



# Hope in Health:

**Real Stories of Impact:** eHealth Africa  
Transforms Rural Health with DIAN



---

[www.ehealthafrica.org](http://www.ehealthafrica.org)

#WeAreeHA  
#WeAreeHA  
#WeAreeHA  
#WeAreeHA



# About eHealth Africa



## Our Mission

eHealth Africa's mission is to build stronger health systems through the design and implementation of data-driven solutions that respond to local needs and provide underserved communities with tools to lead healthier lives.



## Our Vision

Based in Africa, we establish new standards in health delivery and emergency response through the integration of information, technology, and logistics.



## 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.





## Core Competencies:



### Global Health Informatics (GHI):

At eHealth Africa, Global Health Informatics is central to our work in transforming healthcare delivery through data and technology. Our bespoke informatics solutions provide real-time data collection, analysis, and visualization, enabling governments and health stakeholders to make informed, evidence-based decisions. By integrating digital tools with public health systems, we empower underserved communities with access to timely and reliable health services, improving outcomes across Africa.



### Public Health Infrastructure:

eHealth Africa is committed to building and maintaining robust public health infrastructures. Our team of engineers and project managers design and construct world-class facilities, including laboratories, public health emergency operation centers, and health offices, all adhering to international best practices. We incorporate renewable energy sources to enhance sustainability, ensuring that health systems remain resilient and effective, even in the most remote and resource-limited areas.



### Supply Chain Logistics & Last Mile Delivery Systems:

We provide cutting-edge solutions to ensure the efficient distribution of health commodities, such as vaccines, to even the most underserved regions. By addressing bottlenecks and managing resources through data-driven technologies, we enhance the delivery of essential healthcare supplies, strengthening health systems across Africa.



### Implementation Research & Data Analytics:

eHealth Africa leads in implementation research and data analytics to drive continuous improvements in public health. We design and deploy data-driven tools to monitor and evaluate health programs, providing actionable insights for policymakers and health professionals. Our expertise in data collection, management, and analysis enables stakeholders to assess program effectiveness, optimize resource allocation, and enhance service delivery for long-term impact.



# About the DIIAN Project

**Digitizing for Impact: Improving Rural Access to Integrated Healthcare Services for NCDs in Nigeria (DIIAN)** was born out of the growing burden of non-communicable diseases (NCDs) in Nigeria and the difficulty many people face in accessing quality healthcare, especially in remote and underserved communities.

The eHealth Africa Group Board of Directors, in its effort to promote innovative ideas and creative solutions to solve public health needs launched an inaugural Board Innovation Context in 2023. This birthed the DIIAN project by eHealth Africa in partnership with EHA REACH Clinic in 2024, DIIAN set out to change this reality by combining innovative digital tools with the Nigerian Package of Essential Noncommunicable Disease (N-PEN) interventions. The intervention focused its efforts in two key locations; Kuje Area Council in the FCT and Gyadi-Gyadi in Kano State. The project successfully brought vital healthcare services closer to the people who need them most.

The pilot phase, which concluded in June 2024, proved the power of grassroots engagement. By training community healthcare workers, partnering with local stakeholders, and using data to guide decisions, DIIAN helped communities take charge of their health.

This book brings together real stories from people whose lives were touched by the intervention, voices that reflect the challenges, hope, and transformation that DIIAN inspired.



## Project Goals and Objectives

The overall goal of the Innovation project is to improve community access to Noncommunicable disease treatment services, with a focus on Diabetes and Hypertension services in the FCT and Kano state, Nigeria.

### The specific objectives are:

1. To integrate Nigeria's Package of Essential Noncommunicable Disease Interventions (PEN) into community-level hypertension and diabetic management, aiming to enhance access to comprehensive care.
2. To conduct implementation research evaluating the effectiveness of the integrated approach, assessing both implementation outcomes and health outcomes related to hypertension and diabetes management at the community level.
3. To have evidence—which demonstrates eHA's capacity and use case for NCD management and position the organization for New Business opportunities.





A person wearing a blue long-sleeved shirt is holding a white digital blood pressure monitor. The monitor has a small screen and several buttons. The person's hand is visible, holding the device. The background is a solid blue color.

# DIIAN Human Impact Stories



## How I managed Female Patients in a Culturally Sensitive Environment

— Community Health Extension Worker

In Northern Nigeria, where non-communicable diseases (NCDs) like hypertension and diabetes are on the rise, the role of Community Health Extension Workers (CHEWs) is vital. Aisar Sunusi, a CHEW at EHA REACH Clinic in Kano, has seen firsthand how the DIIAN project has transformed his practice and enriched his knowledge while helping him manage female patients in culturally sensitive ways.

Aisar's journey with the DIIAN project began when EHA REACH Clinic, in partnership with eHealth Africa (eHA), introduced specialized care for patients with hypertension and diabetes. As a CHEW with prior medical experience, Aisar was eager to expand his expertise. The DIIAN training provided him with a wealth of new knowledge, particularly on the step-by-step approach to treating hypertension and diabetes. He learned how to accurately monitor blood pressure, adjust medications for hypertension, and manage blood sugar levels for diabetic patients.

"The training taught me exactly how to treat and monitor patients with these conditions," Aisar explains. "Before this, I didn't have a clear understanding of the treatment regimens. Now, I know exactly

**He learned how to accurately monitor blood pressure, adjust medications for hypertension, and manage blood sugar levels for diabetic patients.**



what to do when I encounter high blood pressure or abnormal blood sugar levels.”

This new knowledge has enabled Aisar to provide more effective care, ensuring that patients receive the right medications and lifestyle advice tailored to their needs.

In Northern Nigeria, cultural norms often make it challenging for male healthcare workers to visit female patients in their homes. As a male CHEW, Aisar initially faced barriers when managing female patients, who were reluctant to let him into their homes. However, by approaching families with respect and building trust, Aisar found ways to navigate these cultural challenges.

