

PROJECT REPORT

YEAR 1



RUFKATU DANJUMA MATERNITY

PROJECT OF



TY DANJUMA
FOUNDATION



IN COLLABORATION WITH:



MANAGED & OPERATED BY:



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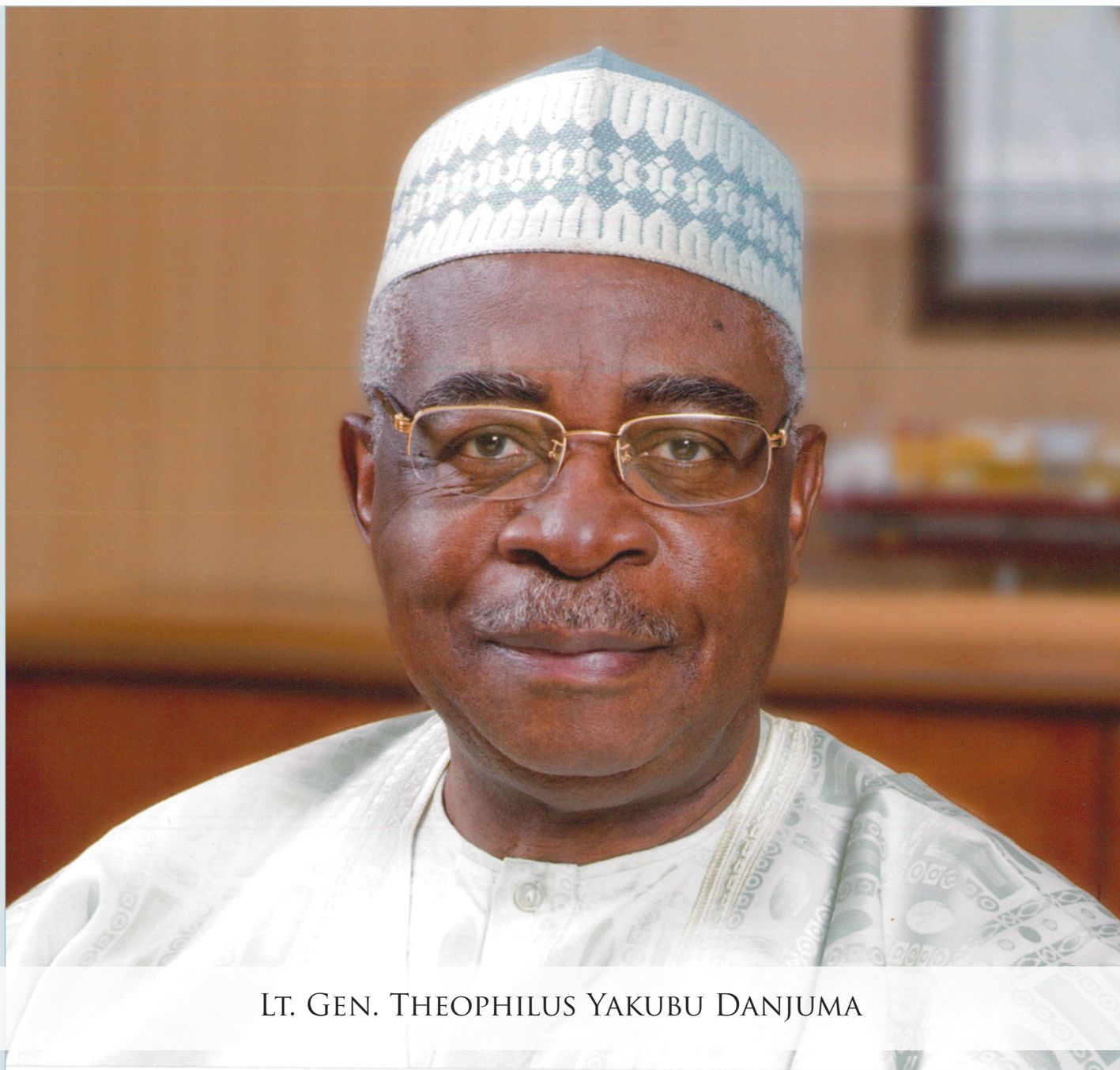
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First baby born at RDM at 5:45pm on the 19th of December 2017

PATRONS



LT. GEN. THEOPHILUS YAKUBU DANJUMA

Lt. Gen. Theophilus Yakubu Danjuma (Rtd.) GCON is the Chairman and Founder of TY Danjuma Foundation. He is from Takum Local Government Area in Taraba State. Lt. Gen. Danjuma had an illustrious career in the Nigerian army retiring as Chief of Army Staff. He has also held top advisory positions to previous and the current president

of Nigeria as Chairman of Presidential Advisory Councils. Lt. Gen. TY Danjuma is an astute, successful businessman and philanthropist. It is his impressive track record of philanthropic giving that culminated in the establishment of the TY Danjuma Foundation.



HIS EXCELLENCY, ARC. DARIUS DICKSON ISHAKU

His Excellency, Arc. Darius Dickson Ishaku was elected into office in 2015. He was born in Lupwe in present Ussa Local Government Area of Taraba State on 30th July, 1954 to the family of Mr. and Mrs. Naomi and Ishaku Istifanus. In the area of community service and health care, His Excellency has been passionate and committed. This was affirmed through the support and collaboration with the TY Danjuma Foundation and Development

Africa (NGO) to reduce infant mortality in the State and improve maternal health in rural areas. For this purpose, the Taraba State Government provided the land for the Rufkatu Danjuma Maternity, sponsored a laboratory, seconded State medical personnel and provided four additional accommodation units for doctors and medical personnel at the RDM.

