

2021



Africa Healthcare Development Trust
IMPROVING HEALTHCARE & SUPPORTING MEDICAL EDUCATION



20 YEARS SUMMARY OF PROJECTS AND ACTIVITIES

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1 CHAIRMAN'S BRIEF ON THE FORMATION OF AHDT AND EXECUTED PROJECTS

1.1 Introduction

Africa Healthcare Development Trust (**AHDT**) started with an informal group meeting of a few friends and colleagues on the 21st of Jan 2002 to form an association that will help tackle some of the needs around healthcare in Nigeria. Prior to this meeting, some of us were working individually on an ad hoc basis back home when we go on holidays during which we run clinics, ward rounds and deliver lectures in our local hospitals or Alma Mater. It soon became obvious that pooling our resources together would be a much better way of making a contribution. Hence the formation of AHDT.

As our activities and our reach extended, AHDT became formally registered as a Charity in the UK on the 18th July 2012 with Charity registration number 1118851. (Web address: www.ahdt.co.uk). The name AHDT was chosen to underscore our mission to cover the African continent with the springboard of activities being Northern Nigeria.

This 20th anniversary celebration event is a time for a thorough analysis of our activities in the last 20 years looking at our strengths, weaknesses, opportunities and threats going forward. We thank God almighty for His mercy and for granting us the opportunity to witness this great occasion with members whose dedication is second to none. Unfortunately, these days if you do not blow your own trumpet no one else would do it for you.

1.2 Operational Adjustment

Like every organisation, AHDT has undergone a silent evolution in our *modus operandi*. We started initially with collecting pieces of consumables, equipment, books and journals to ship to Nigeria for distribution to tertiary institutions. We soon realised that this was consuming a lot of our meagre resources with minimal impact on the ground in Nigeria. We abandoned this approach and moved on to public health campaigns against major health issues in Nigeria. An example of this is our **HIV** health awareness campaign during which we distributed posters and participated in workshops and educational programmes in Maiduguri (NE Nigeria).

A few years later we decided to move our focus to implementing hospital-based health promotion projects on the ground. This meant going to visit hospitals with our members for 1- week projects (termed '*minor*') or 2-weeks (termed '*major*') projects. During these visits, together with our local partners, we run clinics and surgeries including general surgery, eye operations and engage in skills transfer sessions. As of today, our primary focus remains manpower training, skills development and capacity building. These are our areas of expertise that we hope to consolidate even further in future. Our education and training programs are now firmly entrenched with our hospital projects.

With the Covid-19 reality, training around infection prevention and control including hand hygiene practices will need to be escalated. The training of doctors is only a small part of what is needed. Well informed Nurses, Midwives, Lab Technicians, Managers and supporting staff are equally necessary for a successful healthcare system.

1.3 Our Achievements

I will begin by noting some of our undoubted achievements and successes over the last 20 years. In summary, we have treated more than 10,000 paediatric and adult patients free of charge across Northern Nigeria so far. These include surgical operations for Cataracts; Hernias; Hydrocele, Goiters and Vesico-vaginal fistulae (VVF). They include medical conditions such as Hypertension, Diabetes, Asthma, Peptic ulcers, a variety of acute bacterial infections and chronic parasitic infestations.

We have also trained thousands of Midwives & traditional birth attendants (TBAs) in the internationally recognised course on New-born Resuscitation techniques. This is all in addition to paying for the upgrade of some local facilities including theatres in all the hospitals that we have visited. We have built or renovated wards in some hospitals and in one instance, provided blood transfusion refrigeration to the Snake Hospital in Gombe.

We have also facilitated a mutually beneficial exchange of skills between Nigeria and UK-based medical and nursing colleagues. ABU teaching Hospital in Nigeria, Stockport Hospital NHS Trust and United Lincolnshire NHS Trust are notable in this regard.

Birth attendants trained by AHDT are also provided with safe birth practice kits, which contain resuscitation equipment that they take to practice in the community. This training is monitored by a continuous audit process to assess the effectiveness of the exercise. Such evaluation was last published in ***Annals of African Medicine, "Evaluation of the cognitive effect of new-born resuscitation training on health-care workers in selected states in Northern Nigeria." Ann. Afr. Med., 2018 Jan-Mar, 17(1):33-39.***

We have set up clinics and sent relief materials including medical supplies to internally displaced people (IDP) camps to help with the initial wave of attacks by Boko Haram bandits in the North East.

We have so far visited and successfully completed health improvement projects in Jigawa, Kano, Gombe, Kaduna Adamawa and Niger states. Some states we have visited twice and in different locations. AHDT has signed MOUs with ABUTH, Gombe FMC, AKTH, orphanage centres (AYTAM and Gumel), Aminu Musa Abdulsalam Foundation (AMA - A Nigerian charity providing treatment for eye conditions,

especially cataracts), GRACE Foundation (A registered charity interested in treating general surgical cases) and IBB University, Lapai, Niger State to support its new medical school.

We have signed MOUs with Bayero University, Kano (BUK) and Gombe State University for a prize and bursaries respectively for the best final year Medical Students in these institutions to encourage excellence. Several Medical and Nursing staff from institutions in Nigeria have benefitted from clinical attachments sponsored by AHDT at Stockport and Lincoln County Hospitals. Some of these recipients are now in very senior medical managerial positions back in Nigeria.

1.4 Mental Health

A relatively new area we are adding to our portfolio in our short history is to facilitate investment in mental health. We have hitherto concentrated primarily on physical health problems. **Drug abuse** and related problems involving opiates like codeine (in cough mixtures) and analgesics (like tramadol) have assumed an alarming dimension among the myriads of socioeconomic problems bedeviling Nigeria. This is more so in that it involves youngsters and women, especially housewives who in Nigeria, are traditionally the custodians of homes and critical in the upbringing of children. In 2019 we launched a 10-year plan during which we will partner with key stakeholders including various governments, charities, NGOs and philanthropists in order to assist in this crusade.

1.5 Research Collaboration

Another new area of activity is supporting **research collaboration** such as the link we facilitated between the department of neuro-sciences **University of Manchester** and Ahmadu Bello University Teaching Hospital Zaria, Nigeria (ABUTH). The title of the research project is "***Folate handling in the developing brain and the prevention of brain abnormalities***".

1.6 Our Partners

Our partners on this journey are too many to mention. The support from our enthusiastic ordinary membership has been inspiring. The dedication of our executive council, Trustees and Patrons has been critical to the successes that AHDT has been able to achieve. The support of 4 our local and international partners has been invaluable. Particular mention to ABUTH that has provided the bulk of our local collaborator clinicians in Nigeria. So too, the, International Health Partners (**IHP**) that works with partners to provide medical supplies to organisations serving the most-needy communities around the world. AHDT was recognized as a key partner by IHP UK, with the **Queens Award for Enterprise & innovation** on Wednesday 21st December 2011. On this note, I would like to congratulate AHDT members for this fantastic award. This is a testimony to the effectiveness of our collaborative work with our global partners.

