participants for employment, entrepreneurship, and leadership in Africa's digital economy.

In 2025, the academy graduated a total of 135 students from across Nigeria and parts of Africa, building their capacities in advanced software and data analytics skills, toward empowering youth to drive data-informed innovation across the continent.

A total of 135 students graduates in 2025 from 12 Nigerian States and 5 other countries (Liberia, Zambia, Ghana, South Africa and the United Kingdom)

43 Design Cohort graduates:

32 males and 11 females

42 Advanced Software Cohort:

27 males and 15 females

50 Data Analytics Cohort:

29 males and 21 females

Participants Feedback

- 95% graduates rated course contents as very relevant to their learning goals and work
- 75% graduates rated mentors met their expectations
- 100% say will recommend the Academy to peers

Shaping Digital and Public Health Conversations at global Conferences

In 2025, the organization participated in a diverse set of conferences, ranging from technology and digital health summits to investment and policy forums. These events provided opportunities for visibility, partnership development, program adoption, advocacy, and ecosystem leadership.

Insights Learning Forum

eHealth Africa's annual flagship event hosted at the Transcorp Hilton Hotel, Abuja. The event convened 302 relevant stakeholders, generated 25+ media features, and catalysed follow-on FMoH/SWAp engagements for 2026 partnerships.

United Nations General Assembly (UNGA 80)

eHealth Africa co-hosted UNGA80 side event with PSI and partners, convening senior global health leaders and converting into 2026 Gavi pipeline pathways and an active PHC-DPI proof-of-concept with PSI.

CPIA - Africa CDC

Boosted continental visibility and credibility, deepening Africa CDC partnerships and positioning eHA at the forefront of AI-enabled public health and DHIS2 integration.

International Conference of Primary Healthcare (ICPHC)

Boosted continental visibility and credibility, deepening Africa CDC partnerships and positioning eHA at the forefront of AI-enabled public health and DHIS2 integration.

Global Digital Health Forum

Flagship Breakfast Salon convened 20+ decision-level partners (Gavi, Gates, PSI, RDH etc.), positioning eHA as a continental convenor and generating priority 2026 partnership pathways.

DHIS2 Annual Conference

Catalyzed CHAT's evolution from conference insight into a scalable global climate-health resilience solution, strengthening adoption and long-term stakeholder engagement.

Sankalp Africa Summit

Participated in discussions on sustainable health business models, underscoring eHA's approach to blending technology, investment, and partnerships. These conversations seeded future collaborations on healthcare financing and innovation scale-up.

Africa HealthTech Summit

Secured eHA as an ADHN anchor partner, positioning the organisation as a founding Africa CDC-aligned pan-African digital health systems partner.

Africa Soft Power (ASP)

Co-hosted a high-impact side event with BellaNaija on, Edutainment: A Creative Solution for Social Impact, spotlighting how storytelling and digital tools can drive health behavior change at scale.

Strategic Partnership with the Egyptian Healthcare Authority

eHealth Africa formalized a strategic collaboration with the Egyptian Healthcare Authority through the signing of a Memorandum of Understanding in Cairo. This engagement, aligned with Egypt's Universal Health Insurance reform, establishes a pathway for national-scale implementation of digital primary healthcare solutions, including telemedicine and interoperable health systems. The partnership reflects a shared commitment to strengthening health systems through scalable, technology-driven approaches that improve access, efficiency, and quality of care.

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