INTRODUCTION

The Rufkatu Danjuma Maternity (RDM) is a non-profit and non-governmental specialized medical facility, which is a project of TY Danjuma Foundation and managed by Development Africa. The RDM's mission is to provide quality and affordable medical services to the most vulnerable (pregnant women and children 0-5 years old).

Worldwide, over 500,000 women and girls die of complications related to pregnancy and childbirth each year, and over 99% of those deaths occur in developing countries such as Nigeria. Nigeria's maternal mortality rate continues to be unacceptably high, however, maternal deaths only tell part of the story. For every woman or girl who dies as a result of pregnancy-related causes, between 20 and 30 more will develop short and long-term disabilities, such as obstetric fistula, a ruptured uterus,

or pelvic inflammatory disease. While maternal mortality figures vary widely by source, the best estimates for Nigeria suggest that approximately 54,000 women and girls die each year due to pregnancy-related complications. Additionally, another 1,080,000 to 1,620,000 Nigerian women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year. Most of these deaths can be prevented with cost-effective health care services.

TY Danjuma Foundation through the Rufkatu Danjuma Maternity recognises that effective and widespread maternal medical care is a basic human right and fundamental to the social, political, and economic growth of any country. All societies begin with the family and every nation's future is held in the hands of the new

generation.

The RDM will contribute to the realisation of Sustainable Development Goals 1 and 3 by decreasing the infant and under-five mortality rate, reducing pregnancy-related deaths, improving health outcomes of premature and low-birth-weight babies, decreasing disability, and increasing lifetime resilience and productivity.

The Rufkatu Danjuma Maternity is located in Takum, Taraba State and provides prompt and quality health care services to the wards, villages, communities and towns in Takum LGA. It also serves children five and under and pregnant women living in neighbouring local governments such as Ussa, Donga, Wukari, Kurmi and Yantu development area.



Aerial view of RDM grounds



Solar panels

IMPACT HIGHLIGHTS: DECEMBER 2017 -NOVEMBER 2018

Patient registrations	2,124
Patient consultations	4,827
Infants delivered	357
Sets of twins delivered	4
Caesarean sections	60
Surgical procedures (other)	132
Immunisations given	2,575
Laboratory tests performed	4,729
‘Keke’ Ambulance Services	323

COMMISSIONING: DECEMBER 18th 2017



Speech given by Lt. Gen. Theophilus Yakubu Danjuma



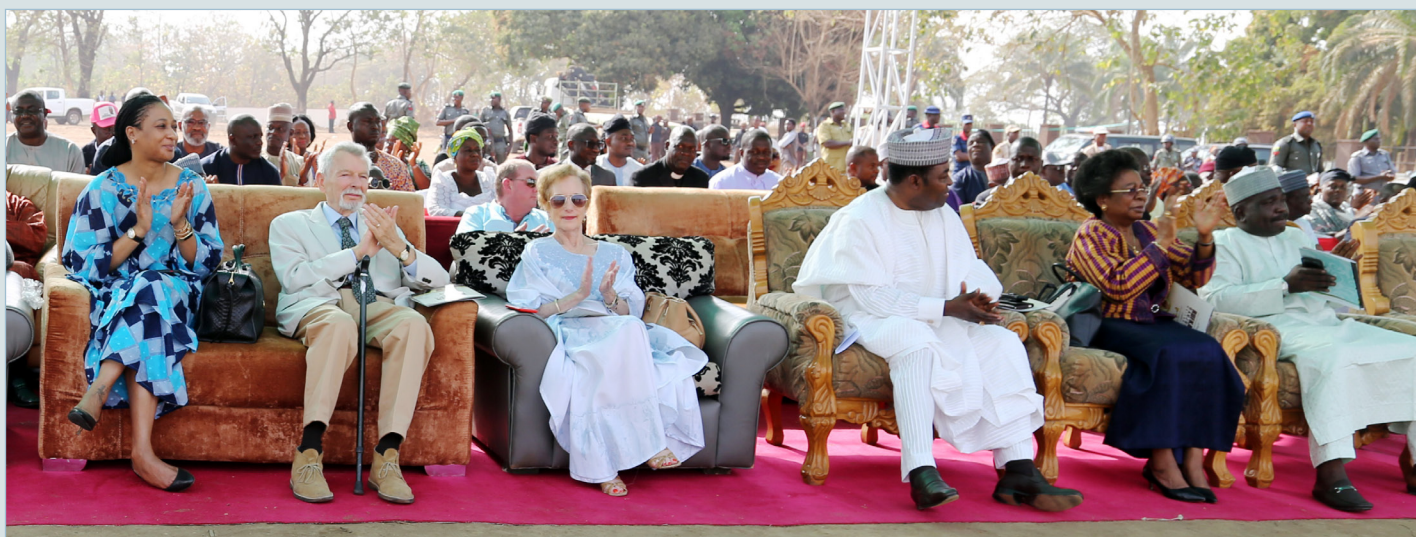
Speech by His Excellency, Arc. Darius Dickson Ishaku



Speech by Dr. Osagie Ehanire, Minister of State for Health



Speech given by HRH Akuka Koviun II Masa Ibi



Dignitaries at the commissioning ceremony: Mrs Gloria Atta, Mr. Herskovites, Professor Jean Herskovites, Alhaji Haruna Manu, Professor Uche Amazigo and Alhaji Tijjani M. Tumsah