1.7 Our Membership

Although the Executive Committee (Exco) membership is robust, especially with our adoption of the extended Exco strategy, our general membership drive over the past years has not been as successful as we would wish or as our myriad achievements may suggest. The total general membership remains low and registered membership is even lower. In particular, getting women membership on board still remains a challenge. Nonetheless, our ethos remains that of sacrificial giving and of action rather than words. We are very grateful for the hard core of membership that has kept the Charity going.

Even though we have executed many high impact projects in Nigeria, due to our busy working lives, we have not been able to find the time and space to seek financing from other organisations in Nigeria and the UK/Europe. This is something we will focus on in the years to come.

1.8 Challenges

To say that we have faced massive challenges over the last 20 years as we execute projects in Nigeria would be an understatement. Nigeria is such a great and interesting country that throws peculiar challenges of human, material and logistical dimensions. We have no doubt met and worked with colleagues whose dedication is second to none while at the same time, some are just not interested in engagement at all. Worse still, a minority are even happy to sabotage the little contribution being made by bodies like AHDT. Above all, an important unexpected obstacle we were able to manage and learn to live with is what I term the “**NGO syndrome**” prevalent in Nigeria. The expectation is that organisations coming from abroad are all NGOs, especially those from Europe and USA, and are awash with cash that should be channelled to each and every person who is helping us in one form or another (‘a windfall’). They do not consider charities like AHDT that do not have such cash flow as their priority and don’t want to engage with us. Worse still, some, who barely know us think we have decided to pocket this cash and not share with them. This attitude is, however, gradually changing as our local partners have come to understand that we are a charity and not an ‘NGO’ such that none of us is paid for this work. The reality is that funding for the charity and its projects is made of donations from individual members and philanthropic acquaintances in the UK and Nigeria.

1.9 Financing our Projects

Our finance is modest, but we have no financial liability. Despite the major projects executed, we have never received direct funding from international charity organisations but some of our projects in some states have received additional support from the states. Our finance model is based on member’s subscription fee and charitable donations from philanthropists in Nigeria and the UK. Support for logistics during our projects in Nigeria has also been provided by local communities.

1.10 Our Mission

To expand our work to cover every geographical area in Nigeria and beyond. We have a pending request to visit the South Western state of Ogun to undertake a health promotion project but, for the covid19 pandemic, things are on hold.

1.11 Conclusion

It remains our resolve to put AHDT on a strong foundation. AHDT aims to provide a refreshing departure from those who simply complain and criticise without offering any solutions to the issues at hand. We all know that the world isn't perfect, but we also strongly believe that small things done consistently can add up to something big eventually. We thank God almighty for giving us the patience to persevere.

1.12 Acknowledgements

In conclusion, I must add that none of us is paid a penny to run AHDT. The entire work is done voluntarily. AHDT provides an opportunity to make a difference to people back home suffering from diseases that can be treated with the deployment of our meagre resources. It is an opportunity to show that we care for the less privileged. AHDT firmly believes that every little counts and that the best things in life are those that money, simply, can't buy.

I would be delighted if you can join us for what will be a successful 20th Anniversary celebration. With my very best wishes to you all.

Dr Ibrahim Jalo Hassan
Chairman, AHDT
June 2021

2 AHDT SUMMARY OF ACTIVITIES

Africa Healthcare Development Trust (AHDT) is a UK-based voluntary, non-profit organisation of Nigerian medical and non-medical professionals established with the aim of helping to improve health care delivery in Nigeria. AHDT is a UK registered charity with Charity registration number 1118851. Web address: www.ahdt.co.uk

AHDT's activities have so far been in the Northern states of Nigeria providing health services to the local communities and training both medical and community healthcare workers including Skilled Birth Attendants. AHDT has also been involved in capacity building in various health institutions. We have so far successfully completed health improvement projects in the states of Jigawa, Kano, Gombe, Kaduna and Niger providing health services, training, capacity building and infrastructural improvements. We have visited some of these states more than once. Our service deliveries include basic and complex general surgeries, complex gynaecological surgical procedures including VVF, cataract operations, treatment of various childhood and adult medical conditions, setting up multi-disciplinary specialist services like diabetic clinics, training of medical staff involved in the birthing process on new-born resuscitation skills and new-born care skills. We provide medications free to beneficiaries during our projects. These medications are obtained free from International Health Partners (IHP), also a United Kingdom registered charity that supports UK-based charities and health professionals with medicines donated from major European Pharmaceutical companies.

AHDT is also involved in safe motherhood initiatives, review of hospital management, infection prevention and control programmes. The organisation has also provided various medical equipment to some states in Northern Nigeria, medications to IDP camps in Borno, Gombe and Yobe states and assistance to victims of terrorist attacks in Kano.

We support academic and medical research activities in some of our tertiary health institutions including Ahmadu Bello University Teaching Hospital Zaria, Federal Teaching Hospital Gombe and Federal Medical Centre Bida. We have signed a MoU with IBB University Lapai, Niger State to support its new medical school. We also support basic education activities, currently providing educational improvement initiatives to AYTAM Orphanage in Zaria.

We are keen to help meet some of the SDG goals and have been providing the New-born Life Support (NLS) and new-born care training designed to address three of the four identified interventions that will help save new-born life. These include resuscitation training to all frontline staff involved with the birthing process, training on new-born care skills, preventions of infection and treatment of infection. We ensure that birth assistants that are trained are provided with birth practice kits which contain resuscitation equipment. Audit of the cognitive impact of this training to medical staff

across Northern Nigeria is published in Annals of African Medicine; “***Evaluation of the cognitive effect of new-born resuscitation training on health-care workers in selected states in Northern Nigeria***; [Ann Afr Med.](#) 2018 Jan-Mar, 17(1):33-39.

In summary, our activities include the following:

1. Screening targeted population for chronic diseases like hypertension, diabetes and heart diseases during health improvement projects
2. Screening for general surgical, gynaecological and ophthalmic (Eye) conditions
3. Offering medicines to treat appropriate medical conditions and offering general surgery, gynaecological and ophthalmic surgeries to patients
4. Treatment of medical, surgical and paediatric emergencies encountered during the project
5. New-born resuscitation training for medical staff, nursing and community birth assistants
6. Training healthcare workers in Infection control measures
7. Working collaboratively with local staff in medical, surgical, obstetrics and paediatric outpatient clinics to treat various medical and childhood conditions
8. Safe motherhood workshops for obstetric staff
9. Public health awareness and health education on various medical and childhood conditions (health advocacy)
10. Bedside teaching on the wards
11. Development of evidenced-based guidelines and working with colleagues in Nigeria to ensure application of guidelines
12. Auditing the project.
13. Medical educational activities including training and research.
14. Education and welfare support of the less privileged with education and career mentorship.

