

YEAR SEVEN ANNUAL REPORT



TY DANJUMA
FOUNDATION

T.Y. DANJUMA FOUNDATION MEDICAL CENTRE





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IMPACT HIGHLIGHTS

COMBINED YEARS STATISTICAL OVERVIEW

DECEMBER 2017 - NOVEMBER 2024

● New Patient Registrations:	23,199
● Outpatient Consultations:	47,948
● Inpatient Admissions:	9,760
● High-Risk Neonatal Inborn Admissions*:	367
● High-Risk Neonatal Outborn Admissions*:	289
● Ultrasound Scans:	9,398
● Total Delivery Procedures:	3,157
● Sets of twins/triplets delivered:	144
● Deliveries Caesarean:	1,164
● Total Surgical Procedures:	2,305
● Surgical Procedures Children*:	362
● Optometry Exams**:	4,325
● Ophthalmic Surgeries Adults**:	363
● Ophthalmic Surgeries Children**:	24
● Eye Glasses**:	784
● Immunisations Given:	42,375
● Laboratory Tests:	128,315
● EMT Ambulance Journeys:	5,886

Start date of statistic collection: *Dec 2021 , **Dec 2024

PATRONS

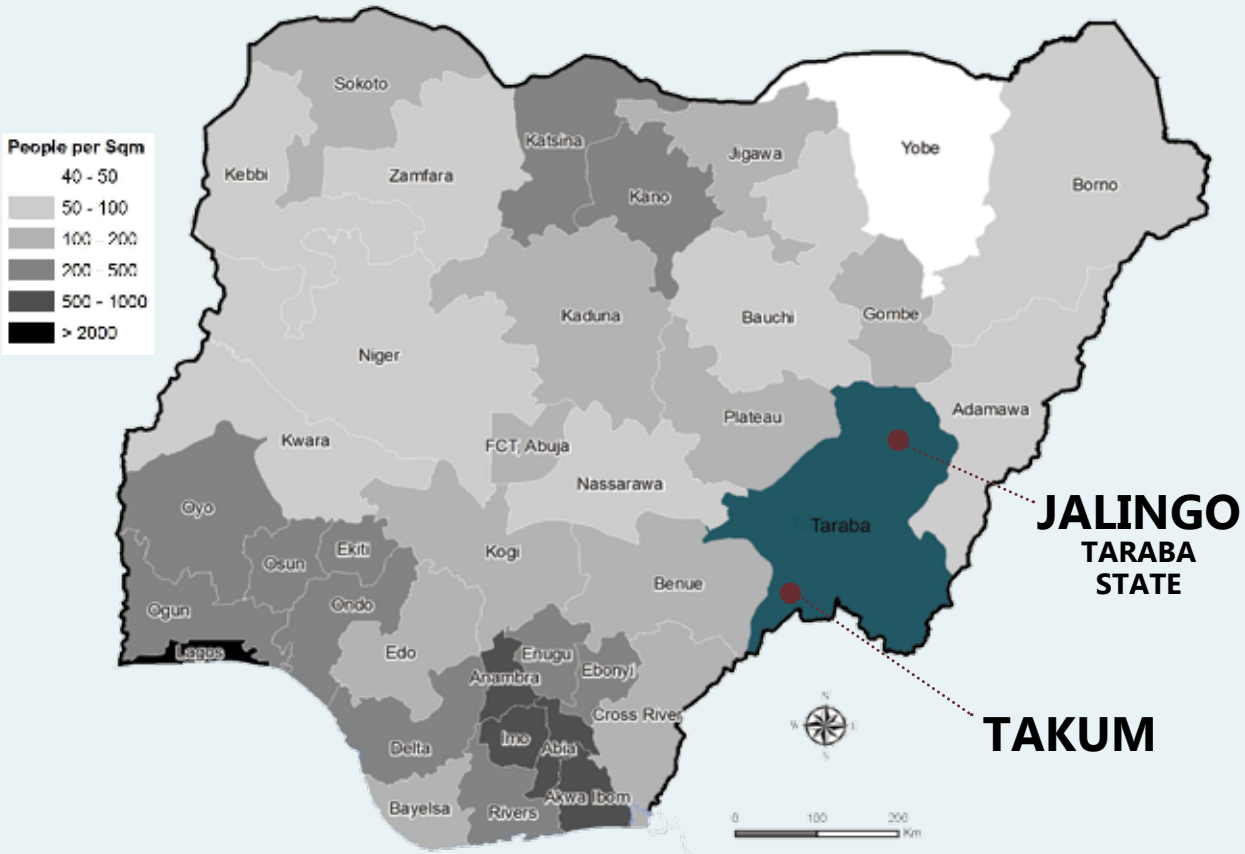
Lt. Gen. Theophilus Yakubu Danjuma GCON (Rtd)

General TY Danjuma is the founder and Chairman Emeritus of the TY Danjuma Foundation. He had an illustrious career in the Nigerian Army retiring as Chief of Army Staff in 1979. General TY Danjuma then embarked on a business career. Among the companies he created are the NAL-COMET Group which is one of the most successful indigenous shipping agencies and terminal operators in Nigeria, and South Atlantic Petroleum Ltd, an oil exploration and production company which is set to become one of the largest indigenous oil

producers in Africa.

General TY Danjuma is deeply patriotic and has served in key political positions, which include; the Chairman of the Presidential Policy Advisory Committee (1999), the Honourable Minister of Defence (1999-2003), and Chairman of the Presidential Advisory Council (2010).

General T Y Danjuma is also a philanthropist. He has a solid track record of philanthropic giving, culminating 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

In 2024, the T.Y. Danjuma Foundation Medical Centre—an integrated hub comprising the Rufkatu Danjuma Maternity (RDM), Kuru Danjuma Hospital for Children (KDHC), and Daisy Danjuma Eye Hospital (DDEH)—continued its unwavering commitment to delivering specialized healthcare services to the residents of Takum and surrounding communities.

The dedicated teams at RDM, KDHC, and DDEH have worked tirelessly to adopt innovative and efficient approaches to healthcare delivery, prioritizing timely and equitable access for all patients. Their efforts ensure that every community member who relies on these facilities receives the quality care they need, when they need it most.

The region’s challenging economic conditions and the pervasive impoverishment of its population have significantly increased vulnerability to illnesses, weakened immune systems, and heightened risks of morbidity and mortality. In response, the Medical Centre has reinforced its initiatives to address these pressing challenges, implementing measures to mitigate adverse health impacts and enhance community resilience.

Despite the economic hurdles, the Centre remains steadfast in its mission to provide comprehensive and accessible healthcare services. By prioritizing well-being and maintaining a proactive stance, it continues to serve as a beacon of hope and healing for Takum’s residents and beyond.



