



**UNIVERSITY OF ABUJA TEACHING HOSPITAL,
GWAGWALADA, ABUJA, NIGERIA**



2020
ANNUAL
REPORT



**UNIVERSITY OF ABUJA TEACHING HOSPITAL,
GWAGWALADA, ABUJA, NIGERIA**

2020 *Annual* **REPORT**





UNIVERSITY OF ABUJA TEACHING HOSPITAL GWAGWALADA, ABUJA.

OUR VISION

To render qualitative and effective Specialists' health care services through well-motivated staff at an affordable rate.

MISSION

Our corporate mission is that of a well-equipped, modern tertiary health facility with a dedicated manpower to fulfill the following functions:

1. Render efficient and effective health care services to all categories of patients/clients within and outside the Federal Capital Territory.
2. Provide clinical teaching in all medical fields at undergraduate and postgraduate levels.
3. Carry out health-related researches to the benefit of humanity.

MANAGEMENT



PRESIDENT MUHAMMADU BUHARI
PRESIDENT
COMMANDER
CHIEF OF THE ARMED FORCES
FEDERAL REPUBLIC OF NIGERIA



DR. OSAGIE EMMANUEL EHANIRE
HONOURABLE MINISTER OF HEALTH
FEDERAL REPUBLIC OF NIGERIA



DR. ADELEKE OLORUNNIMBE MAMORA
HONOURABLE MINISTER OF STATE FOR HEALTH
FEDERAL REPUBLIC OF NIGERIA



Prof. Bissallah Ahmed Ekele
Chief Medical Director/Chief Executive Officer



Mrs. Modupe K. Adebajo
Director of Administration and Secretary



Hajia Abu S. Fawa
Representative of Public Interest



Mrs. Omobola A. Yusuf
Representative of Public Interest



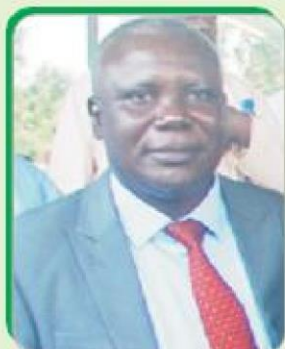
Mr. Chiagozie Ahanonu
Representative of Public Interest



Dr. Sam Sam Jaja
Chairman



Dr. Mrs. M. O. Alex Okoh
Representative of Federal
Ministry of Health



Dr. Teddy Eyaofun Agida
Representative of Vice Chancellor,
University of Abuja



Dr. Nicholas Baamlong
Chairman, Medical Advisory Committee,
University of Abuja Teaching Hospital



Prof. Ekundayo S. Garba
Provost, College of Health Services,
University of Abuja



Prof. Felicia Anumah
Representative of Senate,
University of Abuja



Dr. Abubakar Ahmadu
Representative of Host Community



Dr. Solomon Avidime
Representative of Nigeria
Medical Association



Dr. (Mrs) Olufunke Ajiboye
Representative of Joint Health Sector Unions
and Assembly of Health Care Professionals

MEMBERS OF TOP MANAGEMENT COMMITTEE



Prof. Bissallah Ahmed Ekele
Chief Medical Director/Chief Executive Officer



Dr. Nicholas Baamlong
Chairman, Medical Advisory Committee



Mrs. Khadijat Modupe Adebanjo
Director of Administration



Mr. Nimfa Zwalbong
Head, Finance & Account



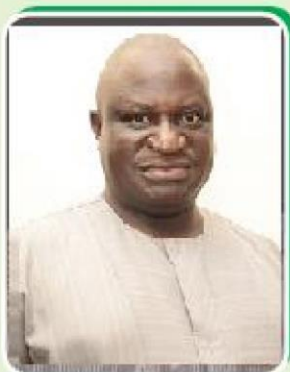
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Head, Internal Audit



Dr. Terkaa Atim
*Deputy Chairman, Medical
Advisory Committee, Clinical*



Dr. Kudirat Olateju
*Deputy Chairman, Medical Advisory
Committee, Research and Training*



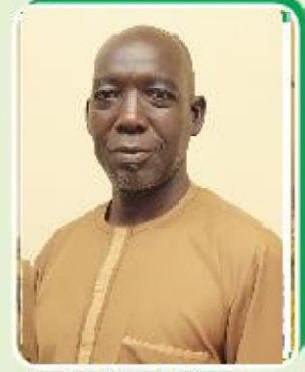
Engr. Bala Mangut
Head, Works/Engineering



Mrs. Lydia Chukwu
Head of Nursing Services



Pharm (Mrs) Eugenia N. Ugwuneji
Head of Pharmacy



Mr. Yusufu Hassan
Secretary to Committee

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FOREWORD

UATH 2020 ANNUAL REPORT

It is my pleasure to write the forward of the 2020 Annual Report. The period under review was memorable in every respect as the hospital continued to grow, amidst the COVID-19 global pandemic. 2020 should be described as the year of COVID-19!

The Federal Ministry of Health constructed a purpose built **Infectious Disease Center (IDC)** at the Hospital – the first of its kind in the country. We were therefore not surprised when we were the first Teaching Hospital in FCT, Abuja to admit and manage COVID-19 patients at a time when not much was known about the disease with all the attendant risks to frontline health care workers. To the glory of God, we have managed hundreds of moderate to severe cases of COVID19 without any fatality amongst the frontline workers. It would be appropriate to appreciate the enormous support we received from the National Center for Disease Control (NCDC), FCT Administration and the NNPC. Private companies, Foundations, religious groups and individuals also supported our Treatment Center but I cannot resist the temptation to mention Mainstream Foundation – for their support to the patients, frontline workers and the Hospital.

There were other infrastructural developments like the construction and equipping of the 30-bed, **New Accident and Emergency Unit**; the acquisition of the First and Second floors of the **Trauma Center** and the relocation of the Cardiology Unit, Burns and Plastic ward, Eye ward and Ophthalmology theater to the First floor.

Also, in the year under review, the UATH Central Laboratory was renovated by DCL Laboratory Products Limited as part of its Corporate Social Responsibility.

The Post Basic Critical Care Nursing School, our flagship training school, for the fourth consecutive year, recorded 100% success at the Council organized final examination. We also started the mandatory, one-year, Nursing Internship in 2020.

UATH was designated Examination Center for both Membership and Fellowship examinations of the **West African College of Surgeons (WACS)** for the Faculties of Surgery, Ophthalmology, Otorhinolaryngology and Dental Surgery.

In the year under review, UATH Health Research Ethics Committee introduced online procession of proposals which does not require physical presence, expands the coverage of reviewers and enhances record keeping for a friendlier environment.

Three hundred and one (301) staff were promoted by the Board of Management following their success at the promotion examination.

Of course there were specific challenges as variously documented by units and departments in this report. With more resources and judicious use of funds, we shall overcome many of the listed problems in the coming years.

Finally, I want to thank the team responsible for the production of this 2020 Annual report for a job well done and the entire UATH staff for their dedication and support. God bless! Together, we shall keep winning!

Professor Bissallah Ahmed Ekele,



1.0

Chief Medical Director/Chief Executive Officer

OFFICE OF THE CHIEF MEDICAL DIRECTOR

1.0 INTRODUCTION

Professor Bissallah A. Ekele is the Chief Medical Director and Chief Executive Officer of the institution. The office staff strength of 4 personnel consists of a Confidential Secretary, an Administrative Officer, a Program Analyst, and a Senior Clerical officer.

2.0 RESPONSIBILITY

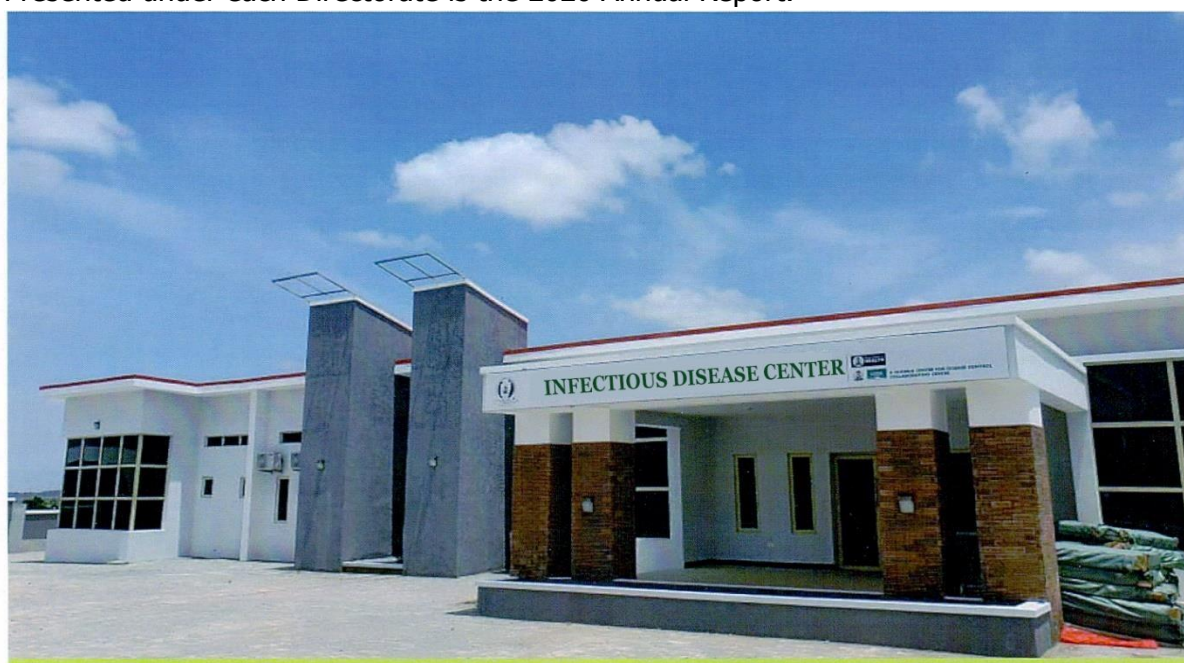
The office is saddled with the day-to-day running of the Hospital as well as coordinates the activities of the Directorate of Administration and the Directorate of Clinical Services (CMAC).

2.1. Other Responsibilities

The following Departments and Units report directly to the Chief Medical Director:

- Corporate Affairs/Public Relations
- Finance & Account
- Internal Audit
- Procurement
- Security
- SERVICOM
- Work and Engineering

Presented under each Directorate is the 2020 Annual Report.



Infectious Disease Centre (IDC), University of Abuja Teaching Hospital



DEPARTMENT OF FINANCE & ACCOUNTS

INTRODUCTION

The Department of Finance and Accounts is headed by a Director who oversees the daily activities of the various Units and reports to the Chief Medical Director.

The Finance and Accounts Department is a department that is saddle with the responsibility of sourcing funds and managing the finances of the Hospital in terms of tracking and recording the economic activities, such as payments of bills, billing of third parties, assets controls, managing staff payroll, budget preparation, tax collections and documentations, raising of payment vouchers etc with a wellmotivated workforce of eighty-three (83) staff with twelve (12) units.

Apart from the routine functions as indicated above, which majored on book keeping, the department also play the advisory role on matters concerning finances ensuring strict compliance with financial regulation and treasury circulars as will be issued by the Honourable Minister of Finance and the Office of the Accountant General of Federation from time to time.

Furthermore, all the necessary measures put in place by management for effective internal control mechanism in order to minimize wastages and pilferages have to be implemented to safeguard all movable and immovable assets of the hospital.

2.0 Structured Units:

The department is therefore structured into 12 units headed by a Director of Finance and Accounts as listed below:

1. Office of the Director of Finance & Accounts.
2. Budget Unit.
3. Checking Unit.
4. Billing Unit.
5. Payroll Unit.
6. Accounts Payables.
7. Account Receivables.
8. Other Charges.
9. Final Accounts.
10. Fixed Assets Unit.
11. Store Account.
12. Special clinic.

These units under the supervision of the Director of Finance, provide unique services for effective control and performance of the entire Hospital to ensure effective and efficient service delivery of the teaming patients and others stakeholders.



1.0

3.0 ACHIEVEMENTS

1. Prompt payment of staff salaries and allowances during the period under review.
2. Construction of Mental Health Block (Work in progress).
3. Computerization of Electronic Medical Record.
4. Health in a box has continue to improve in its bit to ensure coverage of electronic medical record in all departments.
5. Commissioning of New Casualty unit.
6. Trauma Centre has now been put to use which is yielding more revenue to the hospital.
7. 26 Senior staff and 3 junior staff were promoted during the period

4.0 CHALLENGES

1. Office space.
2. There is need to replace all hard wares in the Salary Section and Other-Charges.
3. Overhead allocation to the hospital is meager.
4. Funding to pay Outsource Services in the hospital is not adequate.
5. Capital Funding to the hospital is not encouraging as procurement of medical equipment and completion of ongoing projects is still lingering.
6. Some permanent and pensionable staff are yet to be migrated to IPPIS Platform.
7. The Finance Department is under staffed. We need more clerks for revenue collection.
8. Revenue Generation was low due to Covid-19 Pandemic in the year under review.

Mr. Nimfa Zwalbong Director of Finance & Accounts



INTERNAL AUDIT

INTRODUCTION

The department is headed by a Director who oversees all its activities and report directly to the Chief Medical Director.

2.0 STAFF STRENGTH

We have the following numbers of staff in the department.

- Chief Accountant (Audit) 1
- Chief Confidential Secretary 1
- Assistant Chief Accountant (Audit) 3
- Senior Executive Officer (Audit) 2
- Higher Executive Officer (Audit) 2

3.0 ACTIVITIES/FUNCTIONS

1. Serve as a watch dog and also advised the management on financial and other control measures.
2. Ensure compliance with management policies/regulations.
3. Assess the high risk areas (collection points) and make proper recommendations.
4. Safeguarding the assets of the hospital against losses and pilferages.
5. Identifying shortfalls or gaps in processes.
6. Evaluate internal control system and make recommendations on how to improve them
7. Carrying out special investigation for the management.
8. Prevention and detection of frauds with emphasis on prevention.
9. Enforce maintaining and ensuring adequate and reliable financial records in accordance with the current accounting standards and practices.

4.0 ACHIEVEMENTS

1. Proper audit program were put in place as a guide for effective performance.
2. Enforcement of business registration and renewal by contractors.
3. The department concentrated to ensure value for money audit as such it was able to recover some funds from over payment of salaries to some staff.
4. There was prompt retirement of cash advances by the staff.
5. Ensured that short dated drugs were rejected and thereby reduced lost of funds through expired drugs.
6. The award for the year 2020 to contractors was properly documented with regard to award letters/LPO and supplies done as per specifications.
7. Dictated and pushed for the corrections of discrepancies in health-in-the-box e.g total on the receipt to agree with the total in the system to avoid loss of funds.



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8. Ensured that the relevant books of account were maintained and updated by the finance and other relevant departments.
9. Daily monitoring of revenue generated prompted proper recording and lodgment.
10. Effective pre and post auditing of all payment vouchers.
11. Introduction and effective used of audit progress register.
12. The pilfering in City Scan unit has stopped due to close monitoring by the internal audit.
13. The department together with the team of external auditors was able to verify the 2020 stock taking for immediate correction in accordance with the best practices.

5.0 CHALLENGES

1. The work force in the department is not adequate to meet the hospital needs and demands couple with the current expansion in the hospital.
2. The staff skills and knowledge are not updated through training/workshop to enhance their performance to meet up with the current auditing practices.
3. It was difficult to carry out reconciliation on Integrated Personnel and Payroll Information System (IPPIS) since it is being handled by the office of the Accountantgeneral of the federation.
4. It was difficult to reconcile the revenue generated by some departments due to poor record keeping.
5. The reports from some departments are often delayed wish resulted in untimely reporting.
6. The revenue generations being handled by interswitch system do not have departmental code which makes it difficult to assess the performance of each department.

6.0 FUTURE PLANS

1. To have the department computerized for effective monitoring, evaluation and report writing.
2. To concentrate on the high risk areas (collection points) in the hospital for possible prevention of lost of revenue.
3. To promptly submit all reports as per financial regulation requirement.
4. To ensure close monitoring on low performing departments, close gaps for possible improvement
5. To effectively implement more of preventive measures in fund management/fraud detection rather than investigative.

Mrs. Nneoma A. Agulanna Director (Audit)



PROCUREMENT UNIT

INTRODUCTION

The procurement unit is headed by an Assistant Director under direct supervision of the Chief Medical Director. It is staffed with two other experienced staff who have received the requisite basic Bureau of Public Procurement (BPP) training and one supporting staff with a Program Analyst as the secretary. There is also one (1) NYSC member attached to the office.

2.0 ACTIVITIES/FUNCTIONS

The function of the unit is the procurement of goods, works and services within the guidelines stipulated by bureau of public procurement (BPP). These include procurement planning, project monitoring and evaluation, tenders procedure and implementation of approved budgets. The unit ensures that due process of contract award and execution is strictly followed in line with Public Procurement Act 2007.

2.1. The unit also carries out the following activities:

- Issuance of award letters to suitably qualified contractors/suppliers as may be approved by the Accounting Officer and the Hospital Tenders Board.
- Organize periodic inspection of capital projects as required by the Federal Ministry of Health or Federal Ministry of Works and Housing.
- Routine monitoring of outsourced staff to ensure compliance.
- Other ad-hoc duties that may be assigned by the accounting Officer.

3.0 ACHIEVEMENTS

- i. The unit coordinated due processes for award of contracts for the procurement of capital projects such as construction works, medical equipment as well as office items at the specified period.
- ii. We also carried out routine procurement activities in various department/units of the hospital to enhance productivity/continuity.
- iii. The unit received an in-house training on Nigeria Open Contracting portal (NOCOPO) within the period under review.

4.0 CHALLENGES

The unit requires more trained procurement staff, a secretary and office space to function maximally. Most user departments/units still have difficulties in understanding procurement processes, hence the need for Management to create opportunity to regularly carry out enlightenment on procurement procedures in compliance with BPP Act 2007.



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5.0 FUTURE PLANS

The unit desires to expand its horizon in the training of its staff, fully equipped office environment in line with evolving E-procurement practice to meet up with standard best global practices.

6.0 CONCLUSION

The unit wishes to express its profound gratitude to the Management for providing it with the conducive atmosphere for the discharge of its assigned responsibilities.

Mrs. E. J. M. SWAM Head of Procurement

SOLAR STREET LIGHT [UATH AT NIGHT]





PUBLIC RELATIONS/CORPORATE AFFIARS UNIT

INTRODUCTION

The Public Relations unit is saddled with the responsibility of disseminating information on the activities taking place in the hospital as well as promoting the image of the facility. It is headed by a Senior Administrative Officer in acting capacity who reports directly to the Chief Medical Director.

2.0 STAFF STRENGTH

The unit has eleven (11) Staff

| | |
|--|---|
| • Senior Administrative Officer | 1 |
| • Information Officers I | 2 |
| • Principal Executive Officer 1 | 1 |
| • Principal Executive Officer ii (information) | 1 |
| • Higher Executive Officers | 2 |
| • Chief Clerical Officer | 1 |
| • Senior Clerical Officer | 1 |
| • Photographers | 2 |

3.0 ACTIVITIES

1. Promoting the cooperate image of the hospital.
2. Protocol arrangement.
3. Issuing press statements and production of quarterly news bulletins.
4. Production of staff identification cards.
5. Distribution of mails and circulars.
6. Photographic activities of the hospital events.
7. Dissemination of information of vital importance to the hospital community.
8. Assisting in organizing hospital events.

4.0 ACHIEVEMENTS

1. During the year under review, funds were released by the management for the procurement of the following equipment:
 - a) Two (2) Sony voice recorded for coverage of events
 - b) Public Address System
 - c) HP Laserjet PRO M402d printer
 - d) Cell phone use in receiving calls from clients
 - e) Cannon XA Video Camera
 - f) HP pavilion laptop for photography unit
2. Sustain production and renewal of staff identification cards.



1.0

3. The hospital quarterly news bulletin was sustained throughout the year.

5.0 CHALLENGES

1. Inadequate office accommodation.
2. Radio for monitoring news.

6.0 FUTURE PLAN

1. The need for training through workshops and update courses to keep staff abreast on modern trends in the profession.
2. Befitting office complex as image maker to enable staff perform their function effectively.

Ajeka Micheal Atiga Senior Administrative Officer/Ag. Head of Unit





SECURITY SERVICES

INTRODUCTION

The department is headed by Major Usman Aliyu (Rtd). He is responsible for the general security coordination and reports directly to the Chief Medical Director. The security outfit of UATH is out-sourced to Crown Continental Security Limited that has two (2) Senior Managers.

2.0 STAFF STRENGTH

Total staff strength of 226 and the breakdown is as follows;

| | | |
|------------------------------|---|------------|
| a. Male security operatives | = | 162 |
| b. Female security operative | = | 64 |
| Grand Total | = | 226 |

3.0 ACTIVITIES

The followings are some major functions of the department.

- Protective security within UATH
- Coordinating the security activities in UATH
- Liaison with other security agencies on matters of security interest to UATH
- Provision of security briefs/reports to the Chief Medical Director.
- Investigation of likely security breaches.
- Security awareness lectures to members of UATH Staff.
- Performing any other legitimate functions as may be directed by the Chief Medical Director or Top Management Committee (TMC).

4.0 ACHIEVEMENTS

The following are the achievements during the period under review.

- Restructuring the security modus operandi (method of operation) by dividing the hospital complex into sectors (1-8) for easy security command and control.
- Intensive professional security training of operatives.
- Conduct of UATH Security survey.



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- d. Co-ordination of the installation of close circuit television (CCTV) in UATH at areas prone to security breach.
- e. Creation of enabling environment for synergy between the UATH department of security and other sister security agencies operating within Gwagwalada.
- f. Recruitment of additional manpower of ten (10) security staff
- g. Creation of new administrative structure to Crown Continental security staff to enhance effective performances:
 - i. Manager administration
 - ii. Manager operations
 - iii. Sector commanders
 - iv. Supervisor investigation
 - v. Supervisor surveillance
 - vi. Supervisor quick response team
- h. Production of UATH Staff Tag and Visitor's Tag for Admin Complex.

5.0 CHALLENGES

- a. Inadequate manpower.
- b. Lack of security gadgets for easy communication amongst security staff such as metal detectors for searches of persons, vehicles and luggage's.
- c. Porous nature of UATH Perimeter Fence
- d. Inadequate CCTV coverage within UATH complex.

6.0 FUTURE PLANS

- a. A wider CCTV coverage to include; all car parks, main gate, trauma centre, new casualty, CMD, CMAC, DA and HOF & Account offices.
- b. Unarmed combat and proactive security training for security staff.
- c. Mobile/Static surveillance training and firefighting drill for the security staff and other departmental/unit staff.
- d. Change of vehicle's gate pass to a more secured one imbedded with security features.

Major Usman Aliyu (Rtd) Chief Security Officer



SERVICOM UNIT

INTRODUCTION

The SERVICOM Unit is headed by the Nodal Officer who oversees the activities and reports directly to the Chief Medical Director. He is being assisted by 3 principal officers.

2.0 STAFF STRENGTH

The Department has 8 staff and 3 Youth Corps member that cover a 24-hour shift.

3.0 ACTIVITIES

- Receives complaints of Service failure and promptly responds by ensuring complainants or grievances are addressed satisfactorily and promptly.
- Provides a comprehensive and effective training for frontline and other staff on Customer relations and other matters.
- Conducts client satisfaction surveys after which interactions are made with supervisors and frontline staff in a bid to improve service delivery.
- Observe and reports service failures as well recommends to Management ways to improve better service delivery.

4.0 ACHIEVEMENTS

- The department received over 65 written as well as verbal complaints from clients. These complaints were promptly handled to the satisfaction of complainants and were being reported weekly to the Chief Medical Director.
- The Staff Award Day was held on the 16th of December 2020 with dignitaries and staff in attendance. The COVID – 19 Team was recognized for the successful management of COVID -19 patients. A total of 77 Staff were recognized. Also COVID – 19 outstanding donor organizations/partners were recognized and given awards.

5.0 CHALLENGES

- The Unit needs more staff to effectively cover the entire hospital.
- The Staff of the unit need to attend trainings organized by the Servicom Training Institute; this is to enable them to perform their duties better.



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- The unit needs to be represented in the quarterly Ministerial Servicom Meetings; this is to project the hospital in the frontline.

6.0 FUTURE PLANS

The unit is determined to continue to meet the aims and objectives for which it was established.

Dr. Bob Ukonu Nodal Officer/Head of Unit



COVID-19 Frontline Health workers, UATH, Gwagwalada



DEPARTMENT OF WORKS AND ENGINEERING

INTRODUCTION

The Department is headed by an Assistant Director who is responsible for the administration, co-ordination and supervision of the department and reports directly to the Chief Medical Director. The Department is a support service department which stands to serve the needs of all other departments of the entire hospital.

2.0 STRUCTURE

The Works and Engineering department comprises of the following units.

1. Biomedical Engineering Unit,
2. Electrical and Electronic Engineering Unit.
3. Mechanical Engineering Unit.
4. Building Unit.
5. Communication Unit.
6. Refrigerator and Air Conditioner Unit.
7. Water Unit.
8. Quantity Surveying Unit.

3.0 STAFF STRENGTH

| | | | |
|----------------------|---|----|--|
| - Head of Department | - | 1 | |
| - Senior Staff | - | 26 | |
| - Junior staff | - | 39 | |
| - IT students | - | 6 | |

4.0 FUNCTIONS

1. Weekly maintenance work in all departments wards and clinics, ward round by all the units of the department to find out the condition of the Hospital equipment and facilities.
2. The department effectively manages all hospital equipment, buildings and facilities.



1.0

3. Established and maintained standard modern technological maintenance approach to hospital equipment and facilities
4. Ensured efficient maintenance of hospital buildings, utilities such as electricity, water and other infrastructures.
5. Coordinating all engineering /technical activities of the hospital
6. Providing technical input to the Management.
7. Co-ordinates and supervises contractors of the hospital for equipment, buildings and other hospital facilities.
8. Ensuring that all equipment /generating plants are functioning well and always.
9. The department trains students on Industrial attachment from various institutions of higher learning.

5.0 BIOMEDICAL ENGINEERING UNIT

The Biomedical Engineering Unit has a total number of 13 staff (3 Engineers, 5 Technologies, and 5 Technicians).

5.1 Activities

The Biomedical unit is saddle with preventive, corrective and breakdown maintenance of every now and then depending on last maintenance. Staff are stationed in critical areas in the hospital e.g. S.C.B.U, Theatre, Laboratory, Oxygen plant for prompt prevention of breakdown of equipment.

5.2 Achievement:

The unit carried out the following activities in the year 2020.