“I always introduce myself to the husbands first before visiting their wives. I explain the purpose of the visit and ensure they understand that I’m there to provide care,” Aisar shares. This respectful communication has helped him build rapport with the families and ensure that his female patients receive proper care.

**“I always introduce myself to the husbands first before visiting their wives. I explain the purpose of the visit and ensure they understand that I’m there to provide care,”**

Despite the cultural sensitivity, Aisar has developed strong relationships with his female patients, particularly through phone calls and home visits where permitted. He recognizes that understanding the cultural context is key to ensuring compliance with medical advice and fostering trust.

One of the main challenges Aisar has faced is convincing patients to adhere to prescribed medications and lifestyle changes, such as reducing salt intake. However, with the free medication provided





through the DIIAN project and regular follow-ups, patients have begun to show improvement in their conditions.

“We’ve seen a lot of positive changes in our patients. Many are now committed to taking their medication regularly and making lifestyle changes,” Aisar notes. “When they see the improvements, it encourages them to stick with the program.”

Currently managing nine patients—seven of whom are women—Aisar feels fulfilled knowing that his work is improving the lives of those in his community.

Aisar is optimistic about the future of the DIIAN project. “It’s not just about treating diseases; it’s about educating people and making sure they understand how to manage their health,” he says. For Aisar, the DIIAN project has not only deepened his medical knowledge but also taught him how to provide care in a culturally sensitive manner, making a lasting impact on both his patients and the community.



**“It’s not just about treating diseases; it’s about educating people and making sure they understand how to manage their health,”**



## How Free Medication from the DIIAN Transformed Hafsat's Life

In Kano, Nigeria—where healthcare resources are often limited—Hafsat's story stands as a powerful testament to hope and transformation, made possible through the free medication initiative under eHealth Africa's 'Digitizing for Impact: Improving Rural Access to Integrated Services for NCDs in Nigeria (DIIAN)' intervention.

Struggling with hypertension and an ulcer for years, Hafsat's health journey was full of frustration and uncertainty. Yet, after discovering the EHA REACH Clinic, a key partner in the DIIAN intervention offering free, targeted care, her life took a turn for the better.

Hafsat had long battled high blood pressure, a condition that made daily life difficult. Along with the hypertension, she also suffered from an ulcer. Her first response was to visit multiple hospitals in search of relief. "I visited four hospitals in the community," she recalled. "But the doctors would just tell me to avoid salty foods and prescribe medication, which didn't seem to help much." Despite these efforts, her condition continued to worsen, and the burden of managing her health became overwhelming.

**Struggling with hypertension and an ulcer for years, Hafsat's health journey was full of frustration and uncertainty.**

Hafsat eventually sought alternative treatment at other hospitals, hoping for a clearer diagnosis and solution. However, her visits were met with confusion. “They told me my condition wasn’t clear, and I was referred to other hospitals. It felt like I was running in circles. Nothing seemed to work.”

In the midst of these frustrating experiences, Hafsat learned about the EHA REACH Clinic, a local healthcare facility that was part of the DIIAN project and provided free medication for patients with chronic conditions like hypertension and diabetes. “I live close to the clinic, so I knew about it. When I found out they were offering free medication, I decided to give it a try,” Hafsat explained.

The change was immediate. Upon her first visit to the EHA REACH Clinic, Hafsat was welcomed by a team of professionals who immediately began managing her hypertension with the right medication. “The difference was so clear. At other hospitals, I was often told they didn’t have the medication I needed or I would get prescriptions that didn’t seem to work. But at the EHA REACH Clinic, they gave me the proper treatment,” Hafsat said, her voice filled with relief.

Over time, Hafsat’s health improved significantly. The swelling in her body, a common symptom of her hypertension, began to subside.

**“I live close to the clinic, so I knew about it. When I found out they were offering free medication, I decided to give it a try,” Hafsat explained.**





“The swelling stopped, and I felt much better,” she recalled. “Before, I was taking medicine that wasn’t effective, but the medication I received here really worked.”

For Hafsat, the experience of receiving free, reliable care has not only alleviated her physical symptoms but also restored her sense of hope. “Now, when I run out of medication, I don’t worry. I know I can come back and get more,” she said, smiling.

The impact of the DIIAN project, and particularly the EHA REACH Clinic’s provision of free medication, has been profound for Hafsat. “I want others to know that they don’t have to suffer the way I did. I used to feel hopeless, but now I am doing well. I encourage anyone who has high blood pressure or diabetes to get treatment, it makes all the difference,” she urged.

Looking forward, Hafsat’s outlook on life has been transformed. “I may not have any major ambitions right now, but I just want to stay healthy and continue receiving the care that has helped me so much. I am grateful for everything the EHA REACH Clinic has done for me,” she concluded.

For Hafsat, the free medication provided through the DIIAN project has been life-changing, offering her a new sense of wellbeing and hope. Her story highlights the crucial role of accessible healthcare in improving the lives of vulnerable individuals and underscores the importance of initiatives that support those in need.

**The impact of the DIIAN project, and particularly the EHA REACH Clinic’s provision of free medication, has been profound for Hafsat.**



## Free Medication is giving life-line to our patients

— Dr Adawiyya

In northern Nigeria, where access to quality healthcare remains a significant challenge, managing chronic conditions like hypertension and diabetes has often been a daunting task for medical professionals. For Dr. Alawiyah Muhammad Ilah, a dedicated medical doctor overseeing Community Health Extension Workers (CHEWs) and treating patients, the introduction of the DIIAN project has been nothing short of transformative. With its focus on free medication, home visits, and patient education, the project has become a game changer in managing chronic diseases, particularly diabetes and hypertension, in the region.

Dr. Alawiyah's journey into medicine was driven by a passion for community health that started when she was a young girl. "I've always dreamed of becoming a doctor. I've always had this deep desire to help people, especially those in my community," Dr. Alawiyah said. Today, as a practicing physician, she manages patients with complex health conditions, focusing on those suffering from hypertension and diabetes—two of the most prevalent non-communicable diseases (NCDs) in Nigeria. However, despite her experience, she faced

**Dr. Alawiyah's journey into medicine was driven by a passion for community health that started when she was a young girl.**



significant challenges before the launch of the DIIAN project.

