



JANUARY Programme Performance Report 2025

Impact Measurement



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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
DPM –	Disease Prevention Monitoring
DRC –	Democratic Republic of the Congo
eHA –	eHealth Africa
REACH –	Resiliency through Azithromycin for Children
EOCs –	Emergency Operations Centers
FCT –	Federal Capital Territory
Indigo –	A vaccine carrier technology or system
LGAs –	Local Government Areas
LGA –	Local Government Area
LIPs –	Laboratory Infrastructure Projects
LS&D –	Laboratory Systems and Diagnostics
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
PortaBat –	A digital solution designed for optimal vaccine maintenance
RI –	Routine Immunization
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

Key Organizational Results across all Program Areas

Public Health Emergency Management (PHEM) portfolio

Enhanced efficiency and effectiveness in operations and logistics support for Emergency Operation Centers

In January 2025, the SPOCR project continued the construction of the EOCs in Garowe, Puntland state of Somalia, and the status is still at 80% completion rate. The renovation of the POCR in Guinea Conakry is advancing, with office demarcation finalized and tiling and screeding in progress, achieving 70% completion.

In January 2025, operational support continued for selected POCRs in Somalia, Maroua (Cameroon), DR Congo, and Brazzaville, ensuring sustained functionality and efficiency. The support included facility operations, internet service, office supplies, cleaning services, staff stipends, office accessories, and power. By providing this management support, eHA can ensure that essential functions at the POCRs proceed without delays, improving overall effectiveness. It also ensures sustainability, addressing both immediate needs and long-term improvements, standardized operations, enabling better coordination at the EOCs, and strengthening regional emergency response networks. This supports eHA's ambition to support swift management of health emergencies as well as facilitate strengthened African government's ability to provide leadership in health emergencies.

Additionally, across 10 EOCs in Nigeria reported operational support to ensure the smooth running of the EOCs. This support ranged from managerial, secretariat, administrative, IT, fleet coordination, management, technical support, printing of documents, internet connectivity, meeting facility, beverages, funding for the daily operation and maintenance of the EOC, secretariat and refreshments for various meetings held. eHA also participated in 138 TWG meetings with 14 scorecards produced in Kebbi, Zamfara and Borno with eHA support.

Effective utilization of EOCs for emergency meetings and campaign planning sessions.

A total of 703 public health practitioners from 173 partner organizations utilized the EOCs in Nigeria, making at least 3,216 visits, with an average of two visits per individual. These figures highlight the pivotal role of EOCs in coordinating public health and emergency activities.

Key activities conducted at the EOCs included 118 public health emergency meetings, 36 campaign planning sessions, and 104 non-public health meetings, such as SERICC meetings, surveillance reviews, and strategic working group sessions. These numbers

demonstrate the extensive utilization of EOC resources, emphasizing their value in facilitating collaboration and ensuring a rapid response among partners.

By maintaining a conducive environment for public health practitioners to address health emergencies, eHA significantly enhances Nigeria's capacity to respond effectively to such issues. Although the project operates without specific targets, all results are on track and are being closely monitored to ensure continued progress.

Strengthened capacity of public health practitioners to effectively manage EOCs across Africa

In January 2025, while there were no capacity-building efforts in Nigeria, 209 public health practitioners received capacity-building training on technical and data management skills. These sessions play a vital role in developing a skilled workforce to enhance preparedness and response to public health events nationwide.

Reduction in CO² Emission

The organization achieved a CO₂ Emission Reduction of 242.55 Tonnes through the adoption of renewable energy across EOCs in Bauchi, Borno, Kebbi, Katsina, Yobe, Niger, and Zamfara states. Notably, eHA generated 15887.50 kWh of solar power, reflecting a 17% decrease in energy production at these PEOCs. On average, solar energy utilization across these centers stood at 173%.

The reduction in CO² emissions contributes to lowering greenhouse gas concentrations and mitigating risks associated with extreme weather events, rising sea levels, and ecosystem disruptions. Additionally, the shift to clean energy sources minimizes harmful pollutants like particulate matter, enhancing air quality and potentially leading to better health outcomes.

