

NATIONAL ORTHOPAEDIC HOSPITAL, DALA-KANO

Evolution and Development

1959 - 2019

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Revised Edition



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Late Sir Ahmadu Bello KBE

*Premier of Northern Region and a formidable factor in the establishment of Dala
Orthopaedic Hospital, Kano*



Fountain erected to commemorate the 60th Anniversary celebrations



His Excellency, President Muhammadu Buhari *GCFR*
President, Federal Republic of Nigeria



Professor Yemi Osinbajo
Vice-President, Federal Republic of Nigeria



Dr. Osagie Ehinare
Minister of Health, Nigeria



Sen. Adeleke O. Mamora
Minister of State for Health



Alhaji Ahmad Shuaibu Buranga
Acting Board Chairman Dec. 2018 - Date



Dr. Muh'd.Nuhu. Salihu (FWACS)
Medical Director, National Orthopaedic Hospital, Dala-Kano

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ACKNOWLEDGEMENTS

The National Orthopaedic Hospital Dala has indeed impacted a lot in orthopaedic healthcare service delivery in Northern Nigeria which comprises three (3) out of the six geopolitical zones of the country. Its services extend to other parts Nigeria and even some of the country's neighbouring West African countries. Many people, have played significant roles in the transformation of the Hospital to its present status.

First and foremost, we acknowledge and appreciate the late Premier of Northern Region Sir Alh. Ahmadu Bello, (Sardauna of Sokoto) who initiated the establishment of the Hospital and, by extension, to the Federal Government of Nigeria and the Federal Ministry of Health. In this case the British Government and the Royal Orthopaedic Hospital, London and the Institute of Health, Ahmadu Bello University, Zaria must have their names cast in gold, for mid-wifing and nursing the Hospital from its infancy stage to its present status, comparable to any hospital of its kind in the world. The untiring philanthropic work of Alhaji Aminu Alhassan Dantata deserves special mention for donating a ward and an Intensive Care Unit Complex to the Hospital.

The late Emir of Kano Sir Muhammadu Sunusi I, deserves special mention also as the person who commissioned the Hospital on 21st December, 1959 on behalf of the Premier. Profound gratitude is also extended to the reigning Emir of Kano Alh. Muhammadu Sanusi II who accepted writing the foreword to this book.

Profound gratitude and appreciation go to former Boards starting from the Orthopaedic Hospitals Management Boards to the Hospital Autonomous Boards that maintained the Hospital at different times whose policy directives immensely contributed to the development of the Hospital. All the Medical Directors, past and present the living and those who have passed to the Great Beyond together with their respective management teams are duly acknowledged for their roles in the development of the Hospital.

We wish to put on record, the invaluable contributions of the current Heads of Department and Units for the useful information supplied with respect to their respective departments and units which contributed to making the book a reality.

The same appreciation goes to former staff of the Hospital, associations and unions for their contributions to this work. Indeed, we appreciate the enthusiasm demonstrated by all and sundry.

The members of the History Book Committee wish to thank the Medical Director, Dr. M.N. Salihu (fwacs) and his management team for finding members of the committee worthy of undertaking the task and pray that the book will serve as a useful reference material about the Hospital not only to the present but for future generations.

Nasir Harazimi

Deputy Director of Admin

Chairman Hospital History Book Committee

FOREWORD



**HIS HIGHNESS
MUHAMMAD SANUSI II, CON
SARKIN KANO**

Emir's Palace, P.M.B. 3002, Kano-Nigeria

It has been sixty years since the Dala Orthopaedic Hospital, which started as an affiliate of the old City Hospital, was officially opened on the 21st December 1959, by the Emir of Kano, His Highness, Sir Muhammadu Sanusi I, on behalf of the Premier of the Northern Region, Sir Ahmadu Bello, the Sardauna of Sokoto. In spite of this long journey, there is an absence of a single reference material on the Hospital from which all stakeholders can find the critical information regarding the gradual development of the Hospital from a mere referral centre to a full fledged hospital of many specialties. It is therefore gratifying and commendable to note the effort of the Hospital in coming up with this book.

From its humble origin, National Orthopaedic Hospital, Dala has become one of the three specialist orthopaedic hospitals in Nigeria, striving hard, providing comprehensive quality health care and producing competent medical consultants in different specialties, in spite of enormous structural and institutional constraints. It is therefore imperative for the Hospital to keep pace with the institutional revitalization efforts and tap on the goodwill of friends and well-wishers as it strives towards continuous relevance and increased positive contribution to national development. This book will provide the contextual and historical data and information to keep all stakeholders appropriately briefed and updated about the Hospital's problems and prospects. It is my hope that the book would be regularly revised and updated to serve as a continuous standard reference material on the Hospital.

I therefore take this opportunity to commend the various members of the National Orthopaedic Hospital, Dala community, past and present, who have contributed to this book. I also recommend it to all those interested in knowing about the Hospital; its origins, the modest efforts being made to actualize the vision and mission of its founding fathers and the challenges faced in the efforts to actualize its vast potentials.

**Muhammad Sanusi II, CON
Sarkin Kano
November 2019**

INTRODUCTION

The National Orthopaedic Hospital Kano, established for the treatment of trauma and deformities (congenital and acquired), though formally declared open on 21st December, 1959, started with ten patients nine months earlier on the 3rd of March of that same year. It has over the years developed into a full-fledged hospital of multiple specialities.

In spite of this, it turns out that there is no single document that chronicles the Hospital's history. This informed the decision of the Hospital Management to constitute a committee comprising Mal. Nasir Harazimi as Chairman, Mrs. Teni Elejo Ayinde as Co-chairman, Tukur Ahmad Nasarawa, Tijjani Musa Muhammad and Maria Akinkugbe as members with Rilwan Yusuf as Secretary and Mubaraka Nuruddeen as the Assistant Secretary. The Committee was assigned the task of compiling the historical developments of the Hospital to serve as reference material.

The book is structured into six chapters with the first containing the history of the Hospital, the second records the interactions with the past and present Medical Directors and other personalities who have worked in the Hospital. Chapter Three looks at the functions of the various Departments and Units and their leaderships. Chapter Four dwells on the new frontiers the Hospital has opened in service delivery while Chapter Five examines the roles of associations and unions in the Hospital and the last chapter highlights the efforts of the friends of the Hospital.

What the Committee is able to present in this publication is by no means exhaustive. It is therefore hoped that any observed gap or

omission will serve as impetus towards revising the book in subsequent editions.

Rilwan Yusuf

Chief Admin. Officer

Secretary, Book Committee

Chapter One

ESTABLISHMENT OF DALA ORTHOPAEDIC HOSPITAL

What is now known as modern medical services in Nigeria could be traced to the efforts by white colonizers to preserve their own by stemming the rate of mortality amongst their explorers in Nigeria. This effort first manifested in the provision of the quinine drug to combat the malaria scourge which was decimating the explorers at the time. There is considerable debate as to the real source of quinine, which was said to have been discovered by Dr. Baikie around the early 1850s, although many believed Dr Baikie got the idea from his interactions with the local people. The drug became useful in the treatment of malaria, which was largely an unknown disease to the white men and, in spite of the debate surrounding its discovery, one incontrovertible fact is that quinine helped the British explorers to advance their exploration activities which invariably served as a precursor to trading and political activities in Africa in general.

Hitherto, the indigenous people had depended on traditional medicine men/women which included divine healers, soothsayers, spiritualists and bone setters amongst several other practitioners (Scott-Emuakpor; 2010). It is to be noted that, centuries after, these traditional healers are still very much with us in the country and in Africa as a whole.

The modern medical care brought by the explorers, according to Scott-Emuakpor, however, was exclusively meant for them (the foreigners) and was not extended to the local people. It was not until

the coming of the missionaries that modern medical care was extended to the local people through the establishment of dispensaries and later, hospitals, first at Obosi and then followed by those established in Abeokuta, Onitsha and Ibadan.

Browne S. G. (1971), corroborates this claim in the foreword to Schram's book: *A History of the Nigerian Health Services*:

A probing mind and an innate curiosity have led him into the fascinating byways of the earliest contacts between Western medicine and indigenous culture in Nigeria. He traces the story of the Niger expeditions, with their tragic trail of sickness and death, and the pioneer thrustings of the missionary doctors. The colonial medical service is seen to grow from the modest beginnings of barrack medicine and the care of the isolated expatriate communities into attempts at extensive though thin medical coverage of the vast areas of this populous country. Malaria, leprosy, sleeping sickness, and yellow fever provide successive challenges to the doctors whose training fitted them more for curative medicine in the growing centres of population than for preventive medicine and mass treatment in the bush.

The first care centre in Nigeria to take care of trauma cases was established in Lagos as a rehabilitation centre for injured soldiers who fought in the WWI in 1943; this was under the British Colonial Medical Services. On 6 December 1945, it became a full hospital and was named National Orthopaedic Hospital, Igbobi, Lagos. As mentioned above, the Hospital was meant to treat soldiers who were wounded in the World War II. It however also provided orthopaedic services for civilians. It was especially useful in providing trauma care during the Nigerian Civil War (1967 - 70). That hospital was handed

over to the Lagos State Government in 1975, but was again taken over by the Federal Government in 1979 and has remained so ever since. The Orthopaedic Hospital, Igbobi thus became the very first orthopaedic hospital in Nigeria specifically, followed by Dala Orthopaedic Hospital in Kano (1959) and the third is the National Orthopaedic Hospital in Enugu (1975). However, it is on record that Dala Orthopaedic Hospital Kano was the first orthopaedic hospital purposely built to provide health care services for congenital and acquired trauma and deformities in Nigeria.

Dala Orthopaedic Hospital Kano (as it was called upon establishment), was established to provide treatment for trauma and deformities and it began operations on 3rd March 1959. The formal declaration was on 21st December of the same year. This formal opening was performed by the then Emir of Kano, Sir Muhammadu Sanusi I, on behalf of the Premier of the Northern Region, Sir Ahmadu Bello. The untiring efforts of the Premier to ensure the establishment of the facility must be clearly acknowledged and appreciated.



Main entrance to the hospital at inception in 1959



Announcement of the Official Opening of Dala Orthopaedic Hospital Reported by a National Newspaper. Above is the Emir, Sir Muhammadu Sanusi I Who Commissioned the Hospital on Behalf of the Premier of the Northern Region, Sir Ahmadu Bello in 21st December, 1959.

Orthopaedic Hospital opened by Kano Emir

THE Emir of Kano, Sir Muhammadu Sanusi, on behalf of the Premier of the Northern Region, Sir Ahmadu Bello, formally opened the £200,000 Orthopaedic Hospital in Kano on Monday morning.

The Emir, in his speech, said that he felt that the completion of this hospital was a landmark in the development of the Region's medical services.

Sir Muhammadu went on to say that it was right that the Region's first specialist hospital should be a hospital devoted to the care of the crippled victims of accident and disease.

It was fitting too, the Emir concluded, that a hospital devoted to this noble work should have been built under the shadow of Dalla Hill where the first Hausa settlement was founded over a thousand years ago—yet another example, he said it seemed, of that happy blend of old and new, of tradition and progress, which was, and always would be the special hallmark of this Region.

Earlier, the Northern Nigerian Minister of Health, Alhaji Ahman Pategi, had traced the history of the hospital and expressed the hope that it would serve as a training ground for medical workers of this Region.

Photo credit:

https://m.facebook.com/story.php?story_fbid=10158092403565854&id=669470853&sfnsn=scuspmo



Albaji Sir Ahmadu Bello (KBE), the Sardauna of Sokoto on the proposed site of the Hospital



Picture taken on 21st December 1959 shows the Emir of Kano,(Late) Albaji Sir Mubhammadu Sanusi I on ward visit while declaring open Dala Orthopaedic Hospital on behalf of the Premier of the Northern Region, Sir Ahmadu Bello (KBE), the Sardauna of Sokoto

Since that historical and epoch-making event on 21st December 1959, the Hospital has grown in leaps and bounds and it has positioned itself as a formidable force in the country in the provision of quality service delivery in trauma management. Dala Orthopaedic Hospital began as a referral hospital and an affiliate of City Hospital, Kano (which later became Murtala Muhammed Hospital, Kano) with just ten patients. From such humble beginnings, the Hospital has developed over the years to become a full-fledged hospital with multiple specialities.

Taking the First Steps

When Nigeria was divided into three regions before independence, it became apparent that the country needed to improve its health care delivery to cater to the expanding population. Of special need was the provision of specialized health care centres that could attend to special cases aside from general services. Thus, Dala Orthopaedic Hospital, Kano was established and it began operations with just ten patients. Dr. A. F. Bryson became the first Consultant Surgeon and was with the Hospital until 1964. the Hospital was then under the management of the Northern Nigerian Government as part of the City Hospital

At that time, a secondment scheme was in place with the Royal Orthopaedic Hospital London, which involved sending a consultant for a tour of three months; a Registrar for 12 months and a Matron for 18 months to the Hospital. This arrangement was made with the Royal National Orthopaedic Hospital (RNOH) under the auspices of the United Kingdom Overseas Development Aide to Nigerian Government. This arrangement, which terminated in part, in the middle of 1970 and finally in January of the following year, was under

the Management of the Interim Common Services Agency (ICSA). The Agency managed institutions owned by the defunct Northern Regional Government that owned the Hospital until 1967 when the regional governments were dissolved and six northern states were created out of the region. the Hospital was subsequently taken over by the Institute of Health, Ahmadu Bello University on 1st April, 1968.



Dr. Osad Osamwonyi (FWACS), the first indigenous Medical Director (First left) on tour of the Hospital with some dignitaries on 3rd March, 1984

The Hospital Under the Orthopaedic Hospitals' Management

Supervision of the activities of the Hospital under Management Boards started in 1980 when it came under the Orthopaedic Hospitals' Management Board (OHMB) established by Act No. 91 of 1979, together with the other orthopaedic hospitals in Lagos and Enugu. This necessitated a change in the name of the hospital from Dala Orthopaedic Hospital Kano to National Orthopaedic Hospital, Dala – Kano.

The Act, among other things, made provision for the composition of the Board consisting of a Chairman, with members comprising the Medical Directors of the Hospitals, representatives of the Federal

Ministry of Health and the Federal Chief Nursing Officer. Others were the representative of the Nigerian Medical Association, three (3) persons appointed by the Honourable Minister for their interest in Medical Care or Social Welfare, representative of the Medical School of the affiliate Teaching Hospital and the Director of Administration of the affiliate Teaching Hospital respectively. Also, Section 6(1) of the Act provides for the constitution by the Board, the Hospital Management Committee for each of the Hospitals which shall exercise powers delegated to it by the Board thereto for the effective day-to-day administration of the various Hospitals.

The Management Committee has its Chairman appointed by the Minister. Other members of the Committee comprise:

- (a) The Medical Director of the Hospital
- (b) The Chief Administrative Officer of the Hospital
- (c) The Matron or the Nursing Superintendent of each Hospital.

Other members of the Committee were:

Representatives of the Ministries of Health and Social Welfare of the State in which the Hospital is situated,

The Director of Administration of the affiliate Teaching Hospital,

Two (2) persons from the Local Government area where the Hospital is situated appointed by the Minister for their interest in Medical Care or Social Welfare.

As at 1980, when the Hospital was taken over, the Board members were made up of Justice C. D. Onyeama as Chairman with members comprising Col. (Dr.) M. A.T. Ajao, D. J. Igwe – Consultant-in-charge, National Orthopaedic Hospital Enugu, Dr. F. A. O. Osina – Chief Consultant-in-charge, National Orthopaedic Hospital Igbobi, Lagos, Dr. Osad Osamwonyi – Consultant-in-charge,

National Orthopaedic Hospital, Dala – Kano, Mrs, O.A. Adewole – Federal Chief Nursing Officer (Federal Ministry of Health), Dr. Musa Goni representing public interest, Mr. E. L. Lawoye representing public interest, Dr. T. I. Ezi Ashi, representative of Dean, Faculty of Medicine, University of Nigeria – Enugu, Professor M. O. A. Jafar, representing of College of Medicine, University of Lagos, Mr. F. A. Adewunmi, Director of Administration Lagos University Teaching Hospital, Mr. S. C. Onuankwo – Director of Admin, University of Nigeria Teaching Hospital, Enugu while Mr. S. L. Kudaisi, the Executive Secretary of the Board was the Secretary of the Board.

Under an Autonomous Board of Management

By the year 2000, a separate Board of Management, as opposed to the joint Board that managed the three (3) orthopaedic hospitals under one umbrella, was established for the Hospital with Professor Ed 'B. Attah (OON) as Chairman.

The Board constituted three (3) Committees namely; Appointment, Promotion, and Disciplinary Committee (AP&DC) Finance and General Purpose Committee (F&GPC) and Training, Planning and Development Committee (TP & DC). The AP&DC had the following functions: to assist the main Board in taking major decisions; to make recommendation to the Board for the appointment, confirmation of appointment, promotion and discipline of all senior staff on the salary Grades 07 and above; to review appropriate conditions of service for all staff within the guidelines stipulated by the Federal Government without prejudice to the public service rules, to constitute sub-committees, interview panels and panel of assessors as it deems necessary, to receive and consider appeals from junior staff; to receive reports of all disciplinary actions

taken on junior staff by the Medical Director, to carry out any duty(ies) as may be assigned by the Board.

The functions of the Finance and General Purpose Committee are as follows: to consider and advise the Board on all financial matters within the scope of the Board; to control expenditure from the approved annual estimate; to recommend to the Board, the appointment of External Auditors for auditing the Hospital's accounts; to consider the financial statements of the Hospital audited by the external auditors and the Management reports and make recommendation to the Board.

In the case of the Training, Planning and Development Committee, the main functions of this committee are: to consider and make proposals for physical development and training for various units; to consider and make proposals for the physical development and the management of the landed properties, buildings and structures of the Hospital; and to liaise with other institutions with similar goals for the benefit of the Hospital.

These Committees were maintained as the Board Committees until 2018 when the 5th Board was constituted, which split the Training Planning Development Committee (TP & DC) into two (2) - Clinical Services and Training Committee and Planning and Development Committee, respectively. The former handles all activities relating to Training and Clinical functions of the Hospital, while the latter deals with the physical development of the Hospital.

As at 2018, the Hospital has had six (6) Boards at different times. The first autonomous Board for the Hospital was made up of ten (10) members comprising the following members:

➤ Prof. Ed 'B Attah - Chairman

- Ambassador J. T. Kolo
- Alh. Hussaini Shelleng
- Late Alh. Hamidu Kassarawa
- Dr. I. A. O. Ujah (*mni*) - Rep. of NMA
- Dr. Abdulhamid Isa Dutse – Dean, Faculty of Medicine B.U.K
- Hajjya U. A. Abdullahi (*mni*) - Representative of Federal Ministry of Health (FMOH)
- Late Alh. A. S. Adamu – Director of Admin (AKTH)
- Mrs. A. A. O. Erinoso – Rep. Nursing Div. – FMOH
- Dr. O. Popoola – Medical Director, NOH Dala, Kano and
- Mrs. N. E. Onwochei - Asst. Director of Admin, NOH Dala, Kano and Head of Admin of the Hospital as Secretary to the Board.

The second Board of Management was constituted in July, 2005 and it consisted of the following members:

- Chief Gideon Ziyok (Wazirin Butura) - Chairman
- Alh. Umaru Ajiya
- Dr. Emi Membre Otaji
- Mrs. Martha Bodunrin
- Dr. Kabir Abubakar – The Medical Director, NOH Dala
- Dr. A. Kolajo - representative of the Federal Ministry of Health
- Mrs. O. Okodugha - representing the Federal Chief Nursing Officer (FMOH)
- Dr. Omede Idris - representative of the Nigerian Medical Association
- Alh. Jariri Bashir – representing other professions
- Alh. Sanusi, Abubakar Adamu – Director of Admin, AKTH, Kano
- Dr. Ibrahim Garba – Dean Faculty of Medicine (B.U.K) and
- Malam Muhammad Kabir Abdulkadir – Asst. Director of Admin and the Head of Admin of the Hospital as Secretary.

The Hospital witnessed some major physical transformation during the three-year tenure of the second Board of Management as a result of the execution of some capital projects like the supply of an 800KVA Perkins Electricity Generator and overhauling of the 250KVA Generator; the rehabilitation and expansion of road drainages and walkways; the supply of X-ray machines, Image Intensifier, Intensive Care Unit (ICU) equipment, Autoclave, and orthopaedic beds. Others were the construction of a commercial canteen, a petrol dump, rehabilitation of the Instrument Engineering Block, construction of gates and gate houses and the conversion of the Hospital Central Stores to a National Health Insurance Clinic as well as the general landscaping of various locations of the Hospital.

The third Board of Management was constituted for the Hospital in July, 2009. This Board comprised:

- Alh. Hassan Mohammed Santanah - Chairman
- Alh. Sulaiman Abdullahi
- Comrade Saidu Bello
- Dr. Mike Ogirima - representative of NMA
- Dr. Kabir Abubakar – The Medical Director
- Mrs. P.A. Ogbaudu - Representative of the Federal Ministry of Health
- Alh. Abubakar Sanusi Adamu, the Director of Administration, Aminu Kano Teaching Hospital
- Dr. Abdu Lawan, the Dean Faculty of Medicine – Bayero University, Kano, and
- Malam Mohammed Kabir Abdulkadir, the Head of Administration of the Hospital served as Secretary to the Board.

Among the major physical developments witnessed by the third Board within its three-year tenure (2009 - 2012) were: Vinyl flooring and walling of the Accident and Emergency Complex and the Main Operating Theatre, respectively. There were also the construction of

the Plant House and the installation of the Oxygen Plant, construction of the new Administrative Block, construction and furnishing of Consultants' Block, internal road network and rehabilitation of the existing ones and the procurement and installation of a 500 PABX System (internal communication network).

The fourth Board of Management was constituted for the Hospital in 2013. It served until 2015 and had the following members:

- Alh. Mohammed Hassan Santanah - Chairman
- Hajiya Talle Mohammed Hadejia
- Bishop Ransom Bello
- Dr. Dayyabu Hassan Iellah
- Dr. Kabir Abubakar - The Medical Director. (The latter handed over the office of the Medical Director of the Hospital to Dr. Muhammad Nuhu Salihu following the completion of his eight-year tenure in office).
- Mr. J. A. Kehinde and,
- Mrs. Zainab Edun - Representatives of the Federal Ministry of Health
- Professor A. G. Habib - the Provost of College of Health Sciences (BUK)
- Alh. Muhammad Sulaiman, the Director of Administration, Aminu Kano Teaching Hospital (who was subsequently replaced by Alh. Adamu Aliyu as a result of retirement from the service by the former).
- Malam Muhammad Kabir Abdulkadir, the Head of Admin Department of the Hospital, served as Secretary of the Board.

Among the major achievements of this Board was the appointment of the substantive Medical Director for the Hospital, Dr. Muhammad Nuhu Salihu. This was the first assignment handled by the new Board

of the Hospital. The status of the Heads of Administration, Pharmacy and Physiotherapy departments were raised to the post of Directors. Also, Malam Audu Ibrahim was appointed as the Director of Administration and the respective heads of the two other departments were promoted to the post of Directors. Several physical developments were also added to the Hospital including; the supply of ultra sound equipment for the National Health Insurance Scheme (NHIS), Internet connectivity and wireless coverage, and procurement, delivery, installation, testing and commissioning of the steam boiler. Purchase of utility vehicles and also general landscaping of the Hospital premises.

The fifth Board of Management was constituted in 2018. It had the following members:

- Alh. Mustapha Hamid Katagum - Chairman
- Alh. Ahmed Shuaibu Buranga
- Mr. Bassey Utum Inah
- Dr. M. N. Salihu – The Medical Director, two (2) representatives of the Federal Ministry of Health - Mrs. Sanni-Adeniyi O. A. and Mrs. Maria Okeke.
- Dr. Abdulrahman Shehu - representing the Nigeria Medical Association
- Dr. Baffa Gwaram - representative of the Bayero University Kano
- Hajiya Zainab Gwadabe, the Director of Administration Aminu Kano Teaching Hospital
- Mal. Audu Ibrahim the Director of Administration and Head of Administration of the Hospital served as the Secretary to the Board.

Unfortunately, the Hospital lost the Board Chairman on the 9th December, 2018 after a brief illness. He was succeeded by Alh. Shu'aibu Burunga who is the acting Chairman to the Board. Although the fifth Board was constituted while this book was being compiled, the Board had set up a machinery for further physical and infrastructural development of the Hospital, primarily to enhance its capacity in the area of service delivery. It is important to note that some infrastructural development in the Hospital had reached an advanced stage at the end of 2018. These include the construction of an expanded modern operating theatre complex, an ultra-modern spine complex, internal road network (Phase II), installation of 2-tonnes steam Boiler and the construction of a the Boiler House, picture Archiving Communication System (PACS), provision of Computerized Radiography (CR), machine and the expansion of the National Health Insurance Block among others. Below are the pictures of chairmen of the Board from inception to date:

BOARD CHAIRMEN FROM INCEPTION TO DATE



Professor Ed. 'B. Attah OON
Chairman 1st Autonomous Board
2000-2003



Late Chief Gideon Ziyok
(Wazirin Butura) Chairman
2nd Board of Management
2005-2008



Alh. Muhammad Hassan Santana, *Chairman 3rd/4th Board 2009-2011/2013-2015*



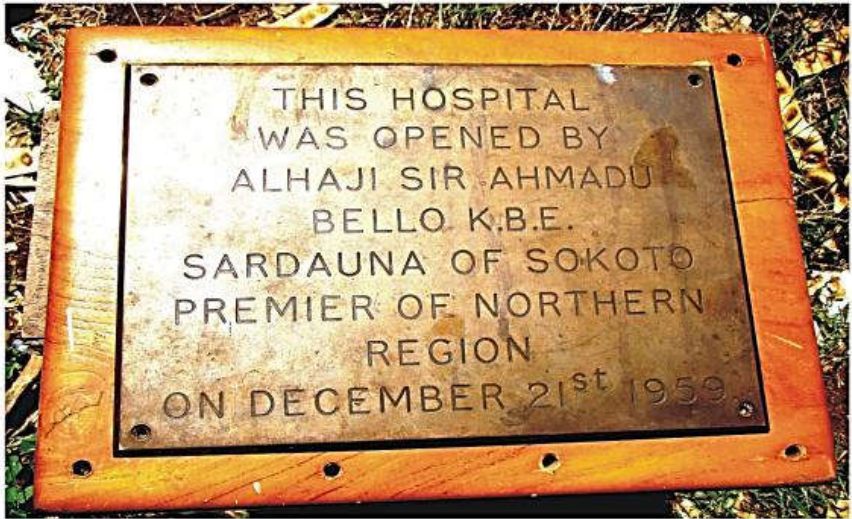
Late Alhaji Mustapha Hamid Katagum, *Chairman 5th Board of Management*



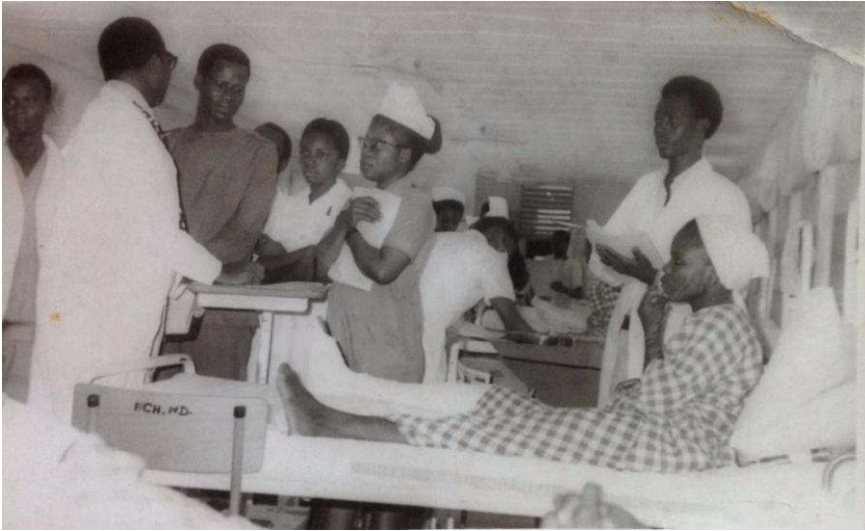
Alhaji Ahmad Shuaibu Buranga
Ag. Board Chairman Dec. 2018 - Date



Alhaji Oluwale Kafaru Tinubu receiving a gift from a nurse after he paid a courtesy visit to Dala Orthopaedic Hospital



The Historical Commissioning Plaque since inception on December 21st, 1959 visit to Dala Orthopaedic Hospital



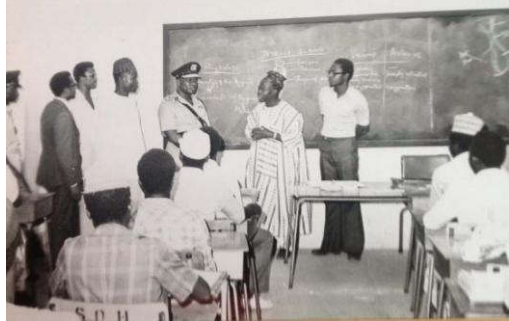
Dr. Osad and some nurses examining a patient



The first indigenous MD with some foreign doctors on secondment and Nigerian doctors in the hospital



Lions Club donating Table Tennis to Social Welfare Department



Alhaji Oluwale Kafaru Tinubu inspecting a class in session while on a courtesy visit to Dala Orthopaedic Hospital



PAST AND PRESENT MEDICAL DIRECTORS



Dr. A. F. Bryson (FRCS)
(1959 – 1964)



Dr Osad Osamwonyi
(FWACS) (1966 – 1987)



Dr. Elubale Ehi Ojesebholo
(FWACS) - 1987 - 1989



**Prof. Ernest Ikechukwu
Mbamali (FWACS)**



Dr. Olawumi Popoola
(FWACS) (1997 – 2005)



Dr. Kabir Abubakar
(FWACS) (2005 – 2013)



Dr. Muh'd Nuhu Salihu
(FWACS) (2013 – Date)



Late Governor Alb. Muhd Abubakar Rimi giving presents to patients after a visit to the hospital on the occasion of the end-of-year party, 1981

Chapter Two

INTERACTIONS WITH PAST AND PRESENT MEDICAL DIRECTORS AND OTHERS

Dr. Osadiaye Osamwonyi (FWCS), popularly called Dr Osad, was born in Edo State in 1931. He studied in Nigeria, England, West Germany, Switzerland amongst others. He became a Fellow of the West Africa College of Surgeons in 1967. He became the first indigenous Medical Director in 1966 and he was in the position until 1987, when he retired voluntarily.