1. Installation of ceiling operating lamp with camera in Isolation Centre.
2. Installation of operating lamp in Eye theatre.
3. Installation of operating lamp in Theatre 2.
4. Installation of 150ltrs Autoclave in CSSD.
5. Installation of Mobile X-ray Machine in Isolation Centre.
6. Installation of Digitizer in Isolation Centre.
7. Installation of ICU beds in Isolations Centre.
8. Installation of ECG Machine in Isolation Centre.
9. Installation of 7.5Litres Autoclave in Burn unit.
10. Installation of Areaithetic Machine in Main Theatre.



11. Repairs of Room 3 X-ray Machine.

5.3 Future Plans

The Biomedical team wish to see the reporting of fault done through internet connection through a networking server for prompt response and also have an audited equipment ledger for proper record.



6.0 ELECTRICAL AND ELECTRONIC ENGINEERING UNIT

The electrical unit is headed by an Assistant Chief Technical officer who oversees the daily activities of the unit and reports to the Head of Department. The unit is responsible for working in a team to improve the standard of electrical installation in the hospital thereby promoting safety of lives and property and prevention of potential dangers of fire outbreak and other hazards.

The unit has staff strength of six and saddled with the following responsibilities among others;

1. Supervising, inspecting and testing of new installation, addition/ extension and alteration before electricity is supplied to the installation.
2. Periodic inspection of electrical installations.
3. Carrying out preventive and breakdown maintenance.
4. Design and implementation of electrical drawings.
5. Recommending/prescribing safe electrical materials in accordance with Standard Organization of Nigeria (SON) and Institute of Electrical Engineers' (IEE) wiring regulation.
6. Advice on electrical installation best practice.

6.1 Achievements

The following were achieved during the year under review:

1. Installation of 375KVA Top Class generator at the Isolation Centre.
2. Installation of 350KVA Mikano generator at the Isolation Centre.
3. Extension of 415V overhead electricity supply to Centre for Infectious Disease.
4. Installation of Solar street lights at Isolation Centre premises, NHIS Complex premises and others within the hospital.
5. Installation of Industrial Surge protector in Isolation Centre.
6. Rehabilitation of Electrical facilities in Old House Officers quarters.
7. Replacement /upgrading of generator supply from plant house to the laboratory SubSaharan.
8. Installation of 14KVA generator at the hospital guest house.



9. Improvement of the Trauma Centre earthing system.
10. Restructuring / Rehabilitation of Electrical facilities in the Medical Information Department.
11. Rehabilitation of Electrical facilities in the hospital canteen.
12. Maintenance of Electrical facilities in the wards.
13. The successfully trained five (5) IT students during the year.

6.2 Future Plans

1. Provide centralized water heating in each ward.
2. Installation of 33KV breaker and panel for the hospital.
3. Bulk purchase of electrical consumables.
4. Provide professional electrical tool and equipment.
5. The management should consider training staff from the unit on modern technology in Electrical Engineering.
6. It is **strongly recommended** to provide accommodation for at least one Electrical staff in the hospital quarters for rapid response to call and emergencies, especially at night.

7.0 MECHANICAL ENGINEERING UNIT

The unit is headed by an Assistant Technical Officer (Mechanical).

This unit is saddled with the responsibility of generating and distributing electricity to every department of the hospital when there is Power outage from Abuja Electricity Distribution Company (AEDC) in the Hospital.

The unit also carries out repairs, fabrication and welding works of chairs, hospital beds, cardboards, wheel chairs, and other iron works.

7.1 Staff Strength

The unit has a total number of eleven staff (11) 9 permanent staff and 2 stipend staff.

7.2 Activities

The unit has recorded some level of achievement in the year 2020 as follows:

1. Installation of 375KVA Top Class Generator at Trauma Centre.



2. Installation of 250KVA JMG Generator at Theatre.
3. Installation of 350KVA Mikano Generator at New Casualty.
4. Overhauling of 100KVA NHIS Generator.
5. Transferring of 14KVA Generator from ICN School to CMD guest house.
6. Our usual daily routine and regular maintenance work on the generators.

7.3 Future Plans:

1. To see that the hospital has another 3000KVA Generator.
2. 800KVA to Run at evenings or at night due to low load.
3. Additional staff for effective, efficiency and quick response to our patients.
4. Tricycle for easy distribution of diesel to the outlet generators.

8.0 BUILDING UNIT

The section is headed by the Chief Building Officer. The section has staff strength of 10 (Ten) members as follows; two Registered Builders, a town planner, four higher technical officers and two Artisans.

8.1 Activities:

1. Routine maintenance of building structures.
2. Supervision of capital projects (Buildings).
3. Coordination and supervision of all contracts relating to construction of buildings.
4. Building Renovation works.
5. Advice the management on issues relating to building works.

8.1 Achievement for the year 2020

1. Painting of the SCBU
2. Construction of waiting area at the GOPD
3. Reconstruction of soakaway
4. Controlled of leakage in various area in the hospital and quarters.
5. Assessment of staff quarter for renovation
6. Construction of waiting area at the PCR laboratory
7. Rebuilding of collapsed fence
8. Routine maintenance work
9. Supervision of the construction of the mental health building.



8.2 Future Plan

- The staff needed to be trained for more efficiency and better productivity.
- The staff need to further their education.

9.0 TELECOMMUNICATION UNIT

The communication unit is headed by Principal Technical Officer who oversees the daily activities of the unit and report directly to the head of department.

The unit is responsible for the working of communication system in the hospital.

9.1 Activities

1. The unit is saddled with the responsibility of working with other department to improve communication system in the hospital.
2. Installation and repair of intercom systems.
3. Carrying out preventive and breakdown maintenance on intercom system.
4. Repair and maintenance of power stabilizers.
5. Maintenance of all side wards and clinical televisions in the wards.
6. Maintenance of nurse call room systems in the wards.
7. Maintaining of public address system.

9.2 Achievements for the year 2020

The following were achieved during the year under review;

1. Maintenance of Nurse call system in FMW.
2. Repair of 28 Power Stabilizers.
3. Installation of 35 New Power Stabilizers.
4. Repairs of 4 UPS in Laboratory Department.
5. Repairs of 2 UPS in Theatre.
6. Installation of 14 Plasma Televisions in Side wards.
7. Maintenance of Intercom system in the hospital.

9.3 Challenges

1. There is the need for more new power stabilizers.
2. New Nurse Call systems in other wards.
3. The unit require a public address system.

10.0 REFRIGERATOR AND AIR CONDITIONER UNIT

10.1 Staff Strength: The Refrigerator and Air Conditioner Unit of Maintenance Department is having staff strength of four (4) personnel.

10.2 Activities/Functions: The activities of the unit consist of routine maintenance and servicing of Air conditioners, washing of filters, refilling of gas in air conditioners and



refrigerators for wards, hospital housing estate and offices. Also we carry out installations of new air conditioners in wards, offices, clinics, theatre and mortuary of the hospital.

10.3 Achievements: We have achieved a lot; Installation of air conditioners in the wards and offices, replacement of AC/Refrigerators compressors, evaporators and fan motors within the hospital and the staff quarters.

10.4 Future Plans:

Our future plan as a unit in Maintenance Department is to make sure all the air conditioners and refrigerators in the hospital are all working fine as expected.

11.0 WATER ENGINEERING UNIT

The Water Unit has 8 Staff (a Technical Officer, a Water Pump Operator, a Plumber, two Craftsman, a Porter, and a Scientist)

11.1 Activities:

1. Receiving water from FCT Water Board into storage tanks, pumping water from boreholes into storage tanks from where the water is distributed to the hospital, wards, clinics, departments, theatre and staff quarters.
2. Maintenance of all water supply and distribution lines within the hospital.
3. Preventive and maintenance of all breakdown water installations in the hospital.
4. Maintenance of sewage lines in the hospital.
5. Repair and replacement of plumbing items in the hospital.
6. Maintenance of submersible and surface pumps.
7. Supervising and inspecting of new installations, addition/extension and alterations for water supply to new facilities.
8. Rendering advice to the hospital Management on water resources management.

11.2 Achievements

1. Installation of overhead tank in PCR Laboratory.
2. Replacement of broken W/C, wash hand basin and taps in the House Officers quarters.
3. Connection of water board line to old quarters in hospital premises.
4. Replacement of overhead tank in ICU hospital Lab, Laundry and Kitchen.
5. Evacuation of solid waste in male and female sewer line.
6. Replacement of broken W/C, wash hand basin in Eye ward, Labour ward, Casualty Centre and ANC.
7. Connection of water board line and borehole line to Trauma and Isolation Centres.



12.0 QUANTITY SURVEYING UNIT

The unit is headed by a Principal Technical office (QS) who is a Registered Quantity Surveyor with the Nigerian Institute of Quantity Surveyors (NIQS) as well as Quantity Surveyors Registration Board of Nigeria (QSRBN) Respectively.

12.1 Activities:

1. Advising on the financial aspects of various projects.
2. Preparing Bills of Quantities and approximate cost estimates for projects.
3. Act with the architect and engineers to ensure that the financial provisions of the contract are properly interpreted and applied so that the client's financial interest is safeguarded.
4. Carrying out valuation for interim certificates and settlement of accounts.
5. Assist in Procurement planning/budgeting for capital projects and technical evaluation of tenders.
6. Participate in general contract administration; (monitoring, supervision; management).
7. Participated in general maintenance activities of hospital facilities.
8. Carrying out property condition surveys as well as compilation of schedule of dilapidations and costing.

12.2 Achievements

1. Prepared Bills of quantities for the ongoing new mental Health building.
2. Prepared financial accounts/penultimate valuation for the completed casualty extension projects.
3. Value and prepare interim payment certificate for various rehabilitation works.
4. Participate in procurement Technical Evaluation Sub-committee's assignments.
5. Prepared cost estimates for maintenance works.
6. Supervisory roles on the various construction /renovation/repairs works generally.
7. Participated in general maintenance activities of hospital facilities.

13.0 RECOMMENDATIONS

Need additional junior staff especially in electrical, biomedical, refrigerator and air conditioning units.

- 1) The department is the engine room of the entire hospital upon which other departments depend to function effectively and efficiently. Therefore, Management should endeavour to provide adequate staff and equipment for optimum performance.
- 2) Training and retraining of the staff be top priority to develop their skills.



- 3) AEDC power supply has not really improved; Management should provide two additional 1000KVA generators to meet up the electric power needs of the hospital.
- 4) Technology acquisition should be highly encouraged by permitting Works and Engineering department staff to attend Engineering assemblies, seminars and workshops etc.
- 5) Bulk purchase of electrical, plumbing, biomedical and refrigeration and air conditioning consumables and fittings will go a long way to attending to breakdown promptly.

14.0 CONCLUSION

The department is delighted with prompt response by the Management which had resulted into the high level of success recorded in the year under review.

Engr. M.B. Mangut
Head of Department



DIRECTORATE OF ADMINISTRATION

1.0 INTRODUCTION

Mrs. Modupe Khadijat Adebajo is the Director of Administration and Head of the Department. She is responsible for overseeing to the day-to-day activities of the divisions and reports directly to the Chief Medical Director. The Department comprises the following Divisions:

1. Appointment, Promotion and Discipline.
2. Training, Education and Staff Welfare.
3. General Administration.
4. Records, Statistics and Pension.
5. General Store.
6. Legal Unit.
7. I.C.T.

The Department also oversees some units like Stores, National Health Insurance Scheme (NHIS) and the Clinical Secretariat.

The 2020 Annual Report of the Department is presented under each Division.

2.0 APPOINTMENT, PROMOTION AND DISCIPLINE/BOARD SECRETARIAT

The Division is headed by an Assistant Director – Yusuf Hassan, who reports directly to the Director of Administration. Other Staff in the Division are Assistant Chief Administrative Officer, Senior Administrative Officer, Administrative Officer II, and Senior Confidential Secretary.

2.1 ACTIVITIES

(i) The primary function of the division includes Appointment, promotion, and Discipline (Including upgrading and conversion). The division also serve as the Board Secretariat.

2.2 ACHIEVEMENTS:

With the support of Management, the Division was able to prepare the 2020 manpower budget and successfully defended. This led to the early release of the hospital establishment position.

1. **APPOINTMENT:** In the year 2020 a total number of 279 staff were employed. These include, provisional appointment, House Officers, Interns Locum Appointments, 8 officers were accepted on transfer of service.
2. **PROMOTION:** A total number of 301 staff were promoted in year 2020. A breakdown of number shows that 267 were senior staff and 34 junior staff in the year under review.



3. UPGRADING/CONVERSION: Eighteen (18) staff were upgraded, Six (6) officers were converted and 4 staff had lateral conversion in the year 2020.

2.3 CHALLENGES

1. Office equipment such as table, chairs, photocopier, file cabinet and UPS.

2.4 FUTURE PLAN

1. Expansion of the office.
2. To align with the overall objectives of the hospital in ensuring efficiency and effectiveness in service delivery.

3.0 TRAINING EDUCATION AND STAFF WELFARE

The division is made up of three units, these includes Training, Education and Staff Welfare matters, headed by a Deputy Director – Constantine Nwaka, who oversees the activities of the various units.

3.1 Staff Strength

| | |
|----------------------------------|----------|
| Deputy Director | 1 |
| Chief Admin Officer | 1 |
| Assistant Chief Admin Officer | 1 |
| Principal Admin Officer | 1 |
| Senior Admin Officer | 1 |
| Admin Officer II | 1 |
| Principal Executive Officer | 1 |
| Principal Confidential Secretary | 1 |
| Corp Member | 1 |
| Total | 9 |

3.2 Activities/Functions

In charge of all Training, Education and Staff Welfare related matters, i.e. registration and refund of National Housing Fund contribution to staff that have retired and are contributors to the scheme, leave and continuous Education monthly programme, NYSC matters.

3.3 Achievements

- Proposed Training Policy.
- Proposed Staff Welfare Policy.
- Proposed organization of workshop for other hospital to participate as a revenue generation drive.



- Monthly Departmental Presentation on wide range of topical issues bordering on Administration.
- 16 staff went on training. □ 15 staff have resumed.

3.4 Challenges:

- Inadequate Office Space.
- Inadequate Office Furniture such as table, chairs, photocopier, file cabinet etc.
- Lack of regular feedback on outcome of proposals sent to Management.

3.5 Future Plans

- To ensure that all our proposals are well implemented when approved.
 - To register our institution with NSITF as that will cover staff insurance policy.
 - To go digital in approving leave and conveyance of Management's decision to minimize the use of consumables.
 - Updating each contributor of NHF contribution electronically via phone and gadgets.
 - To ensure that this hospital becomes a training center
 - where all hospital come for a wide range of training in both Clinical and Management related issues.
- To follow-up our staff who are undergoing school programme.

4.0 GENERAL ADMINISTRATION

The division is headed by Chief Administrative Officer – Mrs. Monica O. Agida. She reports to the Director of Administration on matters relating to:

- Housing and Utility
- Transport and outsourced services
 - Transport
 - Hospital Canteen
 - Outsourced services:
 - Crown Continental
 - Ochija & Co
 - ICONS Services
- Housekeeping Unit

4.1.1 Housing:

Staff strength: The unit is overseen by a Chief Executive Officer & an Administrative Officer II who takes charge of all the staff and House Officer's quarters.



4.1.2 Activities

- a. The unit ensures that all houses/and occupants are properly documented and kept for record purposes
- b. All occupants are legally allocated and ushered into the houses in line with hospital's housing policy.
- c. Identify and enlist vacant houses for possible reallocation to other eligible staff in collaboration with the hospital housing committee
- d. Identify and report to Management in case of any need for a maintenance work within the quarters.
- e. Recommend for recovery of rent from salary of staff allocated official accommodation

4.1.3 Utility: The Utility unit involves monitoring to make sure that all requisite services from electricity, water, and NIPOST are properly rendered with due payments made accordingly.

4.1.4 Achievements

- a. Process for payment of water and electricity bills.
- b. Dispatching of letters through the postal services.
- c. In the case of any unclear issue, the unit does mediate between service providers & management.

4.1.5 Achievements (Housing/Utility)

- a) An appreciable level of house renovations was recorded both in the main staff quarters and house officer's/interns quarters such as:
 - i. A complete renovation of 14 remaining rooms in the Durfa block of house officers' quarters
 - ii. A complete renovation and restructuring of a 3 blocks of 2 bedrooms with one converted to a 3 bedroom along with 2 other blocks of 1-bedroom selfcontained were done.
 - iii. A block of a 3-bedroom flat and boys quarter was recovered from a retired personnel and reallocated to accommodate interns (3 lab scientist and 2 Dental therapist) iv. The hospital guest house was also given a total renovation to standard.
- b) Some broken, blocked and leaking soakaways in the quarters were repaired and up lifted to standard.
- c) The year witness allocation of houses to only COVID 19 personnel which stand as a mark of appreciation for their selfless efforts toward curbing the effects of the pandemic.
- d) All utility bills received were duly processed and paid in good time.
- e) All mails are accordingly received and dispatched with no record of any complaint or missing document.



4.1.6 Challenges (Housing/Utility):

- a) The unit is under staffed and needs motorcycle for dispatch.
- b) More houses need renovation and continuous evacuation /repairs of soakaways.
- c) An improved rate of response to routine needs of repairs or maintenance work in the quarters is needed.

4.1.7 Future Plan (Housing/Utility)

- a. Building of more accommodation for interns and house officers.
- b. Befitting secretariat for Housing Unit.
- c. Improvement in utilities in the hospital i.e water, Wifi.

4.2.0 Transport and Outsourced Unit

The Transport Unit is headed by an Assistant Chief Administrative Officer, assisted by an Administrative officer and a clerical officer. The unit oversees the transport system of the Hospital and report to the head of division, General Administration. he unit also takes charge of the multipurpose hall and other spaces in the hospital.

The effective controls and maintenance in the use of government vehicles is under the supervision of the unit in-charge.

4.2.1 Transport unit:

During the year under review, out of a total of twenty-one (21) drivers, two was redeployed to maintenance department, one to transport unit and the Chief driver retired from service. This brings the current total number to seventeen (17) drivers, twelve are on permanent appointment while five are still on locum appointment.

The hospital has eighteen (18) vehicles with additional two donated by NNPC and Julius Berger Nig. Ltd. Respectively to support the services of the COVID -19 pandemic. This brings to a total of twenty-one (21) vehicles. Fourteen (14) are functional and serviceable while seven are off-road. The breakdown is as follows:

- a. Toyota Corolla attached to Director of Finance.
- b. Toyota Corolla (Utility).
- c. Sure –P ambulance.
- d. Nissan ambulance.
- e. Gulf 3 station wagon red colour.
- f. Gulf 3 station wagon black colour.

4.2.2 Activities/Achievement

1. The unit ensures that drivers perform their duties diligently.



2. The unit ensures that all vehicles are properly maintained to avoid wear and tear.
3. The unit also keeps all necessary vehicle record register.
4. The unit regulates the use of official vehicles.
5. The unit also process insurance cover and registration of newly procured vehicles.
6. The unit ensures that vehicles are in good condition before embarking on any approved journey.

4.2.3 Challenges

1. The unit has inadequate manpower.
2. Utility vehicles such as staff bus, pic-up van and official vehicles for some top management staff are in-adequate.
3. The unit office needs split air conditioner, laptop and good chairs and tables.
4. The hospital log book is needed for recording of any official journey.
5. The newly employed drivers are yet to have uniforms.

4.2.4 Future Plan:

1. Extension of hospital car packing space.
2. Provision of additional uniforms to drivers while the drivers employed on locum are to have a pair of uniform.
3. The need to increase utility vehicles also procurement of official vehicles for some top management staff.
4. In house training for the drivers.
5. Slot be given to drivers who has reached the bar of the career to attend superintendent works training organized by the Federal ministry of works and housing located in Abuja and Abeokuta in Ogun – State.

4.3.0 The Multipurpose Hall: In the year under review, the use of the hall was minimized due to Covid-19 pandemic.

4.3.1 Challenges:

1. The need for total renovation of the hall also to provide good seats. This will improve revenue generation for the hospital.
2. Lack of standby generator as alternative means to A.E.D.C whenever their supply goes off.
3. The hall needs additional air conditioners.



4.3.2 Future plan for canteen hall:

1. Upward review of charges for hiring of the hall after all the necessary equipment and renovation.
2. The entrance door to the hall needs replacement.

4.4.0 Security Department

The Security Unit is headed by Major Usman Aliyu (Rtd). He oversees the routine security activities of the hospital and reports to the Chief Medical Director. The security outfit of UATH is outsourced to Crown Continental Limited that has two (2) Senior Managers (Administration and Operation Managers) respectively.

4.4.1 Staff Strength:

Total staff strength of 226 and the breakdown is as follow;

| | | |
|------------------------------|----------|------------|
| • Male security operatives | = | 162 |
| • Female security operatives | = | 64 |
| Grand Total | = | 226 |

4.4.2 Activities

1. Protective security within UATH.
2. Coordinating the security activities in UATH.
3. Liaison with other security agencies on matters of security interest to UATH.
4. Provision of security briefs/reports to the Chief Medical Director.
5. Investigation of likely security breaches.
6. Security awareness lectures to members of UATH Staff.
7. Performing any other legitimate functions as may be directed by the Chief Medical Director or Top Management Committee (TMC).

4.4.3 Achievements

1. Established and training of surveillance section for discreet investigation within UATH and adjoining environs.



2. Established and training of night patrol team within UATH complex including the staff quarters.
3. Training and retraining of security staff for optimal security performance.
4. Maintained synergy between the UATH security and other security agencies within Gwagwalada general area.
5. Received year 2020 Staff Award of excellent performance by the Chief Security Officer Major Usman Aliyu (Rtd) and four (4) other staff of the security department from the hospital management.
6. Arrest of cattle headers grazing within the hospital premises
7. Effective monitoring, arrest, security searches of hoodlums and other criminal elements parading within the hospital complex.

4.4.4 Challenges

1. Inadequate manpower.
2. Lack of security gadgets for easy communication amongst security staff such as metal detectors for searches of persons, vehicles and luggage's.
3. Porous nature of UATH Perimeter Fence.

4.5.0 Ochija & Co. Limited

4.5.1 Staff Strength

There are two hundred and ninety-eight (298) staff.

4.5.2 Activities/Functions

These staff carries out cleaning services in the hospital, both internal and external and the removal of waste from dumping site to designated area.

The major work of the external compound cleaners are clearing of grasses, removal of dirt's from drainages, maintenance/watering of flowers, sweeping of the entire surrounding general checking and surroundings. While the major work of internal staff is to clean the wards, clinics and offices.

4.5.3 Achievements

The company has improved tremendously over the years in terms of service delivery as a result of frequent meeting with the staff, punctuality to work has improved and there is effectiveness and efficiency in cleaning services rendered by the company. There are commendations from people in and outside the hospital on the general cleanliness of the hospital. Individual can now walk around or eat anywhere in the hospital without fear of being infected or contact disease due to the general cleanliness of the hospital environment.



4.5.4 Challenges

1. Inadequate waste bin and absence of bin lining which make it difficult to segregate waste in the wards and other places in the hospital environment.
2. Inadequate disposal of sharp waste into the waste bins that does not fit it, by the doctors and nurses after use.
3. Unnecessary sending of cleaners on errands by the hospital staff while still working, reduces concentration and productivity which renders the job inefficient.
4. Attitude of patient relatives towards cleaners when mopping the ward.
5. Need to fence frontage of the hospital with fence wire to avoid parking of vehicles, motor bicycle and hawking.

4.5.5 Future Plan

1. To improve staff welfare to achieve maximum efficiency.
2. To continuously organize on-site training and seminar for the cleaners in view of COVID-19 challenges.
3. To make University of Abuja Teaching Hospital environmental friendly to both staff and patients.
4. To make University of Abuja Teaching Hospital number one in priority chart in terms of cleanliness/neatness in Nigeria.
5. To continuously improve on our materials/items/equipment use for cleaning and make it available at any given point in time.

4.6.0 Icon Nigeria Limited

4.6.1 Staff Strength

The staff strength is one hundred and ninety (190).

4.6.2 Activities

Our activities involve assisting the doctors, nurses and patients of the hospital in achieving optimal healthcare delivery/services. We post our well trained personnel to different units and wards.



4.6.3 Achievements

1. We have maintained good working relationship with the hospital in the year under review.
2. We have maintained a steady standard of operation to meet the Hospital's expectation of us
3. As a result of observance of safety rules, our personnel have not recorded any form of casualty r accident on duty in the last service year.
4. In view of the COVID 19 situation, we ensure strict compliance to COVID 19 protocols and adhere to the non-pharmaceutical preventive measures to stay safe.

4.6.4 Challenges

1. The year under review came with its own unique and global challenge due to the outbreak of COVID-19. That made service more challenging due to the exposure of unseen hazard. However, we successfully pulled through.
2. The new wave of outbreak poses a challenge to the discharge of our duty in that we have to be constantly alert to safely and intensify our supervision as it were.

4.6.5 Future Plans

1. We are determined to maintain our standard of service and improve in areas that are necessary.
2. We are determined to compliment the effort of the hospital in preventing the spread of the virus by sensitizing our personnel regularly on the need to stay safe and healthy
3. We are willing to make immediate adjustment in any area that hospital finds us wanting.
4. We will maintain our usual tradition of organizing training for our personnel to add to their knowledge and improve on their service delivery.
5. We shall strive towards a closer synergy between our staff and the hospital's staff, as this will lead to a smooth relationship and improved service delivery to the patients.
6. It is our desire and planes to continue to deliver our service to the hospital without hindrance.

4.7.0 House Keeping Unit

The house keeping unit is responsible for:

- The maintenance of the Post-Basic Critical Care Nursing School hostel.
- House officers' quarters.



- Interns officers' quarters.
- Hospital Guest-house.
- Annual Christmas Decorations.
- Providing meals for COVID-19 patients.

4.7.1 Staff strength

This unit has four Officers who manned the affairs of the unit.

- Chief Catering officer: 2
- Chief cleaner: 2

4.7.2 Number of Room

- House Officers quarters: 50 rooms
- SPBCCN Hostel: 15 rooms
- Interns Quarters: 18 rooms
- Hospital guest-house: 4 rooms

4.7.3 Achievements

- 1) 14 rooms of old house officers quarter.
- 2) 15 rooms SPBCCN hostel.
- 3) Roofing of block A flats 1 & 3 side.

4.7.4 Challenges/Appeal:

- 1) New house officer quarter/block B 6&7 need proper plumbing as water leaks through the wall.
- 2) Improve water circulation to upper floor (house officer's quarter).
- 3) Bathrooms are not draining well (Intern's quarter 1, 2 &3, house officer mid-block).
- 4) SPBCCN hostel need new fans.
- 5) The newly renovated rooms in old house officer's quarter need six (6) fans.
- 6) New intern quarters at Robuchi Street need three (3) fans and painting of flat.
- 7) The renovated rooms in old house officers should be furnished.

4.7.5 Future Plan/Suggestions

- 1) The guest house need a total renovation/furnishing.
- 2) The Intern quarters roof of block 1 and 2 should be renovated.
- 3) The walls in the new house officer quarters flats are peeling off needs attention.