SPOCR Project

The scope of the SPOCR project is to set up POOCR in Garowe, provide supportive supervision to established POOCRs in Somalia, DR Congo, and Cameroon, and conduct impact assessments in selected African countries. The results elaborate on the support provided for the POOCRs and the status of the Garowe construction.

Finalized renovation and Setup of POOCRs:

In January 2025, the project continued the construction of the POOCR in Garowe, Puntland state of Somalia, and the status is at 80% completion. The renovation of the POOCR in Guinea Conakry is advancing, with office demarcation finalized and tiling and screeding in progress, achieving 70% completion.

Improved effectiveness in the delivery of operations and logistics support:

In January 2025, operational support continued for selected POCRs in Somalia, Maroua (Cameroon), DR Congo, and Brazzaville, ensuring sustained functionality and efficiency. The support included facility operations, internet service, office supplies, cleaning services, staff stipends, office accessories, and power. By providing this management support, eHA can ensure that essential functions at the POCRs proceed without delays, improving overall effectiveness. It also ensures sustainability, addressing both immediate needs and long-term improvements, standardized operations, enabling better coordination at the EOCs, and strengthening regional emergency response networks. This supports eHA's ambition to support swift management of health emergencies as well as facilitate strengthened African government's ability to provide leadership in health emergencies.

PEOC Project

The scope of the PEOC project is to provide administrative and infrastructure support to the Polio EOCs (PEOC) in Northern Nigeria. These include operational support and training focused on enhancing public health practitioners' emergency management skills. The results underscore their critical role in coordinating public health and emergency activities, contributing to Nigeria's capacity to effectively respond to public health crises. The performance indicators of the PEOC project are summarized into 4 results areas which are presented below.

Improved capabilities of infrastructure and tools to prepare for PH emergencies:

eHA has facilitated the establishment of 11 EOCs in 11 states in Northern Nigeria. This contributes to Nigeria's capacity to effectively respond to public health emergency issues.

Improved capabilities of health practitioners to prepare for PH emergencies:

In January 2025, 209 public health practitioners underwent capacity building on technical and data management skills across the various EOCs. This training resulted in 207(99%) public health practitioners having an improved capacity of 70% in PH emergency management capabilities.

Improved administrative and operation support:

In January 2025, 10 EOCs in Nigeria reported operational support to ensure the smooth running of the EOCs. This support ranged from managerial, secretariat, administrative, IT, fleet coordination, management, technical support, printing of documents, internet connectivity, meeting facility, beverages, funding for the daily operation and maintenance of the EOC, secretariat and refreshments for various meetings held. eHA also participated

in 138 TWG meetings with 14 scorecards produced in Kebbi, Zamfara and Borno with eHA support.

EOC utilization for emergency meetings and campaign planning sessions:

In January 2025, the PEOCs hosted 118 emergency meetings, 36 campaign planning meetings, and 104 non-public health meetings engaging 703 public health practitioners from 173 partner organizations. This alludes to the EOC's resources being heavily leveraged. This engagement reflects the EOC's significance in facilitating collaboration and rapid response among partners. However, it also implies a significant strain on resources, necessitating careful planning and potentially increased capacity to sustain the pace of activities without compromising the quality of support provided.

Laboratory Systems and Diagnostics (LS&D) portfolio

In January 2025, 9 Laboratories were actively supported by eHA. These included Institut Pasteur De Cote D'Ivoire, Polio Lab, Zambia, National Institute for communicable diseases, South Africa, Uganda Virus Research Institute, Uganda, Kenya Medical Research Institute, Kenya, National Microbiology Lab, Zimbabwe, Noguchi Memorial Institute for Medical Research, Ghana, WHO Polio Lab, Maiduguri and Institute National Research Biomedical, DRC. The support provided to these laboratories included IT Upgrade, Procurement of Equipment and Consumables, Infrastructure Upgrade.

The following Labs with their worktypes WHO Polio Lab, Maiduguri (for equipment), Kenya Medical Research Institute, WHO Polio Lab, Maiduguri, Institute National Research Biomedical, DRC, and Noguchi Memorial Institute for Medical Research, Ghana (for Consumables) successfully achieved a 100% delivery rate in January 2025.

