RUFKATU DANJUMA MATERNITY & KURU DANJUMA HOSPITAL FOR CHILDREN

YEAR FIVE

PROJECT REPORT

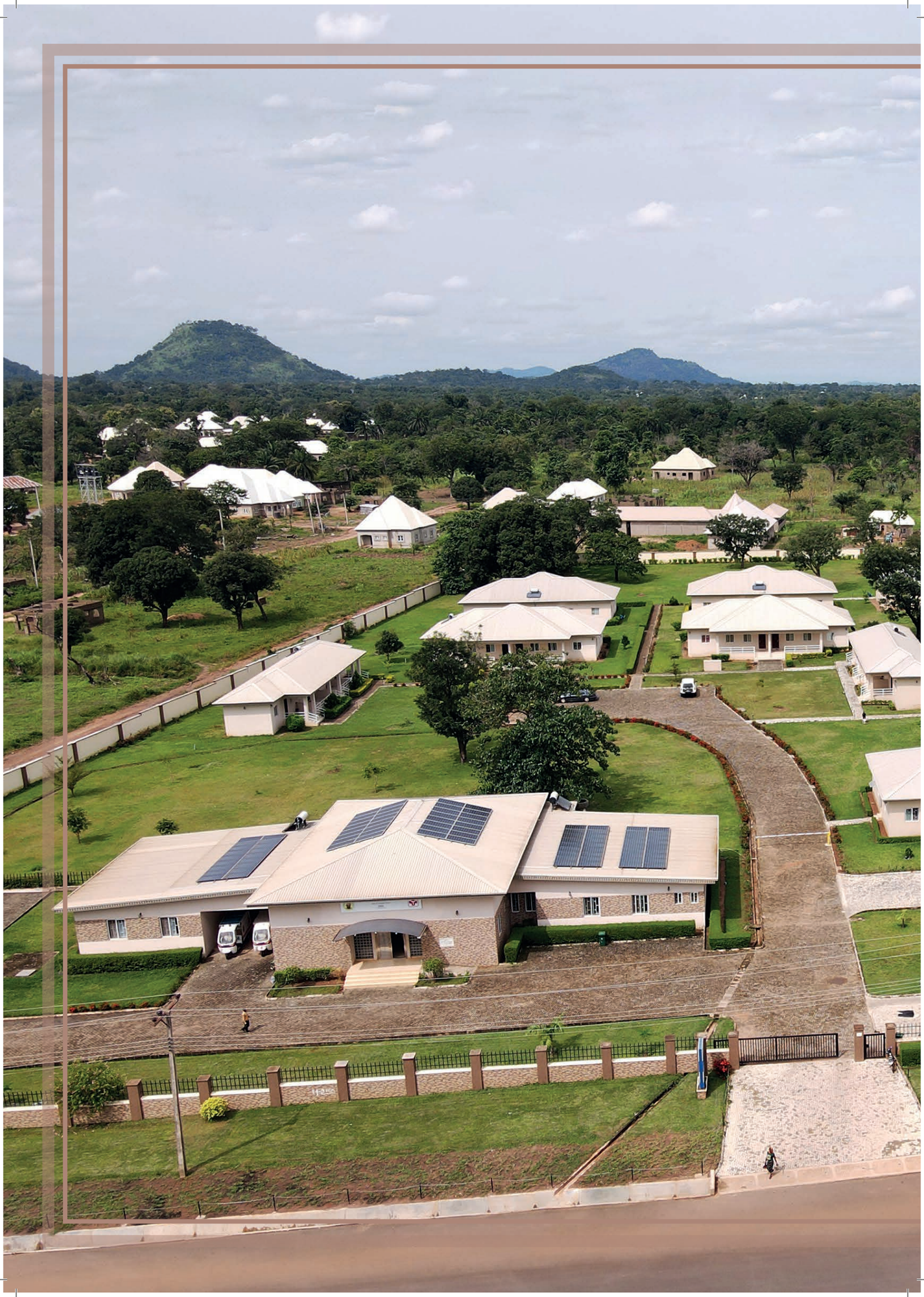
PROJECT OF:

TY DANJUMA FOUNDATION

MANAGED & OPERATED BY:

DEVELOPMENT AFRICA

Accessible Health and Education



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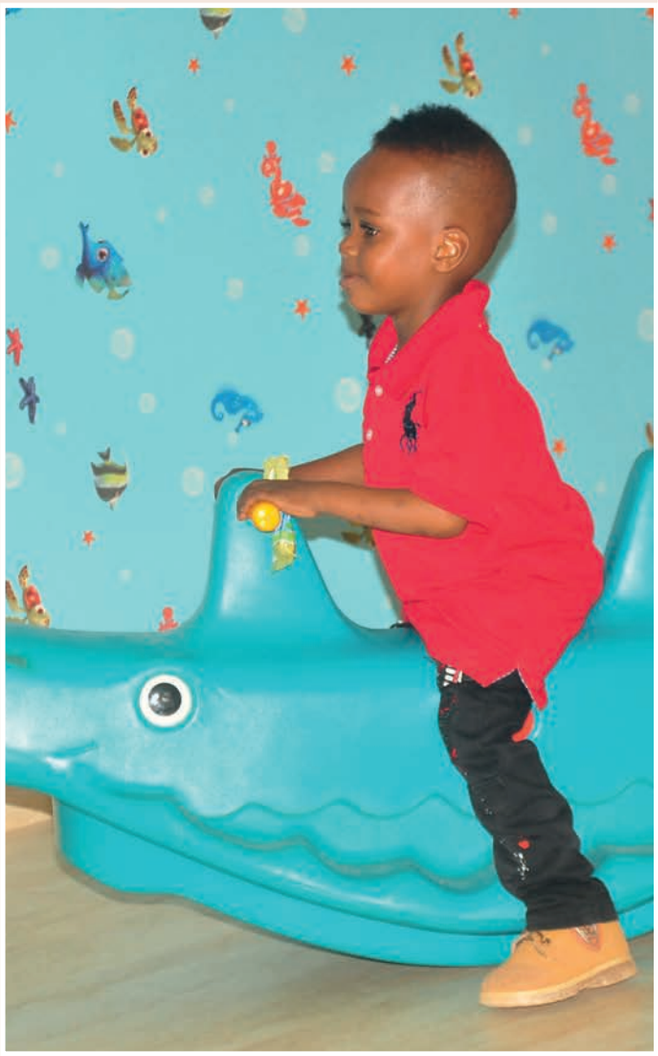

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Design: Elene Rich

IMPACT HIGHLIGHTS

COMBINED YEARS STATISTICAL OVERVIEW

DECEMBER 2017 - NOVEMBER 2022

New Patient Registrations:	11,619
Outpatient Consultations:	25,395
Total Inpatient Admissions:	5,757
High-Risk Neonatal Inborn Admissions*:	111
High-Risk Neonatal Outborn Admissions*:	102
Ultrasound Scans:	5,487
Total Delivery Procedures:	2,156
Sets of twins/triplets delivered:	62
Deliveries Caesarean:	684
Surgical Procedures:	1,012
Surgical Procedures Children*:	103
Immunisations Given:	29,889
Laboratory Tests:	65,780
EMT Ambulance Journeys:	3,287

**Start date of statistic collection Dec 2021*

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.

Hon. Dr. Osagie Emmanuel Ehanire

Dr. Osagie E. Ehanire is the Minister of Health of Nigeria, a Specialist in General Surgery and Orthopaedic Trauma Surgery. He attended Ludwig Maximillians University of Munich in Germany and Medical Residency in North Rhine.

He also holds a Diploma in Anaesthetics from Royal College of Surgeons Ireland. Dr. Ehanire worked with University of Benin Teaching Hospital, Benin City Nigeria, with Shell Petroleum Development Company of Nigeria as Divisional Surgeon at the Company Hospital in Warri, (Niger-Delta) Nigeria, and as a private Consultant Trauma Surgeon. He was appointed to President Buhari's cabinet as Nigeria's Minister of State for Health in 2015 and to the President's second cabinet in 2019 as Minister of Health.

Dr. Ehanire was a Founding Trustee of the TY Danjuma Foundation and served on the Board from 2009 to 2021. He is passionate about advancing Universal Health Coverage and Emergency Medical Services.