DECEMBER 2023 - NOVEMBER 2024 HIGHLIGHTS OF THE YEAR

● New Patient Registrations:	8,614	● Surgical Procedures Children:	151
● Consultations:	16,222	● Optometry Exams:	4,325
● Inpatient Admissions:	2,627	● Ophthalmic Surgeries Adults:	363
● Inborn Neonatal Admissions:	164	● Ophthalmic Surgeries Children:	24
● Outborn Neonatal Admissions:	120	● Children Eyeglasses Distributed:	6
● Ultrasound Scans:	2,477	● Adult Eyeglasses Distributed:	778
● Total Delivery Procedures:	472	● Immunisations Given:	6,768
● Sets of twins/triplets delivered:	39	● Laboratory Tests:	41,323
● Caesarean Deliveries:	275	● EMT Ambulance Journeys:	1,940
● Total Surgical Procedures Adults:	684		

YEAR IN REVIEW

For seven remarkable years, the T.Y. Danjuma Foundation Medical Centre—encompassing the RDM, KDHC, and DDEH—has been a cornerstone of healthcare delivery for Takum and its surrounding areas. These not-for-profit specialized medical facilities, situated in Takum and its environs, are dedicated to serving the most vulnerable populations, addressing critical healthcare needs where access was once out of reach.

Operated by Development Africa and funded and overseen by the T.Y. Danjuma Foundation, these facilities have been instrumental in significantly reducing maternal and infant morbidity and mortality rates in this region of the country. By focusing on maternal health, paediatrics, and ophthalmology, the Medical Centre continues to save lives, prevent complications, and improve overall health outcomes for underserved communities.

Over the past seven years, these hospitals have provided a lifeline for individuals and families, delivering timely and high-quality medical care. In regions where healthcare access was limited or non-existent, the Centre has become a beacon of hope, creating pathways to better health and well-being, while fostering trust and resilience among the local populations.

This journey underscores the power of commitment and collaboration in transforming healthcare for the underserved. As the Centre marks this significant milestone, it renews its pledge to continue empowering communities with sustainable healthcare solutions, ensuring no one is left behind in the pursuit of health and wellness. By addressing health inequities and strengthening local capacities, the Centre remains steadfast in its mission to build a healthier, stronger future for all.



FACILITY AND SERVICES

The TYDFMC has unwavering dedicated team of 169 -member team—including doctors, midwives, nurses, laboratory scientists, technicians, administrative, and support staff—TYDFMC has been a cornerstone of healthcare for some of the most vulnerable populations.

Key Achievements and Services Delivered

1. 24/7 Healthcare Access

TYDFMC maintained its commitment to round-the-clock service delivery, ensuring patients received care regardless of the time of day or night. Emergency services, maternal outpatient clinics, neonatal and pediatric care, laboratory diagnostics, and obstetric services were consistently available to meet the community's diverse healthcare needs.

2. Specialized care

The hospitals provided critical services such as antenatal care, obstetric and gynaecological interventions, and vaccinations, which have



significantly contributed to improved maternal and child health outcomes in the region. Notably, antenatal training and vaccination days were well-attended, empowering expectant mothers with knowledge and protecting children through immunizations.

3. Laboratory Technological

State-of-the-art medical and laboratory equipment allowed healthcare teams to deliver accurate diagnostics and effective treatments. Ultrasound services were offered six days a week, supporting prenatal care and other diagnostic needs.

4. State-of-the-Art Eye Care

In addition to its focus on maternal and pediatric health, TYDFMC expanded access to high-quality eye care services. These included state-of-the-art eye surgeries, screenings, treatments, and ongoing care, ensuring patients received comprehensive ophthalmological support. This initiative has



improved vision and prevented blindness in countless individuals, underscoring the hospital's commitment to holistic healthcare delivery.

5. Emergency Mobile Transport (EMT)

The EMT service, operated through three keke ambulances, played a critical role in the hospital's outreach. Over the past year, these ambulances responded to 1,940 patient calls, ensuring timely transport for women in labour, critically ill patients, and others unable to reach the hospital on their own.

6. Pharmacy & Immunization

Pharmacies play a crucial role in having essential medications and in constantly supplying immunization efforts. By increasing vaccine accessibility, providing vital drugs, and educating communities, they help prevent diseases and improve overall public health.

7. Impact on the Community

Despite the economic challenges faced by the region, TYDFMC has made significant strides in reducing maternal and infant morbidity and mortality rates. These efforts have directly improved the health and well-being of families, fostering stronger and healthier communities. Looking back, the past year has been one of resilience, innovation, and unwavering service. TYDFMC remains committed to addressing the evolving needs of the community and is poised to continue its mission of providing exceptional healthcare services in the year ahead.



ADVANCING MATERNAL CARE

Our formidable Rufkatu Danjuma Maternity (RDM) obstetric team, comprising specialized doctors and midwives, continues to uphold its commitment to providing exceptional care. Always present and prepared, the team responds rapidly to changes in the clinical conditions of our obstetric patients, deploying precise medical and surgical interventions tailored to ensure the best possible outcomes for both mother and newborn.

Between December 2023 and November 2024, 2,477 ultrasound scans were performed, playing a vital role in monitoring pregnancies and assisting with all deliveries. During this period, the RDM welcomed 38 sets of twins, 1 set of triplets, and 708 singleton babies. In total, 787 babies were born at the facility, reflecting the continued trust of the community in our ability to deliver high-quality maternal and neonatal care.

These achievements highlight the RDM team's unwavering dedication to ensuring safe and successful deliveries while improving maternal and child health outcomes across the region.



PAEDIATRIC CARE

The Kuru Danjuma Hospital for Children (KDHC) continues to play an integral role in providing seamless and efficient paediatric care, bridging the critical transition from newborn care at the RDM to comprehensive child and adolescent health services. The dedicated team at KDHC ensures sustained paediatric healthcare beyond the neonatal stage, supporting children through all stages of development, from infancy to late adolescence.

Since integrating paediatric services in 2021, the combined RDM-KDHC facility has become a trusted hub for gynaecological, maternal, neonatal, child, and adolescent care—all under one roof. This streamlined approach eliminates delays, ensuring families receive efficient, high-quality care. KDHC remains committed to improving outcomes and meeting the health needs of the community.

Staff deliver a wide range of paediatric services, addressing childhood ailments. These include advanced diagnostics, medical treatment, surgical interventions, and emergency care. The hospital remains a trusted source for families seeking reliable paediatric care.



TRANSFORMING PREMATURE CARE

Before the Rufkatu Danjuma Maternity (RDM) began operations, premature births in the community often resulted in the tragic loss of newborns. With the establishment of RDM, the obstetric team took bold and innovative steps to save these vulnerable babies, despite the initial lack of incubators. One extraordinary success story includes a baby born at just 26 weeks—two weeks earlier than Nigeria’s foetal viability threshold of 28 weeks—who survived and continues to thrive today.

Incubators, introduced in 2021 through the support of the TY Danjuma Foundation, have since transformed neonatal care at RDM. These highly specialized machines are essential for preserving life and organ function in preterm infants. They create a controlled environment that closely replicates the womb, facilitating a smooth transition from intrauterine to extrauterine life. This has significantly improved the survival and recovery rates of preterm babies.

The incubators monitor real-time clinical

data, enabling the healthcare team to design individualized care plans while optimizing time for other critical tasks such as lab work and feeding. By providing a safe, nurturing environment, these machines ensure preterm infants not only survive but also thrive, allowing more babies to leave RDM as healthy, thriving children.

Beyond the direct care of preterm babies, the presence of these incubators has also strengthened community trust in RDM’s capabilities. Families now view the facility as a beacon of hope for premature infants, knowing that cutting-edge technology and an experienced medical team are in place to deliver the highest standard of care. This confidence has reinforced RDM’s reputation as a reliable and indispensable healthcare provider in the region.

Through these advancements, RDM continues to redefine outcomes for preterm babies, bringing hope and healthier futures to families in the community.