The delivery of equipment advanced significantly, reaching 67% of the cumulative target, reflecting a 20% increase compared to the status reported in December 2024. Similarly, the supply rate of consumables improved, rising from 74% in December 2024 to 83% in January 2025, representing an 13% increase over the previous month. This progress demonstrates improved operational efficiency and better resource availability to support project implementation timelines and improve service delivery outcomes.

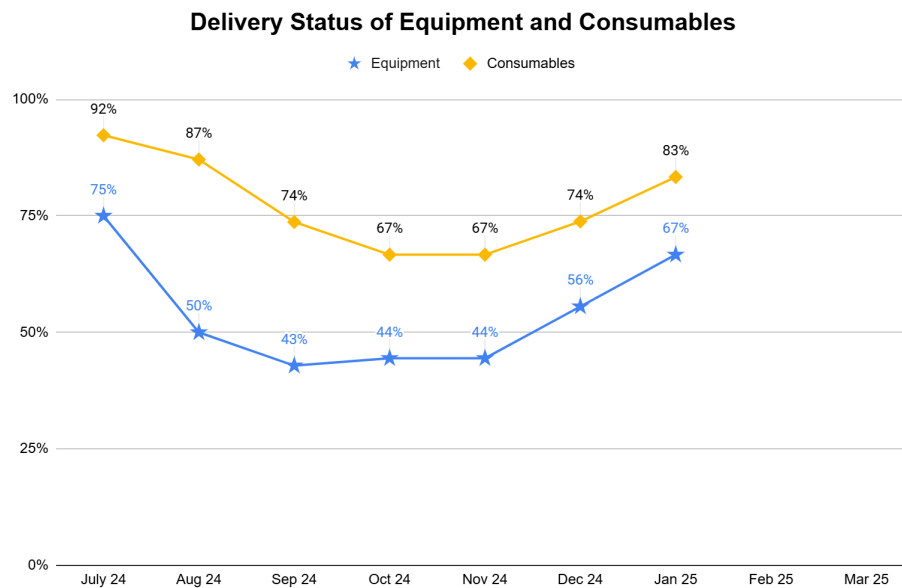


Fig 1: Change in delivery status of equipment and consumables cumulatively

The National Institute for Communicable Diseases (NICD) - South Africa supply hub, initiated in February 2024, achieved a 75% overall and civil work at 82% completion rate as at January 2025.

LIPS Project

Within the period of review, the performance of the SLS/LIP project was measured by its agility and efficiency in achieving the deliverables attached to the upgrade of the laboratories as described below.

Improved efficiency in laboratories upgraded with consumables or equipment to enhance early detection and confirmation of VDPV and other vaccine-preventable diseases:

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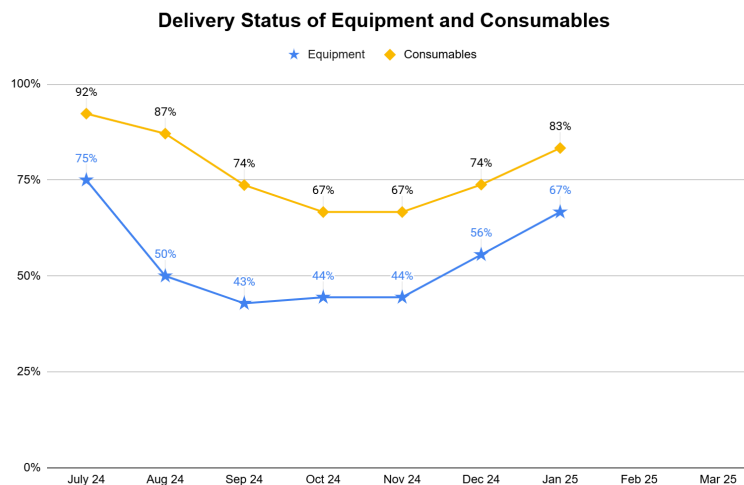


Fig 2: Change in delivery status of equipment and consumables cumulatively

The National Institute for Communicable Diseases (NICD) - South Africa supply hub, initiated in February 2024, achieved a 75% overall and civil work at 82% completion rate as at January 2025.

Disease Prevention Monitoring (DPM) Portfolio

Sokoto VDD

The success of the VDD project is represented across 3 result areas as indicated below.

Increased number of children immunized in VDD-enabled communities in Sokoto state by December 31st, 2025:

In January, a total of one hundred and seventy nine thousand, six hundred and ninety nine (179,699) children were immunized.