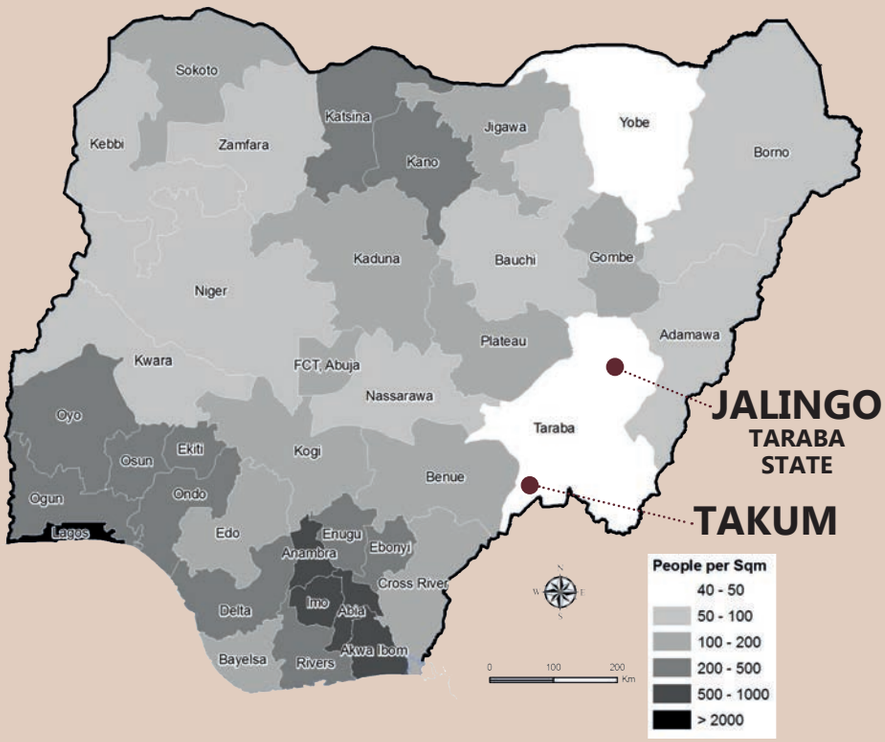
His Excellency, Arc. Darius Dickson Ishaku

His Excellency, Arc. Darius Dickson Ishaku, the Executive Governor of Taraba State, was elected to 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 TY Danjuma Foundation and Development Africa 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, donated a Keke ambulance, seconded State medical personnel, provided four additional accommodation units for doctors and medical personnel at the RDM, and sponsored a tennis court as part of a recreational facility to encourage medical personnel from across Nigeria to serve at the hospital.

INTRODUCTION

The United Nations estimates that Nigeria, with a population just under 220 million, is the most populated nation in Africa and the seventh most populated country on the planet. This means that one out of every 43 people on earth calls Nigeria home. With about 49% of Nigeria's 220 million people being women and 51% of Nigeria's women being in the reproductive age group, there is about one birth occurring in Nigeria every 20 seconds. However, we have uncomplimentary mortality rate figures, with about 90 under-5 deaths per 1,000 live births, about 55 infant deaths per 1,000 live births, and about 917 maternal deaths per 100,000 live births. (cf Worldometer.info accessed 30 October 2022; WorldPopulationReview.com accessed 31 October 2022).

The Rufkatu Danjuma Maternity (RDM) and the Kuru Danjuma Hospital for Children (KDHC) are not-for-profit specialized medical facilities that are providing advanced maternal, new-born, and childcare to the most vulnerable people in Takum, Taraba State, and in surrounding areas, thereby improving maternal and infant morbidity and mortality indices in this part of the country. These facilities are projects of the TY Danjuma Foundation and are managed and operated by Development Africa.


Sokoto
Kebbi
Zamfara
Katsina
Kano
Jigawa
Yobe
Borno
Kaduna
Bauchi
Gombe
Niger
Plateau
Adamawa
Kwara
FCT Abuja
Nassarawa
Taraba
JALINGO
TARABA STATE
TAKUM
Oyo
Osun
Ekiti
Kogi
Benue
Ogun
Ondo
Lagos
Edo
Enugu
Anambra
Ebonyi
Cross River
Delta
Imo
Abia
Bayelsa
Rivers
Akwa Ibom
0
100
200
Km
People per Sqm
40 - 50
50 - 100
100 - 200
200 - 500
500 - 1000
> 2000

YEAR IN REVIEW

In 2022, the Rufkatu Danjuma Maternity (RDM) and the Kuru Danjuma Hospital for Children (KDHC) continued to consolidate on the work of providing highly specialised maternal and new-born care to the people of Takum and its environs. Staff at the RDM and the KDHC continue to explore new and more efficient methods of service delivery ensuring that all members of the community who access health care services at the facility can do so in a timely manner.

The worsening state of the economy and impoverishment of the people has meant that their exposure to disease is more profound, their capacity for immune resistance is more compromised, and the risk of morbidity and mortality is accentuated. Efforts continue to be made to ensure that the people are spared the untoward health consequences that would usually be attendant in these circumstances. As such, members of the community can continue to access specialised medical services.

DECEMBER 2021 - NOVEMBER 2022

YEAR 5 STATISTICAL OVERVIEW

New Patient Registrations:	2,603	Caesarean Deliveries:	195
Outpatient Consultations:	6,825	Surgical Procedures Adults:	464
Total Inpatient Admissions:	1,649	Surgical Procedures Children:	103
Ultrasound Scans:	1,459	Immunisations Given:	5,539
Total Delivery Procedures:	507	Laboratory Tests:	22,923
Sets of twins/triplets delivered:	25	EMT Ambulance Journeys:	955

FACILITY AND SERVICES

The RDM/KDHC serves the people of Takum and all of Taraba via its 93-person team of doctors, midwives, nurses, sonographer, laboratory scientists and technicians, administrative, and support staff. In addition, a team of doctors and nursing staff has been seconded to the RDM/KDHC from the Taraba State Ministry of Health. With the state of the art medical and laboratory equipment available on site, the medical team in each department has all it needs to provide comprehensive health care services to patients who come to the centre for help.


RUFKATU DANJUMA MATERNITY
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The hospitals are open to the public (for purposes of medical treatment within its scope) at all hours of every day, including weekends and public holidays. Medical services provided are services for pregnant women, women in labour, and children of all ages. These services are provided on outpatient as well as inpatient bases.

- Maternal Outpatient: open all hours
- Obstetric services: available all hours
- Neonatal and Paediatric Outpatient: 24 hours
- Inpatients services: available all hours
- Emergency services: available all hours
- Laboratory services: available all hours
- Ultrasound Services: Six days per week
- Antenatal Care and Training: Twice per week
- Vaccinations: Wednesdays
- Emergency Mobile Transport (EMT) keke ambulance services: available 24 hours

EMERGENCY MOBILE TRANSPORT
TOTAL: 955

JOURNEYS (OPEN 24 HOURS)

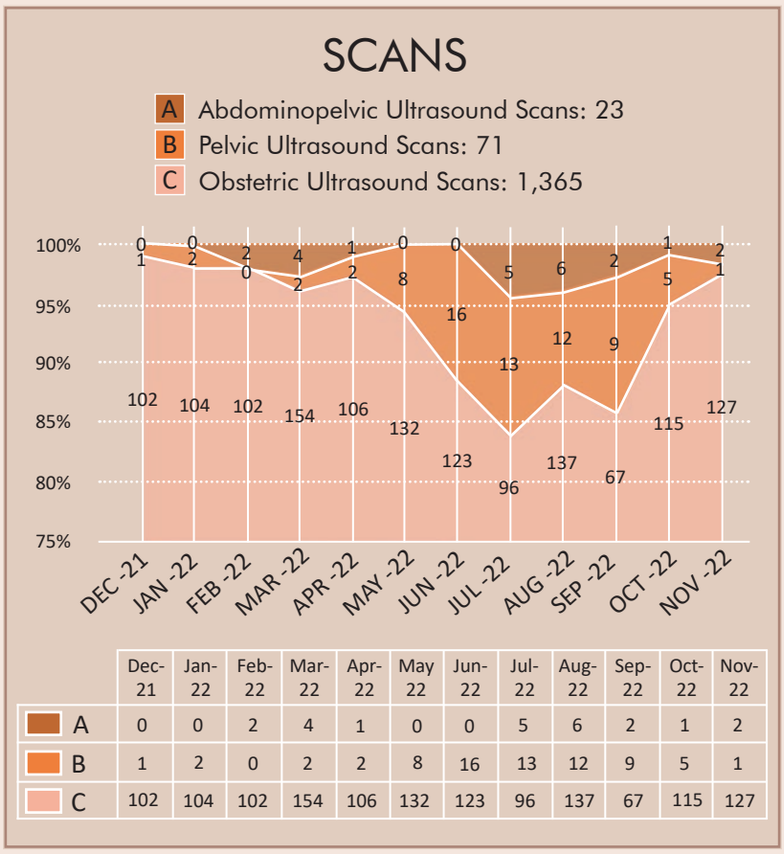
Dec -21	84
Jan -22	90
Feb -22	108
Mar -22	116
Apr -22	79
May -22	87
Jun -22	103
Jul -22	61
Aug -22	54
Sep -22	43
Oct -22	65
Nov -22	65