The first major change witnessed during his tenure was the injection of £8,000 by the USAID and £6,000 by Ahmadu Bello to build a ward for females and children. This move significantly expanded the capacity of the Hospital as it moved the bed capacity from 79 to 110 beds. The hospital also offered physiotherapy and limb fitting service for the rehabilitation of patients and nursing services were also available for the nursing care of patients on admission. However, the most remarkable expansion during this period was in 1980 when the Orthopaedic Management Board took over the management of the Hospital.

At this period also, the average bed stay for patients was 150 days, due especially to the fact that complicated cases were referred to the Hospital. The bed stay however reduced to 50 days. There were also great improvements in occupational therapy, orthopaedic practice, hip replacement and teaching and training generally.

Introduction and utilization of Total Hip Replacement in 1977 as a mode of treatment – It was the first in Nigeria and described by visiting expatriates as a “World Centre”. We started with 5 hips from “Synthes Orthopaedics”.

Spinal work started being done and was consistently improved utilizing clinical research we conducted and updating knowledge and training from international sources.

He also successfully surgically removed a third limb from a child which garnered national news interest at the time. Also, he and the Hospital were featured in a nationally-televised documentary that featured our treatment and management of broken bones and those of a local bone-setters. It served as a community outreach programme and helped to convince members of the community to seek treatment from hospitals from where they will benefit from correct diagnosis and treatment through accurate information.

We served as a Student Training facility – “Teaching Hospital” for students from the northern states of Nigeria. This was an avenue for me to mentor a new generation of medical doctors; specifically orthopaedic surgeons. We sent doctors and nurses to Switzerland for training; improving our services and techniques.

The Hospital evolved effectively into a “Trauma Centre”, that is, from being only able to treat “clean cases” whilst the so called “dirty cases” were treated at the “City Hospital” which later became “Murtala Mohammed Hospital”. The first Military Governor of Kano State- Audu Bako was so impressed and enamoured by the hospital (facilities and staff) that he made it a point to bring every State visitor on a tour of the Hospital.

It is also important to note that before I arrived at Dala, there were no female nurses. My wife became the first female nurse during my tenure; many more joined our team thereafter.

Dr. Elubale Ehi Ojesebholo was born in Uromi, Edo State, Nigeria. He had his early education in the defunct Mid-West State. He obtained his Bachelor's degree in Medicine and Surgery (MBBS) from University of Lagos in 1975 and underwent his National Youth Service (NYSC) in the old Cross Rivers State in 1976.



He commenced his post-graduate programme at the University of Benin Teaching Hospital, Edo State, before proceeding to Ireland in 1978, where he acquired the fellowship of the Royal College of Surgeons, Ireland (FRCS) in 1982. He returned to Nigeria in 1982 to take up appointment with the Hospital, as Senior Registrar.

Dr. Ojesebholo headed the Hospital in acting capacity on two different occasions; first from 8th August, 1985 to 14th November, 1985, and from 2nd January, 1987 to 4th April, 1989. During his stewardship, the Hospital witnessed improvements in infrastructural facilities and provision of medical equipment. These included the construction of six additional units, namely: Mother and Child Ward, the defunct Septic Theatre and Central Stores, Library Block, a Lecture Hall and six units of three bedrooms flats as staff quarters. Dr. Ojesebholo voluntarily retired from the service of the Hospital in 1994 and gone into private practice as the Chief Executive Officer / Chief Medical Director of Nantos Clinic.

Professor Ernest Ikechukwu Mbamali was born on 1st September, 1934 in

Onitsha, Anambra State, Nigeria. He had his early education in the old eastern region of Nigeria. He obtained MB. CH.B in 1961 and F.R.C.S in 1967 from Edinburgh University, United Kingdom. He also had his post-graduate training in the United



Kingdom, after which he returned to Nigeria in 1974 and joined the services of the Institute of Health, Ahmadu Bello University, Zaria on 13th July, 1974 as a Senior Registrar in Orthopaedic Surgery. His appointment was later re-designated as Senior Lecturer/Consultant Surgeon on 1st October, 1976 and rose to the post of Professor on 1st October, 1982.

While in Ahmadu Bello University, Zaria, he held the positions of Assistant Dean, Postgraduate Studies; Dean, Faculty of Medicine 1988 - 1999, Ag. Head Department of Orthopaedic Surgery, 1980 - 1982; Head, Department of Traumatic & Orthopaedic Surgery 1982-1988; Member, Orthopaedic Hospital's Management Board 1982 - 1988. Professor Mbamali, was appointed the Medical Director of the Hospital on 1st July, 1989. Prior to his appointment, he was a member of the Hospital Management Board, representing Ahmadu Bello University. the Hospital, during his stewardship witnessed improvements in infrastructural facilities and provision of medical equipment. At the end of his tenure on 1st September, 1997, he returned to the Department of Traumatic Surgery, Ahmadu Bello University, Zaria .

Professor Mbamali passed away in London on Thursday, 30th April, 1998 after a brief illness. He was buried in his home town Onitsha, on 2nd June, 1998.

Born in Ibadan, Oyo State Nigeria, Dr. Olawumi Popoola had his early education in Northern Nigeria and higher education in the South-west of Nigeria. He obtained his MBBS from the University of Ibadan and underwent his National Youth Service (NYSC) in the old Cross Rivers State.



He commenced his post-graduate training at the University College Hospital, Ibadan before proceeding to the United Kingdom, where he later acquired the Fellowship of the Royal College of Surgeons of Edinburgh in 1983. Despite the job offers in the United Kingdom, he returned to Nigeria in 1985 to take up an appointment with the National Orthopaedic Hospital Igbobi, Lagos.

In 1997, he was seconded to Dala as the Medical Director. Dr. Popoola's headship of the Hospital spanned from 1997 to 2005. At the end of the tenure, he proceeded on a one (1) year sabbatical leave after which he returned to the National Orthopaedic Hospital, Igbobi, Lagos, until he statutorily retired from service in year 2013.

Dr. Popoola has devoted some of his time as an active Fellow of the West Africa College of Surgeons for the training and certification of surgeons in orthopaedics. He had glowing words for the foresight of the Northern Regional Government had in establishing the Hospital. When he resumed, according to him, he saw a hospital who had great potentials with a good number of qualified and capable staff, however, there was the problem of obsolete equipment and inappropriate staff distribution - there were more accountants/administrators than the core hospital personnel. This he strove to correct.

According to him, the seeds of Residency Training programme had been sown in the Hospital prior to his assumption of office. Having been the Head of RET in Igbobi, he was quite familiar with orthopaedic training of doctors in Nigeria and the United Kingdom. He identified three (3) main factors for a successful training programme, namely: getting the right type of people to be trained (trainable people), providing a conducive environment and availability of training tools, which he found were inadequate. To improve the quality of the training, deliberate efforts were made to put appropriate measures in place, by engaging the right kind of doctors for the training. Residents were released promptly for outside posting and properly prepared for their respective college exams.

This made the Hospital to become the prime centre for orthopaedic training in the north. Residents came from all parts of the north and other health institutions in the country. He suggested that the Hospital should endeavour to focus on speciality training to cope with the increasing demand of health care services by the citizens. He also disclosed that basic challenges were faced in the area of inadequate supply of electricity and water. To address these problems, bigger water reservoirs were erected and the defunct National Electric Power Authority (NEPA) was approached for improved electricity supply while the Hospital financed the connection to a dedicated 33 KV power line.

He installed a new boiler from Usmanu Dan-fodio University Teaching Hospital (UDUTH), Sokoto as the old one became increasingly too expensive to maintain. This was made possible through the support of the defunct Petroleum Trust Fund (PTF). The Theatre was expanded and a new Radiology Block and incinerator house were built. To forestall the encroachment of the

Hospital land in Nassarawa Government Reserve Area (GRA), Senior Staff quarters were constructed. All these were achieved despite the fact that for three years, no capital allocation was received from the Federal Government by the Hospital.

Since at the beginning, the Hospital was set up to cater for cold cases or serve as a referral centre, like the other orthopaedic hospitals as emergency cases were attended to at the then City Hospital, now Murtala Muhammed Specialist Hospital, there was therefore, no need for an Accident and Emergency Unit. However, after the takeover of the Hospital by the Orthopaedic Hospitals Management Board (OHMB) and the commencement of post-graduate training, the need to set up an A&E became apparent. A temporary A&E was then set up in 2003 until the Federal Government decided to build Burn Centres in the three orthopaedic hospitals in the country. The funds provided were channelled for the building of an Accident and Emergency Complex, which was of top priority to the Hospital.

Reminiscing on the cordial working relationship he enjoyed while working with the first autonomous Board under the chairmanship of Professor Ed. B. Attah, Dr. Popoola stated that the working relations was very beneficial and resourceful and allowed for very good planning for the provision of facilities and recruitment of competent personnel.

He submitted that when things are done with fairness, honesty and lack of bias, there will be industrial harmony in any institution as people will appreciate efforts and sincerity of their leaders. He therefore described industrial relation throughout his time as very good, except for some challenges arising from shortfalls in personnel funds from government. This challenge culminated in a serious

agitation for payment of unpaid salaries by unions. The problems were however resolved when government was able to offset the shortfalls and payment of all the outstanding salary claims of staff. There was also the case of accounts staff who were found to have been involved in fraudulent activities, which the Board terminated them for gross misconduct. This led to the Hospital being picketed by the Kano State branch of the Nigerian Labour Congress.

Speaking on inter-professional rivalries, Dr. Popoola said there was nothing like that in the past, because roles were clearly spelt out for every stakeholder. According to him, conflicts arising from professional rivalries is the result of absence of defined roles and non-adherence to professional ethics. He suggested that government should determine who is employed and a clear schedule of duty should be provided for such individual. Also, earnings and remuneration should be determined by one's contribution to the health care delivery system.

Dr. Popoola concluded his remark by stating that: "I believe I came and did my very best. I left the Hospital better then I met it. But performance should be judged by others not myself. I came to the Hospital a fairly young man and I learnt a lot".



Dr. Kabir Abubakar was born on the 5th of May 1966 in Funtua, Katsina State, where he had his primary education and later proceeded to Government Secondary School, Katsina for his secondary education. He was awarded a Bachelor's degree in Medicine and Surgery (MBBS) by the Ahmadu Bello University, Zaria. Dr Kabir shared his Housemanship training between the Ahmadu Bello University Teaching Hospital (ABUTH) and the Katsina General Hospital. He had his mandatory national service in Benin City, Edo State.



Due to his penchant for discipline and orderliness, Dr Abubakar had the desire to join the military but made the NOH dala a second option after he was influenced by the exemplary professional discipline and practice of a senior colleague, Dr. Suleiman Adekale who was a Senior Registrar in the Hospital. Dr Kabir therefore joined the Hospital as a Resident on January 2nd 1992 after a brief stint in Katsina State. He is the first Resident trained in the Hospital to rise through the ranks to become the Medical Director of the Hospital.

When the position of the Medical Director of the Hospital was to become vacant in 2005, no advertisement was placed. The four consultants - Drs Awonusi, Isa, Nkanta and Abubakar were all qualified for the position and all of them were asked to apply for the position by the outgoing Medical Director. After a gruelling selection process, Dr Kabir became the Medical Director and he inherited many challenges including inadequate bed space to cater for the increasing patients' inflow. The situation became serious that it paved the way for touts who engaged in diverting patients to private

facilities. To address the problem, Dr. Abubakar embarked on raising the quantity and improving the quality of the manpower as well as expansion of infrastructure and facilities.

Befitting entrance and exit gates were constructed to enable the Hospital stand conspicuously within its environment. Surgical Outpatients, Post-Basic Nursing School and a functional Accident and Emergency Complexes were also constructed. In addition, two structures to cater for office accommodation of Consultants and Administrative officers, the staff canteen, a modern petrol dump with pumps, a 33KVA facility which improved electricity supply in the Hospital, a gigantic water project, comprising boreholes, underground and overhead tanks, were constructed and installed. Alhaji Aminu Dantata financed the construction of the Aminu Alhassan Dantata Ward and was put to immediate use.

Dr. Abubakar strongly encouraged members of staff to pursue various programmes that enabled some to acquire higher qualifications. Many Consultants went on specialist fellowships on different aspects of orthopaedic training such as limb reconstruction, arthroscopy and joint replacement. This laid a solid foundation for the development of sub-specialities in orthopaedic surgery in the Hospital.

Dr. Abubakar acknowledged the efforts of his predecessor, Dr. Popoola for designing the Accident and Emergency (A &E) Complex which laid the foundation for its construction. This enhanced the status of the Hospital from being a mere referral centre to a full-fledged hospital and also formed the nucleus of the Hospital's residency training. He also applauded Mr. R.M.M. Akpaidiok for the developments recorded in the Post-Basic Orthopaedic Nursing

Training School of the Hospital. The School started in a room and metamorphosed into a full -fledged school in 2009.

On industrial harmony, Dr. Abubakar maintained that he enjoyed a peaceful and cooperative relationship with the unions due to the fact that issues were not personalized. He enjoined all employees to be diligent and work conscientiously to build a model hospital where the general public will prefer to get treatment.



Dr. Mohammad Nuhu Salihu, the second home-grown Medical Director of the Hospital was born on 15th June, 1968 in Funtua, Katsina State. He attended the Local Education Authority (L.E.A) Primary School Funtua, from 1975 – 1980 for his First School Leaving Certificate while his secondary education was at Government Secondary School, Funtua, Katsina State from 1980 -1985. He obtained the Bachelor's degree in Medicine and Surgery (MBBS) from Bayero University Kano/University of Ilorin in 1992 and obtained the Fellowship of the West African College of Surgery in 2002 as a Consultant Orthopaedic Surgeon. He joined the services of the National Orthopaedic Hospital, Dala as a Junior Registrar having concluded the compulsory National Youth Service Corps (NYSC) and rose through the ranks to become a Consultant Orthopaedic Surgeon. He is therefore the second home-grown Medical Director. Being home-grown, the challenges and prospects of the Hospital were therefore very clear to him.



From the Horse's Mouth

I salute all the Medical Directors before me for putting in their best. I therefore decided to build on the success recorded by previous Medical Directors and complete the projects they have initiated. I have concentrated on preparing the Hospital for 21st century needs. In particular, I have pursued sub-specialization with passions on spine surgery speciality which was expanded, Arthroplasty and Tumour Unit was restructured and the Paediatric Orthopaedic Unit was created. I also pursued the establishment and expansion of Units and Departments that support orthopaedic services, like: the Laboratory Department and the Radiology Department, etc.

In view of the need for us to also take care of our staff, the National Health Insurance Scheme Clinic (NHIS) Complex was restructured to accommodate more units for the sole aim of giving closer care to staff and patients, family medicine, dental care, obstetrics and gynaecology, internal medicine and psychiatry were included in the NHIS Complex.

It is my hope that this hospital will continue to pursue sub-specialities in Orthopaedics, Trauma and Burns and Plastic Department for the Hospital to continue to become relevant and respond positively and in a proactive manner to current patient needs.



Dr. Awonusi Francis Olusoji attended St. Michael Primary School Kaduna, from 1961 – 1967 and had his secondary education at Molusi College Ijebu-Igbo, Ogun State from 1968 to 1972. He proceeded to the Federal School of Science, Victoria Island Lagos from 1973 – 1975 for his Advanced Level studies.



He obtained a Bachelor's degree in Medicine and Surgery (MBBS) from the College of Medicine, University of Lagos in 1980 and passed the primary examination in surgery of the National Postgraduate Medical College of Nigeria in November, 1983.

He joined the services of the Hospital in February, 1984 as a Medical Officer. On assumption of duty, Dr. Awonusi discovered that the Hospital had no facility for accident and emergency care and the surgical outpatient clinics were held about seven kilometres away at the Murtala Mohammed Hospital, Kano. the Hospital had four wards for admission namely; East, West, Female and Amenity Wards. The Female Ward was used for women and children. The total bed occupancy was about one hundred.

On realizing that the Hospital was not accredited for postgraduate medical training, he wrote to the Medical Director and requested to be sent on secondment to Ahmadu Bello University Teaching Hospital, Zaria so that he could do the requisite rotations in surgery to qualify to write the Part I examination in surgery.

On passing the Part I examination in surgery, he was seconded to the National Orthopaedic Hospital, Igbobi, Lagos, for the required rotation in Orthopaedics that enabled him sit for the Part II final examination, which he passed in November, 1993.

Dr. Awonusi was subsequently appointed as Consultant Orthopaedic Surgeon in July, 1994. He was the head of Research, Education and Training (RET) of the Hospital from 1993 – 1996 when the Residency Training Programme commenced and was accredited by both the National and West African Colleges of Surgeons. He served as the head of Clinical Services from 1996 to 2005 and during that

period, staff motivation was achieved by ensuring that promotion was effected as at when due and opportunities for sponsorship for training, re-training and development were provided.

In his opinion, inter-professional conflicts among professional groups in the health sector is an anomaly and only reared its ugly head when Resident Doctors became too militant and were tactless in handling some matters that had to do with their welfare. He advocated for outright privatization of government hospitals as a way to redress the matter and give way to proper appraisal and remuneration of all the professionals in the health sector. He hopes that National Orthopaedic Hospital, Dala-Kano becomes the best orthopaedic hospital in the West African sub-region and believes that this is achievable with sustained infrastructure development, staff training and excellent service delivery. In view of what is on ground, he strongly believes that the Hospital is on course towards attaining this vision. Dr. Awonusi would like to be remembered as one of those leaders who were instrumental to the establishment of residency training in the Hospital.



Malam Audu Ibrahim was born on 3rd June, 1960 in Nguru, Yobe State, Malam Audu Ibrahim had his early education in Nguru, from where he proceeded to Borno State College of Basic Studies, (BOCOBS) Maiduguri, Borno State in 1979. He obtained his National Diploma in Business



Administration from Federal Polytechnic Mubi, Adamawa State in 1983 and his Higher National Diploma from Federal Polytechnic Kaura Namoda, Zamfara State in 1990. He enrolled for his Post-graduate Diploma in Management at Bayero University, Kano in 1990 after which he further acquired a Master's degree in Business Administration (MBA) in 1994 from the same institution.

He started out in life as an entrepreneur trading in export of cocoa and other cash crops. He ran the business for some time before he decided to join the Civil Service at the Federal level with the Federal Medical Centre Nguru, Yobe State in 1999 as one of the pioneer staff as an Administrative Officer I. He was subsequently upgraded to the post of Principal Administration Officer on Grade Level 12. He then rose through the ranks to the post of Deputy Director of Administration and at certain times, he headed the Administration Department of the Federal Medical Centre, Nguru.

He joined the services of NOHD in May, 2015 following his appointment as the first Director of Administration and Secretary to the Board of the Hospital, by the Hospital's fourth Board of Management. He acknowledges the memorable reception, applause and support he received from the Hospital community on the day he was introduced to members of staff in the Hospital auditorium. That moment remains very special and etched in his heart to date. Since his appointment, the Hospital workforce has increased considerably. His focus has been on maintaining staff discipline and ensuring that staff are timely promoted to boost morale and promote commitment. Overall staff motivation through various channels is his watchword.

As his positions demands, he understands all the challenges and problems involved in government funding of capital projects in

public institutions owing to the ever-increasing demands from such institutions on the government. He therefore proposes that government agencies should embrace the Public Private Partnership (PPP) option to fund their major capital projects. This opinion obviously stems from the NOHD experience in the PPP arrangement through a standing (PPP) Committee. As part of the gains of this arrangement is the agreement made with an investor to install a Magnetic Resonance Imaging (MRI) machine.

On inter-professional rivalry in the health sector, Malam Audu Ibrahim feels that it would persist as long as the government continues to give preferential treatment to some professional groups against the others in the sector. In his opinion, government should place all staff in the sector on the same salary scale, while allowances should be earned based on professional callings and peculiarities.

He averred that with the Spine Centre and the ultra-modern theatre that would soon be ready for commissioning and with the continuous sponsorship of staff on training in different and varied specialities, the Hospital would achieve its vision of becoming a first-class internationally acknowledged and recognized healthcare facility.

Malam Audu Ibrahim urged the younger generation to recognize the fact that life is always dynamic and that things are fast changing. He implores them to embrace entrepreneurship as the era of white-collar jobs easily coming their way is no longer feasible.



Hon. Alh. Salisu Ado Daura was born in Daura in 1954; he had his primary education in Daura before he proceeded to Government Secondary School, Katsina for his Senior School Certificate and Kaduna Polytechnic for an Ordinary National Diploma in Accountancy 1973 – 1975. He acquired the Higher National Diploma in Accountancy from the same institution in 1985.



He joined the services of Institute of Health, Ahmadu Bello University Zaria in August, 1975. He was deployed to Kano and posted to the then Dala Orthopaedic Hospital and School of Hygiene Kano. He was later redeployed to Malumfashi Outreach Hospital of the Institute of Health Ahmadu Bello University, Zaria in 1979 as the Accountant in charge. He rejoined the Hospital under the Orthopaedic Hospitals Management Board in 1980 at the time when the old Accounts Block, housed three units namely: Telephone Room, Nurse Tutors' Office and Accounts with the department occupying two rooms only. The department had only seven (7) members of staff who were to handle all the Hospital's financial activities, as the population of patients and staff was low.

Additional hands were engaged as need arose to handle new services such as introduction of payment for patients' feeding and – DRF. He understudied the accounting system of National Orthopaedic Hospitals in Igbobi and Enugu on his assumption of Office.

At the beginning, the Hospital did not encounter any challenges in the area of funding as both staff and patients were few. However, with expansion and growth, the Hospital started to experience these challenges. He was quick to add however, that this is a general

problem and not peculiar either to the Hospital or to any particular unit or department. This was one of the reason the Hospital had to increase its charges in respect of the services it renders.

On industrial relations, he stated that there were strikes by unions due to salary shortfalls, however, the managements of the Hospital had on several occasions, engaged union executives in dialogue to resolve the issues.

Finally, Alhaji Daura noted that working in the Hospital helped him to prepare for life after retirement. He attributed the successes he recorded to the assistance he rendered to patients and staff without anticipation of any reward. Upon retirement, Alhaji Daura went into politics and contested and won a seat in the National Assembly, which he won in his first attempt.



Mrs. Ngozi Evelyn Onwochei, the first Administrative Officer employed by the Orthopaedic Hospital Management Board and first Secretary of the first Autonomous Board of Management of the Hospital was born on 22nd March, 1952 in Onitsha, Anambra State. She had her primary education at Immaculate Heart School, Ogui – Enugu, (1957 – 1963) and secondary education at Queen of the Rosary Secondary School, Nsukka, (1964 – 1971.



She came out top of her class for the final external examinations at the end of her primary and secondary schools. She then proceeded to

the University of Nigeria, Nsukka where she obtained a BSc (Hons.) Second Class Upper, degree in Sociology and Anthropology (1973 – 1977) and later went to the Institute of Public Administration and Extension Services, University of Benin, on in-service training, between 1983 – 1984 for a Post-Graduate Diploma in Health Administration and Management. A lover of education, even after retirement, she embarked on a Master's degree programme in Peace Studies and Conflict Resolution at the Open University of Nigeria.

She started her public service at the School of Social and Rural Development, Kano State Polytechnic for her one-year mandatory National Youth Service from August 1977 – July 1978 and taught for two years, after her NYSC, with the Kano State Government, after which she joined the service of the Hospital on 1st September, 1980 as an Administrative Officer II. She rose through the ranks to become the Senior Deputy Secretary in 1997.

As a Senior Administrative Officer, she was appointed as the Secretary to the Panel of Enquiry, appointed by the Orthopaedic Hospitals Management Board, to look into the Management of National Orthopaedic Hospital, Igbobi – Lagos between July 1985 – November, 1985. She was appointed as the Head of Administration of the Hospital and eventually Secretary to the first Board of National Orthopaedic Hospital, Dala – Kano in 1993 until January 2003 when she transferred her services to the National Assembly Service Commission (NASC), where she became one of the pioneer staff of the new Commission inaugurated in 2002. She retired as the Director of Administration at the National Assembly Service Commission on March 22, 2012 on attaining the mandatory retirement age of sixty years of age. She is happily married with children and grand-children.

Alhaji Sule Maru was born on 10th January, 1947 in Maru, Zamfara State, he had his early education in Maru, before proceeding to Paddington College in London, United Kingdom, to read Prosthetics & Orthotics in 1970. He was certified a Prosthetist (HND) in 1974. He also attended various Technician courses in



both upper and lower limbs in the United Kingdom; the Postgraduate Instructors Course at Garnet College, London in 1977 and the Advanced Prosthetic Course in Germany in 1979. He bagged a Fellowship award in prosthetics (FBIST) in 1984.

Alhaji Maru joined the services of the Hospital through the Ahmadu Bello University Zaria, Institute of Health in January 1969 and worked in the Institute until 1980, when the Hospital was taken over by the Orthopaedic Hospital's Management Board (OHMB), which comprises the three regional Orthopaedic Hospitals mentioned earlier.

Following the takeover of the Hospital by Orthopaedic Hospital Management Board (OHMB) in April, 1980, he, like many other staff working in the Ahmadu Bello University Seconded staff, opted to remain in the Hospital under the new Management Board. He specializes in lower and upper limb orthotisties and sophisticated electric limbs.

