



TY DANJUMA  
FOUNDATION

# YEAR 8 REPORT



TY DANJUMA FOUNDATION  
MEDICAL CENTRE







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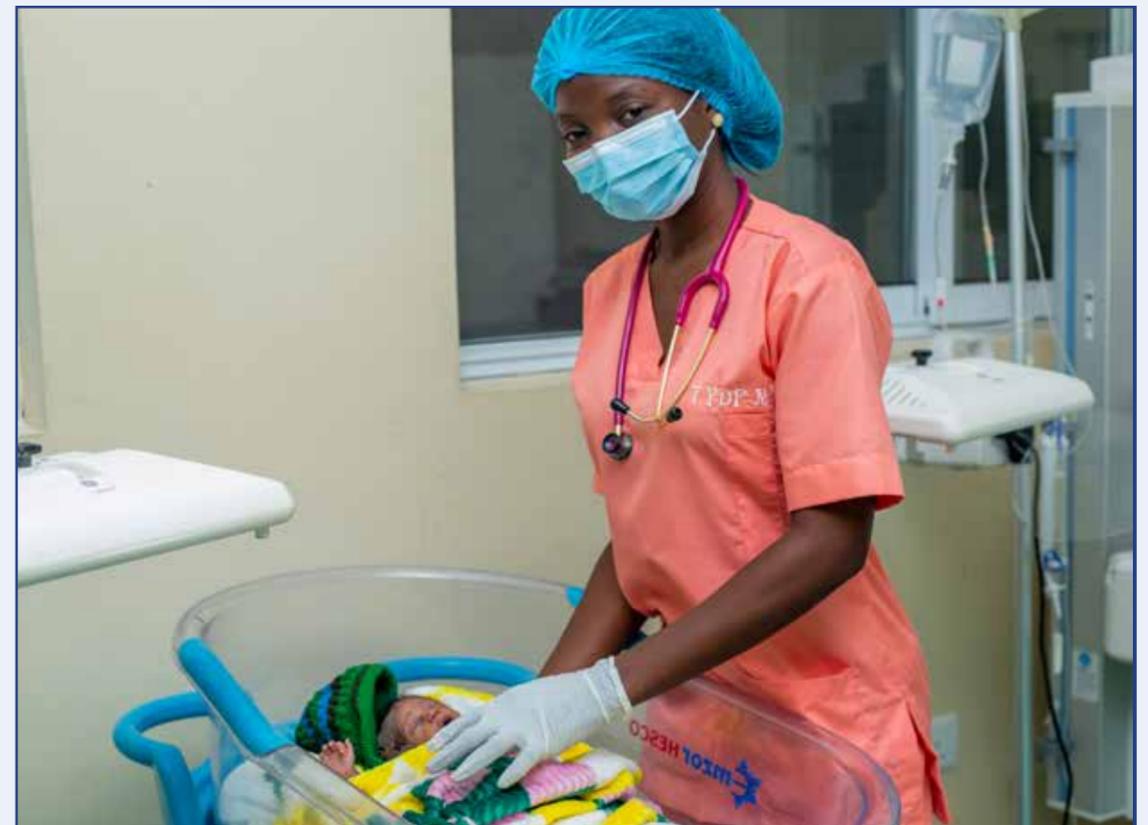
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Design and written by: Elene Rich

DECEMBER 2017 - NOVEMBER 2025

● New Patient Registrations:	33,438	● Optometry Exams Adults*:	16,401
● Outpatient Consultations:	75,176	● Optometry Exams Children*:	1,632
● Inpatient Admissions:	13,237	● Ophthalmic Surgeries Adults*:	785
● High-Risk Neonatal Admissions*:	1,087	● Ophthalmic Surgeries Children*:	72
● Obstetric Ultrasound Scans:	12,241	● Adult Eyeglasses Distributed*:	1,561
● Other Ultrasound Scans*:	1,546	● Children Eyeglasses Distributed*:	32
● Total Delivery Procedures:	3,835	● Refraction/Lenses Adult*:	1,130
● Sets of twins/triplets delivered:	186	● Refraction/Lenses Children*:	52
● Deliveries Caesarean:	1,573	● Immunisations Given:	50,337
● Surgical Procedures Adults:	3,597	● Laboratory Tests:	194,010
● Surgical Procedures Children:	598	● EMT Ambulance Journeys:	8,040

Start date of statistic collection: \*Dec 2021 to 2025

CRCN-H Statistics not included



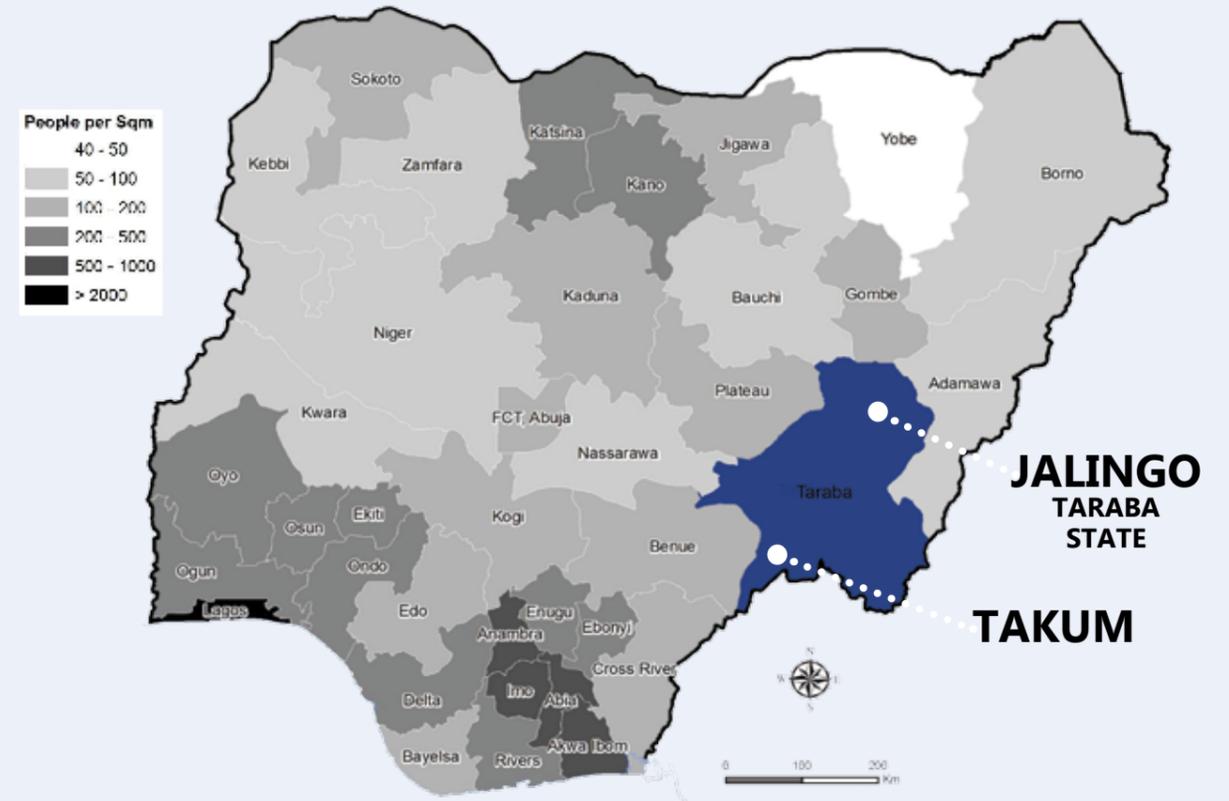
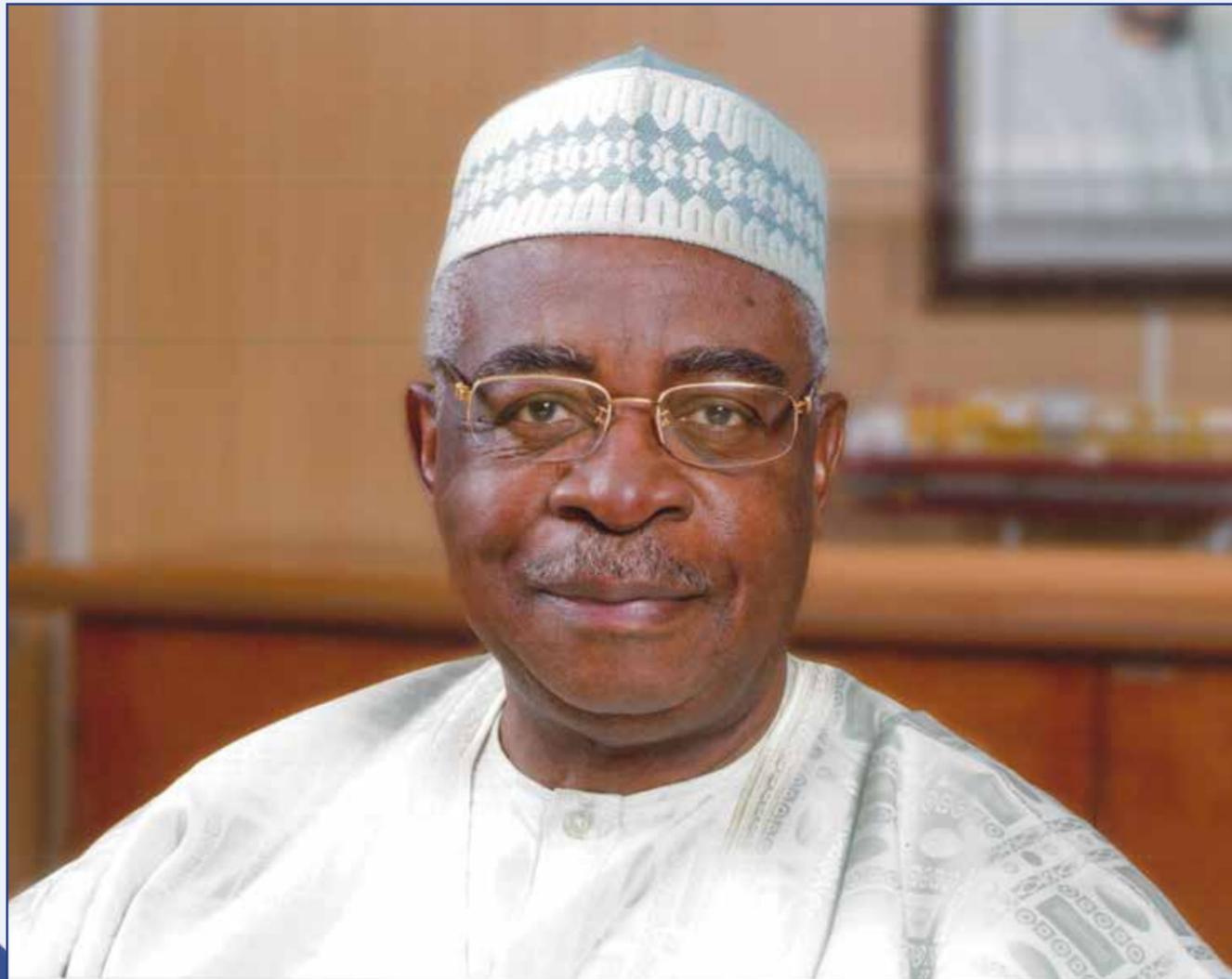
Lt. Gen. Theophilus Yakubu Danjuma GCON (Rtd)

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.