- 4) Need to relocate the house keeping office to house officer's lounge for effective management.
- 5) A room should be provided for keeping of Christmas decorating materials.
- 6) The kitchen could be renovated for general cooking of COVID-19 patients feeding.

5.0 RECORD, STATISTICS AND PENSION DIVISION

This Division is headed by an Assistant Director, Mr. Caleb Ihuoma and is made up of the following units:

- i. Records and Statistics
- ii. Secret Registry
- iii. Open Registry
- iv. Pension

5.1 Records Unit

The unit had staff strength of six (6) officers: An Assistant Chief Admin. Officer, two Senior Admin. Officers, one (1) Admin. Officer II, a Senior Confidential Secretary and a Clerical officer.

5.2 Activities/Functions

- (a) Documentation of new staff.
- (b) Raising of Variation advice.
- (c) Updating of staff Record of Service.
- (d) Handling of staff correspondences like change of names, change of next-of – kin.
- (e) IPPIS Human Resource activities.

5.3 Achievements

In the year 2020, the Hospital recorded the following personnel turn over:

| | | |
|-----------------------|---|-----|
| • Transfer of Service | - | 8 |
| • Locum Appointment | - | 37 |
| • House Officers | - | 67 |
| • Interns | - | 133 |



| | | | | | |
|---------------------------|--------------|----|------------|---|--------------|
| • Promotion: | Senior staff | - | 267 | - | Junior Staff |
| | - | 34 | | | |
| • Upgrading/Conversion | | - | 29 | | |
| • Provisional Appointment | | - | 36 | | |
| Total | | - | 611 | | |

Within the year under review, we captured the following data:

| | | |
|-------------------------------|---|-----------|
| a. Withdrawal of service | - | 16 |
| b. Resignation of appointment | - | 22 |
| c. Dismissal/Disengagement | - | 1 |
| d. Termination of appointment | - | 1 |
| e. Deceased | - | 3 |
| Total | - | 43 |

5.4 Challenges

The unit is facing shortage of office space. The furniture and fittings are old and need replacement.

5.5 Future Plan

- I. Computerization of the unit
- II. Training of Staff

5.2.0 Secret Registry

5.2.1 Staff Strength

| | | |
|-------------------------------------|---|---|
| • Assistant Chief Executive Officer | - | 1 |
| • Admin Officer I | - | 1 |
| • Admin. Officer II | - | 1 |

5.2.2 Functions

1. Custody of Secret/Confidential files.
2. Retrieving of files on demand.
3. Custody of APER forms and Record of Service.

5.2.3 Achievements



The Secret Registry being in custody of files containing confidential issues had lived up to expectations by ensuring that all such matters are kept intact.

5.2.4 Challenges

The main challenge facing the unit is lack of space and working equipment like office cabinets, laptop and furniture.

5.2.5 Future Plan

Computerization of the unit.

5.3.0 Open Registry

5.3.1 Staff Strength

The unit has a total of seven (7) staff.

- | | | |
|----------------------------|---|---|
| • Chief Admin Officer | - | 1 |
| • Chief Executive Officer | - | 1 |
| • Senior Admin Officer | - | 3 |
| • Senior Executive Officer | - | 1 |
| • Admin Officer | - | 1 |

5.3.2 Functions

- Custody of both Personal and General files.
- Retrieving files (Incoming/Outgoing) on demand.
- Stamping of official letters and certificates such as Medical Reports, Excuse Duty, Certificate of fitness, Death certificates, etc.
- Taking/recording of data of newly employed staff.

5.3.3 Achievement: Reduction in cases of missing files.

5.3.4 Challenges

The major challenge facing the unit is lack of adequate manpower and office Space. There is no enough cabinet to contain the files. The unit is still operating on analog system of filing.

5.3.5 Future Plan



It is hopefully believed that the Registry will soon be computerized as the world is relating through internet connections.

5.4.0 Pension Unit

This unit is being managed by two Senior Officers including the Head of Division.

5.4.1 Functions

- a. Keeping Records of staff that are to retire from service.
- b. Develop information resources, including the provision of seminars and training sessions for potential retirees.
- c. Resolving complex and controversial issues that may arise within individual pension claims.
- d. Processing and submission of data of deceased staff to both Pension Fund Administrators and Insurance Companies

5.4.2 Achievements

1. In the year under review, eighteen staff retired from service. They were taken to the National Pension Commission for their enrollment. On a sad note three (3) staff died while in active service and their entitlements processed for payment.

Furthermore, in the year under review the data of about two hundred and thirty (230) staff that were laid off in the year 2006 were processed and submitted to the pension transitional. Arrangement Directorate (PTAD) for payment of their outstanding benefits.

2. On a sad note, the Division lost her Assistant Chief Admin. Officer, Mrs. Jamila H. Sambo on 12th November, 2020.

5.4.3 Challenges

The major challenge facing the unit is lack of prompt payment to retired staff and deceased next-of-kin.

6.0 STORE UNIT



This unit is headed by a Chief Store officer - Mrs. Shekari Jummai who oversees the activities of the unit. All the activities and transactions carried out in the store are reported directly to the Director of Administration. It functions fewer than seven (7) servicing departments for prompt attention and for easy flow of materials to users' department. The departmental stores include: Central Store, Pharmacy drug bulk store, Radiology store, Laboratory departmental stores, National Health Insurance Pharmacy bulk store, Theatre store and Dental store.

6.1 Staff Strength

| | | |
|---------------------------------|---|---|
| • Central Store | - | 4 |
| • Pharmacy drug bulk store | - | 3 |
| • Laboratory departmental store | - | 2 |
| • Radiology Store | - | 1 |
| • NHIS | - | 2 |
| • Dental Store | - | 1 |
| • Theatre Store | - | 2 |

6.2 Activities

- 1) Documentation of sources of supplies.
- 2) Receiving/issuing of materials to users' department on approval by the management.
- 3) Report on stock levels of materials commonly in use in the hospital for replenishment.
- 4) Furnish the audit unit with quarterly reports on receipts and consumptions for analysis to enable management take decision on activities of materials to re-order, reliability of sources of supply and consumption rate of every product in use in the hospital etc.
- 5) Checking, handling and storage of storage of stores received.

6.3 Achievements

- 1) We had a very successful end of year 2020 stock taking/verification.
- 2) We adhere to stores rules and regulations by using the proper and correct store book specify by the Federal Government.

6.4 Challenges

- 1) The unit is understaffed. We have lost up to four staff and none has been replaced.



- 2) Insufficient storage space especially in the theatre, laboratory and pharmacy drug bulk store.
- 3) Lack of office furniture.
- 4) Lack of photocopy machines. For now, we need at least three (3) photocopy machines.

7.0 LEGAL UNIT

This unit is headed by a Chief State counsel - Jonathan Muru, (Esq) who oversees the activities of the unit.

7.1 Staff Strength

The Legal Unit comprises of four staff of which three are Lawyers and one a youth Corps member.

7.2 Activities

- 1) Giving of Legal Counsel/opinion.
- 2) Legal Drafting.
- 3) Brief writing.
- 4) Court attendance and representation.
- 5) Police station attendance and representation. 6) Lecture, talks and seminars.

7.3 Achievements

The day to day activities of the unit include but not limited to the followings:

- 1) Offering of legal counsel and/or opinions to the management on contentious matters.
- 2) Drafting and preparation of agreements and memoranda of understanding for and on behalf of the hospital.
- 3) Writing of briefs to the hospital external solicitors.
- 4) Attendance of trial conference and preparation of Witnesses for court cases involving the hospital.
- 5) Representation and attendance of court for and on behalf of the hospital in conjunction with the external solicitors.
- 6) Representation of Police stations on behalf of staff and the hospital.



- 7) Performing administrative functions and any other duty that may be assigned to the unit from time to time.

7.5 Challenges/Needs

1. The unit needs reference materials.
2. Utility vehicle for ease of work out of station.

7.6 Appreciation: The unit is quite appreciative to the management for providing it with good office accommodation.

8.0 ICT UNIT

This unit is headed by a Programme Analyst 1 – Mr. Komolafe Olatunji who oversees the activities of the unit.

8.1 Staff Strength

The unit has a total of Thirteen (13) staff which include; Two (2) Programme Analyst I, One (1) Technical Officer, One Clerical Officer and Nine (9) Staff on Locum Appointments.

8.2 Activities

The core function of the ICT unit is to take care of the Information and Communication needs of the Hospital which include but not limited to Computerization of the Hospital (Clinical and Human Resources), Networking, Hardware and Software installation and Maintenance, Websites update and development, Hospital Database Management, CCTV installation, e.t.c.

8.3 Achievements

Within the year in review, the ICT unit with the support of Management was able to achieve the following:

- 1) Networking, Computerization and deployment of e-Health solution to the Family Medicine Department which entails that Patient Clinical Consultation is paperless.
- 2) Digital enrolment of NHIS, Enrollees
- 3) Switching from manual to automated In-Patient discharge.
- 4) Regular update on the Hospital websites on events and happenings.

- 5) Creation and management of Hospital Zoom account for virtual meetings.

8.4 Challenges

The under listed are some challenges faced by the unit in carrying out its duties effectively.

- 1) Resistance and or knowledge gap from end users.
- 2) Office space.
- 3) Inadequate skilled manpower.

8.5 Future Plans:

The future plan of the ICT unit with the support of the Management is to facilitate an ICT compliant Hospital both human and structurally while ensuring prompt solutions to ICT problems.





OFFICE OF THE CHAIRMAN MEDICAL ADVISORY COMMITTEE/ DIRECTORATE OF CLINICAL SERVICES

1.0 INTRODUCTION

Dr. Nicholas Baamlong is the Chairman, Medical Advisory Committee/Directorate of clinical Services. The office staff strength is three (3) personnel. A Chief Confidential Secretary, and two 2 Clerical Officers.

2.0 RESPONSIBILITY

The office is saddled with the responsibility to coordinate and oversees the activities of the Directorate of Clinical Services;

3.0 DEPARTMENT/UNIT UNDER

All department/units under the directorate of clinical services report directly to the Chairman, Medical Advisory Committee. Each departmental report is hereby presented.

THE NEW ACCIDENT & EMERGENCY UNIT [BACKSIDE VIEW]





DEPARTMENT OF ANAESTHESIA AND INTENSIVE CARE

1.0 INTRODUCTION

The Department of Anaesthesia is headed by a Consultant Anesthesiologist. It comprises the following units: Nurse Anaesthetist, Recovery Room, Intensive Care, and Residents.

2.0 STAFF STRENGTH

There are nineteen (19) staff in the department

- | | | |
|---------------------|---|--------------------------|
| • Consultants | 4 | |
| • Senior Registrars | 6 | |
| • Registrars | 7 | □ Chief Medical Officers |
| 2 | | |

3.0 FUNCTIONS OF THE DEPARTMENT

- Labour Analgesia.
- Central venous catheterization.
- Anaesthesia for specialized radiological procedures.
- Provision of Oxygen and related services.
- Monitoring of oxygen consumption.
- Training of Doctors from other specialties.
- Training of doctors from other institutions for Diploma and Fellowship in Aneasthesia.
- Regional Anaesthesia.
 - Spinal Anaesthesia. ○ Combine spinal epidural anaesthesia.
 - Peripheral nerve blocks.
- General Anaesthesia for different types of surgeries depending on Specialty.
- Anaesthesia for Elective and Emergency Surgeries.
- I.C.U. Admission and Care.
- Pre op Review of emergency and elective cases.
- Training of Neonatologist on Intubation and use of the Mechanical Ventilator.
- Pain management in the ward.
- CPR (Cardiopulmonary Resuscitation).
- Sedation for Paediatric Patients in the ward.
- Transfer of critically ill patients intra and inter hospital.

4.0 ACHIEVEMENTS

1. Two anesthetic machines were purchase by the management for the Main and Casualty theatres.
2. The department received a donation of six Multi-parameter monitors from GE Health.
3. Provision of four Mechanical ventilators for use in the ICU by The Hospital Management.



4. Provision of a UMEC 10 multiparameter monitor by the Management for use in the theatre.
5. Two residents (Senior Registrar cadre) were deployed to the hospital's COVID-19 Isolation and Treatment Centre to provide clinical care for COVID-19 patients. They are also providing Anaesthesia services for patients requiring surgery in the operating theatre in the Isolation Centre.

5.0 CHALLENGES AND FUTURE PLANS

While the volume of surgery has increased, more complex surgical procedures are currently being carried out in the theatres including the Casualty theatre. The Physician Anaesthetists present are barely managing to cope with the work in the theatre as well as giving effective coverage for the ICU. There is therefore the need for the employment of more physician Anaesthetists especially in the Consultant cadre for more effective theatre coverage and supervision.

6.0 FUTURE PLANS

We wish to have our accreditation status upgraded from partial to full accreditation for the training of residents. This will entail the appointment and establishment of a Cardiothoracic Surgery and Anaesthesia unit.

7.0 ADMINISTRATIVE STAFF TWO (2)

| | |
|------------------------------|---|
| Chief Confidential Secretary | 1 |
| Senior Clerical Officer | 1 |

7.1 ACTIVITIES/FUNCTONS

1. Typing and printing of documents.
2. Taking care of departmental and personal files.
3. Dispatching of letters to other departments within the hospital and to the Management.

8.0 I.C.U

8.1 STAFF STRENGTH

The unit has seventeen staff as follows,

| | | |
|---|---|---|
| • Assistant Director Nursing | 2 | |
| • Chief Nursing Officer (CNO) | 6 | |
| • Assistant Chief Nursing Officer(ACNO) | | 1 |
| • Senior Nursing Officer (SN) | 2 | |



- Nursing Officer I (NO I) 1
- Nursing Officer I (NO II) 3

8.2 ACTIVITIES/ FUNCTIONS

General and specific care including the following

1. Cardiopulmonary Resuscitation (CPR) of patients.
2. Care for the mechanically ventilated patients.
3. Provision of hemodynamic monitoring of patients.
4. General Nursing and medical management.
5. Ensuring adequate documentation and management of patient.

8.3 ACHIEVEMENTS

From January to December

- | | |
|---|----|
| 1. Number of patients admitted in ICU | 93 |
| 2. Number of patients transferred to the ward | 64 |
| 3. Number of patients that died (death) | 29 |

8.4 CHALLENGES

1. Need for more man-power
2. Need for mobile X-ray machine
3. Need for ABG Analyzer
4. Need for more functional suction machine
5. Need for a technician to service our equipment.

8.5 FUTURE PLANS

Looking forward in addressing the challenges above

9.0 RECOVERY ROOM

The Recovery Room or Post –Anaesthetic care unit (PACU) is a unit in the theatre where post-operative patients are managed before transfer to the ward.

There are two (2) recovery rooms, one in the main theatre while the 2nd one is in the casualty theatre. Both are being management by the same set of critical care nurses.



9.1 STAFF STRENGTH OF THE UNIT:

The unit is being managed by sixteen (16) trained critical care nurses.

| | |
|-----------------------------------|---|
| • Assistant Director Nursing | 1 |
| • Chief Nursing Officers | 5 |
| • Assistant Chief Nursing Officer | 3 |
| • Principal Nursing Officer | 1 |
| • Senior Nursing Officer | 2 |
| • Nursing Officer I | 1 |
| • Nursing Officers II | 3 |

9.2 SUPPORT STAFF

- The unit has 2 porters.

9.3 ACTIVITIES/FUNCTIONS

| | |
|--|-------|
| • No of patients recovered in the unit from the main theatre | 2,311 |
| • No of patients recovered in the Casualty Recovery Room. | 164 |
| • Total No of patients recovered in both recovery rooms. | 2,475 |

9.4 CHALLENGES

1. The recovery room needs piped oxygen.
2. There is need for addition (six) patient trolleys.
3. The unit needs screen for conscious patients.
4. The unit needs more support staff (porters).

9.5 FUTURE PLANS

The unit is looking forward to the above challenges being addressed.

10.0 NURSE ANAESTHETIST.



Atmosphere for good working relationship with the rest of the team members – Physician Anaesthetists, staff Per-operative Nurses, Sub-staff, Hospital Community and indeed the General public was ensured.

10.1 CHALLENGES

Though the unit was able to perform all the above stated functions and achievements, it was not without its' peculiar challenges. These challenges are structural, equipment and man-power related. The Hospital Management had upgraded the A & E theatre to be able to carry out all elective surgical cases considered to be minor with the addition of some procedures classified under intermediate and some emergency procedures.

There had also been an increase in the number of surgical specialties including Obstetrics and gynecological procedures and having to cover all these area 24 hour became cumbersome.

- i. As a result of the point mentioned in (i) above, the obvious shortage of manpower was deeply felt by the unit; more so, two officers went on retirement from civil service during the period under review and there hasn't been any replacement of any sort yet.
- ii. The issue of having availability of equipment/items to work with cannot be overstressed as this on its own constituted a great difficulty in performing one's tasks/duties.

10.2 FUTURE PLANS

1. Due to the rapid growth and development of the Teaching Hospital as a whole, there is need for an atmosphere for good working relationship with the rest of the team members – Physician Anaesthetists, staff Per-operative Nurses, Sub-staff, Hospital Community and indeed the General public was ensured.

10.3 CHALLENGES

These challenges are structural, equipment and man-power related.

- iii. The Hospital Management had upgraded the A & E theatre to be able to carry out all elective surgical cases considered to be minor with the addition of some procedures classified under intermediate and some emergency procedures.

There had also been an increase in the number of surgical specialties including Obstetrics and gynecological procedures and having to cover all these area 24 hour became cumbersome.

- iv. As a result of the point mentioned in (i) above, the obvious shortage of manpower was deeply felt by the unit; more so, two officers went on retirement from civil service during the period under review and there hasn't been any replacement of any sort yet.
- v. The issue of having availability of equipment/items to work with cannot be overstressed as this on its own constituted a great difficulty in performing one's tasks/duties.



10.4 FUTURE PLANS

Due to the rapid growth and development of the Teaching Hospital as a whole, there is need for increase in man-power to meet the demands of the populace.

Furthermore, as the only Teaching Hospital in this region, advance health care is required. In view of this, management should consider establishing a Nurse Anaesthesia Training Programme in the Hospital and/or increasing the slots for anaesthesia training to about five to ten (5-10) so that interested candidates (staff) can maximize this opportunity.

The establishment of a Nurse Anaesthesia Training Programme in the hospital will not only solve the challenge with manpower but will also be a major source of revenue generation for the institution.

Dr. (Mrs.) Felicia Dele Asudo Head of Department

COMMISSIONING OF THE NEW A & E UNIT BY THE HONORABLE MINISTER OF HEALTH, DR. OSAGIE EHANIRE – SEPT 2020





DEPARTMENT OF CHEMICAL PATHOLOGY (RESEARCH LABORATORY)

1.0 INTRODUCTION

The department is headed by a Consultant Chemical Pathologist, who oversees the daily activities of the department and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

The department has on its roll,

| | | |
|------------------|---|----------|
| Consultant | - | 3 |
| Senior registrar | - | 1 |
| Corp member | - | 2 |
| Total | - | 6 |

3.0 ACTIVITIES

1. Laboratory investigations for the hospital.
2. Consultation of ward patients: on request.
3. Specialist consultation: In and out patient: on request.
4. Interpretation / review of laboratory results on request.
5. Research.
6. Training of SIWES (Students Industrial Scheme): A total of 6 students have passed through the department in the year under review.

4.0 ACADEMIC ACTIVITIES

| | | |
|-------------------------------------|---|-------------|
| Industrial training student seminar | - | Monday |
| Postgraduate seminar | - | Thursday |
| Tutorial | - | Unscheduled |
| Journal review | - | Friday |

Grand pathology round every first Thursday of the month.

5.0 CHALLENGES

1. Inability to interpret laboratory results from the routine laboratory.
2. Non availability of offices space for consultants and residents.
3. Shortage of Resident doctors.

6.0 PLANS/RECOMMENDATIONS



1. Employment of resident doctors.
2. Provision of Consultant offices.
3. Procurement of equipment such as Spectrophotometer for effective residency training.
4. To establish a well-structured residency training programme.
5. Intimation of Lab Scientist to make results available for interpretation by Chemical Pathologist.

Dr. M. S. Dalili

Head of Department

COMMISSIONING THE DCL-RENOVATED CENTRAL LABORATORY





DEPARTMENT OF COMMUNITY MEDICINE

1.0 INTRODUCTION

The Department is headed by a Consultant Community Health Physician who oversees the daily activities and smooth running of the Department and reports to the Chairman, Medical Advisory Committee.

The Department provides preventive and Social Health Services, as well as Outpatient and In-patient care. It is also involved in teaching of Resident Doctors, medical students, student nurses and midwives, as well as scientific research.

2.0 STAFF STRENGTH

There are thirty-six (36) staff in the Department and comprises of Consultant, Registrars, Public Health Nurses and Midwives, Scientific Officer, Community Health Officers (CHO) and Community Health Extension Workers (CHEW)

2.0 FUNCTIONS

1. Patient care in DOTS Clinic.
2. Patient care and other Primary Health Care services at DOBI PHC.
3. Child welfare services.
4. Environmental Health services.
5. Disease surveillance and control in the event of an outbreak or epidemics.

2.1 Activities in DOTS clinic

1. Daily clinic consultation.
2. Consult from other clinics and wards.
3. Diagnosing patients for TB/HIV services.
4. Treating and monitoring patients on treatment.
5. Follow up services.

2.2 Services at Dobi PHC

Types of Services rendered at DOBI PHC

i) Facility Based Activities

1. Routine outpatient consultations.
2. ANC services.



3. Family planning clinics.
4. Labour and delivery.
5. Immunizations.
6. In patient management.
7. Under five clinics.
8. Nutrition and food demonstrations.
9. Minor surgical procedures (PENDING).
10. Health education.
11. Health care provider capacity building.

ii) Community Based Activities

1. Monthly Ward Development Committee (WDC) meetings.
2. Home visits.
3. Community health education.
4. Health Screening for non-communicable diseases.
5. Health awareness campaigns for communicable diseases of epidemic importance.
6. House numbering and community surveys.

2.2 Activities in NPI Unit

1. Daily immunization services.
2. Health education on topics such as vaccine preventable diseases, AEFI, personal and Environmental hygiene, family planning etc.
3. Inoculation of routine and non-routine vaccines.
4. Vaccinating women of child bearing age against maternal tetanus using Tetanus and Diphtheria antigen.
5. Generating data on routine immunization for both Gwagwalada Area Council and Primary Health Care Development Board.
6. Maintenance of quality cold chain system.
7. Participating in all public health activities and immunization program in FCT.
8. Issuing of immunization certificates to babies that have completed their routine vaccines.

2.3 Activities in Environmental Unit



1. The unit carries out incineration of waste materials, using hospital Incinerator Machine.
2. We carry out fumigation activities within the hospital environment.
3. The unit embarked on horticultural activities within the hospital premises (e.g) planting of different flowers for beautification.
4. The unit supervised and liaised with Ochija Company Limited for Environmental sanitation of the entire hospital.
5. We carry out firefighting activities within the hospital environment.
6. Evacuation of unserviceable items within the hospital environment to designated area for safe keeping.
7. The unit always performs its function by trimming/cutting down unwanted trees when constitutes measure to the building and those obstructing electricity poles/cable high tension wires.
8. We collect all the waste generated within the hospital environment and we dispose them properly.

3.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED

A total of eight hundred and thirty-four presumptive cases were seen in the clinic in 2020. One hundred and sixty-eight patients were diagnosed positive for tuberculosis and registered for treatment in the clinic.

The clinic recorded a slightly less number of patients in 2020 when compared with 2019 as a result of covid-19 pandemic.

Out of the number registered for treatment i.e 168, 153(90%) are adult, 15(9%) are children while 141(84%) were pulmonary tuberculosis (PTB) and 27(16%) were extrapulmonary tuberculosis (EPTB)

TB/HIV Clinic Collaboration

The table below summarizes the collaborative activities between TB DOTS clinic and special treatment clinic. All TB patients enrolled in 2020 for treatment were screened for HIV, 36(21%) were positive for HIV and referred for treatment and care in PEPFAR clinic i.e administration of ART,CPT and IPT.



The DOTS clinic is charged with the responsibility for diagnosing of presumptive cases, placing those positive on treatment, give care and support, monitor the patients to ensure adherence to the treatment and completion of treatment.

The clinic is on from Monday – Friday, both old and new patients are seen throughout the week. The clinic receives referrals from all clinics and consults from the wards. There are resident doctors on ground to attend to both old and new patients.

3.1 DOBI PHC ACHIEVEMENTS/SOME SERVICES RENDERED IN 2019

1. Antenatal & Delivery services 2020

| | | |
|---------------------------|---|-----|
| First Booking/New clients | = | 271 |
| Follow up (revisit) | = | 530 |
| Deliveries | = | 30 |

2. VACCINATION ACTIVITIES (2020)

| Vaccine type | Dose type | | | |
|-----------------------|-----------|---------|---------|--------------|
| | OPV 1 | OPV 2 | OPV 3 | Dropout rate |
| 1.Oral Polio | | | | |
| Number vaccinated | 480 | 465 | 455 | 5.2% |
| 2.Pentavalent vaccine | Penta 1 | Penta 2 | Penta 3 | |
| Number vaccinated | 480 | 465 | 455 | 5.2% |

3. General Out Patient 2020

| | |
|----------------|-----|
| New Patients = | 752 |
| Follow-up = | 789 |

The Ward Development Committee (WDC), has been revitalized, trained and made functional. They meet regularly and has been of tremendous help in mobilizing the communities to patronize the facility and dissemination of vital messages to the various communities.

3.1 Achievement in NPI unit

Despite the challenges of the pandemic,

- NPI unit continued her in service care for the new born of the ward.



- Continuous administration of the non-routine vaccines.

3.2 Achievements in Environmental Unit

- Proper incineration of waste materials is being achieved.
- We embarked on evacuation of unserviceable items from the various wards and other places within or around the hospital premises to the dump site or incinerator site.
- Planting of royal palm trees around the hospital boundaries is equally been done.
- Proper incineration of waste materials.
- Proper evacuation of all waste residues to the outside hospital.
- We carry out fumigation activities within the hospital and its environment /surroundings.

4.0 CHALLENGES

1. Few consultants.
2. Lack of Resident Doctors Common Room/lounge.
3. Small seminar room/ not enough chairs.
4. In need of a projector for seminars.
5. Non- availability of departmental library.
6. Yet to have accreditation for WACP.

5.0 FUTURE PLANS

- To commence the CHO training.
- Obtain accreditation for WACP.
- Regular health promotion and sensitization activities in the hospital.

5.1 Dobi PHC

1. We need a review of the MOU with the Area council and University so as to streamline the running and operations of the centre. We have opportunity to have another MOU with FCT Primary Health Care Board (FCTPHCB). This is more so because the PHCs are now run centrally from the FCTPHCB (PHC Under one roof).
2. We hope to interphase more with the community members with regular outreaches and community based health service and health systems research. It will help the facility to provide the needed health service to the community. It will generate research data and possibly attract international aid and grants.