Three Emergency Mobile Transport (EMT) keke ambulances transport patients to and from the hospitals on demand; patients who benefit from this service include women in labour, patients who are very ill, very weak, or unable to move. Between December 2021 and November 2022, the keke ambulances accomplished a total of 955 trips.

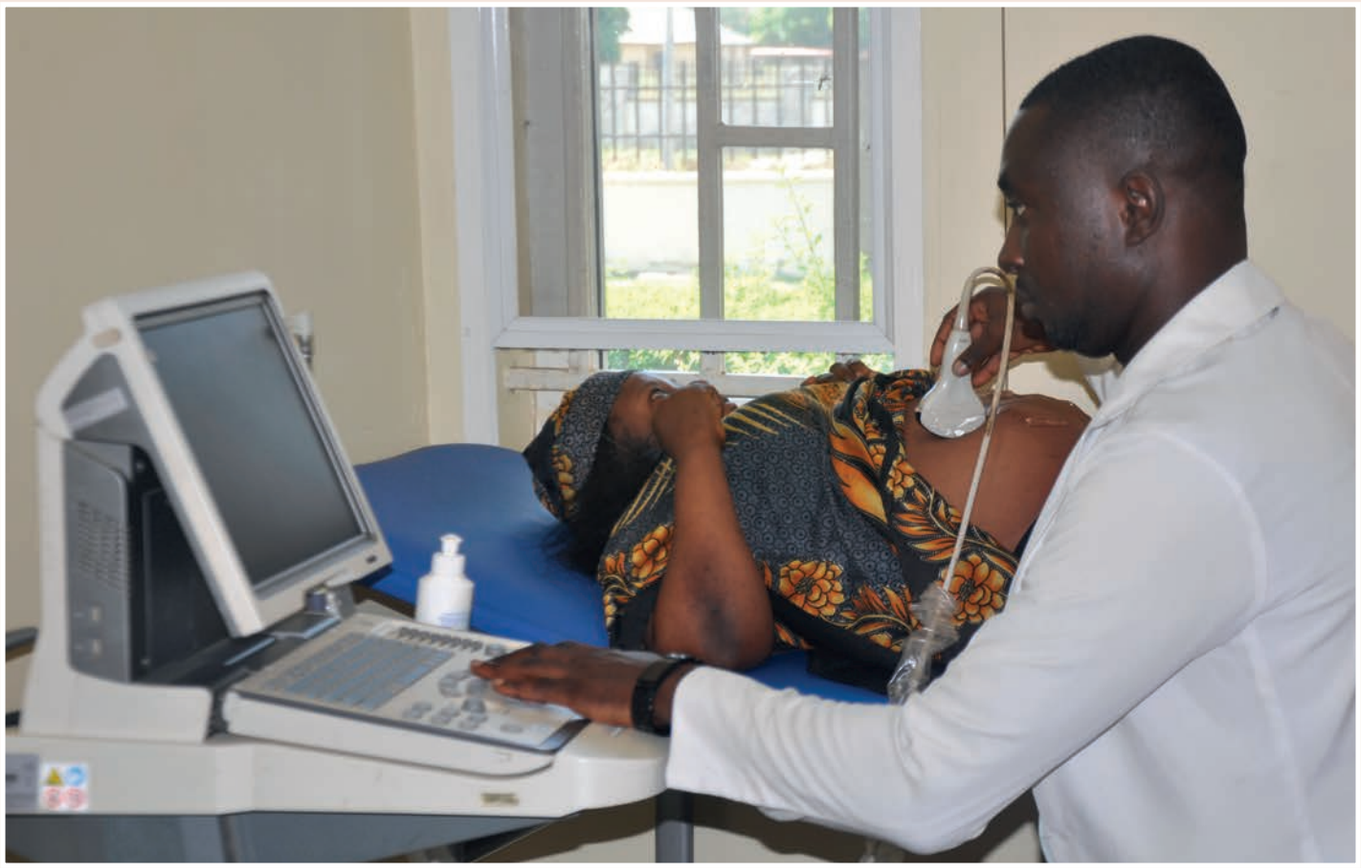
MATERNITY

Our formidable RDM obstetric team comprising specialized doctors and midwives is always on ground, deploying rapid responses and instituting precise clinical interventions as changes arise in the clinical states of our obstetric patients. All interventions deployed, medical or surgical, are calibrated in such a way that they work to ensure the best possible outcome for the mother and the new-born.

Between December 2021 and November 2022, 1,459 Ultrasound scans were performed and used to assist in all deliveries that happened in the year, including 24 sets of twins, 1 set of triplets and 482 singleton babies, bringing the total number of babies born at the RDM during the period to 533.



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May 22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
A	0	0	2	4	1	0	0	5	6	2	1	2
B	1	2	0	2	2	8	16	13	12	9	5	1
C	102	104	102	154	106	132	123	96	137	67	115	127



PAEDIATRIC SERVICES

The Kuru Danjuma Hospital for Children plays a crucial role in ensuring a seamless and efficient transfer from the earliest moments of new-born care at the RDM to the paediatric phase of care which continues at the KDHC. Staff at the KDHC work to achieve sustained paediatric and child healthcare from beyond the neonatal period through all the years of the paediatric period and into late adolescence.

Paediatric services provided at the KDHC include treatment for a vast array of childhood ailments, including surgical and other emergency interventions when necessary. The addition in 2021 of the paediatric services provided by the KDHC to the obstetrics and gynaecology services already being provided by the RDM has greatly increased the confidence of members of the community in the expanded facility. This is because they can now get premium gynaecological, maternal/obstetric, neonatal, child and adolescent care from the same premises, without any bureaucratic bottlenecks.

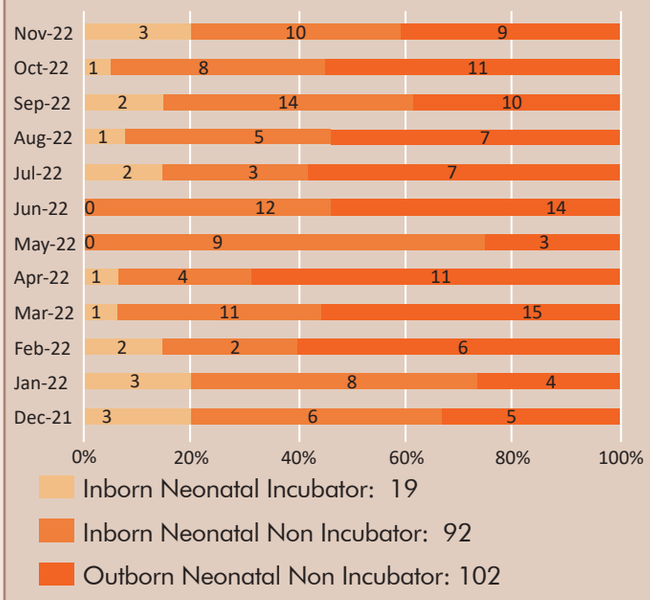
HIGH-RISK NEONATE CARE

Prior to the commencement of operations at the RDM, there were reports of women in the community losing their babies whenever the babies were born prematurely for any reason. With the coming of the Rufkatu Danjuma Maternity, the obstetric team made a series of intentional efforts to keep these babies alive against all odds including the absence of incubators. These efforts paid off with remarkable success stories, including the preservation of a baby that was born at 26 weeks gestation (which is even earlier than Nigeria's age of foetal viability of 28 weeks) who was kept alive by our team without the aid of an incubator. That child is still alive and well today.