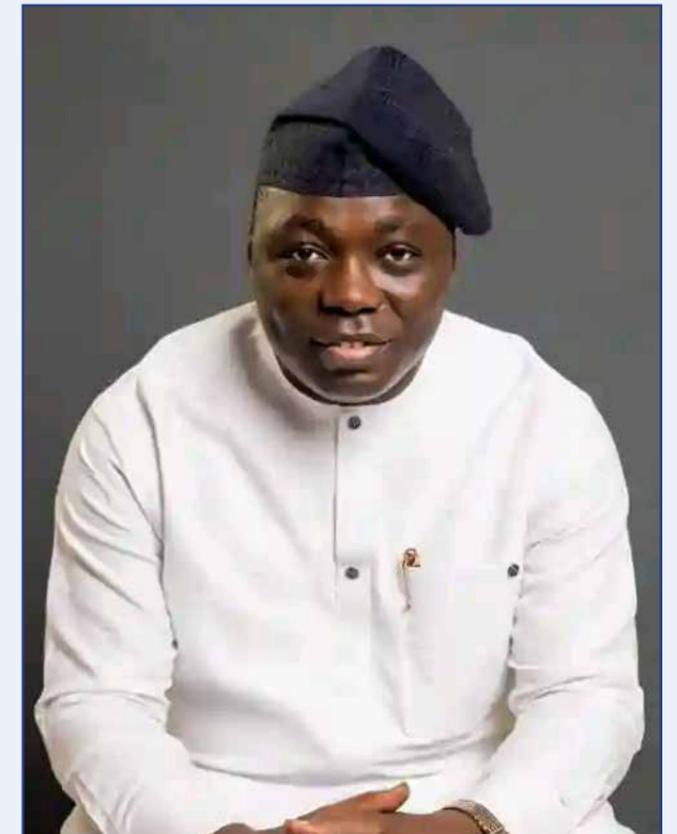
General TY Danjuma is deeply patriotic and has served in key political positions, which include; the Chairman of the Presidential Policy Advisory Committee (1999), the Honourable Minister of Defence (1999-2003), and Chairman of the Presidential Advisory Council (2010).

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.



In 2025, the TY Danjuma Foundation Medical Centre—bringing together the Rufkatu Danjuma Maternity (RDM), Kuru Danjuma Hospital for Children (KDHC), Daisy Danjuma Eye Hospital (DDEH) and the newly opened CRCN-H—continued to function as a central pillar of specialized healthcare for communities in Takum and its neighbouring areas.

The teams across RDM, KDHC, and DDEH remained committed to strengthening service delivery through improved systems, innovative practices, and patient-focused approaches. Their collective efforts ensure that individuals who depend on these facilities receive timely, reliable, and equitable medical attention throughout the year. Persistent economic hardship in the

region, paired with widespread poverty, has left many residents increasingly susceptible to disease, lowered immunity, and higher rates of preventable health complications. In response, the Medical Centre has expanded and reinforced its interventions to confront these challenges head-on, introducing targeted measures aimed at reducing negative health outcomes and supporting community well-being.

Even with continuing financial pressures, the Centre stays dedicated to offering inclusive, comprehensive healthcare services. By maintaining a strong commitment to patient welfare and a forward-looking approach, the Medical Centre remains a vital source of stability, care, and support for the people of Takum and the broader region.



DECEMBER 2024 - NOVEMBER 2025

HIGHLIGHTS OF THE YEAR

● New Patient Registrations:	10,239	● Children Eyeglasses Distributed:	26
● Consultations:	27,228	● Adult Eyeglasses Distributed:	783
● Inpatient Admissions:	3,477	● Refractions/Lenses Adult:	1,130
● High-Risk Neonatal Admissions:	431	● Refractions/Lenses Children:	52
● Obstetric Ultrasound Scans:	2,843	● Ophthalmic Ultrasounds Scans:	316
● Other Ultrasound Scans:	1,546	● Immunisations Given:	7,962
● Delivery Procedures:	678	● Laboratory Investigations:	65,695
● Sets of twins/triplets delivered:	42	● EMT Ambulance Journeys:	2,154
● Caesarean Deliveries:	409	● CRCN-H Registration :	3,374
● Surgical Procedures Adults:	1,292	● CRCN-H Consultations:	6,178
● Surgical Procedures Children:	236	● CRCN-H Admissions:	305
● Optometry Exams Adults:	12,076	● CRCN-H Laboratory Tests:	6,100
● Optometry Exams Children:	1,632	● CRCN-H Delivery Procedures:	16
● Ophthalmic Surgeries Adults:	422	● CRCN-H Obstetrics Ultrasound Scans:	425
● Ophthalmic Surgeries Children:	48	● CRCN-H Other Ultrasound Scans:	697

*CRCN-H Statistics Start Date June 2025*

## YEAR IN REVIEW

The 2025 operational year marked a pivotal phase for the TY Danjuma Foundation Medical Centre (TYDF-MC), as the newly renovated CRCN-H joined the network and reopened in the second quarter of 2025. Development Africa presents a year defined by strengthened governance, expanded capacity, enhanced systems, and exceptional clinical performance across Rufkatu Danjuma Maternity (RDM), Kuru Danjuma Hospital for Children (KDHC), Daisy Danjuma Eye Hospital (DDEH), and the revitalised CRCN-H.

Service utilisation reached record levels, with 33,406 consultations delivered—27,228 at the core hospitals and 6,178 at CRCN-H within its first seven months. Surgical activity totalled 1,528 procedures, with a monthly peak of 196. Ophthalmic services completed 470 surgeries, supporting patients across rural and peri-urban communities.

Diagnostic services expanded significantly. Laboratories conducted 65,695 tests, rising from 4,211 to 7,156 monthly, with CRCN-H contributing 6,100 during its activation period. Ultrasound services remained consistently high at 242–451 scans per month, supporting obstetric, paediatric, and emergency care with a total of 5,511.

Operational growth was substantial. TYDF-MC successfully transitioned into a fully operational EMR system, digitising clinical records into a secure, integrated platform. Workforce capacity also increased—especially with CRCN-H addition—expanding from 18 to 50 staff in its first quarter through consultant-led mentorship and collaboration. Digital transformation improved documentation strengthened lab–clinician communication, supported real-time decision-making, and enhanced quality assurance across KDHC, RDM, DDEH, and CRCN-H as patients moved between facilities.

CRCN-H reopening in the city centre was a major achievement, restoring 24-hour services, modern medical equipment, and digital integration. Its rapid uptake reflects community trust and the network’s readiness to deliver high-quality care at scale.

Throughout 2025, TYDF-MC remained committed to serving the underprivileged and ensuring no patient is denied care due to financial constraints. Subsidised services, compassionate payment plans, and targeted community outreach allowed vulnerable families to access essential treatment, maternal care, diagnostics, and emergency support. The network prioritised dignity, affordability, coordinated support, and equitable access, ensuring even the most remote or economically disadvantaged patients received timely, high-quality care.

Overall, 2025 reflects a stable, data-driven, ethically governed, and resilient health system. TYDF-MC continues to demonstrate that disciplined governance, strong clinical leadership, digital innovation, and community-focused service can sustainably deliver equitable, high-impact healthcare across Nigeria.



## FACILITY AND SERVICES

Supported by 169 dedicated staff—including doctors, nurses, midwives, laboratory scientists, technicians, administrative personnel, and support staff—the TYDF-MC and CRCN-H continues to serve as a vital healthcare provider for some of the most vulnerable populations in the region. Through coordinated teamwork and a patient-centred approach, the Centre has sustained high-quality service delivery across all departments.

### 1. Continuous 24-Hour Healthcare Services

TYDF-MC upheld its commitment to uninterrupted healthcare access, operating services day and night throughout the year. Emergency care, maternal outpatient services, neonatal and paediatric care, laboratory diagnostics, and obstetric services remained consistently available, ensuring timely and reliable care for all patients.

### 2. Comprehensive Specialized Services

The facility continued to deliver essential services, including antenatal care, obstetric and gynaecological procedures, and routine immunisation. These interventions have played a significant role in improving maternal and child health outcomes. Antenatal education

sessions and vaccination days recorded strong attendance, equipping expectant mothers with critical knowledge while safeguarding children against preventable diseases.

### 3. Laboratory and Diagnostic Capacity

Investment in modern medical and laboratory equipment enhanced the accuracy of diagnostics and effectiveness of treatment. Ultrasound services were provided six days a week, supporting prenatal monitoring and a wide range of diagnostic requirements.

### 4. Expanded Eye Care Services

Beyond maternal and child health, TYDF-MC strengthened its ophthalmic services by offering advanced eye screenings, treatments, and surgical interventions. This expansion has restored sight, prevented avoidable blindness, and reinforced the Centre's holistic approach to healthcare.

