



# Jini Na Project

Ethics approval code: NHREC/17/03/2018

**Newsletter Nr. 7**  
**February 2024**

## Study Team:

### Principal Investigators

- Dr. Dalhat Gwärzo
- Prof. Aisha Kuliya Gwarzo  
(Bayero University  
Kano/Aminu Kano  
Teaching Hospital)

### Advisors:

- Dr. Kathleen Selleng,
- Prof. Dr. Andreas Greinacher,  
(University Medicine  
Greifswald, Germany)

### Funder:

The program is implemented  
by the Deutsche Gesellschaft für  
Internationale Zusammenarbeit (GIZ)  
GmbH.

It is commissioned and financed by the  
German Federal Ministry for Economic  
Cooperation and Development (BMZ)  
and co-financed by the Else  
Kröner-Fresenius Foundation (EKFS)

### Grant Management:

Sophie Reichelt, Germany

### Employments:

21 Research Assistants,  
4 Study Supervisors

### Contact:

Email: [JiniNaproject@gmail.com](mailto:JiniNaproject@gmail.com)

Phone No: +234-803-452-4532  
(Abdulhadi)

Bada gudummawar **Jini** da karin **Jini a Kano** project  
blood donation and blood transfusion in Kano project

## Highlights:

- ❖ 2<sup>nd</sup> Quarterly Review Meeting Conducted.
- ❖ Weekly Data Review Meeting for Weeks 18, 19, 20 & 21 conducted.
- ❖ Prof. Andreas Greinacher Visits Kano.
- ❖ Letters to RAs and Stakeholders.



## Participating Hospitals:

1. Aminu Kano Teaching Hospital
2. Murtala Muhammed Specialist Hospital
3. Muhammed Abdullahi Wase Teaching Hospital
4. National Orthopedic Hospital, Dala
5. Waziri Shehu Gidado General Hospital
6. Sir Muhammadu Sanusi General Hospital
7. Sheikh Muhammed Jidda General Hospital
8. Sabo Bakin Zuwo Maternity Hospital
9. Nuhu Bamalli Maternity Hospital
10. Khalifa Isyaku Rabiu Paediatrics Hospital

## Quartely Review Meeting with Research Assistants (RAs)



- The 2nd Quartely Review Meeting with the RAs to share the success and the performance so far and also to discuss challenges encountered by each RA in the course of his/her work and the possible recommendations to mitigate it.
- Some RAs were appreciated by Prof. Andreas for a great performance in the course of data collection so far rated and the rest were encouraged to keep the ball rolling.



*A cross section of pictures of the participants during the conduct of the 2<sup>nd</sup> Quarterly Review Meeting for the Research Assistants (RAs)\_17th February 2024*



- A 2nd Quartely Review Meeting with the project Stakeholders was organized on the 17th of February, 2024 to acquaint the Heads of Laboratory and Nursing Departments of the 10 Study Facilities (AKTH, MAWTH, NOHD, MMSH, SMSSH, SMJGH, SBMH, KIRPH, NBMH and WSGGH) and the leadership of the State Ministry of Health with the progress, challenges and the way forward of blood donation and transfusion strategies in the State backed with data as well as to appreciate them on the overall co-operation given to the Study Staff.
- The general impression is that all stakeholders (at least the ones who attended) are very well aware about the study. They accept the study. The initial fear that the study is something to control them has gone. They all expressed that they want to support the study. It became obvious that several of the stakeholders only now understand what the study is for and what the potential is. A few of the stakeholders, especially the physicians in management realized the importance of the study for optimizing the logistics of their hospital for patient care in most specialties. A few participants raised the expectation that the study should bring in additional money for equipment, but this was a minority.