"For years, one of the biggest hurdles in managing NCDs has been medication access," Dr. Alawiyah explained. "Many patients simply couldn't afford their medications. Even when they could, they might not adhere to the treatment plans consistently due to financial constraints." This reality often led to poor patient outcomes, as the cost of essential medications like antihypertensives and insulin made it difficult for patients to receive adequate care.

That all changed with the introduction of the DIIAN project, which provided free medication to patients in need. "The free medication component of the project was a real gamechanger. Now, we can ensure that our patients get the medications they need, regardless of their financial situation. This has had a profound impact on the quality of care we can offer," Dr. Alawiyah said. With this new access to free medication, patients began seeing improvements in their conditions, and the long-standing barrier of affordability was finally lifted.

The DIIAN project doesn't just provide medication, though. One of its most valuable features is the integration of home visits and patient follow-ups. As part of the initiative, Dr. Alawiyah and her team of CHEWs regularly visit patients at home, providing hands-on care and ensuring that they follow their prescribed treatment regimens. This holistic approach has led to significant improvements in patient outcomes, especially for those who were previously unable to adhere to traditional clinic visits.

"We visit our patients in their homes twice a week. This gives us the opportunity to monitor their progress closely and provide the personalized care they need. Sometimes, we even call patients randomly to check on them or follow up with their treatment partners to make sure they're sticking to the plan," Dr. Alawiyah explained. This personalized, community-based approach has not only helped to improve patient outcomes but has also strengthened the relationship between the healthcare providers and the patients. "It's about building trust," she added. "By showing our patients that we care and that we're there for them, we create a sense of security, which encourages them to stick to their treatment plans."

In addition to the physical care, Dr. Alawiyah emphasized the importance of counseling. "When I was first trained, I was taught to prescribe medications and move on to the next patient. But with DIIAN, I learned that patient counseling is just as important as prescribing drugs. It's about explaining the importance of diet, exercise, and lifestyle changes. Most of our patients are in the early

**The free medication component of the project was a real gamechanger. Now, we can ensure that our patients get the medications they need, regardless of their financial situation.**

stages of managing their conditions, so lifestyle modifications can have a huge impact on their long-term health outcomes," she explained. Through regular counseling sessions, patients have learned how to adjust their diet, reduce salt intake, and engage in physical activity, which has contributed to their improvement.

The success of the DIIAN project is best illustrated through the personal stories of patients who have benefited from the program. Dr. Alawiyah recalled the case of a particular patient who had enrolled in the empowerment program. "She was facing severe financial difficulties and was unable to afford the treatment for her hypertension. When we enrolled her in the DIIAN project, she began receiving free medication. Her blood pressure was dangerously high when we first checked it—around 190/98. But now, it's consistently within the normal range of 120/80. That's one of the most rewarding experiences I've had as a doctor," Dr. Alawiyah said, a proud smile on her face.

This patient's turnaround is not an isolated case. Many others have benefited from the combined approach of free medication, home visits, and lifestyle counseling. The improvements have been significant, with many patients reporting better control over their blood pressure and blood sugar levels. "For instance, I had another patient whose blood pressure was as high as 180/100. After several weeks of consistent care through the DIIAN project, her readings are now between 120/130, which is a tremendous improvement," Dr. Alawiyah explained.

As with any healthcare initiative, there are challenges, and Dr. Alawiyah has not shied away from confronting them head-on. "One of the biggest challenges is data collection and ensuring accurate follow-ups," she explained. "We have to track each patient's progress, which requires a lot of attention to detail. Sometimes, patients can be non-compliant, either due to forgetfulness or reluctance to follow the treatment plan. In those cases, we have to go the extra mile, such as calling patients, checking in with their families, or even conducting video calls to ensure they understand the importance of their treatment."

Despite these challenges, Dr. Alawiyah remains deeply committed to the success of the DIIAN project. "The satisfaction I feel when I see a patient's condition improve, especially when their blood pressure or blood sugar levels return to normal, is indescribable," she said. "This project has shown me how powerful a combination of medication, education, and support can be. I believe this is the future of healthcare."

**"The satisfaction I feel when I see a patient's condition improve, especially when their blood pressure or blood sugar levels return to normal, is indescribable,"**



Looking ahead, Dr. Alawiyah is optimistic about the continued expansion of the DIIAN project. "I hope that this project grows and reaches more communities. There are so many people out there who are living with undiagnosed hypertension and diabetes, and they don't know the impact it's having on their health. If we can reach more people and provide them with the care they need, we can significantly reduce the burden of these diseases in our society," she said.

For Dr. Alawiyah, the DIIAN project has not only changed the way she manages patients, but it has also reinforced the power of community engagement in healthcare. By taking a comprehensive, personalized approach to treatment, the project has proven to be a true gamechanger for both healthcare providers and the patients they serve.



**I hope that this project grows and reaches more communities. There are so many people out there who are living with undiagnosed hypertension and diabetes, and they don't know the impact it's having on their health.**



## How Sadiyah is Rewriting the Story of Healthcare in Her Community

Growing up in Kano, Sadiyah Aliyu was inspired by her father's wish for her to become a health worker. Her desire to serve her community led her to pursue a career in health, and in 2020, she joined EHA REACH Clinic, where she would go on to play a crucial role in the DIAN project, an initiative that offers free medication to people with non-communicable diseases (NCDs).

"I always had a passion for helping others," she shares. "I wanted to make sure that the people in my community, especially those who are sick, are cared for," she said.

Before joining EHA REACH Clinic, Sadiyah worked at the Primary Health Centre (PHC) in Kawaji. However, it was at EHA REACH Clinic where she gained deeper knowledge and skills, especially through the DIAN project. "I've learned so much about managing hypertension and diabetes," she explains. "I now know how to better handle my patients and help them improve their health."