### 5. Emergency Mobile Transport (EMT) Services

The Emergency Mobile Transport programme, operating through three keke ambulances, remained a critical lifeline for the community throughout the year. During this period, the service responded to 2,154 calls, providing timely



transportation for women in labour, critically ill patients, and individuals facing barriers to accessing care. The busiest month was October, during which 297 ambulance rides were recorded, reflecting heightened demand for emergency services. Rapid deployment of ambulances ensures patients are reached in the shortest possible time, a factor that is especially critical during obstetric emergencies, where minutes can mean the difference between life and death for both mother and child.

### 6. Pharmacy and Immunisation Support

The pharmacy units continued to ensure the availability of essential medicines while actively supporting immunisation programmes. Through improved access to vaccines, consistent drug supply, and community education, these services contributed significantly to disease prevention and improved public health outcomes. Despite ongoing economic pressures within the region, TYDF-MC achieved measurable progress in reducing maternal and infant morbidity and mortality. These achievements have positively affected household well-being and strengthened the overall health of the communities served.

### 7. Community Impact

Reflecting on the year, TYDF-MC and CRCN-H demonstrated resilience, adaptability, and a steadfast commitment to service. As the Centre moves forward, it remains focused on responding to emerging healthcare needs and sustaining its mission of delivering accessible, high-quality care in the year ahead.

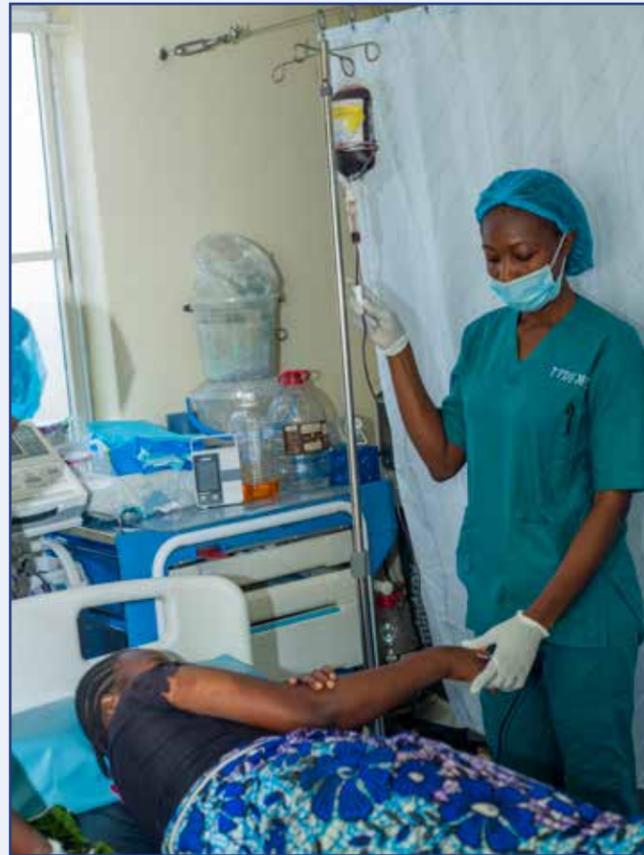


## ADVANCING MATERNAL CARE

The obstetric unit at the RDM continues to exemplify excellence in maternal and neonatal care through the expertise of its specialist obstetricians and highly trained midwives. Always present and fully equipped, the team maintains a high level of clinical readiness, responding promptly to evolving maternal or foetal conditions and delivering timely medical and surgical interventions that consistently safeguard both mother and baby.

In the last year, 3,268 obstetric ultrasound scans were conducted at the RDM/CRCN-H, ensuring close monitoring throughout pregnancy and informing safe delivery planning. Over the same period, RDM/CRCN-H recorded the birth of 41 sets of twins, and one set of triplets—amounting to a total of 1,103 deliveries procedures, making it a total 1,146 babies born. These figures reflect the community's continued trust in the facility's ability to provide dependable, high-quality maternity services.

Collectively, these achievements underscore the team's consistent dedication to positive outcomes and reinforce the essential role it plays in advancing maternal and child health across the region.



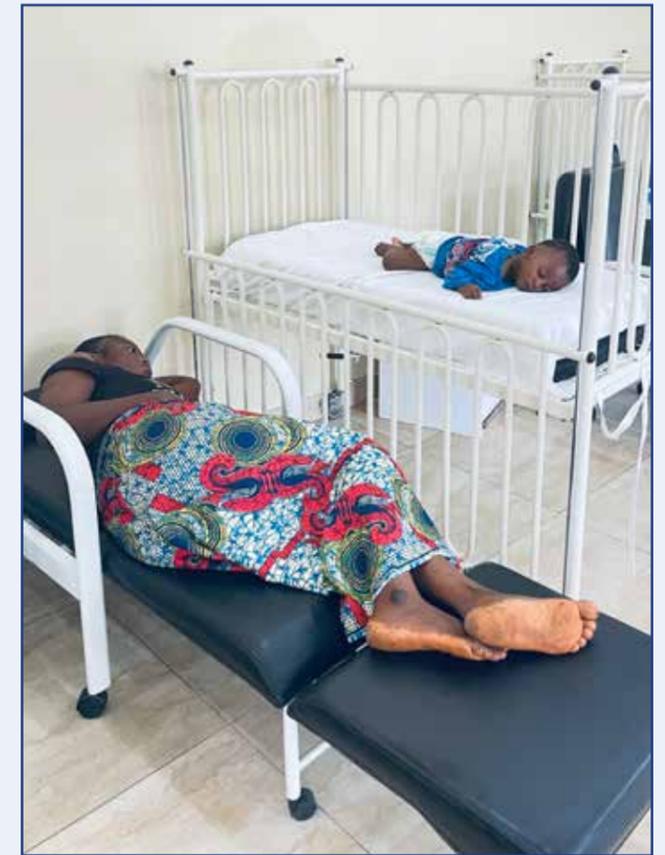
## PAEDIATRIC CARE

The KDHC remains a vital centre for paediatric care, delivering continuous, age-appropriate services from infancy through adolescence. As the bridge between newborn care at the RDM and ongoing child health services, KDHC offers families a reliable and coordinated pathway of care.

Since the integration of paediatric services in 2021, the RDM-KDHC model has evolved into a trusted hub for maternal, neonatal, paediatric, and adolescent services, reducing delays and ensuring children receive timely, high-quality treatment.

An increasing number of children now arrive in extremely critical condition—often their final hope after exhausting all other options. Many present with severe infections, congenital conditions, advanced complications, or acute emergencies requiring rapid stabilisation and intensive management. These cases highlight the region's urgent need for specialised paediatric care and KDHC's life-saving role.

With skilled clinicians, strong emergency capacity, and comprehensive services, KDHC remains committed to improving outcomes and strengthening child health across the region.



Before the TYDF-MC became operational, premature newborns in the region faced limited chances of survival, and many families experienced losses that could have been avoided. As services were established and strengthened, the obstetric and neonatal teams applied innovative approaches to safeguard fragile newborns, laying the foundation for improved outcomes and confidence in the unit's work.

The phased introduction of incubators marked a significant milestone in the unit's development. Designed to replicate womb-like conditions, these systems regulate temperature and support the growth of underdeveloped organs, offering preterm infants a protected environment during their most vulnerable period. Over time, their use contributed to steady improvements in survival and recovery rates across the facility.

With continuous monitoring of vital signs, the incubators allow clinical teams to refine treatment plans while focusing on essential tasks such as careful observation, nutritional support, and coordinated follow-up care for mothers. This controlled and supportive setting has enabled more

premature babies to stabilise, gain strength, and be discharged in good condition, better prepared for healthy development.

In later years, additional equipment further strengthened emergency and neonatal services. The introduction of infusion pumps, thermal warmers for newborns, and expanded incubator capacity enhanced early stabilisation, temperature control, and precise therapy delivery—critical components in managing high-risk neonates during urgent situations.

As RDM's neonatal capacity has grown over the years, trust within the community has increased. Families now view the centre as a reliable facility capable of managing complex premature deliveries, supported by appropriate technology and a skilled neonatal team that provides consistent specialised care and reassurance.

Collectively, these sustained improvements over eight years continue to shape better outcomes for premature infants, offering families renewed hope and giving many newborns the chance to grow, develop, and begin life with stronger foundations supported by dependable neonatal care.

Since the commencement of services at the TYDF-MC, there has been a consistent rise in the number of women and children requiring surgical intervention for a broad range of conditions. Within the paediatric population, frequently performed procedures included hernia repairs, hydrocele surgeries, and appendectomies, with many children presenting in emergency situations such as strangulated hernias that demanded immediate surgical care.

Women also accessed surgical services for various gynaecological conditions and acute complications, highlighting the importance of a well-resourced surgical unit capable of responding to the community's growing and changing needs.

The unit was equipped with modern anaesthesia equipment and staffed by experienced surgeons trained in paediatric and women's surgical care. A structured service model was implemented to ensure continuous surgical coverage, alongside targeted perioperative training for staff to enhance

care quality and improve patient outcomes.

From December 2021 through November 2025, hernia repairs accounted for over half of all paediatric surgical procedures performed at RDM/KDHC, reflecting international patterns in common childhood surgeries. During the same timeframe, the surgical team delivered timely care for women requiring both emergency and planned gynaecological procedures, ensuring access to appropriate treatment without unnecessary delays.

To address the increasing demand for surgical services, the TY Danjuma Foundation financed a significant expansion of surgical infrastructure at in 2024. These upgrades strengthened the facility's capacity to provide safe, efficient, and high-quality surgical care for women and children. Collectively, these advancements reaffirm the TYDF-MC commitment to delivering reliable, comprehensive, and life-saving surgical services to the communities it serves.



## OPTOMETRY

Optometry services and the provision of eyeglasses remain a vital component of comprehensive eye care, particularly for underserved populations. By diagnosing and correcting common refractive errors such as nearsightedness, farsightedness, and astigmatism, these services significantly improve visual clarity and daily functioning. Access to appropriate vision care enables patients to engage more fully in education, employment, and community life.

For children, timely vision assessment and correction are essential for learning and development. Clear eyesight directly influences classroom performance, concentration, and confidence, often determining whether a child can keep pace academically. Among adults, improved vision supports productivity, employability, and economic independence, reducing barriers that visual impairment can impose on daily activities.