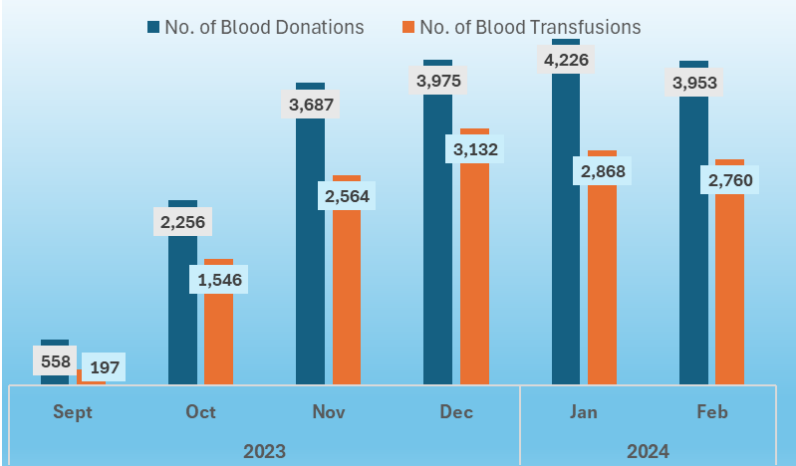
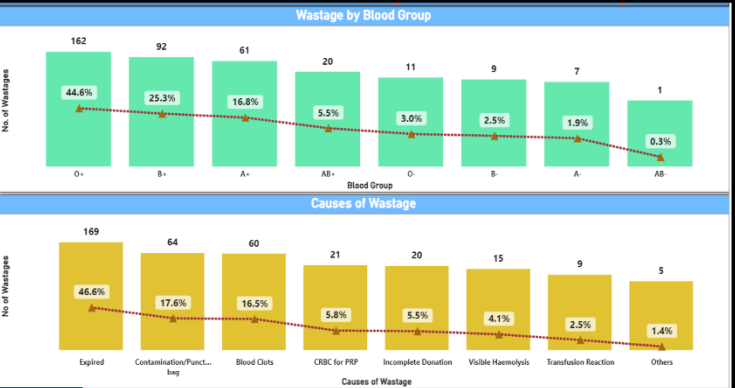
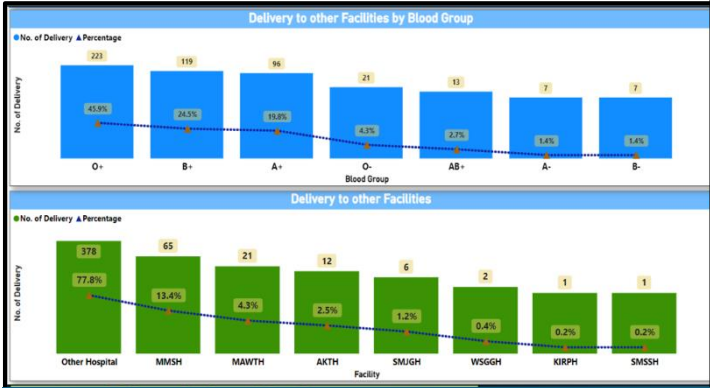
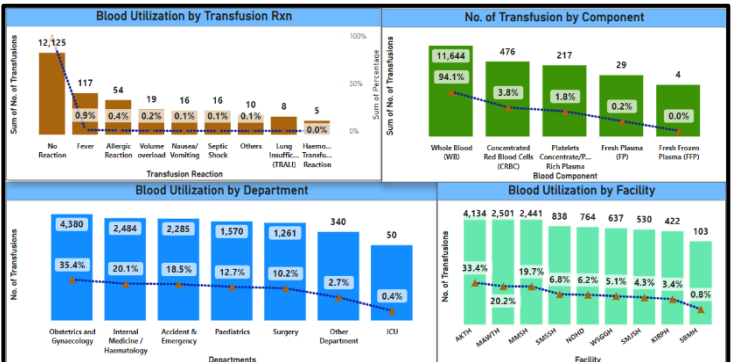
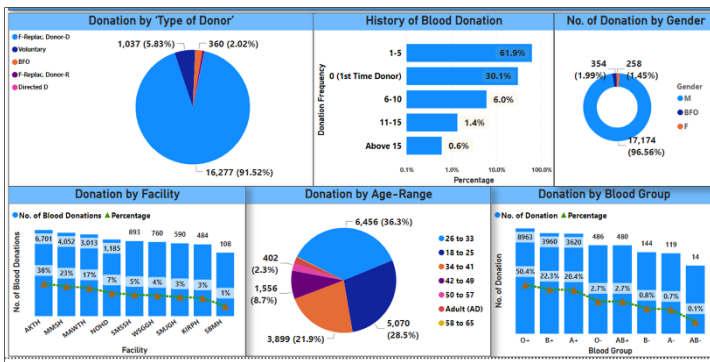


*A cross section of pictures of the participants during the conduct of the 2<sup>nd</sup> Quarterly Review Meeting for the Stakeholders of the participating Hospitals and the State Ministry of Health representatives\_17th February 2024*

# Weekly Data Review Meetings



Data Review Meeting with the Study Supervisors, Principal Investigators and Advisors to review the project data, challenges and ponder on the recommendations. The Review meetings for the month of February was conducted on 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, and 23<sup>rd</sup> February 2024.