THEATRE

Since the T.Y. Dajuma Foundation Medical Centre began operations, an increasing number of children and women have sought surgical care for a wider range of conditions. Among paediatric cases, common needs included hernias, hydroceles, and inflamed appendices, with some presenting as emergencies, such as strangulated hernias. For women, surgical interventions have addressed gynaecological conditions and complications requiring immediate attention. These growing demands underscored the need for a comprehensive surgical unit capable of addressing the community’s most urgent needs.

In response, the TY Danjuma Foundation approved and funded the establishment of a general surgery unit, equipped to serve both children and women. The unit features a modern anaesthesia machine and necessary expertise to handle cases requiring general anaesthesia. A comprehensive program was developed to ensure the availability of skilled surgeons specializing in paediatric and

women’s surgical care. Additionally, staff received targeted training in perioperative care to support optimal outcomes for all patients.

Between December 2021 and November 2024, over 50% of paediatric surgeries at RDM/KDHC were herniorrhaphies, a reflection of global trends in common paediatric procedures. Simultaneously, the surgical team addressed gynaecological and maternal needs, ensuring timely interventions for women requiring urgent or planned surgical care.

To accommodate the increasing demand for surgical services, the TY Danjuma Foundation has funded the expansion of the surgical facilities at RDM/KDHC. This development will enhance the centre’s capacity to provide high-quality surgical care for both children and women, ensuring that the community’s diverse healthcare needs are met with excellence and efficiency. These advancements reaffirm RDM/KDHC’s commitment to delivering comprehensive, life-saving care for all.



BENEFITS OF ANTENATAL EDUCATION

In line with global best practices, RDM conducts antenatal classes weekly for women at various stages of their pregnancy. These classes serve as a vital platform for health education, equipping expectant mothers with lifesaving knowledge on disease prevention, early detection, and timely treatment of pregnancy-related illnesses and complications.

To encourage maximum participation, the classes are conveniently scheduled alongside the women's antenatal care visits. The program aligns with WHO recommendation of a minimum of four antenatal visits per pregnancy, starting in the first trimester. The antenatal care structure at RDM ensures that women who register within their first trimester can meet or exceed this benchmark.

The antenatal education program emphasizes the importance of regular check-ups, which include:

- Monitoring blood pressure
- Urine tests for bacteriuria & proteinuria
- Blood tests for severe anaemia
- Weight measurement
- Imaging to assess foetal well-being
- Good hygiene & dietary habits
- Healthy nutrition during pregnancy
- Postpartum recovery & exclusive breastfeeding

- Managing rest & work during pregnancy
- Recognizing pregnancy & foetal danger signs
- Understanding pregnancy complications & signs of labour

By delivering this comprehensive knowledge, RDM empowers mothers to prevent complications from delayed hospital visits during labour or pregnancy issues, contributing to safer pregnancies and healthier outcomes for both mother and child.

Furthermore, the antenatal education classes foster a sense of community and peer support among expectant mothers. Women are encouraged to share experiences, ask questions, and learn from one another in a supportive environment. This interactive approach not only enhances their understanding but also helps reduce anxiety and build confidence as they navigate the complexities of pregnancy and childbirth. Through these connections, many women form lasting relationships that extend beyond their pregnancies, creating a network of support that benefits both mothers and their newborns.

These classes reflect RDM's commitment to enhancing maternal health, ensuring every expectant mother is informed, prepared, and supported throughout her pregnancy journey.



IMMUNISATION

The TYDFMC remains a dedicated partner in nationwide vaccination campaigns, actively supporting immunization efforts to protect children and communities from preventable diseases. Recognizing the vital role of vaccines in public health, TYDFMC ensures that immunization services are accessible, efficient, and administered following national and global health guidelines.

Vaccine administration begins at birth, with routine immunizations provided to newborns before discharge. Additionally, weekly vaccination sessions are conducted in collaboration with the government immunization team, ensuring consistent and widespread coverage. These sessions help reach

both scheduled recipients and those who may have missed prior vaccinations, reinforcing the commitment to comprehensive immunization.

Over the past year, TYDFMC successfully administered 6,768 vaccinations, safeguarding countless individuals from vaccine-preventable illnesses. Importantly, all vaccination services are provided free of charge, ensuring that financial barriers do not hinder access to life-saving immunizations.

By maintaining strong partnerships with government agencies and health organizations, TYDFMC continues to play a crucial role in reducing disease outbreaks and promoting community health through sustained immunization efforts.



DELIVERING DIAGNOSTIC SERVICES

The TYDFMC laboratory operates around the clock, providing a wide range of diagnostic services to support the accurate diagnosis and management of diverse medical conditions. Equipped with advanced technology and staffed by skilled professionals, the laboratory serves as a cornerstone of effective clinical care. Offering a comprehensive suite of diagnostic services, the laboratory conducts haematological tests such as complete blood counts, blood grouping and crossmatching, and genotype analysis. It also provides critical clinical chemistry tests, including renal and liver function assessments, as well as lipid profile analyses. Microbiological services, including culture and sensitivity studies, further enhance its capabilities. With state-of-the-art equipment and rigorous quality control measures, the laboratory ensures precise, reliable results for every test.

A key feature of the laboratory is its commitment to accessibility. High-quality diagnostic services are provided at minimal cost, ensuring that all patients can benefit from comprehensive

healthcare without financial barriers. From December 2023 to November 2024, the laboratory processed an impressive total of 41,323 tests, reflecting its vital role in the community. Through its unwavering dedication to accuracy, efficiency, and affordability, the laboratory continues to deliver essential diagnostic support, enabling better health outcomes for all.

The pharmacy plays a vital role in supporting the hospital's comprehensive healthcare services. Operating seamlessly alongside clinical and diagnostic units, the pharmacy ensures that patients have access to essential, high-quality medications at an affordable cost. Stocked with a wide range of drugs, from antibiotics and pain relievers to specialized treatments for maternal, pediatric, and general health conditions, the pharmacy prioritizes timely dispensing and patient safety. Staffed by trained pharmacists, it also provides expert guidance on medication use, reinforcing adherence to prescribed therapies and enhancing treatment outcomes for the community.



STAFF & MEDICAL INTERN TRAINING

To ensure the highest standard of medical care, staff at RDM and KDHC participate in regular training sessions to stay updated on global advancements in specialized obstetric, neonatal, and paediatric care. In 2024, training programs focused on updated protocols and Standard Operating Procedures (SOPs) in critical areas, including neonatal and childhood emergencies, paediatric surgical interventions, and obstetric and gynaecological emergency management. These continuous learning initiatives enhance staff expertise, ensuring optimal patient outcomes and the delivery of evidence-based care.

Training was also provided on the following subject areas:

- Management of severe acute malnutrition
- Integrated Management of Childhood illnesses
- Management of common obstetric conditions
- Advanced Trauma Life Support & Chest Trauma
- Management of Upper Respiratory Tract Infections in Children

- Antenatal Care
- Nursing Responsibilities Surrounding Blood Transfusion
- 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
- Breast cancer screening & self-breast examination
- An approach to perinatal asphyxia
- Management of bronchial asthma in children
- Emergency medical response system using rapid response team
- Fluid Therapy in Paediatrics
- Medication Management
- Training Supply Chain & Procurement Management Training in Cost Efficiency Strategies
- Training in Healthcare Management



DAISY DANJUMA EYE HOSPITAL 1ST YEAR

Rural communities in Nigeria face numerous challenges, with access to adequate healthcare ranking among the most pressing. Eye diseases and conditions, often untreated, lead to avoidable blindness and a diminished quality of life for countless individuals. The lack of specialized eye care facilities in rural areas exacerbates this crisis, creating an urgent need for a centre dedicated to preventing, diagnosing, and treating eye ailments.