Through continued investment in optometry services, the hospital helps families achieve better health outcomes and build more productive, fulfilling futures.



## OPHTHALMIC SURGERIES

Ophthalmic surgeries have a profound impact in underserved and hard-to-reach communities, restoring vision and creating opportunities that were previously inaccessible. For many patients, the return of sight means renewed independence, the ability to work, and the capacity to support their families with dignity. Evidence consistently shows that preventable blindness disproportionately affects rural populations, largely due to untreated conditions such as cataracts and glaucoma. In its first year of operation, the Daisy Danjuma Eye Hospital successfully performed 470 sight-restoring surgeries, enabling patients to regain functional vision and re-engage in everyday life with confidence and improved quality of living.

Beyond clinical outcomes, these surgical interventions significantly improve mobility, reduce dependence on caregivers, and strengthen emotional and psychological well-being. For children, restored vision supports school attendance and learning potential, while for adults it often leads to renewed employment and economic participation. The positive effects extend beyond individual patients, strengthening households and entire communities. These results underscore that ophthalmic surgery is not only a medical intervention but a powerful catalyst for long-term social and economic transformation in difficult-to-serve areas, promoting inclusion, resilience, and sustainable community development.



In 2025 RDM sustained its commitment to international best practice by delivering weekly antenatal education sessions for women at every stage of pregnancy. These sessions remained a critical platform for sharing essential health information, helping expectant mothers understand how to prevent illness, recognise early warning signs, and seek timely care whenever complications arise.

To encourage consistent participation, antenatal classes were strategically scheduled alongside routine ANC visits. The programme continues to align with WHO recommendations, which call for a minimum of four antenatal visits beginning in the first trimester. RDM's structured approach enables women who register early to meet—and often exceed—these standards.

- Blood pressure checks
- Urine screening for bacteriuria and proteinuria
- Blood tests to detect severe anaemia
- Routine weight assessment
- Ultrasound imaging for foetal evaluation
- Guidance on hygiene and healthy eating
- Nutritional support throughout pregnancy
- Information on postpartum healing and

- exclusive breastfeeding
- Balancing work, rest, and physical activity
- Identifying maternal and foetal danger signs
- Understanding labour and pregnancy-related complications

The antenatal curriculum emphasises the importance of regular monitoring, personal health awareness, and proactive care-seeking. Through this comprehensive framework, RDM equips mothers with the knowledge and confidence needed to avoid harmful delays, ultimately supporting safer deliveries and stronger maternal and newborn outcomes.

The sessions also foster a supportive and interactive learning environment. Women are encouraged to ask questions, share experiences, and learn together, building meaningful connections that often extend into the postnatal period. These peer networks provide ongoing emotional and practical support, helping mothers feel prepared, supported, and empowered throughout their pregnancy journey.

Overall, the 2025 antenatal education programme reflects RDM's unwavering dedication to advancing maternal health and ensuring that every pregnant woman receives informed, compassionate, and consistent guidance.



TYDF-MC continues to play an active and dependable role in national immunisation efforts, contributing significantly to the protection of children and communities from vaccine-preventable diseases. With a strong commitment to public health, the network prioritises accessible, high-quality vaccination services delivered in alignment with national guidelines and international standards, ensuring consistency and reliability across all facilities.

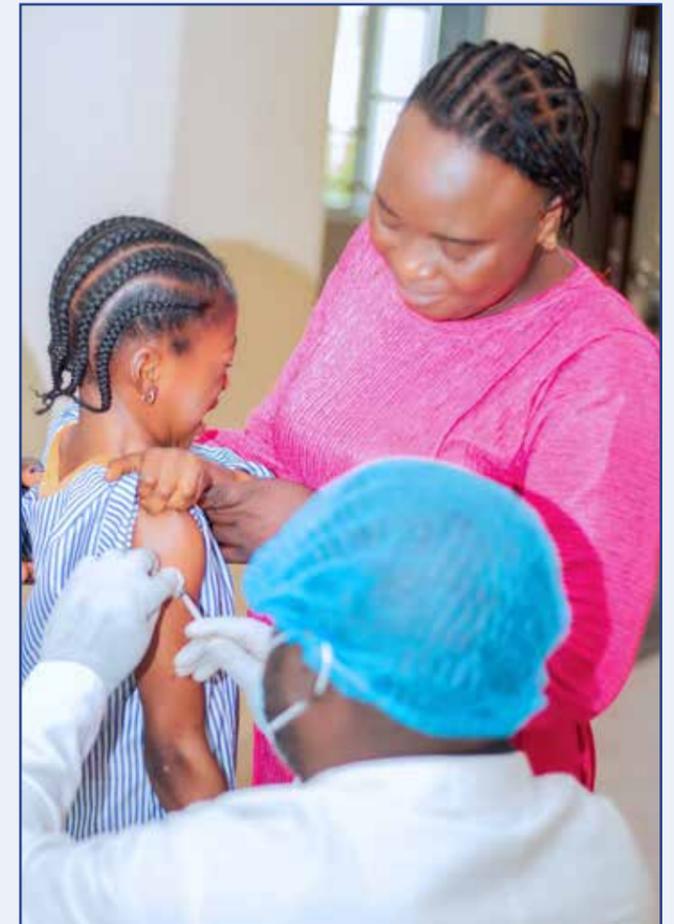
Immunisation begins immediately after birth, with newborns receiving their first routine vaccines prior to discharge. To maintain broad and reliable coverage, TYDF-MC also conducts weekly vaccination clinics in partnership with government immunisation teams.

These sessions enable the facilities to reach mothers and infants on schedule while also

accommodating those who may have previously missed a dose, ensuring that no child is left behind and every family has the opportunity to stay fully protected.

Over the last year, TYDF-MC administered a total of 7,962 vaccines, protecting thousands of families and reinforcing immunity across the region. All vaccines are provided at no cost, removing financial barriers and increasing uptake among vulnerable populations, especially in hard-to-reach or underserved communities.

Through sustained collaboration with government bodies and health-sector partners, TYDF-MC remains a key contributor to outbreak prevention, community resilience, and long-term public health advancement through consistent, coordinated immunisation activities that strengthen overall health system performance.



## DELIVERING DIAGNOSTIC SERVICES



The TYDF-MC diagnostic departments remain a cornerstone of the hospital's clinical operations, providing uninterrupted 24-hour services to support patients and clinicians. Over the past year, the laboratory significantly strengthened its capacity through critical equipment upgrades and targeted professional development for staff, positioning it as one of the most reliable diagnostic units within the network.

The scope of diagnostic services continued to expand in response to growing clinical demand. Haematology services include full blood counts, blood grouping and cross-matching, genotype testing, malaria evaluation, and other essential investigations that support timely and accurate clinical decision-making. The clinical chemistry department provides renal and liver function tests, electrolyte monitoring, lipid profiles, and glucose assessments. Microbiology services have also advanced, with enhanced culture and sensitivity testing enabling precise infection identification and guiding appropriate antibiotic therapy—an important contribution to combating antimicrobial resistance.

Monthly testing volumes demonstrated consistent growth, reflecting increased utilisation and rising



community confidence in the hospital's services. Test volumes increased from 4,211 in December to 7,156 in July. Following the opening of CRCN-H, an additional 6,100 laboratory and imaging tests were completed within ten weeks, demonstrating rapid operational maturity.

Diagnostic capacity was further strengthened by the donation of a mobile X-ray unit, enabling immediate imaging for accident victims and critically ill patients. This eliminated delays previously caused by referrals to Jalingo, accelerated trauma care, and improved timely assessment of fractures and internal injuries—significantly enhancing life-saving interventions.

Quality assurance remains central to laboratory operations, with daily equipment calibration, participation in external quality assessment schemes, and strict adherence to standard operating procedures ensuring accurate and reliable results. Fast turnaround times continue to support clinicians across emergency, maternal, paediatric, and general care services.

The pharmacy also plays a vital role within the hospital's integrated care system. Working closely with clinical and diagnostic teams, it ensures consistent access to essential medications, maintaining a comprehensive inventory that includes emergency drugs, chronic disease therapies, and specialised formulations for maternal, paediatric, and infectious disease management.

Beyond dispensing, pharmacy staff provide patient counselling on medication usage, dosage schedules, side effects, and potential drug interactions. This patient-centred approach has strengthened treatment adherence and enhanced medication safety. Robust stock management systems, cold-chain controls, and strict procurement processes ensure all medications meet regulatory and quality standards.

Together, the laboratory and pharmacy services reinforce TYDF-MC's commitment to delivering reliable, affordable, and patient-focused healthcare, ensuring that every patient receives timely, safe, and effective care.



# CRC-N HOSPITAL RE-OPENING



The CRC-N Hospital in Takum has undergone an extraordinary transformation—a testament to the visionary philanthropy of the TY Danjuma Foundation (TYDF) and the strategic, hands-on management of the TYDFC-MC hospital. Once a facility facing operational and infrastructural challenges, it has been renovated into a beacon of trust in community healthcare for both men and women.

This renewal began with a comprehensive infrastructural and operational overhaul sponsored by TY Foundation, modernizing every aspect of the hospital to meet contemporary healthcare standards. After a temporary closure on May 12, 2024, the hospital reopened on June 4, 2025, ushering in a new era of efficiency, accountability, and patient-centred service delivery. The community’s response was immediate and overwhelmingly positive, reflected in increased patient attendance and renewed confidence in its services.