Group Photo of Dignitaries



Inspecting the Theatre Room



Cutting the ribbon to officially open the Rufkatu Danjuma Maternity

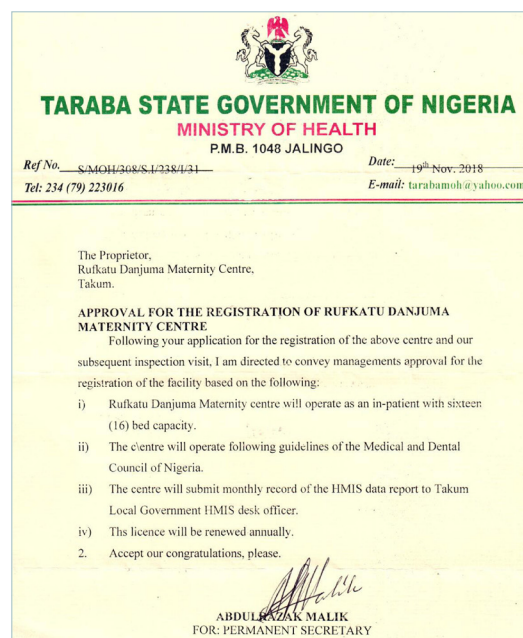
STAKEHOLDER ENGAGEMENT

The RDM has benefited from commendable and committed support from H.E. the Governor of Taraba State, the Taraba State Ministry of Health, State Hospital Services Management Board, Takum Local Government and community elders and chiefs. The hospital has received curtesy visits from many of these stakeholders and each visit and tour has resulted in appreciation for the remarkable service and care provided to the beneficiaries of the RDM, as well as commendation for the high quality and functionality

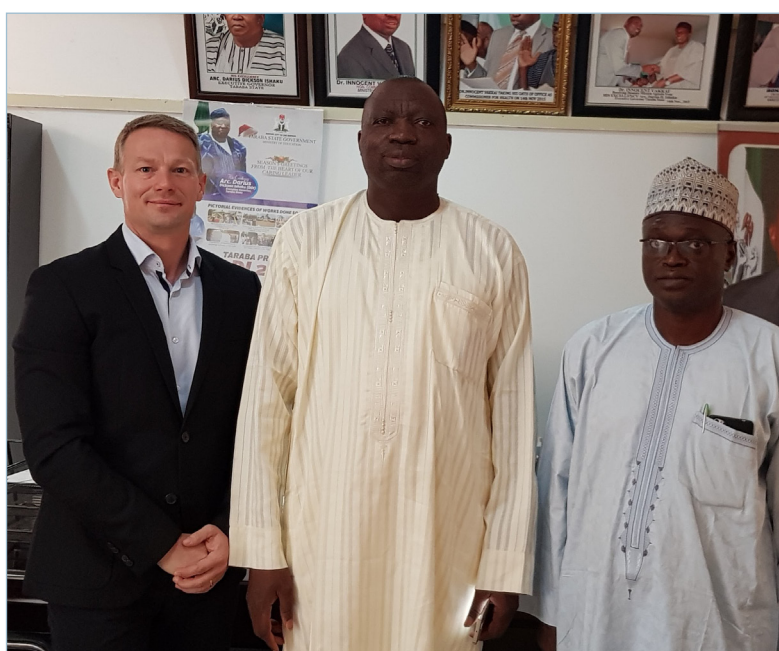
of the equipment and facility. The management of T.Y. Danjuma Foundation paid a visit to the RDM on October 25th 2018 and inspected the operations and management, as well as met with patients and local representatives. The community stakeholders of Takum and the beneficiaries themselves continue to express gratitude to Lt. Gen. Danjuma and T.Y. Danjuma Foundation for answering their need for reliable and accessible specialised maternal and infant care in their locality.



T.Y. Danjuma Foundation representatives visit the RDM - Mrs. Christy Ogben and Mr. Gima H. Forje with RDM staff



Registration of the RDM from Taraba State, Ministry of Health



Joshua Kempeneer DA, Dr. Innocent Vakkai, Hon. Commissioner of Health and Ibrahim Imam, Permanent Secretary M.o.H - Taraba State



Joshua Kempeneer DA, with His Excellency, Arc. Darius Dickson Ishaku, Governor of Taraba State

FACILITY, STAFF & EQUIPMENT



Lt. Gen. Theophilus Yakubu Danjuma stands with RDM staff



The delivery room

As the RDM is equipped with high-quality medical equipment, the medical team have the tools they need to provide efficient, effective and quality health care services to the patients. With the addition of the blood bank by T.Y. Danjuma Foundation and a fully equipped laboratory, sponsored by Taraba State Government, the RDM can now provide all investigative and

blood supply/storage services on the premises. This further elevates the hospital's capacity to provide optimal and comprehensive maternal and child medical care for this region of Taraba State.

The RDM is operated by a team of 24 doctors, midwives, nurses, administrative and other support staff. In addition, a consultant Obstetrician/Gynaecologist,

Medical Officer and two nurses have been seconded to the RDM from Taraba State Ministry of Health. Due to the number of patients registering and seeking medical care, the number of medical staff will be increased in the second year of operation in order to meet patient demand.