Recognizing this gap, DDEH opened its doors, marking a transformative milestone in delivering specialized eye care to rural Nigeria. In its first year, the hospital became a beacon of hope for underserved communities, providing essential services to combat preventable blindness and visual impairments disproportionately affecting rural populations.

This establishment reflects a commitment to addressing healthcare inequities. The hospital offers comprehensive and affordable eye care services, from routine exams and vision correction to advanced treatments and surgeries for cataracts, glaucoma, and other conditions, setting a new standard for rural eye care.

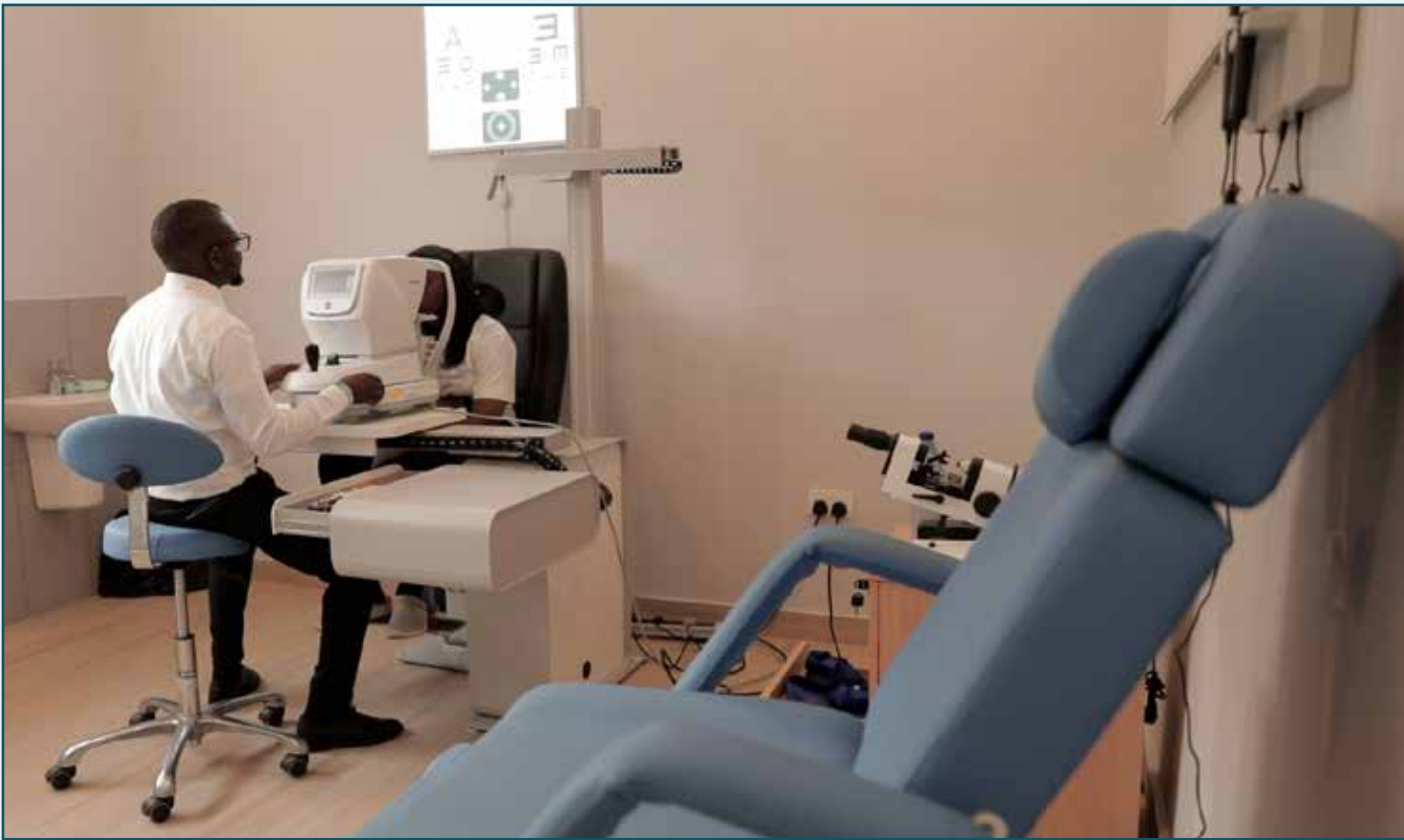
Collaborating with leading manufacturers of ophthalmic equipment, the hospital features advanced diagnostic tools and surgical systems

designed for precise and effective treatments. This cutting-edge infrastructure allows the hospital to rival urban eye care centres, ensuring rural patients receive the same quality of care available in cities.

In its first year, the hospital achieved remarkable milestones, treating hundreds of patients and restoring vision to individuals who had suffered for years without proper care. Outreach programs bring services directly to remote communities, breaking barriers and fostering trust within the local population.

Beyond clinical services, the DDEH has become a hub for education and capacity building, offering training programs for local healthcare professionals and equipping them to sustain and expand eye care services. By investing in human capital, the hospital ensures the long-term impact of its mission.

The first year of the DDEH is a testament to what vision, dedication, and collaboration can achieve. As it continues to grow, the hospital reaffirms its commitment to transforming lives, preventing blindness, and improving life quality for individuals and families across rural Nigeria. This milestone begins a journey to a future where no one suffers needlessly from preventable or treatable eye conditions.



OPTOMETRY

Eyeglasses and optometry services play a crucial role in improving vision and transforming lives, particularly in underserved communities. By addressing common refractive errors like near-sightedness, farsightedness, and astigmatism, these services enable individuals to see clearly, participate in education, and perform work more effectively. For children, proper vision correction

can mean the difference between academic success and falling behind, while for adults, it opens doors to employment and economic independence. Beyond practical benefits, eyeglasses enhance quality of life by reducing eye strain, preventing headaches, and restoring confidence, fostering a brighter future for individuals and their families.



OPHTHALMIC SURGERIES



Eye surgeries transform lives in rural communities, restoring vision and unlocking opportunities previously out of reach. For many, regaining sight means reclaiming independence, returning to work, and supporting their families. Studies show blindness disproportionately affects rural populations, stemming from treatable conditions like cataracts and glaucoma. In its first year, the Daisy Danjuma Eye Hospital performed 387 surgeries, enabling patients to resume daily activities. These procedures not only restore vision but also enhance mobility, reduce reliance on caregivers, and boost emotional well-being. For children, vision correction opens access to education and the opportunity to attend school and for adults, restored sight often leads to employment. Such outcomes ripple through families and communities, proving that eye care is more than medical—it's a driver of social and economic change.