3. We need to have more staff, particularly midwives, community health workers to be able to give effective 24-hour coverage with quality service.
4. We need to do more training/capacity building on the concept and principles of the PHC and community involvement in PHC development and sustainability.
5. We need to do more in advocacy and mobilization of local community resources for investment in the facility.
6. The management of the facility should be stream lined and included in the hospital organogram under the HOD, Department of Community Medicine.

5.2 NPI unit

To have a full community health services in the hospital life.

5.3 Environmental unit

1. Plan to carry out biannual fumigation to eradicate reptiles, rodents, mosquitoes and insects.
2. Plan to carry out massive afforestation within the hospital environment.
3. Plan to plant flowers around the strategic area of the hospital. This in turn will beautify the hospital premises etc.
4. Sensitization of all staff against the proper use of firefighting equipment e.g Extinguishers.

5.4 General Future Plans

1. To get WACP accreditation.
2. Renew NPMCN accreditation.

Dr. Biyaya Beatrice Nwankwo Head, Department of Community Medicine



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

1.0 INTRODUCTION

The Department is headed by a Consultant Restorative Dentist, who oversees the daily activities of the various units and reports to the Chairman Medical Advisory Committee. The department is made up of (4) units; each headed by a consultant; Preventive Dentistry, Child Oral Health, Restorative Dentistry and Oral Maxillofacial Surgery

2.0 STAFF STRENGTH

The staff disposition is as follow:

Consultant

| | |
|--|---|
| Restorative Dentistry | 1 |
| Oral / Maxillofacial Surgeons | 1 |
| Professor Prosthodontist (on sabbatical) | 1 |
| Orthodontics | 1 |

Senior Registrars

| | |
|--------------------------------|----------------------------|
| Oral and Maxillofacial Surgery | 2 (One on outside posting) |
| Principal Dental Officer | 1 |
| House Officers | 10 |
| Dental Technologists | 2 |
| Dental Therapists | 2 |
| Dental Surgery Technicians | 9 |
| Dental Technologist Interns | 4 |
| Dental Therapists Interns | 4 |
| Senior Stores Officer | 1 |
| Record Officer | 1 |
| Clinic Assistant | 1 |
| Senior Clerical officer | 1 |
| Cleaners | 2 |
| Porters | 2 |

2.1 SUMMARY OF STAFF DISPOSITION

| | |
|----------------------------------|----|
| Number of Dentists | 17 |
| Dental Therapists (with interns) | 6 |



| | |
|-------------------------------------|-----------|
| Dental Technologists (with interns) | 6 |
| Dental Surgery Technicians | 9 |
| Others | 8 |
| TOTAL | 46 |

3.0 ACTIVITIES/FUNCTIONS

a) Restorative Dentistry

| | | | |
|-------------------------------------|------------|---|----------|
| (i) Clinic Days | Mondays | - | Fridays |
| (ii) Restorative Consultant clinic- | Wednesdays | & | Fridays. |

b) Oral & Maxillofacial Surgery

| | | | |
|-----------------------|------------|---|-----------|
| Clinic Days | Mondays | - | Fridays |
| Consultant clinic | Mondays | | |
| Theatre | Wednesdays | | |
| Consultant ward round | Mondays | & | Thursdays |
| Resident wards round | Tuesdays | & | Fridays |

c) Child Oral Health

| | | | |
|-------------------------|------------|---|---------|
| (i) Clinic Days | Mondays | - | Fridays |
| (ii) Consultant clinic- | Wednesdays | & | Fridays |

5.0 NUMBER OF PATIENTS SEEN FROM JANUARY – DECEMBER 2020

| S/NO | MONTH | OUT OF POCKET | NHIS | TOTAL |
|------|-----------|-----------------|------|-------|
| 1 | JANUARY | 327 | 396 | 723 |
| 2 | FEBRUARY | 246 | 220 | 466 |
| 3 | MARCH | 110 | 85 | 475 |
| 4 | APRIL | LOCKDOWN | | |
| 5 | MAY | | | |
| 6 | JUNE | | | |
| 7 | JULY | 211 | 394 | 605 |
| 8 | AUGUST | 307 | 345 | 652 |
| 9 | SEPTEMBER | 229 | 338 | 567 |



| | | | | |
|--------------|-----------------|--------------|--------------|--------------|
| 10 | OCTOBER | 354 | 366 | 720 |
| 11 | NOVEMBER | 188 | 323 | 511 |
| 12 | DECEMBER | 176 | 356 | 516 |
| TOTAL | | 2,001 | 2,503 | 4,504 |

6.0 ACHIEVEMENTS

1. A visiting Professor of Prosthodontist Dentist joined the work force for the year (Prof Esan Temitope A.).
2. Renovation of Family Dentistry /Oral Diagnosis Clinic, renovation of Child Oral Health Clinic, and creation of Restorative Clinic, Signage and some other miscellaneous work was done by the department.
3. Two dental chairs were purchased for the department by the hospital management.

7.0 CHALLENGES

1. The existing Dental Block is grossly inadequate in space for services and training considering the total number of staff in department and the volume of services rendered.
2. Non-availability of office spaces for Consultants.
3. The number of functioning dental chairs of eight is grossly insufficient.

7.1 Shortage of Manpower

- a. Consultant in other specialties of Dentistry namely: Community Dentistry, Oral Medicine, Paediatrics Dentistry etc, are required to qualify for training of residents in Dental Surgery and improve oral health services.
- b. Apart from the (2) senior resident doctors In Oral & Maxillofacial Surgery, there were no resident in other units & consultants, hence making the job stressful and tedious for the few consultants on ground and of the 2 senior resident one was on outside posting.
- c. Inadequate number of Dental Surgery Technicians (9) to assist the (17) Dentists.

8.0 FUTURE PLANS

1. Procurement of more dental chairs to improve service delivery.
2. Employment of more Consultants in the remaining specialties of Dentistry to be able to provide effective comprehensive oral health care delivery and to train our resident doctors in various discipline of Dentistry.
3. Employment of more resident doctors to meet 7.1 with the challenges of increase in the volume of work.



4. Employment of other cadre of staff such as Dental Surgery Technicians Dental Therapists & Dental Technologists for efficiency.
5. A new Dental Block/complex is recommended to accommodate efficient delivery of oral health care in a Tertiary Health Institution.

**Dr. J.O Ajayi Head of
Department.**



DEPARTMENT OF NUTRITION AND DIETETICS

1.0 INTRODUCTION

The department is headed by a Deputy Director who oversees the activities of the department and reports to the Chairman, Medical Advisory Committee (C-MAC).

2.0 STAFF STRENGTH

The summary of staff strength;

| | | | |
|----|---------------------------------------|---|-----------|
| 1. | Deputy Director | - | 1 |
| 2. | Principal Dietitian | - | 1 |
| 3. | Senior Dietitian | - | 1 |
| 4. | Senior Assistant Dietitian | - | 1 |
| 5. | Senior Scientific Officer (Dietetics) | | 1 |
| 6. | Dietetic Supervisor | . | 1 |
| 7. | Senior Clerical Officer (Dietetics) | | 4 |
| | Total staff | - | 10 |

3.0 ACTIVITIES/FUNCTIONS

In the year under review, the activities of the department continued to grow and expand progressively as a result of increased number of patients assessing nutritional care and dietary services.

The activities performed are as follows;

1. **Patient Feeding:** Patients in various wards requiring therapeutic dietary regimen were fed with varied modified meals and fluids diet accordingly. The department served **2,543** plates to in-patients.
2. **Nutrition Clinic:** The department conducts daily nutrition education/health talk at various out-patient clinics as well as individualized dietary counseling. The total number of out-patients referred to the department was **52**.
3. **Routine Ward Round:** This is usually conducted with the consultants and healthcare team to evaluate patients, institute appropriate dietary regimen and follow-up visits to ensure dietary compliance. The total number of in-patients referred to the department was **293**. Grand total = **345** patients. The low number of patients fed and attended to was as a result of the pandemic that almost ravaged the world.
4. **Teaching & Training of SIWES Students:** The department trained **2** students on industrial training from various higher institutions of learning accordingly.



4.0 CHALLENGES

1. The greatest challenge is inadequate number of Dietitians, Diet cooks and other supporting staff.
2. Inadequate processing and storage facilities for our perishable food items. This made us to do **retail buying** which is not cost-effective when compared to **bulk purchasing**.
3. Lack of office equipment/facilities/accessories such as computers, photocopier and printer for smooth running of the department.
5. Delay and refusal to refer patients to Dietitians for dietary review and nutritional evaluation from various wards and clinics. Most times, the consults/referrals are sent-in while patient is being discharged. The managing team sees and discharges without referring to the Department.
6. Lack of Dietetics Internship Program: This department is the only department in the clinical departments that is not training interns. If this program is approved, it will in no small measure increase our activities and our duties will be carried out optimally.
7. Lack of Feeding Policy: The hospital has no feeding policy as a teaching hospital. This has grossly affected the revenue generation of the department.
8. Mobile Food hawkers and vendors that are selling food to the in-patients in the wards.

5.0 ACHIEVEMENTS

- One senior staff and one junior staff were promoted.

6.0 FUTURE PLANS

1. To have a full-fledged nutrition and dietetics department that will be involved in the holistic care of patients in the hospital.
2. To ensure accreditation and commencement of clinical dietetics internship program to train prospective dietetic interns.
3. To collaborate with other clinical departments to carry out evidence-based research activities in the hospital.
4. If the processing and storage facilities are provided for the department, and feeding policy is approved our revenue generating capacity will increase greatly.

7.0 CONCLUSION

We sincerely appreciate the support of the management for keeping faith in some of their promises, while looking forward to a greater collaboration.

Com. Joshua Ugwu Chijioke, (Jp) Head of Department



DEPARTMENT OF OTORHINOLARYNGOLOGY (ENT)

1.0 INTRODUCTION

The year under review was a very challenging year for the department of Otorhinolaryngology, the hospital community and indeed the entire world because of the outbreak of the novel Covid-19 pandemic, but in all we thank Almighty God for His sustenance and help throughout the year.

2.0 DEPARTMENTAL STAFF STRENGTH

| STAFF | NUMBER(S) |
|-------------------------------|-----------|
| Professor | 1 |
| Consultant ENT Surgeons | 4 |
| Senior Registrars | 4 |
| Junior Registrars | 5 |
| Deputy Director of Nursing | 1 |
| Assistant Director of Nursing | 2 |
| Chief Nursing Officers | 2 |
| Audio Therapist Technician | 1 |
| Audiologist/Speech Therapist | 1 |
| Secretary | 1 |
| Clerical Officer | 1 |
| Potters | 2 |
| Cleaners | 2 |

3.0 THE RANGE OF SERVICES RENDERED BY OUR DEPARTMENT

The department runs primary, secondary and tertiary level health care to all ages and sexes. They are divided into three basic areas.

- Clinical/Surgical services
- Training
- Research

THE DAILY ROUTINES/CLINICS OF THE DEPARTMENT

| DAYS OF THE WEEK | ACTIVITIES |
|------------------|---------------------|
| MONDAY | WARD ROUND (TEAM A) |



| | |
|------------------|-------------------------|
| | CLINIC SESSION (TEAM B) |
| | ENDOSCOPY |
| | EAR SYRINGING |
| | HEALTH TALK |
| TUESDAY | THEATRE (TEAM B) |
| | WARD ROUND (TEAM A) |
| | ENDOSCOPY |
| | EAR SYRINGING |
| WEDNESDAY | THEATRE (TEAM A) |
| | WARD ROUND (TEAM B) |
| | ENDOSCOPY |
| | EAR SYRINGING |
| THURSDAY | JOURNALS' REVIEW |
| | CLINIC SESSION (TEAM A) |
| | ENDOSCOPY |
| | EAR SYRINGING |
| | HEALTH TALK |
| FRIDAY | CLINICAL PRESENTATION |
| | GRAND WARD ROUND |
| | ENDOSCOPY |
| | HEALTH TALK |
| | EAR SYRINGING |

Audiological investigations and speech therapy sessions are carried out daily.

4.0 CLINIC ATTENDANCE

The breakdown of the patients attended to in our outpatient clinic throughout the year 2020 is as follows: Total number of patients seen in 2020 was **3,353**

The monthly average clinic attendance was 279 patients and the total number of patients seen at the out-patient clinic in 2020 was 3,353.

5.0 THE DEPARTMENT'S EXPECTATIONS FROM MANAGEMENT

□ **Facilities**

1. Otoacoustic Emission Machine (For children hearing screening).
2. Automated Brain Response Audiometer (For confirmation of hearing loss).
3. Rhinometer.
4. Wall bracket microscopes for the temporal bone lab.



□ **Manpower**

1. Registrars x 4 (Given that four of our Registrars are on outside posting).
2. Consultant ENT Surgeon (x2).
3. Audiologist and Speech technicians.

6.0 ACHIEVEMENTS

1. One of our Senior Registrars passed her part II Fellowship Exams in both the West African College of Surgeons and National Postgraduate Medical College of Nigeria in the year under review.
2. One of the Nurses was promoted to the Post of a Deputy Director of Nursing (DDN) and another Assistant Director Nursing (ADN). Our Departmental Secretary was promoted to the post of a Senior Confidential Secretary and our Clerical officer to the post of a Senior Clerical Officer.

7.0 CHALLENGES/FUTURE PLANS

1. Dedicated ward for ENT patients, minor procedure/Treatment room and standard audiology laboratory are current challenges in the department.
2. There is need for the training of more nurses in ENT to cover both the clinic and the proposed ENT wards.
3. We plan to increase our clinic sessions to cover the various subspecialties in the department; such as Rhinology, Otology, Laryngology, Audiology and Paediatric ENT for efficient and better services to the populace.
4. The department wishes to establish a hearing centre for the care of the deaf and that will involve collaboration nationally and internationally for affordable hearing aid provision and cochlear implant surgeries. Rehabilitationist and implant audiologists will be needed.
5. We plan to establish an ENT research/training centre in collaboration with international partners for post fellowship training and community bases research in ENT related diseases, of which the Starkey Hearing Foundation has promised to build this dream for us.

I want to use this medium to sincerely appreciate the management of this great institution for their love and support through the year, despite the challenges of Covid-19 pandemic amidst other challenges. We pray that God Almighty will continue to bless and keep you always.

Prof. Titus S. Ibekwe Head of Department



DEPARTMENT OF FAMILY DENTISTRY

1.0 INTRODUCTION

The year under review will go down as one of the most challenging in modern times because of the disruption of people's ways of lives by the novel corona virus pandemic. This has affected the ways we interact with others within the hospital community and also with our patients. Although not everything can be said to be in the negative as the designation of UATH as COVID-19 treatment center accelerated the completion of the Infection Disease Complex (IDC) to manage COVID patients and the upgrade of the Molecular Diagnostic Laboratory to handle PCR diagnosis of COVID-19.

The Department of Family Dentistry being a stakeholder was not left out in addressing the needs of our patients in these difficult times as we have been up and doing even as the pandemic persists.

2.0 STAFF STRENGTH

FD Department is presently made of two consultants both of whom are Fellows of the National Postgraduate Medical College of Nigeria and four junior residents one of whom is a supernumerary.

Summary of Staff Strength:

- Consultant – 3
- Registrars - 4

3.0 ACTIVITIES/FUNCTIONS

These are highlighted below:

1. **Clinic:** Family Dentistry is in charge of both Oral diagnosis and Preventive Dentistry clinics. We operate our out-patients' clinic Monday through Fridays and this include consultant clinics on Mondays/Wednesdays and Tuesdays/Thursdays for the first and second consultant respectively.
2. **Dobi Community out-post:** The Dobi community out station which was established last year is meant to be used by our residents during community posting, however, work has been suspended temporarily there because the residents who should be posted there are presently doing other clinical postings in other departments. Notwithstanding the present hiccup, we intend to post a resident and a therapist there once we have our residents fully back in the department.



Inauguration Of Dobi Community Services



Dobi community Dental health education

Through the cooperation and support of the hospital management I am happy to announce that there is now a fully operational dental center in Kwali general hospital which is now providing all range of services.

SEMINAR. Our seminar presentation is divided into three groups:

1. With residents only. This is gear towards preparing our residents for exams.
2. With residents and house officers. This is for general academic exercise and includes presentation of rare cases seen in the clinic.

General presentations: This is the general presentation every Thursday of the week that brings the two departments i.e. Dental and Maxillofacial Department and Family Dentistry together.



4.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED:

The following were some the achievements recorded in the year 2020:

1. Extension of dental services to Dobi community and Kwali general hospital.
2. Providing seamless services to our patient in best ethical standard.
3. Sustaining the residency with commitment and support from management despite the challenges.

The provision of a new complete Dental unit by the hospital management.

PATIENTS RECEIVED: TOTAL NUMBER OF PATIENTS 1,142.

5.0 CHALLENGES

Our challenges include:

1. **SPACE:** We desire that a space be created for the department within the NHIS building as it is done in other places so that we can take advantage of those patients presenting within the GOPD.
2. **Staff:** There is an urgent need to deploy a departmental secretary for administrative purposes.
3. We need to bring in more locum consultants in other specialties in Dentistry so that our residents can complete their posting in time for their exams.

6.0 FUTURE PLANS:

Our future plan, though ambitious is to have a fully equipped, functional Family Dentistry clinic that will serve the needs of our patients in terms of service delivery and best practices.

Dr. Joseph Ademola Head of Department



DEPARTMENT OF FAMILY MEDICINE

1.0 INTRODUCTION

The department of Family Medicine is located within the NHIS Complex of the hospital and headed by **Dr. L. L. Shedul**. The year under review was a challenging one considering the pandemic outbreak of COVID-19 which disrupted several activities. Below is the summary of the department's staff strength, activities, achievements, challenges and future plans.

2.0 STAFF STRENGTH

| | |
|------------------------------------|----|
| Consultants | 9 |
| Senior Resident Doctors | 10 |
| Junior Resident Doctors | 9 |
| Nurses | 13 |
| Community health extension workers | 1 |
| Departmental Secretary | 1 |
| Porters | 5 |
| Cleaners | 10 |

3.0 ACTIVITIES/FUNCTIONS

1. Running of the General Outpatient clinic (GOPC) every day from 8am -8pm. However, during the lockdown period, the services were scaled down to observe social distancing and minimizing cross infection with COVID 19.

The GOPC is the point of entry for most patients accessing healthcare in university of Abuja Teaching Hospital. It offers comprehensive, continues and coordinated healthcare to patients with undifferentiated medical conditions irrespective of their age or gender. It provides care for both NHIS enrolled patients and patients whose healthcare is being financed out of pocket.

2. Running of special clinics including Genetics, Adolescent and wellness.
3. Provision of emergency care to patient in the clinics observation room where they are stabilized and managed before being transferred to the ward for further management or discharged home.
4. Provision of in-patient care when the need arises.
5. Wound dressing, suturing of minor lacerations and other minor procedures in the procedure room.
6. Running of basic investigations such as packed cell volume, pregnancy test, malaria parasite test, Urinalysis and blood glucose estimation in the side Laboratory.
7. Training of resident doctors.
8. Research.

4.0 ACHIEVEMENTS



1. Commencement of electronic health records system using health in a box
2. Commencement of appointment system for running the clinics
3. Success in fellowship examination
4. Commencement of virtual clinical presentations.

5.0 CHALLENGES

1. Shortage of man-power (Nurses and junior resident Doctors)
2. Inadequate personal protective equipment for staff
3. Disruption in clinical and academic activities of the department due to COVID-19 pandemic.
4. Server/Network problems with electronic health records system at times with resultant disruption of consultations and increase in patients' waiting time.

6.0 FUTURE PLANS

- Continuation of the appointment system for running the clinics.
- Interactive with management improvement on the electronic health records system and smooth transition to the system fully.

Dr. Lakai Shedul Head of Department



HAEMATOLOGY AND BLOOD TRANSFUSION

1.0 INTRODUCTION

The Department is headed by a Consultant Haematologist and provides high quality Clinical and Laboratory Haematological investigations and Blood transfusion services to the teeming clients who access health care services and conduct researches in haematology and blood transfusion. Involved in the training of undergraduate Medical Students of College of Health Sciences, University of Abuja, and postgraduate Residency; Medical Lab Scientists interns; Medical Lab Technicians and Assistants, and Biological Sciences students on attachment from Schools of Health Technology and Universities across the Country.

2.0 CLINICAL & CLINICAL LABORATORY SERVICES:

The Haematology Department staff diligently renders clinical and haematology laboratory investigation and blood transfusion services.

1. Clinical servicers:

The Consultant Haematologists and Resident doctors run weekly Haematology outpatient clinic on Wednesdays at the Medical Out-patient Department (MOPD), attend to in-patients with Haematologic disorders as well as haematologic manifestations of nonhaematologic disorders, perform bone marrow aspiration and biopsy for diagnosis and management of diseases. They also perform and/or review full blood count for diagnosis and management of other medical disorders when required.

2. Haematology Research Laboratory

The services rendered at the haematology research laboratory include: Processing and Bone marrow aspiration smear films, performing FBC, PCV, ESR, PT, PTTK and Hb electrophoresis services for haematology out-patients on clinic days, haematology inpatients and on special request by clinicians from other clinical Departments.

3.0 STAFF STRENGTH

| | |
|--------------------|---|
| • Consultants | 4 |
| • Senior Registrar | 1 |
| • Residents | 1 |
| • Medical Officer | 1 |

4.0 DEPARTMENTAL ACTIVITIES

1. Ward rounds: Mondays, Tuesdays, Thursdays and Fridays.
2. Haematology Clinic: Wednesdays at the Medical Outpatient Department.
3. Seminars: Thursdays.



4. Daily Haematology Day Care Emergencies and administration of chemotherapy.
5. Daily review of in-patients consultations from other clinical Departments.
6. Daily routine general Haematology laboratory tests.

5.0 SUMMARY OF THE CLINICAL AND LABORATORY TURNOVER OF YEAR 2020 OUT-PATIENTS SEEN IN THE HAEMATOLOGY CLINIC IN 2020 = 503

HAEMATOLOGY IN-PATIENTS' ADMISSIONS FOR 2020 =103

HAEMATOLOGY PATIENTS IN CASUALTY 2020 = 91

DAY CARE (RESEARCH LAB.) 2020 = 83

Table 1. TESTS CONDUCTED IN THE HAEMATOLOGY RESEARCH LAB. IN 2020

| MONTH | BMA & BMB | FBC | ESR | PT | PTTK |
|--------------|-----------|------------|-----------|----------|----------|
| JAN | 5 | 39 | 2 | 2 | 0 |
| FEB | 4 | 65 | 1 | 2 | 0 |
| MARCH | 7 | 84 | 3 | 1 | 0 |
| APRIL | 3 | 28 | 0 | 0 | 0 |
| MAY | 6 | 26 | 1 | 0 | 0 |
| JUNE | 10 | 11 | 0 | 0 | 0 |
| JULY | 7 | 27 | 1 | 0 | 0 |
| AUG | 9 | 19 | 0 | 0 | 0 |
| SEPT | 6 | 37 | 2 | 0 | 0 |
| OCT | 8 | 55 | 1 | 0 | 0 |
| NOV | 9 | 51 | 3 | 0 | 0 |
| DEC | 4 | 61 | 2 | 0 | 0 |
| TOTAL | 78 | 503 | 16 | 5 | 0 |

6.0 ACHIEVEMENTS:

1. Although patient turnout was low due to COVID-19 pandemic, doctors in the Department rendered both clinical and laboratory services to our patients.

7.0 CHALLENGES:

1. Grossly inadequate manpower in all units of the Department: There is urgent need to employ at least 8 Resident doctors for effective and efficient clinical services in the Department. The ratio of Consultants to Residents is 1:4, presently we have only one locum resident doctor, one Medical Officer.



2. No Haematology Day-Care structure, Residents call duty room, Residents' common room, Residents' seminar room. These are crucial and critical requirements for effective and successful residency training as well as health care service delivery.
3. The Department needs dedicated trained nurses in the Blood Donation Center and Haematology Day-Care Ward Lack of essential basic equipment for effective and efficient health care service delivery.

8.0 IMMEDIATE/URGENT NEEDS

1. Haematology Day-Care Ward where Haematological emergencies and patients on Chemotherapy are managed, performing bone marrow aspiration and biopsy procedures (this is imperative for retaining our accreditation and successful accreditation by the National Postgraduate Medical College).
2. The Department needs a Cold Centrifuge for production of blood components as an alternative, and/or the automated haemapheresis machine in view of the occasional challenges in obtaining the consumables for the apheresis machine due to the wide range in economic power of our clients.
3. The Department needs binocular and teaching microscopes for effective and efficient service delivery and training.

Dr. Theresa IzeOtu
Head of Department



RENOVATED CENTRAL LABORATORY [FRONT VIEW]





DEPARTMENT OF HEALTH INFORMATION MANAGEMENT

1.0 INTRODUCTION

The department is headed by an assistant director who oversees the daily activities and smooth running of the various sections of the department and report to the chairman, medical Advisory Committee.

The department provides accurate and timely information about every patient seen in the hospital. Through patient record initiation, storage, reproduction and presentation for treatment, care continuity, education, planning, research, statistics, medical advancement and legal purposes of patient/client, health professionals and the institution at large.

2.0 STRUCTURE

The department is structured into eleven sections for easy control. Each is headed by an officer. Three of these sections, run three shifts, casualty, library and O&G while others are on permanent morning.

2.1 The Eleven Units Are

- General Out-patient clinic
- National Health Insurance clinic
- Admission and discharge
- Obstetrics and Gynecology clinic
- Education and research
- Statistics
- Library
- Casualty
- Store
- Special clinic section □ Cancer registry

3.0 STAFF STRENGTH

The department has 73 staff of various ranks distributed as follows

| | |
|--|----|
| 1. Assistant Director | 3 |
| 2. Assistant Chief Health Information Management Officer | 10 |
| 3. Principal Health Record Technician | 21 |
| 4. Senior Health Record Technician | 12 |
| 5. Health Record Technician | 19 |
| 6. Health Record Clerk | 8 |



4.0 ACTIVITIES

1. Ensuring that patients information is secured and protected
2. Registration of all new patients both in and out-patients
3. Custodian of patient records
4. Activate patient record visit
5. Monitor patient records movement
6. Book appointment for patents follow-up
7. Maintenance of medical records library
8. Control influx of patients in all the clinics through appointment system. (clinic preparation)
9. Admit and discharge/ issue gate pass to discharge patients
10. Move discharge patients records from the wards.
11. Analysis patients records quantitatively and qualitatively
12. Filing and retrieval of patients records
13. Editing of patient information when necessary
14. Capture, code, store and reproduce all disease diagnosis in the hospital for use in research, training, education and teaching.
15. Collection of cancer data from all catchment areas Kwali, Abaji.

