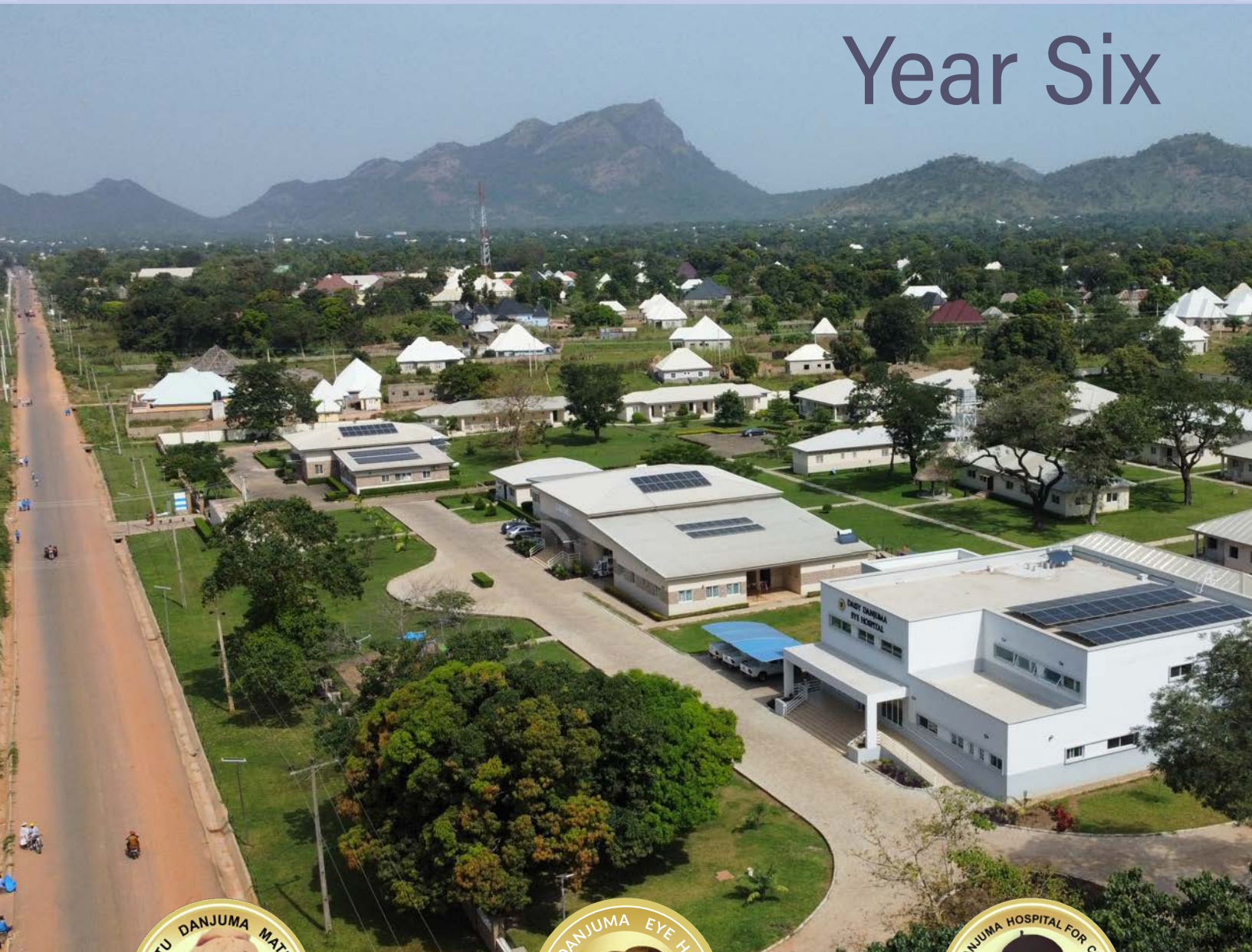


T.Y. Danjuma Foundation Medical Centre

PROJECT REPORT

Year Six



PROJECT OF:



OPERATED BY:



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IMPACT HIGHLIGHTS

COMBINED YEARS STATISTICAL OVERVIEW

DECEMBER 2017 - NOVEMBER 2023

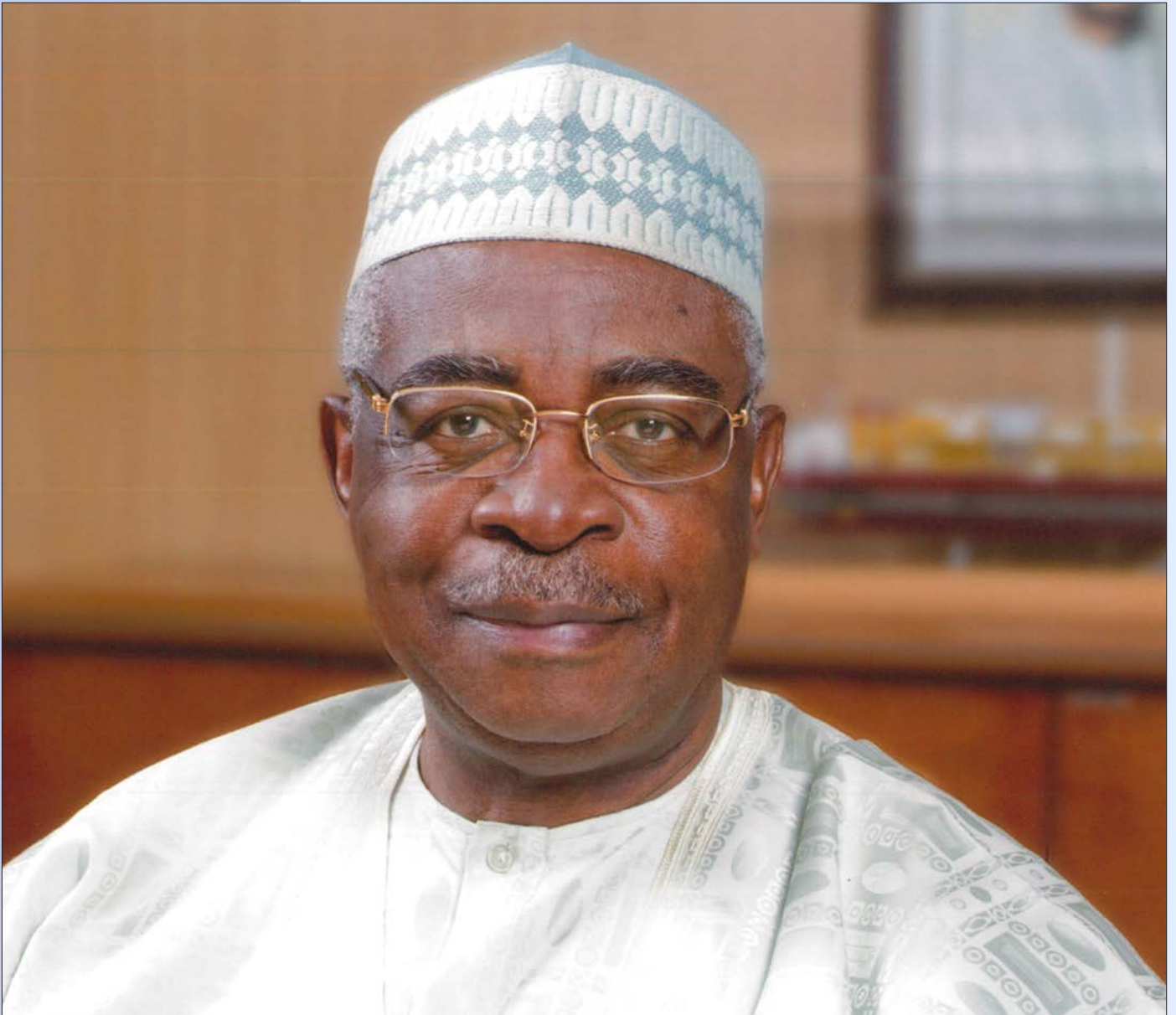
NEW PATIENT REGISTRATIONS	14,585
OUTPATIENT CONSULTATIONS	31,726
TOTAL INPATIENT ADMISSIONS	7,133
HIGH-RISK NEONATAL INBORN ADMISSIONS*	203
HIGH-RISK NEONATAL OUTBORN ADMISSIONS*	169
ULTRASOUND SCANS	6,921
TOTAL DELIVERY PROCEDURES	2,695
SETS OF TWINS/TRIPLETS DELIVERED	105
DELIVERIES CAESAREAN	889
SURGICAL PROCEDURES	1,621
SURGICAL PROCEDURES CHILDREN*	211
IMMUNISATIONS GIVEN	35,607
LABORATORY TESTS	86,992
EMT AMBULANCE JOURNEYS	3,946

**Start date of statistic collection Dec 2021*

PATRONS

Lt. Gen. Theophilus Yakubu Danjuma GCON

General TY Danjuma is the founder and Chairman Emeritus of the 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, Dr. Agbu Kefas

Agbu Kefas is a retired Nigerian Army Lieutenant Colonel who currently serves as the Governor of Taraba State. He assumed office in 2023. Agbu Kefas was born on November 12, 1970, in Wukari, Taraba State, Nigeria, to the family of Mr. and Mrs. Kefas. His family has a notable history of achievements in the military and public service. After serving in the Nigerian Army for 21 years, Agbu Kefas retired from military service. Following his retirement, he was appointed as the Chairman of the Governing Board of Directors of the Nigerian Maritime Administration and Safety Agency (NIMASA) from 2013 to 2015. He also served as a member of the Presidential Committee on North-East Initiative from 2016 to 2019. In 2020, Kefas ventured into politics and became the State Chairman of the Peoples Democratic Party (PDP) in Taraba State. In 2022, he successfully contested and won the PDP gubernatorial primary election in Taraba State.