In response to the need for incubators at the RDM, the TY Danjuma Foundation in 2021 made available to the RDM two brand-new incubators. These highly specialized machines have become a critical component of our new-born intensive care and are indispensable in the preservation of life and organ function for children born several weeks before their due date. Children admitted to the incubator can be monitored in real time, with the machines taking different clinical progress data from them and making data immediately available to the healthcare team. These data are processed by our clinical team as they draw up and implement individualized plans of care for the

different patients at the facility. The use of these machines in obtaining vital information about these patients has also made it possible for the clinical staff to devote more time and attention to the coverage of other areas of care that the machines are not designed to cover, such as lab work and intermittent feeds. Most importantly for the babies, the incubators provide an environment in which they can thrive, with the environment artificially regulated in a way that closely replicates the natural intrauterine environment. Because this ensures that the babies can make the transition from intrauterine to extrauterine life as seamlessly as possible, more of our preterm babies are able to stay alive and to eventually become well enough to be discharged as healthy.

HIGH-RISK NEONATE ADMISSIONS



** The average length of stay in the incubator for each baby is 15.4 days*

THEATRE

With the commencement of activities at the KDHC, more and more children of different age groups began presenting to the RDM/KDHC for treatment of different conditions. Among them were children with conditions requiring surgical intervention, including hernias, hydrocoeles, and inflamed appendices, among others. Some of the cases would require immediate surgical intervention, such as when the child was presenting with a strangulated hernia. It subsequently became obvious that there was a need to provide surgical services for children on a scale that would address the emergency needs of the most common paediatric surgical emergencies in the community.

The TY Danjuma Foundation therefore approved and funded the setup of a paediatric general surgery unit in the RDM/KDHC. A modern anaesthetic machine was acquired and installed (and relevant expertise acquired), for use in children who cannot be operated upon using regional anaesthesia as well as in all cases where the patients undergoing the procedures would more appropriately require general anaesthesia. A programme was designed and is being implemented wherein surgeons with the requisite skills and specialties are always available in the RDM/KDHC. These surgeons have provided training to members of staff in areas relevant to the perioperative care of patients. This has helped ensure that any child presenting to the RDM/KDHC with a surgical emergency whose required intervention is within our scope is able to get timely surgical intervention and all other adjunctive treatment that they need. More than 50% of all the surgeries that have been carried out on paediatric patients between December 2021 and November 2022 have been herniorrhaphies. This is consistent with the global pattern, as (inguinal) hernia repair is one of the most common paediatric operations performed globally.

With funding provided by the TYDF, the RDM/KDHC is currently expanding its physical space so that it can better accommodate the surgical needs of the children while simultaneously continuing to provide optimum surgical services to mothers and women who require them.

IMMUNISATION

The RDM/KDHC is a willing partner in vaccination campaigns. Vaccine administration is carried out at birth and are also carried out on a weekly basis in collaboration with the government immunization team. Over the past year, a total of 5,539 vaccinations were administered. Vaccination services are provided to everyone free of charge, and this includes vaccine receivers who are not registered at the RDM/KDHC.

ANTENATAL EDUCATION

Every week, in keeping with global best practices, the RDM organizes multiple-session antenatal classes for women at various stages of their pregnancy. These antenatal classes provide a unique and lifesaving opportunity for health education and promotion and makes available knowledge that is vital for disease prevention as well as for the early diagnosis and treatment of pregnancy-related illnesses and complications. To ensure maximum participation in these classes, the classes are timed to coincide with the women's antenatal care visits. The World Health Organisation recommends that every pregnant woman should have a minimum of four antenatal care visits throughout the pregnancy with the first visit occurring in the first trimester of pregnancy.[1]

[1]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6797296/

The antenatal care programme is structured in a way that allows any woman who registers her pregnancy for antenatal care within the first trimester of pregnancy to be able to meet this benchmark.

Among the goals of the antenatal education classes is to ensure that expectant mothers understand the importance of visiting the RDM/KDHC for regular antenatal check-ups which include blood pressure measurement, urine testing for bacteriuria and proteinuria, blood testing for severe anaemia, weight measurement, and imaging to determine foetal well-being.

The antenatal education provided to RDM patients also delivers information on subjects such as good hygiene, dietary habits and healthy nutrition during pregnancy, postpartum recovery, exclusive breastfeeding, adequate rest and work management, multiple new-born and infant care (for twins and triplets), pregnancy and foetal danger signs, pregnancy complications, signs of labour, etc.

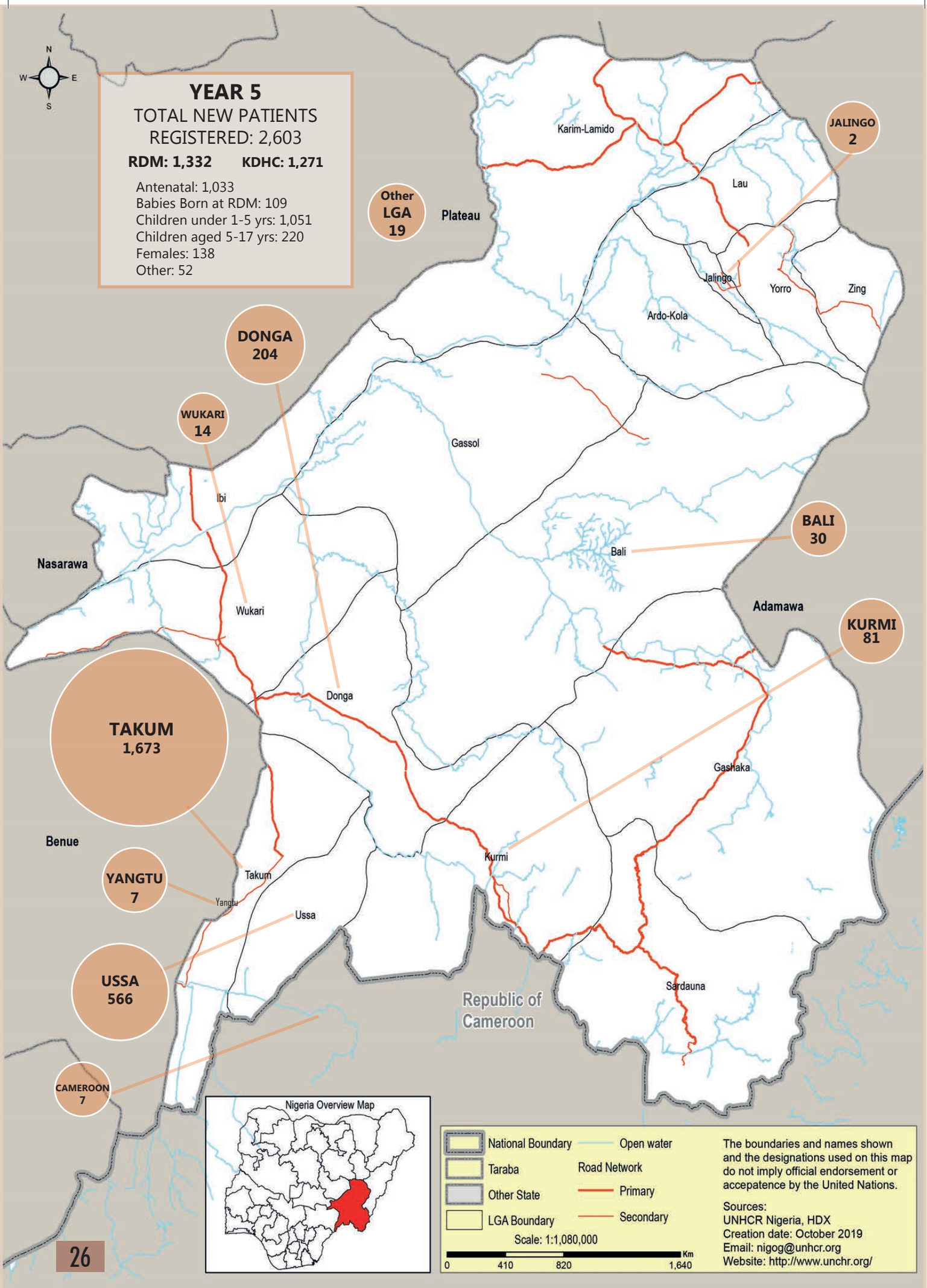
This knowledge plays an important role in preventing complications that could arise from delayed presentation to the hospital when in labour or if problems arise during pregnancy.