2.1 Officials

2.1.1 Exco

- Dr Ibrahim Jalo Hassan – Chairman
- Dr Jibril A Jibril – Vice Chairman
- Dr Ado Yusuf – Secretary
- Dr Abubakar M Zubairu- Project Coordinator
- Dr Rufai Nadama – Public Relations Officer
- Dr Nurain Hassan Ibrahim – Financial Secretary
- Dr Abdullahi Sheriff – Assistant Secretary
- Dr Abba S Alkali – Assistant Project Coordinator

2.1.2 Patrons

- HRH Etsu Nupe Alhaji Yahaya Abubakar, CFR
- Ms Marian Surgenor
- Anna Craven (outgoing)

2.1.3 Trustees

- Dr Aminu Mamman
- Dr Abdullahi Shehu
- Dr Ibrahim Hassan Zaria
- Dr Falalu Dahiru Danwata
- Prof Sajjad H Mirza
- Dr Muhammad Salisu ADAYA

2.2 Funding Sources

- Contributions from members through subscription
- Donations from philanthropists

2.3 Projects and Locations

- AHDT Gumel Health Project, a 2-week health improvement project at General Hospital, Gumel in 2010.
- Gombe Ophthalmology Project. AHDT collaborated with two Ophthalmologists resident in Gombe to undertake this project in 2011.
- AHDT Gombe Health project, a 2-week health project at Specialist Hospital, Gombe in 2013.
- AHDT Bida project, a 2-week health project at Federal medical Centre, Bida in 2014.
- AHDT second Bida project, one-week health project at Umaru Sanda Ndayako Hospital, Bida in 2016.
- AHDT Kaduna health project, a 1-week health project at General hospital, Kawo, Kaduna in 2018.
- AHDT Second Gumel project, a 1-week health project at General Hospital Gumel in 2019.
- AHDT Kazaure health project, a 1-week health project at General Hospital Kazaure in 2019.

2.4 Other Activities

- Medical equipment donations
- AHDT donated medical equipment to AL-NOURY Specialist Hospital Kano in 2005. Medical equipment donation to Kano State government in 2007
- Snake bite hospital equipment donations in 2019
- Public health campaigns HIV campaign and Health Education University of Maiduguri and Yola college of Education in 2005
- Medications donations
- Medication donations to Victims of Terrorist bombings in Kano. Money was given out to widows, widowers and orphans in Kano. Borno, Yobe and Adamawa were sent International Health Partners (IHP) medical packs each worth about £8,000.00 in 2015

- Malaria medication donation worth £5,000 to children IDP camps in
- Katsina, Sokoto, Zamfara and Kebbi states. This was achieved in collaboration with FREE charity.

2.5 Collaborations

- Aytam Orphanage
- Research Collaboration: Dr Jaleel Miyan; Brain abnormalities (ABU/University of Manchester on Folate metabolism in the Developing Brain
- Gumel Orphans Welfare Trust

2.6 Educational Activities

- Annual prize to the best graduating student at AKTH and Gombe State University.

3 AHDT PROJECTS AND OUTCOMES

3.1.1 Gumel Project (2010): Gumel General Hospital, Jigawa State, Nigeria

This is the first field multi-disciplinary health improvement project that AHDT undertook. This two-week health improvement project serves as a reference point that subsequent projects were able to draw inspirations from. It was a two-week project at Gumel General Hospital designed to provide service delivery to the community covering medical cases for adults and children, surgical procedures for cases like hernias, hydrocoeles, surgical emergencies while we were there including obstetric emergencies, cataract eye surgeries and care for existing inpatients.

The project also covered education, teaching existing medical staff on competency skills of surgical procedures and evidence-based medicine. Hospital medical and community birth assistants were also trained on new-born resuscitation which, is on how to assist babies establish breathing when they are born and not able to breath spontaneously on their own. This could be due to birth asphyxia or difficulties babies face around delivery seen like a baby who had been shocked or had been born early. These are major causes of new-born deaths and disabilities. A high percentage of Nigeria's high under-fives recorded deaths comes from deaths in the first 28 days of life after babies have been born and either have had difficulties in establishing spontaneous breathing or have been born early. This training was incorporated into the project and was well received.

We also reviewed infection control services and hospital administration to gain an understanding of how things were done, learn from the services and give advice on how things could be done differently.

The project phases involved:

- i. Project proposal
- ii. Project design including costs and funding
- iii. Pre project visit involved a member of AHDT visiting the community and hospital to engage with stake holders. This took place shortly before the project. Prior to that, an official of AHDT who is from that community had made informal visits while he was on visitation.
- iv. Project implementation
- v. Debrief
- vi. Report writing

3.1.2 Cost- Benefit Analysis of the Gumel (2010) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adults and children medical cases including blood sugar tests and medications	700	N10,000	N7,000,000
2	Surgery for hernia (inguinal, umbilical), appendix, hydroceles, lumps and bumps	88	N30,000	N2,640,000
3	Emergency caesarian section	4	N150,000	N600,000
4	Inpatient care for 1 week	100	At N5,000/patient /week	N500,000
5	Cataract surgery	131	N30,000	N3,930,000
6	New-born resuscitation and new-born care training to doctors, nurses (35) and Traditional Birth Assistants (35)	70	N30,000	N2,100,000
	Total Expenses	1093	-	N16,770,000
	Funds for the project	-	£7,888.59 = @ N245/£ = N1,932,704.55 (Expenses from UK) N3,062,050 (Expenses in Nigeria)	N4,994,754.55
	Cost benefit from the project run as a charity	-	N16,770,000 – N4,994,754.55	N11,775,245.45

3.1.3 Maternal Health

During the 2 weeks, the visiting senior midwife spent the time on workshops teaching skills update to existing maternity staff and community birth assistants on safe motherhood initiatives, teaching expectant mothers in antenatal classes, resource management, immediate post-natal care and infection control in the delivery suite.

Our visit identified areas in need of improvement and brought about the following changes/advice:

1. Renovation of the entire maternity and labour units which were cleaned, washed and repainted.
2. We advised on infrastructural improvement work to be undertaken in the post-natal ward to improve on the infrastructure. Work did commence before we left and was successfully completed afterwards.
3. We saw to the improvement work to the drainage system in the maternity unit.
4. The maternity unit power supply from the hospital generator was extended to cover the maternity unit from 6pm – 10pm. We recommended a smaller power generating plant be dedicated to providing electricity to the maternity unit and labour room.
5. AHDT saw to the construction of a new external supplementary water reservoir to provide running tap water to the delivery suite. Prior to our visit, water supply was provided in communal water bowls with a high risk of contamination and hospital acquired infection. Water is supplied into the supplementary water reservoir from the main water reservoir that serves the hospital.
6. Additional 2 adult beds were provided by the Gunduma Health system to the labour room.
7. Faulty equipment were repaired and include the sterilisers, water heaters and drip stands. We also provided other equipment to complement existing ones and these include blood pressure apparatus, episiotomy scissors, oxygen cylinder, wheel chairs and trolleys
8. We facilitated the introduction of charts to help with patient monitoring.

3.1.4 Specialist Services for Diabetes

In the visiting team was a consultant endocrinologist who saw the need to set up a specialist diabetes service because of the number of cases that were seen and diagnosed. The team was tagged **diabetic care team** and comprised of a medical officer, a senior nursing sister, the hospital dietician, the resident Ophthalmologist, nursing staff from the emergency department and the male medical ward. The scope of the team was defined with clear protocols. Essential equipment and test strips were left with the team. The consultant endocrinologist from ABUTH Zaria was available for regular advice. We also made recommendations to the hospital and the state ministry of health to engage the specialist's services for a regular visitation to Gumel.