STATISTICS 2017-2024

TOTAL COMBINED STATISTICS 2017-2024

	DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total
1	Antenatal Consultation	1,442	1,826	1,734	1,809	1,685	1,790	1,887	1,795	1,851	1,668	1,933	1,640	21,060
2	Neonatal Consultation (0hrs-31days)	162	141	148	214	242	194	177	176	149	193	213	232	2,241
3	Infant Consultation (32days-1yr)	200	280	251	289	331	305	283	224	194	225	267	256	3,105
4	Paediatric Consultation (1yr-17yr)	760	876	712	666	557	618	715	686	728	791	961	929	8,999
5	Adult Female Consultation	155	235	196	290	253	262	263	298	316	404	390	358	3,420
6	Ophthalmic Paediatrics Consultation **	15	27	30	48	45	26	37	36	29	33	32	40	398
7	Ophthalmic Adult Consultation **	199	310	352	433	461	371	328	372	277	366	498	367	4,334
8	Other Consultation	21	35	36	22	31	27	26	21	36	50	25	21	351
9	Ward Round Consultation	539	528	490	750	509	585	483	440	452	603	609	731	6,719
10	Antenatal Registration	614	749	610	649	555	700	693	607	571	554	704	588	7,594
11	Female Registration	123	159	137	237	198	194	172	206	233	281	303	262	2,505
12	Paediatric Registration	670	854	697	763	709	699	660	675	710	841	981	961	9,220
13	Ophthalmic Registration Adults **	162	246	257	347	316	254	211	248	179	251	332	247	3,050
14	Ophthalmic Registration Children **	10	20	24	34	28	20	26	26	21	26	17	27	279
15	Other Registration	40	51	39	33	42	32	42	29	24	17	11	25	385
16	Deliveries (Non-Surgical)	148	165	160	217	198	182	177	167	167	221	229	247	2,278
17	Deliveries Caesarean	91	89	83	113	112	120	124	109	91	144	136	147	1,359
18	Adult Major Surgeries	80	95	69	135	100	107	103	101	88	127	133	159	1,297
19	Adult Minor Surgeries	65	101	82	120	110	120	91	83	114	143	118	116	1,263
20	Paediatric Major Surgeries	11	14	20	11	8	6	16	10	15	12	14	10	147
21	Paediatric Minor Surgeries	20	28	15	20	23	20	23	9	13	18	22	27	238
22	Ophthalmic Paediatric Surgeries **	2	3	2	4	1	0	1	3	1	2	4	1	24
23	Ophthalmic Adult Surgeries **	17	25	24	47	28	40	22	16	26	39	40	39	363
24	Adult Glasses **	17	91	73	99	81	58	66	66	46	59	62	60	778
25	Paediatric Glass **	0	0	0	0	0	0	2	0	2	0	2	0	6
26	Women Admissions	311	406	368	525	456	476	446	438	427	509	573	554	5,489
27	Neonatal Admissions **	13	18	21	38	32	29	17	18	20	25	25	33	284
28	Paediatric Admissions	175	268	325	282	196	225	255	242	236	246	280	292	3,022
29	Other Admissions	15	16	16	17	14	14	18	37	26	14	20	25	232
30	Ophthalmic Paediatric Admissions **	2	4	3	6	0	0	3	2	2	1	2	0	25
31	Ophthalmic Women Admissions **	7	12	7	21	13	20	9	7	11	11	22	19	159
32	Ophthalmic Male Admissions **	10	17	16	22	6	13	8	13	11	21	26	14	177
33	Obstetric Ultrasound Scan	502	526	498	617	575	710	824	673	795	747	822	787	8,076
34	Pelvic Ultrasound Scan	32	95	101	75	135	98	64	66	117	103	120	89	1,096
35	Abdominal Ultrasound Scan	12	22	18	13	21	17	11	12	26	26	25	23	226
36	Vaccinations	2,985	3,726	3,112	3,025	3,255	3,891	3,951	3,969	3,821	3,144	3,803	3,727	42,409
37	Laboratory Tests	8,654	10,161	8,872	11,493	9,760	9,872	11,036	10,896	11,188	10,840	12,660	12,883	128,315
38	Ambulance Keke Trips	357	403	488	617	479	479	516	512	427	472	591	542	5,886
	Total	18,638	22,622	20,086	24,097	21,565	22,574	23,786	23,288	23,440	23,227	27,005	26,481	276,809

Start date of statistic collection: *Dec 2024 **Dec2025

STATISTICS YEAR 7

ADMISSIONS: 2,627 Dec 2023 - Nov 2024

TYDFMC ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Women Admissions	5	80	72	103	85	105	106	78	109	132	125	145	1,145
Children Paediatric Admissions	40	54	77	72	66	51	59	59	61	57	107	82	785
Other Admissions	7	2	0	0	0	0	0	20	2	0	8	13	52

NEONATAL ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Inborn (Incubator) Admissions	0	0	0	1	0	1	0	0	0	3	0	2	7
Inborn (Non-Incubator) Admissions	4	13	9	17	19	15	11	10	10	15	16	18	157
Outborn (Non-Incubator) Admissions	9	5	12	15	13	13	6	8	10	7	9	13	120

OPHTHALMIC SURGERY ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Children Paediatric Admissions	2	4	3	6	0	0	3	2	2	1	2	0	25
Women Admissions	7	12	7	21	13	20	9	7	11	11	22	19	159
Male Admissions	10	17	16	22	6	13	8	13	11	21	26	14	177

TOTAL TYDFMC ADMISSIONS	84	187	196	265	202	218	202	197	216	247	315	306	2,627
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PATIENT CONSULTATIONS: 16,222 Dec 2023 - Nov 2024

CONSULTATION GROUPS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Antenatal Consultation	191	267	276	251	289	274	241	305	308	267	344	220	3,233
Neonatal Consultation (0 hrs -31 days)	29	27	31	37	54	30	43	39	28	52	53	51	474
Infant Consultation (32 days - 1 yr)	62	76	79	78	67	51	58	60	53	44	61	45	734
Children's Consultation (1 yr - 17 yr)	128	170	124	127	127	98	129	126	158	195	259	207	1,848
Adult Female Consultation	100	165	139	203	155	175	149	192	213	221	242	199	2,153
Ward Consultation	158	220	233	453	240	195	179	217	186	352	357	238	3,028
Other Consultation	1	2	0	1	1	2	2	1	3	2	0	5	20
Ophthalmic Consultation (Under 5)	9	6	7	14	11	7	8	11	8	8	10	12	111
Ophthalmic Consultation (5-18 yrs old)	6	21	23	34	34	19	29	25	21	25	22	28	287
Ophthalmic Consultation Adult Female	74	124	138	198	202	173	133	158	127	163	220	178	1,888
Ophthalmic Consultation Adult Male	125	181	204	224	256	196	193	212	149	200	276	187	2,403
Ophthalmic Consultation VIP	0	5	10	11	3	2	2	2	1	3	2	2	43
TOTAL PATIENTS CONSULTED	883	1,264	1,264	1,631	1,439	1,222	1,166	1,348	1,255	1,532	1,846	1,372	16,222