4.1 IN-PATIENTS AND OUT-PATIENT ACTIVITIES

- Total out-patient attendance 133903
- Total admission 10,620
- Total discharge 9,268
- Total death 837



ANNUAL OUT-PATIENT AND IN-PATIENT ANALYSIS 2020

SUMMARY OF OUT PATIENT AND INPATIENT STATISTICS FOR 2020

| CLINIC | OUTPATIENT | | | INPATIENT | | |
|-------------------------------------|------------|--------|--------------|-----------------------|-------------|--------------|
| | | | | ADMISSIONS | | TOTAL |
| | MALE | FEMALE | TOTAL | MALE | FEMALE | |
| FAMILY MEDICINE: GOPC NHIS | 12527 | 15968 | 28495 | 3493 | 7127 | 10620 |
| | 9476 | 13109 | 22585 | | | |
| SURGICAL OUT PATIENTS (SOPD) | 740 | 646 | 1386 | | | |
| SOPD (GENERAL SURGERY) | 674 | 975 | 1649 | DISCHARGES | | |
| SOPD(ORTHOPAEDIC) | 1014 | 940 | 1954 | MALE | FEMALE | |
| SOPD(PAEDIATRIC SURGERY) | 525 | 175 | 700 | 2881 | 6405 | 9268 |
| SOPD(PLASTIC SURGERY) | 307 | 301 | 608 | DEATH | | |
| SOPD(UROLOGY) | 1041 | 184 | 1225 | MALE | FEMALE | |
| SOPD(NEUROLOGY) | 188 | 130 | 318 | 442 | 395 | 837 |
| SOPD SPINAL | - | - | - | | | |
| DENTAL SURGERY | 761 | 656 | 1417 | % OF OCCUPANCY | | 56% |
| PAEDIATRICS OU-PATIENT (POPD) | 1597 | 1243 | 2840 | | | |
| POPD (GENERAL CLINIC) | 771 | 623 | 1394 | | | |
| POPD (CARDIOLOGY) | 38 | 40 | 78 | | | |
| POPD (HAEMATOLOGY) | 396 | 347 | 743 | | | |
| POPD(ENDOCRINOLOGY) | 61 | 83 | 144 | DELIVERIES | | |
| POPD(NEUROLOGY) | 212 | 153 | 365 | SVD | | |
| POPD(INFECTIOUS/NUT) | 38 | 29 | 67 | MALE | FEMALE | |
| POPD(NEPHROLOGY) | 93 | 70 | 163 | 537 | 520 | 1057 |
| POPD(NEONAT.) | 73 | 75 | 148 | C/S | | |
| OBSTETRICS AND GYNAECOLOGY DEPT. | 142 | 1104 | 1246 | | | |
| ANTE-NATAL | 0 | 7488 | 7488 | MALE | FEMALE | |



| | | | | | | |
|---------------------------------|-----|------|-------------|------------------|-------------|-------------|
| GYNAECOLOGY | 80 | 4186 | 4266 | 340 | 295 | 635 |
| POST-NATAL | 0 | 382 | 382 | CASUALTY | | |
| MEDICAL OUT-PATIENT DEPT.(MOPD) | 427 | 488 | 915 | | | |
| MOPD(CARDIOLOGY) | 732 | 887 | 1619 | | | |
| MOPD(DERMATOLOGY) | 190 | 227 | 417 | DMISSION | | |
| MOPD(ENDOCRINOLOGY) | 226 | 386 | 612 | MALE | FEMALE | |
| MOPD(GASTROENTROLOGY) | 463 | 388 | 851 | 2811 | 1773 | 4584 |
| MOPD(METABOLIC) | - | - | - | ISCHARGES | | |
| MOPD(NEPHROLOGY) | 324 | 291 | 615 | MALE | FEMALE | |
| MOPD(NEUROLOGY) | 318 | 228 | 546 | 462 | 359 | 821 |
| MOPD(PSYCHIATRY) | 78 | 111 | 189 | DEATH | | |
| MOPD(RESPIRATORY) | 156 | 196 | 352 | MALE | FEMALE | |

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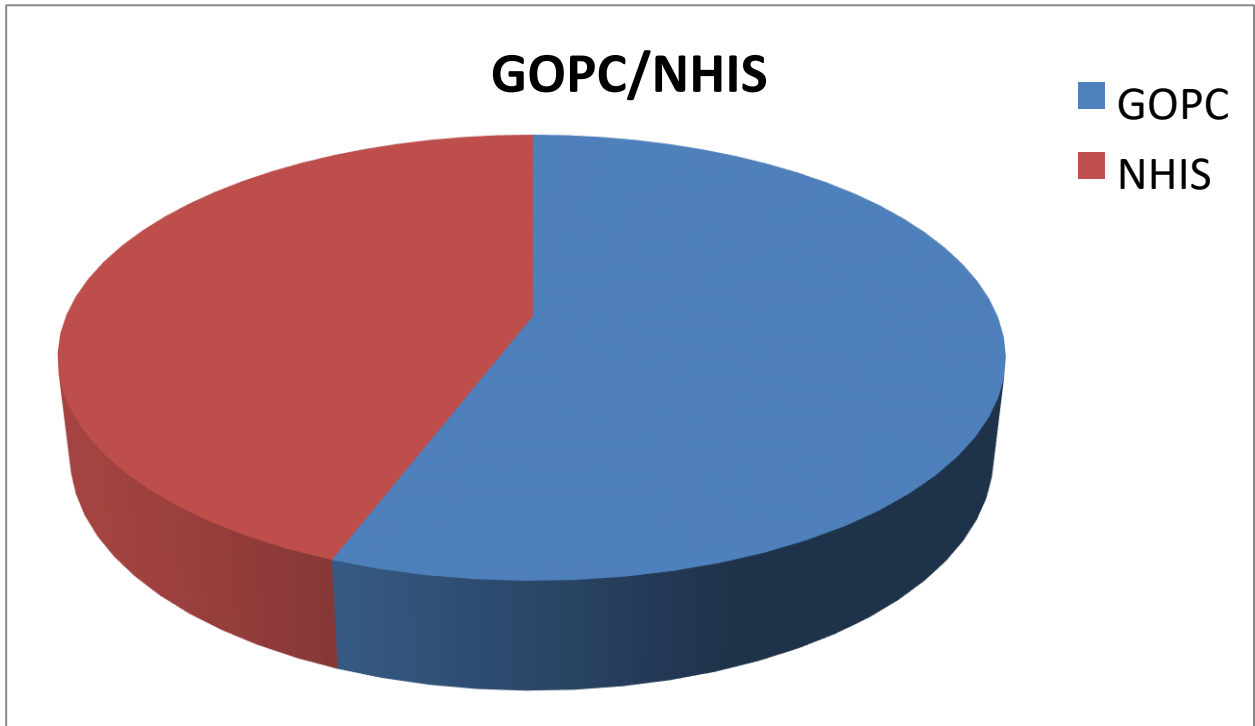
| | | | | | | |
|---------------------------|--------------|--------------|---------------|----------------------|------------|-------------|
| MOPD(VENEROLOGY) | 5 | 6 | 11 | 165 | 115 | 280 |
| FAMILY MEDICINE | 24 | 50 | 74 | R.T.A | | |
| MOPD(HAEMATOLOGY) | 247 | 129 | 376 | MALE | FEMALE | |
| MOPD(INFECTIOUS DISEASES) | 455 | 505 | 960 | 235 | 114 | 349 |
| OPHTHALMOLGY | 411 | 400 | 811 | B.I.D | | |
| EAR NOSE & THROAT (E.N.T) | 848 | 845 | 1693 | MALE | FEMALE | |
| PHYSIOTHERAPY | 1136 | 962 | 2098 | 258 | 142 | 400 |
| MEDICAL SOCIAL WELFARE | 43 | 53 | 96 | THEATRE | | |
| FAMILY PLANNING | 323 | 3923 | 4246 | MAJOR SURGERIES | | 1304 |
| IMMUNIZATION | 6597 | 6832 | 13429 | MINOR SURGERIES | | 409 |
| SPECIAL CLINIC | 8059 | 14882 | 22941 | INTERMEDIATE | | 721 |
| DOBI HEALTH CARE OUTLETS | 397 | 994 | 1391 | HAEMODIALYSIS | | |
| TOTAL | 52213 | 81690 | 133903 | | | |
| | | | | TOTAL PATIENT | | 250 |
| | | | | TOTAL SESSIONS | | 691 |
| | | | | MALE | | 133 |
| | | | | FEMALE | | 157 |
| | | | | NEW | | 99 |
| | | | | DEATH | | 2 |

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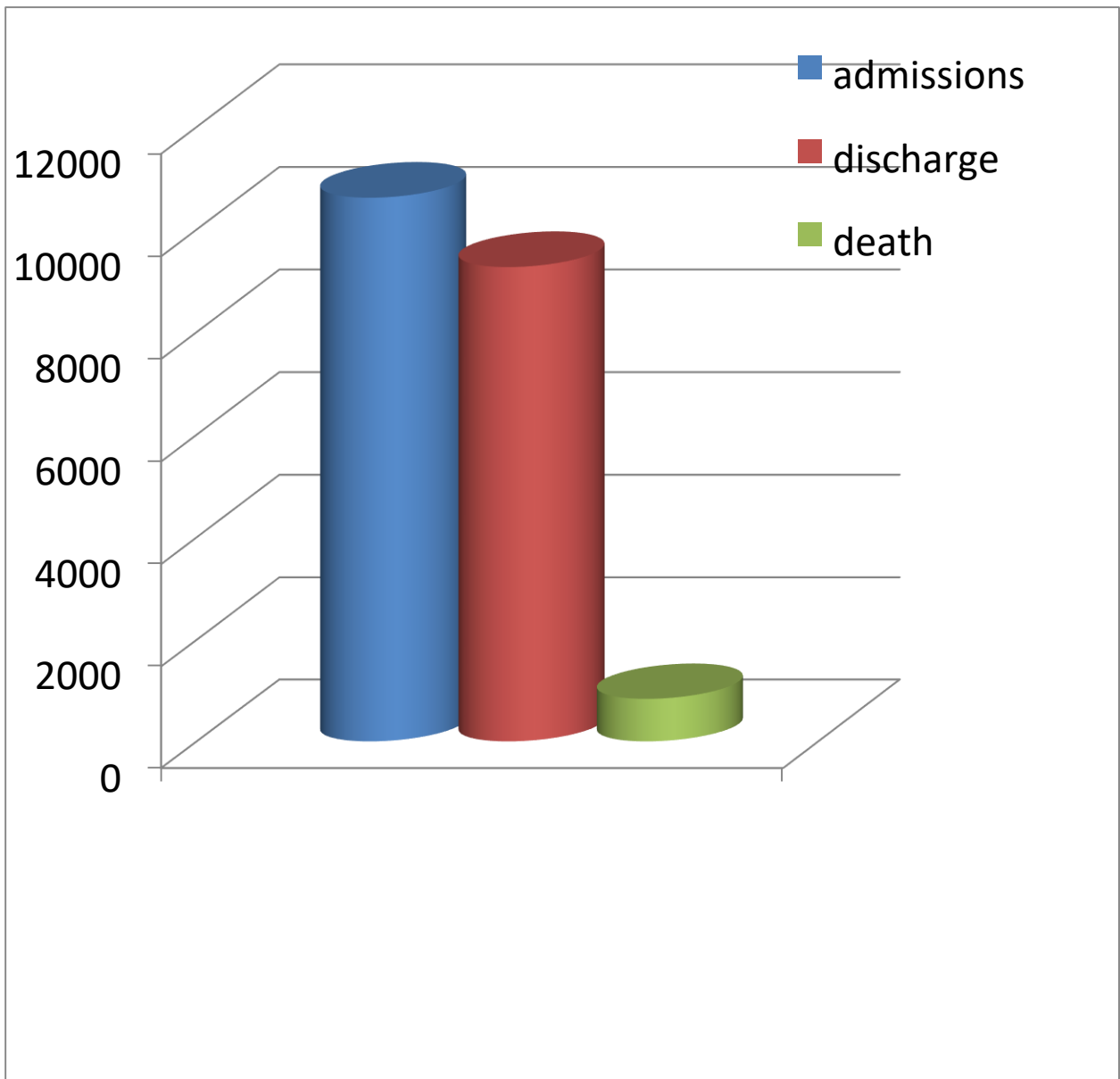


A PIE CHART SHOWING THE OUT-PATIENTS ATTENDANCE CLINICS FOR THE YEAR 2020

IN GOPC & NHIS



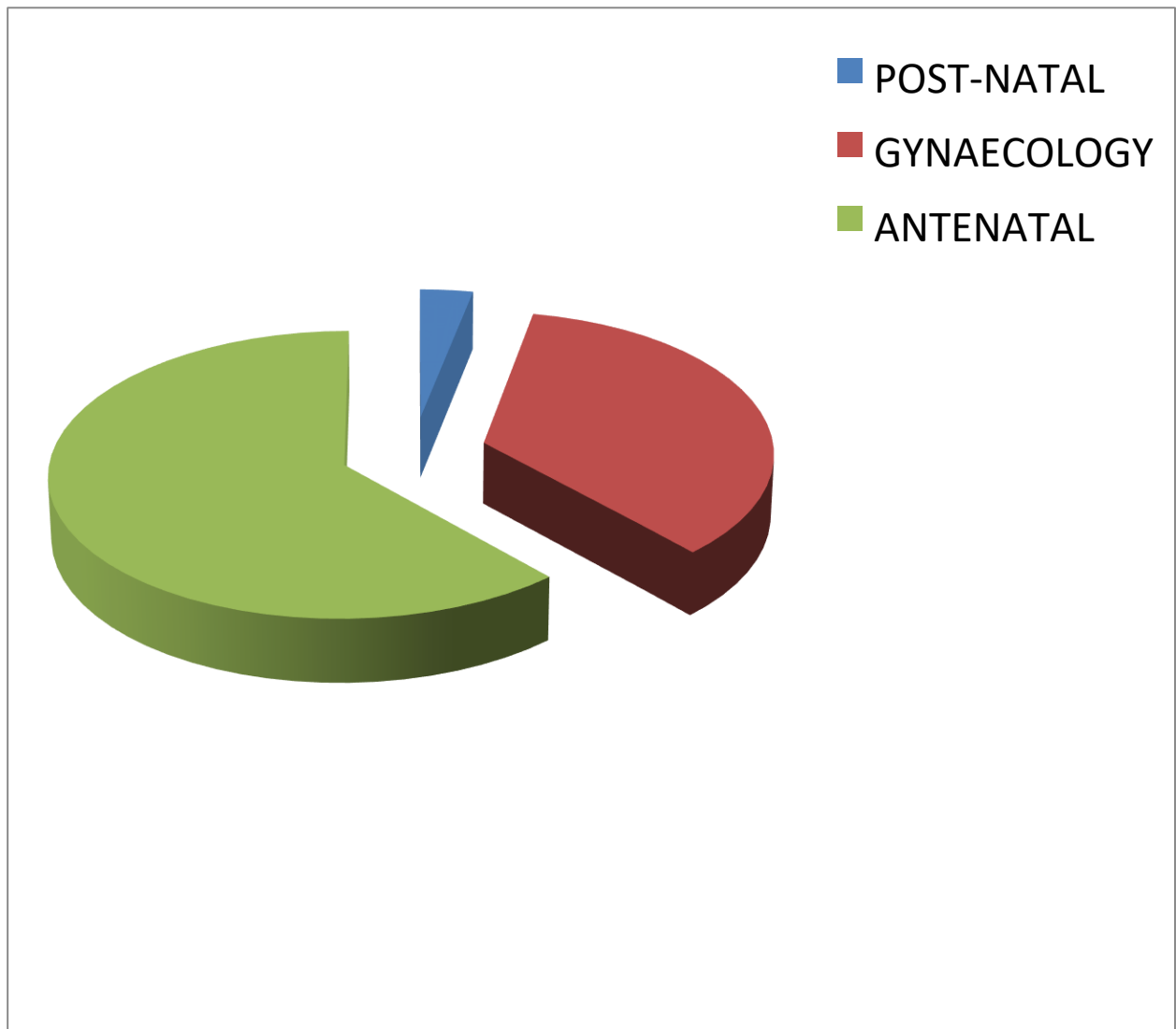
A CLUSTERED CYLINDER SHOWING THE MAJOR IN-PATIENTS INDICATORS FOR THE YEAR 2020





**AN EXPLODED PIE CHAT SHOWING OUT-PATIENTS ATTENDANCE
OBSTETRICS AND GYNAECOLOGY DEPARTMENT FOR THE YEAR 2020**

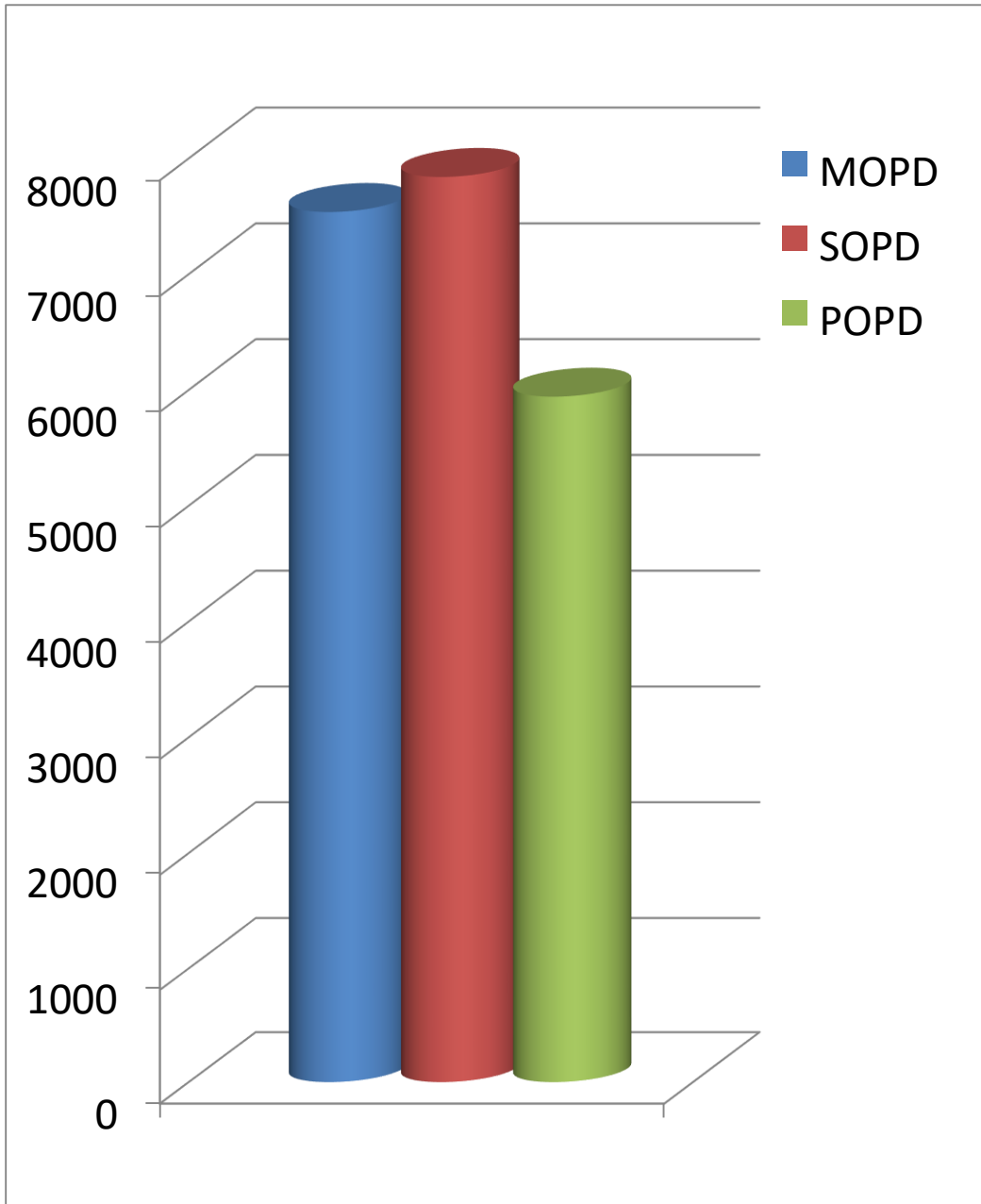
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**A CLUSTERED CYLINDER SHOWING THE OUT-PATIENTS ATTENDANCE
MOPD, SOPD & POPD CLINICS FOR THE YEAR 2020**

IN





5.0 ACHIEVEMENTS

- The application of the new software is improving in all service areas
- The casualty section commenced 24 hours' services during the year
- Clinics preparation and management has tremendously improved
- The re-organization of the radiology unit of the department
- The application of paperless health records in GOPD/NHIS
- Effective selection and placement of consultative clinics staff □ Optimal performances from all sections of the department □ Facilitating health/clinical research and healthcare quality.
- Periodic staff training
- Promoting easy detection, prevention and management of chronic diseases □ The department was renovated to accommodate offices and other facilities.
- Introduction of central booking point for evening and night shift.

6.0 CHALLENGES

- Poor lighting in the library section of the department.
- Special clinic section of the department needs to be connected with health in the box.
- Statistic section should be activated with health in the box software for daily statistics capturing.
- Poor network services/ fluctuation of power.
- The department needs to have it present in the laboratory department to cover record services there.
- Inadequate number of staff. (shortage of man power).
- Inadequate storage capacity in the libraries.
- Poor backup in all strategic places.

7.0 FUTURE PLANS

- Weeding of records in the library
- To extend inverter to service areas like GOPC/NHIS □ Improve staff motivation.

We sincerely appreciate the management thank you.

Mrs. Veronica Umoh Head of Department



DEPARTMENT OF HISTOPATHOLOGY

1.0 INTRODUCTION

The department of Pathology is one of the clinical departments that offer Laboratory Services in areas of Histology, Cytology, Embalmmnt and Post Mortem Examination (Autopsy).

2.0 STAFF STRENGTH

The department has twenty-three (23) staff:

| | | | |
|----|-------------------------|-----|--------------------------------|
| 1. | Consultants | - | 6 |
| 2. | PMO | - | 1 |
| 3. | Senior Registrar | - 1 | 4. Medical Lab. Scientists - 5 |
| 5. | Medical Lab. Technician | - | 1 |
| 6. | Medical Lab. Assistant | - | 1 |
| 7. | Scientific Officer | - | 1 |
| 8. | Mortuary Staff | - | 7 |
| 9. | Departmental Secretary | - | 1 |

3.0 ACTIVITIES IN THE DEPARTMENT

- Processing and diagnosis of tissue specimens (Histology).
- Processing and diagnosis of cytological specimens.
- Carrying out fine Needle Aspiration for cytology.
- Embalmmnt and preservation of bodies.
- Introduction of liquid based cytology.
- Performing of Post Mortem Examination/Autopsy when necessary to ascertain cause of death.

| SN | DESCRIPTION | YEAR 2018 | YEAR 2019 | YEAR 2020 |
|----|----------------------------|-----------|-----------|-----------|
| 1. | Histology | 2,417 | 3,120 | 2,260 |
| 2. | Cytology | 1,092 | 1,438 | 812 |
| 3. | Corpses preserved/received | 1,176 | 1,476 | 1,470 |
| 4. | Body embalmmnt | | 864 | 470 |
| 5. | Autopsy | 3 | 5 | 9 |

For the year 2020, the department has the following Residents on rotation/posting ranging from 2 weeks to 1 month.

Those from UATH

| | | | |
|----|-------------------|---|---|
| 1. | Internal Medicine | - | 4 |
| 2. | O & G Department | - | 4 |



3. Family Medicine - 1

4.0 CHALLENGES

1. Lack of office space.
2. Inadequate Laboratory staff especially Secretarial/ Technicians/ Assistants/Attendants cadre.
3. No enough Microscopes including camera-fitted microscope for microphotography.

5.0 FUTURE PLANS

1. Expansion of the mortuary to accommodate 100 bodies, therefore, new additional 50 bodies chambers are needed.
2. Recruitment of more Technical Staff.
3. Employment of 2 Senior Registrars and 4 Registrars as per West African College of Physicians, WACP (Lab. medicine) partial accreditation approval.
4. Purchase of more Microscopes including one that has a camera for microphotography.
5. Introduction of immunohistochemistry technique.
6. Building of a composite pathology complex.
7. Pursuing accreditation for Residency of National Postgraduate Medical College of Nigeria.
8. Purchase of a new rotary microtome.

Dr. B.A. Abimiku Head of Department



DEPARTMENT OF INTERNAL MEDICINE

The Department is headed by a Consultant, who oversees the various subspecialties and reports to the Chairman, Medical Advisory Committee.

It offers care at the specialist level to patients seeking care at the hospital. It is also a portal of training residents through a program accredited by the West African College of Physicians as well as the National Postgraduate Medical College of Nigeria, towards ensuring better quality of care provided to patients.

2.0 STAFF STRENGTH

The manpower of the Department in the year 2020 constitutes different cadres of doctors as below:

| Cadre | No. of Doctors |
|-------------------|----------------|
| Consultants | 20 |
| Senior Registrars | 14 |
| Registrars | 9 |

| Subspecialty | No. of Consultants |
|---------------------------------|--------------------|
| Nephrology | 2 |
| Cardiology | 3 |
| Neurology | 2 |
| Gastroenterology | 3 |
| Endocrinology | 3 |
| Dermatology/Infectious Diseases | 4 |

Consultants:

| | |
|--------------------|--------------------|
| Prof. E.A. Nwankwo | Dr. G. Onwuegbuzie |
| Prof F. Anumah | Dr. A. Uhumwangho |
| Prof O. Adediran | Dr. L. Abdulkareem |
| Prof. A. Odili | Dr. O. Ameh |
| Dr. M.H. Mamven | Dr. R. Reng |
| Dr. D.B Ojji | Dr. B. Ukonu |
| Dr. J. Alfa | Dr. P. Ibekwe |
| Dr. P. Alabi | Dr. V. Kwaghe |
| Dr. G. Otokpa | Dr. Z. Habib |
| Dr. A. Akor | Dr. P. Basil |

3.0 MANDATE

The Department focuses on three functions, namely:

1. Provision of patient care services.



2. Academic activities and training.
3. Research and capacity building.

□ Provision of Patient Care

The Department of Medicine offers services to patients on an Out-patient and In-patient basis. Consultation requests are also received from other departments of the hospital for expert advice and input in their patients’ management.

The units in the Department of Medicine have structured weekly activities through which they offer care to patients in the hospital. These activities include ward rounds, clinics and investigative/therapeutic procedures.