3.1.5 Gumel (2010) Project Pictures



Team members performing surgery



Overhead booster water tank stand for the delivery suite under construction



Cross-section of male patients waiting to be attended to by the visiting medical team



Cataract eye surgery



AHDT visiting members being presented with certificate of participation by the Emir of Gumel, HRH Alhaji Ahmed Mohammed Sani



Medications brought along by the visiting UK team for the project



3.2 Gombe Ophthalmology Project (2011): Gombe State, Nigeria

This project was a one-week eye campaign in collaboration with resident ophthalmologists in Gombe from 29 April to 01 May 2011. It was designed as a specialist eye project to provide free cataract surgery to cases of cataract which, as a condition has been impacting significantly on the functional capabilities of those that have the condition as majority of the communities in the state are farmers. Although this idea was muted at an earlier date, funding was a major challenge. Thankfully, the project was made a reality by the kind donation of N750,000 by Dr Getrard. To execute this project, AHDT collaborated with the resident Ophthalmologists in Gombe Specialist Hospital and the Federal Medical Centre (Now Federal Teaching Hospital) Gombe.

This project being limited to the eye, the public was made aware of this highlighting that only those with eye conditions should attend. A total of 81 cases were screened and successfully had cataract surgeries. They comprise of 36 female (44.44%) and 45 males (55.56%). The age ranges of the patients were 15-70 years, with 18(22%) aged above 70years, 52(64.2%) aged 50-69years, 9 (11%) aged 30-49years and 2 cases (2.2%) were aged 15-29 years.

The team was appreciative of the cooperation from the State Ministry of Health for granting the permission to use the hospital facilities and also the hospital staff for their input. The team found that there were adequate eye equipment/facility consisting of operating theatre, 2 functional eye operating microscopes, 4 cataract sets, a large size hot air oven and an call duty vehicle that eased staff logistics at out of hours as most of the surgeries were done at out of 4pm working hours.

3.2.1 Weakness

Though not peculiar to Gombe, there was frequent power outages such that on the second day the team relied on the standby generator throughout the day for electricity supply. This had additional cost implication for the purchase of diesel to run the electricity generating plant.

3.2.2 Threat

The proposal for the project was to carry out 100 cataract surgeries but that was disrupted because of the national election that took place the week before the project and the aftermath of the election with some unrest in some communities which led to some restrictions to movement being imposed. That meant that patients from the rural communities could not travel to access the service.

3.2.3 Cost-Benefit Analysis of the Gombe Ophthalmology (2011) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Cataract surgery	81	N30,000	N2,430,000
	Total Expenses	81	-	N2,430,000
	Money spent for the project	N700,280		N700,280
	Cost benefit from the project run as a charity	N2,430,000-N700,280		N1,729,720

3.2.4 Gombe Project (2013): Gombe Specialist Hospital, Gombe State, Nigeria

This is the second multi-disciplinary health project. It was a two-week project at Gombe Specialist Hospital, a 300-bed specialist hospital owned by the state government. The state government provided some support for this project, which covered service delivery to the community, training, infectious disease control, new-born resuscitation and new-born care training and we also reviewed hospital administration.

3.2.5 Funding

AHDT provided some funding to procure some equipment and consumables from the United Kingdom. The state government funded most of the projects including logistics, accommodation, feeding and allowances for local volunteers. Contribution from UK visiting medical staff was free.

3.2.6 Key Activities

- Daily medical outpatient clinics which encompass diabetes, obesity and hypertensive screenings were held in the mornings for the period of the exercise (4 –15 February 2013).
- Teaching ward rounds on Mondays, Wednesdays and Fridays.
- Review of admissions in the evenings and weekends.
- Mortality meeting.
- Formation of diabetic care team to start the diabetic multi-disciplinary service.
- Development of protocol for the care of common medical emergencies like diabetic emergencies, hypertensive emergencies, acute severe asthma, diarrhoeal diseases, stroke, acute kidney injury, chronic kidney disease etc.

A total of approximately 1589 out patients were seen and screened during the period of the exercise. There were more females (77.5%) compared to males (22.5%). Cases of diabetes comprised 17%, hypertension 37% (including hypertensive heart failure), coexisting diabetes and hypertension 10%, and others 36% comprising of obesity, bronchial asthma, chronic obstructive pulmonary disease, osteoarthritis, malaria, diarrhoeal diseases, liver diseases, goiters, dermatological and surgical cases. The designated hospital doctors in conjunction saw HIV and TB patients with support from foreign partners on an existing platform. Occasionally we were consulted to provide a second opinion on specific treatments.

3.2.7 Maternal Health

Activities carried out in the antenatal section on Health Education for pregnant women on various topics such as:

- Personal hygiene
- Importance of attending antenatal clinic
- Signs of anaemia in pregnancy
- Signs indicating onset of labour
- Importance of delivering babies in a health facility such in the hospital
- Use of routine drugs
- Signs of pre-eclampsia
- Importance of immunisation

3.2.8 Specialist Services for Diabetes

Formation of the diabetic care team: A diabetic care team was formed consisting of the following staff:

- Head of Medicine - Head of the Team
- Medical Outpatient Department matron – Diabetic nurse and educator
- Dietician - member
- Record officer - member
- Lab scientist - member

The diabetic clinic held weekly. AHDT donated diabetic care support equipment; 8 glucometers and test strips were provided to support the care of patients with diabetes mellitus. These will be utilised in the Accident and Emergency, amenity, medical wards and the outpatient clinics.

3.2.9 Infection Prevention and Control

The review of infection control practices in the hospital was done through observation, discussion/interviews with medical, nursing and other health care workers and from photographic evidence. Each area of the hospital was visited, and time was spent observing the environment and infection control practices conducted by staff. No infection prevention and control (IPC) checklists were used for this purpose. Attempts were made to explore reasons behind current practices.

3.2.10 Cost-Benefit Analysis of the Gombe (2013) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult, medical cases including blood sugar tests and medications	1589 adults	N8,000	N12,712,000
2	Paediatric (Children) cases including emergency treatments, blood tests and medications	1000	N4,500	N4,500,000
	Inpatients admitted and managed within the period of the project	52	N10,000	N52,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions and appendix	79	N30,000	N2,370,000
4	1.Total abdominal hysterectomy (TAH) 2.Anterior colporrhaphy and perineal repair 3.Two (2) vaginal hysterectomies 4.Four (4) caesarean sections 5.Laparotomy for un-ruptured tubal ectopic gestation	15 major surgeries	N150,000	N2,250,000

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
	6.Two (2) myomectomies 7.Three (3) Vesico-Vaginal fistula (VVF) repair 8.Laparotomy for ovarian cystectomy			
5	Cataract surgery	200	N30,000	N6,000,000
	Ophthalmic non-surgical cases seen and treated	2500	N4,000	N10,000,000
6	New-born resuscitation and new-born care training to doctors, nurses (79) and TBAs (102)	181	N35,000	N6,335,000
	Total Expenses	3,470	-	N44,222,000
	Funds for the project	N10.40M (from Nigeria and UK)		N10,400,000
	Cost benefit from the project run as a charity	N44,222,000 – N10,400,000		N33,822,000

3.2.11 Gombe (2013) Project Pictures

Gombe Specialist Hospital Main Entrance



Surgical Team in Theatre about to Begin Surgery



Ministry of Health officials visit to the hospital during the project with AHDT exco and Anna Craven, AHDT Patron



3.3 Bida Project (2014): Federal Medical Centre, Bida, Niger State, Nigeria

This was a two-week health improvement project which covered service delivery to the people, training of existing medical staff on medical care, surgical skills including eye surgery, maternity service, new-born care (MCH) and organisational management.