LABORATORY AND PHARMACY

The RDM/KDHC laboratory provides round-the-clock services at the RDM/KDHC. Its substantial capacity means that it can help in diagnosing and managing a wide range of clinical conditions.

Services provided by the laboratory include haematological tests such as complete blood count, blood grouping and crossmatching, genotype testing; clinical chemistry tests like renal function tests, liver function tests, tests of lipid metabolism; microbiological tests including culture and sensitivity studies are also carried out. The appropriate use of modern machinery and technology, and frequent quality control checks help to ensure that the testing methods are error-free, and results obtained are as accurate as possible. Simultaneously, these tests continue to be provided at minimal cost, ensuring that all users of the facility have access to comprehensive healthcare in optimal conditions.

Between December 2021 and November 2022, a total of 22,923 tests have been conducted in the laboratory.


YEAR 5
TOTAL NEW PATIENTS REGISTERED: 2,603
RDM: 1,332 KDHC: 1,271
Antenatal: 1,033
Babies Born at RDM: 109
Children under 1-5 yrs: 1,051
Children aged 5-17 yrs: 220
Females: 138
Other: 52
N
W
E
S
Other LGA 19
Plateau
JALINGO 2
Karim-Lamido
Lau
Jalingo
Yorro
Zing
Ardo-Kola
DONGA 204
WUKARI 14
Gassol
Ibi
Wukari
Nasarawa
BALI 30
Bali
Adamawa
KURMI 81
Donga
TAKUM 1,673
Gashaka
Benue
Kurmi
YANGTU 7
Takum
Yangtu
Ussa
USSA 566
Republic of Cameroon
Sardauna
CAMEROON 7
Nigeria Overview Map
National Boundary
Taraba
Other State
LGA Boundary
Open water
Road Network
Primary
Secondary
Scale: 1:1,080,000
0 410 820 1,640 Km
The boundaries and names shown and the designations used on this map do not imply official endorsement or accepatence by the United Nations.
Sources:
UNHCR Nigeria, HDX
Creation date: October 2019
Email: nigog@unhcr.org
Website: http://www.unchr.org/

STATISTICS 2017-2022

Nigeria's 40 million women of childbearing age (between 15 and 49 years of age) suffer a disproportionally high level of health issues surrounding birth. While the country represents 2.4% of the world's population, it currently contributes 10% of global deaths for pregnant mothers. Latest figures show a maternal mortality rate of 576 per 100,000 live births, the fourth highest on Earth. Infant mortality currently stands at 69 per 1,000 live births while for under-fives it rises to 128 per 1,000 live births. More than half of the under-five deaths – 64% – result from malaria, pneumonia or diarrhoea. Investment in this sector has been high in recent years although the proportion of patients able to access appropriate treatment remains low.[2]