INTRODUCTION

The United Nations estimates that Nigeria, boasting a population just shy of 220 million, stands as the most populous nation in Africa and the seventh globally. This equates to approximately one in every 43 individuals worldwide hailing from Nigeria. Among Nigeria's 220 million inhabitants, women constitute around 49%, with 51% falling within the reproductive age group. Consequently, a birth occurs in Nigeria approximately every 20 seconds.

Regrettably, the country grapples with unsettling mortality rates, including approximately 90 deaths per 1,000 live births for children under the age of 5, about 55 infant deaths per 1,000 live births, and an alarming 917 maternal deaths per 100,000 live births (cf Worldometer.info accessed 30 October 2022; WorldPopulationReview.com accessed 31 October 2022).

Amidst these challenges, the T.Y. Danjuma Foundation Medical Centre, comprising of Rufkatu Danjuma Maternity, Kuru Danjuma Hospital for Children and Daisy Danjuma Eye Hospital, emerges as a beacon of hope. These not-for-profit specialized medical facilities, situated in Takum, Taraba State, and its environs, are dedicated to providing advanced maternal, newborn, and childcare services to the most vulnerable populations. Operated by Development Africa, these facilities, funded and overseen by the TY Danjuma Foundation, are instrumental in ameliorating maternal and infant morbidity and mortality indices in this region of the country.





YEAR 6 STATISTICAL OVERVIEW (Dec 2022 - Nov 2023)

New Patient Registrations: 2,966

Outpatient Consultations: 6,331

Total Inpatient Admissions: 1,376

High-Risk Neonatal Inborn Admissions*: 92

High-Risk Neonatal Outborn Admissions*: 67

Ultrasound Scans: 1,434

Total Delivery Procedures: 539

Sets of twins/triplets delivered: 43

Deliveries Caesarean: 205

Surgical Procedures: 609

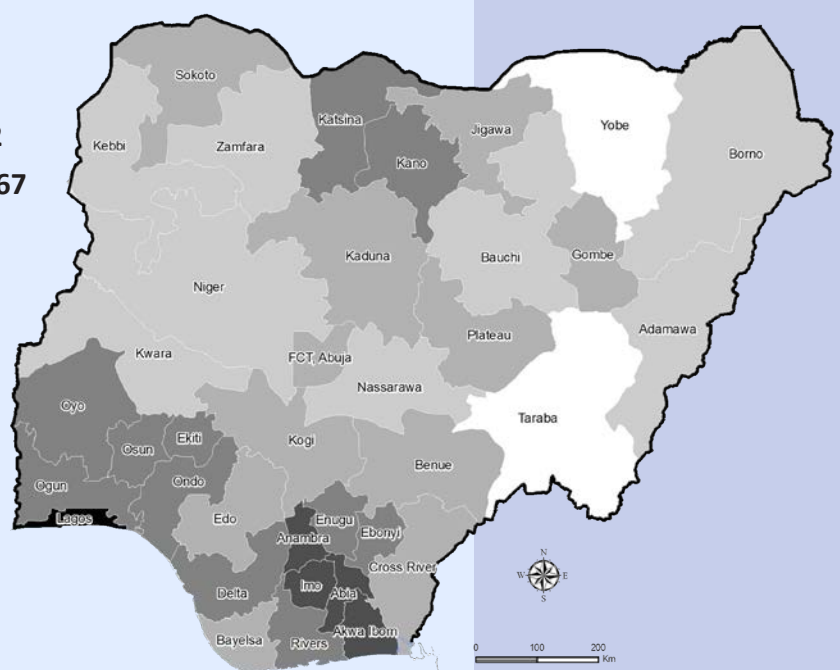
Surgical Procedures Children*: 108

Immunisations Given: 5,718

Laboratory Tests: 21,212

EMT Ambulance Journeys: 659

**Start date of statistic collection Dec 2021*

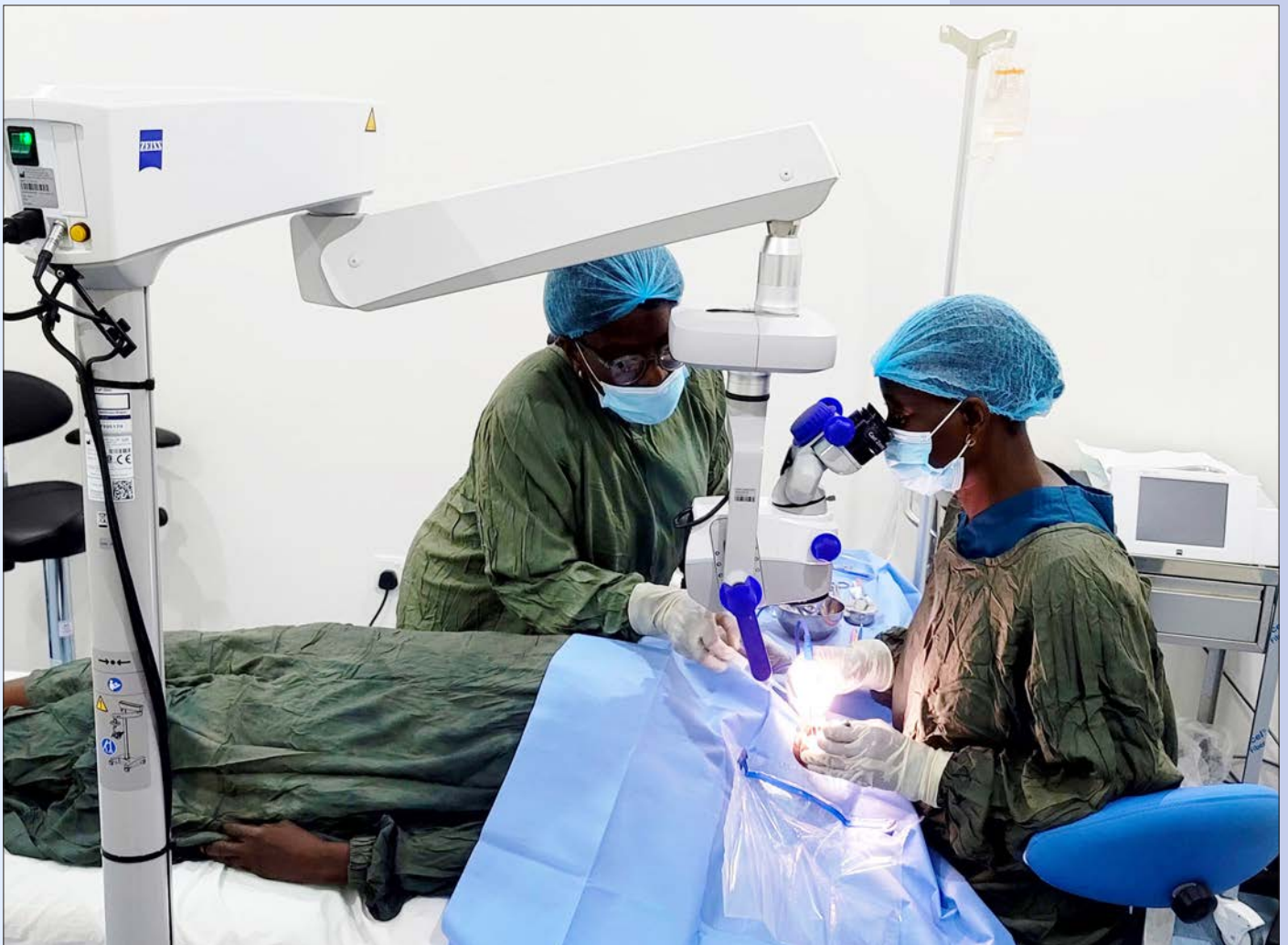


YEAR IN REVIEW

In 2023, T.Y. Danjuma Foundation Medical Centre (TYDFMC) continued their dedicated efforts to provide highly specialized maternal and newborn care to the residents of Takum and its surrounding areas. The committed staff the TYDFMC persistently explore innovative and more efficient approaches to service delivery, placing a strong emphasis on ensuring timely access to healthcare services for all community members utilizing the facility.

The challenging economic conditions and prevailing impoverishment of the population have heightened their susceptibility to diseases, compromised their immune resilience, and increased the risks of morbidity and mortality. In response, ongoing initiatives are in place to mitigate the adverse health consequences associated with these circumstances. This ensures that community members can consistently access specialized medical services, safeguarding their well-being amidst the challenges posed by the economic downturn and widespread impoverishment.