3.3.1 Objectives of the Project

The aims of the project to the Federal Medical Centre Bida were:

1. To establish contact and explore existing health services
2. To work towards improving the health system in the state by delivering services and training of existing manpower
3. To work towards improving the capacity of the existing services being delivered by the hospital and to introduce new ones
4. To train existing medical and community staff on evidence based medical management of patients
5. To provide joint aspirations for the future
6. To lay the foundation for sustainability by encouraging ownership of skills
7. To explore the organisational management of the hospital and bring about a positive improvement in the existing services by working collaboratively with the hospital management.

The visiting team carried out surgical procedures on cases which included hernias, hydroceles, surgical emergencies and cataract surgeries. Other activities interventions carried out included:

- Training of medical staff on competency skills of surgical procedures undertaken and also on post-operative aftercare of patients who had surgery.
- Collaboration with medical staff on the management of medical and paediatric conditions including intensive care management of new-born babies who have respiratory distress with bubble CPAP device.
- Development of a specialist dedicated multi-disciplinary diabetic clinic and suggestions for its sustainability.
- Training of frontline staff (doctors and midwives) involved in the delivery process on New-born Life Support skills using the NLS (Neonatal Life Support) training.
- Training of Traditional Birth Attendants on New-born Resuscitation and new-born care skills.
- Safe motherhood initiative, training of midwifery staff and reorganisation of delivery services.
- Review of hospital management and health system improvement measures.

3.3.2 Project Outcomes

In the two weeks of the health improvement project, we surpassed our targets and attended to a total of 4,697 patients covering: minor and major general and gynaecological surgeries, cataract operations, treatment of various adult and childhood medical conditions, training of medical staff involved in the birthing process on new-born resuscitation and new-born care skills, as well as training of Traditional Birth Assistants and Community Health Extension Workers (CHEWS) on new-born care skills.

The cases seen and treated included:

- 253 eye surgeries (Initial target of 200)
- 20 gynaecological surgeries
- 53 general surgeries (number of adults)
- 26 general surgeries (Number of children)
- 2,426 medical cases were seen and treated
- 724 paediatric cases were seen and treated

In surgeries, some patients had more than one procedure such as two hernia repair surgeries.

Trainings

- 130 hospital staff (doctors and nurses) involved in the birthing process attended the New-born Life Support training (NLS) designed to help save new-born life. This training covered the birthing process, helping babies breathe, training on new-born care skills, prevention of infection and treatment of infection.
- 64 Community Health Extension Workers (CHEWS) and Traditional Birth Assistants (TBAs) were trained on new-born resuscitation and 65 TBAs were supplied with delivery practice kits after the training.

- Seminar on nursing management of diabetes was held for nurses in FMC Bida
- Training was held for medical staff of paediatrics department FMC Bida on bubble continuous positive Airway pressure ventilation and setting up of same to help provide respiratory support for babies in need of such service
- Training of ophthalmology unit staff in modern minimal cataract extraction surgery was also held.

AHDT would like to thank **His Royal Highness Alhaji (Dr) Yahaya Abubakar CFR, The Etsu Nupe and Chairman, Niger State Council of Traditional Rulers** for his fatherly support in seeing that the Bida Health project was a success. HRH has supported the project from when it was conceived to its implementation. We are particularly grateful to him and the state government for supporting this project and for providing some of the funding.

Our host, the Federal Medical Centre was a commendable host providing the much-needed environment, equipment and also contributing to the logistical support for the project. We hope that this will be the beginning of a long-lasting working relationship to improve health care services across the state. At the end of the two weeks, we were pleased and hope that we have been able to make useful contributions in various specialties in the hospital and also contributed to some of the Millennium Development Goal in Maternal and Child Health services by providing the new-born resuscitation care training to front line staff involved in the delivery process, both in the hospital and community (Traditional Birth Attendants), and also taught midwives on the principles of safe motherhood. The sustainability of this programme is crucial in the long term to ensure that the current trends of infant and maternal mortality are reduced. We would like to express our gratitude to the good people of Bida for their hospitality.

Unanticipated outcomes from the project

- We trained 134 more medical staff and TBAs on new-born resuscitation and new-born care.
- We had an unexpected number of patients attending the medical and paediatric outpatient department. We projected for 1000 medical cases but well over 1000 adults and 500 children attended and were treated for various medical conditions.
- The number of cataract surgeries that were carried out was 253. Over 1000 eye conditions were treated. Our projection was for 200 cataract surgeries. Additional manpower recruited helped us cope with the surge in the numbers of patients.

Things that went well during the project

- Informal pre-visit meeting with the Chief Medical Director of Federal Medical Centre Bida, the LOC and HRH helped address some key issues before our arrival.
- Hotel and logistics arrangements provided by the host state and the hospital in Bida and travel to and from Abuja were well organized and efficient. The team appreciated this.

- The hospitality from the hospital and the community staff was excellent. As a teaching hospital the purpose of our visit was well understood and there was not much barrier of suspicion to overcome. We felt welcomed and our welfare was well looked after.

Challenges faced during the project

- Getting to understand the local culture and ways of working with the hierarchical order among medical staff, which regularly stands in the way of progress. We emphasized the importance of teamwork throughout the period of the project.
- Additional AHDT volunteer staff arriving at different dates during the project made organisation and communication difficult.
- A third party managing the finances of the project instead of AHDT meant that amendments and negotiations with volunteers about key financial decisions were not possible. This caused overspent in some areas of the project. Some of the funding from the project was spent on services not covered in the project proposal submitted to the state government.

What could be done differently for future projects

- In future, funding from the sponsor should be made available to AHDT.
- Better communication amongst volunteers, and awareness of fellow team participants and their respective roles.

Barriers to the sustainability of the project outcomes

- Funding
- Cooperation from the Ministry of Health and support from the hospital management.

Next steps

- Training of medical staff and of TBAs by trainers from ABUTH, Zaria
- Continued development of multi-disciplinary diabetic clinic and services
- Follow up visit within six months from the project date to consolidate achievements made during the project and annually.