Reduction in vaccine stock-out experiences in VDD-enabled facilities in Sokoto state:

This Result area is yet to be tracked for 2025.

Vaccines delivered at scheduled health facilities in Sokoto state:

In January, vaccines were successfully delivered to 351 health facilities giving the project a one hundred percent rate. Three Hundred and thirty three thousand, six hundred and ninety eight(333,698) dry goods and six hundred and one thousand,two hundred and twelve, (601212) antigens were delivered. The average kilometer covered by each of the delivery officers was two thousand, eight hundred and fifty eight(2858). One hundred and fifteen thousand,four hundred and twenty eight (115428) vaccines were saved from wastage by returning potent undelivered vaccines to the state cold store.

The successful return of 115,428 potent, undelivered vaccines to the state cold store highlights strong logistics efficiency and waste reduction measures, ensuring optimal vaccine utilization and minimizing losses in the supply chain.

BISKIT

Enhancing blood supply chain management

The Blood Information System for Crisis Intervention (BISKIT) project, implemented by eHealth Africa (eHA) in collaboration with Aminu Kano Teaching Hospital (AKTH) is designed to digitize blood supply chain management, reporting, and efficiency around blood service delivery within AKTH. The aim of the pilot phase is to gather data for proof of impact and possibly scale up at the national level. This aligns with eHA's broader goal of providing operational and data analytics support that empowers stakeholders to access critical information for timely decision-making during public health emergencies.

Capacity building was conducted in January to enhance the adoption and use of BISKIT Application in AKTH. Within the reporting period, 5 healthcare workers were trained. Pre- and post-training assessments showed a 22% improvement in test scores, indicating an increase in knowledge. A total of 131 new donors registered on the BISKIT Application, contributing to the growing pool of potential donors. In addition, 279 registered donors were screened, and 274 blood units were declared safe for use.

The high safety rate of donated blood, with 274 out of 279 screened donors (98%) declared safe for use, demonstrates the effectiveness of the screening process and the reliability of the BISKIT Application in ensuring a safe blood supply.

Engagement of Traditional Institution

Provided operational support to the traditional leaders to participate in the conduct of polio campaigns

In January, 195 traditional leaders were supported in participating in the polio campaign in Nasarawa state.

Completed the capacity-building sessions of traditional leaders to effectively support polio and other PHC programs

During the OBR campaign in January, 34 traditional leaders were trained in 2 states Kogi and Nasarawa. These traditional leaders received training on polio vaccination, routine immunization practices, and primary healthcare initiatives. 100% of the traditional leaders trained used monitoring and supervisory checklists during the campaign to evaluate the implementation process and ensure the protocols were followed.

Strengthened the capacity of the network of traditional leaders involved in immunization activities

During the OBR campaign, 975 non-compliance cases were recorded and these are individuals or people who did not accept the vaccines for their children. Of the non-compliance cases, 838 (85%) were resolved by the traditional leaders in the 2 states (Nasarawa and Kogi).

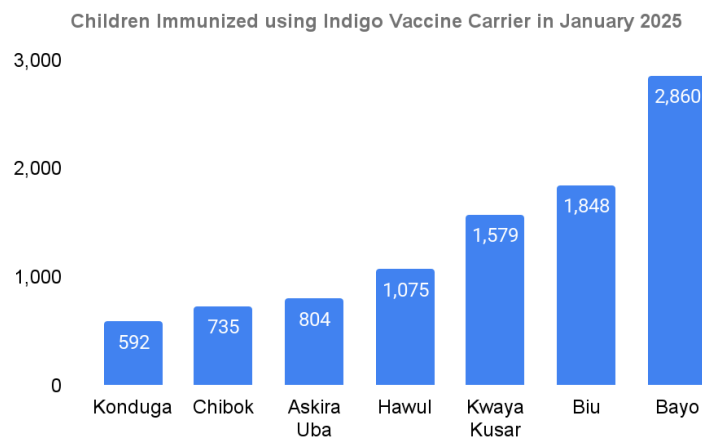
The ACE Initiative for Social Impact Development (AISID) is currently on the activities level of engaging one consultant per state across the 17 states of implementation. During the orientation, consultants were briefed on the NPHCDA Traditional Leader Engagement (TLE) operational guidelines, Southern Traditional Leader Engagement (STLE) project deliverables, timelines, work plans, monitoring and evaluation (M&E), and strategic approaches for achieving key project milestones.