FACILITY AND SERVICES



The TYDFMC extends its vital services to the residents of Takum and the entirety of Taraba through a dedicated team comprising 134 professionals, including doctors, midwives, nurses, sonographers, laboratory scientists and technicians, administrative, and support staff. Additionally, a group of doctors and nursing staff has been seconded to the TYDFMC from the Taraba State Ministry of Health. Equipped with state-of-the-art medical and laboratory facilities, each department's medical team is well-prepared to deliver comprehensive healthcare services to patients seeking assistance at the centre.

Operating as public facilities, the hospitals provide medical treatment within their designated scope at all hours, including weekends and public holidays. The range of medical services caters to pregnant women, women in labour, and children of all ages, delivered on both outpatient and inpatient bases. The specific services include:

- **Maternal Outpatient:** Open at all hours
- **Obstetric services:** Available 24/7
- **Neonatal and Paediatric Outpatient:** Operational 24 hours
- **Inpatient services:** Accessible at all hours
- **Emergency services:** Available around the clock
- **Laboratory services:** Accessible at 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



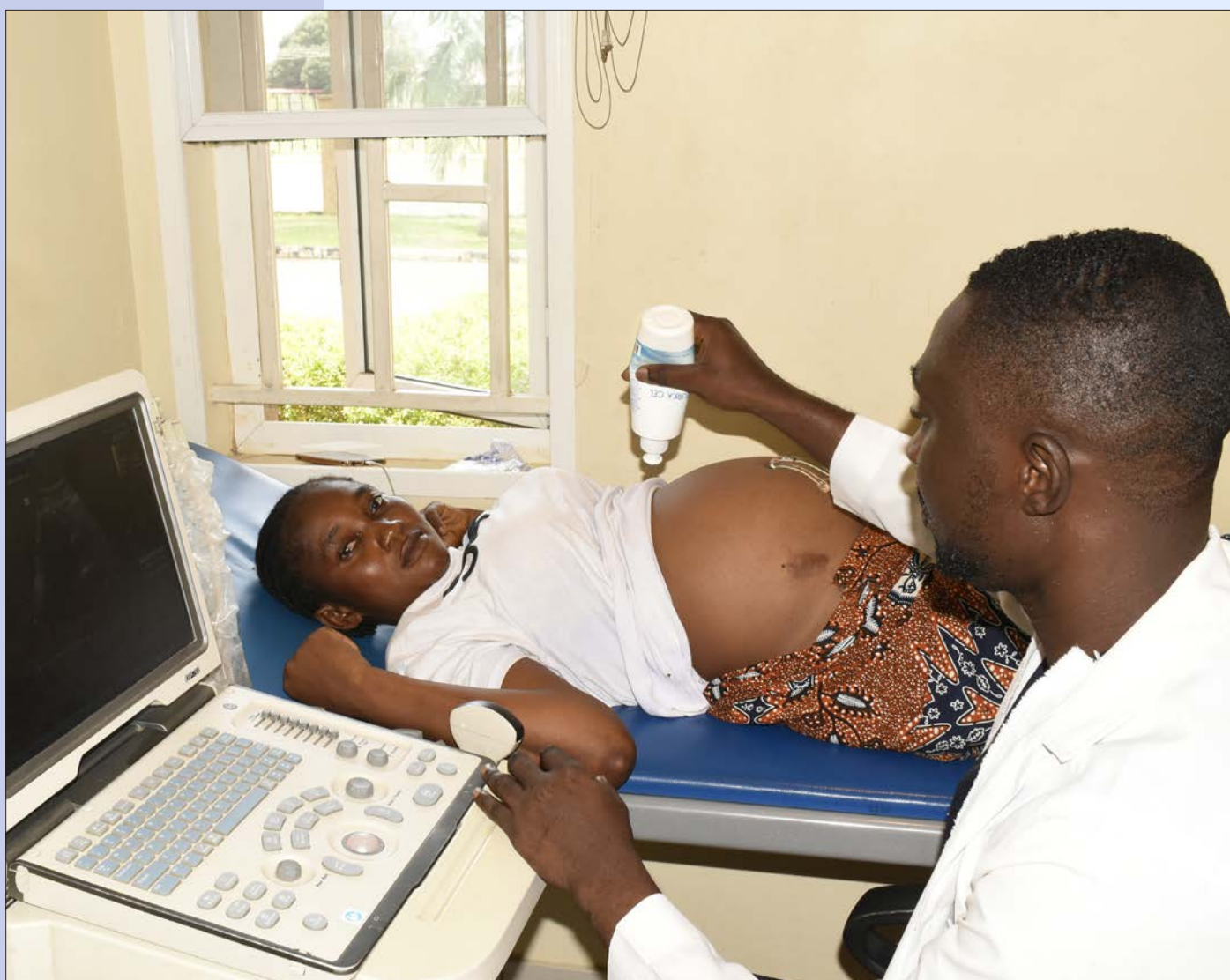
Three Emergency Mobile Transport (EMT) keke ambulances facilitate the transportation of patients to and from the hospitals on demand. This service is particularly vital for women in labour, as well as patients who are critically ill, weakened, or unable to move. Between December 2022 and November 2023, the keke ambulances completed a total of 659 trips, underscoring their significant role in ensuring timely and efficient patient transportation.



MATERNITY

Our formidable Rufkatu Danjuma Maternity (RDM) obstetric team, comprising specialized doctors and midwives, remains consistently present and responsive. They employ swift actions and implement precise clinical interventions to adapt to changes in the clinical conditions of our obstetric patients. All interventions, whether medical or surgical, are meticulously calibrated to optimize outcomes for both the mother and the newborn.

In the period spanning December 2022 to November 2023, our obstetric team conducted a total of 1,434 ultrasound scans. These scans played a crucial role in assisting all deliveries throughout the year, including the successful delivery of 20 sets of twins, 1 set of triplets, and 518 singleton babies. Consequently, the total number of newborns welcomed into the world at the RDM during this period amounted to 561, showcasing the dedication and effectiveness of our obstetric care team.



PAEDIATRIC SERVICES

The pivotal role played by the Kuru Danjuma Hospital for Children (KDHC) is evident in ensuring a smooth and efficient transition from the initial stages of newborn care at the RDM to the paediatric phase, seamlessly continuing at the KDHC. The dedicated staff at the KDHC strives to deliver sustained paediatric and child healthcare, extending beyond the neonatal period through all stages of childhood and into late adolescence.

At the KDHC, a comprehensive range of paediatric services is offered, encompassing treatment for various childhood ailments, including surgical and emergency interventions when required. The integration of paediatric services at the KDHC in 2021, in addition to the obstetrics and gynaecology services already provided by the RDM, has significantly bolstered the confidence of community members in the expanded facility. This enhancement means they can now access premium gynaecological, maternal/obstetric, neonatal, child, and adolescent care seamlessly, all under one roof, eliminating bureaucratic hurdles.



HIGH-RISK NEONATE CARE

Before the initiation of operations at the Rufkatu Danjuma Maternity (RDM), reports emerged of women in the community losing their babies, particularly when born prematurely for any reason. Upon the establishment of the RDM, the obstetric team launched a deliberate series of efforts to safeguard the lives of these premature babies, even in the absence of incubators. These concerted endeavours yielded remarkable success stories, notably the preservation of a baby born at 26 weeks gestation, surpassing Nigeria's age of foetal viability at 28 weeks. This resilient infant, kept alive by our team without the aid of an incubator, thrives and remains healthy today.

Recognizing the imperative need for incubators at the RDM, the TY Danjuma Foundation responded in 2023 by providing an additional brand-new incubator, bringing the total to three. These highly specialized machines have become integral to our neonatal intensive care, playing an indispensable role in preserving life and organ function for infants born several weeks before their due date. The incubators facilitate real-time monitoring of admitted children, collecting diverse clinical progress data and making it promptly accessible to the healthcare team. This data is then processed by our clinical team to formulate and execute individualized care plans for each patient.



The utilization of these machines to gather vital information about the patients has allowed the clinical staff to allocate more time and attention to other aspects of care not covered by the machines, such as laboratory work and intermittent feeds. Most crucially for the infants, the incubators provide an environment conducive to their thriving, with the surroundings artificially regulated to closely mimic the natural intrauterine environment. This meticulous regulation ensures that preterm babies can transition from intrauterine to extrauterine life as seamlessly as possible. As a result, more of our preterm infants not only survive but eventually become healthy enough for discharge.



THEATRE

Upon the commencement of operations at the Kuru Danjuma Hospital for Children (KDHC), a growing number of children across various age groups sought treatment at the TYDFMC for various conditions. Among them were children requiring surgical intervention, such as hernias, hydroceles, and inflamed appendices. Some cases demanded immediate surgical attention, especially when a child presented with a strangulated hernia. It became apparent that there was a pressing need to establish paediatric surgical services on a scale that could effectively address the emergency requirements of the most prevalent paediatric surgical emergencies in the community.