He rose through the rank to the post of Chief Prosthetist and Orthotist and served as Head of Prosthetics and Orthotics Department from 1983 to 2004. The Prosthetics and Orthotics was the only department in the Hospital up until 1980 as all others were

units of the main departments of the Institute. He retired from the services of the Hospital in 2003 and is presently into private practice and serves as a national resource person on prosthetics and orthotics to the National Directorate of Technical Education.



Hajia Hafsat Kolo (a Fellow of West Africa College of Nursing), was born on 26th January, 1949 in Kaura-Namoda, Zamfara State. She is among the few staff of the former Institute of Health, who chose to join the Hospital after it was taken over by the Orthopaedic Hospitals Management Board (OHMB). She continued her services with the Hospital and held the post of Assistant Director of Nursing (ADN) and Head of the Department from 2003 to 2006.



She had her early education in Zamfara State, before proceeding to the School of Nursing, Ahmadu Bello University Teaching Hospital (ABUTH) Zaria from 1967 – 1970. There, she qualified as a Registered Nurse and a Registered Midwife in 1974. She attended the Hospital School of Orthopaedic Nursing and obtained the Post-Basic Orthopaedic Nursing Certificate in 1977. She also attended the University of Benin where she obtained a Diploma in Nursing Administration and Management (DNAM) in 1983. She further attended Bayero University Kano for the Advanced Diploma in Public Administration (ADPA) in 1995 and Post Graduate Diploma in Public Policy and Management (PGDPM) in 1999.

She started work at Ahmadu Bello University Teaching Hospital, Zaria, in August, 1971 as Staff Nurse and transferred her service to

the National Orthopaedic Hospital, Dala – Kano, in 1976. At the time she assumed duty, the Hospital had two medical officers, and 15 nurses.

The bed complement and staff strength continued to improve over time. the Hospital, being a referral centre, coupled with the high rate of road traffic accident brought the need to have more trained nurses in the Accident and Emergency Unit to provide the highly-needed care. This necessitated the introduction of the Accident and Emergency Nursing training in the Hospital, where nurses from different parts of the country were trained. the Hospital has trained hundreds of nurses in Post-Basic Orthopaedic Nursing, Accident and Emergency, and has invested heavily on sending nurses to other places to train as: theatre nurses, pre-operative, anaesthesia, burns and plastics and nursing administration.

While speaking on strategies for staff motivation, she opined that respecting the views of one another, establishing a bottom-up communication approach system, encouraging staff to develop potentials and ensuring the provision of necessary working materials as well as reward and punishment accordingly can lead to staff motivation.

With regards to the nature of industrial relations, she stated that it was cordial as every staff had passion for what he or she was employed to do.

Responding to issues of professional rivalry, she identified the lack of professionalism and disunity among the professionals as a major cause. She stressed that healthcare delivery is a teamwork, noting that the moment one team member (professional) sees him/herself as more relevant or important than the other, then there would be a shift and disconnect in the system. To address the situation, therefore every professional should operate within his ambit, allow each group

take decision on what affects them, staff should always appreciate the contributions of other professionals, and adhere to professional ethics and stop master-servant relationship.

She expressed her vision for the Nursing Services Department as a department manned by knowledgeable and dedicated staff, who are capable of providing high quality healthcare of international standard. Mrs. Kolo statutorily retired in August, 2006, after thirty-five (35) years in service.



Ambulance Zone at the A & E Department



Chapter Three

DEPARTMENTS AND UNITS

ACCOUNTS DEPARTMENT

The Accounts Department, is among the pioneer departments at the inception of the Hospital. The department plays a crucial role where all records of financial transactions are kept. The pioneer staff were merely deployed to the Hospital from the Institute of Health Zaria, between the period of 1968 and 1980 some of whom were as follows:

- | | | |
|------------------------------|---|---|
| 1. Mr. E.O. Odama | - | Accountant I |
| 2. Late Mal. Saidu Shuaib | - | Higher Exec. Officer
Accounts |
| 3. Gabriel Alagbe | - | Executive Officer |
| 4. Mr. Alfred Abbah | - | Executive Officer
Accounts (Revenue) |
| 5. Mal. Abdullahi Ibrahim | - | Executive Officer
Account (Cashier) |
| 6. Mrs. Grace Bamidele Eboda | - | Asst. Executive Officer
Accounts |
| 7. Mal. Mohammed Balarabe | - | Senior Clerical Officer |
| 8. Mrs. Morili Abdulkarim | - | Senior Clerical Officer
(Payroll) |
| 9. Mr. Momoh Haruna | - | Confidential Secretary |

Headship of the Department Since Inception

The department has been headed by three people as follows:

- | | | | |
|--------------------|------|---|------|
| 1. Mr. E. O. Odama | 1968 | - | 1980 |
| 2. Alh. Salisu Ado | 1980 | - | 2010 |

3. Umar Haruna Aliyu - 2010 - to date.

Statutory Functions

The activities of Accounts Department revolve around the job description performed by various staff in the department. The following are the existing units/sections: Cash Office, Revenue Section, Billing Section, Final Account, Business Development Unit, National Health Issuance Scheme (NHIS), Pension Unit, Petty Cash Unit and Payroll Section and other Charges, Drugs Revolving Fund/Catering Revolving Fund.



The Administration Department has been in existence since the inception of the Hospital. The main functions of the department are to assist the Medical Director in the day-to-day running of the Hospital, carry out administrative functions and coordinate activities of the non-clinical support service units with a view to ensuring effective and efficient service delivery.

The department has undergone a lot of transformation in terms of headship and staffing since inception. Some of the Heads of Administration department are as follows:

1. Mr A. S. Raimi 1980 - 1983
2. Dr Irene 1984 - 1985
3. Mrs. Mary Mba Ime 1985 - 1987
4. Alh. Sunusi A. Adamu 1987 - 1993
5. Mrs. N. E. Onwochei 1993 - 2003
6. Mrs. C. I. Sawa (Acting Capacity) 2003 – 2005
7. Mal. A. A. Mu'azu (Acting Capacity) 2005 - 2007
8. Mal. M. K. Abdulkadir - 2007 - 2015

9. Mal. Audu Ibrahim

2015 to date

The Head of Administration also functions as the Secretary to the Board of Management of the Hospital.

Units in the Admin Department

The department is made up of the following units through which it carries out its functions:

- **Office of the Head of Department** - Coordinates the entire activities of the department.
- **Personnel Unit** - handles Establishments matters i.e. Appointment, Promotion and Discipline and other related Personnel matters.
- **Pensions and Staff Welfare Unit** - Handles issues relating to staff exits including managing retirements matters of the exited staff and general staff welfare .
- **General Admin Unit** – Coordinates the day-to-day activities especially that of non-clinical departments under Administration.
- **Planning Unit** - Shoulders the responsibilities of Planning, Monitoring and Evaluation and other related activities aimed at the achievement of the mission and vision of the Hospital.

Statutory Functions

These functions are to take charge of the administrative functions of the Hospital, assisting the Medical Director in the day-to-day running of the Hospital and general administration; serving as the secretariat to the Hospital's Board of Management and its Committees; advising on and implementing all decisions and policies as they affect the Hospital; co-ordination and supervision of the activities of non-clinical departments, such as: Engineering Department,

Transport Department, Catering Department, Information Technology, Laundry Department and Security Department; other duties as are determined or directed by the Board or the Ministry of Health from time to time.

Hospital Committees

The office of the Head of Administration of the Hospital acts at different capacities as Member, Chairman and or Secretary of the different Hospital committees.

These Committees are as follows:

A: Statutory Committees

1. **Board of Management:** The Board is responsible for setting out the Operational and Administrative Programme of the Hospital based on policy directives of the Federal Ministry of Health. The Board members are appointed from time to time comprising personalities from different professional background. the Hospital Head of Administration serves as Secretary to the Board.

Board Sub-Committees

1. Appointments, Promotion and Disciplinary Committee

Makes recommendation to the Board for the Appointment, Confirmation of Appointment, Promotion and Discipline of all staff on CONHESS 06 – 12 and CONMESS 01 - 05

2. Finance and General Purpose Committee

Considers and advises the Board on all financial matters within the scope of the Board.

3. Training and Clinical Services Committee

Considers and advises the Board on all training and clinical services matters within the scope of the Board.

4. Planning & Development Committee

Considers and makes proposals for the physical development and training for various units of the Hospital.

Other Statutory Committees are as follows:

a. Procurement Planning Committee

The functions of this committee include the preparation of Hospital needs assessment and evaluation and identifying the goods, works and services required by the Hospital from the capital budget among others.

b. Hospital Tenders Board

The function of the Tenders Board of the Hospital is to carry out procurement within its approved threshold and in line with the Public Procurement Act 2007.

c. Junior Staff Appointment, Promotion and Disciplinary Committee

The committee handles all matters on appointment, confirmation, promotion and discipline of junior staff on CONHESS 01-05 and makes its recommendation to the Medical Director for consideration and approval.

d. Board of Survey

The Board of Survey Committee handles the disposal of all unserviceable items in the Hospital including expired drugs whenever such need arises.

B: Management Committees

1. Top Management Committee: The committee advises the Medical Director on policy issues.

2. Drug Revolving Fund Committee: The committee formulates the Hospital's drug list and provides information for procurement of same

3. Admission and Credentials Committee: The function of this committee is to assist Research, Education and Training in coordinating the Residency Training by considering update of every Resident Doctor.

4. Housing Committee: The function of this committee is to allocate official quarters and to maintain inventory of official quarters allocated to staff and take charge of staff housing matters.

5. Security Committee: The function of this committee is to draw up security arrangements for the Hospital as well as advised the Hospital Management on all Security matters.

6. Catering Revolving Fund: This committee carries out oversight functions over the catering services of the Hospital with the responsibility for the Revolving Fund of the commercialized services of Catering Department.

7. Research, Education and Training Committee: This committee is charged with the responsibility of ascertaining all research proposals submitted by the various departments of the Hospital and co-coordinating the activities of the training school within the Hospital among others.

8. Research Ethics Committee: This committee is charged with the responsibility of vetting research proposals to be carried out by residents in training or in the Hospital associated with research investigation.

9. Theatre Users Committee: The committee ensures effective management of the theatre and efficient use of the theatre resources in the Hospital.

10. Staff Welfare Committee: The main priority of this committee is to create a spirit of satisfaction amongst the staff members, organize end of year festivities and other welfare issues relating to staff.

11. Disaster Preparedness Committee: The function of this committee is to establish a protocol for mass casualty management in the Hospital in collaboration with various units and individuals within the Hospital in the event of mass casualty.

12. Clinical Audit Committee: The functions of this committee include: educating and advising staff on design and process of and identifying existing sources of information, literature and electronic information system on individual projects and on audit in general.

13. Committee for Heads of Departments: The committee serves as a forum where all HODs are briefed about policy matters and for exchange of ideas and experiences.



ANAESTHESIA AND INTENSIVE CARE DEPARTMENT

The establishment of the Anaesthesia and Intensive Care Unit can be traced to the inception of this great Hospital when Physician Anaesthetists were posted to the Hospital from Zaria. The first set of professionals that was posted were Mr. Bulus and Mr.

Omen. It was after 1980 that many Nurse Anaesthetists were employed and some were trained, at which time the Anaesthesia Unit was established as a unit under the Nursing Services Department.

Dr. Babayo S.G, a Physician Anaesthetist, was trained between 1989 and 1995 by the Hospital. He made tremendous contributions into the progress of the Unit. After he left, the delivery of anaesthetic services became the responsibility of the Nurse Anaesthetists.

The Hospital Management made frantic efforts to get Physician Anaesthetists to no avail, until it eventually employed Dr. Umar Suleiman who was sponsored to acquire a Diploma in Anaesthesia. However, he did not stay long with the Hospital.

In October 2005, Dr. Abdallah I.A, from the Casualty Unit, was sponsored for a diploma course in Anaesthesia, which he completed from the West Africa College of Surgeons in Nigeria in October 2006 and joined the pool of Nurse Anaesthetists. Dr. Abdallah subsequently proceeded for the fellowship training in Anaesthesia which he successfully completed in May 2012, and was appointed as Consultant Anaesthetist.

The services of the Unit was enhanced with the employment of additional Physician Anaesthetist, Dr. Rabiou Mustapha, a Senior Registrar (Anaesthesia). He completed his fellowship programme in October 2013 and was appointed Consultant Anaesthetist.

The Intensive Care Unit (ICU) is an open – multidisciplinary facility which started with 2 beds which was later expanded to 5-bed capacity. It was established in May 2009, as a unit under the Nursing Services. The pioneer head of the unit was CNO Hamed R.O.O. (Rtd) with Dr. S. G. Babayo overseeing the Unit as a visiting Consultant Physician

Anaesthetist. In May 2012, Dr. Abdallah I. A., Consultant Physician Anaesthetist took over the headship of the ICU.

The unit took-off with ten Staff nurses, three trained Nurse Intensivists and five Health Assistants. In an effort to expand the services of the Unit, an Intensive Care Unit building was constructed and equipped in May 2014. The building was fully sponsored by a prominent philanthropist in Kano, Alh. Aminu Alhassan Dantata. It was formally commissioned by the Honourable Minister of State for Health Dr. E. O. Ehanire in 2016.

In May 2014, the Anaesthesia and Intensive Care Unit was granted status of a Department in recognition of the progress recorded in the level of service delivery occasioned by the increase in trained personnel and provision of equipment.

The Department essentially provides general and regional anaesthesia for both elective and emergency cases. Pipeline oxygen was installed to cover Accident and Emergency Unit, Main Theatre, Accident and Emergency Theatre and NHIS Unit. Epidural Analgesia and Anaesthesia was embarked upon in March 2014 to alleviate post-operative pain in patients. Peripheral Nerve Blocks has also commenced recently. There is a plan for the installation of an Oxygen plant, so that oxygen can be produced within the Hospital for use by the patients.



THE CATERING DEPARTMENT

Catering services started as an integral part of the Hospital from inception. The department is located at the centre of the Hospital in-between the Pharmacy and Laundry Departments.

Headship of the Department

The department was headed by various officers as follows:

1. Daude Atairu 1959 to 1966
2. Late Hajiya Hadiza 1966 to 1989 and
3. Mr. Henry Ebohen 1989 to 1994
4. Mrs. Kachikwu Angela 1994 to date.

Statutory Function

The department occupies a very important position in the Hospital as it feeds the patients who are on admission. The department also caters for feeding of staff and visitors during meetings, workshops/seminars, and end-of-year party. Initially, the foodstuff supplied was done by food contractors, but in 2004, the department started direct purchase of foodstuff carried out by a purchasing team of the Hospital to reduce cost of food supply to the department.

The Catering Department comprises of two sub-units: the Main Catering Unit which caters for the patients on admission and the Commercial Catering Unit which takes care of feeding during meetings, general staff meals, theatre staff and staff-on-call.

Units of the Department

Production section, Procurement unit, Service unit and Dietetic unit. The Department serves various types of meals to the patients as follows: General patient meal, Amenity patient meal, Special Dantata patient meal, High protein diet, Children meals and other special meals. The Dietetic Section of the Department supervises the

provision of special meals and counselling of both in- and out-patients. In the year 2014, the Department began plated service where individual patient's meals are served from the Kitchen to the following five wards: I.C.U., Amenity Ward, Special Side rooms, Burns Unit, and West Ward. Plans are in place to extend the service to all the Wards of the Hospital. The department runs 3 shifts – morning, afternoon and night for effective services delivery to the patients.



CLINICAL SERVICES AND TRAINING DEPARTMENT

The Clinical Services and Training Department, is one of the main pioneer departments of the Hospital. The department is responsible for coordinating all clinical services provided by the Hospital in the course of which it supervises several support departments and units.

At inception, medical services were limited to stable patients only who were referred from other hospitals on account of musculo-skeletal disorders. In 1994, emergency services were introduced thereby broadening the services of the Hospital to cater for both the referred cases and emergencies. The department also coordinates training activities and research which form part of the core functions of a tertiary health institution. In this regard, the department coordinates Residency training, the three training schools namely: Post-Basic Orthopaedic Nursing School, Post-Basic Accident and Emergency Nursing, and School of Orthopaedic Cast Technology.

Over the years, the department has grown from offering basic orthopaedic and trauma care to carrying out advanced orthopaedic procedures which include arthroplasty. Total hip replacement was first done in Nigeria at the Hospital in 1986, total knee arthroplasty commenced in 2013 and stabilization of the spinal column for spinal injured patients is being carried out. the Hospital also pioneered the use of Ilizarov Fixation and limb lengthening technique in the country.

Headship of the Department from Inception:

The department is headed by Consultants Orthopaedic at different times as follows:

1. Dr. Bashir Ighile - Consultant Orthopaedic Surgeon
2. Dr. W. Y. Yinusa - Consultant Orthopaedic Surgeon
3. Dr. Ehi Ojesebholo - Consultant Orthopaedic Surgeon
4. Dr. F.O. Awonusi - Consultant Orthopaedic Surgeon
5. Dr. C. A. Nkanta - Consultant Orthopaedic Surgeon
6. Dr. M.N. Salihu - Consultant Orthopaedic Surgeon
7. Dr. (Mrs.) Ezelagbo Anako - Consultant Family Physician
8. Dr. J. O. Donwa - Consultant Orthopaedic Surgeon
9. Dr. A. M. Waziri - Consultant Plastic Surgeon.

MEDICAL UNIT/TEAMS

Below are the consulting teams providing medical services:

White Team: Paediatrics Orthopaedic, Club Foot, Limb, Reconstruction and Trauma, Pink Team: Arthroscopy, Sport Medicine and Trauma, Green Team: Spine Trauma, Purple Team: Spine Trauma, Blue Team: Arthroplasty, Oncology and Trauma, Plastic and Reconstruction Unit: Burns, Plastic and Reconstruction, Maxillofacial Unit: Maxillofacial, Anaesthesia Unit: NHIS Unit: Obstetrics and Gynaecology, A&E Unit, Pathology Unit,

Neurosurgery Unit: Paediatrics Unit. All the teams have Resident Doctors on rotational posting at various levels of training working under them.

ROAD NETWORK IN THE HOSPITAL



The Hospital entrance



The Admin Block (insert is the Reception Area)



Consultants' Block



Accident and Emergency Ward



The Staff Canteen



School of Post-Basic Nursing, Dala



Some ambulances at NOHD



Filling Station and Generator House



Male Ward II (Old Amenity Ward)



Male Spinal Ward (Old East Ward)



Dantata Amenity Ward



Speciality Out-Patient Department (SOPD) Extension



Spinal Ward Corridor

*Entrance of Burns and
Plastic Ward*



A surgical procedure in progress in the Hospital

Functions of the Department

The department is responsible for providing high quality service in the care of patients, training high quality personnel in orthopaedic and other clinical specializations. It also specializes in conducting research that will continuously improve the practice of medical care.

The department operates the following clinics:

Accident and Emergency Clinics	- 24/7
Out Patient Department	- Mondays to Fridays
NHIS Clinics	- 24/7

The department assumed the status of a directorate, similar to what is obtainable in Teaching Hospitals, to oversee other clinical departments in the Hospital as follows:

Orthopaedic Department, Plastic and Reconstructive Department, Research Education and Training Department, Maxillofacial Department, Pharmacy Department, Pathology Department, Nursing Services Department, Radiology Department, Medical Social Welfare Department, Prosthetics and Orthotics Department, Physiotherapy Department, Medical Records Department, NHIS Unit, Anaesthesia/ICU Department, Public Health Department, Occupational Therapy Department, Nurse Education Department (Post Basic Nursing School), Medical Illustration Department, Medical Library Department and School of Orthopaedic Cast Technology (SOCAST).



ENGINEERING SERVICES DEPARTMENT

The department started as Estate Department at the inception of the Hospital and it was headed by the Maintenance Officer until 1980 when the nomenclature was changed to Head of Department. This was as a result of the creation of the Orthopaedic Hospitals Management Board.

Between 1979 and 1980, more departments and units were created in the Hospital by the Orthopaedic Hospital Management Board. This also affected the Estate Department as the Transport Department and the Instrument Engineering Unit were carved out from it and the Estate Department was renamed Engineering Services Department.

The department has undergone a lot of transformation in terms of headship since inception. The Heads of Department since inception are as follows: Mr. Ayo Silas 1959 - 1976, Mr. Otuya 1976, Alhaji Shuaibu Usman 1976 - 1978, Mallam Rabi'u Soba 1978, Alhaji Shuaibu Usman 1978 - 1996, Engineer O.S. Chukwu - 1996 - 2008, Engineer M.O. Sunmonu - 2008 - to date.

Statutory Functions

The statutory functions of Engineering Services Department is to provide engineering support service in form of planning, designing, construction and maintenance of hospital structures and equipment. Engineering Services Department maintains and keeps in good working condition, hospital buildings, electricity power generators, water distribution system, boiler, laundry equipment, incinerator and all engineering appliances used in the Hospital. The department also liaises between the Hospital and outside engineering establishments for the provision of support services.

The department is involved in structural expansions, among which are: the construction of incinerator, and the new Boiler house. Engineering Services Department involvements became more prominent from 2006, as the Hospital witnessed the most tremendous structural expansion in its history. Some of these structures are; the Accident and Emergency, Burns and Plastic ward, Dantata Amenity Ward, Speciality Out-Patient Department (SOPD), Consultant Block, New Post Basic Nursing School Complex, Staff canteen, New Incinerator House, New Overhead Tank, Borehole constructions and the New Administrative Block and construction of new Intensive Care Unit (ICU), multi-purpose Spinal Complex. There is the expansion of the Physiotherapy Department, the Pathology Department, Renovation of Filling Station, the Generator House, construction of 33KV injection sub-station, among others. There is also the furnishing and equipping of new structures, re-furnishing and re-equipping of old structures, etc.

Units of the Department

Staff of the department operate in their different units and through these units, the department carries out its function. The units are as follows: Carpentry, Plumbing, Masonry, Painting and Decorating, Electrical, Refrigeration and Air-conditioning, Welding and Plant Operations.

Instrument Engineering

The Unit was created in 1979. It was located at the wing of the Engineering Department and the first staff and head of the Unit was the Mr. Paulinus Ekeocha. The statutory function of the unit was to essentially carry out the maintenance and repair of medical and laboratory equipment in the Hospital.

The staff strength continued to increase and the unit continued to carry out its statutory functions. In the year 2000, it was temporarily relocated to the workshop and offices situated near the Occupational Therapy Building as a result of structural defects at the building it was occupying. It remained at this location until 2007 when a new and modern workshop building was completed and allocated to it.

In 2002 Mr. Paulinus Ekeocha resigned from the Hospital and Charles Odinma was appointed to direct the affairs of the unit under the supervision of the Engineering Department. The staff strength of the unit increased tremendously; it is now made up of a mix of biomedical and electronic continues to carry out its functions of maintaining medical and laboratory equipment in the Hospital with high rate of success. It is also involved in maintenance and repair work covering other areas in the Hospital where the know-how of the staff are applicable.

Functions

The department provides advice on the selection of medical equipment, supervision of equipment performance test, maintenance of medical equipment, repairs of medical equipment, provision of guidance on safe use of medical equipment.



THE INTERNAL AUDIT DEPARTMENT

Initially, the Hospital had no separate Internal Audit Department until 1980. What existed before then was routine auditing being conducted at distant intervals by the audit staff of the Institute of Health, ABUTH Zaria. In May, 1980, the Head of Department (Audit) Mal. Idris Bello joined the employment of the Hospital. It

was not until his assumption of duty that a new Internal Audit Department became functional and the method of auditing shifted from infrequent or test check to continuous routine auditing.

With the increase in the volume of activities of the Hospital and changes in accounting and financial system of the Federal Government, it became imperative to have a qualified accountant/auditor to handle the monitoring, control and evaluation of internal controls (IC) and internal checks of the Hospital.

Mr. Afolabi Olufemi Jones, a Chartered Accountant, who was employed in 2001 took over the headship of the department until 2012 when he left the services of the Hospital on transfer of service to another federal institution. The mantle of leadership of the department fell on Mr. Oseni Adetayo Atanda, in whose tenure more professional staff were employed for the department to cope with the increase in the work load of the department.

Activities/Functions

The functions of the Internal Audit Department include: Continuous review of various operations, audit investigations, pre- and post-auditing of financial documents and assets verification etc.

The volume and scope of audit continue to expand by the day as the Hospital strives to attain self-accounting status over the years. The Audit Department was challenged to stand to its billing. This called for a more positive approach on the part of the staff to achieve the desired goals.



THE SERVICOM & INFORMATION UNIT

SERVICOM was an initiative of the Federal Government to ensure that the citizens feel the essence of governance by addressing issues that constitute obstacles to delivery of effective and efficient service in Nigeria.

It was established in March 2004 by the administration of President Olusegun Obasanjo, the reasons for its establishment as contained in the SERVICOM guidelines was that “Nigerians have for too long been feeling short-changed by the quality of public service”.

The Hospital management, in compliance with the directive of Federal Government introduced the SERVICOM by way of designating a consultant orthopaedic surgeon, Dr. Chidozie E. Mbalewe as Nodal Officer in addition to his primary duties, assisted by two Admin Officers. Dr Dafiewhare, a consultant plastic surgeon, subsequently took over under the same arrangement.

It was in 2014 that the Servicom Unit became a full blown unit with its nomenclature as **Servicom and Information Unit** and with the full complement of staff holding schedules as specified in the SERVICOM guideline including Nodal officer, Senior information office who is the Charter Desk Officer, Customer Care/Complain Desk Officer, Service Improvement Desk Officer and an Information Assistant.

Headship of Servicom Unit

Servicom and Information Unit of the Hospital has had the following Nodal Officers from 2006 to date:

<u>NAMES</u>	<u>PERIOD</u>
1. Dr. Mbalewe C.E	22 nd January, 2007 — 3 rd July, 2012
2. Dr. Rex Dafiewhare	4 th July, 2012 - 25 th May, 2014
3. Pharm. T. Ayinde	2 nd September, 2014 - 21 st June 2015
4. Malam Nasiru Harazimi	22 nd June, 2015 - 21 st September, 2016
5. Malam Tijjani Musa Muhammad	22 nd September, 2016 - 23 rd July 2019
6. Malam Dan'Aji Musa Muh'd	24 th July, 2019 – To date.

Activities of the Unit

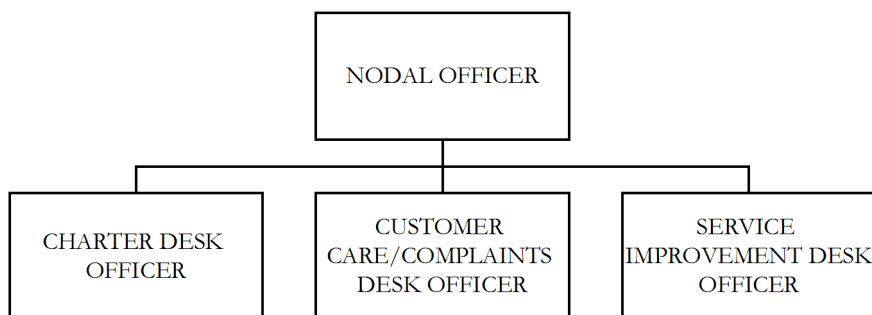
- Oversee and coordinate reception areas of A&E and SOPD.
- Disseminate information to patients in service frontline (A&E and SOPD) every morning before Doctors begin consultation.
- Review from time to time, the service charter of departments to ensure that they comply with the **SERVICOM** charter.
- Educate patients about protocols of service delivery and complain procedure.
- Attend to complaints on service delivery with the view to proffering immediate solution or report to the Nodal Officer as appropriate.
- Analyse patients' complaints with the view to bringing up trends and suggesting improvement plans for better service delivery.
- The Unit serves as the public relations arm of the Hospital and arrange public media coverage for important activities taking place in the Hospital as assigned.
- Cover events as assigned for publication in the Hospital newsletter.
- Collate and edit entries and submit same for publication in the newsletter.
- Anchoring of Friday hospital presentation and other important events as assigned.