Delivery room



Theatre



Ultrasound machine



Neo-natal ward



Reception and waiting area



Patient ward



Facility sanitation and cleanliness



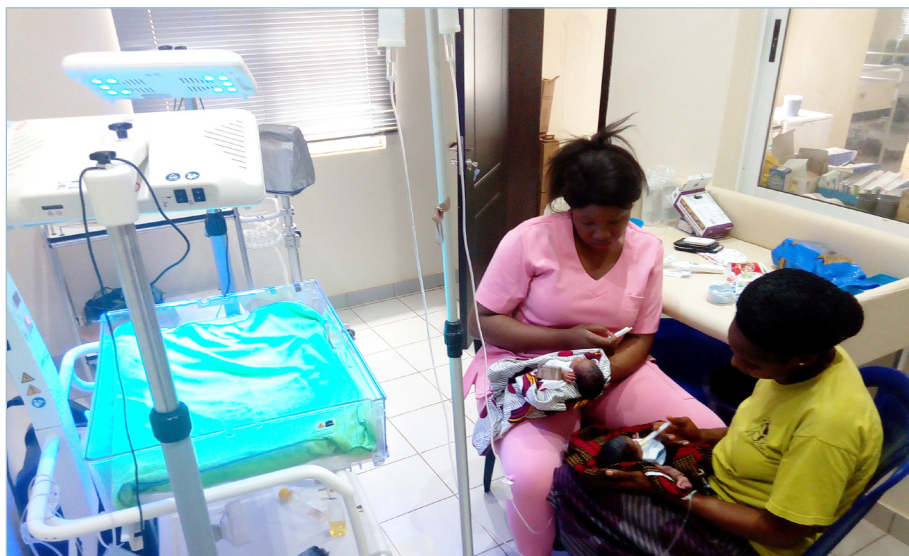
Property maintenance

PATIENTS



Since its inception, the Rufkatu Danjuma Maternity has provided quality health care that is accessible to everyone, especially the low socio-economic group. The services offered in the facility have averted many deaths that could have occurred in children who had complications from severe malaria, gastroenteritis, convulsions, severe sepsis, bronchopneumonia etc.

The intervention of the Rufkatu Danjuma Maternity in the community decreases the risk of maternal death during childbirth as prompt decisions and actions are implemented to avert this. The RDM has had no maternal mortalities during childbirth since the inception of the facility.



All underweight, premature or sick babies are kept in the infant warmer and use the LED phototherapy unit to prevent or treat neonatal jaundice



Nursing staff work hard to care for the twins delivered at the RDM

Mrs. Thank God Magki proudly shows her twin baby boys.

On the 23rd of July 2018, Mrs. Magki delivered her twins prematurely at 28 weeks and three days. The first twin weighed 0.98kg and the second twin weighed 0.95kg. They spent six weeks and five days at the RDM under intensive and critical care.

Both boys were discharged on September 7th 2018, after weighing around 1.5kg each and are now both happy and healthy.

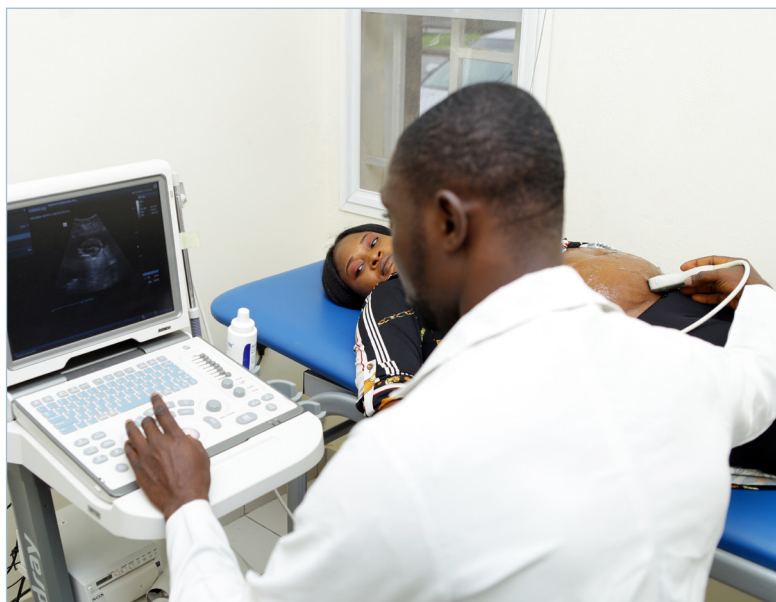
These twins are a testament to the quality of specialised care now available in Takum, as well as the many hours of dedicated service provided by the RDM team.



SERVICES

The RDM facility is open every day, including weekends and public holidays. It is open 24-hours and attends to outpatients, inpatients and emergencies that are related to pregnant women and children aged 0-5.

- Antenatal Outpatient Clinic: open 24 hours
- Child Outpatient Clinic: open 24 hours
- Immunisation Service: Tuesdays
- Circumcision of male infants: Mondays to Saturdays (including public holidays)
- Medical and Surgical Emergencies: open 24 hours
- Deliveries: open 24 hours
- In-house Admissions: open 24 hours
- Laboratory Investigations: open 24 hours



Ultrasounds



Patient consultation



Patients waiting in the RDM reception

EMERGENCY MOBILE TRANSPORT

The Emergency Mobile Transport unit/ambulance has been used 323 times between December 18th 2017 and November 30th 2018. The ambulance can be called for transportation during medical emergencies/ mother in labour and the service also provides a safe

and secure way for pregnant women and mothers who have just given birth to be transported back to their homes. A small fee is charged for the service in order to prevent misuse and this is billed in the SAGE online accounting system in conjunction with the patient bill.



New 'keke' ambulance



Dignitaries stand in front of RDM ambulance



The 'keke' ambulance can access areas where cars can't go to safely transport patients to and from the RDM

STAFF TRAINING

As part of our efforts towards continuous capacity building, the trainer (Midwife Faith Igori) held multiple sessions with members of the RDM nursing staff (midwives, nurses, and community health extension workers) during which the lessons taught at previous visits were reviewed and the knowledge and competence of all members was reassessed. Over multiple sessions

spanning three days (August 16-18, 2018), members of staff received updated training on modifications that have been made to healthcare delivery in the following areas:

- New WHO guidelines on management of labour
- Maternal care before, during, and after labour
- Neonatal resuscitation (this session

included practical demonstration classes)

- Newborn care in the immediate postpartum period
- Infant care
- Management of maternal postpartum conditions
- Universal patient care



Staff training



Training nurses and midwives



OPERATIONS & SPECIALISED CARE

Due to the specialised medical intervention services available at the RDM, mothers who have placenta previa, in-utero babies in a breech position, multiple infants, prolonged labour, or present with other life-threatening complications, can have an often life-saving caesarean section. Most operations are done in emergency with mother and baby in serious distress.