The scale of progress is clear in the rapid achievements recorded since reopening. Within just 10 weeks, the hospital established 24-hour medical and pharmaceutical services. A major driver of this advancement was the expansion of the



CRCN-H Jun 2025 - Dec 2025								
CRCN-H REGISTRATION	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Female Registration	190	405	385	359	300	193	276	2,108
Male Registration	152	136	177	143	148	156	193	1,105
Antenatal Registration	0	0	18	21	45	46	31	161
<b>TOTAL REGISTRATION</b>	<b>342</b>	<b>541</b>	<b>580</b>	<b>523</b>	<b>493</b>	<b>395</b>	<b>500</b>	<b>3,374</b>
CRCN-H CONSULTATION								
Male Consultation	150	105	300	466	93	222	308	1,644
Female Consultation	311	702	670	579	844	630	558	4,294
Antenatal Care	0	0	18	21	67	56	78	204
<b>TOTAL CONSULTATION</b>	<b>461</b>	<b>807</b>	<b>988</b>	<b>1,066</b>	<b>1,004</b>	<b>908</b>	<b>944</b>	<b>6,178</b>
CRCN-H ADMISSIONS								
Male Admissions	16	4	10	20	17	25	22	114
Female Admissions	17	9	28	36	28	47	26	191
<b>TOTAL ADMISSIONS</b>	<b>33</b>	<b>13</b>	<b>38</b>	<b>56</b>	<b>45</b>	<b>72</b>	<b>48</b>	<b>305</b>
CRCN-H DELIVERES								
Vaginal Deliveries	0	0	0	0	8	4	4	16





CRCN-H ULTRASOUND SCANS	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Obstetric Ultrasound Scans	0	103	66	101	63	43	49	425
Abdominopelvic Ultrasound Scans	12	86	52	198	126	109	107	690
Pelvic Ultrasound Scans	0	0	0	0	2	3	2	7
<b>TOTAL ULTRASOUND SCANS</b>	<b>12</b>	<b>189</b>	<b>118</b>	<b>299</b>	<b>191</b>	<b>155</b>	<b>158</b>	<b>1,122</b>

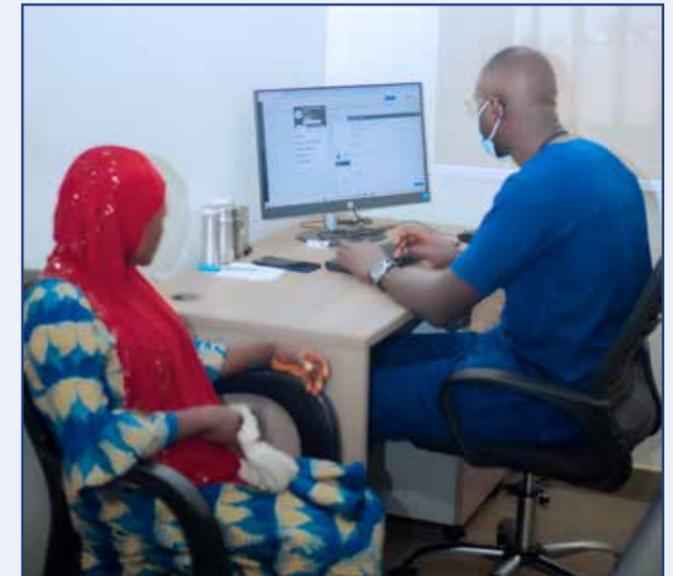
CRCN-H LABORATORY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Blood Group	8	10	18	15	24	23	16	114
Erythrocyte Sedimentation Rate (ESR)	7	1	2	12	5	7	9	43
Fasting Blood Sugar (FBS)	6	36	31	13	10	24	43	163
Genotype	8	13	19	42	25	21	12	140
Grouping & Cross-matching (G&M)	1	0	0	3	2	3	2	11
H. Pylori	30	16	39	119	72	43	73	392
HBSAg	29	29	16	92	78	82	86	412
HCV	20	30	12	73	79	83	89	386
Malaria Parasite (MP)	129	139	119	334	169	205	154	1,249
PCV	33	55	29	105	37	36	30	325
Pregnancy Test (PT)	9	31	12	8	33	21	28	142
Random Blood Sugar Test (RBS)	60	67	58	160	244	132	211	929
RVS (HIV)	32	28	8	11	75	85	80	322
Urinalysis	50	111	82	364	203	223	112	1,145
VDRL (Syphilis)	7	12	9	60	14	9	2	113
Widal	21	5	24	29	26	57	52	214
<b>TOTAL</b>	<b>450</b>	<b>583</b>	<b>478</b>	<b>1,440</b>	<b>1,096</b>	<b>1,054</b>	<b>999</b>	<b>6,100</b>

workforce from 18 to over 37 skilled professionals, including a Specialist Family Physician whose expertise significantly broadened the quality of care available locally.

Supporting this growth was a major technological leap: the adoption of the HeliumOS Electronic Medical Records (EMR) system. Implemented after intensive staff training, the EMR has transformed patient data management, enabling more accurate,

efficient, and data-driven clinical decision-making.

The CRCN-H now operates alongside RDM, KDHC, and DDEH, with staff trained together and collaborating on complex cases. CRCN-H refers its maternity and challenging paediatric cases to RDM and KDHC, and this unified network is creating a measurable impact on the health and wellbeing of entire families.



**TOTAL COMBINED STATISTICS 2017-2025**

DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total
1 Antenatal Consultation	1,650	2,148	2,030	2,307	2,287	2,367	2,443	2,417	2,375	2,385	2,503	2,053	26,965
2 Neonatal Consultation (0hrs-31days)*	213	184	189	252	270	241	217	224	200	239	447	330	3,006
3 Infant Consultation (32days-1yr)	248	393	380	455	442	393	390	322	271	312	363	354	4,323
4 Paediatric Consultation (1yr-17yr)	906	1,087	883	890	759	779	900	951	1,015	1,033	1,245	1,083	11,531
5 Adult Female Consultation	336	619	451	645	635	616	563	511	507	594	483	629	6,589
6 Ophthalmic Paediatrics Consultation **	67	89	79	107	128	78	83	152	98	85	180	158	1,304
7 Ophthalmic Adult Consultation **	619	928	951	1,084	1,075	908	849	981	816	1,042	1,099	819	11,171
8 Other Consultation	23	38	38	25	31	35	27	24	37	51	26	21	376
9 Ward Round Consultation*	693	746	933	1,269	1,153	1,164	1,198	1,298	1,084	1,246	898	970	12,652
10 Antenatal Registration	704	873	720	758	710	812	842	709	670	651	850	705	9,004
11 Female Registration	271	403	317	446	384	386	284	282	287	310	379	341	4,090
12 Paediatric Registration	883	1,106	931	1,050	923	891	892	934	999	1,086	1,185	1,117	11,997
13 Ophthalmic Registration Adults **	459	662	579	740	687	572	510	581	488	618	664	463	7,023
14 Ophthalmic Registration Children **	44	69	59	80	91	53	57	63	66	67	49	69	767
15 Other Registration	40	51	39	37	43	32	42	29	25	17	11	25	391
16 Deliveries (Non-Surgical)	185	207	215	279	251	245	226	224	230	295	280	321	2,958
17 Deliveries Caesarean	111	115	111	141	141	160	153	144	127	178	196	191	1,768
18 Adult Surgeries	197	272	227	335	270	302	269	258	266	205	152	349	3,102
19 Paediatric Surgeries	41	55	42	47	43	44	47	30	44	46	79	55	573
20 Ophthalmic Paediatric Surgeries *	3	6	4	7	1	1	13	6	2	13	14	2	72
21 Ophthalmic Adult Surgeries **	33	95	72	60	71	77	36	39	57	86	84	75	785
22 Adult Glasses **	85	205	179	188	150	118	156	130	90	133	94	80	1,608
23 Paediatric Glass **	38	37	33	37	24	25	25	36	26	21	34	20	356
24 Women Admissions	409	516	503	654	576	624	726	568	561	672	731	675	7,215
25 Neonatal Admissions **	44	48	42	81	71	78	44	56	53	63	64	71	715
26 Paediatric Admissions	221	356	406	344	266	286	342	338	332	326	368	368	3,953
27 Other Admissions	20	32	17	24	19	15	27	51	40	19	29	33	326
28 Ophthalmic Paediatric Admissions 1-5yr**	1	0	1	1	0	0	0	0	0	1	11	0	15
29 Ophthalmic Paediatric Admissions 5-18yr**	2	5	5	6	4	0	9	4	4	1	2	4	46
30 Ophthalmic Women Admissions **	15	33	21	24	27	29	16	16	22	26	38	32	229
31 Ophthalmic Male Admissions **	20	49	45	32	31	37	24	27	34	50	52	29	430
32 Obstetric Ultrasound Scan	675	765	744	883	848	966	1,093	929	1,044	1,019	942	1,011	10,919
33 Pelvic Ultrasound Scan	76	180	151	144	246	146	104	101	136	137	247	109	1,777
34 Abdominal Ultrasound Scan*	37	47	56	76	87	78	66	61	124	150	150	112	1,044
35 Other Scans	0	0	0	0	0	0	0	12	7	21	4	3	47
36 Vaccinations	3,559	4,394	3,704	3,541	3,974	4,509	4,650	4,702	4,540	3,769	4,647	4,382	50,371
37 Laboratory Tests	12,865	14,970	13,122	15,867	15,300	15,521	17,472	18,052	18,297	17,427	17,813	17,304	194,010
38 Ambulance Keke Trips	472	591	641	775	635	619	665	672	623	666	588	5793	7,740
<b>Total</b>	<b>26,265</b>	<b>32,374</b>	<b>28,920</b>	<b>33,691</b>	<b>32,653</b>	<b>33,207</b>	<b>35,460</b>	<b>35,934</b>	<b>35,597</b>	<b>35,060</b>	<b>37,001</b>	<b>35,156</b>	<b>401,318</b>

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

**ADMISSIONS: 3,477 Dec 2024 - Nov 2025**

TYDFMC ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Gynecological Admissions	49	64	86	46	67	87	71	77	54	74	67	40	782
Obstetric Admissions	49	46	49	83	53	61	62	66	80	89	91	89	818
Other Admissions	5	13	1	4	4	1	8	14	10	4	9	8	81
Paediatric (Under 5) Admissions	32	63	72	42	49	53	69	66	70	48	36	33	633
Paediatric (5-17) Admissions	14	25	9	20	21	8	18	30	26	32	52	43	298

NEONATAL ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Inborn (Incubator) Admissions	3	5	1	4	2	6	3	7	3	3	3	3	43
Inborn (Non-Incubator) Admissions	13	14	13	13	19	26	14	14	17	13	22	17	195
Outborn (Non-Incubator) Admissions	15	11	7	31	18	17	10	17	13	22	14	18	193