- Make arrangements for covering the weekly programme: “MUTAMBAYI LIKITA” with *Radio Dala FM*
- The Unit renders periodic reports on complaints handled and ensure entry of same in the SERVICOM report book.
- Handle requests for articles and information on social events concerning staff for the purpose of publication in the newsletter.

Structure

The structure of the Servicom and Information Unit of National Orthopaedic Hospital Dala-Kano is like any other SERVICOM unit in a ministry, department or agency. The unit is headed by a Nodal officer who reports directly to the Chief Executive (Medical Director)

Below is an organogram of the Servicom Unit of the hospital:



THE LAUNDRY UNIT

The Laundry and Tailoring Unit of the Hospital is as old as the Hospital itself. This is borne out of the fact that when the Hospital actually began operations with laundry services and was supervised by the Nursing Services Department. It took off with the following machineries:

One old calendaring machine which operates with steam via the boiler; one Spencer Dryer machine of 55kg capacity; one hydro-extractor machine of 35kg capacity; two old manual washing machines of 30kg capacity; two butterfly sewing machines; one butterfly weaving machine; and one *Akai* zig-zag machine.

The unit continued to develop and was able to meet the increasing demand for its services. In 2002, the supervision of the laundry and tailoring unit was transferred from the Nursing Services Department to the Administration Department.

Functions

The routine activities of the department include processing of infections and stained linens from the wards and theatre unit, production of theatre swabs, theatre gowns, production of staff uniform, laboratory coats, CSSU and packing towels and amendment of linens. The Unit runs three shifts daily.

Headship of the Department

Malam Mohammad Danbaba Garba, Alhaji Aliyu Yunusa and Alhaji Danjuma A. Haruna.

Facilities

Of recent, the unit witnessed tremendous development when additional modern machines were provided which included: one automatic washer extractor 55kg capacity, one automatic Spencer dryer machine 50kg capacity, one flat work ironer (Calendaring) 1600mm.

The new machines/equipment facilitated smooth and effective service delivery, this is more so as the existing machines prior to the procurement of delivery of the unit were old.

MEDICAL ILLUSTRATION UNIT

The Medical Illustration Unit was established in 1981 in the Hospital as a resource and technical arm of the Research, Education and Training (R.E.T) Unit. It is charged with the responsibility of providing materials or teaching aids in general graphics, photography, audio-visual, video packages/clips for the purpose of training, education, documentations and research.

Functions

The following are the major functions of the unit:

i. Clinical Photography - To record subjects and special case patients with peculiar orthopaedic conditions as in in-patients', out-patients', surgical patients' cases, etc., such documentation photography in whatever form as may be required is reserved or filed for future reference.

ii. Audio-Visual Aids — The unit is equipped with various types of projectors such as over-head projectors, slide projectors, multimedia projectors and other equipment which comprise Public Address System (PAS), laptop computers, screen projectors, screens, etc.

The unit has programmed audio-visual speeches and symposiums which is more or less on a regular (weekly or otherwise) basis in maintaining continuing education for the diverse professions in the Hospital.

iii. General Graphics Art— This is practised and executed in all its branches as may be relevant to the Hospital's requirements, these include graphics designing, print making, processing of information into posters, brochures, handbills, calligraphy, printing (Lithography in particular or direct computer printout) etc.

iv. General/Corporate Photography—The unit captures photography of personnel, building constructions (predominantly of hospital's projects) and events for use in publicity, hospital's newsletter, documentation, records and archiving.

v. The Unit provides a back-up to the R.E.T in its continuing academic programmes for the training of Resident doctors, Orthopaedic/Accident and Emergency Nursing students and hospital conferences/workshops by providing audio-visual aids, multimedia projectors, clinical still-images, slides presentations, illustrations, etc.

vi. It also provides visual materials for the Hospital weekly routine educational conferences attendance, for both Medical and Non-Medical Lecture Presentations.

The unit has produced numerous information and publicity materials for occasions that demand their usage. It also produces album photography, posters (different sizes and formats), banners, programme booklets, cover designs, screen printings, plaques, frames (for enlargements), certificates, calligraphy scripts, decorations, etc.

MEDICAL LIBRARY DEPARTMENT

Established in 1972, the department began with an initial collection of forty books. On inception, the library was situated between the East Ward (now Male Spinal Ward) and the Main Theatre, at the extreme end of the block housing the old Medical Director's office block (now used as offices for Senior Consultants).

From 1972 to 1979, the department was under the supervision of the Head of Library of the Institute of Health (ABUTH) Zaria where Library Assistants were deployed to man the Hospital library on

rotational basis. In 1979 Alh. Adamu Ciroma who is now District Head of Ewanko Borgu Emirate Council New Bussa Niger State was employed as the first Librarian and deployed to manage the Hospital Medical library.

The following is the order of headship of the medical library:

Alh. Adamu Ciroma - 1979-1992

Mal. Abubakar Mohammed - 1992 – 2012

Mrs. Lucy Obinor 2012 - 2016

Mal. Hamisu Ado 2016 - 2017

Mal. Ibrahim Yusuf Muhammad - 2017 to date.

Functions

The Medical Library plays an important role in the Hospital, which includes: Serving as a resource centre for research and aiding teaching and learning activities of all training activities within the Hospital. The Library also organizes and preserves information sources of the Hospital and serves as information and study centre for the staff of the Hospital.

The Medical Library has grown from its initial 26m² room with 10 sitting capacity room to a fully air conditioned 141m² with 70 sitting capacity room. The volume of books has risen significantly to cater to the need of the the increasing number of readers that patronize the library on a daily basis.

The library subscribes to journals which form the bulk of both international and national journals, with several soft copies of publications. There are computers and wireless internet in the library. It can be observed that the medical library is favourably competing with libraries of its kind all over the country.



HEALTH RECORDS DEPARTMENT

Information generally is the bedrock of every organization that has vision for growth and productivity. In every aspect of service delivery in our health sector, health information is very paramount considering the work ethics and significance attached to health information generally.

The Health Information Management is for sustainable healthcare development and every aspect of our life nowadays are affected by health information technology. Health information technology is used to provide information, record data for making necessary decisions and developing policies for implementations. The department can be categorized as follows:

i. Health Records Department Under Ahmadu Bello University Teaching Hospital (ABUTH) Zaria

Before 1959, there existed Management of Health Records system of the Hospital which was manned by the colonial masters up to the 1960's. Health Records Officers were sent to co-ordinate the affairs of Health Records Management system generally in the three Health Records Centres under the Institute of Health: Orthopaedic Hospital Dala Kano, Malumfashi and Kaduna. These three institutions were all branches of ABUTH Zaria.

The pioneer expatriate Health Records Officer (HRO) was Mr. Karat A. who was seconded from Royal Orthopaedic Hospital, London. Mr. Karat later handed over the administration of the department to a Nigerian, Mr. Faponle A. A who on retirement handed over to Mr. Esere A. and later to Mr. Olayemi A. Thomas (FHR). Mr. Ezebilo B. was posted to manage the Health Records Department in National Orthopaedic Hospital, Dala - Kano on 1st April 1980, following the taking over of Orthopaedic Hospital Management Board.

ii. Health Records Department Under National Orthopaedic Hospital, Dala – Kano

Going by the chronicle of leadership of the department, the first indigenous head of department under NOHD was Mr. Ezebilo A. who was posted from ABUTH Zaria to oversee the affairs of the department and was reporting back to Zaria on a weekly basis. When Mr. Ezebilo A. retired, he handed over the headship of the department to Mr. Adeosun B. A. who returned from overseas course on Health Records training between 1970s and 1980s. The department was later handed over to Mr. Afuye A. K. who returned from abroad by the directive of Board of management of ABUTH Zaria with Mr. Adeosun B. A. deputizing for him.

Mr. Afuye A.K. resigned and handed over the headship of the department back to Mr. Adeosun B. A. who later retired and handed over the department to Mr. Godwin Esekpe. After few years, Mr. Odeh M.O. took over the headship of the department, but his tenure was short-lived. Later Mr. Adetunte E. was employed and he headed the department for four (4) years (2000 – 2004). Mr. Odeh M.O, who served in that capacity was again made the head of the department until his retirement from the service in 2016. Upon his retirement, Mal. Garba Danlami became the head of the department.

Health Records Management Transformation

The headship of the Mr. Afuye A.K. (FHR) witnessed tremendous transformation of the department which included the following:

Between 1959 and 1975, the General Out-Patient Department (GOPD) Consultative Clinics were jointly coordinated in the Orthopaedic Unit of the then City Hospital, now Murtala Mohammed Specialist Hospital (MMSH). The Consultant, Dr. Osad

Osamwonyi, along with other Doctors/Nurses and Health Records Officers had to run SOPD Consultative Clinics at Murtala Mohammed Specialist Hospital (MMSH). In 1976, General Out-Patient Department (GOPD) Consultative Clinics were officially opened in the Hospital.

There was a new innovation with regards to the Health Records practice based on ethics e.g. changes in unit system of Health Records, patient admissions procedures, General Out-Patient Department (GOPD) and Surgical Out-Patient Department Consultative Clinics management etc.

The clinical data reporting system statistically was on daily, weekly, monthly, quarterly, bi-annual and annual bases. The documents were transformed into thorough mechanical documentations, tele-printers and micro film and micro recording formats. Finally, there was the introduction of Computer Technology for processing of health records and for better data processing and reporting system. The use of Information Communication Technology (ICT) in present day health sector calls for E- health records and is clearly inevitable. In view of this development, the department undertakes the following activities: Use of a standard data capturing of all clinical data from inception, maintain a centralized and standard Patient Health Records Filing Library for research purposes; maintain a database and stock archival documents. The department, with its activities aims to be a centre of excellence for all surgical documents, become a centre for accreditation for all healthcare professionals, training centres, colleges etc; and be the source of credible health data for policy formulation and sound decision-making.

The department maintains “clinical data quality management” at every stage and is the general custodian of information and it makes health records available at all time on request. The department assists in clinical research, education and training of medical students, health information and others. It engages on monitoring and evaluation of all clinical documents/materials and participates fully in clinical auditing of Patient Health Records (PHR) while preventing undue proliferation and porosity of Patient Health Records at all cost. The department also engages on re-designing of health records documents and advise on health records software packaging and development for full computerization of Patient Health Records.

Units of the Department

The department, being the shop window entrance and exit for every hospital patient, maintains the following units:

A & E/ICU Health Records, SOPD Consultative Clinics, NHIS (Enrollees) Clinics, Total Quality Control (TQC) Total Quality management (TQM), Computer (Data Capturing), Statistics/Research, Filing Library/Archival Database, Health Records forms printing and designing, Hospital Patient Admission Clinics, Clinical Data Generation, Health Records Secretariat.

External – Clinical Departments, Clinical Coding and Indexing (Diagnosis and Procedures).

Accident and Emergency Unit (A&E)

Registration and documentation of all new patients, management of A&E and ICU health records, compilation of A&E patients’ statistics, mediation between the doctor and the patients during consultations, booking of patients for their next appointment after consultation for follow-up treatment.

National Health Insurance Scheme Unit (NHIS)

The functions of this unit are: Registration and documentation of enrollees, compilation of NHIS statistics, proper management of NHIS clinic records, serve as custodian of NHIS health records, management of NHIS admission and discharges records and filing and retrieving of health records.

Filing Library Unit

This unit undertakes the functions of being the custodian and management of patient's case folders, tracing and filing of patient's case folders, management of tracing system of patients' case folders and maintenance of all filing equipment/ materials and assisting in research study.

Total Quality Control Unit

This unit ensures the maintenance of the quality of all clinical documentations of patients' health records, ascertaining the written diagnostics and operation procedures in the case folders, ensuring a permanent filing system of patients' health records, and permanent arrangement of the contents of patients' case folders chronologically. Other functions are: providing advice on the printing of standard patients' health records forms, ensuring the safety of medico-legal documents and ensuring quality assurance of patients' health records.

Statistics Unit

The statistics unit is tasked with the responsibility of managing clinical data arising from patients' treatments, reporting statistically to the management, conducting and assisting in clinical research development, compilation and production of social demographic status and classification and analysing all hospital data.

Health Records (Ward) Secretary

This office is responsible for the proper maintenance of in-patients' health records, maintaining the in-patients x-ray file jackets and laboratory results, responsible for compiling and collecting Daily Ward Statement (DWS), co-ordinates in-patients' admissions and discharges and follow-up system and responsible for the management of health records forms in the ward.

Admission Waiting List

Generally, managing all patients' admissions in the Hospital (in-patients and day cases), maintenance of all admissions, documents/material, acting as intermediary between the patient and the doctors in admission clinic, maintaining all cases of health records ethics on admission processing stages, booking of various admissions appointment based on routine and emergency cases, supplying the necessary admissions health records forms to the doctors and the nurses and confirming admitted cases through issuance of admission slips to the ward nurses.

Obstetrics and Gynaecology Unit

The functions of this unit are registration and documentation of patients, tracing and filling of patients' case folders, registration and filling of master patients index card, registration of patient's attendance in the register, Collection and filing of O&G patient's lab results, preparation of ante-natal and O&G clinic and compilation of monthly O&G clinic statistic.

Maxillofacial Unit

The unit's functions are tracing of MFU patients case folders to see the doctors, registration of MFU patients' attendance, booking of appointment for MFU patients for their next clinic, filing of MFU patients case folders after the clinic and compilation of MFU patients' monthly statistics.

HEALTH RECORDS (EXTERNAL) CLINICAL DEPARTMENT

All clinical and non-clinical departments are directly/indirectly linked with health records practice in the Hospital environment. Most of the clinical departments have health records receptions performing health records duties such as; Patients registration and documentation, Clinical data production and Health records forms usages in their various services areas. Additionally, the unit perform the function of Reporting statistically through clinical data collection, collation, computation, analysis and reporting on monthly basis to health records statistics unit for onward processing and general reporting to the Hospital management.

Going by health records ethics, trained health records officers are suitable to be posted to the various clinical departments as health records receptionist e.g. Radiology Department, Physiotherapy Department, Occupational Therapy Department, Prosthetic and Orthotics Department and Pharmacy Department.



The Intensive Care Unit, NOHD

Table 1: *Admission Clinics Daily, Weekly and Speciality Surgeries*

Types of Specialized Surgeries Performed from 2015 -2018	Number
Arthroscopy	66
Arthroplasty	308
Spine and Trauma	383
Paediatrics	91
Limb reconstruction	192
Maxillofacial	53
Neuro Surgeries	19
Plastic reconstruction	301
Total	1,413

Table 2: *Other Surgeries Performed from 2015 - 2018*

Major	2022
Inter	999
Minor	1162
Total	4,183
Total surgeries expatriate and others	5,596

Table 3: *Ward Admission (In-patient) From 2015 to 2018*

Admission	8,846
Discharges	8,316
Death	208

Table 4: *A/E Patient Attendance from 1959 to 2018*

Patient Attendance	28,341
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Table 5: *NHIS/ Staff Clinics Patients Attendance from 2015 to 2018*

NHIS Enrollee	25,896
Non NHIS Enrollee	7,282
Total	33, 178

Table 6: *SOPD/ GOPD Consultative Clinics from 2015 to 2018*

Total Patients Attendance	57,409
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The Pharmacy Department

Table 7: *Expatriate Doctors and Types of Procedures Performed*

EXPATRIATE DOCTORS		TYPE(S) OF PROCEDURE		
S/NO.	NAME OF SURGEON	MAJOR	MINOR	GRAND TOTAL
1.	Dr. Bryson 1 st Medical Director	161	6	167
2.	Dr. Walker	40	6	46
3.	Dr. Mandell	92	5	97
4.	Dr. Swann	372	58	422
5.	Dr. Brock	23	6	29
6.	Dr. Monty	177	15	192
7.	Dr. Taylor	35	10	45
8.	Dr. Wilson	100	33	133
9.	Dr. Renham	50	3	53
10.	Dr. Brett	50	8	58
11.	Dr. Powel	31	13	44
12.	Dr. Wood	35	24	59
13.	Dr. Golden	31	14	45
14.	Dr. Rees	32	13	45
15.	Dr. Philips	92	63	155
16.	Dr. Griffihs	53	6	59
17.	Dr. Ketchman	9	10	19

18.	Dr. Crellum	53	23	76
19.	Dr. Cotton	55	45	100
20.	Dr. Trickay	75	37	112
21.	Dr. Owan	38	9	47
	Grand Total	1604	399	2003

Table 8: *General Hospital Bed Allocation Hospital Bed Complement as at 2018*

Male Ward 1	31
Male spinal Ward	29
Male Ward I1	21
Female Ward	35
Children's ward	31
Female Spinal	8
ICU	5
B & P	22
Acute ward	3
Dantata Ward	30
A&E	16
NHIS	9

Amenity	40
G/Total	280

Table 9: Yearly Bed Complement as at 2018

YEAR	BED
1959 - 1982	106
1983 -1987	112
1988 - 1994	153
1995 – 2000	159
2001 - 2002	171
2003 – 2008	190
2009 - 2010	226
2011 - 2014	264
2015 - 2018	280

BED STATE ACTIVITIES IN (PATIENTS) FROM 1960- 2018

WARD ADMISSIONS	<u>NUMBERS</u>
ADMISSIONS	52,264.0
DISCHARGES	50,400.00
DEATHS	948.00

PATIENT ATTENDANCE OF CLINIC

CLINIC	YEARS	ATTENDANCE
A&E / ICU	1994-2018	139,590.00
SOPD/GOPD	1960-2018	484,045.00
NHIS/STAFF CLINIC	1994-2018	191,130.00

MEDICAL SOCIAL SERVICES DEPARTMENT

The Medical Social Services Department of the Hospital was established in the year 1970 when Consultants, Residents, Nurses and other health professionals were being seconded to the Hospital from the Royal Orthopaedic Hospital, London as a result of the mutual arrangement between the Nigerian government and the British Ministry of Overseas Development Aid. With this arrangement and due to increasing cases of abandoned patients, social and financial problems interfering in medical treatment, a Briton, Miss Bachelor who was a trained social worker, was posted to the Hospital to oversee the affairs of the department. Her office was first located at Murtala Mohammed Specialist Hospital Kano, before it was finally relocated to the Hospital in 1972.

Miss Bachelor did well in counselling of patients to embrace modern orthopaedic treatment instead of patronizing local traditional bone-setters which yielded fruitful results. She also did well in liaising with donor organizations that donated different types of appliances to needy patients.

In 1973 when the management of the Hospital was transferred from Interim Common Services Agency (ICSA) to the Institute of Health, Ahmadu Bello University Zaria, another trained social worker, Mrs. H. Ogunsanmi was employed and posted to assist Miss Bachelor. They worked together and brought the services of the department to the limelight, with Miss Bachelor as Head of Department.

In 1975, Miss Bachelor resigned and returned to England. Before then Mrs. Raliat Balogun was employed and posted shortly after, another trained social worker, Mrs. Jamila Yahya was also employed

and posted, all from the Institute of Health, A.B.U Zaria. Mrs. H. Ogunsami then became the Head of Department.

They worked assiduously together to increase the scope of services provided by the department to include social rehabilitation of critically injured patients, keeping patients valuables and provision of accommodation to stranded patients and relations among others.

Mrs. H. Ogunsanmi retired voluntarily in 1980 and Mrs. Jamila Yahaya took over as the Head of Department up to 1994 when she also retired voluntarily. From 1980 to 1994, three medical social workers were employed. These include Mrs. R.A Abbah, Mrs. A.M. Adamu and Malam. Abdulhamid Ibrahim. During this period, an association with the aim of helping poor and needy patients (Friends of Orthopaedic Hospital Association, FOHA) was formed under the leadership of Mr. Marcus Ojo, a civil servant. The department has been coordinating the activities of the association in relation to the needs of indigent patient.

Functions of the Department

The department carries out the following activities: Alleviating/solving patient's psychological or emotional problems through counselling, providing social rehabilitation to patients, liaising between patients and various resource systems to the maximum benefit of patients, repatriation of abandoned patients, providing accommodation to transit patients, safe keeping of patients' valuables, identifying and solving needy patients' social problems, home visits and follow-up as needs arises, ensuring general social well- being of patients while receiving treatment, assisting in training of medical social workers, coordinating the activities of FOHA to the maximum benefits of needy patients.

Since the inception of the department a significant number of indigent patients have benefited from various services of the department enumerated above. The statistics of patients that have benefited from the above activities of the department are presented below:

Table 10: *Statistics of Indigent Patients that Have Benefited from the Department*

Year	Psychological Counseling	Help for Indigent Patients	Repatriation of Abandoned Patients	Home Visits/Follow Up	Social Rehabilitation of Critically Injured Patients	Linking/Liaising Advocacy
1969 – 1979	8,846	10,674	109	2,433	226	11,297
1980 – 1990	11,554	12,326	146	1,786	401	11,849
1991 – 2001	12,801	14,002	131	2,101	526	11,642
2002 – 2012	12,924	14,552	34	1,147	334	12,013
2013 – Dec. 2018	5,019	6,901	21	307	121	5,221

NURSE EDUCATION DEPARTMENT

Nurse Education Department dates back to 1962, when the need for Orthopaedic Nurse Specialists to properly care for the orthopaedic patients/clients arose. Hence the then Management of the Hospital began the training, which was on on-the-job basis and conducted by the Nursing Services Department. Lectures were conducted for the trainees twice weekly and practical demonstrations were carried out on daily basis on the wards. The duration of the training was three months.

In February, 1965, Miss M. J. Ives (a British Senior Orthopaedic Nurse), under the then Ministry of Health, Northern Nigeria, was instructed to draft a syllabus for the training of Orthopaedic Nurses, which she did. So the first batch of students who were six in number, were admitted all from the northern part of the country i.e. one each from Keffi, Okene, Kafanchan, Sokoto, Minna and Katsina towns. The training started on the 1st March, 1965 and it was manned by the Nursing Services Department. Later, the duration of the training was increased to 12 months. After the successful completion of the first batch of students, they were automatically absorbed by the management to boost the Hospital manpower. Thereafter, the number of intake each year continued to increase gradually due to higher demand for training from various hospitals in the United Kingdom.

It was in 1974 that a full- fledged Nurse Education Department was established and headed by Mr Reginald-Martins Mfom Akpaidiok who was the founding head of this department. He took this responsibility after his return to the Hospital on secondment from Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, United Kingdom. He laid the foundation of training in Orthopaedic

Nursing whereby an entry criteria was streamlined for entry into the training programme as follows:

- Basic nursing qualification with the registration of the Nursing and Midwifery Council
- Minimum of two years post qualification
- Candidates should be from the Northern part of the country or stationed in the North
- Admission of two sets of students per year i.e. in April and October every year.

As from 1980, the number of students admitted each year increased tremendously because of the increase in the number of applicants seeking for the training. Mr. R. M. M. Akpaidiok retired from service in August, 2002 and the headship of the department was taken over by Mrs Anifasat Aliyu Sani. It was during her time that the Accident and Emergency Nursing training programme was introduced in October, 2005 with 15 candidates admitted as the pioneer set. Since then, the department has been running the two programmes simultaneously. Mr S. N. Wabare was transferred from Nursing Services to the department to coordinate the accident and emergency programme.

Mrs. A. A. Sani retired from service in September, 2009 and handed the baton of headship to Mrs Helen Ngozi Nwadibia. She served for approximately two and half years after which she voluntarily retired from service on the 31st May, 2012. The headship of the department was taken over by Mr. S.N. Wabare, from the 31st May, 2012 and has been piloting the affairs of the department since then.

Functions of the Department

The following are the statutory function of the department: Imparting knowledge and skills to students to become competent

Orthopaedic Nurses and Accident and Emergency Nurses. Organizing Update (Refresher) Courses for past graduands. The department had continued to perform these functions in the course of which it was able to ensure the following:

A standard curriculum for Orthopaedic Nursing Programme which was adopted by the Nursing and Midwifery Council. The department has trained a significant number of Orthopaedic Nurses who are practising in different parts of the globe.

Establishment of A&E Nursing Programme in October 2005

The department has also trained a reasonable number of Accident and Emergency Nurses who are practising in various parts of the country. The department that started with a small office and a small classroom with maximum capacity to contain about 5 – 10 students only has now a building complex containing the basic requirements for teaching and learning. It continues to organize refresher courses from time to time.



NURSING SERVICES DEPARTMENT

Nursing Services Department can be considered as the heartbeat of the Hospital. The success of the other members of the health team in providing care to patients is largely dependent on the coordinating role of the nurses. Therefore, there cannot be a hospital without nursing services, as this is the balance of all care. The work of the nurse in National Orthopaedic Hospital, Dala – Kano is influenced by the philosophy underlying the operations of the Hospital, the organizational plan of the nursing services, the objectives and overall plan for patient care, the departmental

relationships and the provision of conditions that make it possible for personnel to provide patient care.

Historical Background

The Nursing Services commenced operation in 1952, prior to the official commissioning of the Hospital in 1959. The Nursing Services Department consists of the Main Operating Theatre and four wards i.e. Female/Children, Amenity, East and West Wards. Between 1959 and 1967, there was no Out-Patient Department because the Out-patients were seen at the then City Hospital, now Murtala Mohammed Specialist Hospital, Kano. The wards were managed by nurses on secondment from the Royal National Orthopaedic Hospital, London with the following beds spaces:

Female/Children's Ward had	-	35 bed spaces
Operating Theatre	-	1
East Ward	-	31
West Ward	-	31 and
Amenity Ward	-	33

The number of personnel at that time was 36 both Nurses and Doctors. The Office of the Head of Nursing Department was created in 1968 to effectively co-ordinate and manage the increasing number of patients. At that period the number of nurses increased to sixty-five (65). Furthermore, from 1980 – 1994, the department expanded operationally with eight wards and one hundred and fifty-three (153) beds. The major responsibility of the Chief Matron who was (Head of Department) was to coordinate and ensure professional standard of practice. Within this period, the nomenclature of nurses changed from Staff Nurse to Nursing Officer. The combined Female and Children's' Ward were separated, the Accident and Emergency Unit and Casualty Ward were created and headed by late CNO Grace N. Chukwu.

From 1994 – 2000, the Wards/Units under the department grew to eleven with corresponding increase in bed spaces. The nurses also increased from 65 to one hundred and sixty. These important and far-reaching changes profoundly affected patients care positively. Also in order to improve the quality of nursing, education in specialists was introduced. In-house Continuing Education Unit was created to update the nurses' knowledge. the Hospital/Ward Infection Control Unit was also introduced to reduce the rate of hospital infection.

Headship of the Department

The following people have headed the department over the years:

- Chief Matron Onugbolu - 1968 – 1980
- Chief Matron Kande Ambursa - 1980 – 1989
- CNO Moses Hambolu - 1989 – 1994
- ADNS Elizabeth Ogigirigi - 1994 – 2002 (the first Assistant Director to head the Department.
- ADNS Hafsat Kolo - 2002 – 2006
- ADNS N. O. Lawal - 2006 – 2010
- DDNS B. O. Awonusi - 2010 – July 2019 the first Head of Nursing Services Department with B.Sc. in Nursing Science, her leadership introduced scientific nursing in both theory and practice. She retired from the services of the Hospital on 16th July, 2019.
- DDNS Mrs. Nafisat T. Musa - 2019 - to date.



OCCUPATIONAL THERAPY UNIT

Occupational Therapy is an integral part of Orthopaedic Care. The unit was established in 1974, with the aim of providing rehabilitative services to both in- and out-patients and also referred patients from other hospitals. The pioneer staff of the department was Mr. Raphael Obekpa, a health attendant. The unit was, for quite some time, supervised by the Physiotherapy Department occasioned largely by lack of qualified specialists. The unit has been headed by the following personalities from inception:

- Mr. Thomas Chariyen
- Dr. F. O. Osikoya (OTR) and
- Ibrahim Garba

Functions of Occupational Therapy

The unit offers specialized splinting, upper/lower limbs retraining for ADL (Activities of Daily Living) and IADC (Instrumental Activities of Daily Living), Energy conservation/work implication/stress management ergonomic and occupational health, functional assessment to enhance surgical treatment, home/work site assessment and modification/environmental adaptation and psychological rehabilitation.