Through the DIAN project, Sadiyah cares for ten patients—seven with hypertension and three with diabetes. Each patient is given



personalized attention, with regular visits, medication, and lifestyle advice. For Sadiyah, it's not just about checking blood pressure or distributing medication—it's about building relationships and offering constant support. She regularly follows up with her patients to ensure they're sticking to their treatment plans and making necessary lifestyle changes.

One of the most rewarding aspects of her work is seeing her patients' health improve. "When I visit my patients and see that their blood pressure is normal, it makes me happy," she says. "Some of them even offer me food as a thank you, and that shows me that they appreciate my care."

Sadiyah's approach is rooted in empathy and patience. Even when patients struggle to follow their medication regimen, she takes the time to counsel them, explaining why it's so important to stay on track. "I always remind them that their health is in their hands," she says. "It's not just about taking medicine—it's about making the right lifestyle choices."

While her work is rewarding, it's not without its challenges. Sometimes, patients miss their appointments or fail to follow the prescribed treatments. "The most difficult part is when I call a patient, and they tell me they're not home," she admits. "But I always make

**One of the most rewarding aspects of her work is seeing her patients' health improve.**

*Sadiya with a patient she is currently providing care support to*



sure to reschedule and check on them later."

Despite these challenges, Sadiyah remains deeply committed to her patients. "When I see someone's blood pressure go from 180 to 120, it makes me feel like I've made a difference," she says proudly.

Her dedication to improving the health of her community extends beyond just medical care. She not only visits patients in their homes but also encourages them to take charge of their health through regular check-ups and lifestyle modifications. "I believe that by helping my patients manage their conditions, I'm not just treating them—I'm giving them hope for a better life."

Sadiyah's work with the DIAN project has not only improved her patients' health but has also strengthened the bond between her and the community she serves. In a world where healthcare can be difficult to access, her compassion and commitment are a lifeline for those in need. Through every visit, every call, and every word of encouragement, Sadiyah is transforming healthcare, one patient at a time.

**I hope that this project grows and reaches more communities. There are so many people out there who are living with undiagnosed hypertension and diabetes, and they don't know the impact it's having on their health.**





## Amina's: A Young Mother's Triumph Over High BP with Free Medical Care

*Amina doesn't want her face to be displayed*

When Amina Musa gave birth to her daughter four years ago, she expected the joys and challenges of motherhood—sleepless nights, diaper changes, and the endless love of raising a child. What she didn't expect was a persistent pain in her hands that would lead to a life-changing diagnosis.

At first, she ignored it, thinking it was just exhaustion from childbirth. But as the discomfort lingered, she decided to visit the hospital when her baby was three months old. There, she received unexpected news—her blood pressure was dangerously high. The doctor asked if she had a history of hypertension, but she had never checked before. Even during antenatal care, no one had warned her about it. Two weeks later, her blood pressure was still elevated, and she was placed on medication.

"After discovering that my BP was high, I was very worried," Amina recalled. "My husband asked if anyone in my family had it, and I told him my mother did. Since then, I've learned to live with it."

Raising a child while managing a chronic condition was not easy.

**For a while, Amina lost hope that her health would ever improve. But then, she heard about the EHA REACH Clinic and decided to give it a try.**

There were moments of fear and uncertainty, especially when she started experiencing chest pains. "I told my husband that my heartbeat felt too fast," she said. But she continued caring for her daughter, hoping for the best.

Then came another challenge—accepting that this condition would be lifelong. "The doctor told me that my BP was no longer related to childbirth but was actual hypertension," she shared. "He said I would have to live with it forever. That scared me, and I started avoiding hospital visits."

For a while, Amina lost hope that her health would ever improve. But then, she heard about the EHA REACH Clinic and decided to give it a try. When she first arrived, her blood pressure was dangerously high—between 150 and 170. But with consistent medical support, counseling, and proper medication, things slowly began to change. "Now, I thank God because my BP has returned to normal. The last time we checked, it was around 100-something."

Amina is grateful for the Community Health Extension Worker (CHEW) who regularly checks on her. "He is a nice man," she said with a smile. The follow-ups have reassured her that she is not alone in this journey.

Through her experience, she has become an advocate for routine check-ups and proper medication use. "Many women face these health challenges but don't give them the attention they deserve," she said. "I would advise people to go for check-ups every 3 to 4 weeks to monitor their blood pressure."

Despite everything, Amina remains hopeful for the future. When asked about her dreams, she had a simple yet powerful response: "My dream is to see my BP stay steady, just as it is now."

She has one request for the project—greater awareness. "I think we need to do more to inform people about this program," she suggested.

For now, Amina is filled with gratitude—for her health, for her family, and for the healthcare team that has stood by her side. "Thank you," she said warmly, "to everyone who has helped me on this journey."

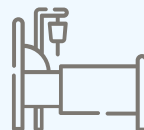
**Amina is grateful  
for the  
Community  
Health Extension  
Worker (CHEW)  
who regularly  
checks on her.**