[2] *https://www.unicef.org/nigeria/situation-women-and-children-nigeria*

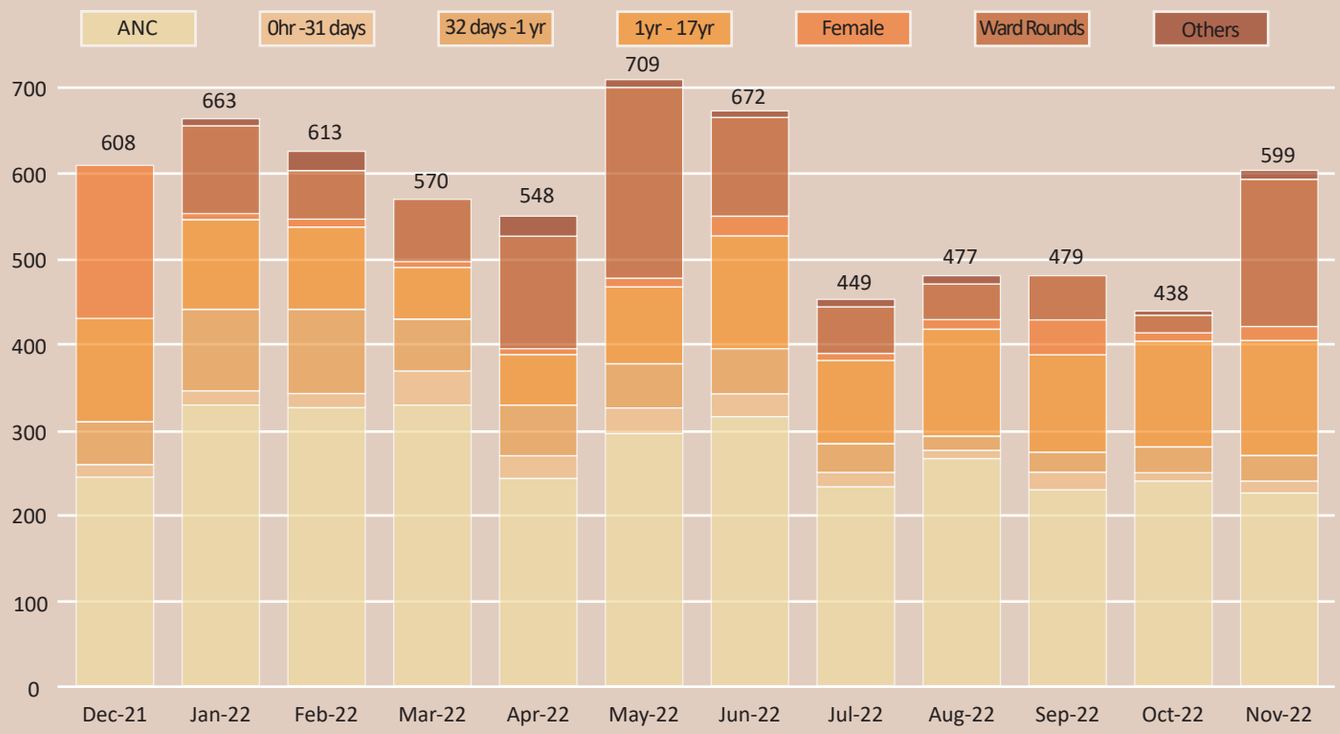
TOTAL COMBINED STATISTICS 2017-2022

	DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total
1	Antenatal Consultation	1,044	1,286	1,314	1,323	1,180	1,326	1,431	1,309	1,343	1,197	1,324	1,174	**15,251**
2	Neonatal Consultation (0hrs-31days)	124	102	109	157	155	125	106	109	99	121	122	131	**1,460**
3	Infant Consultation (32days-1yr)	121	175	140	150	205	223	187	139	106	144	159	128	**1,877**
4	Paediatric Consultation (1yr-17yr)	514	557	527	454	355	468	524	481	489	503	597	603	**6,072**
5	Adult Female Consultation (non ANC)	30	40	44	48	46	48	69	49	52	104	54	59	**643**
6	Ward Round Consultation*	173	102	57	75	133	224	116	57	44	47	22	171	**1,221**
7	Others Consultation	20	32	36	20	29	25	24	18	33	48	23	13	**321**
8	Antenatal Registration	465	543	460	466	401	558	518	440	394	391	467	415	**5,518**
9	Paediatric Registration	393	493	445	465	404	471	419	379	420	475	542	528	**5,434**
10	Female Registration	17	18	25	33	21	22	29	23	21	45	30	18	**302**
11	Other Registration	38	46	38	31	41	32	42	28	24	16	8	20	**364**
12	Paediatric Ward Admission	114	161	213	183	112	162	167	161	151	167	141	161	**1,893**
13	High-Risk Neonatal Admission*	14	15	10	27	16	12	26	12	13	26	20	22	**213**
14	Female Ward Admission	247	248	241	336	293	301	285	290	249	291	373	331	**3,485**
15	Other Ward Admisssion	8	13	15	16	14	14	17	17	24	8	12	8	**166**
16	Deliveries Non-Surgical	99	108	112	148	150	116	108	110	105	129	145	142	**1,472**
17	Deliveries Caesarean	46	56	59	71	71	86	93	64	57	96	88	92	**879**
18	Adult: Major Surgical Procedures	10	30	20	25	26	17	36	28	22	37	23	52	**326**
19	Other Minor Surgical Procedures	33	56	46	56	69	62	45	51	62	67	68	71	**686**
20	Children: Major Surgical Procedures *	0	1	2	2	0	1	2	3	2	2	4	0	**19**
21	Children: Minor Surgical Procedures *	5	12	6	5	11	10	7	4	5	5	10	4	**84**
22	Obstetric Ultrasound Scan	344	343	307	448	334	494	640	462	495	444	451	476	**5,238**
23	Pelvic Ultrasound Scan	10	14	19	19	7	14	35	29	28	17	10	4	**206**
24	Abdominal Ultrasound Scan	2	2	3	4	1	0	1	7	11	6	2	4	**43**
25	Vaccinations	2,133	2,487	2,083	2,040	2,391	2,631	2,977	2,884	2,714	2,155	2,755	2,639	**29,889**
26	Laboratory Tests	4,608	5,195	4,651	5,314	4,698	5,481	6,622	6,037	5,410	5,834	5,813	6,117	**65,780**
27	Ambulance Keke Journeys	197	213	310	376	277	290	331	301	240	240	268	244	**3,287**
	Total	**10,809**	**12,348**	**11,292**	**12,292**	**11,440**	**13,213**	**14,857**	**13,492**	**12,613**	**12,615**	**13,531**	**13,627**	

**Start date of statistic collection Dec 2021*

STATISTICS YEAR 5

TOTAL PATIENT CONSULTATIONS: Dec 2021 - Nov 2022



TOTAL SURGERIES: Dec 2021 - Nov 2022

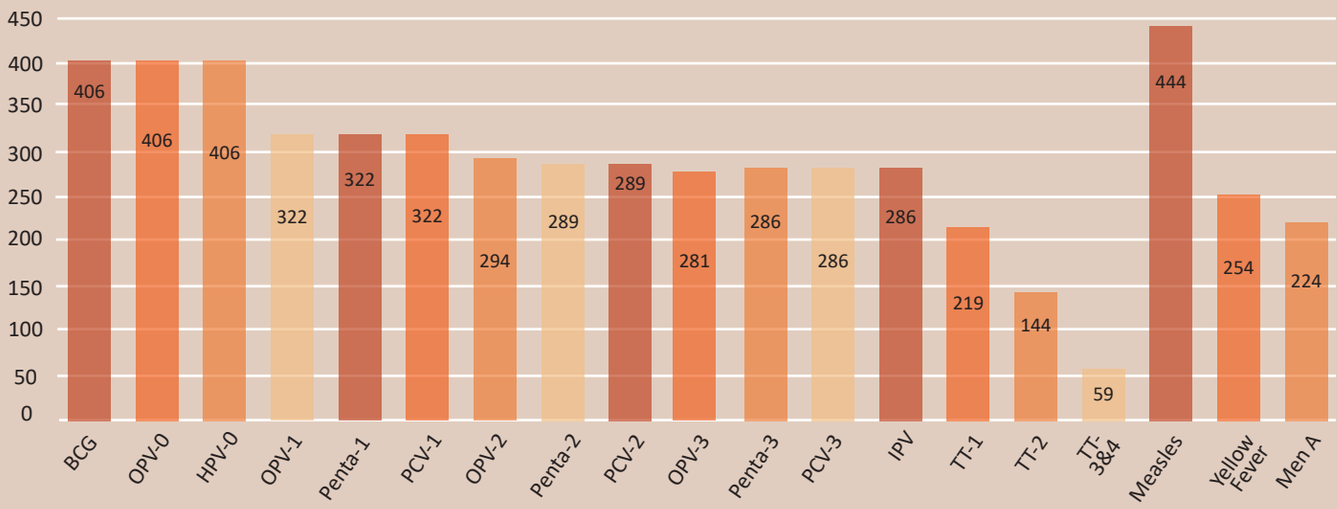
DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Obstetric: Caesarean Surgery	9	17	12	20	18	14	25	9	7	25	17	22	**195**
Gynae: Myomectomies	1	2	1	0	2	1	1	2	2	3	1	2	**18**
Gynae: Total Abdominal Hysterectomies	0	0	0	0	0	0	0	1	0	1	1	1	**4**
General: Exploratory Laparotomies	0	0	0	2	0	0	2	1	1	2	0	1	**9**
General: Appendicectomies	0	0	1	1	0	0	1	0	1	0	0	0	**4**
General: Herniorrhaphies	0	6	3	0	0	1	1	1	0	0	0	0	**12**
Paediatric: Appendicectomies	0	0	0	1	0	0	0	0	1	0	1	0	**3**
Paediatric: Exploratory Laparotomies	0	1	0	0	0	0	0	0	1	1	1	0	**4**
Paediatric: Herniorrhaphies	0	0	2	1	0	1	2	2	0	1	2	0	**11**
Paediatric: Hydrocoelectomies	0	0	0	0	0	0	0	0	1	0	0	0	**1**
Paediatric: Circumcisions	5	12	6	5	11	10	6	4	3	5	10	4	**81**
Abscess Incision & Drainage	0	0	1	0	0	0	0	1	0	0	0	0	**2**
Incision & Trucut Biopsies	0	0	0	0	0	0	0	1	1	1	1	1	**5**
Uterine Evacuation	5	2	7	4	4	4	5	1	8	2	2	2	**46**
Obstetrics: Episiorrhaphies	6	5	4	8	9	2	3	4	2	6	10	9	**68**
Obstetrics: Repair Intrapartum Lacerations	4	15	7	6	12	8	5	4	5	13	5	9	**93**
Other Surgeries	0	1	0	0	0	1	1	3	1	1	1	2	**11**
TOTAL	**30**	**61**	**44**	**48**	**56**	**42**	**52**	**34**	**34**	**61**	**52**	**53**	**567**

LABORATORY: Dec 2021 - Nov 2022

DESCRIPTION	DEC-21	JAN-22	FEB-22	MAR-22	APR-22	MAY-22	JUN-22	JUL-22	AUG-22	SEP-22	OCT-22	NOV-22	TOTAL
Hepatitis B (HBSAG)	155	156	156	168	111	134	153	122	161	180	133	166	**1,795**
Hepatitis C (Anti-HCV)	155	140	150	148	108	127	145	113	157	169	121	153	**1,686**
VDRL (Syphilis)	143	121	142	153	100	132	143	103	135	146	113	145	**1,576**
RVS (HIV-1/HIV-2)	155	140	176	165	106	160	187	139	183	197	163	189	**1,960**
Urinalysis	160	194	171	140	110	116	134	96	124	113	82	118	**1,558**
Blood Glucose	400	131	145	210	148	102	311	173	205	247	303	215	**2,590**
Pregnancy Test	15	28	23	29	30	18	33	14	17	16	12	10	**245**
PCV (Packed Cell Volume)	287	246	292	329	210	266	277	180	234	283	233	257	**3,094**
Blood Group	150	126	122	139	94	124	139	95	129	158	126	144	**1,546**
Blood Crossmatching	64	49	53	63	26	40	63	25	55	76	48	62	**624**
Haemoglobin Genotype	80	80	68	75	51	82	83	76	82	75	82	81	**915**
Full Blood Count (FBC)	67	87	146	89	87	106	150	145	119	135	137	166	**1,434**
Malaria Parasites (MP)	148	183	242	179	150	180	247	180	180	167	197	239	**2,292**
Widal Test	14	12	9	5	3	1	4	12	6	15	16	13	**110**
Total/Conjugated Bilirubin	1	2	5	3	4	4	2	5	4	6	13	2	**51**
Blood Donors	64	49	53	63	26	40	63	26	53	76	48	62	**623**
Serum Electrolytes	8	9	15	14	12	16	61	59	75	67	79	83	**498**
Culture & Sensitivity Testing	2	6	15	9	13	13	21	19	27	45	26	16	**212**
Liver Function Test	1	1	0	3	0	1	7	9	13	4	5	10	**54**
Other Tests *	0	0	0	0	0	0	10	4	12	6	4	4	**40**
TOTAL	**2,069**	**1,760**	**1,984**	**1,984**	**1,398**	**1,664**	**2,235**	**1,596**	**1,973**	**2,182**	**1,943**	**2,135**	**22,923**

Other Tests Include: Microscopy, Culture and Sensitivity Testing. Erythrocyte Sedimentation Rate. Clotting Profile. Indirect Coombs Test Lipid Profile (LP, FLP). Oral Glucose Tolerance Test (OGTT). Abdominal Tap Analysis. Seminal Fluid Analysis.