PATHOLOGY DEPARTMENT

The laboratory was established as the outstation of the Pathology Laboratory of Ahmadu Bello University Teaching Hospital, Zaria, in 1970 with five staff attached to render services in haematology and blood transfusion. The first five staff were: Joseph Fatuase, Shitu, Bristone, Alhaji Shehu and Ishaya Bolaji. The laboratory started as a single room laboratory in the present day

Physiotherapy Department with a 3ft x3ft table which served as the working bench. The staff did not have formal training as they were mainly laboratory assistants and attendants who could only perform urinalysis, blood grouping, Hb and PCV. Other investigations were sent to Murtala Mohammed Specialist Hospital for analysis. Sometimes, staff from Bukavu Barracks were posted to the laboratory to render helping hands. Life was injected into the department in 1976 when Mr. Adejo S. O., a Medical Laboratory Technician, was redeployed from ABUTH Zaria to the Hospital to head the pathology laboratory with the collaboration of Professor Fleming, a Consultant Haematologist in ABUTH Zaria. In 1978, the present pathology building was designed and in 1979, Management built and equipped the present laboratory. The laboratory thus became the reference centre in the state.

Headship of the Department from Inception:

- Mr. Okpechi 1978 – 1982
- Mr. Moses Kweowe 1982 - 1983
- Mr. M.O. Ojo 1983 – 1986
- Mr. Ezeadi L.O 1986 - 2006
- Mr. Ibekwe E.C 2006 - 2019
- Nabila Ado Ya'u

As a result of providing the department a block, it has grown from a single room department to six functional units namely: Haematology Unit, Chemistry, Histopathology, Microbiology, A/E Laboratory and Sample Collection Centre at Out-Patient Department. Each unit is headed by senior scientists not below the rank of Chief Medical Laboratory Scientist. The department is headed by a Deputy Director of Medical Laboratory Service, assisted by Assistant Director of Medical Laboratory Service.

Functions of the Department

Services of the department include full range of haematological investigation, clinical chemistry, histopathology and microbiology and serology.

Units in the Department

The main activities of the department are carried out in six broad units namely:

a) Histopathology Unit

This unit is involved in the processing and production of tissues and cytology section of histologic examination.

b) Microbiology/Parasitology Unit

The functions of the unit includes: Microscopical examination, culture, isolation and identification of micro-organisms from clinical and testing the sensitivity pattern of the isolated organisms to various antibiotics. It also carries out serological investigation (e.g VDRL, ASO-Litre, Mantoux Test, Widal Test, Rheumatoid Factor, CRP) to investigate patient's response to bacteriological infections.

c) Haematology Unit

This unit is involved in counting of cellular consultants of blood, esumation of haemoglobin, and coagulation studies.

d) The Blood Bank

The unit provides safe blood for transaction to patients. Its functions include recruiting and bleeding of blood donors, grouping and cross matching; HIV and hepatitis screening. The unit maintains high standard of accuracy, ensuring that blood given to patients is safe and free from transmissible infections such as HIV, Hepatitis B, Hepatitis C and Syphilis.

e) **Clinical Chemistry**

This unit carries out bio-chemical analysis on blood and biological fluids. Its functions include estimation of urea and electrolytes, liver function tests, blood sugar estimation, bone chemistry, urinalysis, etc.

f) **Accident and Emergency Laboratory**

This unit is repositioning to attend to all emergency laboratory requests. Currently, the unit carries out FBS, PCV, urea, grouping and cross-matching in the Accident and Emergency Laboratory. Plans are under way to include full range electrolytes and urea which are the main tests commonly requested in emergencies.



PHARMACY DEPARTMENT

The Pharmacy Department of the Hospital, handles the sourcing, procuring, storage, management and dispensing of genuine and affordable drugs to all the patients of the Hospital. These include In-patients, outpatients, accident and emergency patients and NHIS enrollees. The department runs services on twenty-four-hour basis. It also disseminates drug information to the patients and other healthcare personnel. The drug information unit/departmental library is currently operating from the in-patient unit.

The department is an accredited centre for the training of intern pharmacists, pharmacy students on industrial attachment as well as student pharmacy technicians on practical postings consequent upon which it receives such students on routine basis. At the onset, the pharmacy department of the Hospital, was a unit under the Pharmacy Department of A.B.U. Teaching Hospital, Zaria. Pharmacists were at that time sent or posted from A.B.U.T.H. on regular basis to attend to patients' drug needs. The last pharmacist to be posted from

A.B.U.T.H. Zaria was Pharmacist Bello. When the Orthopaedic Hospitals Management Board was set up three pharmacists were employed namely, Pharm Eze, Pharm Inda and Pharm O.T. Onatunde.

By the time Pharmacist O.T. Onatunde assumed duty on 1st July, 1980, he met the other two on ground. Pharmacist Bello handed over to Pharmacist Eze as Head of department. However, these two pharmacists stayed only a few months leaving only Pharmacist O.T. Onatunde behind. He took the headship of the department in year 1980 as a Pharmacist I from where he rose through the ranks to the post of Assistant Director of Pharmacy and retired on 28th April, 2005. He handed over the department to the current Head of Department – Pharmacist (Mrs) B.B. Preh, who attained the post of Director, the first to attain this position.

At the onset the department, comprised of three offices, namely; the HOD office, window dispensary and store. The current Health Records department filing room was also a pharmacy store. The department had a bulk store beside limb-fitting department where the current central store is located for storage of infusions and other drugs like Prince Charles donation. This donation was in excess of the Hospital consumption and the Hospital in turn donated a lot of the drugs to the Kano State Health Management Board through the honourable Commissioner for Health on instruction by the then Medical Director, Dr Osawonyi at a ceremony covered by many broadcasting stations, while Pharm O.T. Onatunde made the presentation. The current HOD office and the store was an expansion made during Professor Mbamali's tenure as Medical Director.

When the Petroleum Trust Fund (PTF) Scheme commenced in 1997, the Management allocated a space to the department at the Central

Store (current NHIS block) because of the bulky nature of the supplies; dressing materials, consumables and disinfectants. The inpatient pharmacy unit was the P.T.F. shop. The PTF pharmacy shop and Drug Revolving Fund (DRF) drug sales ran parallel to each other until it was merged on 1st January, 2001.

The Hospital was rated first in PTF sales revenue generation in the zone. This was attributed to the Hospital already having a Drug Revolving Fund Scheme in place before the advent of the PTF. The Central Medical Stores, Oshodi Lagos donated a desktop computer to the pharmacy department because of the Hospitals patronage of its products.

Growth in the Department

Before 1979, only one pharmacist ran the department. This increased to three in 1980, five in 2001, seven in 2007, nine in 2009, eleven in 2011 and the number continued to grow towards meeting up the increasing needs of the patients. There has also been an increase in number of patients attended to, value of stock managed, income generated and expenditure over the years. The department attended to all patients from one office before; through the window. This was divided into inpatient and outpatient in year 2002 and currently decentralized to four dispensing outlets: In-patient (2002), Accident and Emergency (2009), Surgical out Patient (2013) and National Health Insurance Scheme (2013). Window dispensing was abolished in 2006. Counseling of all patients commenced in accordance with the requirements of Pharmacists Council of Nigeria for Pharmaceutical Care.



PHYSIOTHERAPY DEPARTMENT

Phorthopaedics treatment does not end merely at fixing the fracture efficiently, but pre-injury functional status of the

individual has to be restored and further complications prevented. (Ebnezar, 2011). This is where the speciality of physiotherapy comes in, to bridge the gap in the management of orthopaedic patients. Apart from the therapeutic role, physiotherapy has a restorative role in restoring the lost function and also preventive role in preventing the recurrence of the problem and secondary complications from setting in.

In National Orthopaedic Hospital Dala, Physiotherapy department started operation together with the Hospital as a whole when it was commissioned in 1959.

The first Head of Physiotherapy department of the Institute- ABU Zaria was Mr. Bernie (a Briton), who was overseeing the Physiotherapy Units at Zaria, Kano and Malumfashi. While Mr Bernie was overall head of the three units, Malam Halilu Mohammed was the head of the Physiotherapy department at the Hospital.

Headship of the Department

Malam Halilu Mohammed became the first substantive indigenous HOD in Dala with Mr. Komi as Deputy. Mr. Komi left as Mrs Dara Fawehinmi joined the Hospital as Principal Physiotherapist in 1988 and she became deputy to Mallam Halilu. In December, 1989, Mrs. Adejumo E. Foluwasade joined the Hospital on transfer of service as a Senior Physiotherapist from Ogun State Health Management Board.

Malam Halilu Mohammed retired from service on 23rd April, 2004 and Mrs. Foluwasade A. E. became the Head of department, she also retired from the service of the Hospital in February, 2015 following her retirement, Mr. Olanrewaju O. O was appointed as substantive head of department

Physiotherapist of varied cultural background and nationality have worked in the department among which are Mr. Ali, an Egyptian, Mr Komi a Ghanaian, Other Physiotherapists who have served include Mrs. Simbo Oyekoya, Mr. F. O. Oyalabu, Mr. Robert Enyobi, Mrs. M. O Olasehinde and late Mrs. Dara O. Fawehinmi. Mr. Obadiah Mayaki was the only physiotherapy technician in the department.

Statutory Functions

Physiotherapy department is essentially a clinical department involved in the treatment and management of various medical conditions. Being an orthopaedic/trauma hospital, our speciality is in the orthopaedic/sports/trauma fields. Most of the Hospital's clients are in one of these fields, although, it also manage medical, paediatric and geriatric cases. For several years the department has been conducting educative departmental seminars on monthly basis. It has been an avenue of brain storming several conditions that were seen in the department. The department also participates in the Hospital weekly seminar programme.

The Gymnasium (Exercise Therapy) Section

Exercise therapy is an integral part of physiotherapy management. It is the modality used in training patients to achieve functional return to their pre-trauma status. This section was established in 2017 and equipped with all necessary gadgets.

Electro Therapy Treatment Section

This is the main treatment area of the department where patients are assessed, examined and treated. The department's electrotherapy equipment are mainly:

- Infra-red Therapy Lamps

- Electrical Stimulating Machines (Picofarad)
- Ultrasound Machines.
- Electronic Pulse Massager; Others that are battery-operated are; TENS Em pule Machine.

Patients with different diagnosis are managed in this section. Conditions such as low back pain, arthritis of various types, soft tissue injuries, facial palsies, injection palsy, spinal injuries, etc., are also treated in the department. The department also employs ice i.e. electrotherapy in the management of some acute painful conditions. It has ice applicators for different parts of the body e.g. elbow, knee and ankle.

Other Activities

The department is involved in the training of physiotherapy students from Bayero University Kano and other universities, School of Nursing students, Post Basic Orthopaedic Nursing and Cast Technology students etc. Apart from this function, the department is also one of the major revenue generating departments of the Hospital.

The department provides various types of supports for sale to our patients. These include: Crutches - (Wooden and alumni) axillary and elbow, Lumbar corset, cervical collars – of various types: Philadelphia, rigid chin-support, semi-rigid collars etc. Knee and ankle elastic supports, Shoulder jack-up, Cock-up wrist support and Arm sling.

Units in the Department

Clinical work is organized into two main sections namely – Outpatient and In-patient sections. Each section has five main clinical teams attached to surgical teams namely: Pink team, White team, Blue team, Green team, Burns and Plastic/paediatric team and

Purple team. Gymnasium (Exercise Therapy) – This is part of the outpatient section.



PROSTHETICS AND ORTHOTICS DEPARTMENT

Established in 1959 for the production of simple orthopaedic aids and artificial limbs (Pylons or Peg legs). It subsequently moved into fabricating all forms of Orthopaedic appliances (orthoses) and a Centre for semi-advanced prosthetic technology for all levels of amputations of both lower and upper limbs prosthesis and orthoses with plastic-leather and wood. Patients come from all over Nigeria and neighbouring countries. During the Nigerian civil war, the demand for both artificial limbs and orthoses increased as a result of which the department became more popular particularly with the awareness of the need/value of orthoses and prosthesis.

In 2004, Kano Rotary Club, in partnership with the Rotary International and U.K Rotary, established Jaipur Limb Project for indigent amputees in the community. The project involved renovation and equipping of a dedicated building within the department. In April 2007, eleven staff drawn from various clinical departments were trained in the Jaipur Limb Technology. Significant number of patients benefited from the project.

Heads of the Department

The Heads of department were as follows:

- Alh Bala Hassan 1959 – 1972
- Alh Usman Ndalolo 1972 – 1981
- Alh Sule I. Maru 1981 – 2003
- Alh Ja'afaru Musa Damau 2003 – 2012

- Aliyu Ahmad 2012 - 2014
- Alh Ja'afaru Musa Damau 2014 - 2018
- Mariyatu M. Mu'azu 2018 -Date

Functions of the Department

Activities are carried out at the various units as follows:

Departmental Clinic

This unit operates departmental daily clinic running from Monday to Friday attending to patients arriving with or without prescription from Medical and Orthopaedic clinics. The Unit re-examines and evaluates patients' definite Prosthetics or Orthotics need on the basis of detailed prescription made by the Doctor.

Records

The record section keeps comprehensive information of all patients with the types of appliances they use.

Workshop and Laboratory

The functions of these units, are to produce appliances for the patients with their measurements on the basis of details received from the clinical department/section. They are divided into sub-sections in accordance with the class of work and the type of materials employed, thus there are; wood, metal, leather, plastic and Jaipur/Peg leg (Pylon) sections.

Wood Construction Section (Local Foot)

The section constructs/ assemble plastic sockets for above and below knee to the components. The section constructs knee side steel and socket with artificial foot.

Metal Section

The Unit constructs and aligns ambulatory aids and Orthotic frames for covering and fitting.

Shoes Section

The section modifies shoe cast and constructs footwear for abnormal limbs e.g. polio, orthopaedic shoes.

Leather Section

The section puts final leather, covering orthoses and fabricates auxiliary suspension belts for prosthetic fittings.

Plastic Section

The section fabricates socket parts, inserts the final plastic cover for the prosthesis. The Section also moulds orthoses for any part of body segment with plastic sheets after casting the part of body that needs the orthoses.

Stores

The section purchases and stocks materials for prosthetic and orthotic and dispenses to the units. The department has built a reputation in fabricating semi functional upper limbs prosthesis in the country. The department fits orthoses for trunk, spinal, lower limb, and foot ankle orthosis as a single appliance with attachments for patients with severe deformities.

Projections

There is move by the Hospital to involve Otto-Bock – a German company to modernize the workshop and provides for more training facilities and improve the supply of components and facilitates for modular limbs production.

PUBLIC HEALTH AND SANITATION DEPARTMENT

Public Health and Sanitation department at inception was an ancillary of the Administration Department. It essentially provides sanitary services to the Hospital community. In addition, it provides other miscellaneous services like organizing immunization in the Hospital.

Headship of the Department

Heads of the department from inception are:

- Alhaji. Alhassan Mohammed 1970 – 1985
- Mrs. J.U. Okoha 1985 – 1992
- Sani Usman 1992-2009
- Idris Musa Abdullahi 2009 -2017
- Ibrahim Abdul’aziz 2017 - 2019
- Sani Usman 2019 - date

Functions of the Department

The Public Health carries out broad number of services, including the following: disinfection, fumigation, cleaning and bush control, sewage control management using septic truck, provision of flowers and other plants, seedling multifilication, afforestation and transplantation, watering, fertilizer application and weeding treating, shaping and control of flowers, plants pest control and Orchard and nursing maintenance.

The department uses sprayers and fogging machines for the control of pests and other insect vectors in the Hospital. The department strives at all times to make the Hospital one of the cleanest hospital in the country. This is being achieved through active services rendered by staff of the department and with the support of other sister departments and units.

RADIOLOGY DEPARTMENT

Radiology Department of the Hospital has been with the Hospital since inception in 1959. At that time, the department had two x-ray machines, but there was no single qualified radiographer to put the facilities to use. An arrangement was therefore made for visiting Radiographers from Murtala Muhammed Specialist Hospital. They visited the Hospital with their darkroom assistants.

Some of the visiting Radiographers then were: Malam Muhammadu Inuwa Dutse, Mallam Shahada and Mr. Abua Francis. Malam Muhammadu Inuwa Dutse was later appointed as Commissioner of Agriculture during the Audu Bako regime in the old Kano State.

The darkroom assistant that used to come with the radiographer was Alhaji Ahmadu Salihu who was working under the then Native Authority in Kano. Mallam Garba Ali, a hospital attendant was keeping the keys to the department. He used to open the department, cleaned it and make it ready for use by the visiting radiographers. Alhaji Ahmadu Salihu later transferred his service from the Native Authority to the Northern Regional Government. He was posted to the radiology department as a permanent staff. When the Hospital became affiliated to Institute of Health, ABU Zaria, and the department was placed directly under Mr. Jimoh the Chief Radiographer, who used to post two x-ray technicians to the Hospital. The two technicians were: Mallam Yahaya and Mallam Zubairu.

Mallam Zubairu later went on training to become a radiographer, but he did not come back to the Hospital. The first qualified radiographers posted from Zaria to the Hospital were Mr. Bello Yakubu, and later Messer Mathew and Maikasuwa. A Youth Corper, Miss Labake Atitebi and one serving Army Officer, Mr. Francis also

came.

Heads of the Department of the Radiology are:

- Mrs. Adeyemi
- Mr. Ali Adole
- Mr. Ahmed
- Mr. Maikasuwa
- Mr. Ohanele
- Dr.Emechetta
- Mr. O. A. Oyelami
- Mr. Ezeala Valentine
- Nasir Musa Tahir



RESEARCH, EDUCATION AND TRAINING DEPARTMENT (RET)

Research, Education and Training (RET) department is saddled with the responsibility of coordinating all the training and educational activities of the Hospital. It also implements management policies on training as well supervising the training schools of the Hospital, including the Residency Training for the training of Medical Doctors towards becoming Consultants, Post Basic Nursing Training for the training of Nurses in Orthopaedic and Accident and Emergency as well as the School of Orthopaedic Cast Technology that trains personnel essentially in Plaster of Paris application techniques. The department also organizes workshops, seminars and conferences, it also processes applications for sponsorship for short and long term training. To this end, it prepares training Plan/Budget of the Hospital on annual basis and implements the approved budget subject to the availability of funds at any given time.

Historical Background

The Research, Education and Training Department (RET) of the Hospital started as a committee in the early 1990's and developed overtime to a full department and a crucial organ of the Hospital. The department has the following Units:

- Residency Training Programme
- School of Post-Basic Nursing
- School of Orthopaedic Cast Technology
- Medical Library, and
- Medical Illustration Unit

The RET Department has an Administrative Secretariat which processes the department's activities in relation to the above units/programmes.

Residency Training

The Residency Training Programme is aimed at training Resident Doctors in Orthopaedics and Trauma, and other allied disciplines which includes Plastic and Reconstructive Surgery, Histopathology, Chemical Pathology, Radiology, Anaesthesia and Family Medicine. The programme trains Resident doctors in Orthopaedics in the Hospital in the process of which it sponsors Residents to undergo postings in other disciplines at accredited sister Hospitals.

The Residency Training Program commenced in the late 1980s when Dr. F.O Awonusi one of the Medical Officers in the Hospital, was sponsored for Postgraduate Training in Orthopaedics Surgery at the National Orthopaedic Hospital Igbobi – Lagos. He successfully completed the Programme with acquisition of fellowship of the National Postgraduate Medical College of Nigeria in 1992 and was subsequently appointed as a Consultant in Orthopaedics and Trauma.

The process of obtaining accreditation for the training of Resident doctors in Orthopaedics and Trauma, was intensified from both the West African College of Surgeons (WACS) and the National Postgraduate Medical College of Nigeria (NPMCN).

The Hospital got full accreditation for the training of Resident doctors in Orthopaedics and Trauma in 1994 and 1998 from both the National Postgraduate Medical College of Nigeria (NPMCN) and West African College of Surgeons (WACS) respectively.

Dr. Nkanta C.A. and Dr. Ogirima were the first set of Resident Doctors employed by the Hospital for the Residency Training program. Since then, the program has graduated a significant number of fellows among whom were the incumbent and the immediate past Medical Directors of the Hospital, Dr. Salihu M.N and Dr. Kabir Abubakar who were the first set of home grown Consultants to attain the status of Medical Director of the Hospital. It is worthy of mention here that a good number of Consultant Orthopaedic Surgeons in the Hospital and in most other Tertiary Health Institutions especially the northern part of the country were products of the Hospital Residency Training Programme.

Table 10: *List of consultants trained at the Hospital*

S/N	NAMES	YEAR
1	Dr. F. O. Awonusi	1992/93
2	Dr. S. S. Adekale	1994
3	Dr. Ochei	1995
4	Dr. Ejagwulu	1995
5	Dr. Isa N.	1996
6	Dr. C. Nkanta	1996
7	Dr. Kabir Abubakar	1998
8	Dr. Abubakar Muhyi	1999
9	Dr. G. H. Rabeh	2001
10	Dr. Abubakar Musa	2002
11	Dr. David S.O	2002
12	Dr. M. N. Salihu	2002
13	Dr. Abbas Digil	2004
14	Dr. Ahmed Sule	2004
15	Dr. Onwordi	2004
16	Dr. A. Ajibade	2004

17	Dr. Ya'u Zakari	2005
18	Dr. C. E. Mbalewe	2005
19	Dr. Mahmood Mamuda	2006
20	Dr. T. W. Yongu	2006
21	Dr. Dahiru .I.L	2006
22	Dr. Johnson Emeka	2008
23	Dr. Sha D.G.	2008
24	Dr. M. O. Oluwasina	2008
25	Dr. Uwumarogie	2008
26	Dr. O. A. Ogaje	2009
27	Dr. Abdulmalik	2009
28	Dr. Oladipo M. O.	2009
29	Dr. Maitama	2009
30	Dr. B. Lawson	2009
31	Dr. Otarbor C. U.	2009
32	Dr. Abali I.	2009
33	Dr. Dafiewhare R.O	2009
34	Dr. Donwa J.O.	2010

35	Dr. Abubakar Ado Buba	2010
36	Dr. Nwosu C	2010
37	Dr. M.K. Abubakar	2011
38	Dr. Okeke K.O.	2011
39	Dr. Abdallah I. A	2012
40	Dr .E. C. Anako	2010
41	Dr. Akinniyi O.T.	2012
42	Dr. Alada A. Abdurazaq	2012
43	Dr. Ganiyu Afolabi	2012
44	Dr. Choji Churgioe C.	2012
45	Dr. Onwu Donatus	2012
46	Dr. Okoh J.O	2013
47	Dr. Shamsudeen Mohammed	2013
48	Dr. Mustapha Ibrahim	2013
49	Dr. Mammam M. L	2013
50	Dr. Oimage C.S	2013
51	Dr. Bukar Y.L	2013
52	Dr. Rabiou Mustapha	2013

53	Dr. Mustapha Abdurashed	2014
54	Dr. Alabi Ibrahim A.	2014
55	Suleiman O.Yakubu	2015
56	Tella Azeez Olalekan	2016
57	Arafat Salisu Muhd	2016
58	Yilleng Shem Bulus	2016
59	Akanno Arinze Chinaso	2016
60	Okoh Ndubuisi	2017
61	Jimoh Lamidi	2017
62	Chinyere Nwosu	2018
63	Kabiru Salisu	2018
64	Arojuraye Soliudeen	2018
65	Umar Abubakar Ibrahim	2018
66	Mohammed Aminu Nurudeen	2018
67	Garba Tijjani Magashi	2019
68	Folajuwon Ayeni	2019

Headship of the Department Since Inception:

- Dr. Y.W. Yunusa
- Dr. Emechita
- Dr. Awonusi F.O
- Dr. Oche
- Dr. Isa N.
- Dr. Salihu M.N
- Dr. Mbalewe C
- Dr. Dafiewhare O.R
- Dr. Alada A. Abdurazaq
- Dr. Alabi Abolaji Ibrahim

Residency Training Programme is still accredited by both colleges and has a good number of Residents at different stages of the training.



SCHOOL OF ORTHOPAEDIC CAST TECHNOLOGY

History of the School

The training programme emerged largely as a result of observation that patients referred to the Hospital from Secondary Health Institutions to the Hospital had complications arising largely from bad application of plaster of Paris. This was what led to the introduction a training programme in the art of application of plaster to assist doctors in the application of Plaster of Paris (POP).

The training started as an attachment programme in 1987 and advanced to a well-organized formal training of six (6) months. In 1994, the then Orthopaedic Hospital Management Board gave an approval to commence the process of up-grading the course to a

National Certificate programme for Plaster Assistant under the Health Assistant Cadre. The training has gone a long way in minimizing complication arising from the application of Plaster Cast.

The training programme has passed, the following stages: An attachment programme (1987 – 1991); a six-month regular training programme (1992 – 2002); two (2) years training for National certificate for Health Assistant cadre (2002- 2012 to date: a full pledged National Diploma accredited by the National Board for Technical Education. Efforts are under way to further upgrade the programme to a Higher National Diploma (HND) status.

Need for Plaster of Paris Training

The desire for enhanced training programme on Plaster of Paris can be justified on the ground that Orthopaedic practice has been in existence as long as the evolution of human medicine. It has however continued to go through various transformations. Middle level manpower development within the Orthopaedic practice therefore became desirable. There is therefore the need for trained personnel at the community level to replace the on-going and experienced personnel who had clinical attachment outside Nigeria with locally trained ones.

The danger posed by the activities of the traditional methods of Orthopaedic practice especially around the Hospitals host community further justifies the need for the trained plaster room assistant/technicians. It was the realization of this and other considerations that, it became imperative to mount the diploma for middle level manpower.

The curriculum for the programme was developed in collaboration with the National Board for Technical Education. It was with this interest and after due collaboration with National Orthopaedic Hospital Enugu, UTH Ilorin, UCH Ibadan, a workshop for the production of a clear curriculum for National Diploma (ND) was held in the Hospital from 5th to 9th March, 2012.

The school was established as School of Orthopaedic Cast Technology. Its graduates are to be offered National Diploma in Orthopaedic Cast Technology. The programme commenced in January, 2012. The programme has been attracting greater patronage with Entry requirement of five (5) O 'level credits in GCE/SSCE/NECO which must include English Language, Mathematics, Biology/Health Science and any other two (2) credits at not more than two (2) sittings. This is the first and the only school of its type in Northern Nigeria. It thus occupies a prominent position in the West African region.

The first coordinator of the training school was Late Mr. Mathew Jemituwi, who was succeeded by Hajia Nike O. Lawal.

Headship of the Unit from inception:

- Late Mr. Matthew Jemituwi
- Hajia Nike O. Lawal, and
- Mr. Thomas M. Ochimana

The Telephone Unit

This is a Unit under the Administration Department. It renders telephone services to various extension users in the Hospital and also receives calls through the Hospital Direct Line and connect to required extensions. The Unit was established in 1959 with 28

extensions and six Nigerian Telephone (NITEL) land lines. Until recently, the unit was operating on manual system known as PBX-Private Branch Exchange whereby a subscriber or phone user speaks to the next subscriber with the help of the operator.

In the 2001, the manual system (PBX) for receiving and transferring calls was changed to Digital System known as Private Automatic Branch Exchange (PABX) whereby the extension users get to each other without the operator. The digital equipment was provided in the year 2001 by PTF.

Headship of the Unit from inception:

- Mr. Inusa Chukwu
- Mrs. Angela A. Leo
- Mrs. Kande Kure
- Mrs. Kentebe Anthonia and
- Chechet Francis

The Unit has witnessed improvement with the provision of an inverter which facilitates quick and effective communication within the Hospital. A line for external users is now in place. In the month of March 2014, a new direct line (080-9132-4290) was added to facilitate service provision of the Unit.



THE TRANSPORT UNIT

Transport Unit came into being in April 1980 after the Orthopaedic Hospitals Management Board took over the management of the Hospital from the Institute of Health, Ahmadu Bello University, Zaria.