# Screening and Enrollment Results



In total 471 community members were screened



47 diagnosed with comorbidity



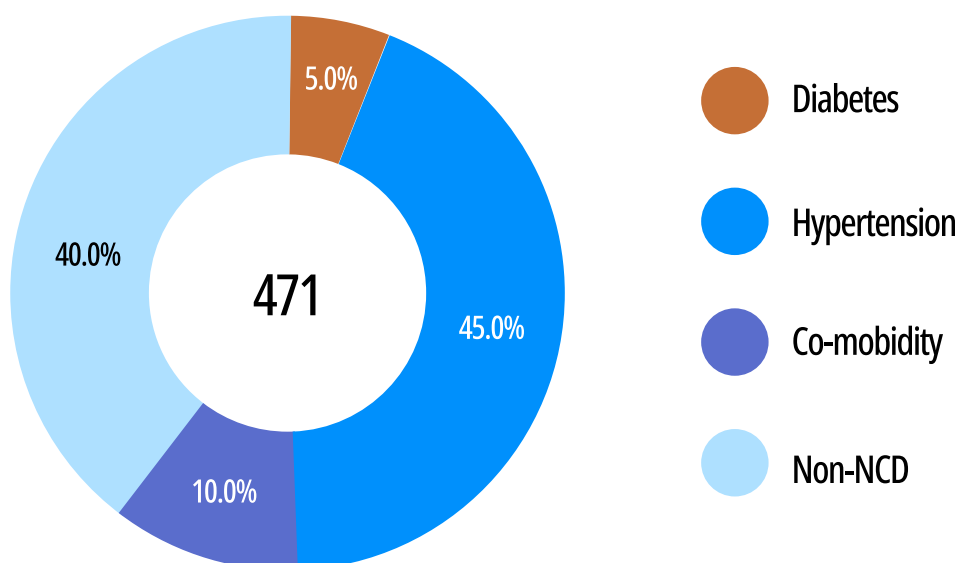
213 diagnosed with hypertension alone



The project enrolled 266 persons for hypertension (213) and DM (53)



23 diagnosed with DM alone





**81% of screened individuals got enrolled in the treatment program for hypertension and 75% for diabetes care**



- Number diagnosed with HY
- Percent enrolled for HY care on DIIAN project
- Percent not enrolled for HY care on DIIAN project

**Patients served with hypertension care**  
**(213 + 47 = 260)**



- Number diagnosed with DM
- Percent enrolled for DM care on DIIAN project
- Percent not enrolled for DB care on DIIAN project

**Patients served with diabetic care**  
**(23 + 47 = 70)**













## How Retired Civil Servant overcome Hypertension Battle with DIAN

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 Aminu Kano 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 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."

**Then, she found the clinic. "When I started coming here, everything changed,"**



Her caregiver, a young woman from the EHA REACH Clinic, became more than just a health worker—she became like a daughter. “I was so happy with her that I even asked if she was married! If she wasn’t, I would have loved to attend her wedding,” Bilhatu laughs.

Today, Bilhatu is a different woman. She moves around freely, takes trips to visit friends, and refuses to stay in one place. “If I sit still, I feel something is wrong,” she says with a grin. Her energy is infectious, her laughter a testament to the joy she’s found despite the challenges.

She dreams of using her gratuity to start a small business—maybe selling pure water right in front of her house. 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.

Her caregiver, a young woman from the EHA REACH Clinic, became more than just a health worker—she became like a daughter.

**“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.”**



## Security personnel Guarding his Health with Free Medication

In the quiet hours of the night, while most people sleep peacefully, Usman Adamu stands watch. As a security guard at Hausawa Layout, he works tirelessly to protect others—yet for years, he may not have guarded himself against Diabetes.

Usman, a husband and father of four, has lived with diabetes for nearly seven years. At first, he ignored the warning signs—fatigue, headaches, and weakness. He would occasionally visit the hospital, but long gaps of seven months or more between check-ups left his health in limbo. "I was just managing it," he recalls. "I wasn't taking it seriously."

It wasn't until a friend at work mentioned the EHA REACH Clinic that things began to change. "They told me that every Thursday, diabetic and hypertensive patients could receive free medication," Usman says. Skeptical but hopeful, he decided to visit.

From that day on, everything changed. "I haven't missed an appointment since," he says with pride. For the first time, Usman was not just surviving—he was managing his condition with proper care.

**It wasn't until a friend at work mentioned the EHA REACH Clinic that things began to change.**



The clinic staff checked his blood sugar levels regularly and provided him with essential medication. They didn't just give him pills; they gave him hope.

With proper treatment, Usman found strength he thought he had lost. He could carry out his daily activities without fear or exhaustion. The clinic even helped him overcome personal struggles, prescribing treatment for issues he hesitated to discuss.

But beyond his own recovery, Usman now worries for others. "Many people are facing what I faced," he says. "They ask me if they can join the program, but I have to tell them it has ended." His one wish is for the program to expand so that others can receive the same life-changing care.

Still, Usman dreams beyond just health. He holds a National Diploma, and though he works as a security guard now, he dreams of a better future—a better job, a business, a new life. "Before now, I have worked as a pharmacist, a cashier, and at some point, I was selling clothes. I know I can do more, " he said

And in the midst of it all, Usman laughs about his ultimate goal: "If things go smoothly for me, I would like to marry a second wife," he jokes.

His journey is not just about diabetes or medicine. It's about resilience. It's about a man who was once lost in neglect but found guidance, care, and a second chance at life. And now, he doesn't just guard buildings—he guards his health.

**With proper treatment, Usman found strength he thought he had lost. He could carry out his daily activities without fear or exhaustion.**

**His journey is not just about diabetes or medicine. It's about resilience. It's about a man who was once lost in neglect but found guidance, care, and a second chance at life.**



## How Nana Hannatu is Bringing Hope to Underserved Patients

In the heart of communities in Kano, where access to healthcare is often limited, Nana Hannatu Abdullahi walks through the dusty streets with quiet determination to make a difference in the health of people. As a Community Health Extension Worker (CHEW) at the EHA REACH Clinic, she is more than just a healthcare provider—she is a lifeline for those who would otherwise be forgotten.

Her journey into healthcare didn't begin with a salary or a title. It began with passion. "I started as a volunteer," she recalls. "I wasn't getting paid, but the gratitude of the people—their prayers—was enough for me. It's what brought me to where I am today."

Nana's work has always been personal. She has seen lives unravel due to poverty, families forced to choose between food and medicine. Before the Digitizing for Impact; Improving Rural Access to Integrated Services for NCDs in Nigeria (DIIAN) Project, which now provides free medications for hypertensive and diabetic patients, she often found herself buying medicines for those who couldn't afford them. The burden was immense, and the heartbreak was constant.

**"I started as a volunteer," she recalls. "I wasn't getting paid, but the gratitude of the people—their prayers—was enough for me. It's what brought me to where I am today."**



One case still haunts her. "There was a man in his mid-thirties. He knew he was hypertensive but couldn't afford his medication. Last month, he had a stroke."