Responding to this need, the TY Danjuma Foundation approved and funded the expansion of the paediatric general surgery unit at the TYDFMC. A modern anaesthesia machine, along with the relevant expertise, was procured and installed to cater to children who could not undergo surgery using regional anaesthesia or cases where general anaesthesia

was deemed more appropriate. A comprehensive program was devised and is currently being executed, ensuring that surgeons with the necessary skills and specialties are consistently available at the TYDFMC. These surgeons have conducted training sessions for staff, focusing on areas relevant to the perioperative care of patients. This initiative ensures that any child presenting with a surgical emergency at the TYDFMC, within our scope, receives timely surgical intervention and all necessary adjunctive treatments.

Between December 2021 and November 2023, over 50% of all paediatric surgeries performed at the TYDFMC were herniorrhaphies, aligning with the global pattern, as inguinal hernia repair is one of the most common paediatric operations conducted worldwide.

With financial support from the TY Danjuma Foundation, the TYDFMC is currently expanding its physical space to better accommodate the surgical needs of children while simultaneously maintaining optimal surgical services for mothers and women in need.





IMMUNISATION

TYDFMC is actively engaged in vaccination campaigns, fervently delivering vaccines not only at birth but also on a weekly basis in collaboration with the government immunization team. In the past year, an impressive total of 5,718 vaccinations were successfully administered. Importantly, these vaccination services are extended to all individuals without any cost, encompassing those who may not be registered at TYDFMC but are recipients of the vaccines.



ANTENATAL EDUCATION

Adhering to global best practices, the RDM conducts multiple-session antenatal classes each week, customized for women at various stages of pregnancy. These classes serve as a critical and life-saving platform for health education and promotion, imparting essential knowledge on disease prevention, early diagnosis, and the treatment of pregnancy-related illnesses and complications. To ensure maximum participation, the classes are strategically timed to align with women's antenatal care visits, following the World Health Organization's recommendation of a minimum of four antenatal care visits throughout pregnancy, with the initial visit occurring in the first trimester (source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6797296/>).

The structured antenatal care program enables any woman registering her pregnancy for antenatal care within the first trimester to meet this recommended benchmark. The primary goals of the antenatal education classes include ensuring that expectant mothers understand the significance of regular antenatal check-ups at the RDM/KDHC. These check-ups encompass blood pressure measurement, urine testing for bacteriuria and proteinuria, blood testing for severe anaemia, weight measurement, and imaging to assess foetal well-being.

Beyond medical aspects, the antenatal education provided to RDM patients covers topics such as good hygiene, dietary habits, healthy nutrition during pregnancy, postpartum recovery, exclusive breastfeeding, adequate rest, work management, multiple newborn and infant care (for twins and triplets), pregnancy and foetal danger signs, pregnancy complications, and signs of labour. This comprehensive knowledge plays a pivotal role in preventing complications arising from delayed hospital presentation during labour or potential issues during pregnancy.



LABORATORY AND PHARMACY

The TYDFMC laboratory operates 24/7, delivering a wide spectrum of diagnostic services to effectively address a variety of clinical conditions. With its significant capacity, the laboratory plays a crucial role in the diagnosis and management of diverse medical issues.

The laboratory offers a comprehensive range of services, including haematological tests such as complete blood count, blood grouping and crossmatching, and genotype testing. Clinical chemistry tests, encompassing renal function, liver function, and lipid metabolism, are also carried out. Microbiological tests, including culture and sensitivity studies, form an integral part of the laboratory's offerings. The utilization of state-of-the-art machinery and technology, combined with regular quality control checks, ensures that testing methods are error-free, providing accurate results.

Crucially, these high-quality services are made available at a minimal cost, ensuring that comprehensive healthcare is accessible to all facility users under optimal conditions.

From December 2022 to November 2023, the laboratory conducted a total of 21,212 tests, underscoring its unwavering commitment to providing top-notch diagnostic services to the community.



STATISTICS 2017-2023

The health challenges surrounding childbirth disproportionately affect Nigeria's 40 million women of childbearing age, ranging from 15 to 49 years old. Despite representing only 2.4% of the global population, Nigeria accounts for a significant 10% of worldwide maternal deaths. Recent statistics reveal a maternal mortality rate of 576 per 100,000 live births, ranking as the fourth highest globally. Infant mortality is reported at 69 per 1,000 live births, escalating to 128 per 1,000 live births for children under five. A substantial 64% of under-five deaths are attributed to malaria, pneumonia, or diarrhoea. Although there has been considerable investment in the healthcare sector in recent years, the accessibility of appropriate treatment for patients remains notably low. ²

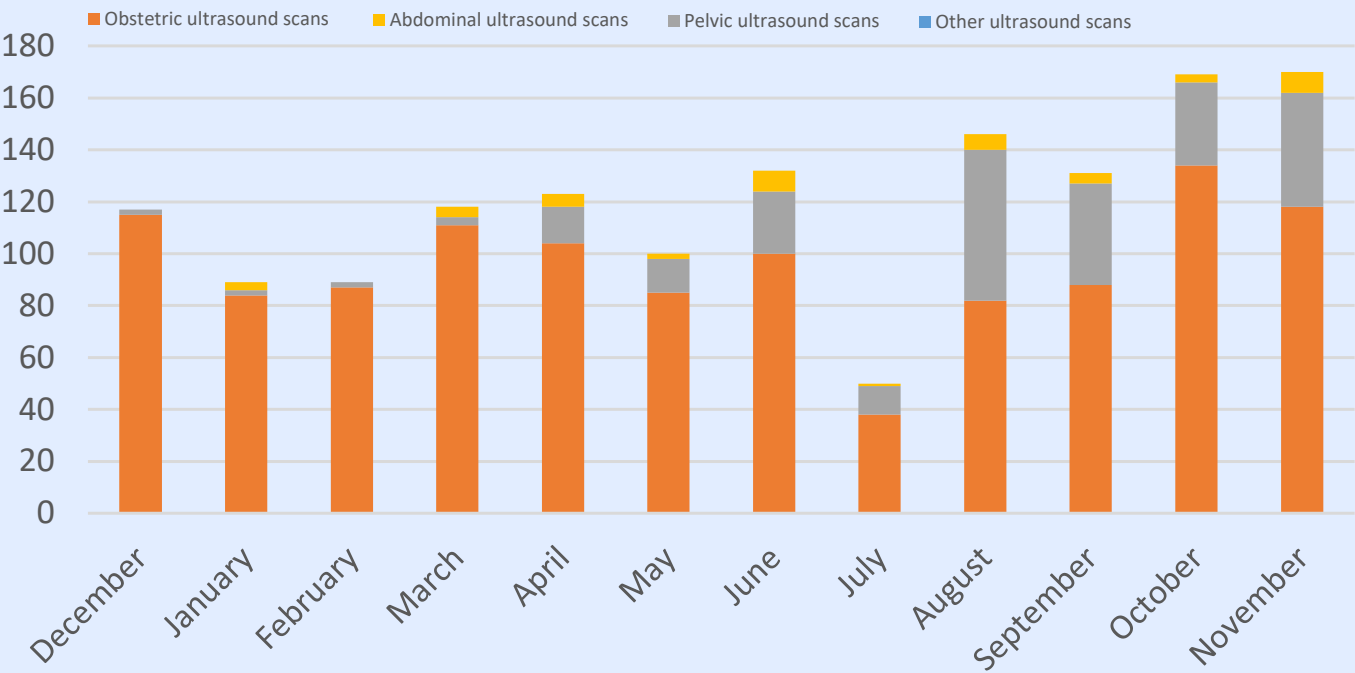
²<https://www.unicef.org/nigeria/situation-women-and-children-nigeria>

TOTAL COMBINED STATISTICS 2017-2023

DESCRIPTION Combined Years	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Antenatal Consultation	1,251	1559	1458	1558	1396	1,516	1,646	1,490	1,543	1401	1,589	1420	17,827
Neonatal Consultation (0hrs - 31 days)	133	114	117	177	188	164	134	137	121	141	160	181	1,767
Infant Consultation (32days-1yr)	138	204	172	211	264	254	225	164	141	181	206	211	2,371
Pediatric Consultation (1yr-17yr)	632	706	588	539	430	520	586	560	570	596	702	722	7,151
Adult Female Consultation	55	70	57	87	98	87	114	106	103	183	148	159	1,267
Others Consultation	20	33	36	21	30	25	24	20	33	48	25	16	331
Ward Round Consultation	381	308	257	297	269	390	304	223	266	251	252	493	3,691
Antenatal Registration	540	663	515	559	468	623	598	496	461	454	553	502	6,432
Female Registration	41	41	38	75	69	56	65	68	69	98	103	91	302
Pediatric Registration (1yr-17yr)	505	653	507	578	510	562	506	481	525	593	676	699	6,795
Other Registration	39	50	38	32	42	32	42	29	24	16	11	23	378
Deliveries Non-Surgical	120	140	136	180	178	143	133	127	139	164	177	169	1,806
Deliveries Cesarean	65	71	66	91	84	102	104	90	71	115	107	118	1,084
Adult major surgeries	32	50	29	52	40	36	53	59	39	64	50	83	587
Adult minor surgeries	45	75	61	89	87	81	66	67	82	97	85	91	926
Child major surgery	0	7	7	4	2	3	7	4	10	6	7	6	63
Child minor surgery	8	19	9	10	16	13	14	8	7	9	15	20	148
Women Admissions	306	326	296	422	371	371	340	360	318	377	448	409	4,344
Paediatric Ward Admissions	135	214	248	210	130	174	196	183	175	189	173	210	2,237
Other Admissions	8	14	16	17	14	14	18	17	24	14	12	12	180
Obstetric Ultrasound Scan	459	427	394	559	438	579	740	500	577	532	585	594	6,384
Pelvic Ultrasound Scan	12	16	21	22	21	27	59	40	86	56	42	48	450
Abdominal Ultrasound Scan	2	5	3	8	6	2	9	8	17	10	5	12	87
Vaccinations	2,555	2,979	2,499	2,549	2,789	3,257	3,448	3,328	3,297	2,601	3,138	3,167	35,607
Laboratory Tests	6,149	7,365	5,904	7,245	6,351	6,658	8,293	7,583	7,251	7,580	7,827	8,786	86,992
Ambulance Keke Trips	232	272	335	410	324	318	385	355	286	310	349	370	3,946
TOTAL	13,863	16,381	13,807	16,002	14,615	16,007	18,109	16,503	16,235	16,086	17,445	18,612	193,153