Headship of the Unit from inception:

Mr. Amos Abibu	April 1980 - Oct. 2001
Mr. Abdulraheem, Babatunde	Oct. 2001 – Nov. 2002
Engr. Shehu Shuaibu Ottan	Nov. 2002 - Sept, 2014, and
Tafida Mukhtar	Sept, 2014 - to date

Functions of the Unit

The department is charged with the responsibility of ensuring effective control of official vehicles and other responsibilities including the maintenance of official vehicles, allocation of official vehicles to deserving members of staff, ensuring road worthiness of vehicles, supervision of mechanics and supervision of drivers and re-educating them. The department runs a 24 hours Ambulance hiring service at a subsidized rate. The service contributes to the revenue generation scheme and renders corporate social responsibility to the society. The unit also managed the Hospital petrol filling station. In all, the unit, is made up of Office of the Head of Transport, Hospital fleet, Workshop, Ambulance and fuel station.

History and Activities of NHIS/Staff Clinic

Staff clinic has been in existence since 1980 when the Hospital was handed over to the Orthopaedic Hospital Management Board. The first location of the clinic was adjacent to the former accident and emergency unit. It shared an L-shaped block with the former Revenue Office and Telephone room. It was made up of two consulting rooms and one nurses' station. The clinic was transformed from staff clinic to the National Health Insurance Clinic (NHIS) which provides medical care to enrollees who chose the Hospital as their primary Healthcare Provider (PHCP) under the National Health Insurance Scheme.

Headship of the Clinic from Inception

- Dr. (Mrs.) Evelyn L. Vera 1980 - 1983
- Dr. (Mrs) Mokelu Mary 1983 - 2006
- Dr. (Mrs.) Anako E.C 2006 - 2013
- Dr. Suleiman Yakubu 2013 to date

Statutory Functions of the Clinic

At inception the duties of the staff clinic were limited to outpatient Health care for staff and their families, emergency care before referral, family planning and immunization.

The upgrading and transformation of the clinic, witnessed tremendous improvements of the clinic facilities, staffing and its major functions. These included, among other areas, Outpatient/In-patient health care for NHIS enrollees and staff who are yet to register with NHIS, Out-patient/In-patient care for orthopaedic patients with Medical Condition, Outpatient/Inpatient care for general populace, Family planning, Immunization services in accordance with National Immunization programme schedule, antenatal, delivery and postnatal care, ECG/USS investigations, Referral of patients that need specialist care.

The clinic has revolutionized promotive, curative and preventive health care delivery for the staff and general populace. A complex has been provided to the clinic which currently housed Nine (9) bed health care facility with Labour Ward and theatre. It has four (4) consulting rooms, Pharmacy, Medical Record and Revenue Offices. There are also Offices for the head of the unit, matron in-charge and administrative staff. Currently, the Clinic is staffed with consultants in different speciality and other medical professionals.



Approach to the Accident and Emergency (A&E) Ward



Unit Heads in Admin Department with the Director Admin: (From left: Kabiru Abdulsalam, J. T Dawodu, Andu Ibrahim (Director), Nasir Harazimi, Ibrahim Abdulaziz, Ahmed Ali, Suleiman M. Ringim and Garba Bedi



A 500 KVA Sound-proof Generator

A 33KVA Transformer Servicing the Hospital



A Transformer Donated by Kano State Government

A 500KVA Generator Donated by Jigawa State Government





Flat Work Ironer (Calendering Machine)



Tumble Dryer Machines with VDU



The Expanded NHIS Complex



*Back-view of Dantata
Amenity Ward*



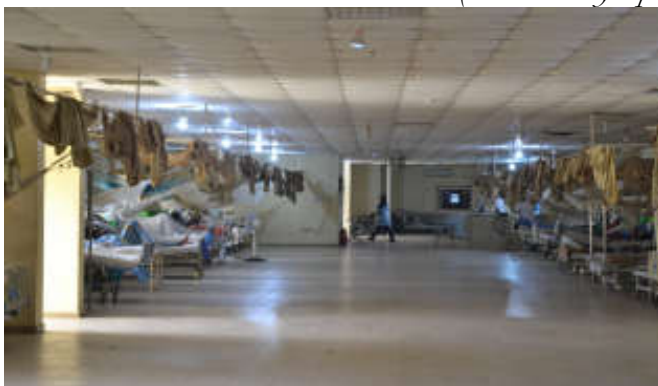
Surgical Out-Patient Department Building



The Newly-Constructed Spinal Centre. Insert is the Nurses' Reception Area



Inside Male Ward II (Old Amenity Open Ward)



Inside Male Ward II (Old Amenity Open Ward)



Inside the Female Ward

SOME MEDICAL EQUIPMENT/FACILITIES IN NOHD



SOME PHYSIOTHERAPY EQUIPMENT IN NOHD



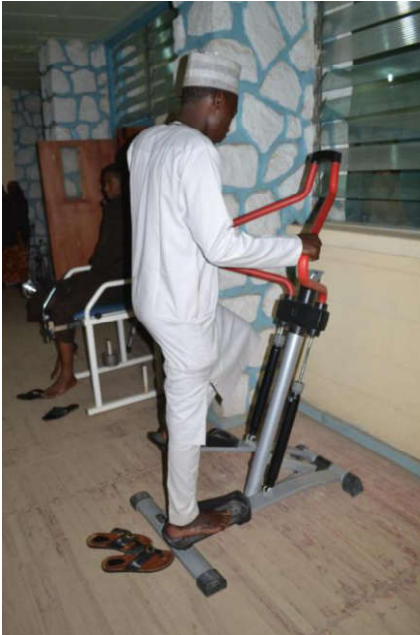
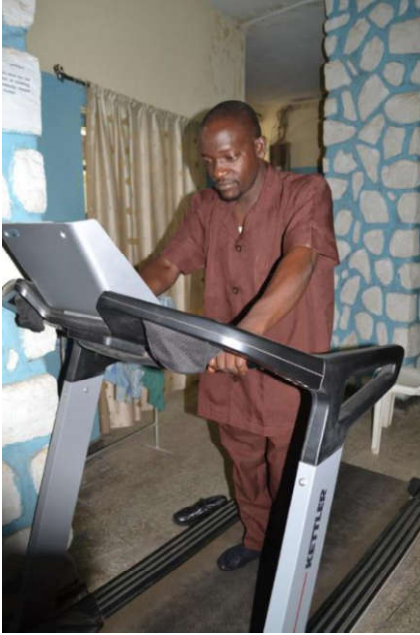
Quadriceps Benches



Bike Ergometer



Multi-gymnasium



PROFESSIONALS/SPECIALISTS AT WORK IN THE HOSPITAL



PROFESSIONALS/SPECIALISTS AT WORK IN THE HOSPITAL



PROFESSIONALS AT WORK IN THE P & O WORKSHOP







*Lab Scientists working on Electrolytes
Analysers*



Hajiya Nafisat T. Musa
HOD Nursing Services



A nurse working on a patient



Dr Shobode, Consultant Surgeon (Spine) attending to a patient



Dr Okoye (Senior Registrar) also attending to a patient



Patients at the SOPD Waiting Room



Immunization in progress at NHIS Clinic



An O & G nurse taking a patient's vital signs



An O&G Doctor working on a Ultra-Sound Scanner



Dr Nurudeen Isah, Chief Consultant Orthopaedic Surgeon with members of his team on ward round



Dr Nurudeen Isah, Chief Consultant Orthopaedic Surgeon, on ward round with his team



A recuperating patient with External Fixation Device (ILIZAROV)



*Walking with bilateral prostheses
on flat surface*



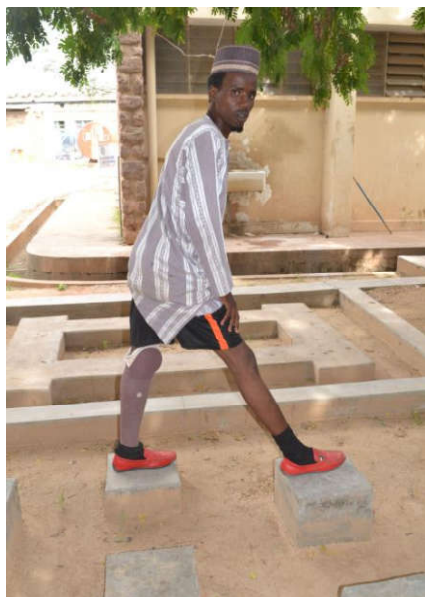
*Walking with bilateral prostheses
on stairs*



*Walking with bilateral prostheses
on flat surface*



Below-knee amputee training on stairs



Below-knee amputee training on Chinese box



Below-knee amputee training on stones



Knee disarticulated child training on the Parallel Bar



Below-knee amputee training on Chinese box



Below-knee amputee training on Chinese box



Nursing Services Department Heads of Units with the Immediate Past Head of the Department, Mrs B.O. Awonusi and the Substantive Head, Hajiya Nafisat T. Musa



Members of the Current Fifth Board of Management. From left: Malam Audu Ibrahim (D.A./Board Secretary), Dr Abdulrahman Shehu, Mr Bassey Utum Inah, Hajiya Zainab Gwadabe, Dr Baffa Gwaram, Late Alb. Mustapha Katagum (former Board Chairman), Dr M.N. Salihu (Medical Director), Alb. Ahmed Shuaibu Buranga (Acting Board Chairman) Mrs Maria Okoko, Mrs Funmilayo Sami-Adomi

Chapter Four

CONQUERING NEW FRONTIERS

ARTHROPLASTY

Introduction- Providing Quality Service by Nature

Health care delivery is a dynamic and complex adaptive system. Health care organisations and processes should be specially designed to manage changes in the Healthcare service delivery to patients. National Orthopaedic Hospital, Dala is specially designed and managed by highly skilled professionals to meet these complexities.

The Hospital started as a specialist orthopaedic hospital to cater for the teeming population of orthopaedic patients in the Northern part of the country. It has expanded to include many other clinical departments, such as Anaesthesia, Burns, Plastic and Reconstruction Surgery, Dental and Maxillofacial, Neurosurgery, Obstetrics and Gynaecology and Family Medicine that complement the practice of orthopaedics. With this development a dedicated Orthopaedic Department was created in November 2017 to coordinate the activities of the various sub-speciality teams. The department oversees the orthopaedic sub-speciality teams that comprise Arthroplasty, Arthroscopy and Sports Medicine, Limb Lengthening and Deformity Correction, Orthopaedic Oncology, Paediatric Orthopaedic, and Spinal, which are manned by highly skilled and experienced senior consultant surgeons.

Arthroplasty is an orthopaedics sub-speciality that deals with joints replacements. Replacement of joints often become necessary, following pains and or deformity of the joint, to improve the quality

of life. The hip, knee, ankle, elbow, shoulder and interphalangeal joints are commonly replaced. The first surgery performed by the first Medical Director of the Hospital, Dr Frank Bryson, assisted by Mr. Walker in January 1960 was Kircaldy (Kirkcaldy) Willes Staple Hip Arthrodesis (Fusion of the Hip Joint).

This was the most common joint surgery since arthroplasty was not yet practised in Nigeria. This surgery was performed by the British for patients whose hips were being destroyed by Tuberculosis (TB); a disease which was ravaging patients in Nigeria and most parts of Africa. A K-nail was also hammered in for the same patient with tibia fracture. (Seek for explanation). The large numbers of hip, knee, ankle, elbow and shoulder arthrodesis (joint fusion) performed with many costo-transversectomies (spinal surgery for TB of the spine) are evidence of the large number of victims of untreated TB with musculoskeletal manifestations of its complications.

Sir Bryson, Walker and Mandell performed most of the surgeries between 1960 and 1962 using both local and general anaesthesia, mostly administered by them until the coming of the first set of anaesthetists; Dr Farquharson and Miss Cecelia on December 1st 1961. During this period the historical anaesthetic agent, Ether, was widely used.

Dr Bryson performed the first elbow excisional arthroplasty on the 4th of April 1962, on a patient with myositis ossificans, and Bankart (Bankert) operated on a patient with recurrent shoulder dislocation on the 3rd of May, 1962. Dr Swann performed the first shoulder fusion on a patient with shoulder pain on the 6th of January, 1965. The first Girdlestone (Girdle Stone) Excisional Arthroplasty was performed by Drs Mouldsky and Monty on the 3rd of March, 1965 on

a patient with old unreduced hip dislocation. Mr. Wood performed the first open reduction and pinning on the 18th march, 1969 for a patient with fracture of the neck of femur.

The first Hemiarthroplasty with Austine (Austin) Moore Endoprosthesis was performed by Mr Lee assisted by Mr. Hunter on the 11th of November 1969 under General Anaesthesia (GA) given by Dr Rufa'i.

The first Total Hip Replacement in the country was performed in this hospital by Dr Osadiaye Osamwonyi on a patient who presented with left hip severe osteoarthritis in 1974. This surgery was a breakthrough in the reconstructive surgery of the hip in the world. This type of surgery is still being in the Hospital.

Dr Osamwonyi preferred Girdlestone Excisional Arthroplasty (GSEA) over hip arthrodesis for patients who could not have THR. He did his first GSEA on the 2nd of August, 1969. He also performed some hip arthrodesis for various pathologies.

Dr Osamwonyi performed first Total Elbow Replacement (TER) at the Hospital on the 19th of April 1979 on a thirty year old patient who had left elbow Ankyloses. He also performed the second one on the first of May 1979. Dr Osamwonyi however, had to revise the TER on the 3rd of September 1980, removed the prosthesis and subsequently converted to an Excisional Arthroplasty of the elbow. Thereafter, Dr Mahendra performed another Total Elbow Replacement on the 21st of September, 1980 and Dr Akar on the 15th of October, 1981.

Revision surgery for THR was also performed by Dr Osamwonyi on the 7th July, 1981 and on 21st July, 1981 for failed THR. In total, Dr Osamwonyi performed forty-eight Total Hip Replacements over a twelve year period to November 1986 when he performed his last surgery in the Hospital, of which four were revisions. Dr Osadiaye Osamwonyi worked with Dr Goodfellow and Dr Hunter from Britain at the Hospital. Subsequently other surgeons who performed some of the earliest THRs include Drs Ojesebholo (09-09-1985), Olabumiyi (01-04-1986) and Ighile (15-03-1988).

Dr Olabumiyi did the last THR on the 12th April, 1988 until 18th March 2002 when Dr Francis O Awonusi performed his first Total Hip Replacement on a seventy year old patient with left hip osteoarthritis. This marked the beginning of the conduct of regular THR at the Hospital. This feat has OHD a good image both at home and abroad.

Dr Muhammad Nuhu Salihu further demystified THR and uplifted its high standard at the Hospital. He has performed the largest number of Arthroplasties in Nigeria, so far. the Hospital organized and participated in numerous local and international workshops and courses on THR, TKR and Revisions, including training and retraining of the older and younger team members of Arthroplasty. Agreements and Memorandum of Understanding for newer and functional implants were initiated and signed with suppliers such as Johnson and Johnson, Smith and Nephew and most recently with Zimma (Zimmer) Biomet. An exchange programme and bilateral relations with Marmara Hospital, a leading Arthroplasty and Oncology centre in Istanbul Turkey, was also initiated.

Other Doctors that contributed to the development of Arthroplasty include Kabir Abubakar, Isa Nuruddeen, Celestine Nkanta, *Onche*,

Ibrahim Alabi, Abbas Diggil, Mustapha A., Donwa Jeremiah., Mamman M. L., Salisu Muhammad Arafat and Okoh Ndubuisi to mention but a few.

The first Total knee Arthroplasty in the Hospital was performed by a United Kingdom based Professor Shetti on the 21st of June, 2010 on a sixty-five year who presented with bilateral osteoarthritis of the knee joint. He was assisted by Drs. M.N Salihu and Celestine Nkanta. The Total Knee Replacement was done under GA given by Dr. Babayo and Mr. Ofon, and Scrubbed by Mr. K. Karu and Odofin for the surgery. The second TKR was performed by Dr. M.N. Salihu which was his first, while the third was performed by a South African based Dr Nwode on the 9th of November, 2010. He was assisted by the late Dr. Akinniyi and Dr. Mue. Anaesthesia was given by Dr. Mustapha and Mr Dalong, while the late Mr. Muye scrubbed for the case. Other surgeons who performed TKR at the Hospital include Drs. Ibrahim Alabi, N. Isa, Salisu M. Arafat and Okoh N.

Numerous THR and TKR procedures are being performed on weekly basis with a times four to six Arthroplasties per day being performed among other trauma and orthopaedic procedures which brings an average of twelve cases per day. The future of Arthroplasty in the Hospital is bright and promising as Total Shoulder, Elbow and Ankle replacement procedures are in the pipeline.



ARTHROSCOPY AND SPORTS MEDICINE

Arthroscopy commenced in the Hospital after an arthroscopy workshop organized by the Hospital in 2010. It was mainly for lack of operative instruments and expertise. With the acquisition of a Galilee International Management Institute arthroscopy system tower and the special accessories in November 2014, interventional and therapeutic arthroscopy procedures commenced in December 2014. Since then the Hospital has increased awareness in sports medicine and arthroscopy as it receives both internal and external referrals. The Hospital has also treated some professional footballers from some football clubs in the northern part of the country.

Awareness of arthroscopy and sports medicine among injured athletes in the country is still very low, as most of them still patronize traditional bone setters when injured, and this often leads to premature termination of their careers. The Nigerian Arthroscopy and Sports Medicine Society was inaugurated in November 2018 at the Nigerian Orthopaedic Association conference in Lagos, Nigeria. This will hopefully improve the awareness and the practice of arthroscopy and sports medicine in the country. This society will also help in reducing some of the challenges facing the practice of arthroscopy and sports medicine.

Dr. Nkanta, C.A. was the first orthopaedic surgeon in the Hospital to be exposed to arthroscopy at St. Michael Hospital Toronto, Canada in 2001. He was instrumental to training more surgeons, after further exposure to knee arthroscopy under the tutelage of Dr. Esslinger in Ulm Germany. Three (3) consultants orthopaedic surgeons namely, Drs. Celestine A. Nkanta, Alada AbdurRazaq and Alabi Ibrahim Abolaji had arthroscopy fellowships at Aware Global Hospital,

Hyderabad, India, under the tutelage of Professor J. V. S. Vidyasagar, between 2010 and 2014 with good exposures in knee and shoulder arthroscopy.

The Unit is manned by three specialists, qualified preoperative nurses and orthopaedic cast technicians that run the unit in the theatre. It receives primary residents from the Hospital on rotation and is often boosted by supernumerary residents coming mainly for arthroscopy postings.

In 2018, the Hospital commenced the use of absorbable interference screws in ligament reconstruction surgeries. Procedures are limited to the knee and shoulder arthroscopy due to limited number of equipment and training. Plans are under way for a second arthroscopy system with varying instrumentation to be able to cope with the ever-increasing influx of patients and to be able to scope all the possible joints. The Arthroscopy and Sports Medicine Unit of the Hospital has started reporting its results in clinical conferences and journals and it is hoped that the future will be bright for the practice. the Hospital plans to organise and host arthroscopy workshops as well as set up dry laboratories to improve the learning curve of resident doctors and young consultants with interest in arthroscopy surgery. It also plans to train physiotherapists to meet the needs of increasing arthroscopy patients.

The Hospital hopes for the local production of arthroscopy accessories and consumables to meet the increasing demands of the procedure. These materials are not produced in the country. The system therefore depends so much on importation. Local competencies in the maintenance and repair of equipment is also required. Intravenous fluid manufacturers can also help in packaging

at least the 5 or 10 litres packs of irrigation fluids to help develop the procedure.

Below is a summary of the procedures performed by the Unit from December 2014 to December 2018:

No.	Procedure	Number
1	Anterior Cruciate Ligament Recon- struction +/- Partial Meniscectomy	22
2	Posterior Cruciate Ligament Reconstruction only	2
3	Arthrofibrolysis for stiff knees	3
4	Shoulder fibrolysis & shaving for stiffness	6
5	Partial meniscectomy	11
6	Knee shaving +/- osteotomy & Washout for OA/ Loose body/Foreign body	12
7	Medial Plication +/- Lateral release for Recurrent patella Dislocation	7
8	Arthroscopy Bankart's (Bankert's) Procedure for Recurrent shoulder Dislocation	12
9	Diagnostic Arthroscopy + MCL Reconstruction	2
10	Multi-ligaments Reconstruction	4
11	Diagnostic Arthroscopy, Knee	8
12	Diagnostic Arthroscopy, Shoulder	1
13	Arthroscopy Knee Synovial Biopsy	2
14	Arthroscopy Sub acromial Decompression, Shoulder	2



ACCIDENT AND EMERGENCY

Accident and emergency department is an integral part of the Hospital; it serves as the mirror of the Hospital as it is the first port of entry into the Hospital. It is an area where acutely injured patient are cared for; the unit provides a place for general out patient care. The Accident and Emergency Department can be functionally divided into four sections as follows:

- A. Main emergency treatment area
- B. Clinical supportive areas
- C. Emergency theatre
- D. Consulting rooms & offices

The main Emergency Treatment area has an ambulance bay used for bringing injured patients for both single and mass casualty. There is a resuscitation area for patient resuscitation procedure room for conducting minor surgeries, the transit ward for patients awaiting transfer wards. The Clinical Supporting areas comprise the side laboratory, the pharmacy, and store and record offices. The Emergency theatre consists of two operating suites for carrying out emergency surgeries while the Consulting rooms and offices provide areas for running outpatient clinics and staff room accommodations.

The department has provided emergency care to its growing patient population, and it is an avenue for training a number of specialists including resident doctors, emergency nursing and cast technologies. It has been accredited by regulatory agencies and institution for training of specialists.

Ambulance

The Ambulance operates twenty-four hour, seven days a week hiring services for both within and outside the Hospital. In 2018, the Hospital commenced the use of absorbable interference screws in ligament reconstruction surgeries. Procedures are limited to the knee and shoulder arthroscopy due to limited number of equipment and training. Plans are under way for a second arthroscopy system with varying instrumentation to be able to cope with the ever-increasing influx of patients and to be able to scope all the possible joints. The Arthroscopy and Sports Medicine Unit of the Hospital has started reporting its results in clinical conferences and journals and it is hoped that the future will be bright for the practice. the Hospital plans to organise and host arthroscopy workshops as well as set up dry laboratories to improve the learning curve of resident doctors and young consultants with interest in arthroscopy surgery. It also plans to train physiotherapists to meet the needs of increasing arthroscopy patients.

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DENTAL AND MAXILLOFACIAL UNIT

The Dental and Maxillofacial Unit was established to cater for traumatized patients who present with a combination of orthopaedic and maxillofacial injuries. It commenced operations in August 2015 with Dr. Taoreed Oladejo (Consultant Oral and Maxillofacial Surgeon), Dr. Usman Olayinka Ogundare (Dental Officer) and Aminu Abdulaziz Ahmad (Dental Technician) as the pioneer members of staff.

The unit has ensured the holistic care of traumatised patients. Prior to its establishment, such patients were difficult to manage as coordination of their maxillofacial and orthopaedic care was difficult. It often happened that injuries in one of the areas was treated first and the other neglected. The delayed treatment frequently resulted in mal-union and necessitated subsequent complicated treatment with poor outcome. In addition, patients with unaddressed maxillofacial injuries often have problems with feeding and optimum nutrition. This usually led to delayed healing of the concomitant long bone and soft tissue injuries.

The presence of the unit means that the total care of patients with facial and long bones fractures is now concurrently, promptly and comprehensively undertaken in the Hospital with improved outcome for the patients. All types of facial fractures and soft tissue injuries have been expeditiously and successfully managed since the unit was established. It has also reduced the need for multiple anaesthesia and surgeries for these patients as well as enhance their early recovery and rehabilitation. In addition, many patients with complications of poorly treated and untreated jaw fractures that resulted in temporomandibular joint (TMJ) ankyloses have also had TMJ surgeries performed. Part of the mission of the Unit going forward is to prevent such complications of poor treatment from afflicting prospective traumatized patients. Maxillofacial tumours of different

types including cysts have been resected and jaw reconstructions done. These procedures have rehabilitated the looks of the patients and raised their self-esteem and social relations in their communities.

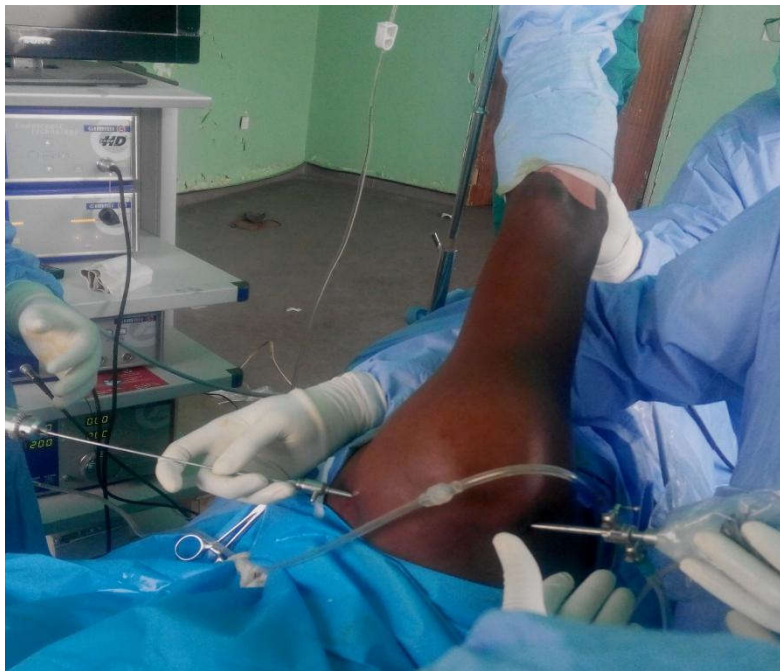
The dental clinic, located within the Surgical Outpatient Department (SOPD) of the Hospital, is currently equipped with a unit of dental chair. This has permitted delivery of basic dental treatments to numerous patients drawn from staff of the Hospital and the general public. Procedures currently available include scaling and polishing (ultrasonic), periodontal treatments, restorative procedures (fillings of various types), fabrication of dentures, and various oral surgical procedures. The Unit has been able to provide the best treatment options to the patients in the care of their injuries. It has been accredited by the National Health Insurance Scheme to provide secondary healthcare. The unit plans to expand with the provision of more dental chairs and commensurate staffing to enable it provide better care for the expanding patient inflow.