Indigo Deployment

Complete Deployment of Indigo for improved RI services

In January, the Indigo Deployment project continued its efforts to ensure availability and uptake of potent vaccines at the last-mile facilities through the deployment of Indigo vaccine carriers. The project facilitated 39 vaccine logistics trips to 26 health facilities,

deploying Indigo vaccine carriers 76 times. This effort led to the immunization of 9,493 children, supporting routine immunization programs and expanding access to essential healthcare commodities.



Training on the use of the Indigo vaccine carrier delivered to health facility personnel

As part of the continuous capacity-building initiatives aimed at enhancing the effective deployment of the Indigo vaccine carriers, 34 vaccinators and LGA teams attended the January monthly refresher training session prior to the deployment of the Indigo vaccine carriers. The refresher training is designed to reinforce key operational practices and ensure optimal usage of the equipment in routine immunization activities.

SARMAAN II (Safety and Antimicrobial Resistance of Mass Administration of Azithromycin on Children 1-11 months in Nigeria)

A data visualization dashboard is successfully built

As part of the technical support for the SARMAAN Consortium, eHA successfully digitized 3 forms in January to facilitate data collection for the mortality mop-up, coverage, and revisit activities. Additionally, eHA established the first command center, which serves as the central management hub for all project implementation activities. This command center plays a critical role in backend data validation and also houses the SARMAAN Help Desk, which enables real-time communication with LGA coordinators and field data collectors, ensuring efficient coordination and issue resolution during project execution.

Completed support for AMR, Coverage, Mass drug administration, and Mortality to targeted population

To contribute to the reduction of under-five mortality in selected states in Nigeria, eHA supported the Nigerian Institute of Medical Research (NIMR) in conducting coverage data collection activity in Sokoto State, with 770 households against the 764 targeted HHs, achieving a 100.79% coverage rate. A total of 1,419 eligible children (680 male and 739

female) were reached during this activity. The coverage data collection was conducted to assess the proportion of eligible children who received treatment during the Mass Drug Administration (MDA), ensuring that interventions reached the intended beneficiaries.

Completed capacity building for support staff to deliver technical support during field level activities

As part of our commitment to strengthening capacity for field operations, eHA provided training for 235 data collectors (120 males and 115 females) and 59 local government coordinators (50 male and 9 female) were trained to provide technical and supervisory support for mortality and coverage data collection efforts. The training sessions resulted in a 26% improvement for both data collectors and LGA coordinators, ensuring enhanced competency in data collection and quality assurance processes, thereby strengthening the overall impact of the SARMAAN project.

3Ps (Pulse Oximetry) SOW 34

Delivered quality PPG and respiration data collection

A total of 86 PPG data collections were completed for the Lead-in study across the 3 site locations (Kano, Lagos and the Federal Capital Territory). 90 children were enrolled into the lead-in-study with informed consent, ensuring a smooth and compliant data collection process that adheres to our ethical guidelines.

Delivered optimal device technical

Throughout the January lead-in-study, 10 technical issues were reported across the study site (3 in Kano, 4 in Lagos, 3 in FCT), and 7 of these issues were resolved (2 in Kano, 3 in Lagos, 2 in FCT). These issues were addressed and resolved promptly, demonstrating our ICT competence. However, the three unresolved issues will require the partners to work on the study devices, which will be resolved as soon as possible.

Completed capacity building for healthcare workers on 3Ps study

As part of our commitment to enhancing local capacity, 9 healthcare professionals (7 females, 2 males) were trained on Pulse Oximetry equipment in January. This training equipped them with the skills to effectively conduct the pulse oximetry study and operate the devices and to capture accurate data.