STATISTICS YEAR 6

TOTAL ULTRASOUND SCANS: 659 (Dec 2022 - Nov 2023)



TOTAL ADMISSIONS: 1,376 (Dec 2022 - Nov 2023)

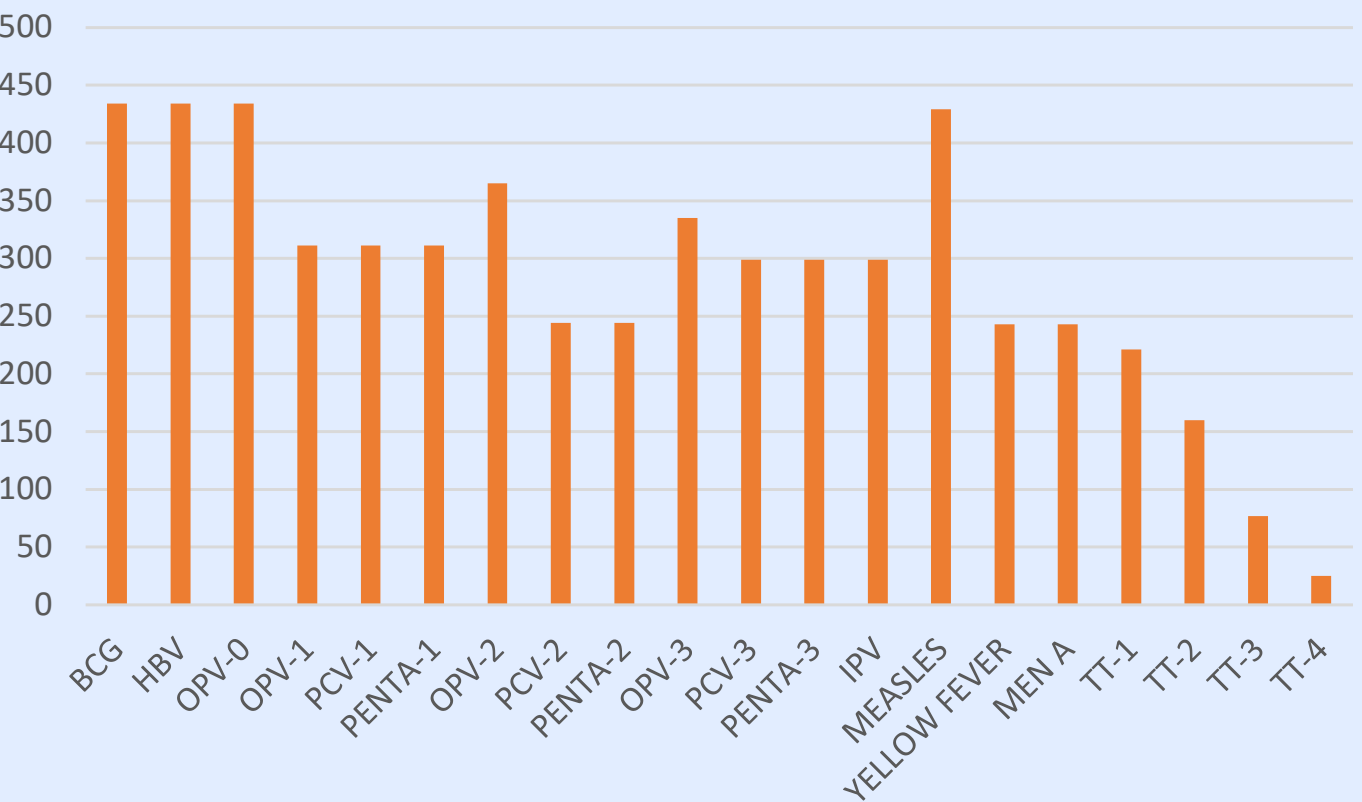
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
TYDFMC ADMISSIONS												
Women admissions	59	78	55	86	78	70	55	70	69	86	75	78
Children (Paediatric) admissions	21	53	35	27	18	12	29	22	24	22	32	49
Other admissions	0	1	1	1	0	0	1	0	0	6	0	4
INBORN NEONATAL ADMISSIONS												
Inborn (incubator) admissions*	1	7	0	5	2	2	2	1	0	0	2	0
Inborn (non-incubator) admissions	3	4	1	3	9	3	3	12	10	6	5	11
Total inborn admissions	4	11	1	8	11	5	5	13	10	6	7	11
OUTBORN NEONATAL ADMISSIONS												
Outborn (incubator) admissions*	0	0	0	0	0	0	0	0	0	0	0	0
Outborn (non-incubator) admissions	5	6	6	4	7	7	2	7	1	5	9	8
Total outborn admissions	5	6	6	4	7	7	2	7	1	5	9	8
TOTALS												
Total Neonatal Admissions (by month)	9	17	7	12	18	12	7	20	11	11	16	19
Total non-Neonatal Admissions (by month)	80	132	91	114	96	82	85	92	93	114	107	131
Total Admissions (by month)	89	149	98	126	114	94	92	112	104	125	123	150

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

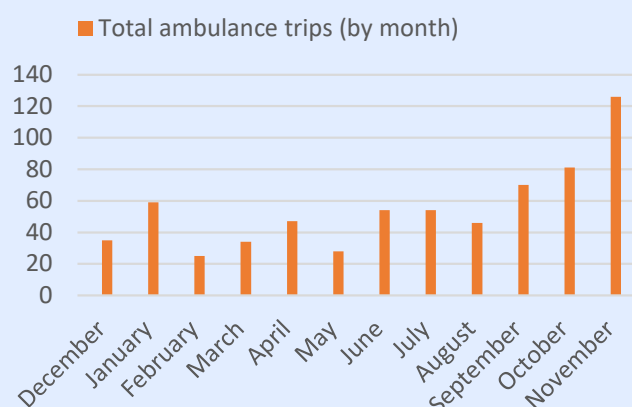
TOTAL CONSULTATIONS: 6,331 (Dec 2022 - Nov 2023)

CONSULTATIONS DATA	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ANC consultations	207	273	144	235	216	190	215	181	200	204	265	246
Neonatal Consultation (0 hours-31 days)	9	12	8	20	33	39	28	28	22	20	38	50
Infant Consultation (32 days - 1 year)	17	29	32	61	59	31	38	25	35	37	47	83
Children's Consultation (1 year - 17 years)	118	149	61	85	75	52	62	79	81	93	105	119
Adult Female Consultations	25	30	13	39	52	39	45	57	51	79	94	100
Other consultations	0	1	0	1	1	0	0	2	0	0	2	3
Ward round consultations	208	206	200	222	136	166	188	166	222	204	230	322

TOTAL VACCINATIONS: 5,718 (Dec 2022 - Nov 2023)



TOTAL AMBULANCE TRIPS: 659 (Dec 2022 - Nov 2023)



TOTAL NEW PATIENTS REGISTERED: 2,894 (Dec 2022-Nov 2023)

Antenatal	914
Children under 5 yrs	1,051
Children aged 5-17 yrs	310
Newborns born at RDM	91
Females	512
Other	14

TOTAL LABORATORY TESTS: 21,212 (Dec 2022 - Nov 2023)