VACCINATIONS: Dec 2021 - Nov 2022



HUMAN INTEREST STORIES

DANJUMA ALICE TANKO

Alice is a 28-year-old who was booked in the hospital maternity unit when she became pregnant for the third time. She was not sure of the age of the pregnancy at the time of booking, however, with the ultrasound services offered by the hospital, the gestational age was estimated to be 21 weeks. Something else was also discovered at the ultrasound that Alice and her family had not been previously aware of: she was carrying three babies, not one.

Through the antenatal services, the hospital offered her professional guidance till the pregnancy got to 33 weeks 6 days. As is the case with many multiple pregnancies, labour began pre-date, and in Alice's case, pre-term. However, because of how the babies were presenting, it was deemed unsafe for her to have a natural delivery. She was therefore delivered through a caesarean section, with an outcome of three live babies weighing 1.6 kg, 1.5kg, and 1.1 kg. The babies were managed in incubators for three weeks and then discharged home in good health, while they continued follow-up at the postnatal clinic of the hospital.

ANAEMIA

One of the most common presentations of children in the Kuru Danjuma Hospital for Children is severe anaemia, which usually requires immediate and often repetitive blood transfusions. Children who have anaemia from poor nutrition or from infections like malaria and who do not get adequate, appropriate, and timely intervention, are at risk of severe illness and even death. An average of 15 to 20 blood transfusions are carried out monthly in the hospital. The facility can cope with this as it is equipped with a standard blood bank and well-trained personnel.

MAMMAN EBWEYI GYATUNCH

Mamman is a 4-year-old female who developed a fever one week prior to presentation; she also complained of stomach pains and yellowing of the eyes. After interviewing her parents and examining and investigating her, she was found to have malaria complicated by anaemia; her packed cell volume (PCV), which is a measure of the amount of blood in the body, came out to be 4% instead of the normal 35 – 40%. She was also in anaemic heart failure (this simply means that she had developed heart failure as a direct result of the anaemia). She was promptly resuscitated with immediate blood transfusions. The malaria was also treated and as she responded adequately to treatment, she was discharged from the hospital after three days.

Mamman came from the neighbouring village of Nyivo. Her condition was a critical one, and if she had not had the opportunity to present to a facility that had paediatricians and a haematology setup available on standby, there may have been dire sequelae. Instead, she survived and was discharged home again with, in a manner of speaking, a second opportunity at life, having come so close to death.

MARY ABERSHI GABRIEL

Mary is a 7-month-old girl who was brought to the KDHC from Mararaba, Donga local government area, where the parents had taken her to a private clinic for treatment for fever, vomiting, and refusal of feeds. The child's condition had deteriorated while on admission at the private clinic, and on the third day on admission, the child had started convulsing and had then become unconscious.

She was brought to the KDHC unconscious. At presentation, she was assessed and managed for poor treated Acute Bacterial Meningitis with Cerebral Malaria complicated by severe anaemia. After six weeks of admission at the KDHC, she was discharged home as a well child.

ADAMU MUSTAPHA TANKO

Adamu is a boy who was brought to the hospital at 22 months old with complaints of recurrent fever, progressive weight loss, and skin excoriations. A diagnosis of severe acute malnutrition with micronutrient deficiency complicated by sepsis and electrolyte imbalance was made. During his illness, Adamu had lost his ability to walk. At presentation aged 22 months, he still weighed 7.5 kg which was far below the expected weight for his age which is 12–14 kg. Treatment and rehabilitation were immediately commenced for the child, and he made significant progress in his recovery and was able to go home.

RIMAMNDEYATI BLESSING KASHIMBILA

Blessing is a 39-year-old patient who presented to the hospital on the November 7th, 2022, with complaints of lower abdominal pains and profuse external haemorrhage for about a day duration. At the time of her presentation, she was pregnant with her ninth baby and was not booked in any facility for antenatal care.

The pains started a day prior and were labour-like in nature when she presented to a peripheral clinic and after some time, the patient was verbally referred to our hospital. On examination, she was conscious and alert, but pale with generalized abdominal tenderness and loss of uterine contour.

At this point, a diagnosis of antepartum haemorrhage was made. Immediate resuscitation of the patient commenced, and the family was offered the choice of an emergency abdominal exploration as a life-saving measure. The consent was taken and after two hours the surgery was done. The uterus was repaired, the post-operative medications were served, and the patient had 5 units of blood intraoperatively and postoperatively.

During the immediate post-operation period, the patient was stable, however, about 12 hours after the operation, she was noticed to be severely pale with tachycardia. The managing team decided to return the patient to the theatre for another exploration. The patient was taken to the theatre the second time, with an intraoperative finding of a massive hematoma. Through the operation and after the operation the patient had a transfusion of another 6 units of blood.

This is another interesting story of how Rufkatu Danjuma Maternity has been thriving in saving lives over the years of its establishment with the dedicated staff.

SHAMSIYA YUSUF BALA

Shamsiya is a 28-year-old who was referred to the hospital from a private clinic on account of prolonged progression of labour. Shamsiya has had four pregnancies since she got married. Two of the previous pregnancies had disappointing outcomes – one

was a set of twins in 2014 who both died in infancy and the other was a singleton delivered as a stillbirth in 2018.

At a gestational age of 40 weeks 6 days, she was experiencing labour-like pains where after more than ten hours there was no significant progress to the labour hence, she was referred to the RDM. On arrival to our hospital, she was immediately attended to by our team of doctors and midwives and a diagnosis of obstructed labour with bad obstetrics was made, she was offered the choice of an emergency Caesarean section.

The surgery was successful and after three days of admission, both mother and baby were discharged in stable condition.

IRANYANG KENRIMAM KWEJANDE

Kenrimam is a 32-year-old woman who presented to the hospital on October 14th, 2022 She was pregnant with her fifth pregnancy, and all four previous pregnancies had ended in stillbirths. The current pregnancy had not been registered for antenatal care anywhere, and her reason for not booking at a hospital was her bad experiences during previous pregnancies

at other clinics resulting in the loss of her babies. Upon realizing she has passed the time of delivery based on her estimation, her neighbour informed her of the RDM and encouraged her to come.

Upon arrival at the hospital, our team of doctors and midwives examined her and established that the pregnancy has passed its due date and the gestational age was 41 weeks. Taken together with her poor obstetric history, she was offered the choice of an emergency caesarean section, to which she and her husband consented. She was accordingly provided the procedure and was delivered of a live baby weighing 3.3 kg. Due to her bad obstetric history, the baby and mother were observed in the hospital for three days before being discharged. The family is now happily living with their first baby.

KEFAS MAIGIDA

Kefas is the first child of a 39-year-old mother—an age where many people start giving up on the chances of having their own children. Consequently, it was without surprise that the mother booked very early (at about 10 weeks) and was regular at her antenatal visits.

However, on the September 25th, 2022, she came to the hospital with complaints about perceived reduced foetal movements. Upon examination, our attending doctors discovered that the baby was in severe distress and needed to be delivered immediately. Thanks to the presence of highly skilled professionals at the facility, the baby was delivered in record time; however, significant damage had already been done on his organ systems.

Immediately after birth, Kefas had to be actively resuscitated; he experienced significant breathing difficulties because of the clogging of his airways and lungs with meconium. Consequently, he was placed on assisted breathing for a while. Thereafter, he was placed under intensive care and on oxygen as his lungs were under severe distress. Eventually, after 22 days of relentless dedication and hard work caring for him, Kefas had finally made enough progress to be discharged. He was therefore discharged from the hospital as a success story after having received world class treatment and care.