The medical team are ready for emergencies at all hours and have to move fast when the C-Section surgery has not been booked in advance.

Unplanned emergency procedures have a higher complication rate compared to elective procedures so to lower the risk the medical staff counsel and answer questions, allay fears and keep mothers informed during their antenatal visits in case they would need an elective C-section for any of the reasons mentioned above.

The RDM's resident Obstetrician/Gynecologist, Dr. Edeh Michael, is seconded to the RDM from the Taraba State Ministry of Health so can capably perform these life-saving surgeries with the support of the medical team.



A recent photo of Mrs Uchendu Fustina and husband with their 9 month-old twin girls. These twins were the first babies to be born at the RDM by caesarean section on January 21st 2018



LABORATORY



The equipping of the laboratory was approved by H.E. the Executive Governor of Taraba State and installed in October 2018, with a new laboratory scientist and technician commencing in-house testing. This was an important milestone for the RDM. Prior to this development, the General Hospital in Takum was the main facility where patients could hope to get laboratory tests conducted for them at an affordable price.

With the addition of a laboratory at the RDM that is equipped with very modern equipment,

haematological and chemical tests can be run in-house. Test methods employed ensure quality testing that is difficult to surpass. All of this will be provided at low cost to members of the community in order to ensure that comprehensive healthcare is accessible to all patients. The availability of the laboratory will also make it possible for clinicians at the RDM to discharge their duties more effectively, with diagnoses being reached faster and treatment becoming better tailored to the specific needs of the individual patient.

BLOOD BANK

Many maternal deaths occur in circumstances resulting directly from excessive blood loss and a failure to arrest further losses and replenish what has been lost. The primary focus of the health care provided at the RDM is obstetric care for the pregnant woman from the time of her registration right up to the weeks following her delivery. For this reason Lt. General T.Y. Danjuma approved the installation of a modern blood banking facility at the RDM. The equipment installed and the

capacity it brings will ensure that at all times the RDM has the capability to test potential donors for transmissible diseases and infections, as well as confirm that such donors can safely donate blood to intended recipients. It will also ensure that blood is always available in the facility for the appropriate handling of any emergencies that may arise in the context of the management of the pregnant woman, the new mother, the new-born, or the child aged 5 years and below.



Laborex HM- 200X Auto Haematology Analyzer



Hawksley Micro Hematocrit Centrifuge and Electrolyte Analyzer- GE -300



Blood Bank Refrigerator, HXC -158, Haier



Manual Blood Donor Chair

IMMUNIZATION PROGRAMME



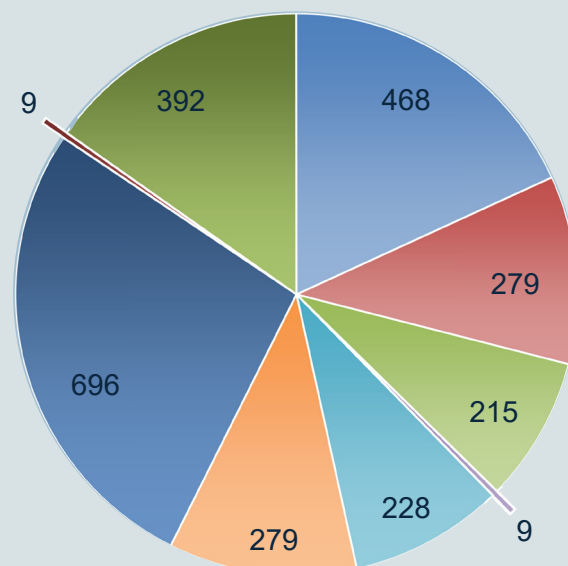
The Rufkatu Danjuma Maternity provides the complete national immunization programme free of charge in collaboration with the Primary Health Care (PHC)

immunization unit. The service extends to mothers who did not deliver in the facility as any infant/child can receive basic immunization free of charge at the RDM.



VACCINATION STATISTICS

	NAME	NUMBER
1.	PENTA (Pentavalent Vaccine)	468
2.	IPV (Inactivated Polio Vaccine)	279
3.	TT (Tetanus Toxoid)	215
4.	M/S (Measles)	9
5.	BCG (Bacillus Calmette)	228
6.	HPV (Human Papilloma Virus)	279
7.	OPV (Oral Polio Vaccine)	696
8.	YF (Yellow Fever)	9
9.	PCV (Pneumoccal Congugate Vaccine)	392
	Total:	2,575



PHC immunization unit at work in the RDM. Mothers attend the immunization clinic every Tuesday

RENEWABLE ENERGY IMPACT

The solar-powered electric system and water heaters, as well as energy efficient LED lighting and medical equipment have resulted in an energy-efficient hybrid system that operated smoothly throughout the first year.



Solar water heaters in hospital and accommodation units



Installation of solar panels



The system provides on-line real-time monitoring of solar strength and energy consumption by the DA management team so that the solar and inverter energy capacity could be optimised fully. Through this, the stand-by generator usage was kept to a minimum, thus limiting the negative impact on the environment as well as economic cost.



Installation of inverters, charge controllers and solar power system



Inverter, charge-controller and solar power system

HUMAN INTEREST STORIES

Since the inception of the Rufkatu Danjuma Maternity the staff plays a vital role in many success stories, averting tragedy and delivering hope and joy to the homes of many vulnerable children, pregnant women, and their families.

Here is a sampling of some of these stories:

Williya Magaji

“When we pregnant women go to the hospital, we often have to wait for long hours for doctors to come from home. During my first pregnancy I was told I had an infection. The doctor failed to treat this infection until the child died in my womb. This is my second pregnancy and I’m so happy I got to deliver at Rufkatu Danjuma Maternity in Takum.”

Mrs. Williya’s baby girl was delivered at the RDM on January 3rd 2018; she is doing well and her family is very happy with the care they received at the RDM.