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Year's Total
LABORATORY INVESTIGATIONS													
HEPATITIS B SURFACE ANTIGEN (HBSAG)	121	169	94	132	112	81	131	110	126	131	170	186	1,563
HEPATITIS C ANTIBODY (ANTI-HCV)	103	150	91	131	99	72	123	106	110	127	159	178	1,449
VDRL	98	145	82	104	91	68	115	102	107	118	150	168	1,348
HIV-1/HIV-2	136	182	107	155	152	106	149	134	157	141	206	216	1,841
BLOOD GLUCOSE DETERMINATION (FASTING)	1	1	3	1	1	8	3	3	2	0	4	5	32
BLOOD GLUCOSE DETERMINATION (RANDOM)	198	241	174	418	243	202	180	170	159	204	87	350	2,626
URINALYSIS	73	105	54	94	93	74	97	79	129	115	145	153	1,211
PREGNANCY TESTING (SERUM)	10	17	5	13	11	13	14	7	13	28	16	17	164
PACKED CELL VOLUME (PCV) ESTIMATION	182	257	135	200	183	138	228	222	233	301	388	365	2,832
BLOOD GROUP DETERMINATION	101	123	74	95	72	72	112	109	112	110	0	162	1,142
BLOOD CROSSMATCH	46	55	30	38	28	18	45	46	43	45	51	54	499
BLOOD DONOR PHLEBOTOMY	46	55	30	38	28	18	45	46	43	45	51	54	499
HAEMOGLOBIN GENOTYPE	64	88	45	54	60	44	52	51	75	41	89	108	771
FULL BLOOD COUNT	105	177	95	150	143	90	116	109	130	14	39	124	1,292
MALARIA PARASITES (BLOOD FILM)	142	215	120	164	171	128	195	158	254	192	259	313	2,311
BILIRUBIN ASSAY (TOTAL AND CONJUGATED)	5	17	13	19	7	3	1	5	13	10	24	20	137
WIDAL REACTION	7	13	13	8	19	15	35	31	65	43	58	48	355
SERUM ELECTROLYTES, UREA, CREATININE	70	126	73	92	81	8	2	34	38	40	73	94	731
LIVER FUNCTION TESTS	9	5	3	5	3	0	1	2	2	3	4	7	44
Other Tests*	24	29	12	20	56	19	27	22	30	38	41	47	365
TOTAL TESTS DONE BY MONTH	1,541	2,170	1,253	1,931	1,653	1,177	1,671	1,546	1,841	1,746	2,014	2,669	21,212

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. Serology.

TOTAL DELIVERY PROCEDURES: 539 (DEC 2022 - NOV 2023)

TOTAL DELIVERIES	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Natural Deliveries: 308	21	32	24	32	28	27	25	17	34	35	32	27
Caesarean Deliveries: 205	19	15	7	20	13	16	11	26	14	19	19	26
TOTAL DELIVERIES	48	32	23	38	32	37	31	60	29	35	37	49

TOTAL BABIES DELIVERED

Total singleton babies	39	45	29	49	39	39	33	43	47	53	50	52
Total twin babies	2	4	4	4	4	8	6	0	2	2	2	2
Total triplet babies	0	0	0	3	0	0	0	0	0	0	0	0

TOTAL SURGICAL PROCEDURES: 609 (Dec 2022 - Nov 2023)

SURGERIES ON ADULTS: 248

Obstetric: Caesarean sections	205
Gynae: Myomectomies	25
Gynae: Total abdominal hysterectomies	1
General: Exploratory laparotomies	12
General: Appendicectomies	1
General: Herniorrhaphies	3
General: Mastectomies	0

OTHER (OBSTETRIC) PROCEDURES: 154

Episiorrhaphies	64
Repair of intrapartum vaginal lacerations	90

OTHER PROCEDURES: 84

Biopsies	22
Uterine evacuation	62

SURGERIES ON CHILDREN: 107

General: Appendicectomies	1
General: Exploratory laparotomies	22
General: Herniorrhaphies	20
Circumcisions	63
General: Hydrocelectomies	1

OTHER SURGERIES: 16

Thyroidectomy	11
Lipoma excision	2
Branchial cyst excision	1
Cholecystectomy	2

TOTAL SURGICAL PROCEDURES: 609

Adult major surgical procedure	261
Adult minor surgical procedure	240
Child major surgical procedure	44
Child minor surgical procedure	64

Adult major surgeries: Caesarean, mastectomy, total abdominal hysterectomy, exploratory laparotomy, thyroidectomy, herniorrhaphy, mastectomy, repair of intrapartum cervical laceration, anal fistulectomy, cholecystectomy, appendicectomy

Adult minor surgery: repair of intrapartum vaginal laceration, abscess incision and drainage, biopsy, uterine evacuation, breast lump excision, lipoma excision, episiorrhaphy

Child major surgery: brachial cyst excision, appendicectomy, exploratory laparotomy, herniorrhaphy, groin exploration

Child minor surgery: circumcision, hydrocolectomy

HUMAN INTEREST STORIES

Doctors often describe Typhoid as “a water-borne disease that disproportionately affects the impoverished, perpetuating further destitution and premature mortality.” My aspiration is that, by the conclusion of this series, you will gain a comprehensive understanding of the reasons behind this characterization.

Over the past year, the medical team at the TYDFMC has encountered and treated numerous patients with various forms of typhoid ileitis, with over seventy percent requiring surgical intervention. Among these cases, I will highlight three specific instances that vividly depict the morbidity associated with typhoid.

Consider Beauty Rimamtanung, a seven-year-old girl brought to KDHC from Ekiti State, where her mother works on cocoa plantations to support the family. A ‘mysterious illness’ struck, leading to Beauty’s severe emaciation. It was discovered that food occasionally passed through a hole connecting her intestine to her skin. The family had lost hope and decided to bring their daughter back to Ussa. While en route, they heard about TYDFMC and decided to seek help one last time. After two major surgeries spanning ten months, Beauty, initially weighing a mere 10kg, is now on the path to full recovery, no longer experiencing the distressing symptoms.



Then there's *Terkimbe Sembe Joseph*, an eight-year-old who spent 38 days at the facility. Having recently lost her father, Sembe's mother faced the imminent possibility of losing her daughter as well. After a week of seeking alternatives elsewhere, Sembe underwent surgical intervention, two cardiac arrests, and a wound breakdown. Despite the challenges, Sembe emerged from the process with a smile, displaying the resilience typical of an 8-year-old.

Emmanuel Maikarfi's story remains poignant at TYDFMC. For 57 days, Emmanuel fought bravely against forces stronger than himself—poverty, inadequate social amenities in his local community (roads, water, and healthcare), and long-standing malnutrition. Despite surgical efforts, his severely malnourished state led to wound breakdown. The hospital management procured expensive special medication ('total parenteral nutrition') to boost his reserves, but unfortunately, Emmanuel did not survive. His story serves as a plea for government intervention in improving water supply to prevent a similar fate for his younger brother.

Reflecting on the opening statement characterizing typhoid as a disease primarily affecting the poor, it is crucial to acknowledge its widespread impact, as seen in Sembe's story. Beyond the evident morbidity, the financial implications and familial strain highlight the urgency for communities to prioritize the delivery of adequate social infrastructure. Government intervention in these aspects represents the best hope for impoverished individuals, recognizing that not all medical interventions yield success.



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The Medical Team at the TYDFMC takes pride in their vibrant professional relationship with tertiary and referral hospitals around the Takum Local Government Area namely; the Jos University Teaching Hospital (JUTH), the Benue State University Teaching Hospital (BSUTH), the Federal Medical Centre Jalingo, and the Federal Teaching Hospital Gombe amongst others. In addition to having medical professionals come in from these centres regularly we also have some of our patients being referred to these centres for whatever reason we are limited to continue care in our centre. Majorly, unavailability of sophisticated radiological support and highly skilled specialists which these centres house and which our patients can benefit from is the reason.

One perfect case that depicts the high level of collaboration we have is the case of Baby Nzuwe Tese. This was a case of term gestation delivered via Emergency Cesarean Section as he was too distressed to go through normal labour. Despite the prompt intervention, it was discovered that he didn't have a patent anus (a condition called *Anorectal Malformation*) and by 18 hours post delivery he had started vomiting.

By the time the child was 24 hours old, he was showing signs of dehydration which had begun to affect his kidneys. A decision was made immediately to refer him to another facility (JUTH) where he had a multiple phased surgery that involved creating a diversion for faeces on his abdominal wall. Before he was a month old, he had undergone 1 surgery. Before he was 6 months old, he had had his second surgery, and by the time he was 21 months old, he had undergone a total of 5 surgeries. The final procedure was done at the TYDFMC, through the intervention of our Surgical Unit with a specialist from JUTH attending.

Now, Nzuwe passes stool like any other child and his father has become an ambassador of our expertise and professionalism at TYDFMC sharing his testimonial as he refers patients to us from the community.

Infertility, a condition laden with societal judgment and emotional anguish, has persisted throughout the ages. Thanks to scientific advancements, many women previously deemed 'barren' can now experience the joy of conceiving and giving birth. A well-equipped medical facility with competent staff and advanced technology plays a crucial role in ensuring a smooth pregnancy journey, instilling confidence in women entrusting their lives and the lives of their precious babies to its care. This narrative is exemplified in the story of J.K.

J.K., a 52-year-old woman who had never experienced childbirth, sought antenatal care at the RDM on September 27, 2022. Her pregnancy, achieved through In Vitro Fertilization (IVF) at another facility, marked the end of a 26-year struggle with infertility. Due to complications arising from hypertension and her history of infertility, she underwent a Cesarean Section at the RDM, delivering a healthy male baby one month before term. After three days of vigilant monitoring and care, both mother and child were discharged.





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F.M., a 30-year-old woman, revisited the facility to initiate her second pregnancy journey, having previously given birth to her first child at the RDM two years earlier.

An obstetric ultrasound scan during the booking process revealed the exciting news that F.M. was expecting twins. Throughout her antenatal and intrapartum period, she experienced no complications, culminating in the birth of healthy twins one month before the expected due date through a spontaneous vaginal delivery. The newborns were diligently attended to and closely monitored by our Paediatric Team.