OPHTHALMIC ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Children Paediatric Admissions	1	1	3	1	4	0	6	2	2	0	11	4	36
Women Admissions	8	21	14	3	14	9	7	9	11	15	16	13	140
Male Admissions	10	32	29	10	25	24	16	14	23	29	26	15	253
VIP Admissions	0	2	0	3	1	0	1	0	4	1	0	0	13

TOTAL ADMISSIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
	119	298	284	260	277	292	285	316	313	331	347	275	3,477

**PATIENT CONSULTATIONS: 27,228 Dec 2024 - Nov 2025**

CONSULTATION GROUPS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Antenatal Consultation	208	322	296	498	602	577	556	622	524	717	570	413	5,905
Neonatal Consultation (0 hrs -31 days)	51	43	41	38	28	47	40	48	51	46	234	98	765
Infant Consultation (32 days - 1 yr)	48	113	129	166	111	88	107	98	77	87	96	98	1,218
Children's Consultation (1 yr - 17 yr)	146	211	171	224	202	161	185	265	287	242	284	154	2,532
Adult Female Consultation	181	384	255	355	382	354	300	213	191	190	93	271	3,169
Ward Consultation	154	218	443	519	644	579	715	858	632	643	289	239	5,933
Other Consultation	2	3	2	3	0	4	1	3	1	1	1	0	21
Ophthalmic Consultation (Under 5)	22	12	12	15	27	14	11	17	16	15	70	45	276
Ophthalmic Consultation (5-18 yrs old)	30	50	37	44	56	38	35	41	53	37	78	73	572
Ophthalmic Consultation Adult Female	176	260	277	277	256	230	211	258	231	311	272	192	2,951
Ophthalmic Consultation Adult Male	216	344	311	355	354	299	305	343	303	358	321	259	3,768
Ophthalmic Consultation VIP	28	14	11	19	4	8	5	8	5	7	8	1	118
<b>TOTAL PATIENTS CONSULTED</b>	<b>1,262</b>	<b>1,974</b>	<b>1,985</b>	<b>2,513</b>	<b>2,666</b>	<b>2,399</b>	<b>2,471</b>	<b>2,774</b>	<b>2,371</b>	<b>2,654</b>	<b>2,316</b>	<b>1,843</b>	<b>27,228</b>

**SURGERIES: 1,528 Dec 2024 - Nov 2025**

DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Caesarean Surgery	20	26	28	28	29	40	29	35	36	34	60	44	415
Myomectomies	4	3	3	6	3	3	5	2	0	0	4	2	35
Total Abdominal Hysterectomies	1	3	2	3	1	1	0	0	0	1	6	5	23
Exploratory Laparotomies	3	5	7	4	5	7	4	5	4	5	6	14	69
Herniorrhaphies	4	7	1	0	3	5	8	4	3	3	5	5	48
Episiotomy & Episiotomy Repair	3	11	8	10	6	7	5	4	3	3	2	0	62
Appendectomies	0	1	1	0	0	1	2	1	0	1	0	0	7
Biopsies	1	0	2	2	2	2	2	5	0	2	2	0	20
Uterine Dilatation & Curettage (MVA)	8	7	7	13	11	2	4	6	7	6	3	0	74
Obstetrics: Cervical Cerclage	0	0	0	2	0	0	1	1	1	0	2	2	9
Obstetrics: Repair Intrapartum Lacerations	7	7	8	5	0	4	6	5	5	0	2	0	49
Obstetrics: Bilateral Tubal Ligation	1	0	0	0	0	0	0	0	1	0	1	2	5
Thyroidectomy	0	3	0	3	0	3	0	1	1	1	0	0	12
Other Procedures	0	3	9	4	0	0	11	4	3	6	8	0	2
Paediatric: Hydrocelectomies	0	0	0	0	1	0	1	1	1	0	0	0	4
Paediatric: Exploratory Laparotomies	2	1	0	2	1	2	1	2	1	2	7	1	22
Paediatric: Herniorrhaphies	0	2	0	3	4	3	1	0	5	1	14	6	39
Paediatric: Other Surgeries	0	1	0	1	1	0	0	0	0	1	3	0	7
Paediatric: Circumcisions	8	9	7	10	5	13	6	8	9	12	19	11	117
Adult OPHT: Cataract Surgery	12	38	36	8	20	25	12	20	22	36	39	29	297
Adult OPHT: Trabeculectomy	1	9	0	1	0	0	0	0	4	2	0	0	17
Adult OPHT: Evisceration	0	2	1	0	1	2	0	0	0	1	0	1	8
Adult OPHT: Excisional Biopsy	1	2	0	0	2	0	0	1	0	0	1	1	8
Adult OPHT: Conjunctival Hood/Cornea FBR	0	13	7	1	12	3	0	1	0	2	4	3	46
Adult OPHT: Lid Repair	1	1	1	1	0	1	0	0	1	0	0	0	5
Adult OPHT: Pterygium Excision(Graft/MMC)	0	1	3	0	6	2	0	1	3	5	0	0	21
Adult OPHT: AC Wash Out	0	0	0	0	1	2	1	0	0	0	0	0	4
Adult OPHT: Other	1	4	0	0	0	0	1	0	1	0	0	2	8
Paediatric OPHT: Cataract Surgery	0	2	1	0	0	0	3	1	1	0	1	0	9
Paediatric OPHT: Conjunctival Hood/Cornea FBR	1	1	1	1	0	1	3	1	0	2	5	1	17
Paediatric OPHT: Corneal Repair	0	0	0	1	0	0	1	1	0	1	2	0	6
Paediatric OPHT: Pterygium Excision	0	0	0	0	0	0	0	0	0	5	1	0	6
Paediatric OPHT: Other	0	0	0	1	0	0	4	0	0	3	1	0	9
<b>TOTAL</b>	<b>79</b>	<b>162</b>	<b>133</b>	<b>112</b>	<b>115</b>	<b>131</b>	<b>109</b>	<b>111</b>	<b>112</b>	<b>139</b>	<b>196</b>	<b>129</b>	<b>1,528</b>

**LABORATORY: 41,323 Dec 2024 - Nov 2025**

DESCRIPTION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Hepatitis B (HBSAG)	462	375	273	290	383	450	489	642	649	437	269	239	4,959
Hepatitis C (Anti-HCV)	360	369	258	209	376	347	461	635	538	502	314	295	4,674
VDRL (Syphilis)	398	357	282	204	371	345	460	492	509	422	302	295	4,437
RVS (HIV-1/HIV-2)	280	250	553	533	654	706	691	735	491	361	246	145	5,822
Urinalysis	178	258	272	249	298	301	350	360	401	302	254	181	3,404
Blood Glucose	293	497	242	258	311	532	352	393	409	209	286	200	3,982
Pregnancy Test	79	78	122	119	132	92	77	52	59	46	41	48	945
PCV (Packed Cell Volume)	473	521	548	584	582	561	677	752	778	861	567	461	7,365
Blood Group Determination	246	310	260	347	491	489	622	662	648	650	423	356	5,504
Blood Crossmatch/Donor	192	186	168	168	162	182	242	284	296	304	228	334	2,746
Haemoglobin Genotype	124	78	68	78	87	99	102	96	89	121	142	162	1,246
Full Blood Count (FBC)	327	429	373	445	560	514	578	700	731	959	631	452	6,699
Malaria Parasites (MP)	330	547	466	550	655	520	658	598	708	664	580	438	6,714
Widal Test	11	14	10	3	9	4	6	7	5	9	6	0	84
Total/Conjugated Bilirubin	20	43	42	61	65	54	19	28	22	33	21	36	444
Liver Function Test	20	4	13	6	20	11	25	40	39	48	41	30	297
Culture & Sensitivity Testing	16	48	26	19	33	45	112	177	158	141	105	133	1,013
Erythrocyte Sedimentation Rate	100	78	36	53	107	190	180	150	167	20	24	25	1,130
Clotting Profile	2	6	5	2	3	2	5	4	2	8	3	5	47
Indirect Coombs	1	0	2	1	2	2	0	1	1	3	1	0	14
Lipid Profile (LP, FLP)	2	5	8	2	4	5	5	2	2	9	4	17	65
Glycated Hemoglobin	0	0	0	0	0	0	0	0	13	12	17	20	62
Seminal Fluid Analysis	3	11	4	6	7	3	6	6	5	5	17	8	81
Serum Belirubin	20	43	42	61	65	54	19	28	22	33	21	36	444
Calcium Test	10	25	43	27	11	12	25	21	24	25	20	19	262
Phosphat Test	0	1	0	2	2	1	0	0	1	0	0	3	10
Potassium Test	1	4	4	13	7	4	9	5	4	4	1	0	56
Uric Acid Test	0	1	2	0	0	1	1	3	6	21	17	12	64
Serum Albumin	2	0	0	3	2	5	3	2	4	5	0	1	27
Follicle Stimulating Hormone	0	0	0	0	0	0	0	0	8	13	8	12	41
Helicobacter Pylori (Serum)	4	2	24	19	8	18	31	27	45	26	8	12	228
Prolactin Test	0	0	0	0	0	0	0	0	7	14	9	15	45
Other Tests	4	3	1	4	2	5	4	8	49	49	67	38	234
<b>TOTAL</b>	<b>2,505</b>	<b>2,796</b>	<b>2,968</b>	<b>4,248</b>	<b>3,409</b>	<b>3,214</b>	<b>2,743</b>	<b>3,313</b>	<b>3,937</b>	<b>3,260</b>	<b>4,833</b>	<b>4,097</b>	<b>41,323</b>

**NEW PATIENTS REGISTERED: 10,239 Dec 2024 - Nov 2025**

RDM REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Adult Female Registration	148	244	180	209	186	192	112	76	54	29	76	79	1,585
Newborn Registration	5	0	2	0	0	0	1	0	1	0	17	19	44
ANC Registration	90	124	110	109	155	112	149	102	99	97	146	117	1,410
Other Registration	0	0	0	4	1	0	0	0	1	0	0	0	6

KDHC REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Children under 5 Registration	136	194	198	257	167	161	181	210	204	161	130	77	1,763
Children aged 5-18 Registration	72	58	34	30	47	31	50	49	85	84	57	60	657