Achieving 100% Monitoring Coverage of Against Malaria Foundation-Funded Nets

As part of efforts to combat the scourge of malaria, Against Malaria Foundation supported insecticide treated nets in Bauchi and Plateau States. A total of 3,284,074 nets were distributed to 1,272,218 households (HHs) in Bauchi in June 2024 year while 2,793,220 nets

were distributed to 1,061,977 HHs in Plateau State in April 2024. After 9 months each, ehealth Africa was contracted to conduct a post-distribution monitoring survey to ascertain the presence, use, and condition of these nets. Bauchi survey was at 18 months while Plateau survey was conducted at 9 months post distribution.

The sample size for the survey was 1.5% of households who received the campaign nets, and a validation sample of 5% for both Bauchi and Plateau. The actual HHs samples were therefore 19,083 (905) HHs for Bauchi and 7,650 (425) HHs for Plateau States. The PDM data collection outcomes for the project indicates a strong overall performance.

For Bauchi State:

Coverage: eHA completed 100.7% coverage for HHs targeted on the first visit, surpassing the target of 100%. Of the 19,236 households (HHs) allocated, the project set a target of 19,083 HHs, with 19,216 HHs successfully reached. In terms of household coverage without spare HHs, eHA exceeded the 95% target, achieving 100.5%. For revisits, 1,056 HHs were allocated, with a target of 905 HHs. However, eHA successfully reached all 1,055 HHs, resulting in an exceptional 110% revisit coverage.

For Plateau State:

Coverage: eHA achieved an impressive 99.3% data collection coverage rate without spares the first visit, almost meeting the target of 100%. Of the 7,650 households (HHs) allocated, the project set a target of 7,650 HHs, with 7,598 HHs successfully reached. For revisits, 384 HHs were allocated, with a target of 382 HHs. However, eHA successfully reached all 370 HHs, resulting in an exceptional 96.4% revisit coverage.

Climate Adaptation in Health Food Security and Nutrition (CAHFSN) portfolio

Common Storage Warehouse Management Project

eHA continued to provide effective cargo management at humanitarian warehouses in Dikwa and Ngala, Borno State, Nigeria.

Improved humanitarian response time in supply chain-related interventions in Ngala and Dikwa:

This outcome is not being measured yet.

Monthly physical inventory at Ngala/Dikwa warehouses successfully conducted by eHA warehouse team

Two physical inventory was conducted for the project, one in each location for January. The monthly physical inventories conducted are important to the project as they help to ensure

the accuracy of records, identifying discrepancies such as theft, damage, or misplacement. It also helps in optimizing the warehouse space and enhancing the overall operational efficiency of the warehouse.

Record keeping for inbound and outbound items on RITA conducted: Number of Consignments managed, Number of months:

For Dikwa In January, 91 consignments were handled, totaling 137 metric tonnes and 904 cubic meters. One new partner was on boarded during the month, 14 partners utilized the warehouse

For Ngala, In January 98 consignments were handled, totaling 62 metric tonnes and 399 cubic meters. One new partner was secured in the month, making up a total of 12 partners that utilized the warehouse for the month.

Effective cargo management at the warehouses remain essential for ensuring accuracy, stock control, efficient space utilization, compliance, safety, and partner satisfaction

Quarterly fumigation of the Ngala warehouse conducted:

No Fumigation exercise was conducted for the month in both locations as Fumigation is a quarterly activity.

The project remains dedicated to ensuring that relief materials for humanitarian partners are stored properly and with dignity, minimizing waste, and maintaining accountability to the World Food Programme. This aligns with eHA's strategy to promote climate-responsive practices and actions that support sustainable food security, improved nutrition, and health. The project has six measurable indicators for the reporting period, all of which are on track, reflecting the commitment of the project team to ensure timely and effective implementation of activities according to the set indicators. Below is the project scorecard

WFP-M&A Activity in Borno, Sokoto and Zamfara States

For January the following activities were carried out.

S/N	Activity Implemented	Planned	Achieved
1	Distribution monitoring	37	22
2	Activity Implementation Monitoring (TSFP/FFA	92	72
3	Retailer Performance Evaluation Monitoring (RPME)	94	108
4	Warehouse monitoring	6	6

5	Market Price Data Collection	60	60
6.	Focus Group Discussion	33	14
7	Total Sites Monitored by eHA	289	272

The project achieved 94% of the work order sent in by WFP in January.

Project Quality Assurance Results

In the month of December, the organizational work plan score was **89%** (Meet Standard grade). This grade remains the same from November to December, 2024.