After five days of comprehensive care, both F.M. and her twins were discharged in excellent condition. Playfully, the Medical Team joked about anticipating her return in three years with a set of triplets, expressing their commitment to being there for her delivery once again.

When Aondona Rejoice was brought to the Kuru Danjuma Hospital for Children (KDHC), she was struggling with a severe brain infection threatening to cut her life short at the very tender age of nine. This young child described by her mother as being lively, intelligent and very helpful around the house was now a shadow of her former self. Over the coming days in our care, as a complication of the disease, she would come to lose her consciousness for an extensive period of time, and lose her eyesight and functionality of her legs as well.

This case, as you can imagine, was a challenging one for the entire Medical Team to manage but even worse was the fact that her mother, who was her primary caregiver was heavily pregnant at the time, had to watch her daughter slowly being taken away from her. Many challenges presented themselves- the greatest of them being the decision on whether to refer her to a specialist or continue treatment at the KDHC.

On one hand, we needed to be sure of the extent of brain damage we were dealing with and so we were considering referral to a centre with available MRI services. The issue with this, however, is most times when referred, patients' parents don't follow through. Some of the reasons include: the inability to pay for services at other hospitals where care is not subsidised, the distance of these centres (the closest facility is 8-12 hours away) from Takum, poor/ unavailable ambulance services, bad roads, and unsafe terrain.

Ultimately, we decided the best option was to treat her empirically at the KDHC within the confines of the best available treatment options. One week later, Rejoice became conscious, another week later she showed signs that she was regaining her sight. By the third week, she was discharged and by her first follow-up visit, she had gradually begun walking again.

STAFF TRAINING

In the pursuit of delivering exceptional medical care, the personnel at TYDFMC actively engage in regular training sessions to stay abreast of global advancements in specialized obstetric, neonatal, and paediatric care. In 2023, the staff participated in targeted training sessions, emphasizing protocols and standard operating procedures. The training encompassed various critical areas, including neonatal emergencies and diseases, childhood emergencies and diseases, paediatric surgical emergencies, as well as obstetric and gynaecological emergencies. These training initiatives highlight the staff's dedication to remaining current and proficient in addressing evolving healthcare challenges, ultimately ensuring the highest standards of patient care.

Training was also provided on the following subject areas:

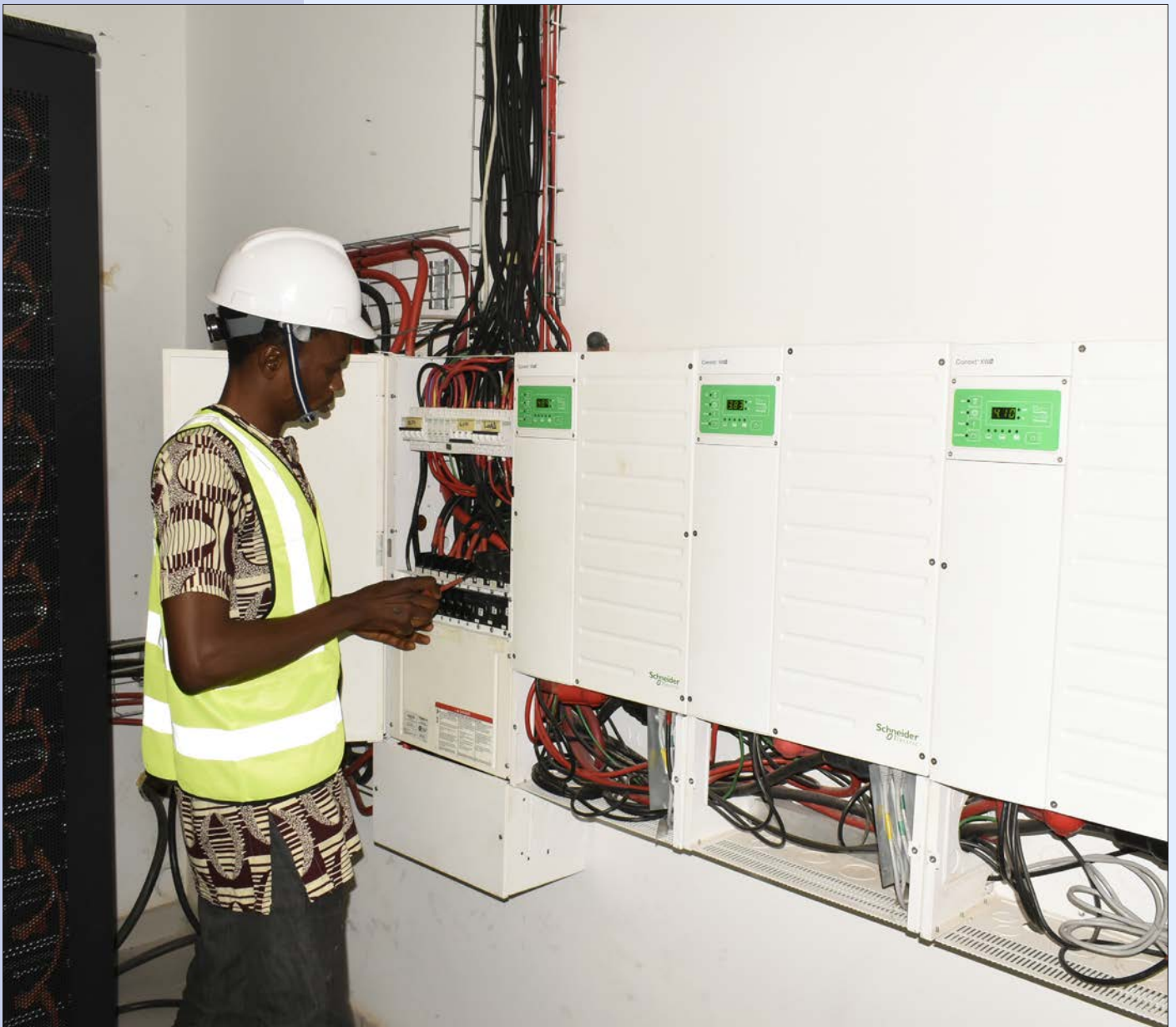
- Training course on the management of severe malnutrition and feeding
- Integrated Management of Childhood illnesses
- Management of common obstetric conditions
- Management of Upper Respiratory Tract Infections in children
- Nursing Care of the Unconscious Patient
- Guidelines for the management of Postpartum haemorrhage
- Principles in modern management of labour; the use of the partograph
- An approach to perinatal asphyxia
- Postpartum haemorrhage
- Prevention control of infection
- Holistic nursing management of patients on admission
- Immediate management of post operative patients
- Antenatal care
- Admission procedures in hospital
- Importance of reception, collection, and handling of specimen in the laboratory
- Communication in healthcare setting
- Common ophthalmic emergencies



SUSTAINABILITY

The renewable energy system maintains its seamless operation, ensuring a continuous supply of clean energy to power our facilities. However, in line with the inevitable byproduct of material usage, the issue of waste management emerges. In rural hospitals, the responsible disposal of medical waste poses a critical concern due to the large volumes of potentially harmful materials.

To address this challenge sustainably, incineration emerges as the most viable solution. Consequently, the TYDFMC incinerator is regularly activated to safely and effectively dispose of the medical waste generated within the facility. This proactive approach reflects our commitment to maintaining a safe and environmentally responsible healthcare environment.



STAFF FACILITIES

Staff members enjoy access to a range of recreational facilities generously sponsored by the T. Y. Danjuma Foundation and the Taraba State Government. These facilities, including a staff hall and canteen, a well-equipped gym and staff lounge, and a full-sized tennis court, play a crucial role in enhancing the mental and physical well-being of our team.

The staff hall and canteen provide a communal space for relaxation and meals, fostering a sense of camaraderie. The fully equipped gym and staff lounge contribute to a healthy lifestyle, promoting both physical fitness and relaxation. Additionally, our full-sized tennis court offers an outlet for sports enthusiasts among the staff.

These recreational amenities have become central to various team-building activities, sports events, and joyous celebrations of important milestones. Together, our staff has created lasting memories in these shared spaces, strengthening the bond within our workplace community.



MEDICAL INTERNSHIPS

The TYDFMC actively supports the education of the next generation of medical professionals in Taraba State and Nigeria by providing crucial internship opportunities to students, including those from the College of Health Technology, Takum, and other health training institutions. In 2023, eight students had the privilege of interning with us.

Our internship program offers hands-on experience in patient management, covering various aspects of hospital-patient interactions. Students witness everything from initial patient presentations in the Emergency Room or Outpatient Unit to vital sign monitoring, emergency resuscitative measures, specific laboratory investigations, and care for admitted patients on the wards.

This practical training allows students to apply classroom concepts in real-world scenarios, providing valuable insights. Feedback from past interns highlights the program's impact, noting a clearer understanding of initially challenging concepts and increased motivation as they progress in their studies.

Joining as an intern at TYDFMC is a unique opportunity for these young people, to bridge the gap between theoretical knowledge and practical application in healthcare.