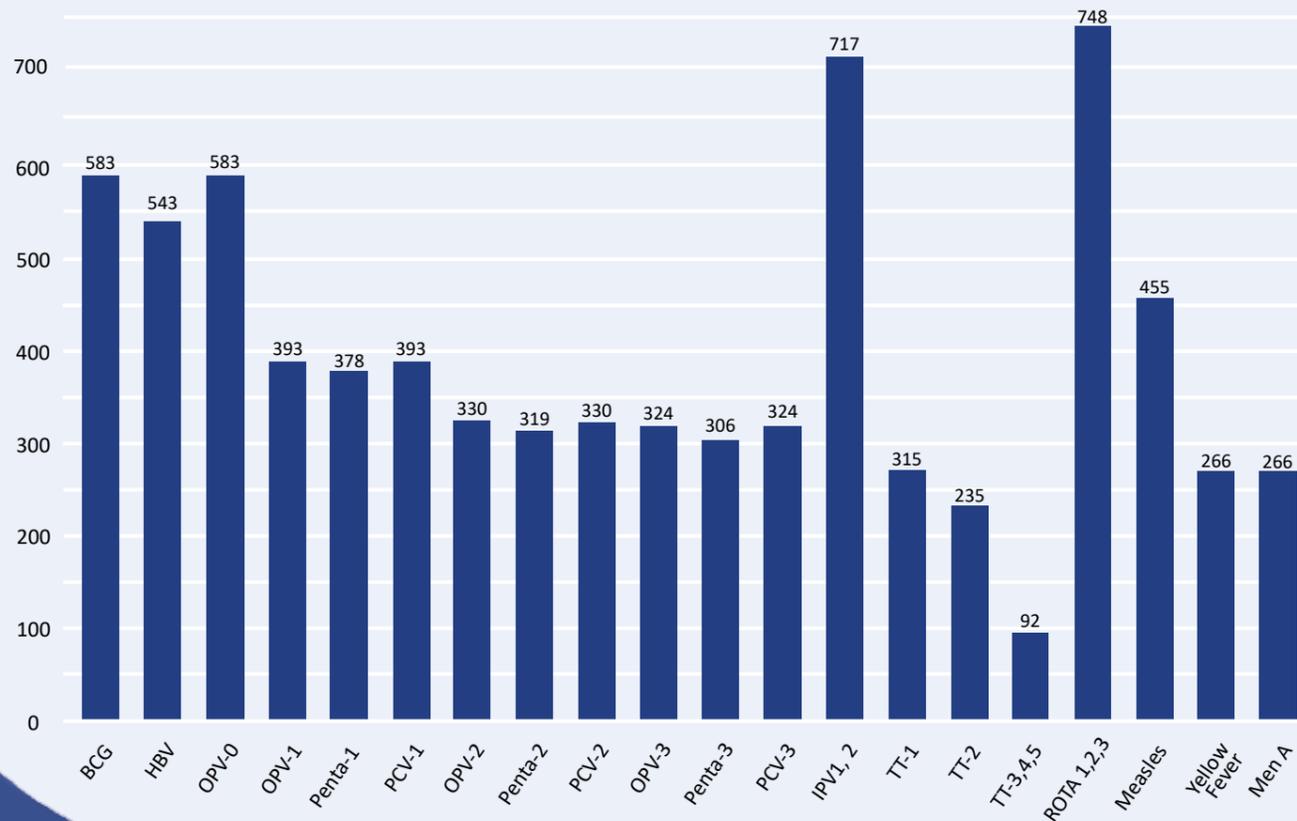
  

DDEH REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Male Registration	159	240	166	231	222	182	188	194	167	206	186	113	2,254
Female Registration	113	170	146	158	145	132	105	135	137	156	131	97	1,625
Children Registration	34	49	35	46	63	33	31	37	45	41	32	42	488
VIP Registration	25	6	10	4	4	4	6	4	5	5	15	6	94

TOTAL REGISTRATION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
	782	1,085	881	1,048	990	847	823	807	797	779	790	610	10,239

**VACCINATIONS: 7,962 Dec 2024 - Nov 2025**



**DELIVERY PROCEDURES: 1,087 Dec 2024 - Nov 2025**

1,087 (Procedures) 1,130 (Babies Born)

	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Deliveries Single	33	39	54	59	49	62	49	52	61	73	50	74	655
Deliveries Multiple	2	3	1	3	4	1	0	5	2	1	1	0	23
Caesarean Single	18	21	27	27	27	38	27	34	35	32	60	44	390
Caesarean Multiple	2	5	1	1	2	2	2	1	1	2	0	0	19
<b>TOTAL</b>	<b>55</b>	<b>67</b>	<b>83</b>	<b>90</b>	<b>82</b>	<b>103</b>	<b>78</b>	<b>92</b>	<b>99</b>	<b>108</b>	<b>111</b>	<b>118</b>	<b>1,087</b>

**OPTOMETRY: 15,925 Dec 2024 - Nov 2025**

	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Visual Acuity Adult	420	618	599	651	54	451	494	576	506	530	601	452	5,952
Visual Acuity Children	52	62	49	59	83	52	46	58	69	52	148	118	848
Fundoscopy Adult	420	618	599	651	83	458	497	576	506	663	601	452	6,124
Fundoscopy Children	52	62	49	59	19	52	46	58	69	52	148	118	784
Refraction Adult	68	114	100	89	67	58	87	63	43	73	28	14	804
Refraction Children	0	0	6	0	2	2	3	1	1	1	4	6	26
Lenses Adult	38	37	27	37	22	23	22	35	23	20	28	14	236
Lenses Children	0	0	6	0	2	2	3	1	1	1	4	6	26
Glasses Adult	57	88	76	77	66	80	53	80	53	53	53	47	783
Glasses Children	0	0	6	0	2	2	3	1	1	1	1	6	26
Biometry (Keratometry & Scan)	12	40	37	8	20	25	15	21	23	36	40	29	306
Other Eye Scans	0	0	0	0	0	0	0	0	0	0	0	10	10
<b>TOTAL</b>	<b>1,119</b>	<b>1,599</b>	<b>1,554</b>	<b>1,631</b>	<b>420</b>	<b>1,205</b>	<b>1,269</b>	<b>1,470</b>	<b>1,295</b>	<b>1,482</b>	<b>1,659</b>	<b>1,272</b>	<b>15,925</b>

**ULTRASOUND SCANS: 4,389 Dec 2024 - Nov 2025**

	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTAL
Obstetric Ultrasound Scans	173	239	246	266	273	256	269	256	249	272	120	224	2,843
Pelvic Ultrasound Scans	44	85	50	68	111	48	40	35	19	34	127	20	681
Abdominal Ultrasound Scans	25	25	38	63	66	61	55	49	98	124	125	89	818
Trans-Vaginal Scans	0	0	0	0	0	0	0	4	0	8	0	0	12
Biophysical Profile	0	0	0	0	0	0	0	0	0	6	0	0	6
Soft-Tissue Scan	0	0	0	0	0	0	0	1	2	1	0	0	4
Breast Scans	0	0	0	0	0	0	0	4	0	1	1	1	7
Scrotal Scans	0	0	0	0	0	0	0	1	4	2	1	0	8
Other Scans	0	0	0	0	0	0	0	2	1	3	2	2	10
<b>TOTAL</b>	<b>55</b>	<b>67</b>	<b>83</b>	<b>90</b>	<b>82</b>	<b>103</b>	<b>78</b>	<b>92</b>	<b>99</b>	<b>108</b>	<b>111</b>	<b>118</b>	<b>1,087</b>

## **Baby Ibrahim Ali Adamu**

Two-year-old Ibrahim Ali Adamu is from Maigoge Bali Iga village in Taraba State. He was born into a humble polygamous family. His father is a small-scale farmer who works long hours in the fields, and his mother stays at home caring for their three children. Life has never been easy for them, and they survive on a very limited income.



When Ibrahim suddenly became very sick, his parents were frightened. He stopped eating well, became very weak, and his body started to change in ways they did not understand. They rushed him to nearby primary and secondary health centres, hoping for help. Sadly, the facilities did not have the equipment or specialist care needed to treat his condition.

By the time Ibrahim was referred to the TY Danjuma Foundation Medical Centre (TYDF-MC), his condition had become critical. He was suffering from severe acute malnutrition, sepsis, and toxic epidermal necrolysis — a life-threatening condition that left his fragile body weak and his skin badly damaged. His parents feared the worst.

At TYDF-MC, everything changed. Under the stewardship of the medical team he immediately

began intensive care. Ibrahim received life-saving treatment, careful wound care, strong antibiotics, and proper nutritional rehabilitation.

The doctors and nurses did not only treat his illness — they treated him with patience, kindness, and compassion. Slowly, Ibrahim began to respond. Day by day, his strength returned. His skin began to heal. His appetite improved. The little boy who once lay motionless and weak started to sit up, look around, and smile again.

Today, Ibrahim is alive and recovering — a true symbol of resilience and hope. His story is a reminder that access to quality rural healthcare can mean the difference between life and death.

His parents, overwhelmed with gratitude, now call him “the miracle of Maigoge.”

*“We had lost all hope. But the TY Danjuma Foundation and the doctors at TYDFMC gave us our son back. May God bless everyone who made this possible.”*  
—Ali Adamu, Ibrahim’s father

For this family, Ibrahim’s recovery is more than medical success. It is the gift of a second chance, and a future they feared they had already lost.



## **Mrs. Majesty Jessica**

For three long and painful years, Mrs. Jessica lived with a growing ulcerated mass that slowly consumed her right breast. What began as a small lump gradually became a large, painful wound that changed everything about her life. At just 40 years old, this devoted mother of four watched her health decline day by day.

The pain was constant. The wound made it difficult for her to sleep, to move comfortably, and even to care for her children the way she once did. She began to withdraw from social gatherings because of embarrassment and fear. What hurt her most was seeing the worry in her children’s eyes. A mother who once felt strong and dependable now felt trapped inside her own body.

Eventually, she made her way to a tertiary hospital, where she was diagnosed with cystosarcoma phyllodes. While it was a relief to finally know what she was facing, the news that followed was devastating. She needed urgent, life-saving surgery — but the cost was far beyond what her family could afford. It felt like being handed

hope with one hand and having it taken away with the other.