3.3.3 Cost Benefit Analysis of the Bida (2014) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult, medical cases including blood sugar tests and medications	2,426	N10,000	N24,260,000

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
2	Paediatric (Children) cases including emergency treatments, blood tests and medications	724	N6,500	N4,706,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions and appendix	273 (Procedures)	N30,000	N8,190,000
4	1). Vaginal hysterectomy - 3 2). Vesico-vaginal fistula repair - 1 3).Abdominal Hysterectomy +/BSO - 7 4).Subtotal Hysterectomy+left oophorectomy - 1 5).Myomectomy + adhesiolysis - 2 6).Adhesiolysis - 1 7).Anterior and posterior repair - 1 8).Polypectomy and lateral fornix repair - 1 9).Exploratory laparotomy and omental biopsy - 1	18	N250,000	N4,500,000
5	Cataract surgery	253	N60,000	N15,180,000
	Ophthalmic non-surgical cases seen and treated	1,195	N5,000	N5,975,000
6	New-born resuscitation and new-born care training to doctors, nurses (136), CHEWS (58) and TBAs (56)	244	N40,000	N9,760,000
	Total Expenses	3,470	-	N72,571,000
	Funds for the project	£10,000 = N2,550,000 @N250/£ (Form UK)		N22,960,000

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
		N1,614M (Donations from Nigeria) + N18.8M (From the State to FMC Bida) Total = N22,960,000		
	Cost benefit from the project run as a charity	N72,571,000- N22,960,000		N49,611,000

3.3.4 Conclusion

This health improvement project has helped establish the link with positive indications from the management of Federal Medical Centre Bida and Niger State government that improvements of existing services and facilities can be made. We were pleased to see the dedication and commitment to duty exemplified by staff in the hospital despite the challenges with limited resources at their disposal. This is encouraging.

Our hope is to organize a follow up to this visit within the next six months to build on the good work that has been achieved and continue to build on further improvements on service delivery, teaching and training as well as management. This has however not been possible because of the delay in signing a MoU with the state ministry of health which, we hope will happen soon. We had hoped to visit by June 2015 but was constrained because of funding and also support from the state government. Our hope was to be more targeted in our consolidation phase, but if required could touch on all the departments but on a smaller scale. We planned to extend the same services to other hospitals in the state.

As a diaspora group, we found the experience rewarding and hope to continue to provide some input into the health care delivery of the state providing, we hope, useful advice that will help improve services across the state. We would like to thank Dr Usman Aminu the Chief Medical Director of Federal Medical Centre Bida for his invaluable support. We are grateful to the Local Organizing Committee chaired by Dr Erinle Director of Clinical Services and his assistant Dr Abubakar Usman Consultant Paediatrician. We also appreciate the contributions of the Head of Nursing Service, the management and the staff of the hospital for their support and cooperation. Despite the initial teething problems, the project went well. We are particularly grateful to the then Commissioner of Health, late Dr IB Sule of blessed memory and his successor, Hajija Hadiza Mohammed whose support for the project was invaluable. AHDT would especially like to thank Dr Makusidi, the then Permanent Secretary MOH and Dr Imam Director of Hospital Services for helping to steer the entire project and also for looking after us.

3.3.5 Bida (2014) Project Pictures

Federal Medical Centre Bida main entrance



Patient queues at the general outpatients department



Medical consultation



Surgical Team in theatre performing surgery



Eye clinic waiting area



Eye screening prior to possible operation



Two ophthalmologists operating on cataracts



Postoperative eye patients



IHP Free medications from UK at the pharmacy



Some of the medicines donated by AHDT



AHDT team visits HRH The Etsu Nupe Alhaji (Dr) Yahaya Abubakar CFR in his Wadata Palace. AHDT Chairman Dr Ibrahim Hassan being presented with a traditional gift by HRH



Neonatal resuscitation demonstration to staff of using an ambou bag (on manikin)



The Royal Father visits post operative patients on the ward



Visit by His Excellency Deputy Chief Servant Niger State Alhaji Ibeto



The Deputy Chief Servant Niger State Alhaji Ibeto's visit to the hospital



Deputy Chief Servant visits patients on the ward



Speech by AHDT Project Coordinator Dr Abubakar Zubairu during the visit to FMC Bida by The Deputy Chief Servant Alhaji Ibeto



3.4 Bida Project (2016): Umaru Sanda Ndayako General Hospital Bida, Niger State, Nigeria

Building on the success of the first Bida project in 2014 and to ensure sustainability, a second project was proposed for 2015 but due to funding, we were only able to execute the project until in 2016. It was a one-week project because of limited funding which, came from a philanthropist in the United Kingdom and AHDT. It was at the state owned Umaru Sanda Ndayako General Hospital Bida. The state general hospital was chosen so as to increase the capacity of the staff that have been trained and bearing in mind that the hospital has a high volume of patients attendance because of its relatively low cost compared to the Federal Medical Centre Bida. The project objectives were similar to that of the first Bida project and was successfully completed.

We were able to help in the renovation of the delivery suite and in the development of a special care baby unit which, prior to the project had not been in existence. We helped in the development of the maternity services by funding the extension of the outpatient maternity unit and equipped it with sitting chairs. The funding for these capital projects came from AHDT.

3.4.1 Cost-Benefit Analysis of the Bida (2016) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult, medical cases including blood sugar tests and medications	2,697 (Paeds and adults)	N10,000	N26,180,000
2	Paediatric (Children) cases including emergency treatments, blood tests and medications	350	N6,500	N2,275,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions and appendix	201	N30,000	N8,190,000
4	Obstetrics and Gynaecology surgery	10	N250,000	N250,000
5	Cataract surgery	90	N60,000	N5,460,000
	Ophthalmic non-surgical cases seen and treated	500		
6	New-born resuscitation and new-born care training to doctors, nurses (136), CHEWS (58) and TBAs (56)	2100	N40,000	N6,000,000
	Total Expenses	3,470	-	N61,945,000
	Funds for the project	£10,000 @ N480/£ = N4,800,000 (From UK)		N6,414,000
		N1,614M (from Nigeria)		
	Cost benefit from the project run as a charity	N61,945,000 – N6,414,000		N55,531,000

3.4.2 Bida (2016) Project Pictures

Patients screening (BP) before seeing a doctor



Renovated delivery suite, Umaru Sanda Ndayako General Hospital



Renovation work of the walkway to conveniences at Umaru Sanda Ndayako General Hospital



New Antenatal clinic construction at Umaru Sanda Ndayako General hospital



Completed Antenatal clinic at Umaru Sanda Ndayako General Hospital



Completed Antenatal clinic at Umaru Sanda Ndayako General Hospital



Seats donated by AHDT for the new antenatal clinic at Umaru Sanda Ndayako Hospital Bida



Courtesy visit to The Royal Father, HRH The Etsu Nupe at his Wadata Palace in Bida



3.5 Kaduna Project (2018): General Hospital, Kawo, Kaduna, Nigeria

Africa Healthcare Development Trust (AHDT) Kaduna health improvement project at General Hospital Kawo-Kaduna was successfully completed on 28th of April 2018. The project was scheduled to end on the 27th of April but had to be extended for another day (28th of April) to treat surgical cases that were remaining and could not have their surgeries on the last official day that the project was scheduled to end. This was because of the large turnout. I am pleased that with an extension of a day to treat the spill over of surgical cases, we did not leave any patient that was screened and recommended to have surgery at General Hospital Kawo secondary healthcare setting.