An operating suite in NOHD

**SOME SURGICAL PROCEDURES IN PROGRESS IN
NOHD**

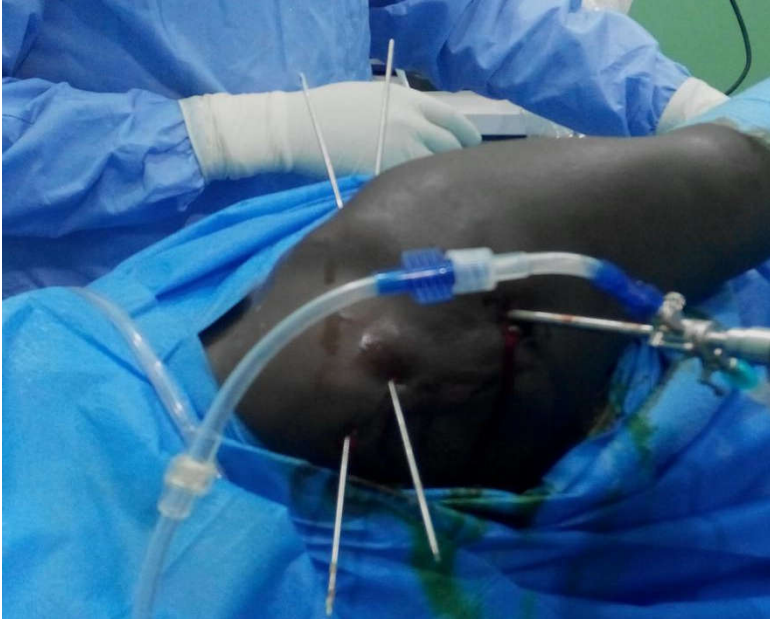




A patient in lateral decubitus position for a shoulder arthroscopic procedure



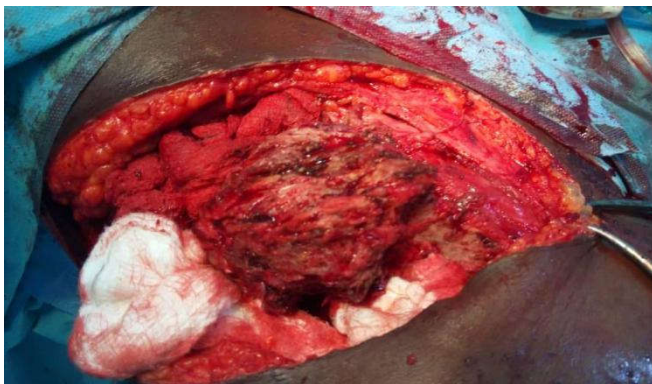
Shoulder arthroscopic procedure in progress



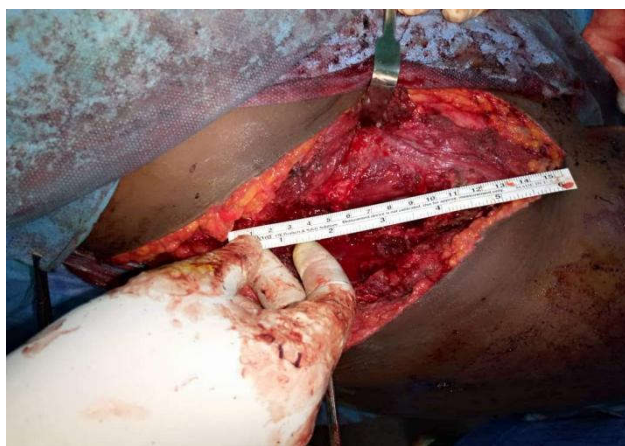
Casparis technique of the shoulder in progress



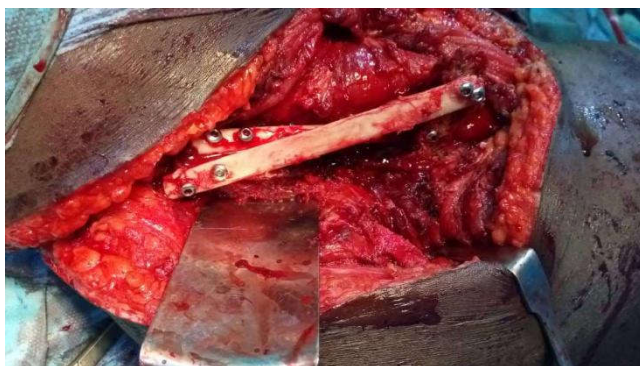
Knee arthroscopy with ACL reconstruction in progress



Pelvic resection in progress



Pelvic resection in progress



Pelvic resection in progress

NEUROSURGERY

Neurosurgery is a recent addition to the range of services provided at the Hospital. This type of surgery started on 1st March 2018 with the aim of bridging the service delivery gap in patients with major trauma and complex injuries as well as providing a platform for interdisciplinary collaboration and multidisciplinary approach to spine surgery, which this hospital has been well known for. The services entail care of head injured patients either in isolation or as part of multi-system injury, paediatric neurosurgery involving the care of patients with congenital central nervous system abnormalities (notably neural tube defects), and most importantly complimenting the spinal service by introducing a neurosurgical perspective to both care provision as well as providing a platform for interdisciplinary collaboration.

Role of Neurosurgery in an Orthopaedic Setting

The role of a neurosurgery unit in an orthopaedic setting is thus clearly to fill the gap of trauma care by providing the much-needed management of complex craniofacial injuries thereby obviating the need for referral of such cases to sister hospitals to address those more life-threatening injuries in the short-run despite the need of such patients for orthopaedic care in both the short and long run. Patients can now stay at the Hospital and get neurosurgical attention while receiving their needed orthopaedic care. This has helped greatly by easing pressure on beds and service delivery in both the Hospital and other hospitals.

The spine is a watershed line between orthopaedic surgeons and neurosurgeons, where both parties provide optimal care in different approaches and methods. Modern centres of excellence worldwide

have therefore learnt to integrate these two disciplines to allow for interdisciplinary collaboration which has resulted in excellent outcomes. This is aimed at ensuring better service delivery and outcomes for our teeming patients.

The neurosurgery unit has from June 2018 to March 2019 operated on 29 cases. The unit is also gradually growing with increasing number of patients attending its clinic. The major challenge of the unit is that services are run on a weekly basis by a visiting consultant. This puts a lot of strain as ward rounds, clinic and theatre sessions must be done on the same day. the Hospital is training a neurosurgeon, and also encouraging some the Resident Doctors to go into the neurosurgery speciality in its desire to expand and provide full-time coverage



PAEDIATRIC AND LIMB RECONSTRUCTION

Limb reconstruction is a sub speciality of orthopaedic surgery that deals with the treatment of complex bone injuries usually associated with bone defects, limb length discrepancies and deformities which could be congenital or acquired. This is mostly achieved through the use of external frames which are either circular or linear. It is largely based on the concept of distraction histiogenesis where new bone including surrounding soft tissue is formed when tensile stress is applied to a limb segment.

The principle of tension-stress provides that under the effect of slow and gradual distraction, bone and soft tissues regenerate. It means that through distraction and compression at corticotomy site,

stabilised by sets of circular ring, Pins and wires, various deformities of the bone and soft tissue can be corrected. This was first discovered in the 1950s by Dr Gavriil Abramovich Ilizarov, renowned Russian orthopaedic surgeon, after an accidental discovery of new bone formation in a gap created by a patient that mistakenly distracted instead of compressing a fracture site. This concept has rapidly evolved and found useful in managing wide variety of orthopaedic complications and paediatric conditions which prior to its discovery were managed with amputation.

Improvements and modifications of the Ilizarov technique has revolutionised orthopaedic surgery by allowing treatment of complex congenital and acquired orthopaedic conditions. The first Ilizarov frame application to correct lower limb shortening in Nigeria was done at this hospital in July 2006 by Dr. Nuruddeen Isa. The Hospital actually pioneered the technique's use in Nigeria and receives referrals from hospitals all over the country and beyond. Dr. Isa is an orthopaedic and trauma surgeon who heads the Hospital's limb reconstruction unit. He is a leading name in limb reconstruction in Nigeria. He is also the founding and current president of the Limb Reconstruction Society of Nigeria. Other consultants in the unit are Drs. Donwa Jeremiah and Mustapha Abdulrasheed who has a fellowship from Russia institute for Ilizarov.

The Linear Rail Fixation System (LRS), another external device useful for limb reconstruction, was in March 2007 introduced at a workshop on Basic Ilizarov Technique sponsored by the Hospital. While the system is less cumbersome for both the patient and the surgeon, it has limited indications compared to the Ilizarov circular frames.

Conditions managed in the limb reconstruction unit include bone

defects from complex trauma, infections and bone tumours. Others include failed osteosynthesis (operative fixations), paediatric conditions like blounts disease, congenital pseudo arthrosis, hemimelias, congenital short long bones. These conditions were managed before the advent of the limb reconstruction unit with other options including free fibula strut grafting with mostly poor outcomes. Since the advent of the limb reconstruction unit and the use of the Ilizarov and linear rail devices, there has been remarkable improvements in treatment options and outcomes.

The Hospital has led the way in the training of orthopaedic surgeons all over the country on the use of the Ilizarov frames for limb reconstruction. The first ever workshop on the use of Ilizarov frames in Nigeria was organized and hosted by the Hospital in 2007.

The Hospital is about to commence the use of 6 axis correction frames which is a more advanced circular frame system than the Ilizarov. It is a computer based system and can more accurately correct limb deformities. It is known as the Ortho- SUV frame which will be another first in the country. Though a similar system, the Taylor spatial Frame is currently been used in a few institutions in the country, the OrthoSUV is far cheaper and will therefore be more cost effective for the patient. The Unit also doubles as the paediatric orthopaedic unit of the Hospital. Limb reconstruction is involved in the management of a lot of paediatric orthopaedic conditions. All paediatric cases at the Hospital outpatient department are referred to the Unit.

The Unit also runs a Ponsetti Clubfoot Clinic. Clubfoot (Congenital Talipes Equino Varus CTEV deformity) which is the commonest congenital musculoskeletal condition seen in orthopaedics. Ponsetti is a world renowned paediatric orthopaedic surgeon who popularized a

conservative simple serial manipulation technique excluding the need for surgical intervention, and reporting over 95% successful full correction of cases when the technique is done correctly and proper corrective braces used afterwards. The unit's dedicated Ponsetti Clubfoot Clinic runs weekly and records high number of patients coming from all over, mostly northern Nigeria. The clinic sees an average of 25 cases per week. Since the adoption of the Ponsetti management protocol for clubfoot, the Hospital has achieved over 90% successful correction in compliant patients, obviating the need for complex soft tissue and bony surgical releases which was the practice. Even failed corrections of the past, resistant and old neglected cases have been corrected using this technique.

The Hospital is also working in conjunction with the Nigerian Clubfoot Programme in the organization of training workshops for health personnel in use of the Ponsetti technique for the management of this common condition. One of the consultants in the unit Dr. Donwa J. who is one of the northern coordinators of the programme.

Other paediatric conditions commonly managed in the Unit include the following:

- 1) Deformities from Rickets, Blounts, Physical injuries
- 2) Perthe's disease, Slipped upper femoral epiphysis
- 3) Congenital pseudoarthrosis with over 50% union rate
- 4) Hemimelias including tibia, fibula and radial club hand
- 5) Developmental dysplasia of the hip
- 6) Skeletal dysplasia including Arthrogryposis multiplex congenital
- 7) Osteogenesis imperfecta

Paediatric spine deformities are handled by the spine unit of the Hospital. the Hospital is planning to expand the paediatric unit and

make it a fully separate unit, with further training of its staff.

PLASTIC AND RECONSTRUCTIVE SURGERY

Plastic and Reconstructive is a branch of surgery that deals with correction of deformities or preventing them. Scientifically, it deals with problems arising from Trauma and Congenital deformities. Plastic surgeons look at deformities congenital or accidental as diseases and aim at correcting or ameliorating it. Thus, the genesis of the name Aesthetic and Reconstructive Surgery.

Historically the department started as a unit headed by Dr. Rabeh Halima followed by an in-house training of Dr.. Dafiewhare Ochuko Rex. It has developed into a full pledged Department with three Consultants (i.e. Dr. Abubakar Maina Waziri, Dr. Hadiza Marliyya Suleiman and Dr. Gbadamosi A. Kamaldeen), with a full-fledged Burns Unit and specialist Nurses trained in burns care.

The out-patient turnover has increased from 937 in 2014 to 21,168 in 2018; they were attended to at the Burns and Plastics Clinic. Most of the surgeries being done are trauma and managing burns complications. the Hospital is making strides to include Aesthetic Surgeries as instruments become available. The future prospects look bright especially with the recent accreditation of the department by the West African College of Surgeons (WACS) and strides being made for accreditation by the National College of Surgeons for training of Plastic Surgery Residents. The Hospital plans to start Cosmetic Surgeries and Free Tissue Transfers in Advanced Management of Cancer/Trauma patients.



RADIOLOGICAL SERVICES

The Radiology department offers advanced diagnostic imaging services that combine state-of-the-art radiology technology with highly skilled staff consisting of a Consultant Radiologist and many experienced Radiographers and X-ray Technicians. The Hospital offers twenty-four hours diagnostic X-ray services to teeming trauma and non-trauma patients, as well as patients coming from outside the Hospital. It also provides diagnostic and interventional ultrasound procedures.

The Hospital has provided a new Computerised Radiography (CR) Machine in its bid to make work easy for the doctors and also reduce the waiting time for patients. The CR ensures higher-quality X-rays and reduces costs as it uses a digital X-ray process that doesn't require development chemicals. It has also eliminated incidences of repeat X-rays, thereby reducing Radiation Dose to patients.

The department is also equipped with PICTURE ARCHIVING COMMUNICATION SYSTEM (PACS), the first of its kind in any public hospital in the North Western zone of the country. A Picture Archiving and Communication System (PACS) is a medical imaging technology which provides economical imaging storage and convenient access to images from multiple modalities (source machine types). Images and reports are transmitted digitally via PACS. This eliminates the need to manually file, retrieve, or transport film jackets; the folders used to store and protect X-ray film.

The department plans to upgrade the Picture Archiving Communication System to the higher-level Radiology Information System (RIS), acquire additional multi-cassette CR reader in the SOPD wing of the department and additional Single cassette CR

digitizer in the Accident and Emergency wing of the department with the aim of reducing the turn-round time for efficient workflow. It also hopes to obtain Computerised Tomography (CT) scan and Magnetic Resonance Imaging (MRI) scan and additional X-ray machines.



SPINE SURGERY

Traumatic paraplegic patients that came to the Hospital were either those involved in road traffic accidents or those who presented with gunshot wounds during the war. Such patients referred to the Hospital from far and near often came with many complications. Those who came early were stabilised to a large extent and followed up with the usual paraplegic care. This ensured early mobilization for such patients and quick return to activities of daily living. Earliest operation records reveal that the first traceable spine surgery, a costotransversectomy, was done by Dr Bryson on a patient named Garba Kiyawa on 21 December 1960. This and many of the spine operations at that time were for tuberculosis of the spine. Analysis of those early records revealed that the first one hundred spine cases took place between that date, 21 December 1960 and 14 November 1967. Among those one hundred cases, ninety-two were for tuberculosis of the Spine, three spine tumour related (two biopsies and one decompression), one fusion for spondylolisthesis and one lumbar puncture was also listed.

Incidentally, it was the one hundredth case that happened to be a decompression following trauma. Almost twenty different surgeons were responsible for these first 100 cases. This is because surgery in the Hospital was done by surgeons on rotation from Stanmore, UK. Notable names on that list of twenty surgeons are Mr Bryson who is

the founder of Dala and first Medical Superintendent, Mr Geoffrey Walker who visited the Hospital in 2010, Sir H. Seddon and Mr Denham who did the first decompression following trauma. There was one Nigerian named Tukur, credited with aspirating a Psoas abscess. The predominance of Tuberculosis as the main indication for surgery continued through the seventies when the main Surgeons were Nigerians. Drs Osamwonyi, Motha, Ogwuche, Ojesebholo, Awolaja, Igo, Taiwo, Anakwe, Garuba, Chavan, Ighile, Olabumuyi and Awonusi were the main actors between 1972 and 1989.

Very few spine operations took place in the ten-year period from 1990 to 2000. While surgery was limited in scope and number in this period, the Hospital established a reputation as one of the few centres, where spine injured as well as Pott's disease patients could get any form of meaningful care and rehabilitation. This created a lot of pressure. The entire hospital bed capacity was about 150 and about 5% of the beds were reserved for Spine injured and other paralysed patients, then generally referred to as 'plegics'. With the long hospital stay by most of these patients, the average being one year, it was commonplace for many patients to present and not get a space. This translates into a waiting period of a year and above. Serious complications and early death was the rule rather than the exception.

It was against this background that a spine unit to coordinate the care of these patients was created and an eight-bed capacity Spinal Ward set up in 1999. Dr Kabir Abubakar, then the youngest Consultant in the Hospital, was assigned to head the Unit. Essentially the era of modern spine surgery in the Hospital was born with Dr Popoola as the midwife and Dr Kabir Abubakar as the Father of this golden era.

The opportunity for formal training in spine came when Dr Abubakar was sent to Ulm, a city that also hosted one of the top three Spine units and rehabilitation centres in Germany for an AO Spine Trauma Fellowship in the year 2000. The hosting Professor (Prof. L. Kinzl) was very helpful in introducing young Dr Abubakar to the head of the department (Prof. Puhl), who in turn handed Dr Abubakar over to his then assistant Marcus Richter (now Prof and Head of Spine, St. Josef's Hospital, Wiesbaden, Germany) to commence a relationship that created the opportunity for knowledge transfer and networking that has benefited hundreds of Nigerians high and low, through dissemination of knowledge, clinical services, referral services and even sourcing of equipment.

Later beneficiaries of this connection include Dr C. E Mbalewe who was also trained in Wiesbaden, Matrons Beckley and Lemembri were also trained there in the Hospital's quest to train a full spine team. Another Peri-Op nurse Mr L. Shedul was trained in microscopic surgery when the Hospital acquired an operating microscope. Late Dr O. Akinniyi worked in Spine unit as a consultant for just a few months before his rather premature death.

The Hospital started modestly with non-instrumented decompressions and draining of abscesses and later inter-spinous wiring and bone grafting when we needed to achieve dorsal fusion. The move to modern spine surgery came when the Hospital started Instrumented Spine Surgery with Pedicle Screws and rods in 2005. This received very wide publicity and the Hospital was celebrated as the pioneers of Instrumented spine Surgery in Nigeria. the Hospital's carrying capacity of spine patients has been increased with the renovation and conversion of the old East Ward to a twenty-nine-bed capacity Male Spinal Ward and the adoption of the eight-bed capacity Spinal Ward as Female Spinal Ward.

Spine surgery was placed on fast track when Dr M. L. Mamman returned from training in Pakistan, and the arrival of the duo of Drs M. A. Shobode and T. A. Waheed, consultant surgeons who had gone through spine training at various centres in Asia and Europe. The practice was further strengthened when Professor J. E. Onuminya came on sabbatical from Ambrose Alli University, Ekpoma.

The Hospital has consolidated its position as the leading centre for Spine Surgery in Nigeria. With eight full time consultants and a visiting Neuro Surgeon, an average of 200 outpatient reviews per week and over 300 major surgeries per annum in the last few years. The Unit also receives an average of two hundred and twelve emergency cases per annum and conducts an average of ten complex spine surgeries, ranging from simple degenerative spine and trauma to the more complex adult and paediatric spine disorders, per week. the Hospital offers care for degenerative spine diseases of the cervical, thoracic and lumbar spine; metabolic bone diseases including osteoporotic fractures; spine infections including tuberculous spondylitis, pyogenic spondylodiscitis and vertebral osteomyelitis; spine deformities including post-traumatic deformities, kyphosis and adult spinal deformities; tumours of the spine as well as spine trauma which accounts for more than fifty percent of our practice. We did our first scoliosis correction earlier this year. the Hospital's surgeons are capable of approaching the spine from anterior, lateral and posterior parts of the spine.

Our outcomes are fairly good, and they can be improved through early presentation of patients. In our efforts to improve on the outcomes, a multi-disciplinary rehabilitation team is being established. This team will be saddled with the rehabilitation and support of the spine- injured patients while on admission and through their recovery

after they are discharged from inpatient care. This is important as rehabilitation is often more critical than medical/surgical care in the management of spine injury. It is sad that most of the patients with cervical spine injury die within one year of this injury. With a targeted support system, the mortality rate will be significantly reduced.

The Hospital recorded successes in training, fellowships and spine centre accreditation. It has offered short- and medium-term fellowship trainings in spine surgery to over seven visiting surgeons over the last four years. Many more applications are being received. The spine unit has also produced the highest number of papers presented at Nigerian Orthopaedic Association Conferences in the last three years. The spine surgery unit must be credited in the establishment of the Nigerian Spine Society in 2017, and Dr K Abubakar who doubles as the first President and first Chairman of the Nigerian Spine Society the AO Spine West African Council respectively.

With the purpose-built Spine Centre under construction, first of its kind in Nigeria, the Hospital hopes to adequately address the constraints of space, equipment and training. It will reposition the Hospital both in terms of service delivery and training in Spine surgery. It will also improve patient care, as the open ward for the spine injured is not ideal for them. These patients are incapable of regulating their own body temperature (autonomic dysreflexia) and hence need a low room temperature to prevent skin breakdown and other complications associated with spine injury. Spine surgery practice has created a broad economic empowerment with the industry partners that provide the implants being used. They also have to be commended for making most of the instruments available.



**INTERNATIONAL COMMITTEE OF THE RED CROSS
IN NIGERIA (ICRC) - *Restoring Mobility, Restoring Hope:
The Story of International Committee of the Red Cross's
Physical Rehabilitation Programme in Kano.***

The International Committee of the Red Cross (ICRC) is an independent, neutral and impartial humanitarian organization, ensuring humanitarian protection and assistance of victims of armed conflict and other situations of violence.

The International Committee of the Red Cross in Nigeria supports a Physical Rehabilitation Programme at the National Orthopaedic Hospital Dala – Kano. The programme is essentially a spin-off of the ICRC Mobile Surgical Team (MST) programme at the State Specialist hospital in Maiduguri.

Operational since 2015, the MST has its target population as Weapon Wounded patients and Internal Displace Persons (IDPs) in need of emergency surgical care. A substantial number of this population end up with amputations and other disabilities. As there was no referral facility for physical rehabilitation to ensure the continuum of care in the North East, the ICRC approached the National Orthopaedic Hospital Dala – Kano, through a MOU which was signed in 2016. the Hospital allocated the Ade Majiyagbe Memorial Jaipur Limb workshop to the ICRC to set up a Physical Rehabilitation Centre (PRC). This was renovated and retro fitted to a physical rehabilitation centre.

Initially, the ICRC project in Kano was designated to serve victims of conflict referred from North East through the ICRC – MST project. Since January, 2019 the scope of operation was expanded to

accommodate victims of 2015 bomb blasts and other vulnerable people with disabilities from Kano State. This is done through a screening process done by a committee commissioned by the Hospital to facilitate the treatment of people with disabilities (PwDs) referred from the North East, the ICRC pays for transportation, meals and accommodation for the entire period of rehabilitation in the Hospital. Lunch is also provided to service users from Kano State during rehabilitation period.

The ICRC-PRC uses polypropylene technology, which is universal to ICRC- supported projects the world over. Five technical staff of the Hospital were trained by ICRC in polypropylene technology and to day they independently measure, produce and fit amputees with different types of prosthesis. For optimum results, the technicians work closely with a Physiotherapist for assessments and gait training. A generator was also donated to the Hospital's Prosthetic & Orthotic department by the ICRC to ensure smooth production.

To enhance the quality of gait training and better prepare people with disabilities to use their new prosthesis of their home environment, the ICRC funded construction of an outdoor functional gait training area. Amputees are trained to navigate with the prosthesis on uneven ground manoeuvre obstacles along the way, go up and down a slope and stairs.

Since inception, more than 600 people with disabilities from North-east and 50 individuals from Kano State have benefited from physical rehabilitation services in the Hospital. Majority of beneficiaries are men but also several women and children. By July 2019, a total of 166 people with physical disabilities accessed services. 111 physiotherapy individual sessions done, 143 prostheses and 6 others were produced and successfully fitted.



Chapter Five

ASSOCIATIONS AND UNIONS IN NATIONAL ORTHOPAEDIC HOSPITAL, DALA-KANO

Introduction

Associations and unions are very beneficial both to the members and the institutions to which they belong or are employees.

Most unions and associations in the healthcare sector are not just nationally-recognized but are also international bodies with very wide network and membership spanning several specialists.

An association or union in the hospital usually has as its goals, improvement in working conditions (including wages and salaries), improvements in benefits accruable to members and the assurance of healthy working environment. For the organization, it makes communication easier and less cumbersome. It also translates to improved productivity with better training access and lesser staff turnover.

From inception of the National Orthopaedic Hospital Dala, there are many vibrant associations and unions and their interaction with the management of the Hospital has been very cordial and immensely symbiotic. Very few industrial dislocation has been witnessed locally. A synopsis on each of them is presented below:

ISLAMIC MEDICAL ASSOCIATION OF NIGERIA (IMAN)

Islamic Medical Association of Nigeria (IMAN) was founded in the Holy City of Makkah in the year 1989 by a group of Nigerian

Health professionals performing that year's Hajj. The Association was subsequently registered with Corporate Affairs Commission (RC. No. 7926) on 11th July, 1994. The Association is

affiliated with Federation of Islamic Association (FIMA) with Headquarters in Illinois, USA.

IMAN at National Orthopaedic Hospital, Dala – Kano, started as Islamic Medical Association (ISMA) before it was renamed IMAN. The impulse behind the initiation of IMAN was to gather donations in kind and cash for indigent patients. The donation can be for blood, wound dressing or for the purchase of drugs and other hospital consumables and appliances.

Leaders of IMAN

Dr. Kabir Abubakar was the Chairman of the association and Malam Aminu Mu'azu as Secretary from 2003 – 2006. Dr. Muhammad Nuhu Salihu took over the chairmanship of the association and along with Malam Aminu Mu'azu as Secretary, from 2006 to 2014. Pharmacist Hamza Isah Muhammad assumed the Chairmanship of the Association which he served between 2014 and 2017. In 2017 Dr. Alabi Abolaji Ibrahim took over the chairmanship of the association with Saeed Umar Ahmad as its Secretary.

The main objective of the association is to bring all Nigeria Muslim Health Care professionals to render greater services to humanity with faith and fear of the Almighty in mind. It is in realization of this and other laudable objectives that the National and State Chapters as well as Units and branches were formed across the federation.

The association is being governed by a constitution and adopts the following as its motto:

“HEALTH IS A PRICELESS TREASURE” (AS SIHHATU KANZUN NAFIYSUN). Its acronym “IMAN” which means faith and fear of Almighty. The activities of the association in the Hospital are classified into three namely;

1. Assistance to Patients

This is a daily activity undertaken by the association in the Hospital, which ranges from donation for medical bills, purchase of medicine, drugs and other medical apparatus needed by an indigent patients that seek assistance from IMAN through the Medical Social Welfare. It is worthy to note that the association has spent about N8, 000,000.00 on assisting indigent patients since 2017. These donations are largely made by members of the Hospital. The association has commenced the construction of IMAN complex which will house the IMAN secretariat, accommodation for patient relatives.

2. Capital Projects

These include the commencement of IMAN complex. Janazah bathing place has been constructed and a huge human-sized doll was procured for demonstration of Janazah rites. Female Hisbah Corp members were given refresher courses by the association in collaboration with Hisba Command of Dala Local government, through the support of their female corps.

3. Da'awah Activities

The association organizes regular public lectures, sisters' forum programmes and quarterly bulletin aimed at increasing the faith of members furthermore.

4. Activities

The association commenced its co-operative society activity from November, 2018. This has provided the members with the opportunity for non-interest business transactions and **Halal** investments. The capital base of the cooperative stands at N10, 000,000 at the end of October, 2019.

5. **General Expenses**

The association renders assistance that are not captured in the capital project or patients' assistance, such as annual refurbishment of NOHD General Mosque, donation for the refurbishing of the roofing of the Mosque at School of Post Basic Nursing Studies (Hostel's mosque), the regular intermittent purchase of prayer mats and other accessories financial assistance for participants at IMAN National Conference etc. The association also sponsors In-House lectures and presentations regularly.

IMAN NOHD also carries some welfare activities which are intermittently undertaken by the association at the discretion of executive members, such as financial assistance for the conduct of Ramadan Qur'an Tafsir in central Mosque.

The impact of the association has continued to be felt in the Hospital through the laudable programmes sponsored by the association. This has attracted non-Muslim staff members to donate to this course. The Janazah (burial rite) course organized, and Janazah washing place erected recently are commendable.



STAFF MULTIPURPOSE COOPERATIVE SOCIETY NOH DALA KANO

Staff Multipurpose Cooperative Society of the Hospital, was established on January 1st 2000 as Thrift and Credit Co-operative Society. Following a visit of two members of the Hospital Staff Welfare Committee to National Orthopaedic Hospital, Igbobi to study the operation of the Co-operative Society for

adoption in the last quarter of 1999. The society was established in NOH, Dala earlier an Interim Committee with a mandate to setup the scheme was constituted. The Committee was headed by Dr. C.A. Nkanta and A.M. Rahama as protom President and Treasurer, respectively with eight others members. In all the Society started with 285 members. It was registered by the Kano State Ministry of Commerce, Industry and Co-operatives with Registration No. 6083.