SULEIMAN FARIDA SURAJO

Suleiman Farida Surajo is 24 years old, with her second pregnancy registered for antenatal care at the RDM and was regular with her routine antenatal visits. The pregnancy progressed well without any significant problems. Her previous pregnancy in 2021 ended with a severely asphyxiated baby due to prolonged labour.

She presented to our hospital at term with labour-like pains and was admitted after it was established by the midwives that she was in an active phase of labour. After about nine hours of monitoring labour, it was noticed that her labour was not progressing well, the doctors were called and a diagnosis of Cephalo-pubic disproportion (CPD) was made which could explain why her first pregnancy ended with an asphyxiated baby. She was counselled for an emergency caesarean section to which they consented, considering the outcome of the previous pregnancy. She delivered a live female neonate. They have since been discharged from the hospital and are doing well.

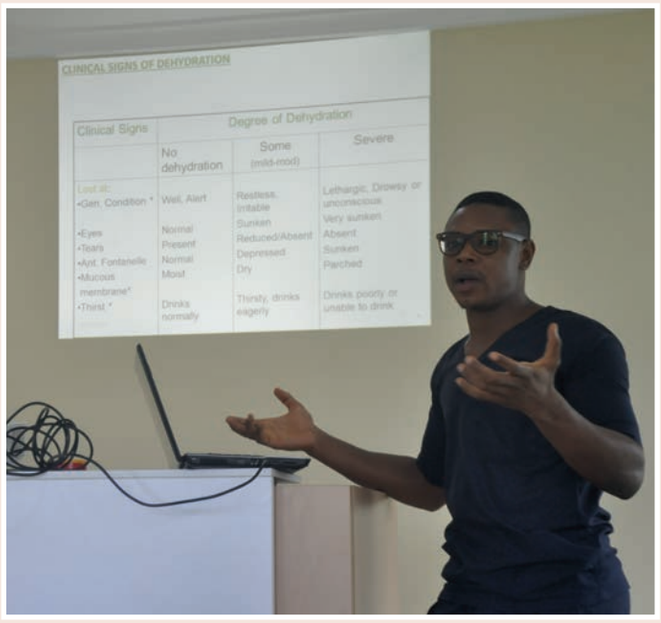
STAFF TRAINING

To provide the best medical care, staff at the RDM and KDHC undergo frequent training to update their knowledge on global improvements in the areas of specialized obstetric, neonatal, and paediatric care.

In 2022, staff were trained on protocols/ standard Operating Procedures including: neonatal emergencies/diseases, childhood emergencies/ diseases, paediatric surgical emergencies, and obstetric and gynaecological emergencies.

Training was also provided on the following subject areas:

- Management of severe acute malnutrition
- Integrated Management of Childhood illnesses
- Uterine evacuation using IPAS MVA Kits
- Management of common obstetric conditions
- Tetralogy of Fallot and Eisenmenger syndrome
- Advanced Trauma Life Support & Chest Trauma
- Management of Upper Respiratory Tract Infections in Children
- Antenatal Care
- Nursing Responsibilities Surrounding Blood Transfusion
- Community Mobilization
- Levels of Community Participation & Mapping
- Nursing Care of the Unconscious Patient
- Shoulder Dystocia
- Postpartum haemorrhage
- Immunization & the new notifiable diseases
- Principles in modern management of labour; the use of the partograph
- Breast cancer screening & self-breast examination
- An approach to perinatal asphyxia
- Postpartum haemorrhage
- Management of bronchial asthma in children
- Emergency medical response system using rapid response team
- Fluid therapy in paediatrics



MEDICAL INTERNSHIPS

By providing the much-needed internship opportunities to students of relevant subjects from the College of Health Technology, Takum, and from other Taraba State institutions of health and medical training, the RDM/KDHC is playing an active role in the teaching of the next generation of medical professionals in Taraba State and Nigeria. In 2022, 8 students benefited from the RDM/KDHC internships.

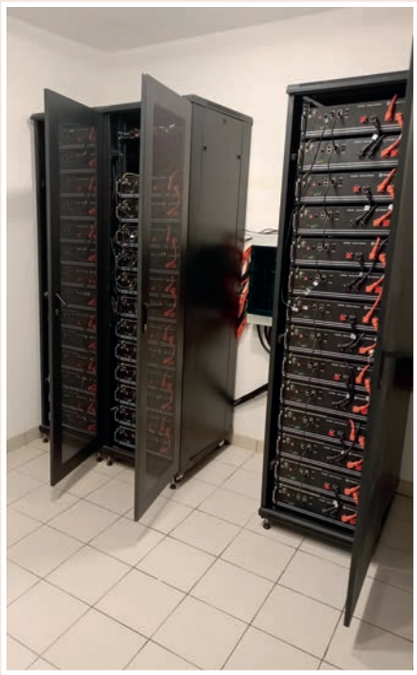
The internship opportunity provides a hands-on experience for the students in the management of patients as they observe all steps of hospital-patient interactions, from when they present, either to the Emergency Room or to the Outpatient Unit, to the taking of vital signs and the provision of emergency resuscitative measures, the conduct of certain laboratory investigations, and the care of admitted patients on the wards.

The training provided during these internship sessions allows them to see in practice many of the concepts that they have been taught in class but for which they have not found real-world applications. Feedback we have received from those who have passed through the internship programme is that, because of their time spent at the RDM/KDHC and because of the clarifications that they have received when they have posed questions about concepts that they found initially challenging to understand, they return to their studies with a clearer insight into their subject matter and are therefore better motivated as they continue their respective courses of study.

STAFF FACILITIES

Members of staff have at their disposal several recreational facilities that have been sponsored by T. Y. Danjuma Foundation and the Taraba State Government. The equipment and facilities have proved invaluable in promoting the mental and physical well-being of its users. These include a staff hall and canteen, a fully equipped gym and staff lounge, and a full-sized tennis court. The staff have spent many moments together in various team building activities, sports and happy moments celebrating important events.

The renewable energy system continues to run smoothly and provides clean energy to run the facilities. As with most areas of human and biological endeavour, the usage of material leads to the production of waste. In many rural hospitals, the proper management of medical waste is a matter of critical concern, as these hospitals face challenges with safely disposing large quantities of potentially harmful waste. The most viable and sustainable answer to this challenge is incineration. Accordingly, the RDM/KDHC incinerator is routinely fired up and used to safely dispose the medical waste that is generated in the RDM/KDHC.



EXPANSION

The National Optometric Association assesses that nearly seven million Nigerians are blind, and that there are close to 50 million Nigerians whose ability to work, learn, or play is limited by one form of visual disability or the other. Although most of the conditions leading to vision loss are preventable, these conditions go on to cause blindness because, among people affected, a significant proportion is unable to access expert care, either from the paucity of funds, or from the sheer dearth of skilled personnel. Fake practitioners also exploit the situation by offering cheap "remedies" to the people, which are no remedies at all, but which on the contrary, make them worse, subsequently causing them to spend more money and time trying to get treatment and ultimately leaving them blind.

The burden of eye disease on the community and on the economy is relatively higher in developing countries, and particularly so in rural areas with limited access to hospitals and clinics specializing in eye care. By far the larger number of people living with eye disease in these settlements go blind from cataracts that would have been entirely treatable, had professional help been secured early in the course of the disease. In other words, many of those people in our society who are blind today may have continued to have their sight, had their cataracts been successfully dealt with. In a milieu like ours, the blindness of any adult automatically makes that adult dependent on others in the immediate environment for almost all aspects of survival. This dependence permanently stunts that individual's productivity and growth and could even slow the productivity of those around the person, as they struggle to meet the increased demands of caring for a blind relative.

Therefore, to improve citizens' access to proper eye care, prompt eye disease diagnosis and treatment including surgical treatment where applicable, and good optometry services, the TYDF is opening a specialized eye hospital in Takum. This will be an advanced ophthalmology and optometry centre, equipped with modern technology and highly specialized personnel who will work to reduce the burden of eye disease in Takum and beyond.

PROJECT OF:

TY DANJUMA FOUNDATION

COLLABORATION WITH:

GOVERNMENT OF TARABA STATE NIGERIA

MANAGED AND OPERATED BY:

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