The project was undertaken by doctors and nursing staff from the United Kingdom, Ahmadu Bello University Teaching Hospital Zaria, Barau Dikko Teaching Hospital Kaduna, The National Eye Centre Kaduna, General Hospital Kawo-Kaduna, AMA and GRACE Foundations, the two foundations are non-governmental organisations. Part of the project was designed to achieve some of the Sustainable Development Goals (SDG).

The project had 4 teams: medical, surgical, paediatrics, and ophthalmology. At the end of the week, a total of 3,470 patients were treated made up of adults and children with various medical, surgical, ophthalmology, Obstetrics and Gynaecology conditions. Of this number, 411 general surgical procedures and 91 cataracts surgery were performed. Among the surgeries carried out were Obstetrics & Gynaecology surgery including one VVF (fistula) repair, general surgeries for hernia, appendix, hydroceles, breast surgery, goiter and various lumps. The Paediatric team trained 150 hospital medical staff, Community Health Extension Workers (CHEWS) and Traditional Birth Assistants (TBAs) involved in the delivery process on new-born resuscitation and new-born care skills. There were workshops on Safe motherhood initiatives to medical, nursing and midwifery staff. Delivery practice kits were available to a limited number of birth assistants that were trained and supplied as "TBA kit" for use in deliveries back in their wards.

All patients who attended the hospital were screened for diabetes with a blood test and for hypertension by measuring their blood pressures before they proceeded to see the doctor or to have their eye or other surgeries. Medical conditions treated included diabetes, hypertension, respiratory problems, gastrointestinal (bowel) problems, sickle cell crisis, anaemia, infectious diseases and meningitis. We were able to advise on improving hygiene/cleanliness of the hospital environment, especially the theatre suite. Medical conditions requiring on going treatment were appropriately referred to specialists at the tertiary teaching hospitals.

Educational ward rounds took place to exchange ideas on patient management. There were also opportunities to improve on surgical skills during theatre sessions.

Patients who required medication were supplied with medicines including antihypertensives, anti-diabetics, analgesics and antibiotics. These medicines were given to patients free of charge throughout the one-week of the project. These medicines were a donation from International Health Partners in United Kingdom and AHDT.

The project was funded by Africa Healthcare Development Trust the charity from the United Kingdom in collaboration with Kawo District Development Association. We are grateful to the state government for giving us the permission to use Kawo General Hospital. The entire staff of the hospital were wonderful and supportive without whom the project would not have been a success. The financial benefit of the one- week health improvement was N55,531,000.

3.5.1 Cost-Benefit Analysis of the Kaduna (2018) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult, medical cases including blood sugar tests and medications	2618	N10,000	N26,180,000
2	Paediatric (Children) cases including emergency treatments, blood tests and medications	350	N6,500	N2,275,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions, appendix and post-operative medications	273	N30,000	N8,190,000
4	Thyroid surgery	14	N250,000	N3, 500,000
5	Lipoma/Ganglion	30	N10,000	N300,000
6	Vaginal Fistula (VVF)	1	N250,000	N250,000
7	Hydrocele	32	N60,000	N1,920,000
8	Undescended testes	19	N30,000	N570,000
9	Emergency Caesarian Section	4	N250,000	N1,000,000
10	Ovarian mass	3	N150,000	N450,000

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
11	Vaginal prolapse	1	N100,000	N100,000
12	Fibroid	19	N150,000	N2,850,000
13	Myomectomy	2	N150,000	N300,000
14	Laparotomy for abdominal mass/growth	13 General surgery total: 411	N200,000	N2,600,000
15	Cataract surgery	91	N60,000	N5,460,000
6	New-born resuscitation and new-born care training to doctors, nurses, CHEWS and TBAs	150	N40,000	N6,000,000
	Total Expenses	3,470	-	N61,945,000
	Funds for the project	£10,000 (Form UK), N1,614M (from Nigeria)		N6,414,000
	Cost benefit from the project run as a charity	N61,945,000 – N6,414,000		N55,531,000

3.5.2 Kaduna (2018) Project Pictures

General Hospital Kawo entrance



Meeting the hospital staff



Neonatal resuscitation training for Traditional Birth Attendants



Airway management skills training to TBA using an ambou bag and mask (on manikin)



Umbilical vein catheterisation workshop for Drs and Nurses



3.6 Gumel Project (2019): General Hospital Gumel, Jigawa State, Nigeria

A one week second health improvement project, 11 to 15 November 2019. The project, like the first project in 2010, had 4 teams: medical, paediatrics, surgical, and ophthalmology. At the end of the week, a total of 3,600 patients were treated made up of adults and children with various medical, surgical, ophthalmology, Obstetrics and Gynaecology conditions. Of this number, 371 surgical procedures were undertaken (201-cataract surgery, 170 general surgeries for hernia, hydroceles and various lumps). A total of 80 hospital medical staff and Community Health Extension Workers (CHEWS) were trained on new-born resuscitation skills and new-born care. They were supplied with ambou bags and resuscitation equipment made up in delivery kits for 10 health centres.

3.6.1 Cost-Benefit Analysis of the Gumel (2019) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult and paediatric medical cases including blood sugar tests and medications	3,229	N10,000	N32,290,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions appendix and post-operative medications	170	N30,000	N5,100,000

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
15	Cataract surgery and post-operative medications	201	N35,000	N7,035,000
6	New-born resuscitation and new-born care training to doctors, nurses, CHEWS and TBAs	80	N40,000	N3,200,000
	Total Expenses	3,680	-	N47,625,000
	Funds for the project	£10,000 = N4,700,000 @ N470/£ (From AHDT UK) \$2,000 = N760,000 @N380/\$ (From Gumel indigene) N1,000,000 (From Maigatari indigene)		N6,460,000
	Cost benefit from the project run as a charity	N47,625,000 – N6,460,000 = ...		N41,165,000

3.7 Kazaure Project (2019): General Hospital Kazaure, Jigawa State, Nigeria

AHDT successfully completed a one-week health improvement project at General Hospital Kazaure, Jigawa State. This is a 150-bed district general hospital in Kazaure Emirate providing health services to 4 local government areas covering a population of about 500,000.

The project had 4 teams: medical, surgical, paediatrics, and ophthalmology. At the end of the week, a total of 3,041 patients were treated made up of adults and children with various medical, surgical, ophthalmology, obstetrics and gynaecology conditions. Of this number, 339 surgical procedures were undertaken (211-cataract surgery, 128 general surgeries for hernia, hydroceles and various lumps).

The Paediatric team trained 150 hospital medical staff, Community Health Extension Workers (CHEWS) and Junior Community Health Extension Workers (JCHEWS) involved in the delivery process on new-born resuscitation and new-born care skills.

Safe motherhood initiative training was also delivered to nursing, and midwifery staff by a member of the team with the nursing and midwifery expertise. Delivery practice

kits were supplied to 10 Primary HealthCare Centres (PHCs) for use in deliveries back in their wards.