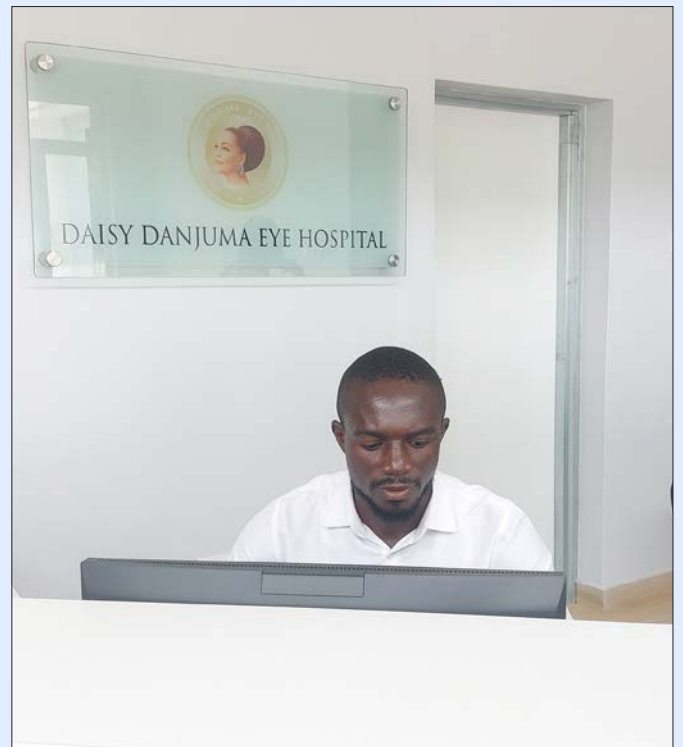


DAISY DANJUMA EYE HOSPITAL

In 2023, the Daisy Danjuma Eye Hospital (DDEH) started operations and thus expanded the services of the TYDMC to include comprehensive eye treatment and care.

To ensure that DDEH meets international standards and delivers high-quality care, the TY Danjuma Foundation spared no effort in procuring the best available equipment. Collaborating with leading manufacturers of ophthalmic equipment, the hospital rivals those in urban centres. The incorporation of cutting-edge technology, including advanced diagnostic tools and surgical equipment, is pivotal in guaranteeing precise and effective treatment.









Key Equipment and Facilities:

Diagnostic Equipment:

- Refraction Units
- SRU Systems
- Ophthalmoscope sets
- Digital Lensmeter (VISULENS 550)
- Tonometer - Pulse Air
- Slit Lamps
- Autorefractor / Keratometer (VISUERE 150)
- Retinoscope

Surgical Equipment:

- Operating Microscope (OPMI Lumera 300)
- Phacoemulsification System (Visalis 100)
- Bipolar Electrocautery Machine
- Titanium Cataract Sets

At DDEH we pride ourselves in our ability to cover a wide range of eye examinations and vision testing. Highly skilled professionals are backed up with some of the most sophisticated technology in testing and diagnosis. Routine eye examination procedures include:



Eye Exam and Vision Testing:

- Visual Acuity Testing
- Cover Tests
- Corneal Reflex Test
- Colour Vision Testing
- Visual Field Screening
- Tonometry
- Ophthalmoscope
- Refraction with SRU
- Cycloplegic Refraction
- Interpupillary Measurement using Pupillometer
- Confrontation Visual Field Testing
- Keratometry
- Slit Beam Examination
- Full Aperture Examination/ Dilated Fundoscopy
- Examination under Anaesthesia

Telemedicine Infrastructure:

- Connectivity for remote consultations and second opinions from specialists in urban centres.
- Telemedicine facilitates between DDEH and specialities around the country in ongoing care for patients who may find it challenging to travel long distances for follow-up appointments.

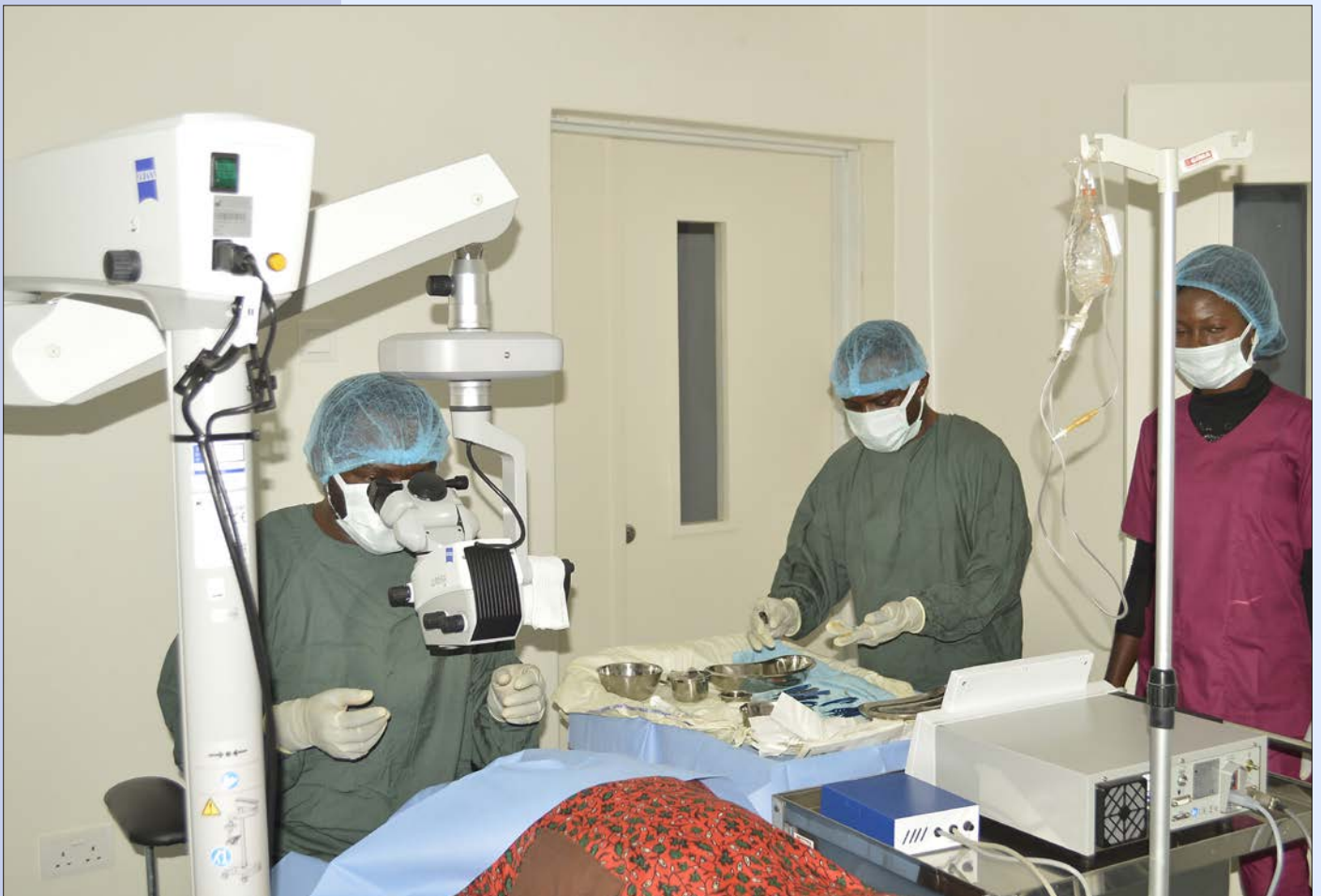




The First Eye Surgery – A Milestone in Rural Healthcare:

On December 23, 2023, DDEH conducted its inaugural eye surgery, marking a significant milestone in rural healthcare. The patient, suffering from advanced cataracts, underwent a successful surgery, regaining vision that had been lost for years. The event underscored the impact of bringing modern eye care to rural communities and demonstrated the effectiveness of the hospital's commitment to excellence.

Looking ahead, DDEH plans to conduct regular outreach programs, raising awareness about eye health and providing basic eye care services in remote villages. Additionally, collaborations with governmental and non-governmental organizations are being explored to ensure the sustainability and growth of the facility.





HOSPITAL EXPANSION FOR ENHANCED MATERNITY & SURGICAL SERVICES

With a surge in the number of births and newborns who need extensive care, there was a critical need for to double the size of the RDM's Neonatal Intensive Care Unit (NICU) to accommodate more premature and critically ill newborns, expanded the delivery rooms, additional surgery facilities, and supplementary amenities to ensure the efficient flow of patients and provide optimal care. The primary objective of this expansion was to enhance the hospitals capacity to meet the growing demand for maternity and surgical services. The expansion included enlarging the Inborn NICU, delivery room, a second theatre and associated support spaces such as prep rooms, recovery rooms, doctors' lounge and storage areas. Through careful planning, diligent execution, and stakeholder collaboration, we anticipate the successful completion of the project and the continued delivery of high-quality healthcare services to our community.







PROJECT OF:



COLLABORATION
WITH:



OPERATED BY:



Development Africa
3 Oriwu Street,
Lekki Phase 1 P.O. Box 55897
Falomo-Ikoyi Lagos State,
Nigeria
info@developmentafrica.org
www.developmentafrica.org
RC11008