Departmental Units Weekly Activities As Represented by Table Below

| Unit | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|--|--|---|--|
| ALL: 8am-9am | Morning Review | Morning Review | Departmental Seminar | Departmental Seminar | House Officer’s Presentation |
| Nephrology | Consultant’s Ward Round | Registrar’s Ward Round | Clinic | Consultant’s Ward Rounds | Senior Registrar’s Ward Rounds |
| Cardiology | Senior Registrar’s Ward Rounds Echocardiography | Clinic | Consultant’s Ward Rounds Echocardiography | Clinic Registrar’s Ward Rounds Echocardiography | Consultant’s Ward Rounds Echocardiography |
| Neurology | Consultant’s Ward Rounds | Registrar’s Ward Rounds EEG | Consultant’s Ward Rounds Clinic | Clinic EEG | Senior Registrar’s Ward Rounds |
| Gastroenterology | Senior Registrar’s Ward Rounds Endoscopy | Consultant’s Ward Rounds Clinic | Endoscopy Registrar’s Ward Rounds | Registrar’s Ward Rounds | Clinic Endoscopy |
| Endocrinology | Consultant’s Ward Rounds | Registrar’s Ward Rounds | Consultant’s Ward rounds Clinic | Clinic | Senior Registrar’s Ward Rounds |
| Dermatology/Infectious Diseases | Infectious Diseases Clinic Dermatology Consultant Ward Rounds | Dermatology Procedures | Registrar’s Ward Rounds | Infectious Diseases Consultant Ward Rounds | Dermatology Clinic Senior Registrar’s Ward Rounds |

Out Patient Care in the MOPC

Total number of patients seen at MOPD in 2020 - 6,127



In Patient Care in the Medical Wards

| | | |
|--|--------|-------|
| Number of patients admitted into Male Medical Ward in 2020 | - | 737 |
| Number of patients admitted into Female Medical Ward in 2020 | - | 675 |
| Number of patients admitted into the Medical Ward in | 2020 - | 1,412 |

As part of audit of offered care, departmental post-call reviews of admitted cases takes place in the morning on Mondays and Tuesdays.

Morbidity and mortality case reviews of all the units are also done monthly, and this enables participation of all the members of the department where critical analysis of care is offered.

The Department also oversees the Special Treatment Clinic that offers care to HIV positive patients. Patients requiring admission or having complications are admitted for care in the medical wards.

Procedures

Procedures offered by specialties in the department of medicine in 2020 are as below:

| Procedure | Number done |
|--------------------------------------|-------------|
| Haemodialysis | 249 |
| Electrocardiography | 1,676 |
| Echocardiography | 898 |
| Holter ECG | 21 |
| Ambulatory blood pressure monitoring | 20 |
| Electroencephalogram | 214 |
| Gastro Intestinal Endoscopy | 231 |
| Skin Biopsy | 160 |
| Kidney Biopsy | Nil |

□ Academic Activities and Training

This involves training of Postgraduate Resident Doctors, and Pre-registration training of House Officers.

1. Weekly Postgraduate presentations on Wednesdays and Thursdays
2. Monthly Journal Reviews
3. Monthly grand rounds
4. Drug presentations by pharmaceutical companies
5. House officers' seminar presentation every Friday morning

Postgraduate bedside teachings also take place during ward rounds and clinics, and during call hours.



Mock exams have been conducted for the Postgraduate Resident Doctors, consisting of both written and clinical components.

Residents in the department also took part in exams organized by the West African college of physicians.

Three residents sat for the Part 2 West African College of Physicians Fellowship exam this year while one sat for the membership exam. We recorded 100% pass in both exams.

Several virtual presentations were made by Consultants from the department in different forums.

Research, publications and capacity building:

Towards this, Consultants in the Department of Medicine, as well as residents, have made various contributions in different capacities in Journal article publications.

Awareness and Advocacy

The Department in partnership with some pharmaceutical companies conducted some awareness and advocacy drives for World Kidney Day, World Stroke Day, World Heart day, World Diabetes Day and World hepatitis day, consisting of free screening tests, health talks, radio broadcasts.

4.0 CHALLENGES

The challenges of the Department are mainly the lack of manpower, which has greatly affected the Residency Training program, with Residents mainly offering services to the detriment of their training. The lack of manpower has also made it difficult for the Department to release Residents for training in other departments within and outside the hospital.

5.0 FUTURE PLANS

Our future plans for the year 2021 and beyond include the establishment of the following:

1. Sustainable renal transplantation program.
2. Functional stroke unit.
3. Cardiac catheterization laboratory.

Professor E.A. Nwankwo Head of Department



Honorable Minister of Health, Dr. Osagie Ehanire, inspecting the 4-D Echocardiography machine at the Unit with Dr. Dike Ojji



MEDICAL LIBRARY

1.0 INTRODUCTION

The Library was set up in 1994 for the purpose of providing the required materials for education, learning, research and reference activities for members of staff.

2.0 FUNCTION

The Library acquires information materials relevant to members of staff.

- Materials acquired are organized, processed and made available for library users.
- The Library has book and non-book/electronic materials.

3.0 STAFF COMPLEMENT

The Medical Library has eight (8) staff in the hospital nominal roll.

4.0 ACHIEVEMENT

Some members of staff donated books and journals to the library.

5.0 PROBLEMS/CHALLENGES

1. Inadequate up-to-date books and journals.
2. Inadequate funding of library proposals.
3. Out-dated computer sets which need upgrading.
4. Out-dated office furniture.

6.0 FUTURE PLANS

- Acquisition of up-to-date materials.
- Having a functional internet connection.
- Having a properly furnished library.
- Having a library complex.

Mrs. Mary Badu Head of Department



DEPARTMENT OF MEDICAL SOCIAL SERVICES

1.0 INTRODUCTION

We thank God Almighty for His mercy and love from the month of January- December, 2020.4Department of Medical Social Services acts as a link between the hospital management and patient family/relations in the community outside the hospital to render social services to indigent patients both in and out patients. And report to the Chairman, Medical Advisory Committee (C-MAC).

2.0 STAFF STRENGTH

The staff strength was 14: distributed to various units as shown below:

| | | |
|--|---|---|
| • Head of department Office. | 4 | |
| • Treatment support specialist (TSS) Unit. | | 2 |
| • Adult Adherence Unit. | 3 | |
| • Paediatric Adherence Unit. | | 3 |
| • Main Operating Theatre. | | 1 |
| • Administrative Officer | | 1 |

3.0 ACTIVITIES

In specific terms, the department is saddled with the following responsibilities: -

1. Counseling of indigent patients
2. Mediation between patients in social crises.
3. Mobilization of funds needed to render medical services to indigents patients.
4. Embarking or advocacy to individuals, private and public organizations and NGO's to partner with the hospital in providing the needed social welfare assistance to indigent patients.
5. Facilitating delivery of social welfare services to indigent patients.

3.1 Lost Of Staff: In the period under review, the department lost one staff, Mallam Kair Abdulrahman on 20th July, 2020.

3.2 Promotion: Three staff were promoted two senior staff to CONHESS 12 and 9 while the junior staff to CONHESS 6.

4.0 ACHIEVEMENT



The period under review. Activities of the department/ slowdown within the period under review to covid-19 (pandemic) challenge. Consequently, the following activities were carried out in the department within the period.

5.0 FINANCIAL MOBILIZATION:

The department's financial mobilization efforts yielded results as follows: -

1. Old timer football Association of UATH donated the sum of thirty thousand naira (30,000) only which was paid into Hospital Account to their various codes.
2. Through Aisha Children Foundation, the Tonto Dikeh Foundation Apo Legislative Quarters donated the sum of one hundred and fifty thousand naira (₦150,000.00) to baby Sunday Solomon in Paediatric Medical Ward on 20th March, 2020 while she donated some play toys into the children playroom in Paediatric Medical Ward. In the same vein, she donated some Covid-19 palliatives items to children wards.
3. Magie Cares Foundation (Aigiberpret Mowglad) Lokogoma donated the sum of seven hundred and ninetyseven thousand, six hundred which seven (₦797,600) patients benefited, it was paid into University of Abuja Teaching Hospital's account with their various codes on the 10th September, 2020.
4. Mr. Okeke Obinna of Dei-Dei donated the sum of one hundred thousand naira (₦100,000) only.
5. Ibrahim Dauda Islamic Foundation Garki also donated the sum of Ninety-five thousand naira (₦95,000) on 20th November, 2020, ten (10) patients benefited in various wards who were indigent.
6. Don football club Dei-Dei Abuja donated the sum of one hundred and eighty-six thousand (₦186,000) only which seventy (17) patients benefited.
7. **UATH INDIGENT WELFARE SCHEME** four (4) patients benefited from the fund of the sum of one hundred and five thousand naira ₦105,000
8. **GRANTING OF WAIVERS.** Through the intervention of the department, waivers to the sum of four hundred and seven naira seventy kobo (₦1471, 557.70) were granted to three (3) indigent patients by the Hospital Management.
9. **REPATRIATION OF PATIENTS:** The department repatriated two (2) indigent patients (abandoned) brought by the road traffic warders through the assistance of the road transport union to their respective homes.



6.0 CHALLENGES:

- The department needs a secretary that will take care of our secretariat job.
- High rate of unsettled hospitals bills owned by patients who are sureteed by the hospital staff.
- Renovation of the department especially replacement of Air Conditioners.
- Imprest: The department during the period was operating without an imprest. There is therefore need to grant imprest to the department to enhance its smooth operation.

7.0 FUTURE PLANS

- a. The department plans to improve on resources mobilization so as to impact on more indigent patients.
- b. The department plans to embark on regular in-house of job training and re-training of its personnel to improve productivity.

8.0 SUMMARY

We appreciate the management for the support given to her to carry out its duties to her indigent patients in the year 2020. We look forward to a fruitful year 2021.

Mrs. Iyakura Justina S. A.
Head of Department



DEPARTMENT OF MENTAL HEALTH

1.0 INTRODUCTION

The Department is headed by a Consultant Psychiatrist who oversees the activities and reports to the Chairman, Medical Advisory Committee (CMAC). It is a core department of the Hospital, saddled with the responsibility of providing essential services in the prevention, promotion and management of mental and substance use disorders.

2.0 STAFF STRENGTH

The Department has a total of thirteen (14) staff:

| | |
|--------------------------|---|
| Consultant psychiatrists | 3 |
| Registrar | 1 (on Supernumerary training in OUATHC) |
| Clinical Psychologists | 3 |
| Psychologists | 3 |
| Nurse | 1 |
| Scientific officers | 3 |

3.0 ACTIVITIES

The range of services rendered by the department include: out-patient clinics, in-patient consultation-liaison psychiatric services across other clinical departments in the hospital and emergency mental health services through the accident and emergency unit of the hospital.

Other services rendered include: psychological assessment, psychotherapy, counseling, preemployment mental health assessment, forensic mental health evaluation, HIV counseling and testing, Mental health psychosocial support (MHPSS) for migrants, Orphans and Vulnerable children (OVCs), community mental health outreaches.

3.1 CLINICS

The Department runs out-patient clinic at the Medical Out-Patient Clinic (MOPD) on

Mondays: 8 am

Thursdays: 1 pm (at NHIS building)

Departmental academic meeting

Wednesdays 8.30am

Monthly departmental meeting

3rd Wednesday of every month



4.0 ACHIEVEMENTS

1. Commencement of departmental academic meeting.
2. Commencement of monthly departmental meeting.
3. Training of primary health care health workers on the use of MHGAP for treatment of mental disorders in primary care settings.
4. The award of contract for the construction of mental health ward by the management. We are very grateful to the Management for this as this will transform the landscape of mental health service delivery in the hospital and the entire FCT and the neighboring states.

FOUNDATION LAYING CEREMONY OF MENTAL HEALTH BLOCK - 25/09/20



5.0 CHALLENGES

1. Inadequate human resources.
2. Lack of admission space for inpatient care by the department.
3. Lack of equipment and assessment instruments for psychological services.
4. Lack of funding for community mental health programs.



6.0 FUTURE PLANS

1. To develop a strategic roadmap for the transformation of mental health service and research in UATH.
2. Development of community mental health services tagged university of ABUJA Teaching Hospital Community mental health development services (UATH COMMENDS).
3. Development of sub-specializations –forensic psychiatry, child and adolescent psychiatry, old age psychiatry (psychogeriatric), addiction psychiatry, community psychiatry.
4. Commencement and accreditation of postgraduate medical training in psychiatry.
5. Commence regular community mental health awareness outreaches.
6. Start school based mental health services.
7. Start specialized services clinics and in-patient services including outpatient alcohol and substance abuse services(OASIS), child and adolescence mental health services (CAMHS) and old age/memory clinic (Beautiful minds).
8. Private (amenity) consultation /inpatient care for high network patients.

Dr. Tunde Ojo Head of Department



DEPARTMENT OF MICROBIOLOGY AND PARASITOLOGY

1.0 INTRODUCTION

The Department of Medical Microbiology and Parasitology is one of the pathology based department that mainly involves in Microscopic and immunology diagnosis. Samples from various departments are analyzed, such report are presented to the physician for further action. The department is headed by a Consultant who oversees the activities of the various units and reports to the Chairman, Medical Advisory Committee.

The department is made of several units namely; Sputum unit, urine bench, seminal Analysis unit, swabs unit, Automated & conventional blood culture units, sample collection unit, serology unit and research laboratory unit. These units are managed by competent laboratarians.

Several collaborative researches occur in the department which ranges from interdepartment and external collaboration in the year under review. Tuberculosis testing is still on going, the HIV PEPFAR Laboratory, IHVN dot collaboration and the Human Papilloma Virus, Serotyping collaboration and community Acquired septicemiasyndrome project. Every staffs contributes to the smooth running of the department.

The department has gone a long way in ensuring research training and excellent quality control laboratory services. To this end, the department has ensured the training of doctors, scientists and technicians to improve their expertise. World Hand washing Day was celebrated in the hospital with collaboration with the department.

The department has developed modalities of means of generating revenue for the hospital and the department.

The National Postgraduate Medical College of Nigeria accreditation team visitation is still awaited but the West African College accreditation visitation took place and **two years' accreditation was approved.**

2.0 STAFF STRENGTH

| | |
|--|-----|
| ▪ Honorary Consultant | 3 |
| ▪ Resident | 0 |
| ▪ Laboratory Scientists (including 2 Asst. Directors) 14 | |
| ▪ Laboratory Technician (including 1 chief Technician) | 6 |
| ▪ Laboratory Assistants | 1 |
| ▪ Laboratory Auxiliary | |
| ▪ Secretarial Staff | Nil |

3.0 ACADEMIC PROGRAM

- Monday: Reviews of call samples over the weekend
 Reviews of infection control and Preventive (IPC).



- Tuesday: Slide show on common and emerging pathogens.
Reviews of antibiogram pattern and survey.

Venerology Clinic

- Wednesday: A day with medical students.

STI Clinic

- Thursday: Departmental Presentations. □
- Friday: Journal club.

4.0 ACTIVITIES

1. Consult from Clinic & departments to review patients.
2. Receipt of clinical specimens from all the departments in the hospital.
3. Receipt of sample from other government and private clinic.
4. Collaborator programs serving as coordinating department for the hospital such as IHVN/UATH collaboration, DOT/UATH collaboration, PEPFAR/UATH collaboration.
5. Fumigation of units in the hospital after infection survey.

Clinical consults

Microbiology Departments continuously receive consults from clinical departments such as intensive care Unit (ICU), Medicine Departments, Paediatrics and Obstetrics & Gyneacology Consults are received by the Consultant Microbiologist but reviews of such patients is done by a team of Microbiologists which includes the Pathologists, Scientists and Technicians. A detailed clinical presentation of the patients have used in the hospital or before presentation in the hospital. This has assisted the Department in participating in Clinic Pathology discussion for better patient's management. **CONSULTS = 4, 938**

5.0 ACHIEVEMENTS

1) Acquisition of Improved blood culture

The semi-automated blood culture bottle has been useful to the department and has the capacity to give the specimen and antibiotics susceptibility test can be done later. It has the capacity to detect various resistant bacteria. The department is highly motivated with the acquisition of this blood culture bottle.

2) Team work

Despite various litigators surrounding the various cadres in the laboratory i.e pathologist, scientists, technicians, assistants and auxiliary, it is worth to note that the department maintains cordial relationship between these various cadres. The team work achieve, is largely due to inter-cadre and interpersonal relationship which allowed work to continue without interrupting. Putting the pivotal goal of patient satisfaction as paramount.

3) Side Laboratory

The department continuously maintains the functionality of the side laboratories. The side laboratory is coordinated by the head of departments, manned by Technician under the supervision of the Laboratory Scientists and Pathologist.



4) Research Laboratory

Creation of a unit truly in response to research and special investigation (part of cardinal function of Teaching Hospital) has been functioning in the last one year. The unit had successfully conducted three part two research dissertation with the residence level of participation above 70%. These initiatives have increased the income for the department.

5) World Hepatitis Day

The department successfully conducted the Laboratory screening of staff and other member of the population for hepatitis B virus and Hepatitis C virus more than five hundred and eight staff were screened.

Infection control programs

The departments actively participate in the proactive infection, prevention & control committee. Mr. Justus and Dr. Jonah Peter are members of the committee.

Hospital committees

Members of the department that are members of various committees in the Hospital

- Mr. Osuji A. Ethical Committee.
- Mr. Justus Infection Prevention & control committee.

6.0 CHALLENGES

- Lack of offices for Consultants.
- Need for improved storage facilities. ▪ Absence of a quality control outfit.

FUTURES PLANS

1. To have working environment ideal for facilities, the patients and the staff
2. Improved staff strength
3. Develop a molecular biology laboratory.

Dr. Yunusa Thairu Head of Department



DEPARTMENT OF NURSING

1.0 Introduction

The department of nursing services at the University of Abuja Teaching Hospital is the largest department in the Institution. The department is headed by Deputy Director Nursing. The year 2020, in retrospect was declared the "The year of the Nurse" by the World Health Organization (WHO). The same year came with a rampaging pandemic of "COVID-19". Despite the challenges of the pandemic, Nurses at the University of Abuja Teaching Hospital continued to advocate for their patients and their profession daily, with unifying foundation and strength of purpose, they demonstrated their dedication to the mission and vision of the hospital.

Department of Nursing provides specialist services to all the existing department of the Institution.

2.0 STAFF STRENGTH

The department of nursing has a total of four hundred and fifty-nine (459) nursing staff. Below is the breakdown of the different cadres.

| | | |
|------------------------------------|----------|-------------------|
| ▪ Deputy Director, Nursing | - | 8 |
| ▪ Assistant Director, Nursing | - | 35 |
| ▪ Chief Nursing Officers | - | 177 |
| ▪ Assistant Chief Nursing Officers | - | 25 |
| ▪ Principal Nursing Officers | - | 26 |
| ▪ Senior Nursing Officers | - | 85 |
| ▪ Nursing Officers I | - | 44 |
| ▪ Nursing Officers II | - | <u>59</u> |
| TOTAL | - | <u>459</u> |

3.0 ACTIVITIES/FUNCTIONS

The department provides high-quality nursing care to both out-patients and in-patients of the hospital. These include; bedside care, perioperative care, critical patients' care perinatal patient care and more. This is achieved by the use of the main nursing tool "Nursing Process" which includes:

- Assessment of individual patients' health needs and challenges.
- Establishing patients' problem (Nursing diagnosis).
- Carefully planning measures and procedures to assist the patient/client in overcoming identified problems in collaboration with other health care providers.
- The actions planned are now implemented to the later, and finally;
- Patients care will be evaluated at each step, to appraise the process, to determine its sustainability and the management outcome.



4.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED

The department of Nursing during the year under review records the following achievements:

- i) The University of Abuja Teaching Hospital remain committed to providing quality nursing care for our patients; and the department is proud to mention that, during the year 2020, the department can safely say they have made tremendous improvement in this regards.
- ii) The department in collaboration with The Nigerian Nurses Charitable Association United Kingdom (NNCA-UK), successfully Organized a staff capacity building workshop with the Theme " Nigerian Nurses and midwives: Time for turnaround"
- iii) The department successfully completed the training of the first batch of nurse interns in the hospital.
- iv) The department is also grateful to the management for increasing nursing staff (thirty locum nurses converted to provisional appointment, twenty-two nurse intern that just completed their training were given locum appointments and about eight newly locum staff was employed). This has brought a lot of relieve to the department, especially in the face of rampaging Covid-19 pandemic, which has affected a good number of nurses.

4.1 NUMBER OF PATIENTS RECEIVED

As earlier mentioned in this report, nurses are involved in patients care in all the other department of the hospital. During the year under review, the following patients were cared for across all the department of the hospital.

The breakdown is as follows:

| | |
|--|-------|
| • Admissions | 9,521 |
| • Discharges | 9,434 |
| • Death | 1,240 |
| • Brought in Dead (BID) | 536 |
| • Death on Arrival | 17 |
| • Signed Against Medical Advice (SAMA) | 753 |
| • Absconson | 54 |
| • Delivery | 2,079 |
| • Referred Out | 57 |
| • Transferred In | 8,191 |
| • Transferred Out | 7,875 |

4.2. Clinics

The hospital runs clinic and attend to clients/patients on out patients' bases.

During the period of review, the following statistics were recorded in the Clinics.

General Out-Patient Clinic (GOPC) 24,688



| | |
|--------------------------------------|--------|
| Medical Out-Patient Clinic (MOPC) | 7, 052 |
| Surgical Out-Patients Clinic (SOPC) | 9,312 |
| Paediatric Out-Patient Clinic (POPC) | 7,554 |
| Ante-Natal Clinic (ANC) | 11,180 |
| Eye Clinic | 4,945 |
| Family Planning (F/P) | 2,112 |
| Dental Clinic | 3,250 |
| Adult PEPFAR | 16,020 |
| Pediatric PEPFAR | 2,491 |
| Ear Nose and Throat (ENT) | 3,488 |
| Physiotherapy | 9,018 |
| X-Ray | 14,661 |
| Dialysis | 757 |
| Gynae Emergency | 3,336 |
| Obstetric Emergency | 2,XX9 |

5.0 CHALLENGES

The Department is not without challenges, but it's important to note here that the department is however very hopeful as the Management of the hospital is proactively working towards resolving them.

1. The major challenge the department faced during the year 2020 is that of the Covid-19 pandemic which brought about, shortage of staff at the beginning of the year 2020.
2. Inadequate consumables such as PPE, N95 face mask and stationaries.
3. Insufficient equipment such as pulseoximeter, blood pressure apparatus, diathermy machine in the operating theatres.
4. Due to the high patients turn over the CSSD need a new bigger reliable autoclave machine. While the Laundry also need an upgrade of their washing Machines.
5. Lack of cooperation from the patients' relations in the areas of traffic control for effective Covid-19 prevention.
6. Lack of convenient waiting area for patients' relations.

6.0 FUTURE PLANS



The department of Nursing is fully committed to providing patients and their families with cost efficient and cost effective nursing care; and this can only be achieved by

- i) Providing a safe environment and enough staffing to carry out their duties.
- ii) Continuing training and retraining of nurses in different specialties and also in advanced high level formal nursing education; such as doctorates degree and Master's degree. Due to advances in science and increase patient complexity.
- iii) Setting up additional post Basic Nursing programs like Accident and Emergency Nursing program and Perioperative Nursing program.

10 CONCLUSION

The department wishes to thank the management of the hospital under the distinguished leadership of Prof. B.A. Ekele, for their prompt response to the challenges of the department. The Coordinators and Managers are appreciated for providing effective leadership to the different departments and units in the hospital. Thanks also to all nurses in the hospital for their efforts to innovate and improve patients care in many ways, the department is proud of all your efforts.

Mrs. Lydia Chukwu Deputy Director, Nursing/Head of Department

CHEMOTHERAPY SUITE AT FEMALE SURGICAL WARD





DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

1.0 INTRODUCTION

The Department is headed by a Consultant who oversees the daily activities of the various units and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

| | |
|------------------------|---|
| Consultants: | 19 |
| Senior Registrars: | 24 (21 on ground, 3 on MTI programme) |
| Registrars: | 10 (4 on ground, 6 on outside postings) |
| Nursing Staff: | 63 (AND – 4, CNO -19, ACNO-3, PNO-4, SNO-11, NO1- 10, NO2 – 12) |
| Departmental Secretary | 1 |
| Clerical officer | 1 |

3.0 DEPARTMENTAL STRUCTURE:

3.1 Family Planning Unit

- Focuses on child spacing and provided services relating to contraception and prevention of sexually transmitted infections.
- Houses the Colposcopy room and a mini theatre for Bilateral Tubal Ligation (BTL).

3.1.1 Staff Disposition:

- Covered by consultants and resident doctors
- Nursing staff 2 (ADNS 1, CNO 1) □ Activities:
 - New acceptors (Contraceptives) 191 ○ Total no. of clients (new and old) 1906
 - Colposcopy (screened) 30
 - (Treated) 2 by LLETZ

3.1.2 Activities:

- Total no. of family planning clients seen – 4,411 (both old and new)
- Total no. of new acceptors – 418
- Total no. of colposcopy done – 108
- one hundred and eight patients (108) were screened ■ Treatments – LLETZ 9, Cold coagulation 1.

3.2 Labour Ward:

3.2.1 Staff Disposition:

- Consultant - 1 (monthly rotation)
- Senior Registrar - 1 (two-monthly rotation)
- Registrar - 1 (two-monthly rotation)
- House Officers - 2 at a time (rotated on a regular basis as part of their posting) □
- Nurse/midwives - 18 (ADNS -1, CNO 3, ACNO 1, PNO 2, SNO 3, NO I – 5, NO II – 4).



- Porters – 6
- Cleaners - 5

3.2.2 Activities:

- Total deliveries (Vaginal + C/S) - 1806
- Vaginal deliveries – 951
- Caesarean sections – 855
- Emergency Caesarean sections – 288
- Electives Caesarean sections – 567
- Maternal deaths – 25
- Stillbirths – 158
- Total Live births - 1,648
- MMR - 1,516/100,000 LB
- SBR - 87.5/1,000 Births

3.3 Gynecology Ward

This unit comprises of four functional sections viz:

- Gynecology in-patients
- Gynecology emergency room
- Ultrasound scanning room
- Manual Vacuum Aspiration (MVA) room.

3.3.1 Staff Disposition:

The unit was covered by eighteen (19) Nurses supervised by an Assistant Director

- Nurse/Midwives: 17 (ADNS–1, CNO – 5, ACNO – 1, PNO – 1, SNO – 4, NO I – 4, NO II – 1)
- Porters – 6
- CLEANERS – 6

3.3.2 Activities

- Total no. of admissions: 619
- Total no. of patients seen in Gynae. Emergency room: 2,619
- Total no. of MVAs performed: 126
- Total no. of Ultrasound scans performed (Obst. and Gynae.): 389

3.4 Maternity Ward.

3.4.1 Staff Disposition:

- Covered by Consultants, Residents and House Officers.
- Nursing staff 18 (ADNS – 1, CNO – 4, ACNO – 2, PNO – 1, SNO – 3, NO I – 1. NO II – 6)

3.4.2 Activities:

- Total no. of patients admitted 852
- Doctors conducted ward rounds everyday including weekends and holidays.