The Society was upgraded to the status of Multipurpose Co-operative Society on 5th September, 2015, It allows the Society to engage in other business activities in addition to the usual loans to members.

The society has Dr. C.A. Nkanta as Chairman (2000- 2008) he was succeeded by Alhaji A.M. Rahama (2009- 2017) until the election of Mr. Dawodu Temitope in 2017.

The facilities provided by the Society includes; loans and advances both long and short terms, purchase and sales of commodities as well as financing acquisition of capital items. i.e. loans – main and soft, purchase and sales of commodities, special facilities e.g. cell phones, electronics, motorcycles and other household items.

The society has assisted many federal and state establishments both within and outside the state to set-up viable co-operative societies. The society has also earned recognition by the federal and state governments as Centre of excellence. The two levels of government continue to send students to have their Industrial Training experience. Some members of NYSC that are posted to undertake their national assignment at the Hospital also benefited from the training. The current employees of the society are products of such training. The operational model has been adopted by many other societies, even by those that are older than the Hospital's society. Through quarterly

supply and distribution of essential commodities which runs into millions of naira, the business activities of the Multi-purpose Cooperative Society have increased tremendously.

Gains to Staff Members

The society has continued to achieve greatness for its support to staff which include the issuance of financial assistance to build ranging from assisting to personal houses personal businesses and financial support to meet urgent commitments. Members retiring from the services of the Hospital are going home with a large sum of money from their savings, while awaiting their entitlements.

Management Structure

The society has the following Management structure for the day-to-day running of its activities:

- President
- Vice President
- Financial Secretary
- Secretary General
- Asst. Secretary General
- Treasurer
- Public Relation Officer
- Supervisory Committee

Credit and Loan Committee

The society's accounts are annually audited by the Audit Department of Kano State Ministry of Commerce, Industries and Cooperatives. It receives words of commendation from the Kano state ministry of commerce at different times. The society in 2015 received the prestigious "NATIONAL COOPERATIVE MERIT AWARD" by federal House of Representatives committee on Labour,

Employment and Productivity, Abuja. It was also conferred with an Award of Excellent for being the best managed workers Multipurpose Cooperative Society for the year 2016 by the Kano State Government in 2016.



THE ASSOCIATION OF RESIDENT DOCTORS (ARD)

The Association of Resident Doctors established in 1993 with Dr. Isah Nurudeen as Pioneer President. The Union is seen as a professional body and is affiliated to Nigerian Medical Association (NMA).

Muhyi was the association's General Secretary. The association of resident doctors, Dala branch was embraced and integrated into the Hospital community and was given a two bedroom apartment to house its secretariat. Later, the old board room of the Hospital, with the support of the management and donations from drug companies, was renovated and became the ARD Dala Lounge. In 2017, this new complex was commissioned and named Dr F.O Awonusi Resident Doctors Lounge, by the then Minister of State for Health, Dr Osagie Ehanire. The structure has recently been beautified as a botanical garden and open relaxation arena were provided in line with the management mass beautification and landscaping of the Hospital project.

Membership of the Association is open to all doctors below the rank of consultants or its equivalent Principal Medical Officer practising in health institutions where residency training programme is in place.

This includes resident doctors, medical officers and house officers in such institution.

The headship of ARD, whether central, at the national or local chapters, is drawn from its members. The current executives and their offices are represented below:

➤ The President	Dr Rilwanu Aminu Yunusa
➤ Vice President	Dr Mustapha Nuhu Sulaiman
➤ General Secretary	Dr Aliyu Muhammed Tukur
➤ Social and Welfare Officer	Dr Bolaji Ahmed Ibrahim
➤ Treasurer/Financial Secretary	Dr Rabi Ahmed Auwal
➤ Assistant General Secretary	Dr Aliyu Muhammed Nura
➤ Ex-Officio	Dr Magashi Garba Tijjani

Doctors that have headed the association from inception are: -

Doctor Isah Nurudeen, Dr. Kabir Abubakar, Dr. Dennis Ajodo, Dr. Wesley Aina, Dr. Muhammad Nuhu Salihu, Dr. Ajibade Adesina, Dr. Esho Sunday Francis, Dr. Christopher Otabor, Dr. Abali Isaiah, Dr. Muhammad Kabir Abubakar, Dr. Okeke Obinna, Dr. Muhammad Musa Muhammed, Dr. Abdulazeez Olalekah Tella, Dr. Muhammad Hussaini, Dr. Umar Ibrahim Abubakar, Dr. Sani Abdullahi Tsoho, Dr. Magashi Garba Tijjani and Rilwanu Aminu Yunusa.

Functions

The functions of the Association revolve around training of members and creation of a conducive environment for learning and medical skill acquisition, others were:

Regular lecture/presentation for all residents, daily Trauma Meeting (DTM) for post call discussions, weekly clinical demonstrations for Senior registrars, alternate Weekly Mock Exams for Junior registrars and Orthoprimary WhatsApp discussion platform for residents

preparing for primary exams.

The Association provides welfare facilities to its members such as; Provision of man-power, monetary or material supports, provision of soft loans to members in need, financial support for registrars going for part 1 and 2 exams as token for their preparation.

Academic and Service Excellence: ARD Dala through its result orientation of new members which has contributed to the increased pass rate in their various exams in all colleges among others.

The Association of Resident Doctors National Orthopaedic Hospital Dala are proud to be associated with the Hospital on its 60th Anniversary Celebration.



NATIONAL ASSOCIATION OF NIGERIAN NURSES & MIDWIVES (NANNM)

NANNM is a registered Trade Union with official Corporate Affairs Commission registration No: 0011. It is an affiliate member of Nigeria Labour Congress. The history of NANNM in Dala is dated back to early 1970's when the Hospital got its autonomy from Institute of Health, Ahmadu Bello University, Zaria. NANNM came into being in the year 1978. Since then the Association has been waxing stronger from strength to strength.

Functions of the Association

The association being a Trade Union undertakes the following functions:

- Dissemination of information from the Management to member.
- Dialogue with the relevant authorities on issues concerning members for better resolutions.
- Take absolute control of situation during industrial dispute by strict adherence of the labour rules and regulation guiding strike.
- Discipline of erring members for gross misconduct
- Pursue members' right from relevant authorities
- Encouraging members for continuing education to improve professional skills
- Sponsor members to attend Seminars, Workshops, and Conferences both within and outside the Hospital i.e. within the States of the Federation.
- Defend Government Policies, Hospital rules and regulations for better industrial harmony.

Past Chairmen of the Association

The following are the past chairman of the association:

- | | |
|---|--------------------|
| 1. Mr. Ambinche Justin | - 1987 – 1989 |
| 2. Mr. Apenda Gabriel | - 1989 – 1991 |
| 3. Mr. BZ Adams, | - 1991 – 1995 |
| 4. Mr. PT Kegn, | - 1995 – 1996 |
| 5. Mr. Vishe Garba (on Acting capacity) | 1996 - |
| 6. Mr. Annakar P. U. | - 1996 - 1999 |
| 7. Mr. Benkada, P. S. | - 1999 - 2003 |
| 8. Mr. Chorough James | - 2003 - 2007 |
| 9. Mr. Lohnan Shedul | - 2007 – till date |

The executive members are eight in number that run the affairs of the association. At present, the association has Eight (8) functional offices which are:

- | | |
|-------------|---------------------|
| 1. Chairman | - Mr. Lohnan Shedul |
|-------------|---------------------|

- | | |
|------------------------|----------------------------|
| 2. Vice Chairman | - Ismail Muktar Usman |
| 3. Secretary | - Mr. James L. Sogfa |
| 4. Financial Secretary | - Dr. (Mrs.) Obi E. |
| 5. Treasurer | - Mr. Edicha Samuel |
| 6. Auditor I | - Raliat Aminu |
| 7. Auditor II | - Mrs. K. Nehemiah Rejoice |
| 8. P. R. O. | - Mr. Adotse Emmanuel |

Achievements Recorded by the Association

The Association recorded laudable achievements as thus:

- It fosters good industrial harmony
- It ensures discipline among its members
- Sponsors some members to attend seminars, workshops, Conferences, etc.
- It protects member's interest
- It mediates between the Management and members in industrial dispute
- The Association was able to secure a bus for its member's welfare
- It promotes dialogue against confrontation in approaching issues
- The association was able to dialogue with the management to create more vacancies for the posts of Asst. Chief Nursing Officers and Chief Nursing Officers for its members.

Future Plans

The association has the following as its future plans:

- To build its own befitting Secretariat
- To establish a day care center within the Hospital
- Ensure members are computer literate
- To ensure all members acquire B.Sc Nursing degree



NIGERIAN UNION OF ALLIED HEALTH PROFESSIONALS, NATIONAL ORTHOPAEDIC HOSPITAL, DALA – KANO

The Nigerian Union of Allied Health Professionals (NUAHP) formerly Nigerian Union of Pharmacists, Medical Laboratory Technologists and Professionals Allied to Medicine (NUMPTPAM) is one of the Unions registered by Federal Government in 1978. The association's area of jurisdiction is to mobilize professionals in the Clinical departments of the health industry with minimum qualification of Higher National Diploma (HND), with the exception of the medical practitioners and Nurses.

The union, though in existence since 1978, only became active in Dala hospital in 2007. The formation of the branch of the union was made possible due to the commitment of its current National President, Comrade F. O. Faniran. He visited the institution in March, 2007 and, shortly thereafter the union was born. Soon afterwards, a caretaker committee was appointed and charged with the responsibility of mobilizing members. By September 2007, the association conducted election. The following officers were elected as the first executive of the Union:

Com. Ezeala, Valentine (Chairman) -	Imaging Scientist
Com. Taoheed Adeyemo (Secretary) -	Lab. Scientist
Com. Akinropo Yesiru A. (V/Chairman) -	Lab. Scientist
Com. Sophia N. Owoicho (P. R. O) -	Physiotherapist
Com. Ganiyat Afolabi (Treasurer) -	Pharmacist

The executive members of the association were inaugurated by the National Executives in 2007. In the same year, with the unprecedented co-operation of the management of the Hospital, the first National Executive meeting of the union in North-West was hosted in the Hospital. It was the Executive Committee (EXCO) of

the branch that facilitated the formation of the Union in Aminu Kano Teaching Hospital, Kano.

Unlike other institutions, the Management of this hospital accelerated the process of check off dues of the members of the union from their salary. At the end of the first tenure of the executives in 2010, members were all re-elected for the second time. The excellent performance of this branch nationally was responsible for the election of the chairman of the branch Comrade Ezeala Valentine, to the post of National Public Relation Officer (P.R.O) and the Secretary of the branch Comrade Taoheed Adeyemo as the Assistant National Secretary.

During the delegate Conference at NOH Igbobi, Lagos State, that produced the current National Executives of the association, the Chairman of the Electoral Committee, Comrade Pharmacist Sani Ali Yusuf is from National Orthopaedic Hospital, Dala branch of the association. The present executives of the Union were elected in July, 2014. They are as follows:

Com. Sani Ali Yusuf	-	Chairman
Com. Shehu Musa Adamu	-	Vice Chairman
Com. Anyogo D. Raymond	-	Secretary General
Com. Emmanuel Robert	-	Asst. Secretary General
Com. Abdulmunaf U. Farouk	-	Treasurer
Com. Naziru B. Mukhtar	-	P. R. O

Activities of the Union

- Capacity building of our members in the areas of organizing seminars and conference
- Engagement in advocacies
- Negotiations and struggle for enhancement of staff welfare

both locally and nationally

- Regular attendance in National issues of the union
- Having regular interactive meetings and cross fertilization of ideas with sister unions both locally and nationally on how best to move the health industry forward and douse tensions so as to boast industrial harmony.
- Active participation in union interactions with our Management on areas of collaborations.
- Alerting the Management through proper communication ahead of time on areas that if not properly handled may lead to industry disharmony and in this way reduce suspicion and rumour.
- Organizing welfare activities for our members

Prospects

- To have a befitting structure in this Hospital as our Secretariat
- Consolidating on the human capital development
- Continuing the role of being a bridge-builders between the Union and the Management.



MEDICAL HEALTH WORKERS UNION OF NIGERIA (MHWUN)

Medical and Health Workers Union of Nigeria is a registered Trade Union and an affiliate of the Nigeria Labour Congress (NLC). The Union was established in the Hospital in the early 1980s. Its membership in the Hospital cut across most profession and has the majority of staff as members.

Comrades Muhammad Kudu Ahmad and Babangida Umar served as Chairman and Secretary, respectively, from 1987 – 1994. Comrades

Bashir Yusuf and Usman Da-Haruna served as Chairmen, between 1994 and 1997 and between 1997 and 1999 respectively, with Ali S. Umar as Secretary. Comrades Muhammad Kudu Ahmad returned as Chairman from 1999 – 2001 with Tukur L. Abdul as Secretary; Comrades Karibu Lawan served as Chairman from 2006 – 2017 with Seidu Adamu as Secretary. In 2017, comrades Harisu M. Hamza acted as the Chairman with Aminu Bello as acting Secretary up to December, 2018. In December, 2018 an election was conducted where Comrades Harisu Manu Hamza and Aminu Bello emerged as the Chairman and Secretary, respectively.

The union has been waxing stronger from strength to strength till date. The association undertakes, dissemination of information from the management to member, dialogue with the relevant authorities on issues concerning, members for better resolutions, the absolute control of situation during industrial dispute by strict adherence to the labour rules and regulation guiding strike, defend government policies, hospital rules and regulations for better industrial harmony.

The association recorded laudable achievements, thus: The union procure a bus for its member's welfare, and ongoing construction of a multipurpose union secretariat with facilities such as office space, conference hall and meeting rooms.



VIP Sideroom of the NHIS Clinic



A cross-section of patients waiting for consultation

Chapter Six

FRIENDS OF THE HOSPITAL

1. FRIENDS OF ORTHOPAEDIC HOSPITAL ASSOCIATION (FOHA)

Friends of Orthopaedic Hospital Association (FOHA) is a non-governmental, non-profit, non-political humanitarian association formed in November, 1982 and duly registered with Corporate Affairs Commission with the aims of assisting indigent patients in dire need of assistance while receiving treatment in Kano. Four (4) people came together to form the association. They are:

1. Hajiya Hafsat Kolo - Senior Nursing Officer
2. Late Hajiya Jamila I. Yahaya - Senior Social Worker
3. Late Mal. Halilu Muhammad - Senior Physiotherapist
4. Late Mrs. Kande Ambursa - Senior Nursing Officer

The association has assisted numerous poor and needy patients to get prescribed drugs, X-rays, appliances, accommodation for transit patients. It has also linked a lot of poor patients with other philanthropic persons and organizations for the settlement of their treatment bills. The association is organized with a Board of Trustees, the Executive Council and the Congress. Membership of the association is open to both staff and general public who have interest in assisting less privilege patients. Article two (2) of Constitution of the association stipulates the aims and objectives of FOHA as:

To reduce to the barest minimum any hardship facing the patients in the hospital as well as assisting the less privileged patients, liaising with governments and their agencies, non-governmental organizations (NGO) and philanthropic persons towards sourcing for resources needed for the growth and development of the hospital and to organize and actively participate in any programme/activity aimed at improving the status of the hospital and welfare of the patients.

Past and Present Executive from Inception

1982 – 1987

1. Late Matron Kande Ambursa - Chairman
2. Dr. Bashir Ighile - V/Chairman
3. Late Hajiya Jamila Yahya - Secretary
4. Mr. Gabriel Alagbe - Treasurer
5. Late Emir of Kano Alh. (Dr.) Ado Bayero - Grand Patron

1987 – 1991

1. Mr. M.O. Ojo - Chairman
2. Late Hajiya Jamila Yahaya - Vice Chairman
3. Mr. Gabriel Alagbe - Treasurer
4. Late Mr. G. B. Alfa - Secretary
5. Late Emir of Kano Alh. (Dr.) Ado Bayero - Grand Patron

1991 – 1995

1. Late Hajiya Jamila Yahaya - Chairman
2. Hajiya Hafsat Kolo - Vice Chairman
3. Alhaji Salisu Ado - Treasurer
4. Hajiya Raliat Balogun - Organizing Secretary
5. Late Emir of Kano Alhaji (Dr.) Ado Bayero - Grand Patron
6. Malam Abdulhamid Ibrahim - Asst. Secretary

- | | | |
|----------------------|---|---------|
| 7. Malam T.A. Badmus | - | Auditor |
|----------------------|---|---------|

1995 – 1999

- | | | |
|------------------------------|---|---------------------|
| 1. Barr. Aminu Abdullahi | - | Chairman |
| 2. Hajiya Dije Yahaya | - | Vice Chairman |
| 3. Late Hajiya Jamila Yahaya | - | Treasurer |
| 4. Mrs. R.A. Abba | - | Financial Secretary |
| 5. Malam Sani Bako | - | Secretary |
| 6. Malam Abdulhamid Ibrahim | - | Asst. Secretary |
| 7. Hajiya Hafsat Kolo | - | P.R.O |
| 8. Malam T.A. Badmus | - | Auditor |

1999 – 2003

- | | | |
|---|---|-----------------|
| 1. Hajiya Dije Yahaya | - | Acting Chairman |
| 2. Late Malam Abubakar Mahr. M,m. , aza | - | Vice Chairman |
| 3. Late Hajiya Jamila Yahaya | - | Treasurer |
| 4. Malam Sani Bako | - | Secretary |
| 5. Malam Abdulhamid Ibrahim | - | Asst. Secretary |
| 6. Malam T.A. Badmus | - | Auditor |

Following the death of the Vice President, Malam Abubakar Maharaza, and the relocation of the President, Hajiya Dije Yahaya, who joined the service of an international NGO abroad, the association became moribund since 2003. The Medical Social Services department was left to carry on the activities of the association until 2013 when another executive was elected. Members of the new Exco are as follows:

- | | | |
|---------------------------------|---|----------------|
| 1. Alhaji Muhammad Kabir Haruna | - | President |
| 2. Late Hajiya Jamila Yahaya | - | Vice President |

3. Hajiya Bilkisu Muhammad - Treasurer
4. Malam Nura Umar - Secretary
5. Malam. Abubakar Karfi - Asst. Secretary
6. Alhaji Hamza Isah Muhammad - F/Secretary
7. Malam Nuhu Budaji - PRO
8. Malam Sani Bello - Legal Adviser
9. Emir Malam Muhammadu Sanusi II- Patron

The association is governed by the following members of Board of Trustees:

1. Dr. Muhammad N. Salihu - Chairman
2. Alhaji Abbas Sanusi (Galadiman Kano) - Member
3. Alhaji Bashir Muhammadu (District Head of T/Wada)-Member
4. Alhaji Suleiman D. Ma'aji - Member
5. Bar. Aminu Abdullahi - Member

The association succeeded in:

- Securing a land from Kano State government and built the land donated by the Rotary Club which is being used as accommodation for transit camp for patients and their relatives at Kurna Asabe, Kano.
- Relocation of the transit accommodation from Kura to the hospital environment.
- Building of Indomie Eatery within the hospital premises
- Building of car-wash centre within the hospital premises
- Establishing a day-care centre in the hospital to help staff who are nursing mothers.

2. SENIOR STAFF ASSOCIATION OF UNIVERSITIES TEACHING HOSPITALS, RESEARCH INSTITUTES & ASSOCIATED INSTITUTES (SSAUTHRIAI)

SSAUTHRIAI is a registered Trade Union affiliated to Trade Union Congress (TUC). The association was operating in the hospital since 1978 and its membership cuts across all professional cadres. The emergence of profession-based associations weakened the association in the Hospital leading to its falling into coma for some years. However, in February, 2016, the operation of the association was revived, when like mind comrades saw the need to have a body that will champion the peculiar needs of senior staff. Malam Suleiman Musa Ringim was elected as the Chairman, Charles Okoroma as vice Chairman, Rilwan Yusuf as Secretary, Hadiza Bashir as Treasurer, Ismaila Odeh Financial Secretary, and Abdullahi Umar Public Relation Officer, Ghazali Shafiu Trustee.

The association undertakes the following:

- Dissemination of information from the Management to member.
- Dialogue with the relevant authorities on issues concerning members for better resolution.
- Take absolute control of situation during industrial dispute by strict adherence of the labour rules and regulation guiding strike actions.
- Discipline of erring members for gross misconduct
- Pursue members' right from relevant authorities
- Encouraging members for continuing education to improve professional skills
- Sponsor members to attend seminars, workshops, and conferences both within and outside the Hospital i.e. within the States of the Federation.
- Defend government policies, hospital rules and regulations for better industrial harmony.

The following are the past Chairmen of the Association:

- i. A. S. Adamu
- ii. A. K. Afuye
- iii. J. I. Ambinche
- iv. E. I. Apende
- v. Mrs. R.U. Nkem
- vi. L. Ezeadi
- vii. R.M.M. Akpaidiok
- viii. R.A. Abbah
- xi. G.B. Alfa
- x. E. Adeyele
- xi. N. S. Lawal
- xii. J. Iseniyi
- xiii. A. Ciroma
- xiv. G.K. Alagbe
- xv. F. U. N. Ukoho
- xvi. J.U. Ibrahim Yahaya
- xvii. G.I. Okaku
- xviii. Pharm. Bosede Preh
- xv. Nasir Harazimi

The Association recorded laudable achievements, thus:

- It fosters good industrial harmony
- It ensures discipline among its members
- It provides welfare materials i.e. foodstuffs during festive period to members, and financial assistance to members
- It protects members' interests
- It mediating between the Management and members on industrial disputes.
- It promotes dialogue against confrontation in approaching issues.

- The association was able to dialogue with the management for the restoration of teaching allowance to entitled staff members



DONATIONS

- Donation of N500,000:00 to accident victims in 2004 by the then sitting Governor of the State.
- 300L of Diesel by Engr. Kuta M. Inuwa in May, 2004 and an Air-Conditioner to the ward.
- Alh. Ibrahim Al-Amin, made some monetary donations to some patients in the wards in 2004.
- Donation of the sum of N500,000:00 for Construction of vehicle parking lots from the Honourable Chairman of Musawa Local Government Area, Katsina State in 2008.
- On 19th December, 2008, the Kano State Government donated a N500,000:00KVA Transformer to the Hospital.
- Association of Resident Doctors (ARD) donated Wheel Chairs, Crutches, Urine bags, 3-way Urethral Catheters, Soft Cervical Collars and Rigid Cervical Collars in March, 2010.
- Donation of dressing materials by International Committee of Red Cross Society, Abuja in 2010.
- Donation of 3 channels Electrocardiograph Machine in November, 2013.
- Anti-Malaria drugs by Neimeth International Pharmaceuticals Plc in June, 2013.
- Some building materials and beddings like roofing sheets, mattresses, blankets, zinc nails, 3" nails and Cements were donated to the Hospital by NEMA in 2014.

- Alh. Shehu Usman Muhammad family donated Physiotherapy Equipment like; Home Gym American Fitness Machine, Transcutaneous Electrical Nerve stimulation, Dumb bells and sand bag (American Model), March, 2015.
- Donation of Basic Instrument Trolley and Kick about by MEEQUPXTRAS NIG. LTD in 2015.
- Philips Pharmaceuticals (Nig.) Ltd, donated five walking frames to the Hospital in 2015.
- Mr. Ifeanyi Anyakorah, for his humanitarian and philanthropic gestures to indigent patients in 2016.
- Donation of KETOROLAC 10mg Tab to the Hospital by Real's Pharmaceutical, Nig. Ltd in 2018.
- Donation of Wheel Chairs and walking frames by Kwankwasiyya Development Association in 2018.
- Rotary Club International rehabilitated a building and established a well-equipped workshop for the production of artificial limbs using Japur's Technology for production of free limbs for indigent patients 2007.
- The Kano State Government during the administration of Mal. Ibrahim Shekarau donated a 500KVA Transformer to the Hospital 2009.
- Donation of Dantata Amenity ward in 2008 by Alh. (Dr.) Aminu Alhassan Dantata.
- Jigawa State Government during the administration of Alhaji Sule Lamido donated a 500KVA Generating Set to the Hospital in 2012.
- Burns and Plastic ward was donated by 19 Northern State government in 1991.
- Donation of Intensive Care Unit building by Alh. (Dr.) Aminu Alhassan Dantata in 2016.
- Individuals and cooperate bodies that are numerous to mention

contributed Medical Equipment and Hospital Consumables.

- The Hospital Management is very grateful and to our donors and seeks for more donations and assistance from individuals, government and cooperate organizations.



The Medical Director, NOHD-Kano, Dr. M.N. Salihu being introduced to the football teams representing various departments as part of events marking the 60th anniversary celebrations

EVENTS IN PICTURES AT THE
60TH ANNIVERSARY CEREMONY OF THE HOSPITAL



Arrival of the Royal Fathers of the Day at the ceremony



At the 2019 joint convocation of School of Post Basic Nursing and School of Cast Technology. (From left: Malam Dan Aji (Head of Servicom & Information), the Medical Director, Dr M.N. Salibu, Dr. Kabo (Rep Kano State Dep. Governor and Acting Board Chairman, Alh. A. S. Buranga congratulating an orthopaedic cast graduand



His Eminence, the Sultan of Sokoto, Albaji Sa'adu Abubakar III, at the Grand Anniversary Ceremony of the Hospital



His Eminence, the Sultan of Sokoto, Albaji Sa'adu Abubakar III Commissioning the Sultan Albaji Sa'adu Abubakar III Spinal & Rehabilitation Centre Building



The then Head of Sultan Sa'adu Abubakar III Spinal & Rehabilitation Centre, Dr. Mamman Muhammad Lawal (spinal surgeon), briefing the Sultan and the other dignitaries at commissioning ceremony



The Grand Host, the Medical Director listens along with the Sultan and other guests as Dr. Mamman Muhammad Lawal briefs them at the commissioning ceremony.



The Deputy Governor, Kano State, Hon. Nasir Yusuf Gawuna, the Medical Director, Dr. M.N. Salihu, former Sarkin Kano, (in the background), HRH Mallam Muhammadu Sanusi II, and the Sultan of Sokoto, Albaji Sa'adu Abubakar III and other guests in the newly-commissioned Spinal & Rehabilitation Centre



Dignitaries inspecting one of the theatres in Sultan Albaji Sa'adu Abubakar III Spinal & Rehabilitation Centre during the commissioning ceremony



Approach view of the Hospital's Ultra-Modern & Multifunctional Theatre Complex under construction



Another view of the Hospital's Ultra-Modern & Multifunctional Theatre Complex under construction



Extension of the improved National Health Insurance Scheme/Hospital Staff Clinic Building during its commissioning



His Eminence, the Sultan of Sokoto, Albaji Sa'adu Abubakar III with other dignitaries watch as Hon. Adeleke O. Mamora commissions the new NHIS Building



Hon. Adeleke O. Mamora commissioning the newly-built NHIS Building



One of the earlier nurses of the Hospital paying homage to the Royal Fathers of the Day while the Medical Director looks on with delight



The Deputy Governor, Kano State Hon. Nasir Yusuf Gawuna & His Eminence, the Sultan of Sokoto, Alhaji Sa'adu Abubakar III presenting an award to exceptional members of staff



Handing over of scrolls to graduating Post Basic Nursing students as part of the Hospital's 60th Anniversary Ceremony



Fmr Director (Admin) and Secretary to the Hospital's Board of Management, Alhaji Mallam Audu Ibrahim at the convocation ceremony



The Medical Director, National Orthopaedic Hospital Dala, Kano, Dr. Muhammad Nuhu Salihu at the Grand Ceremony of Hospital's 60th Anniversary

MEMBERS OF THE HISTORY BOOK COMMITTEE



Malam N. Harazimi (Committee Chairman)



Mrs Teni Elejo Ayinde(Committee Vice-Chairman)



Rilwan Yusuf (Committee Secretary)



Malam Tukur Nasarawa



Malam Tijjani Musa



Mrs Maria Akinkugbe



Mrs Mubarakat Nurudeen

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