Baby Sunday Christy at two days old on intranasal oxygen, intravenous fluid, radiant warmer (thermoregulator) and phototherapy



Baby Sunday Christy (1 month 9 days old) being fed with expressed breast milk by a dedicated nurse



Sunday at two months old getting a check-up

Baby Sunday Christy was born at the premature gestational age of 28 weeks (six and a half months) to a poor mother who could barely afford good food or good quality health care. The mother had a preterm premature rupture of membrane which was managed.

Baby Sunday Christy's weight at birth was 0.6kg. She was fragile, with irregular respiration and a highly unstable body temperature. Her chance of survival, even in developed countries with access to advanced medical specialties and equipment, was slim.

For the first 2 days after birth, baby Sunday Christy could not achieve sucking reflex, hence survived only on intravenous fluid. Because of the many challenges which she faced in her bid to survive, such as hypothermia/hyperthermia (fluctuating temperature), hypoglycaemia (low blood sugar), respiratory distress/failure, sepsis, etc., the baby was closely monitored. She was placed on continuous intranasal oxygen, thermo regulator (radiant warmer), continuous intravenous fluid, intravenous antibiotics and 4 hourly blood sugar monitoring. By the third day, baby Christy Sunday began tolerating expressed breast milk, she was fed every 2 to 3 hours. She was weighed every day to monitor her weight gain while her vital signs were also closely monitored.

She was on oxygen for 16 days and on admission in the RDM for 27 days before being discharged home when we were sure that she could survive on her own. On discharge, her weight was 1.4kg in comparison to 0.6kg at birth.

About one week later, the baby was readmitted into the facility and in the course of management she was transfused with blood twice to prevent imminent anaemic heart failure. The baby spent another nine days in the hospital and was discharged home at the age of one month 12 days with a weight of 1.9kg.

Today, baby Christy Sunday is alive and well. The RDM staff call her a precious miracle baby who survived against all odds with the aid of highly skilled medical personnel and specialized and effective medical equipment.

Mrs Uchendu Fustina is a 34 year-old woman who was not previously registered with the RDM. She was rushed in the morning of January 21st with complaints of recurrent abdominal pain that had started the night before and had been increasing in intensity. She was heavily pregnant and told us that her time was due. She showed us an ultrasound scan result from another medical facility, which revealed she had a twin pregnancy with the leading twin cephalic at 38 weeks. Examination revealed that she was already in active phase of labour with cervix 8cm dilated, experiencing three strong contractions in 10 minutes.

Mrs Uchendu Fustina delivered the first twin within 2 hours of admission to the Rufkatu Danjuma Maternity. However, the second twin was in breech presentation and could not be delivered as different obstetrics manoeuvres to deliver the second twin failed.

The woman and her husband were counselled on the need to do an Emergency Caesarean Section in order to save the life of the second twin who was retained in the womb (transverse lie with hand prolapse). The husband was fearful of his wife's survival during and after the surgery but was encouraged to proceed with assurance of the expertise of the medical staff and quality of the medical facilities that were available.

After receiving permission the medical team immediately commenced with the surgery and she had an emergency caesarean section leading to the successful delivery of the live second twin.

The mother and the twins were alive and well. After the surgery, the mother was transfused with two units of blood. They were discharged home after five days on admission. The father was so happy and incredulous that his wife could get such specialized medical care in Takum.



Twin girls born at the RDM. When they were 9 months old the staff visited their home with a gift; the girls are healthy and well.

EXPANSION

Through the generous support and collaboration of the Taraba State Government and funding by His Excellency Darius Dickson Ishaku, two additional bungalows with two units each of two-bedroom apartments were constructed to accommodate doctors and staff at the Rufkatu Danjuma Maternity.