3.5 The Clinics



The Antenatal clinic, Gynaecology clinic, Post-natal clinic and Prevention of Mother to Child Transmission (PMCT) services are all under the clinics.

3.5.1 Staff Disposition:

- The clinics are run under various Teams. There are four Teams headed by Consultants.
- Nursing Staff: CNO – 6, SNO 1-1, NO II – 1
- Porters – 2 □
- Cleaners – 4

3.5.2 Activities:

Antenatal clinic

- Booked cases 1,660
- Follow-up visits 5,366

Postnatal visits

887

Gynae clinic

- Total no. of patients seen 2,427

3.6 Theatre

3.6.1 Major cases (total) 1034

3.6.2 Intermediate/minor (total) 85

4.0 Routine Weekly Schedule

Our routine schedule which include antenatal, gynaecological and postnatal clinics run five days a week. There are four Teams viz – Blue, Green, Pink and Purple. The various teams have their different days for elective surgeries, while emergency surgeries are handled on a daily basis by the team on call.

A Typical Departmental weekly schedule

| DAYS | ANC | GYNAE CLINIC | THEATRE | CONSULTANT WARD ROUND |
|------------------|-----------------------|--------------|-------------------|-----------------------|
| Monday | Booking Clinic | Pink (A) | | |
| Tuesday | Pink (am) | Blue (pm) | Purple | Green |
| Wednesday | Purple (am) | Green (pm) | Blue (A) | Pink |
| Thursday | Blue (am) | Purple (pm) | Pink (B) Green | |
| Friday | Green (am) | Pink (pm) | Blue (B) | Blue Purple |

5.0 Achievements/High Points

1) Residency Training:

- | | PART 1 | PART 2 |
|---------------------|--------------|--------------|
| • 2020 EXAMS | | |
| • WACS | 7 (4 Passed) | 5 (3 Passed) |
| • National | 4 (2 Passed) | 1 (Passed) |

2) Full accreditation status by WACS wef Feb. 2018 (letter received 3/6/2020).



- 3) Laboratory equipment supplied to the side lab by the University.
- 4) Promotions: Consultant SG1, Assoc. Professor.
- 5) Delivery of sextuplets by the Green Team.
- 6) Renovation of gynae side wards (on-going).

6.0 COLLABORATIVE RESEARCHES On-going studies:

- I. A mixed methods study to evaluate the impact of Covid-19 on Utilization of maternal and newborn child health services in Nigeria. A multicentre study involving six states from the six geopolitical zones in Nigeria (FCT, Lagos, Kano, Taraba, Enugu, Bayelsa (June 2020 – September 2020).
- II. Sero-conversion and mother-to-child transmission of dual and triplex infections of HIV, Hepatitis B and C viruses among pregnant women in Nigeria. A Tertiary Education Trust Fund Project involving six Nigerian Universities (2020 – 2021).
- III. World Health Organization (WHO) maternal and perinatal database for quality, equity and dignity (MPD-4-QED) research. A Nationwide multi-centre programme across the six geopolitical zones in Nigeria (2019 – 2020).
- IV. Exploring the feasibility of providing immediate postpartum contraception with Copper intrauterine devices in Gwagwalada Area Council of the Federal Capital Territory of Nigeria. A collaborative research with Fertility Control Unit, Leeds University Teaching Hospital, Leeds, UK (November 2020 – April 2021).

7.0 CHALLENGES

1. Inadequate staff: Nurses and Resident doctors.
2. Inadequate offices for consultants.
3. Inadequate bed space in maternity ward due to increased patients turn-out.
4. Absence of High Dependency Unit in the Labour ward.
5. COVID-19 and its impact on clinical services.

8.0 FUTURE PLANS/RECOMMENDATIONS

- Employment of more Nursing staff and Registrars
- Provision of more office space for consultants
- Expansion of the maternity ward
- Making of Departmental Guest lecture an annual event.
- Provision of High Dependency Unit in the labour ward.
- Provision of rooms for IVF services in the Trauma Centre.
- Provision of a separate endoscopic tower dedicated to O & G.
- More collaborative studies and winning research grants.



- Introduction of Master degree and PhD Programs in Human Reproduction by the University of Abuja.

**DR. Teddy E. Agida Head
of Department**



DEPARTMENT OF OPHTHALMOLOGY

1.0 INTRODUCTION

The Department of Ophthalmology is one of the oldest core clinical departments in the Hospital (UATH). It consists of units including Optometry, Eye Clinic, Eye theatre and Eye ward. The staff and various units work as eye care team delivering comprehensive eye care.

The year 2020 has gone in history as very challenging year no thanks to burdensome consequences of COVID-19 pandemic.

3.1 STAFF STRENGTH

| | | |
|----------------------------|---|----|
| Consultants | - | 6 |
| Senior Registrars | - | 6 |
| Registrars | - | 8 |
| Optometrists | - | 11 |
| Ophthalmic Nurses | - | 21 |
| Opticians | - | 2 |
| Record Officers | - | 2 |
| Departmental Secretary | - | 1 |
| Health Information Officer | - | 2 |
| Porters | - | 7 |
| Cleaners | - | 7 |

THE EQUIPMENT AND INSTRUMENTS

The available equipment and instruments for eye care and educational services are shown tables 9, 10 and 11. A new Topcon slit lamp biomicroscope with a Keeler Goldman applanation tonometer was procured by UATH in 2020. The Sightsavers donated Fundal camera and iCare tometer in 2020. The Uniabuja's scan optics operating microscope and an eye model mannikins are kept with UATH ophthalmology in 2020.

3.0 ACTIVITIES/FUNCTIONS

3.1 The Infrastructure

The department provides comprehensive eye care services within available manpower and material resources including medical, surgical and optical services. There were outpatient eye clinics and theatre sessions from Monday – Thursdays weekly. There is around the clock Emergency eye care service.

3.2 Trauma Centre Department of Ophthalmology Space



Amidst raging COVID-19 pandemic and space constraint in 2020, the UATH converted Eye ward to a holding area for COVID-19 suspects. In order to ensure continued eye care services, the Department of Ophthalmology has been relocated to a space in the UATH trauma centre. While both eye ward and eye theatre have completely moved to the new space, efforts are ongoing to partition the space designated for the eye clinics. The new space will ensure all eye units are together in a single and better space. However, the department would contend with limited space for some eye care services and personnel offices.

3.3 The Eye Clinic

The eye clinics could not be relocated to the allocated space in the trauma centre in 2020 because the space await board partitioning for optimal use. However, the allocated space can accommodate the following sections of the eye clinic.

1. Clinic Sessions

- i. **Ophthalmology clinic:** Essentially, a large spaced awaiting board partitioning into four consulting rooms and a clinic manager's office. It will provide mainly outpatient clinical eye services. There is accompanying patient waiting space.
- ii. **Optometry practice space:** Essentially, a large space awaiting board partitioning into two refraction rooms, an equipment room, and head of optometry unit's office.
- iii. **Visual Acuity space:** Would share the part of large space with optometry practice space.
- iv. **Treatment room:** Would share the part of large space with optometry practice space.
- v. **Seminar room:** Would share the part of large space with optometry practice space.
- vi. **Optical space:** A would partitioned room to accommodate optical workshop and head of unit's office.

Clinic Sessions

- i. **General Ophthalmology clinic:** There are four eye clinic sessions per week. The Tuesday and Wednesday clinics are manned by 2 consultants each while the Mondays and Thursdays clinics are manned by one consultant each.
- ii. **Sub-specialty clinic:** The following sub-specialty clinic sessions run parallel to the General Ophthalmology clinic each week.
 - (a) Oculoplasty (Monday).
 - (b) Neuroophthalmology (Tuesday).
 - (c) Glaucoma (Tuesday); this clinic commenced on 19th June 2018 and manned then by the sabbatical staff).
 - (d) Medical Retina (Wednesday).
 - (e) Paediatric Ophthalmology and strabismus (Wednesday).
 - (f) Anterior segment and Cornea (Thursday).



- iii. **The Emergency Clinical Services:** are available for 24 hours daily in the Eye Clinic and the Casualty unit.
- iv. **The Requests for Ophthalmic Consultation:** from all Clinical Departments are attended to promptly as the need arises.

3.4 The Eye Ward

The Department of Ophthalmology has a dedicated eye ward. There are two large sevenbedded rooms one male and one female section. The eye ward also has a nurse station, staff and patients' conveniences. The ward manager's office is very close to the ward.

3.5 The Eye Theatre

The Department of Ophthalmology has a dedicated eye theatre. It has a space for nurses' desks; a regional anaesthetic blocking area and patients waiting area, an operating suite with en suite scrubbing area, store and sterilization room, and a changing space. **Others**

These include the Department of ophthalmology office, the residents' call duty room, the wet laboratory and the library.

4.0 THE EYE CARE SERVICES AND ACADEMIC ACTIVITIES AT DEPARTMENT OF OPHTHALMOLOGY

Generally, the eye care services at UATH are rendered round the clock. However, the main services occurred during the working hours (0008 – 1600 hours). The physicians provide ophthalmic services as team. A team consists of the consultant(s) and trainee ophthalmologists. There are five teams (A-E) so far. Table 12 shows most of the eye care and educational activities in the department.

Table 1: The Department of Ophthalmology weekly activities

| Activity | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------|-------------------------|---|--|-------------------------|-------------------------------------|
| Consultant clinic | 0008 – 1600 hrs, Team A | 0008 – 1600 hrs, Team B, Team E | 0008 – 1600 hrs, Team C | 0008 – 1600 hrs, Team D | Trainees' Postgraduate Training Day |
| Theatre | 0008 – 1600 hrs, Team D | 0008 – 1600 hrs, Team A | 0008 – 1600 hrs, Team B | 0008 – 1600 hrs, Team C | |
| Refraction | 0008 – 1600 hours Daily | | | | |
| Seminar | | | | | 0008- 0009 hrs |
| Grand round | | | 0008-0009 hrs Fortnightly (All physicians) | | |
| Journal review | | 0008 - 0009 hrs Fortnightly (All physicians) | | | |



| | | | | | |
|------------------------------|--|--|--|--|---|
| Morbidity & Mortality review | | | | | 1 st Friday of every month (All cadres of eye care team) |
| Ward round | Aside regular joint round by the trainee Ophthalmologists, each consultant supervises ward rounds on patients on admission in his/her team. | | | | |
| Call duty | A team (consultant and trainees) is on call duty during the period specified in a monthly roster. The team attends to all emergencies and referrals during the period. | | | | |
| Wet lab | Besides trainees' self-skill acquisition, trainees have supervised wet lab session on theatre day/other specified period. A wet-lab register is available | | | | |
| Medical students education | During posting in Ophthalmology the medical students acquire knowledge and skills in eye care services through didactic lectures (by consultants), tutorials (by trainees) and teachings in the clinics, ward and theatre. | | | | |
| Further activity | Structured lectures, Residents' Tutorial/Discussion on selected topics. | | | | |
| Membership portfolio | All successful seminars and clinical case presentations are printed and filed after endorsement by the Residency Training Coordinator. The required number will be included in each trainee's Membership portfolio. | | | | |
| MOCK | Mock examination is conducted periodically. | | | | |
| Trainee's Annual report | Records of each trainee for the 2020 is available. | | | | |

5.0 ACHIEVEMENTS/NUMBER OF PATIENTS RECEIVED

THE OUTPATIENTS

Over five thousand patients were seen in the eye clinics of the department in 2020 (Table 13) compared with over seven thousand (2018) and nine thousand (2019).

5.1 EYE SURGERIES

Two hundred and fifty-four different eye surgeries were performed in 2020 compare with over 600 (2018) and 500 (2019). Cataract extraction, pterygium excision, trabeculectomy, and oculo-adnexal repairs were the most common surgeries in 2020 [Table 2].

Table 2: Distribution of eye surgeries at Department of Ophthalmology in 2018 – 2020.

| SN | SURGERY | 2018 | 2019 | 2020 |
|----|--|------|------|------|
| 1 | Cataract | 494* | 232 | 154 |
| 2 | Bilamella tarsal rotation | 0 | 73 | 0 |
| 3 | Pterygium Excision +MMC | 34 | 61 | 39 |
| 4 | Lid Repair | 14 | 21 | 7 |
| 5 | Intravitreal Injection (Anti-VEGF/Antibiotics) | 0 | 21 | 1 |
| 6 | Corneoscleral Repair | 20 | 17 | 7 |
| 7 | Chalazion I & C | 11 | 15 | 1 |
| 8 | Evisceration | 11 | 15 | 6 |
| 9 | Cornea repair | 0 | 12 | 6 |
| 10 | Trabeculectomy | 42 | 8 | 8 |



| | | | | |
|--------------------|-------------------------------------|------------|------------|------------|
| 11 | Cyst Excisional Biopsy | 0 | 6 | 1 |
| 12 | IOL Explantation | 0 | 3 | 2 |
| 13 | Entropion Repair | 0 | 3 | 0 |
| 14 | Secondary Capsulotomy /capsulectomy | 2 | 4 | 0 |
| 15 | Uvea Repositioning | 0 | 2 | 1 |
| 16 | Corneal foreign Body Removal | 3 | 2 | 0 |
| 17 | Exenteration | 1 | 1 | 0 |
| 18 | Paracentesis + AC Washout | 11 | 0 | 2 |
| 19 | IOL Repositioning | 9 | 0 | 1 |
| 20 | IOL exchange | 6 | 1 | 3 |
| 21 | Excisional biopsy | 7 | 0 | 2 |
| 22 | Canaliculotomy/ampulotomy | 2 | 0 | 0 |
| 23 | Astigmatic Suture + keratotomy | 0 | 1 | 1 |
| 24 | Suture Removal | 0 | 1 | 0 |
| 25 | Incision and Drainage | 0 | 1 | 2 |
| 26 | Scar Tissue Release | 0 | 1 | 0 |
| 27 | Conjunctiva Tightening Post-Trabec | 0 | 1 | 0 |
| 28 | Enucleation | 0 | 0 | 1 |
| 29 | EUA + Globe Repair | 0 | 0 | 8 |
| GRAND TOTAL | | 627 | 502 | 252 |

*Inclusive of 18 & 22 cataracts extracted at Abaji and Kwali General Hospitals respectively

5.2 THE REVENUE

A total sum of thirty million three hundred and seventy-seven thousand six-hundred-sixty naira only (**N30,377,660**) was generated in the year 2020 compared with forty-seven million four hundred and forty-eight thousand naira two hundred naira only (**N47,448,200**) generated by the department in the year 2019. A more specialized eye care service and supporting infrastructure can enhance generated revenue in the subsequent years.

5.3 TRAINING, ACCREDITATION AND RESEARCH

There were eight Registrars including one Supernumerary in November 2020 (Table 3) and six Senior Registrars (SR) (Table 2). One Registrar attempted Part I National Postgraduate Medical College, Faculty of Ophthalmology Fellowship Examination. One of the SR (who passed part II WACS in April 2019) exited residency programme in July 2020. Further, one passed part II WACS in April 2020. Mr. Tsavtim Ter completed and returned from one-year ophthalmic nursing training in 2020. Mrs Hauwa Huseini has completed one-year opticianry internship training since June 2020.

The department conducts weekly seminar, fortnightly grand rounds and journal reviews as well as monthly morbidity and mortality review (Table 12). Others include wet laboratory and refraction sessions for the trainee ophthalmologists. Trainees from Family Medicine,



Otorhinolaryngology and Neurology do relevant postings in Ophthalmology. Optometrist (inter and extern) as well as optician externs were also trained in the department. The major research activities include trainees' dissertation and individual personnel research works. There is ongoing Keep Sight Initiative (KSI), a partnership UATH OphthalmologySightsavers project with glaucoma management and research component.

6.0 OUTREACH SERVICES

The Department has rural eye care services at Kwali General Hospital. The trainees had 3month Rural Eye posting at Kwali Rural Eye care Centre at Kwali General Hospital d as required/ necessary. The Department had low key Eye care Services during yearly Glaucoma Week and World Sight Day. Abuja OSN quarterly Continuing Medical Education (CME) was suspended because of COVID-19 pandemic.

7.0 KWALI GENERAL HOSPITAL

A Public Health Facility owned by Federal Capital Development Authority (FCDA), Abuja. Kwali General Hospital (KGH) is a designated fellowship rural training outpost by the University of Abuja Teaching Hospital (UATH) for specialities. The KGH subserves rural Ophthalmic Posting and Outreach Centre. Since the last quarter of 2018, the ophthalmology department has commenced basic eye care service delivery at the hospital including optical and medical services, and cataract surgical outreaches. Six hundred and ninety-five ophthalmic cases were seen in 2020 at KSG compare with 627 in 2019. One hundred and one eye surgeries were performed.

8.0 PARTNERSHIP

1. Sightsavers-Allergan Keep Sight Initiative Project. The Department of Ophthalmology is partnering the Sightsavers-Allergan in a project Keep Sight Initiative. The project aims at reducing glaucoma blindness by supporting glaucoma patients. Since October 2020, the enrollees have been assessing glaucoma treatment at Department of Ophthalmology, UATH, at no cost to the patients and this will last throughout the project period. The project pays for registration, consultations, two central visual field, antiglaucoma medication and glaucoma trabeculectomy surgery. The project had paid initial sum of two million five hundred and seventy thousand naira (N2,570,000) to UATH. The project has donated a fundal camera and iCare tonometer to Department of Ophthalmology.



2. The University of Abuja (UofA) of Nigeria has donated a scan optics operating microscope and eye model mannikin to Department of Ophthalmology, Faculty of Clinical Sciences, College of Health Sciences, University of Abuja. The scan optics operating microscope is domesticated by the Eye Theatre, Department of Ophthalmology, UATH, Gwagwalada, Abuja.
3. The surgical eye care outreach for ophthalmic residency training in Kwali General Hospital was supported with donations of some surgical consumables by National Eye Centre (NEC), Kaduna and cash donation of two hundred and thirty thousand naira only (**N230,000**) by Zana Foundation for surgical consumables for free cataract surgeries.
4. The West African College of Surgeons (WACS) has designated the Department of Ophthalmology, UATH centre for WACS, Faculty of Ophthalmology membership and Fellowship Examinations. The first membership examination was conducted in October 2020.
5. Promising discussion with some partners for supports to the Department of Ophthalmology, UATH.

9.0 COMPLETED DISSERTATIONS BY RESIDENTS

1. **Hammed-Lawal Olamide Fatimah.** Comparative analysis of conjunctival flora of Diabetes Mellitus and Non Diabetes Mellitus patients in University of Abuja Teaching Hospital, Gwagwalada, Abuja. Part II Dissertation submitted to the Faculty of Ophthalmology, National postgraduate Medical College of Nigeria for the award of the Fellow of the Medical College in Ophthalmology (**FMCoph, 2018**).
2. **Ekaette Ukky Edet.** Causes of Visual impairment and Blindness in a Federal Capital Territory School for The Blind, Jabi Abuja. Part II Dissertation submitted to the Faculty of Ophthalmology, National postgraduate Medical College of Nigeria for the award of the Fellow of the Medical College in Ophthalmology (**FMCoph, 2018**).
3. **Dr. Sheriff Kalambe A.** Serum vitamin C levels among patients with and without age related attending the eye clinic at University of Abuja Teaching Hospital Gwagwalada. **Part II Dissertation for West African College of Surgeons (WACS, 2019).**
4. **Dr. Oketa BE.** Comparison of tear film studies in adults with and without pterygium at University of Abuja Teaching Hospital. **Part II Dissertation for West African College of Surgeons (WACS, April 2020).**

10.0 CHALLENGES



1. Inadequate and old equipment to provide specialist eye care services.
2. Inadequate manpower.
3. Inadequate space for consultations at the clinic.

11.0 FUTURE PLANS

1. To have purpose built and well-equipped eye building with adequate space for outpatient clinics, equipment room, optical workshop, optometry unit, eye theatre, eye ward, offices, library, wet laboratory, seminar room, call rooms, canteen and conveniences.
2. To get more support for eye care outreaches in Abuja especially rural eye care service at Kwali General Hospital.
4. To recruit more well motivated young eye care professionals who are passionate to deliver quality eye care service.

13.0 CONCLUSION

Despite the burdensome COVID-19 pandemic in 2020, the Department of Ophthalmology delivered eye care services to many Nigerian and able to continue with her training and research activities. The rural eye care services at Kwali General Hospital since 2018 is improving. There is ongoing UATH Ophthalmology-Sightsavers partnership Keep Sight Initiative Project with potential to reduce the burden of glaucoma blindness and equipment donation to UATH Ophthalmology. There were equipment and financial supports to Ophthalmology from our partners. The first WACS, Faculty of Ophthalmology membership examination was conducted in October 2020. The Ophthalmology department is meeting its mandate amidst limited resources and is poised to do more with improved resources.

Dr. Abdulkabir Ayansiji Ayanniyi Professor & Head, Department of Ophthalmology



DEPARTMENT OF ORTHOPAEDICS AND TRAUMA

1.0 INTRODUCTION

The department is one of the clinical departments in the Hospital that renders Academic and clinical services in the treatment of the diseases that affects the bone and all structures that moves the bone.

The department is made up of four units in four Orthopaedic Super-Specialties. All units run Trauma calls.

TEAM A: Arthroplasty, Headed by Dr. Oguche, O.

TEAM B: Spine and Oncology, Headed Dr. Sha D. G.

TEAM C: Limb and Reconstruction and Paediatric, Headed Dr Songden Z.D.

TEAM D: Limb Reconstruction, Trauma and General Orthopaedics Headed by Prof. Nwadiaro

2.0 STAFF STRENGTH

| | |
|--|----|
| • Consultants | 4 |
| • Principal medical officer (With MSc Orthopaedic Surgery) | 1 |
| • Senior residents | 10 |
| • Junior residents | 1 |
| • Cast technicians | 8 |
| • Prosthetist and Orthotist | 1 |
| • Secretarial staff | 2 |

Dr. Tom Sough (consultant) and Dr. Ernest Ukpoju (Post Part II Fellow) resigned.

3.0 ACTIVITIES

1. Managing Trauma patients in the Emergency unit.
2. Running of orthopaedic and trauma clinics.
3. Performing emergency and elective surgeries.
4. Care of in-patients.
5. Academic activities to residents, Students and the General Hospital Community.

4.0 SERVICE AREAS

1. SOPD.
2. CASUALTY.
3. THEATRE.



4. MALE SURGICAL WARD.
5. FEMALE SURGICAL WARD.
6. MALE ORTHOPAEDIC WARD.
7. PAEDIATRIC MEDICAL WARD.
8. SCBU (Special Care Baby Unit).
9. EPU (Emergency Paediatric Unit).

5.0 CLINICAL ACTIVITIES

Team A: Dr. Oguche

| | |
|----------------------------|-----------|
| Consultant ward round | Wednesday |
| Clinic SOPD | Monday |
| Theatre | Tuesday |
| Residents ward round | Thursday |
| House officers' ward round | Friday |

Team B: Dr. Sha D. G.

| | |
|-----------------------|-----------|
| Consultant ward round | Tuesday |
| Clinic SOPD | Wednesday |
| Theatre | Monday |
| Residents ward round | Thursday |
| H. O. ward round | Friday |

Team C: Dr. Songden

| | |
|-----------------------|-----------|
| Consultant ward round | Monday |
| Clinic SOPD | Tuesday |
| Theatre | Wednesday |
| Residents ward round | Thursday |
| H. O. ward round | Friday |

Team D: Prof. Nwadiaro

| | |
|----------------------------|-----------|
| Consultant ward rounds | Wednesday |
| Clinic SOPD | Friday |
| Theatre | Thursday |
| Residents ward round | Monday |
| House officers' ward round | Tuesday |

THEATRE STATISTICS 2020

| MONTH | MAJOR | INTERMEDIATE | MINOR | TOTAL | EMERGENCY |
|----------|-------|--------------|-------|-------|-----------|
| January | 13 | 16 | 3 | 32 | 15 |
| February | 17 | 11 | 1 | 29 | 5 |
| March | 8 | 11 | 1 | 20 | 3 |
| April | 2 | 7 | 1 | 10 | 10 |
| May | 2 | 0 | 0 | 2 | 2 |
| June | 1 | 4 | 0 | 5 | 5 |



| | | | | | |
|--------------|----|---|---|------------|-----------|
| July | 2 | 7 | 1 | 10 | 10 |
| August | 6 | 7 | 4 | 17 | 6 |
| September | 5 | 0 | 9 | 14 | 2 |
| October | 9 | 3 | 1 | 13 | 4 |
| November | 15 | 6 | 2 | 23 | 9 |
| December | 9 | 9 | 1 | 19 | 3 |
| Total | | | | 194 | 74 |

7.0 ACADEMIC ACTIVITY SUMMARY

| S/no | Activity | Time | Days | Venue |
|------|-------------------------------|------|----------------------|----------------------|
| 1. | Call summary/ Trauma meetings | 8am | Tuesday/weekly | Surgery seminar room |
| 2. | Topic presentation | 8am | Tuesday/weekly | Surgery seminar room |
| 3. | Mortality/ Morbidity | 8am | Quarterly | Surgery seminar room |
| 4. | Bedside teaching | 3pm | Wednesday/weekly | Wards |
| 5. | Grand round | 8am | Last Tuesday/monthly | Surgery seminar room |
| 6. | House Officers presentations | 3pm | Wednesday/weekly | Orthopedic ward |

It has been a turbulent year due to the COVID-19 pandemic that halted most of the clinical activities as a consequence of the lock down. Most of the clinical activities were scaled down, physical clinical meetings were cancelled and most of the departmental academic activities and meetings were held on Zoom platform till date. Physical Clinical teachings were restricted to teaching during ward rounds, clinics and in the Theater.

8.0 CHALLENGES

1. Non availability of Fracture Table.
2. Old and depleted implant sets.
3. Venue for more academic activities.
4. Epileptic functioning of the c-arm and bad lead aprons.
5. No call room for residents.
6. Lack of space equipment in the prosthetic and orthotics room.



9.0 RECOMMENDATIONS

1. National Postgraduate College [and West African College of Surgeons](#) accreditation.
2. Procurement of a power drill.
3. Procurement of Fracture table.
4. Equipping the prosthetics and Orthotics Room.
5. Procurement of Orthopaedics sets.
6. Space for club foot clinic.

10.0 FUTURE PLANS

1. To get the trauma theatre functioning for 24hrs.
2. To attain full accreditation of the West African College of Surgeons and National Post Graduate Medical College of Nigeria.

Dr. E. O. Oguche Head, Department of Orthopaedics



DEPARTMENT OF PAEDIATRICS

1.0 INTRODUCTION

The year 2020 was unique and fraught with many challenges due to the global Covid-19 Pandemic. Despite these challenges, the Department of Paediatrics was able to sustain services to patients and the community.