For Nana, these tragedies are preventable. "Since Diane started, I've seen blood pressure levels drop from life-threatening highs to manageable numbers. People who were once struggling can now live healthier lives."

But her impact extends beyond numbers on a blood pressure monitor. She remembers the 14-year-old girl with severe swelling. The family, paralyzed by financial struggles, hadn't sought medical help. Nana stepped in, took the girl to the hospital, and discovered she had kidney disease. With the right treatment, the girl recovered.

**"I hate seeing people suffer," she says simply.**

"I believe I saved her life," she says with quiet pride.

Her days are long, filled with home visits, patient follow-ups, and endless counseling. Not everyone is cooperative. "Some patients refuse to take their medicine, others disappear for weeks, and some get frustrated when I remind them to eat healthy," she says with a small laugh. "You have to be patient, to keep explaining—even when they resist."

Despite the challenges, Nana wouldn't choose any other path.

"I hate seeing people suffer," she says simply.

Her only wish? To expand the program.

"There are so many people out there who need this care. So many who want to help, too. We just need to reach them."

In a world where healthcare often comes with a price tag, Nana Hannatu is proof that compassion is priceless.

**But her impact extends beyond numbers on a blood pressure monitor.**



## From Village Struggles to Community Lifesaver: How eHealth Africa's NCD Intervention is Changing Lives

— Judith Owoicho

Kuje, Abuja: Madaki Abubakar never imagined he would one day be at the forefront of life-saving healthcare in his community. Born and raised in a small village in Nasarawa, Nigeria, his childhood was marked by a mysterious illness that left him and his family in distress for three long years. They visited hospitals, consulted traditional healers, and tried everything within their reach, but nothing worked. Then, a stranger introduced them to an elderly man who administered a small dose of a homemade remedy. Within hours, Madaki's condition dramatically improved. That experience sparked something in him—the desire to help others avoid the pain and uncertainty he had endured.

But Madaki's road to a career in healthcare was far from straightforward. Initially an arts student, he had no knowledge of the sciences required for a medical career. However, fate intervened when a mass exam cancellation forced him to restart his education. Encouraged by his brother, he switched to science and pursued studies in community health, eventually becoming a Community Health Extension Worker (CHEW). For the past 14 years, he has





dedicated his life to bringing healthcare to underserved communities, and in the last year and a half, he has been an integral part of eHealth Africa's DIIAN project in partnership with EHA REACH Clinic, designed to tackle hypertension and diabetes in vulnerable populations, has been a game-changer. For Madaki, the most rewarding part of the project has been seeing beneficiaries thrive. "People who are lucky enough to be on DIIAN are doing well," he says with a smile. "Every time I see them, the respect they show, the improvement in their health—it makes me happy." But his joy is often tempered by the struggles of those who don't have access. "Sometimes, one person in a household is on DIIAN and getting free medication, while their neighbor isn't. That part really disturbs me," he admits. "Especially when I see someone's blood pressure shoot up because they skipped their medication due to financial constraints."

Despite the challenges, Madaki has embraced the opportunity to make a difference. Thanks to training from the World Health Organization, he and his colleagues have learned advanced techniques for managing hypertension and diabetes, including lifestyle modifications that go beyond medication. "Before, I was struggling with certain cases, unsure of what to do," he recalls. "Now, I know how to classify hypertension, what medication to start with, and when to escalate treatment. It's been a life-changing experience."

**Despite the challenges, Madaki has embraced the opportunity to make a difference.**

The knowledge has had a tangible impact on his work. He speaks of Safiya Abdulrahman, a woman who struggled with medication adherence due to financial difficulties. “I used to buy her medicine from my own pocket because she had no money. Before, whenever she skipped her meds, her condition would worsen. But since I started applying what I learned from the training, things have stabilized for her. It’s working.”

However, being a CHEW in the DIANN project is no easy feat. The job demands long hours in harsh weather conditions. “Rain or sun, we walk from house to house, from morning till evening. You come home so exhausted, you don’t even know when you fall asleep,” Madaki says. The compensation, he admits, is modest. “The economy is tough, and we had a meeting about our salaries. They’re trying, but we’re hoping for better.”

His dedication, however, is unwavering. As a team leader, he ensures that his fellow CHEWs stay on track, reminding them of their monthly targets and motivating them through their group chat. “We support each other. It’s not just a job; we’re on a mission to save lives.”

Madaki’s journey has come full circle. The little boy who once suffered from an undiagnosed illness is now a lifeline for his community. His daughter, inspired by his work, has also joined the healthcare field and recently completed her Community Health Extension training. “She wants to go further,” he says proudly. “My plan is on her head now.”

For Madaki, healthcare isn’t just a profession—it’s a calling. And through DIANN, he’s not just treating illnesses; he’s giving people a fighting chance at life. He hopes the program will expand, reaching more people in need. “If those who aren’t on DIANN could be included, it would change everything. People deserve that chance.”

As he continues his rounds, visiting homes, checking blood pressure, and educating families, Madaki remains a symbol of hope. His story is a testament to the power of healthcare interventions in transforming not just individual lives, but entire communities.

**“We support each other. It’s not just a job; we’re on a mission to save lives.”**

**For Madaki, healthcare isn’t just a profession—it’s a calling. And through DIANN, he’s not just treating illnesses; he’s giving people a fighting chance at life.**





## Jessica's Mission: Bringing Healthcare Home Through the DIIAN Project

Jessica's days begin before sunrise. While most people are still curled up in bed, she is already preparing to visit her first patient. As a Community Health Extension Worker (CHEW), she has dedicated her life to caring for others, particularly those living with hypertension and diabetes. Through the DIIAN Project, she has been able to reach patients who otherwise might never seek medical attention, making a profound impact in her community.