STATISTICS YEAR 7

SURGERIES: 1,221 Dec 2023 - Nov 2024

DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Obstetric: Caesarean Surgery	26	18	17	22	28	18	20	19	20	29	29	29	275
Gynae: Myomectomies	0	1	1	2	1	0	1	1	0	2	0	2	11
Gynae: Total Abdominal Hysterectomies	0	0	0	2	0	2	1	1	0	0	2	1	9
General: Exploratory Laparotomies	3	2	3	7	3	5	2	3	7	4	3	2	44
General: Appendicectomies	1	0	0	4	0	1	1	0	0	1	4	0	12
General: Other Surgeries	0	1	1	1	2	5	4	0	0	1	5	0	20
Paediatric: Appendicectomies	0	0	1	0	0	0	1	0	0	1	0	3	6
Paediatric: Exploratory Laparotomies	5	2	5	4	2	2	7	2	2	3	5	4	43
Paediatric: Herniorrhaphies	2	2	5	0	1	0	0	2	2	0	0	0	14
Paediatric: Other Surgeries	2	1	1	0	2	1	0	0	1	2	0	0	10
Paediatric: Circumcisions	12	8	5	9	7	7	9	0	5	7	5	7	81
Biopsies	0	2	0	2	3	3	3	2	5	7	4	1	32
Suction Evacuation	2	0	0	0	0	0	0	0	0	0	0	2	4
Uterine Evacuation	8	9	3	10	8	10	2	3	9	11	5	2	80
Obstetrics: Episiorrhaphies	3	5	3	5	3	8	6	4	4	8	16	11	76
Obstetrics: Repair Intrapartum Lacerations	7	7	4	7	4	13	10	6	8	5	8	8	87
Other Surgeries	1	1	5	5	3	5	4	3	2	2	0	3	34
Adult OPHT: Examination under Anaesthesia	1	0	0	2	0	0	0	0	0	0	0	0	3
Adult OPHT: Cataract Surgery	14	18	7	35	17	25	13	14	18	23	32	31	247
Adult OPHT: Evisceration	0	0	1	1	0	3	0	0	0	0	1	2	8
Adult OPHT: Excisional Biopsy	0	1	1	0	2	0	0	0	0	3	0	0	7
Adult OPHT: Conjunctival Hood/Cornea FBR	0	1	4	5	2	3	4	0	5	10	2	0	36
Adult OPHT: Lid Repair	0	1	0	1	0	0	0	0	0	0	0	0	2
Adult OPHT: Pterygium Excision (Graft/MMC)	1	0	3	2	7	5	4	0	0	0	2	2	26
Adult OPHT: AC Wash Out	1	4	3	0	0	0	0	1	2	1	0	0	12
Adult OPHT: Incision & Curettage	0	0	0	0	0	0	0	1	1	1	2	0	4
Adult OPHT: Secondary IOL Implantation	0	0	2	0	0	1	0	0	0	0	0	0	3
Adult OPHT: Trabeculectomy	0	0	0	0	0	1	0	0	0	0	1	4	6
Adult OPHT: Corneal/Scleral Repair	0	0	0	1	0	1	0	1	0	0	0	0	3
Adult OPHT: Other	0	0	3	0	0	1	1	0	0	1	0	0	6
Paediatric OPHT: Cataract Surgery	2	0	0	2	0	0	0	2	0	0	0	0	6
Paediatric OPHT: Conjunctival Hood/Cornea FBR	0	1	0	1	0	0	0	0	1	2	1	1	7
Paediatric OPHT: Corneal Repair	0	1	1	1	0	0	1	0	0	0	1	0	5
Paediatric OPHT: Other	0	1	1	0	1	0	0	1	0	0	2	0	6
TOTAL	91	87	80	131	96	120	93	65	92	124	130	112	1,221

LABORATORY: 41,323 Dec 2023 - Nov 2024

DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Hepatitis B (HBSAG)	209	186	228	288	230	214	186	221	253	222	334	247	2,818
Hepatitis C (Anti-HCV)	203	180	217	277	229	196	185	207	227	196	303	238	2,658
VDRL (Syphilis)	170	166	184	260	191	173	155	180	185	149	212	199	2,224
RVS (HIV-1/HIV-2)	238	250	268	384	295	281	230	296	350	320	478	351	3,741
Urinalysis	141	200	216	184	207	199	183	179	276	227	283	205	2,500
Blood Glucose	165	287	253	918	510	524	422	716	734	440	585	660	6,214
Pregnancy Test	43	32	51	70	77	58	69	65	122	81	132	82	882
PCV (Packed Cell Volume)	369	279	338	463	412	451	491	454	491	463	619	559	5,389
Blood Group Determination	174	139	210	261	203	186	159	191	240	201	312	245	2,521
Blood Crossmatch/Donor	140	80	124	198	110	116	84	82	142	94	186	178	1,534
Haemoglobin Genotype	73	95	71	84	87	82	36	38	46	39	52	43	746
Full Blood Count (FBC)	117	232	187	219	195	85	42	116	211	214	416	355	2,369
Malaria Parasites (MP)	265	367	346	327	371	325	319	348	431	407	650	519	4,675
Widal Test	64	99	77	88	78	86	49	62	30	18	18	9	678
Total/Conjugated Bilirubin	11	7	17	6	14	15	3	5	9	21	43	54	203
Liver Function Test	1	9	2	6	2	1	0	3	1	10	16	6	57
Culture & Sensitivity Testing	26	49	58	51	63	80	12	30	29	26	13	32	469
Erythrocyte Sedimentation Rate	4	5	13	15	11	14	9	7	7	2	6	3	96
Clotting Profile	0	3	0	3	1	1	0	3	0	4	4	5	24
Indirect Coombs	1	0	4	1	2	2	3	1	0	0	1	0	15
Lipid Profile (LP, FLP)	0	0	0	0	1	0	0	0	0	0	1	1	3
Glucose Tolerance (OGTT)	0	1	0	0	1	4	3	3	0	1	1	0	14
Seminal Fluid Analysis	6	3	6	4	9	8	7	2	7	9	6	5	72
Serology	0	1	0	1	0	0	0	1	3	0	2	1	9
Calcium Test	9	12	10	26	9	8	4	2	3	18	16	19	136
Phosphat Test	9	8	12	13	0	2	2	0	0	0	2	2	50
Potassium Test	0	0	0	13	15	10	3	1	9	12	15	6	84
Uric Acid Test	0	0	0	0	0	0	0	0	0	0	1	1	2
Sodium Test	0	0	0	11	9	4	1	0	4	3	12	5	49
2 Hr Postprandial Blood Glucose	0	1	2	3	0	0	0	0	0	0	0	0	6
TOTAL	2,505	2,796	2,968	4,248	3,409	3,214	2,743	3,313	3,937	3,260	4,833	4,097	41,323