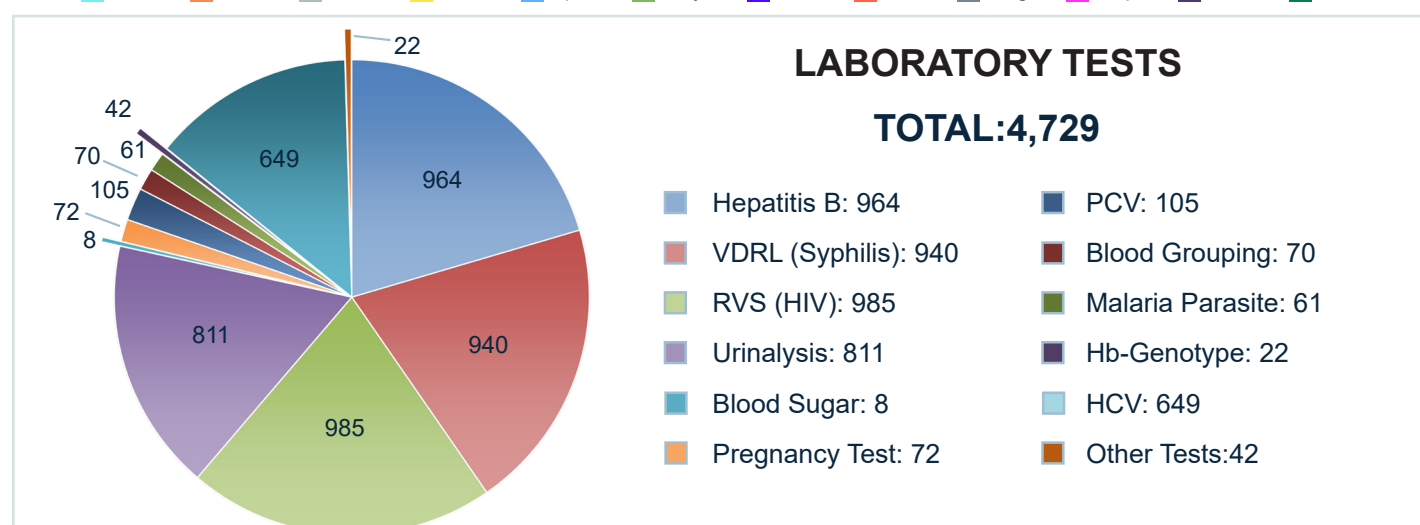
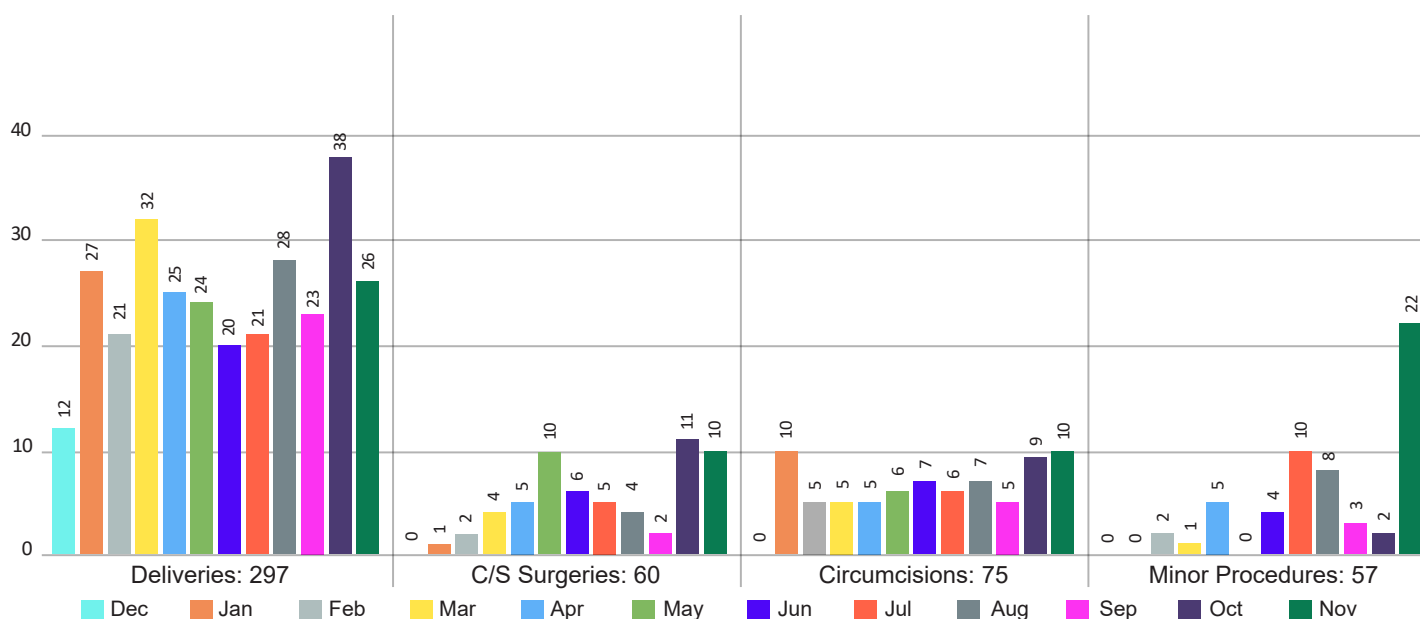
With the ever-increasing patient load coming from

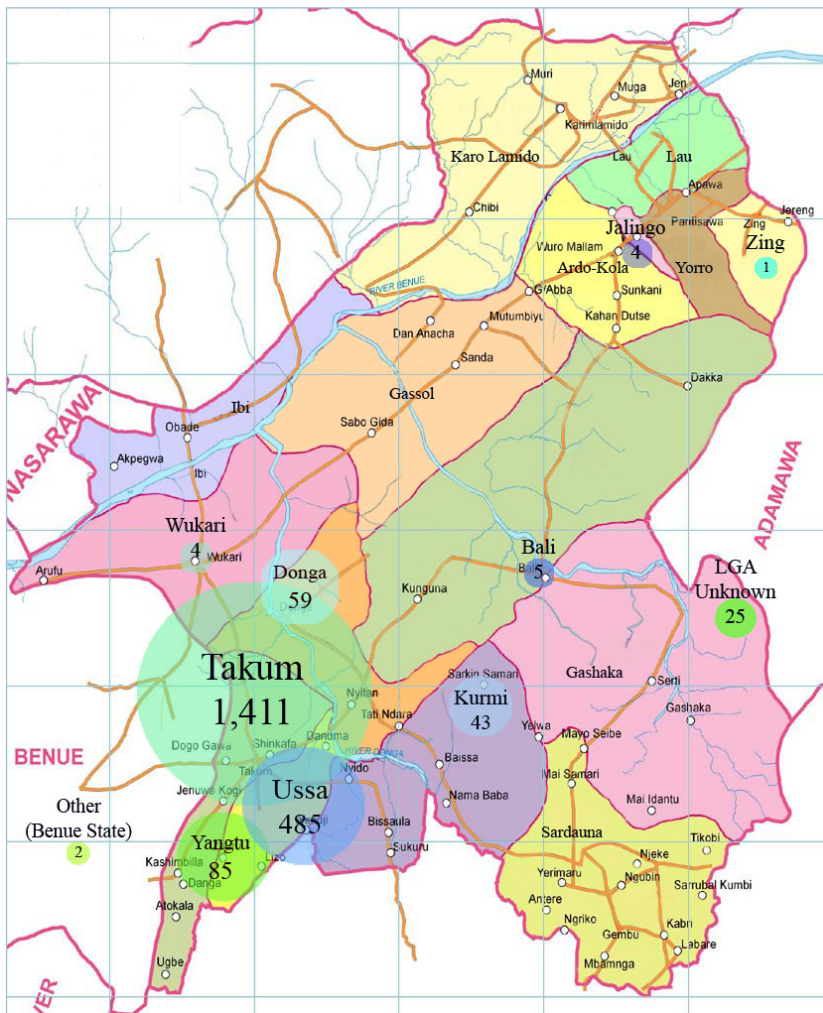
throughout Taraba State to receive maternal care, there was urgent need to have additional medical staff posted to and resident in the RDM. The generosity and contribution of the State Government in funding the accommodation units has facilitated doctors, midwives and nurses be on call 24/7 to attend to patients.