Growing up, Jessica admired nurses and doctors, fascinated by their uniforms and the way they cared for people. She always dreamed of joining their ranks, but the path was not easy. After high school, she struggled to gain admission into a nursing program. Eventually, an opportunity opened at the School of Health, where she trained in community health. That decision set her on a journey that would change both her life and the lives of many others.

Jessica became a certified CHEW in 2009 and has been in the field for over 13 years. When she joined EHA REACH Clinic last year, she was introduced to the DIIAN Project—a groundbreaking initiative aimed at managing non-communicable diseases (NCDs) like hypertension and

**Through the DIIAN Project, she has been able to reach patients who otherwise might never seek medical attention, making a profound impact in her community.**



diabetes in underserved communities. She underwent an intensive three-day training that deepened her knowledge of these conditions, refreshing her understanding of blood pressure monitoring techniques and patient care protocols.

Her work takes her deep into communities, visiting patients in their homes twice a month to check their blood pressure and sugar levels, ensuring they adhere to their medications and lifestyle modifications. Some patients were initially reluctant to participate, fearing what their results might reveal. But Jessica, with her patience and warmth, has been able to break down those walls. She educates them on the importance of early detection and consistent management, reassuring them that knowledge is power when it comes to their health.

One of the biggest challenges Jessica faces is medication adherence. Many patients find it difficult to take their pills daily, while others simply cannot afford their prescriptions. "Sometimes, I buy medications for my patients or provide them on credit until they can pay," she says. She also works with EHA REACH Clinic to ensure that

**Her work takes her deep into communities, visiting patients in their homes twice a month to check their blood pressure and sugar levels,**





as many patients as possible receive free medications. Her dedication goes beyond duty; it is deeply personal.

One particularly emotional moment for Jessica came when she encountered a patient who had completely shut her out. During one of her routine visits, the woman refused to speak to her. Even the patient's mother had to encourage her to acknowledge Jessica's presence. Jessica, instead of being discouraged, gave her space and returned two days later, gently asking if she had done anything to offend her. The woman apologized, admitting she had felt embarrassed and didn't know how to react. That experience reinforced Jessica's belief in perseverance and empathy. She doesn't just treat illnesses—she builds relationships based on trust and care.

Her work is demanding. Some of her patients live 20 to 50 minutes away, requiring long commutes. Others need to schedule visits early in the morning before work or in the evenings after a long day. Jessica accommodates their needs, sometimes working on weekends to ensure her patients are seen. On a busy day, she may visit 10 to 15 people; on a slower one, perhaps only five. But every interaction matters.

**On a busy day, she may visit 10 to 15 people; on a slower one, perhaps only five. But every interaction matters.**

As the DIIAN Project nears its conclusion, Jessica hopes it will continue and expand to reach more people. “Many patients struggle to afford medications, and this program has been a lifeline for them,” she says. “If more people could be included, the impact would be even greater.”

Looking ahead, Jessica sees herself in healthcare for the long haul. She dreams of expanding her efforts to ensure her community receives the care they deserve. “Helping people is what I love. It’s what I will continue to do,” she says with conviction.

Jessica is more than a health worker; she is a lifeline, an advocate, and a beacon of hope for those she serves. Through her work with the DIIAN Project, she is not just treating illnesses—she is transforming lives, one home visit at a time.



**As the DIIAN Project nears its conclusion, Jessica hopes it will continue and expand to reach more people. “Many patients struggle to afford medications, and this program has been a lifeline for them,”**





## Jenny's Journey: A Childhood Dream Turned Lifesaving Mission

From the moment she was a little girl, Jenny knew she wanted to be a health worker. While other children played with dolls and toys, she was mesmerized by the sight of nurses in crisp white uniforms, moving with purpose and compassion. Even as a primary school student, when teachers asked, "What do you want to be when you grow up?" Jenny always had the same answer: "A nurse."

Unlike many childhood dreams that fade with time, Jenny's passion for healthcare only grew stronger. She was deeply inspired by her father, who was also a health worker, though she insists that her decision wasn't solely because of him. "It was just in me," she says with a smile. "I loved seeing nurses. I wanted to be one of them."

Born into the Gbagi tribe, Jenny's journey to becoming a Community Health Extension Worker (CHEW) was not without obstacles. After completing her studies in Kaduna State, she moved to Kuje, a small town outside Abuja, where work opportunities led her. Her first job was at Agape Clinic, followed by a stint at a primary healthcare center in Kuje. She also worked in a pharmacy, gaining hands-on experience in patient care. These early experiences prepared her for what would

**"What do you want to be when you grow up?" Jenny always had the same answer: "A nurse."**



become a defining chapter in her career: joining EHA REACH Clinic and later becoming part of the DIAN Project, a program dedicated to managing non-communicable diseases (NCDs) such as hypertension and diabetes in underserved communities.

When Jenny joined the DIAN Project, she was still young in her career, but her commitment and drive were undeniable. Initially stationed at the clinic, she later transitioned to community outreach, where she would visit patients in their homes. At first, the work was challenging. Many residents were skeptical about allowing a young health worker into their homes. In a country struggling with security concerns, mistrust was a common response. “I would knock on doors, and people would ask, ‘Who is disturbing me this early morning?’” she recalls with a chuckle. But Jenny was undeterred. She took the time to introduce herself, often using the local language to build rapport. Over time, she won the community’s trust. “By the third visit, they recognized me and welcomed me in. Some even called me their daughter.”

**When Jenny joined the DIAN Project, she was still young in her career, but her commitment and drive were undeniable.**

The DIAN Project provided Jenny with extensive training, reinforcing her knowledge and teaching her new skills. One of the most impactful lessons was learning the correct way to measure blood pressure and position patients for accurate readings. The training also covered patient counseling—how to explain conditions like hypertension and diabetes in a way that encouraged adherence to medication and lifestyle changes.





One of Jenny's most memorable experiences involved a woman who had long refused to check her blood pressure. The patient was convinced that knowing her BP levels would only make her worry, potentially triggering a heart attack. Jenny took a patient approach, visiting her multiple times without pressuring her. One day, the woman finally agreed. Her BP was dangerously high—160/100. "She was shocked," Jenny remembers. "She had been feeling fine and never suspected it." Over the next few days, Jenny monitored her readings, provided counseling, and eventually guided her toward proper treatment. Today, that patient is consistent with her medication, and her BP has significantly improved.