NEW PATIENTS REGISTERED: 8,614Dec 2023 - Nov 2024

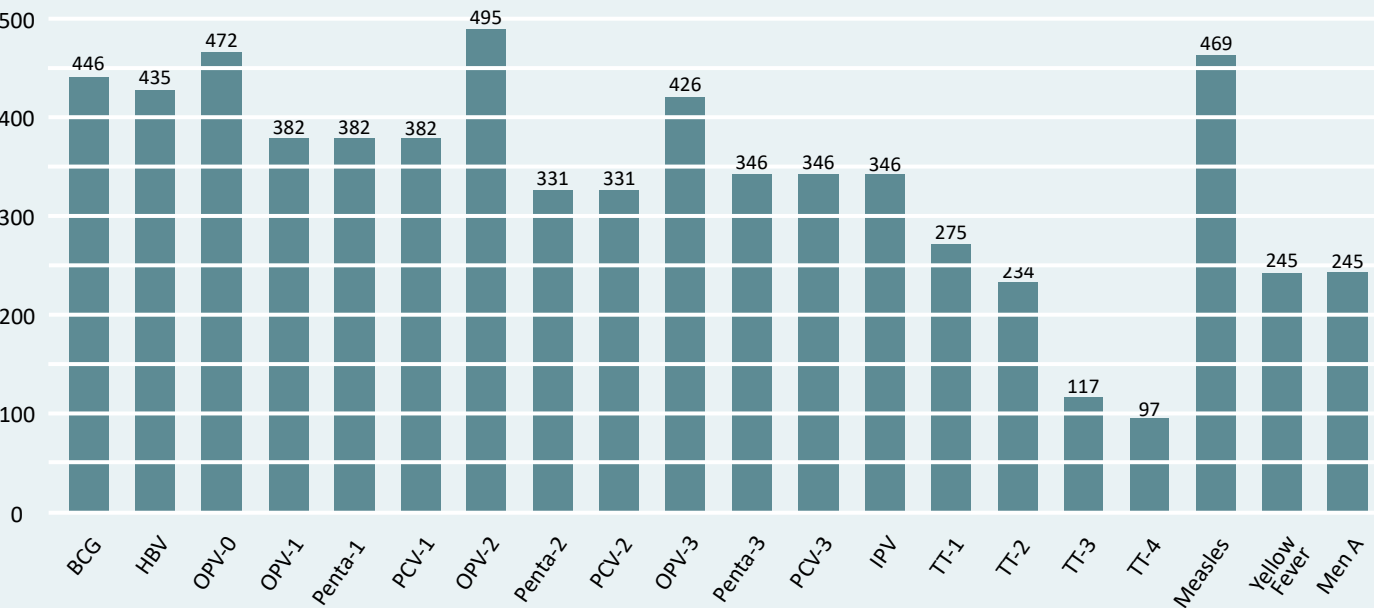
RDM REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Adult Female Registration	82	118	99	162	129	138	107	138	164	183	200	171	1,691
Newborn Registration	12	4	0	0	2	0	0	0	1	0	1	1	21
ANC Registration	74	86	95	90	87	77	95	111	110	100	151	86	1,162
Other Registration	1	1	1	1	0	0	0	0	0	1	0	2	7

KDHC REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Children under 5 Registration	94	148	154	140	148	111	116	145	134	163	210	200	1,763
Children under 5-18 Registration	59	49	36	45	49	26	38	49	50	85	94	61	641

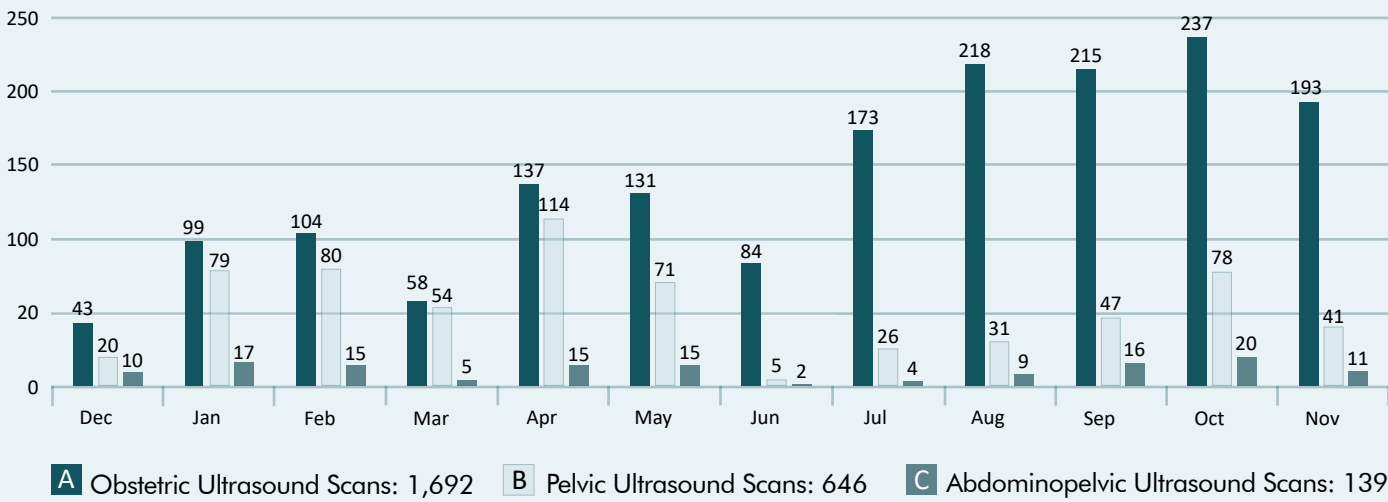
DDEH REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Male Registration	106	141	152	184	185	143	134	149	104	143	205	135	1,781
Female Registration	56	100	98	154	129	110	77	98	74	106	125	111	1,238
Children Registration	10	20	24	34	28	20	26	26	21	26	17	27	279
VIP Registration	0	5	7	9	2	1	0	1	1	2	2	1	31

TOTAL TYDFMC REGISTRATION	494	672	666	819	759	626	593	717	659	809	1,005	795	8,614
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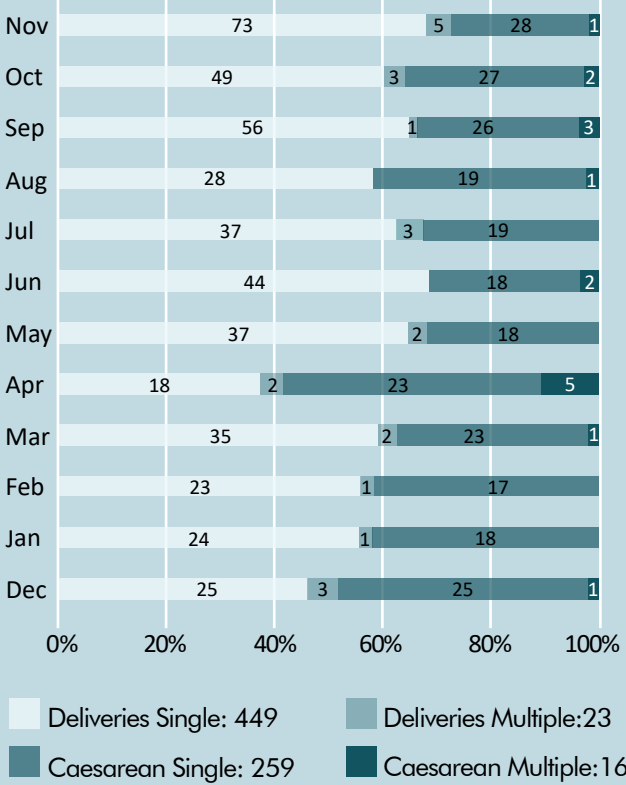
VACCINATIONS: 6,768 Dec 2023 - Nov 2024



