



Second Contact

- 6-7 days after del

Third Contact

- 6 weeks after del

ESSENTIAL PNC FOR AL

- Assess and check
- Support breast fee
- for sores, fissures
- Manage anemia b
- promote adequate
- vitamin A suppl
- Provide insectide
- Complete tetanus to
- Provide counselin
- for family plannin
- ter for complicat
- fections, or post
- counseling on dan



2020 Q3 Impact Report

Our Impact in Q3 2020

260,184
CHILDREN

immunized via programs that used our data and/or logistics solutions.



27,281
SESSIONS

of Routine Immunization Supportive Supervision conducted in Kano State using Kano Connect.



69,008
CALLS

made automatically to persons of interest through IVR solution for NCDC to monitor COVID-19 symptoms.



5,649
HEALTH WORKERS

enrolled in Infection Prevention Control eLearning courses developed for NCDC.



85%
OF HEALTH FACILITIES

using LoMIS in Kano State reporting vaccine stock sufficiency.



9,647
CALLS

made to Kano State COVID-19 Call Center at the Kano State EOC.



785
DELIVERIES

of vaccines and health commodities through Vaccine Direct Delivery (VDD) in Sokoto State.



262
HEALTH FACILITIES

visited monthly for vaccine deliveries in Sokoto State.



3,357
SAMPLES

collected in Abuja FCT and Kano State for COVID-19 testing through eHA supported sample collection interventions.



A mother with her child at the immunization center in Nuhu Bamali Maternity Hospital, Kano State, Nigeria.



A participant at the Malaria microscopy training at the eHealth Africa HQ, Kano State, Nigeria.

New at eHA

Blood Information System for Crisis Intervention and Management (BISKIT) South Africa

Blood is essential for medical care, including routine and scheduled procedures and most especially during emergencies. It can only be obtained through donors. In South Africa, the supply of safe blood components remains an enormous challenge as the infection rates in the population for diseases, particularly HIV is high. Even under routine conditions, it is a great effort for blood establishments to meet the demand for blood and blood products.

In the event of a crisis, the existing supply systems have shown not to be able to cope; effective crisis planning is not in place. Funded by the German Federal Ministry of Education and Research (BMBF), the Blood Information System for Crisis Intervention and Management (BISKIT) project's main objective is to ensure the consistent supply of target populations in South Africa with safe blood and blood products in the event of a crisis. The partner organizations will work together to develop the data infrastructure, information system, and user-facing demonstrator which will significantly improve blood logistics in the target region and increase their resilience to crisis situations.

Immunization Coordination Centers

While Africa has now been declared Wild Poliovirus (WPV) free, the growing cases of Circulating Vaccine-Derived Poliovirus 2 (cVDPV2) in a large number of African countries requires a focused effort to strengthen and/or set up immunization coordination centers (ICCs) that can effectively fight the virus, preventing its further spread. These ICCs will also be important in addressing broader vaccination challenges and ensuring better coordination, collaboration, and country ownership of routine immunization for a number of diseases.

eHealth Africa is working closely with Voluntary Service Overseas (VSO) to strengthen the ability of governments to successfully combat vaccine-derived polio-cVDPV2 and other vaccine-preventable diseases. To support governments' ability to do this, eHA will strengthen existing and set-up new ICCs in nine African countries, ensuring effective partner collaboration with federal and local government ownership and commitment.



Vaccinators during IPD campaign in Kogi State, Nigeria.

Health Telematics Infrastructure

Detection, diagnosis, treatment, and follow-up in infectious diseases like tuberculosis and HIV in rural, remote, and resource-limited settings is a challenge. The time and cost of travel to central medical facilities prevent access of rural populations to care. The Health Telematics Infrastructure (HTI) project aims to bridge the gap between rural populations, and centralized diagnostic and therapeutic facilities using health telematic methods.

In this project, centralized services are connected to a secure data transfer to rural healthcare workers and patients in Tanzania. Therefore, instead of patients moving to facilities, samples and information are transported and managed by the HTI system. This creates a bridge between rural populations and centralized facilities by leveraging a technical solution that makes public health surveillance and interventions more effective, provides low-cost and low-barrier access to modern diagnostic methods, and monitors disease incidence in real-time to allow for detection and response.