Her turning point came when she was referred to the TYDF-MC.

At TYDF-MC, her case was met not with hesitation, but with determination. The surgical team carefully assessed her condition and developed a clear plan to save her life. With the critical support of the TY Danjuma Foundation and under the stewardship of Development Africa, financial barriers were removed and the complex surgery was successfully performed.

Recovery was steady. The pain that had defined her life for years began to ease, and strength slowly returned to her body. Most importantly, hope returned to her heart.

Today, Jessica stands as a testimony to resilience and compassionate care. She has been restored to her children — able to embrace them without pain, to smile without fear, and to look toward the future with renewed faith. What once seemed like the end of her story has become a powerful new beginning.



## **Baby Ruth Iryanang**

Born at home in Ussam, Ussa Local Government Area, little Baby Ruth Iryanang came into the world with a rare and life-threatening eye condition congenital bilateral ectopia, which left her eyes severely dry and at risk of scarring, ulceration, and blindness. Referred urgently from a peripheral hospital to the TYDF-MC, she was met by a compassionate, multidisciplinary team of ophthalmologists and paediatricians who worked tirelessly to save her sight.

Through skilled management, close monitoring, and the unwavering support of the medical team, Baby Ruth’s condition was reversed and today, she can see clearly with both eyes. Her story stands as a powerful testament to the impact of accessible specialist care, community partnership, and the life-changing difference compassion can make.

## STAFF & MEDICAL TRAINING

### **Strengthening Foundational Care: WHO Training**

In a decisive step toward strengthening paediatric and neonatal care across our network, we proudly announce the successful completion of the Essential Newborn Care Course (ENCC) and Integrated Management of Childhood Illness (IMCI) training. Jointly organized by the World Health Organization (WHO), the Federal Ministry of Health (FMOH), and National Facilitators, the sessions ran from November 23rd to December 6th, 2025. This capacity-building initiative reinforces our commitment to continuous quality improvement, ensuring clinical protocols remain aligned with global standards and national best practices. Designed to empower frontline teams at the TY Danjuma Foundation Medical Centre and CRCN Hospital, the ENCC strengthened neonatal skills such as thermal care, resuscitation, breastfeeding support, and infection prevention, while the IMCI component provided a comprehensive framework for assessing, classifying, and treating common childhood illnesses.

By investing in this rigorous, internationally recognized training, we are directly enhancing the quality, consistency, and compassion of care for our most vulnerable patients. These upgraded competencies ensure a reliable and standardized approach for every newborn and child we serve,

reinforcing our mission to deliver safe, effective care. We extend sincere appreciation to the WHO, FMOH, and expert facilitators for their invaluable partnership. This initiative is more than a training—it is a foundational pillar in our ongoing pursuit of excellence and a meaningful step toward a healthier future for every child entrusted to our care.

### **Procurement & Logistics Management Training**

In January 2025, Supply Chain Management Training was conducted at TYDF-MC to strengthen internal systems for sourcing, storage, distribution, and accountability of medical and non-medical supplies. The training enhanced understanding of healthcare supply chain principles, improved inventory control, promoted accurate documentation, and strengthened inter-departmental coordination to reduce stock-outs, wastage, and losses. Delivered through interactive lectures, demonstrations, and discussions, it addressed procurement planning, vendor management, storage practices, internal controls, and reporting. By the end, staff demonstrated improved knowledge, stronger accountability, and better coordination across departments, contributing to more efficient procurement, reduced waste, and improved service delivery.

### **EMR System Live Across TYDFMC Facilities**

A significant milestone has been reached in our pursuit of healthcare excellence. All the hospitals have begun to work with an electronic medical records (EMR) system. The TYDF-MC is now fully operational across all facilities as of October 1st. This achievement represents more than a technological upgrade—it is a foundational enhancement of clinical standards and a reflection of our commitment to transformative, patient-centred care. The coordinated deployment across both facilities unifies service delivery under a single, robust digital framework.

This transition was made possible by the

professionalism and resilience of every team member. Their dedication during intensive training and proactive integration of the system into daily practice turned initial challenges into opportunities for improvement. Our teams are now equipped to leverage this tool to enhance patient safety, optimize clinical workflows, and strengthen data-driven decision-making across the network. This milestone stands as a testament to what can be achieved when philanthropic vision, expert management, and committed teamwork align. Moving forward, this shared foundation will deepen collaboration, precision, and impact in serving our communities.



Members of staff benefit from a wide range of modern recreational facilities generously supported by the TY Danjuma Foundation and the Taraba State Government. These well-maintained amenities enhance physical and mental well-being, offering spaces for relaxation, social connection, and team-building. They also strengthen coordination across all hospital units, helping staff maintain strong working relationships and a shared sense of purpose.

A spacious staff hall and canteen serves as a central point for inter-unit meetings, shared meals, and celebrations, reinforcing collaboration. The fully equipped gym provides opportunities for fitness and stress relief, while the staff lounge offers a calm environment to unwind after demanding clinical duties. A full-sized tennis court further promotes recreational sports, encouraging teamwork, friendly competition, and an active lifestyle.

These facilities have strengthened workplace cohesion, enabling staff to participate in cross-unit team-building, sports, and social events. By fostering well-being, camaraderie, and interdepartmental coordination, they support a positive and resilient work culture that enhances productivity and job satisfaction.



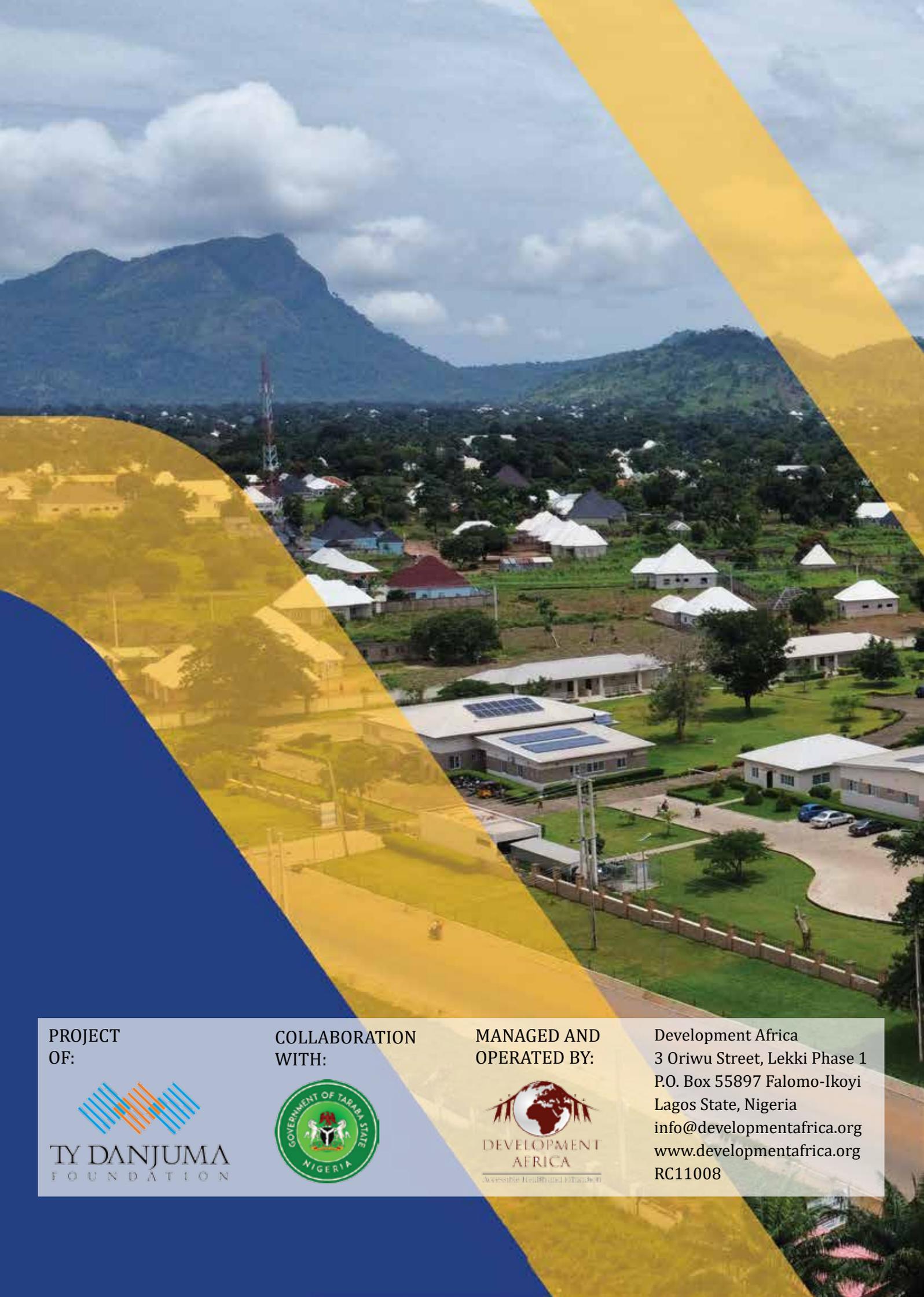
As the hospital transitioned to a fully computerised data management system, the demand for a more robust and reliable power supply became evident. The existing electrical infrastructure was therefore comprehensively upgraded and expanded to support newly installed medical equipment, increased computer usage, and enhanced digital systems across departments. These improvements have strengthened system stability and reduced the risk of downtime, ensuring uninterrupted clinical and administrative operations.

In parallel, the hospital's renewable energy system was further expanded in line with the growth of the facilities. The system continues

to operate smoothly and efficiently, providing a sustainable and dependable source of clean energy to power daily hospital activities while reducing reliance on conventional energy sources.

Additionally, effective waste management remains a critical priority in healthcare, particularly in rural settings. As with all medical and biological activities, hospital operations generate waste that must be handled safely. The TYDF-MC incinerator remains fully operational and continues to play a vital role in the safe and efficient disposal of medical waste. Its continued use ensures compliance with safety standards and contributes to maintaining a clean, secure, and environmentally responsible hospital environment.





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