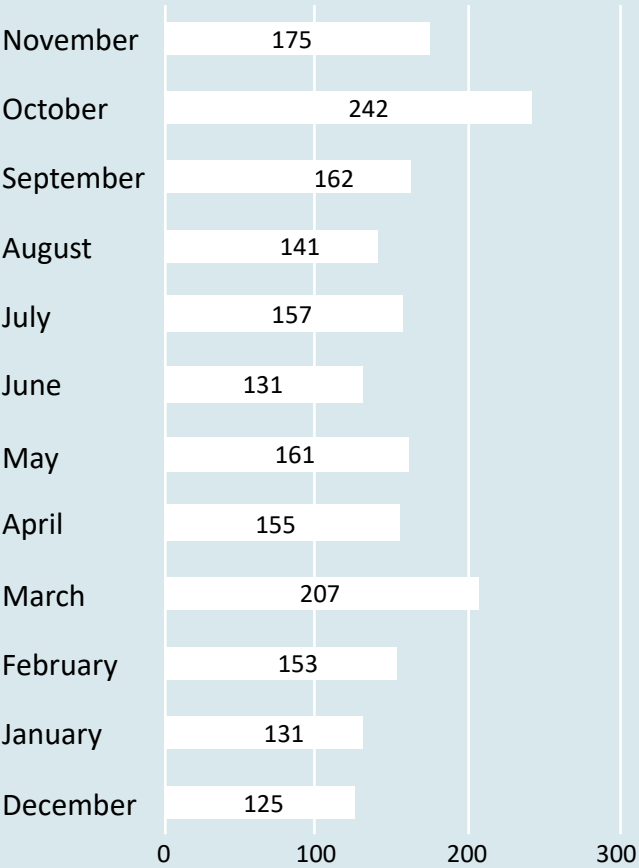
ULTRASOUND SCANS: 2,477 Dec 2023 - Nov 2024



DELIVERY PROCEDURES:
747 (Procedures) 787 (Babies Born)
Dec 2023 - Nov 2024



EMERGENCY MOBILE TRANSPORT:
1,940 Dec 2023 - Nov 2024



HUMAN INTEREST STORIES

TWINS ANDREW & ANNA

Baby Andrew Anna hails from Nyivu, a settlement in Donga Local Government, approximately an hour's journey from the hospital. His mother came to TYDF-MC after noticing early contractions, fully aware that her delivery was premature. Despite not being due, she delivered naturally and gave birth to a set of twins. Upon clinical examination, the twins were estimated to be around 28 weeks gestational age. The first baby weighed 0.8 kg at birth, while the second weighed 1.1 kg. Due to limited resources, both babies were placed in the same incubator, as the other incubator was already occupied with another infant. Tragically, after five days, the first twin succumbed to complications related to prematurity. The team worked tirelessly with the second twin, who experienced initial struggles but is now stable and showing signs of improvement. The mother explained that she chose to come to TYDF-MC after hearing about a premature

baby from her community who had been successfully nursed back to health here. This awareness and quick decision likely played a crucial role in saving one of her twins. This story starkly contrasts with another set of twins nursed in the same incubator just a week earlier. In that case, the mother delayed seeking medical attention after noticing signs of labour, opting instead for local herbal remedies. Unfortunately, despite these twins having better birth weights and being more advanced in gestational age, both lives were lost. The difference between these two outcomes underscores the importance of timely access to quality care. It also highlights TYDF-MC's commitment to providing the best possible care, even amidst challenges such as limited resources and high demand. While every loss is a tragedy, the survival of Baby Andrew Anna serves as a testament to the dedication and heart of the TYDF-MC team.



OLUWARINU MICHELLE

In the beginning of April, an eleven-month-old baby called Oluwarinu Michelle, came to the 'Kuru Danjuma Hospital for Children' blind after being poorly managed for meningitis in two big government hospitals; one in Adamawa and then one in Taraba. These two hospitals are without a doubt more equipped as well as more staffed. One of the nurses in those hospitals who had worked at the TYDFMC told them to come here as they stood a better chance. The question is why will he refer a patient to us from a bigger equipped hospital? Maybe it is because the nurse knows even though we might not be as equipped or even as staffed to the extent as the biggest hospital, they will never find a hospital with as much heart and dedication to our patients like ours. Today she is 1 year old, she is much better, her sight is restored and we the staff as well as the parents are glad, she gets to celebrate in better health.



THE FIGHT AGAINST MALNUTRITION

Malnutrition is a critical public health concern in Taraba State, Nigeria, significantly impacting children under five. This condition leads to severe medical complications, including stunted growth, weakened immunity, and increased susceptibility to infections among children. In women, malnutrition contributes to complications during pregnancy, such as low birth weight, preterm births, and heightened maternal mortality.

Recent data from the state's District Health Information System II (DHIS II) reported 2,851 cases of malnutrition among this age group across all 16 local government areas in 2024. Notably, Sardauna LGA recorded the highest number of cases (635), followed by Jalingo (600), Gassol (269), Bali (194), and Lau (188). Alarming, these figures may underestimate the true burden, as some parents do not seek medical attention for their malnourished children. (1vanguardngr.com)

The severity of the situation is further underscored by reports from specific communities. In Iware, 235 cases were recorded last year, resulting in five deaths, while Sunkani saw 125 cases with four fatalities. Projections suggest that child deaths this year could approach 500 if timely medical interventions are not sought. (2guardian.ng)



Malnutrition Training at IDP Camps

Internally Displaced persons are groups of people who have been forced or obliged to flee their homes or place of habitual residence because of a conflict, situation of generalized violence, violation of human rights or natural or human-made disasters while not crossing internationally recognised borders. These are a significant part of the vulnerable groups of our society and members of this group make up a significant number of patients that come to the TYDFMC and so naturally we are interested in them.

We educated them on the importance of basic hygiene like handwashing, waste management and dangers of open defecation.

Furthermore, we educated them on the importance of adequate age based nutrition including exclusive breastfeeding for those 6months and younger, food fortification and supplementation with locally sourced, affordable and very nutritious items like groundnut, soya milk and fish which can be added to the locally made maize or guinea-corn gruel and given to toddlers from 6 months and older. We also taught them about the importance of hygienic food and water storage.

We are open to such aligned partnership that contributes to the health status of our constituents. That is why the KDHC has agreed to partner with the Red-Cross, who is responsible for the care of members of IDP camps in Takum, to treat all children from such camps all in a bid to ensure that these vulnerable groups get the much-needed healthcare they deserve.





STAFF FACILITIES



Members of staff have access to a variety of modern recreational facilities generously sponsored by the T. Y. Danjuma Foundation and the Taraba State Government. These well-maintained facilities promote both physical and mental well-being, offering inviting spaces for relaxation, socialization, and engaging in team-building activities. Among these is a spacious staff hall and canteen, where employees gather for meetings, meals, and celebrations, strengthening their professional relationships. A fully equipped gym provides opportunities for fitness, stress relief, and overall wellness, while a dedicated staff lounge offers a

comfortable and welcoming space to unwind after a productive day. Additionally, a full-sized tennis court encourages recreational sports, fostering teamwork, friendly competition, and an active lifestyle. These thoughtfully designed amenities have significantly strengthened workplace bonds, creating an environment where staff members actively engage in team-building exercises, sports, and social events. By promoting well-being, camaraderie, and a sense of belonging, these facilities contribute to a positive, dynamic, and supportive work culture that enhances productivity and job satisfaction.

SUSTAINABILITY



The renewable energy system continues to run smoothly and efficiently, providing clean energy to power the facilities and support daily operations. 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 of large quantities of potentially harmful waste. The most viable and sustainable answer to this challenge is incineration. Accordingly, the TYDFMC incinerator is routinely fired up and used to safely and effectively dispose of the medical waste generated in the TYDFMC, ensuring a cleaner and safer environment.



PROJECT
OF:



COLLABORATION
WITH:



MANAGED AND
OPERATED BY:



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