To realize the goals of this project, eHealth Africa is partnering with Charité, a university hospital in Berlin, and the St. Francis Referral Hospital and Ifakara Health Institute, both of which are located in Tanzania.

Data for Action

The NCDC's Sub-National Emergency Preparedness and Response Capacity Building Program (SERCB) seeks to strengthen the ability of states in Nigeria to detect and respond to potential infectious disease outbreaks. The SERCB will be implemented across five key components including; Legislative Analysis, Budget Analysis and Advocacy, State-level IHR Assessment, Data for Action, and Emergency Operations Strengthening.

eHA is implementing the Data for Action component of the SERCB program. The project intends to use a bottleneck approach to identify critical needs that will enable Public Health Emergency Operations Centres (PHEOCs) established by the NCDC across 21 states, to detect outbreaks early enough and trigger a response action. Catalytic mini-grants will be provided following the bottleneck assessment, to address the identified needs. The project will engage with high-level state health decision-makers to define their data needs and develop the capabilities of the PHEOCs to deliver on new data products.

The project will also introduce the timeliness of detection, response, and control as performance metrics for PHEOCs for continuous process improvement, and to limit the scope and spread of ongoing outbreaks.



Juliana Olofu

Juliana joined eHealth Africa six year ago as a member of eHA's pioneer team of project field officers. This team tracked the first 80 local government areas (LGAs) in Northern Nigeria by 2014. In this role, she paid great attention to detail to ensure that data collected and used on the field was the highest quality and useful to decision-makers. This work laid the foundation for increased accountability in many of Nigeria's polio eradication efforts and the eventual mapping of all of Nigeria.

Much of eHA's project operations require goods and services to be delivered promptly and at the highest quality and the Procurement and Asset Management team is responsible for ensuring this. Juliana transitioned to this team two years ago and has remained as meticulous in her work which has helped her remain successful. Juliana serves as the chief liaison officer between the organization and our vendors. She identifies, vets and supervises our vendors and service providers to ensure that they comply with the procurement policies and standard operating procedures (SOPs). She takes her work very seriously and has reduced the incidences of non-compliance by vendors by 70%.

When she isn't tracking down vendors and following up on payments with the Finance team, you will find Juliana relaxing with Obiolo, a local drink made from Millet and watching her favourite football team, Barcelona FC.

Staff Spotlight



Juliana is very hard working and always strives to be the best at what she does.

*- Babatunde Ibikunle
Coordinator,
Procurement*

Juliana is dependable and always willing to lend a helping hand.

*- Ori Okibe
Associate Manager,
Asset Management*



Residents of Dakata community in Kano State, Nigeria.

Our Partners

Bill and Melinda Gates Foundation (BMGF)
Borno State Primary Health Care Development Agency (BSPHCDA)
CDC Foundation
Centre For Policy Research and Development Solutions (CPRDS)
Charité University of Medicine
Development Alternatives Incorporated (DAI)
Free University Berlin, Germany, Institute of Informatics
German Federal Ministry of Education and Research (BMBF)
Integration
International Foundation Against Infectious Diseases in Nigeria (IFAIN)
Kano State Government
Kano State Primary Health Care Management Board
Muenster University, Germany - Information Systems Department
National Primary Health Care Development Agency
New Horizons/Global Health Labs
Nigeria Centre for Disease Control (NCDC)
Norwegian Church Aid
Novel-T
Paul-Ehrlich-Institute, German Federal Institute for Vaccines and Biomedicines
Resolve to Save Lives (RTSL)
Sierra Leone Ministry of Health and Sanitation (MoHS)
Sokoto State Primary Health Care Management Board
South African Health Products Regulatory Authority
South African National Blood Service
Technical University Darmstadt, Germany, Information Systems Department
ThinkMD Inc.
University of Nebraska Medical Center (UNMC)
U.S. Centers for Disease Control and Prevention (CDC)
Voluntary Service Overseas (VSO)
World Food Programme (WFP)
World Health Organization (WHO)
Zamfara State Primary Health Care Board (ZSPHCB)



2020 Q3 Impact Report

www.ehealthafrica.org

This report was made possible because of our team!

Contributors: Uche Ajene, Emerald Awa-Agwu, Faye Simmonds, Olivia Kolbe-Booyen, Iheanyichukwu Uzoma, and Muhammed Hassan.

Editors: Uche Ajene and Emerald Awa-Agwu

Designed by: Sophie Abache