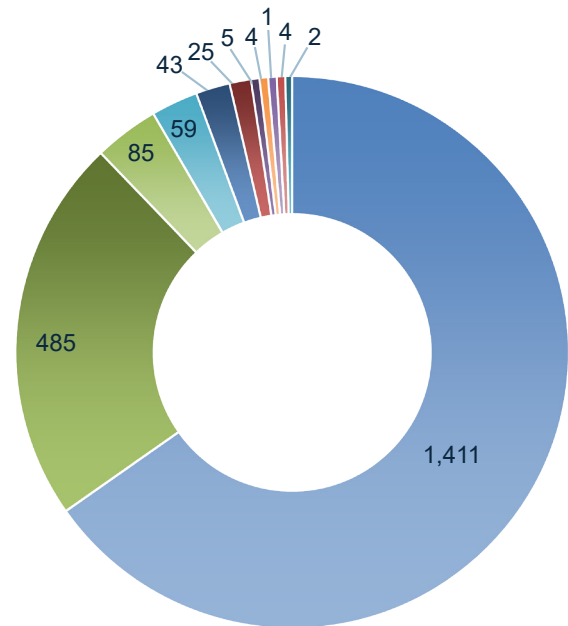
STATISTICS

	DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
1.	Total Patient Consultations	207	463	499	323	330	390	436	354	444	386	572	423	4,827
2.	Total Registrations	166	283	242	172	121	172	175	171	154	158	157	94	2,124
3.	Antenatal Registrations	122	195	129	108	75	104	105	108	81	83	86	63	1,259
4.	Paediatric Registrations	17	59	85	38	20	45	54	46	60	68	66	77	635
5.	Registrations (other)	27	29	28	26	26	23	16	17	13	7	5	13	230
6.	Deliveries (non-surgical)	12	27	21	32	25	24	20	21	28	23	38	26	297
7.	C/S Surgeries	0	1	2	4	5	10	6	5	4	2	11	10	60
8.	Total Infants Delivered	12	28	23	36	30	34	26	26	32	25	49	36	357
9.	Surgical Procedures (other)	0	10	7	6	10	6	11	16	15	8	11	32	132
10.	Total Ward Admissions	23	56	53	72	57	69	73	84	88	77	116	76	844
11.	Mothers in Labour Ward	19	31	29	55	39	47	38	51	45	36	70	48	508
12.	Paediatric Ward Admissions	2	22	20	12	10	16	26	21	27	36	38	24	254
13.	Other Admissions	2	3	4	5	8	6	9	12	16	5	8	4	82
14.	Laboratory Tests	162	657	376	378	347	409	398	462	342	386	270	542	4,729
15.	Ambulance Keke Trips	12	18	25	67	26	32	40	34	19	13	22	15	323



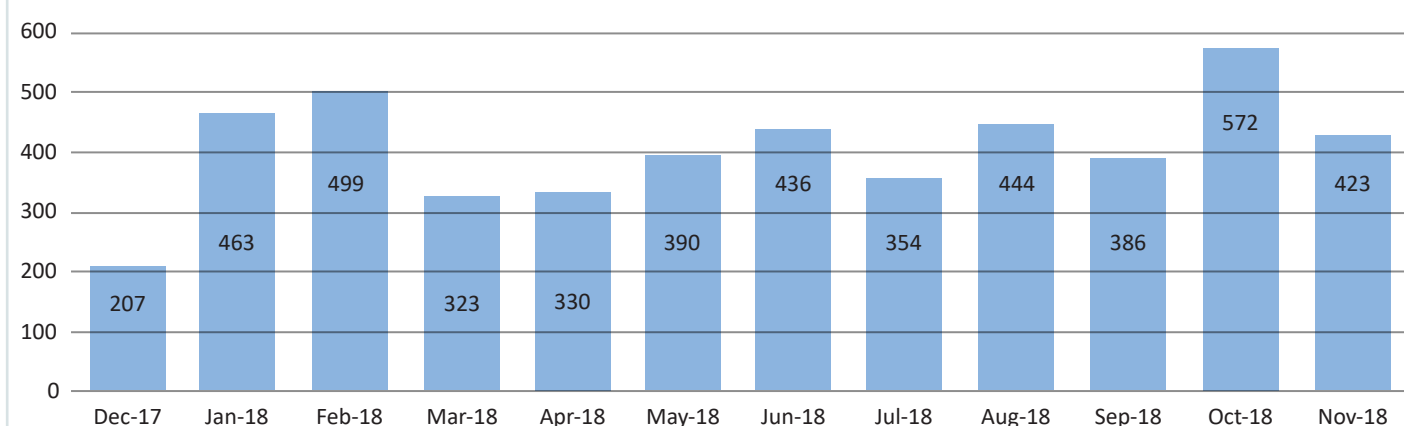


LOCATION OF REGISTERED PATIENTS



Takum: 1,411	Donga: 59	Ussa: 485
Wukari: 4	Jalingo: 4	Bali: 5
Yangtu: 85	Kurmi: 43	Other (Benue State): 2
Zing: 1	LGA Unknown: 25	TOTAL : 2,124

TOTAL PATIENT CONSULTATIONS: 4,827



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