Jenny's workdays are long and physically demanding. Some of her patients live far from her home, requiring a 50-minute commute. On a typical day, she visits between eight and ten people, ensuring they are taking their medications and following their recommended health plans. Despite the hardships, she remains dedicated to her calling. "The joy I get from seeing patients improve is priceless," she says. "Many of them couldn't afford their medications, but through the DIANN Project, they received free treatment. Now, they are healthier and more active."

Even outside of work, Jenny's commitment to healthcare extends to her community. Neighbors seek her advice, and she often checks their blood pressure for free. One day, she tested a neighbor's blood sugar on a whim, only to discover it was alarmingly high. The man had been treating himself for malaria and typhoid, unaware that diabetes was the real cause of his symptoms. Through Jenny's intervention, he was able to receive proper care and manage his condition before it escalated.

As the DIAN Project nears its end, Jenny reflects on what the future holds. She dreams of furthering her education and ensuring that more people in her community have access to free or affordable healthcare. "If I could change one thing, it would be making medications completely free for those who need them," she says. "Many people don't take their drugs because they simply can't afford them."

Jenny's journey is a testament to the power of perseverance, compassion, and a childhood dream that never wavered. From a little girl who admired nurses from afar to a dedicated healthcare worker making a real difference, she embodies the very essence of what it means to serve. Through her work, she is not just treating illnesses—she is changing lives, one patient at a time.

**Even outside of work, Jenny's commitment to healthcare extends to her community. Neighbors seek her advice, and she often checks their blood pressure for free.**



## Life Beyond Hypertension: Thalatu's Journey to Wellness with DIIAN

Thalatu Hassa never imagined that a simple invitation to a health outreach would change her life. As a hardworking foodstuff trader and a widowed mother of five, her days were consumed with ensuring her children had enough to eat. But beneath her resilience was a silent struggle—one she had been battling for over three years: high blood pressure.

Before discovering the DIIAN Project, Thalatu's life was a cycle of headaches, dizziness, and unexpected fainting spells. She knew something was wrong when she collapsed at her shop one day and woke up in the emergency ward. Doctors diagnosed her with hypertension, and from that moment, she found herself in and out of the hospital, spending at least 4,000 naira monthly on medication. But the financial burden was overwhelming.

"I would take money meant for food or my children's school fees just to buy drugs," she recalls. "It was really difficult."

That changed when she attended a DIIAN Project outreach in Anga Ladu Community in Kuje, Abuja. A friend invited her, promising free

**Before discovering the DIIAN Project, Thalatu's life was a cycle of headaches, dizziness, and unexpected fainting spells.**



health screenings. When she arrived, she saw people having their blood pressure and sugar levels checked at no cost. She was skeptical at first—how could something she had been paying for suddenly be free? But when it was her turn, she was screened, counseled, and given medication without having to pay a single naira.

“I felt so relieved,” she says. “I had been struggling for so long, and here was a program that wanted to help me for free.”

Through the DIAN Project, Thalatu was not only given medication but also placed under the care of a Community Health Extension Worker (CHEW) who regularly monitored her blood pressure. For the first time, she didn’t have to wait until she felt sick to get checked—her health was being proactively managed.

Before DIAN, she only checked her BP when the dizziness became unbearable. Now, with consistent monitoring and the right medication, her symptoms have significantly reduced. “Before, I would faint and wake up in the hospital. Now, that doesn’t happen anymore. I feel stronger, and I can work without fear.”

The impact of the project has gone beyond just her health. With fewer medical emergencies, she no longer has to close her shop unexpectedly, and her children feel more secure knowing their mother is in good health. “My children used to be so scared when I fainted. But now, they are happier because they see that I am okay.”

DIANN also educated her on lifestyle changes. She was advised to

**Through the DIAN Project, Thalatu was not only given medication but also placed under the care of a Community Health Extension Worker (CHEW) who regularly monitored her blood pressure.**



reduce salt intake, avoid sugary drinks like Coke and Fanta, and eat more vegetables and protein. Though some of these changes have been challenging, she is making progress. “I still eat meat,” she laughs, “but I’ve reduced how much salt I use and how often I drink soda.”

Despite the success of the DIIAN Project, Thalatu knows that many others in her community still struggle with undiagnosed hypertension and diabetes. She has tried encouraging some of them to take advantage of the free services, but many are reluctant. “I told a woman in my area about it, but she didn’t take me seriously. I hope she listens before it’s too late.”

With DIIAN, Thalatu’s life has changed in ways she never expected. The project has not only improved her health but also saved her money and brought stability to her family. She no longer fears collapsing unexpectedly or being unable to afford medication. Instead, she looks forward to a healthier future.

“My advice to others is simple—take your health seriously. If you feel something is wrong, get checked early. I wish I had known about DIIAN sooner, but I’m grateful that it found me when it did.”

Thalatu’s story is a testament to the power of accessible healthcare. Through the DIANN Project, she has regained control of her health, and with it, her life.

**With DIIAN, Thalatu’s life has changed in ways she never expected. The project has not only improved her health but also saved her money and brought stability to her family.**





We believe everyone  
deserves access to tools for a  
healthier life. We value  
honesty, **making an impact**,  
and finding innovative  
solutions to problems.



- **N I G E R I A**

4-6 Independence Road  
Kano State.

28 Osun Crescent,  
Maitama, FCT, Abuja.

- **U . S . A**

1200 G Street NW, Suite 800  
Washington, DC 20005  
USA

- **G E R M A N Y**

Prenzlauer Allee 186  
10405 Berlin

[www.ehealthafrica.org](http://www.ehealthafrica.org)



eHA Social Media



eHA Profile

Scan QR Codes to engage with us on social media  
and download our organizational profile.