The department has 5 functional outlets namely; Special Care Baby Unit (SCBU), Emergency Paediatric Unit (EPU), Paediatric Medical/Surgical Ward (PMW), Paediatric Outpatient Department (POPD), and Paediatric Special Treatment Clinic (PSTC). These units provide primary, secondary and tertiary medical health care services to children (0-17 years) at both out and in patient basis. The services are rendered under subspecialty Units namely: Neonatology, Cardiology, Pulmonology, Nephrology, Neurology, Endocrinology, Gastroenterology/Nutrition, Infectious diseases and Haematology, evenly distributed into teams A to E.

Our mandate is to provide sound leadership, excellent research, robust postgraduate training, and excellent clinical services to paediatric patients.

2.0 STAFF STRENGTH 2019

| | | |
|------------------------------|---|----|
| Consultants | - | 14 |
| Senior Registrars | - | 15 |
| Registrars | - | 11 |
| Medical Officer | - | 1 |
| Nurses | - | 71 |
| SCBU | - | 22 |
| PMSW | - | 21 |
| EPU | - | 19 |
| POPD | - | 6 |
| PSTC | - | 3 |
| CHEW | - | 2 |
| Counselors (VCT & Adherence) | - | 4 |
| Secretary | - | 1 |
| Clerical Officer | - | 1 |

3.0 Clinical Activities Monday to Friday

- Out-patient clinical services are rendered daily at POPD and PSTC.
- Specialist Clinics
 - ✓ Cardiology Mondays 10.00a.m – 1.00p.m.
 - ✓ Pulmonology Mondays 1.00p.m – 4.00p.m. ✓ Haematology Tuesdays 10.00a.m – 2.00p.m. ✓ Haematology (Adolescent) Thursday 1.00p.m – 4.00p.m. ✓ Nephrology



- **Mondays:** Weekend admission review
- **Wednesday:** Seminar presentation, Bed side teaching.
- **Thursday:** Morbidity & Mortality review, Ground rounds
- **Friday:** Nelson club, Unit presentation

Achievements

1. The department has weathered through the storm of Corona virus pandemic, striving to maintain clinical and training services.
2. Construction of dedicated Paediatric Oncology Centre by Lion's club
3. Renovation of the SCBU by the Hospital management.
4. Adequate cooling of patient waiting area in the POPD through donation of 3hp standing air conditioner.

4.0 CHALLENGES

1. We require new block for PMW and preferably a Paediatric complex.
2. Renovation of the Out-patient clinic.
3. Outpatient services after working hours and during weekend with Nurses.
4. More consultants are needed
5. More Registrars (20) to cover each consultant unit.
6. Equip common rooms for nurses in EPU, PMW, SCBU, POPD, PSTC.
7. More paediatric nurses.
8. New Units to be created.
 - Paediatric intensive care
 - Paediatric rheumatology

Dr. Richard Onalo Head of Department



SCBU AFTER RENOVATION





DEPARTMENT OF PHARMACY

1.0 INTRODUCTION

The Department is headed by a Deputy Director who oversees the activities of the various Units and reports to the Chairman, Medical Advisory Committee. I am delighted to present the report of activities of the pharmacy department for the year 2020. The department strove to meet up with the goals, mission and vision of the hospital by providing qualitative pharmaceutical services to the patients/ clients in the period under review using the human and material resources available to it.

2.0 STAFF STRENGTH

The Department had the following number of staff in 2020:

| | | |
|--------------------------|----|----|
| 1. Deputy Directors | 6 | 2. |
| Assistant Directors | 4 | |
| 3. Chief Pharmacists | 7 | |
| 4. Principal Pharmacists | 10 | |
| 5. Senior Pharmacists | 6 | |
| 6. Pharm. Officers 1 | 0 | |
| 7. Pharm. Technicians | 2 | |
| 8. Intern Pharmacists | 24 | |

3.0 STRUCTURE

Pharmaceutical services basically cover these work sections:

1. Pharmaceutical emergencies
2. Pharmaceutical Out-patient
3. In-Patients Management
4. Procurement/Supplies and distribution
5. Research/ Training/ Professional Development
6. Production and quality assurance services. (Pharmaceutical Outlets that services the hospital community)

4.0 FUNCTIONS/ACTIVITIES

Pharmaceutical services are provided in the following areas among others:

1. Pharmaceutical care services (screening of prescriptions, dispensing/patient counseling, drug therapy monitoring, etc.).
2. Training and research: Over twenty-five (25) intern pharmacists were trained in the period under review. A total number of twelve (12) clinical presentations only were conducted in 2020 due to the social distancing requirement to check COVID-19 infections.



3. Drug information and pharmacovigilance services.
4. Drug procurement, storage and distribution.
5. Pharmaceutical Production and quality assurance: The department produced much more cleaning materials and disinfectants for use in the hospital by both staff and patients in 2020 especially as the COVID-19 pandemic raged including hand hygiene products, methylated spirit etc.

5.0 ACHIEVEMENTS

1. Better organization of the department for quality pharmaceutical care services during the period under review.
2. Improvement in the production of quality pharmaceutical cleaning materials and disinfectant was witnessed during the period under review
3. Introduction of General Call Roster for improved work inputs, training and supervision towards enhanced service delivery.
4. Greater commitment of pharmacists to enhanced service delivery amidst manpower shortages with weekly meeting of the coordinating DDs and ADs of Pharmacy outlets.

6.0 CHALLENGES

1. Major disruptions due to the COVID-19 pandemic resulting in some pharmacists being infected and about 50% drop in patient attendance and revenue generation of the Pharmacy department both at the NHIS and Main pharmacy segments.
2. Spaces for effective operations e.g. call rooms, bulk store, outlets, narcotic, oncology units and cold room for vaccines and thermo-labile products.
3. Lack of manpower; as staff keep stepping aside on Isolation due to COVID-19 viral infection.
4. Inadequate equipment and space for the Production and Quality Assurance services.

6.0 FUTURE PLANS/EXPECTATIONS

1. Establishment of Water/ Infusion production plant.
2. Functional Drug Information and Pharmacovigilance centre.
3. A befitting pharmaceutical services complex offering better working environment conducive for the patients, the drugs, and the staff.

Pharm. (Mrs) Eugenia Nkemdilim Ugwuneji Head of Department



DEPARTMENT OF PHYSIOTHERAPY

1.0 INTRODUCTION

2020 had been a very challenging year. Though it started well but about the first quarter of the year, the novel corona virus changed every aspect of living and working. The global and National Lockdown has had its toll not only on economy but on healthcare as well. In the midst of this there were also industrial actions that further worsen the already bad situation.

2.0 STAFF STRENGTH

- Permanent staff (Physiotherapists) 10
- Occupational Therapist 1
- Physiotherapist Assistant 1
- Biomedical Technician 1
- Intern Physiotherapists 16

3.0 ACTIVITIES

- The department attends to all cases needing Physical Therapy/ Rehabilitation in the Hospital. We receive referrals from clinical departments and units such as Surgery/ Trauma/ spinal, Medicine/ Neurology, O&G, Padiatrics, Oncology/ Paliative Care. Sometimes also from neighboring states of Niger, Kaduna, Nassarawa and Kogi. On occasions, clients come directly to assess Physiotherapy after due registration in the hospital.

4.0 ACHIEVEMENT

- One (3) staff member were promoted in the year under review.
- 3 members of staff were released to go for workshop/ seminar.
- Total number of patients: 7,853.

4.1 Renovations

- Completion of the Partitioning for Health Record Officer

4.2 Trainings

- 1 staff approved to attend short term course and another to go for a workshop



5.0 CHALLENGES

- Long appointments because of the Pandemic
- Fewer numbers of wheelchair and depreciation of the two currently being used.

6.0 FUTURE PLANS

- Additional manpower so as to have Physiotherapists dedicated to I.C.U, Casualty and other emerging sub-specialties.
- Repair of Electric Tilt Table or procurement of Manual Tilt Table for standing semiconscious/unconscious patients.
- Adjustable couches.
- Changing of all wooden structures/ partitioning in the department.
- Procuring Short Wave Diathermy Machine and Electric Treadmill with adjustable handle.

Mr. Solomon Babadiya Head of Department

RENOVATED PHYSIOTHERAPY DEPARTMENT





DEPARTMENT OF RADIOLOGY

1.0 INTRODUCTION

The Department of Radiology is headed by a Consultant Radiologist who oversees all the units of the department and reports to the Chairman, Medical Advisory Committee.

2.0 STAFF STRENGTH

| | | |
|--------------------------------------|---|----|
| • Consultant Radiologists | - | 7 |
| • Resident Doctors | - | 12 |
| • Imaging Scientists (Radiographers) | - | 6 |
| • X- Ray Technician | - | 2 |
| • Scientific officer | - | 1 |
| • Dark room Assistants | - | 3 |
| • Intern Radiographers | - | 8 |
| • Nurses | - | 3 |
| • Corper | - | 2 |
| • Clerical officer | - | 4 |
| • Secretary | - | 2 |

3.0 STRUCTURE OF THE DEPARTMENT

The Department comprises of the following interdependent units.

- X ray Routine Imaging Unit.
- Ultrasound Unit with Doppler Facilities.
- Darkroom Unit.
- Digital/Mobile Unit.
- Special X-ray procedures Unit.
- Reporting.
- Computed Tomography Scan Unit. □ Mammography Machine Unit.

4.0 ACTIVITIES

REPORTING (MAMMOGRAPHY & CONVENTIONAL FILMS) AND COMPUTED TOMOGRAPHY SCAN.

TUESDAYS: I.V.U/MCU/RUG ROUTINE X RAYS, GENERAL & SPECIAL ULTRASOUND, REPORTING (MAMMOGRAPHY & CONVENTIONAL FILMS) AND CT SCAN.

WEDNESDAYS: I.V.U /MCU/RUG, ROUTINE X RAYS GENERAL & SPECIAL ULTRASOUND, REPORTING (MAMMOGRAPHY & CONVENTIONAL FILMS) AND CT SCAN.



THURSDAYS: HSG, ROUTINE X RAYS, GENERAL & SPECIAL ULTRASOUND, REPORTING (MAMMOGRAPHY & CONVENTIONAL FILMS) AND CT SCAN.

FRIDAYS: UPPER AND LOWER GI SERIES (CONTRAST MEAL, SWALLOW AND ENEMA), ROUTINE X RAYS, REPORTING (MAMMOGRAPHY & CONVENTIONAL FILMS), CT SCAN AND GENERAL & SPECIAL ULTRASOUND SERVICES.

SATURDAYS: EMERGENCIES/CALL DUTIES IN ALL OUR SERVICES (X-RAY, ULTRASOUND, FLUOROSCOPY AND CT SCAN).

SUNDAYS: EMERGENCIES/CALL DUTIES IN ALL OUR SERVICES (X-RAY, ULTRASOUND, FLUOROSCOPY AND CT SCAN).

The Department provides 24hours services to patients and Emergencies. Ward Radiography is also very functional with mobile x-ray Machines.

5.0 ACADEMIC ACTIVITIES/TEACHING

1. Weekly seminar with Resident Doctors.
2. Lectures/Teaching of Resident Doctors by Consultants.
3. Radiographers' weekly seminar.

TRAINING

1. The Department trains Junior and Senior Residents for membership and fellowship examinations of National Postgraduate Medical College and West African College of Surgeons.
2. Training of undergraduate Physics students on SIWES experience. Seven (7) students from various Universities across the country were trained in the year under review.
3. Training of undergraduate Radiography students on clinical attachment. Six (6) of such students from various Universities across the country were trained in the year under review.
4. Training of X-ray and Dark-room Technicians students on clinical experience. Ten (10) of such students from various schools/colleges of Health Technology across the country were trained in the year under review.

6.0 PATIENTS' STATISTICS

The total number of patients received during the year:

| | | |
|--|---|----------------------|
| 1. Ultrasound | = | 10,500 |
| 2. X-ray | = | 8,500 |
| 3. CT | = | 796 |
| 4. Special Fluoroscopic Investigations (IVU, HSG, BARIUM ETC) | = | <u>1,000</u> |
| TOTAL | = | <u>20,796</u> |



From the statistics, the Department records low turnover compared to the previous year. This was largely due to Covid-19 pandemic.

7.0 ACHIEVEMENTS

In the year under review, a lot of achievements were recorded.

1. Accreditation for training of Resident doctors.
2. Equipment (Automatic Injector and Versana Ultrasound Machine)
3. Personnel.
4. Renovation of the department.

Accreditation for training resident doctors:

The Department fully accredited for Residency Training by National Postgraduate Medical College of Nigeria, while partial accreditation was obtained from the West African College of Surgeons.

Equipment

The following equipment were procured/donated and we appreciate the efforts of the Management for that.

- a. TCD – Transcranial Doppler Ultrasound Machine.
- b. One Mobile X-ray unit.
- c. Mindray DP 10 Doppler Ultrasound Scanner was donated by University of Abuja to enable clinical training of undergraduate and postgraduate University students.

Personnel:

- One additional Resident Doctor was employed.
- Annual recruitment of 8 Interns Radiographers'
- Two Youth Corps member were posted to the Department to complement the secretarial work.

Renovation of the department:

The CT Suite was renovated in the year under review by the Hospital Management in collaboration with JNCI.

7.1 PROMOTION:

Three (3) officers were promoted to their next ranks.

7.2 EXAMINATIONS:

Two of the Resident Doctors in the Department successfully completed their Residency Training programme of the West African College of Surgeons in the year under review.



7.3 IMPROVEMENT IN QUALITY OF SERVICE

The quality of service provision has drastically improved. Patient waiting time has reduced both for X-ray services, film reporting, ultrasound and CT studies.

The Department also responded well and effectively handled EMERGENCY services in the hospital.

8.0 CHALLENGES

1. Frequent breakdown of Mammography Machine and most Engineers contacted were not able to permanently fix the Machines.
2. Breakdown of Room3 Static X –ray machine in the month of October, 2020.
3. Lack of Magnetic Resonance Machine in the hospital.
4. Insufficient office space for some of our senior staff.
5. Non –Computerization of our records.
6. Lack of picture archiving of communications system in Radiology Department.

9.0 FUTURE PLANS/RECOMMENDATIONS

1. Procurement of MRI Machine. This can be achieved through private/public partnership and it will go a long way to enhance quality of care in the hospital, particularly, in the management of Neuro-surgical, Neurology, paediatrics and Orthopaedic cases.
2. Repairs of the faulty static X-ray machine.
3. Repairs/Replacement of the faulty Mammography machine.
4. Procurement of Fluoroscopy machine.
5. Employment of more Resident Doctors and Radiographers.
6. Additional one computer set and printer for secretarial work.

10.0 CONCLUSION

The Department appreciates the support of the Management in the maintenance of equipment, training and retraining of staffers, provision of basic tools for effective performance and renovation of the Department.

Dr. Joshua Aiyekomogbon Head, Department of Radiology



A patient being assessed by Doctors at the CT Scan suite AND RADIOLOGY DEPARTMENT RECEPTION





DEPARTMENT OF SURGERY

1.0 INTRODUCTION

During the year, 2020 under review the department experienced an ebb phase of its activities generally in all areas of its clinical endeavours because of the covid-19 pandemic. The outpatient, in-patient and operative services were scaled down, outside the period of the total shutdown when then there was no activity at all. Some divisions which were due for accreditations could not be done because of the pandemic of covid-19. Under listed are some of the achievements and challenges during the year in review.

2.0 STAFF STRENGTH

| | | |
|----|----------------------------|---|
| 1. | Consultants: Total | 22 |
| - | Honorary, | 11 |
| - | Hospital, | 11 |
| 2. | Residents | 39 |
| - | Senior Registrars | 31 |
| - | Hospital | 20 |
| - | Supranumerary | 11 |
| - | Post fellowship | 2 (Included in Hospital Senior Registrar) |
| - | Registrars | 8 |
| - | Hospital | 8 |
| | Supranumerary | 0 |
| 3. | Nurses | 55 |
| 4. | Secretariat | |
| | - Departmental Secretary | 1 |
| | - Clerical officer | 1 |
| | 5. Medical Record officers | 2 |

3.0 ACTIVITIES/FUNCTIONS

The department consists of five divisions and each division subdivided into subspecialties as follows:

1. General Surgery division: Oncology unit, Hepatobiliary unit, Breast and endocrine unit, and Gastrointestinal unit
2. Paediatric Surgery division: Paediatric Urology and Paediatric Colorectal units
3. Urology division: Team A and Team B.
4. Neurosurgical division
5. Plastic and reconstructive division.

These units have their days of outpatient clinics, Ward rounds, Call duties and Theatre sessions. We also have undergraduate and postgraduate programs every week.

4.0 ACHIEVEMENTS



We recorded modest achievements during the year under review;

- The department was designated an Examination Centre for West African College of Surgeons and the first Part 1 fellowship examination in surgery was successfully conducted and was adjudged as one of the best organized.
- The University provided the following equipment for use at the side laboratory:
 1. Olympus Microscope (1)
 2. Uniscope Bench Incubator, model: X5G -10gL (1)
 3. Micro haematocrit Centrifuge (1)
 4. Weighing Scale (1)
 5. Uniscope Bucket Centrifuge, Model: 800D (1)
 6. Bunsen Burner (1)
 7. Magnifying glass (1)
- 8. Slides.
 - The department got a donation of 31 surgical textbooks by Dr Osagie O.O to the departmental library and also donated 19 textbooks to the Hospital library.
 - Academically, the department produced three fellows and two passes at the membership examination of last October 2020 examinations.
 - We had our departmental academic programs consistently throughout the year through virtual zoom meetings.

5.0 CHALLENGES

- Some staff of the department were infected with COVID -19 during the year but thank God that no life was lost.
- Some of the Consultants still lack office accommodation.
- The lightening systems in the theatre still not optimal.
- Leakages through the roofs of FSW and many points in SOPD.
- SOPD has only one functional air condition and also surgery departmental office has no air-conditioner.
- Lack of photocopier for the department which has made the work very tedious.

6.0 FUTURE PLANS

- To have the present accident and emergency space to be converted into a Daycare surgery arena after the take-off of the new trauma centre.
- To have a fully functional side laboratory in both the FSW and MSW.
- To have an expanded clinic spaces for out-patient care
- Renovation of the side-wards, seminar room, doctor call rooms

Prof. J.Y. Chinda Professor and Head of Surgery



COMMISSIONING OF THE NEW A & E THEATER



LIONS CLUB PRESIDENT HANDING OVER BUILDING PLAN FOR PEDIATRIC ONCOLOGY WARD TO BOARD CHAIRMAN





NATIONAL HEALTH INSURANCE SCHEME (NHIS) UNIT

1.0 PREAMBLE

The NHIS Unit coordinates the activities of the Health Insurance Scheme in the Hospital. The unit attends to over thirty-four thousand one hundred and one (34,101) enrollees drawn from the National and Federal Capital Territory (FCT) Health Insurance Scheme in addition to other enrollee under retainership with the hospital. The activities of the unit are as enshrined in the NHIS operational guideline and cut across Primary, Secondary and Tertiary levels of care.

2.0 STAFF STRENGTH

| | | | |
|----|--------------------|---|-------------------------|
| 1. | Family Medicine | - | 27 |
| 2. | Nursing | - | 13 (including 1 CHEW) |
| 3. | Pharmacy | - | 7 (including 3 Interns) |
| 4. | Administration | - | 14 |
| 5. | Health Information | - | 5 |
| 6. | Account | - | 6 |

3.0 ACTIVITIES/FUNCTIONS

For ease of operation, the unit activities are segmented into five (5) sections as follows:-

1. Clinical Section

The Unit renders various levels of healthcare services to her registered enrollees through the NHIS/GOP clinics. These services are undifferentiated and include:

- Outpatients medical care within the confine of General medical practice/Family medicine to her primary and external (referred) enrollees.
- In patient care in the GOPD observation Room and wards.
- Simple surgical procedures.
- Specialty care upon referrals to other specialists' clinics.

2. Pharmacy Section

- Dispensing of drugs and counseling of patients on how to use their drugs.
- Identifying and resolving drug therapy problems.
- Drug information, education, monitoring and inventory management.

3. Administrative Section

- Confirmation of enrollees on the current NHIS register after proper identification.
- Provision of Service Rendering Forms to both Primary and Secondary patients.
- Liaise with HMO's for generation of authorization codes for secondary/tertiary care.
- Retrieval and sorting of the service Rendering forms for Billings.



- Liaising with the NHIS office for the updated list of enrollees.

4 Health Information Section

Activities in this section include: Filing and retrieval of case folders; Documentation and registration of patients; Record visit, folder movement amongst others.

5. Account section

This section is responsible for the Preparation and distribution of bills; Reconciliation of bills with various HMOs; Patient Invoicing; Discharging of NHIS Patients.

3.0 ACHIEVEMENTS/NUMBER OF PATIENTS

- In view of the quality of services rendered to enrollees by the hospital through the NHIS Unit, enrollees and HMO's are continually attracted to our facility resulting to the retention of enrollees and HMOs. At present, the total number of HMOs collaborating with the hospital stands at 38. More HMOs continue to indicate interest in collaborating with the hospital in the healthcare business. Our services had also attracted a retainership agreement with Central Bank of Nigeria (CBN) and Zenith Bank PLC.
- There is however a decrease in the number of enrollees from 37,458 in 2019 to 37,041 in 2020. This may not be unconnected to the Covid-19 pandemic.
- The introduction of the Electronic "Health Record/Health in the box" is a major achievement in 2020, courtesy the hospital management. This has led to improved services delivery to our clients.

4.0 CHALLENGES

- Inadequate manpower in the Unit.
- Inadequate funds to meet the growing needs of the Unit.

5.0 FUTURE PLANS

The ongoing deployment of "Health in the box" by the management is highly commendable. This will go a long way to improve service delivery. However, there is need for deployment of more staff in some Sections.

**Dr. Joel Abu Co-ordinator,
NHIS.**



SCHOOL OF POST BASIC CRITICAL CARE NURSING

1.0 INTRODUCTION

The year started with the resumption of set 22 (2018/2019) from Christmas break to the class on the 3rd of January, 2019. They had lectures according to the school calendar which was followed by first semester examination from 20th-24th January 2019. The result of the first semester examination was released with a number of the students failing in some courses which they re-sat and eventually passed. However, one of the students failed more than fifty percent (50%) of the courses offered and was expelled following the nursing and midwifery council policy for the maintenance of standard in all nursing schools.

The successful students proceeded to their first clinical posting at University of Abuja teaching Hospital where they spent eight weeks (26th January-21st March, 2019) with a two weekly clinical rotation to ICU, SCBU, Theatre, haemodialysis and PACU.

The Students returned to the class for their second block of lectures and this culminated into second semester examination on the 12th-18th May, 2019. The students commenced a week vacation immediately. The yearly entrance examination for candidates seeking for admission into the school was conducted from 23rd – 24th May, 2019. Thirty (30) prospective students who met the school, Nursing and Midwifery Council of Nigeria's admission criteria were selected and offered admission into the school.

Students resumed classes for the pre-hospital final study block from 26th May – 6th July 2019. Lectures commenced immediately. The result of the second semester examination was released and some of the students that failed some courses were made to re-sit them, which they eventually passed.

Nursing Council Pre-qualifying (Hospital Final) Examination was conducted from 14th- 20th July, 2019. External examiners from outside FCT were invited to conduct the examination as stipulated by the nursing and midwifery council of Nigeria. The students had a hundred percent (100%) pass rate in the examination. The students had a week vacation.

On resumption from their vacation, the students commenced a ten (10) week clinical posting in the National Hospital; Abuja, from 28th July – 5th October, 2019. The three school clinical instructors (Mr. Simeon Usman, Mrs. Nwaiwu Confidence and Mrs. Aisha Ibrahim Gombe) accompanied the students. The students were exposed to clinical experiences in the following units: ICU, Trauma Centre, SCBU, NICU and Haemodialysis. They were of good conduct throughout this period with commendations from the ward in-charges.

The students returned back to the class for the final block of four weeks lectures preceding the Nursing Council Qualifying Examination. The Nursing and Midwifery Council of Nigeria final qualifying examination was conducted from 5th- 8th November, 2019. Four external examiners were sent by the Council to conduct the examination. The result of this examination was released in December and **the school recorded a hundred percent (100%) success rate, for the third consecutive year!**

Immediately after the council examination, the new set of students for 2019/2020 academic session (Set 23) resumed on the 12th of November, 2019. They were thirty in number.



Registration and orientation exercises were performed in the first two weeks of resumption, the commencement of the first semester lectures followed closely. The students were released for their end of the year break on 23rd of December, 2019.

The three staff of the School undergoing MSc Nursing program successfully completed the program, and had their certificates submitted to the management of the hospital.

2.0 STAFF STRENGTH

The school had a total of ten teaching staff, two admin officers and four support staff at the beginning of the year. The hospital management renewed the contract employment of Hajiya Aisha Gombe (the immediate past H.O.D Nursing) as a clinical instructor of the school for another period of one year.

One of the school staff (Mrs. Esther Joseph) was still on a year leave of absence for her Master's degree in Nursing in the UK.

3.0 ACTIVITIES

The coordinator of the school (Mrs. Joy Egbunu) went for Forum of Heads of Basic and Post Basic School in Nigeria (FOHBPIN) annual conference in Ilorin where she received award of the overall best school in the 2019 NMCN final qualifying examination for Critical Care Nurses on behalf of the school.

The School Coordinator was selected by the Nursing and Midwifery Council of Nigeria as one of the Ad-hoc Committee members of the curriculum development for the Assimilation/Affiliation of all Post Basic Nursing Schools into the Nigerian Universities.

The Coordinator of the school and her Deputy (Mrs. Comfort Alu) attended an Examiner's workshop organized by Nursing and Midwifery Council of Nigeria in Abuja

4.0 ACHIEVEMENTS:

1. The school received an award of the overall best Critical Care Nursing School in Nigeria. One of the students of the school was also awarded the overall best student in Critical Care Nursing in Nigeria by Forum of Heads of Basic and Post Basic School in Nigeria (FOHBPIN).
2. The school was connected to unlimited wireless internet cloud service by NCC.
3. The Management of the hospital provided twenty-one new red chairs for the school auditorium, a brand new projector as well as a multi-purpose large size photocopying machine.

5.0 CHALLENGES



- Break down of the hospital coaster bus while conveying students to and fro National Hospital for their clinical posting.
- Non renovation of the school complex and students hostel.
- There was a theft attempt on the outdoor units of the air- conditioners in the school premises.

6.0 FUTURE PLANS

- The school has a need for a 30-seaterschool bus.
- There is a need for renovation of the school complex and the hostel. □ The need for an additional Gardener in the school.

In conclusion, the school hereby appeals to the hospital management to purchase a new 30seater bus for her. This will ameliorate the perennial problem encountered by students while on clinical posting to National Hospital, Abuja.

Mrs. Joy Anyo Egbunu School Coordinator



SET 23 POST BASIC CRITICAL CARE NURSING

Group photograph of 2020 Graduating Set with Staff and Hospital Management