3.7.1 Cost-Benefit Analysis of the Kazaure (2019) Project

S/N	Cases	Total No. of patients treated	High street cost per patient/delegate	Total cost
1	Adult and Paediatric medical cases including blood sugar tests and medications	2702	N10,000	N27,020,000
3	Surgery for hernia (inguinal, umbilical), lipomas, ganglions and appendix	128	N30,000	N3,840,000
4	Cataract surgery	211	N30,000	N6,330,000
5	New-born resuscitation and new-born care training to doctors, nurses, CHEWS and TBAs	150	N40,000	N6,000,000
	Total Expenses	3,191	-	N43,190,000
	Funds for the project	£10,000 @N470/£ = N4,700,000 (From UK)		N6,310,000
		N1,614M (from AHDT in Nigeria) +		
	Cost benefit from the project run as a charity	N43,190,000– N6,310,000		N36,880,000

3.7.2 Kazaure (2019) Project Pictures

Free IHP medications at the Pharmacy brought by AHDT



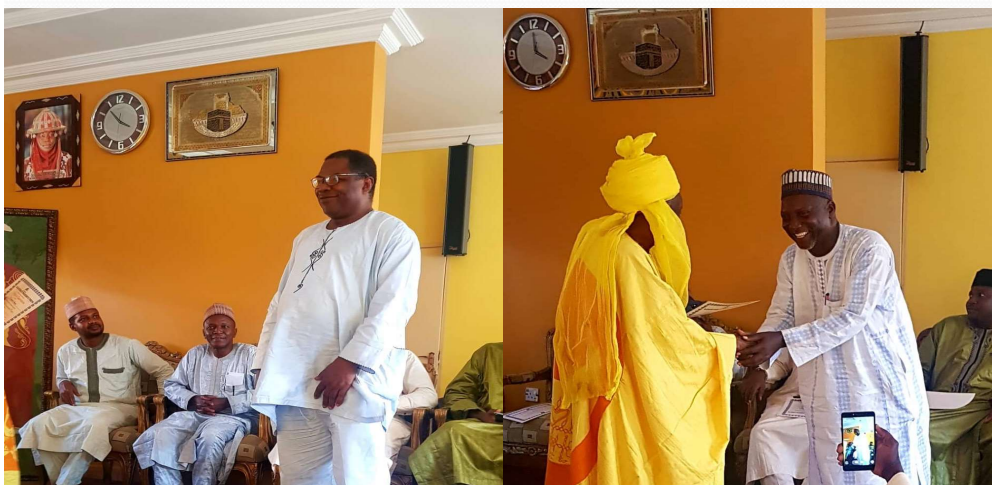
Certificate presentation by the Galadima at the Emir's Palace to the project coordinator Dr Abubakar Zubairu



Certificate presentation by the Galadima to AHDT project volunteers – Nursing Sister and Physician (From ABUTH Zaria)



Certificate presentation by the Galadima to AHDT project volunteers – Physician (UK) and Surgeon(ABUTH Zaria)



3.7.3 Medical Equipment Donations

AHDT donated medical equipment to AL-NOURY Specialist Hospital Kano in 2005. This donation was aimed at helping the hospital bridge its' infrastructure and equipment gap

3.7.4 Medical Equipment Donation to Kano State Government in 2007

AHDT in 2007 donated a container load of various medical equipment for Kano state secondary healthcare sector to complement the government's health improvement initiative.

3.7.5 Snake Bite Hospital Equipment Donations in 2019

This is the only snake bite hospital in the country that provide health care service for victims of snake bite. It is located in Kaltungo, Gombe State in the North Eastern part of Nigeria. AHDT donated a 50-bag capacity blood bank fridge and provided solar electricity to the laboratory.

3.8 Public Health Campaigns

3.8.1 HIV Campaign and Health Education, University of Maiduguri and Yola College of Education in 2005

Creating awareness with the aid of posters and leaflets. AHDT also supported retroviral testing programmes in Nigeria.

AHDT also engaged in advocacy activities in the area of education/awareness on prevention of drug abuse and diabetes in Kaduna State. This involved the distribution of educational leaflets donated to AHDT.

3.9 Donation of Medications

AHDT sources medications and other medical supplies in Doctors' Travel Packs (DTPs) from International Health Partners (IHP), a registered UK charity as donations. We have over the years been supported by this charity with donations of medications which we have found invaluable during the projects. These medications are dispensed to patients free of charge. We have also carried out free medication donations to different locations in the northern states of Nigeria

3.9.1 Medication Donations to Victims of Terrorist Bombings in Kano in 2015

Money was given out to widows, widowers and orphans in Kano. Borno, Yobe and Adamawa were sent International Health Partners (IHP) medical packs each worth about £8,000.00 in 2015

3.9.2 Malaria Medication Donation to Children IDP Camps in Katsina, Sokoto, Zamfara and Kebbi States in 2020

Malaria medications targeting children worth £5,000 (N3,250,000) was donated to IDP camps in four northern states to help reduce the disease burden from malaria. This was achieved in collaboration with FREE charity and was well received.

3.10 Collaborations

3.10.1 Support for AYTAM (Orphans) Foundation College in Zaria, Nigeria

AHDT receives donations from Wise Pharmacy, Manchester United Kingdom towards the support of Aytam Orphans Foundation school in Zaria. This supports the day-to-day upkeep of the orphans, contributes towards their education and welfare.

Donations from AHDT has helped in the development of the school library, science laboratory, expansion of accommodation and development of home economics and multi-purpose skills laboratory.

3.10.2 Research Support University of Manchester in Collaboration with Ahmadu Bello University Teaching Hospital, Zaria, Nigeria

We have been supporting the hydrocephalus research programme at the University of Manchester in collaboration with Ahmadu Bello University Teaching Hospital, Zaria, Kaduna State in Nigeria.

3.10.3 Orphans Welfare Trust Fund, Gumel

For the second year in a row, AHDT has received ringfenced funding from a Gumel indigene for the support of this orphans' welfare programme. Through this funding, AHDT has been supporting catering for the welfare needs of orphans in Gumel community in collaboration with Gumel Emirate Foundation.

3.10.4 Annual Prizes for the Best Graduating Student at AKTH and Gombe State University

We have been supporting educational excellence by providing over the years, prizes to the best graduating medical student from Bayero University Kano and undergraduate from Gombe State University.

3.11 How to Get Involved

AHDT is a healthcare charity and is not an NGO (non-governmental organisation). As a charity our funding is limited to contributions from members. This means that whenever we embark on a major project, we are reliant on donations from philanthropists and other organisations.

We have, over the past 20 years, carried out health improvement projects in Jigawa, Kano, Gombe, Niger and have an existing service improvement initiative and training with Ahmadu Bello University Teaching Hospital (ABUTH) Zaria, Nigeria. Contribution of time/expertise by UK-based AHDT members towards any project is free.

If you would like to partner with us to bring about improvement in the health of your local community, kindly contact us using any of the details below.

3.12 Our Contact

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