Year	Month	No. of Blood Donations	No. of Blood Transfusions	Difference	Percentage (BDs)
2023	Sept	558	197	361	64.7%
	Oct	2,256	1,546	710	31.5%
	Nov	3,687	2,564	1,123	30.5%
	Dec	3,975	3,132	843	21.2%
2024	Jan	4,226	2,868	1,358	32.1%
	Feb	3,953	2,760	1,193	30.2%
<b>Total</b>		<b>18,655</b>	<b>13,067</b>	<b>5,588</b>	<b>30.0%</b>





- Prof Andreas Greinacher; the Jini Na Project Advisor from the University of Medicine, *Greifswald, Germany* visits Kano between 14<sup>th</sup> – 25<sup>th</sup> of February 2024.


- Find below some of the activities he successfully achieved during his visit:
  - Brief audit visits to the participating Hospitals (accompanied by the Supervisors).
  - Met with the leadership of the participating hospitals
  - Reviewed the project data with the Supervisors
  - Supported the planning and successful implementation of the 2<sup>nd</sup> Quartely
  - Review Meetings with both RAs and the Stakeholders.
  - Developed a comprehensive letter to the RAs and Stakeholders broadly explaining the Study's findings and outlined actions to mitigate them.
  - Finalized and submitted Lancet Hematology MS
  - Business Meeting the local manufacturer



- Based on the outcomes of the 2<sup>nd</sup> QRM. Some issues were identified, and recommendations were offered to mitigate them. Therefore, a letter was written to individual RAs and Stakeholders to appreciate them as well as to acclimatize them with the solutions to the issues raised during the conduct of the 2<sup>nd</sup> QRM for their information, references, and perusals to ensure the success of the study and to effectively organize the process of Blood Donations/Transfusions in the facilities.
- The link to the QRM slides is placed on the Jini Na Homepage of the AKTH website as follows:


**RAs QRM Slide:** <https://akth.gov.ng/qrm-presentation/>

**Stakeholders QRM Slide:** <https://akth.gov.ng/qrm-presentation/>



## JINI NA PROJECT

**Aminu Kano Teaching Hospital**  
P.M.B. 3452, Zaria Road, Kano State-Nigeria  
Website: [www.akth.org](http://www.akth.org)  
Email: [info@akth.org](mailto:info@akth.org)



Universitätsmedizin  
GRIEFSWALD  
HOSPITAL  
PARTNERSHIPS

---


19<sup>th</sup> February 2024

The Head of Laboratory,  
Aminu Kano Teaching Hospital,  
Kano.

Dear colleagues, friends, and supporters of the Jini Na study,  
Many of you joined us at Saturday, February 17, 2024, for the second quarterly review meeting of the Jini na study.  
Thank you all very much that you spend your Saturday afternoon with us. During the meeting we learned from you and our interesting discussions. Please find below the issues and potential strategies to solve them, which we have taken from the meeting.  
Uniformly all stakeholders agreed that documentation must be improved, and all committed to top-down advice their staff to improve their own documentation and to support the research assistants of the Jini na study.  
All stakeholders agreed that the re-established option to exchange blood bags between hospitals is a positive change.  
There was discussion on the different policies in the hospitals **how to handle blood**, which is no longer needed for the patient. The policies differ among institutions. As example at AKTH blood is never given back to the patient or the relatives if it is not needed for transfusion. Rather this blood is used to help other patients in need. In other institutions this blood bag is given back to the family out of control of the cold chain. This bears the risk for severe transfusion reactions if this blood is transfused. Some institutions store the patient's blood beyond expiration (up to three months) and give them then back to the family. If this blood is transfused it can be life-threatening.  
**Action:** The recommendation of the Jini na team to all stakeholders is to discuss whether a joint policy can be established for Kano hospitals on how to deal with this situation.  
In-line with the above problem, **wastages are not documented**, and no data exist on how many blood units are wasted. There was commitment from all stakeholders to improve documentation of wastage of blood. Based on the data the next steps can be planned, as the reason for wastage determines the intervention.  
**Action:** The recommendation of the Jini na team to all stakeholders is to discuss whether a joint policy can be established for Kano hospitals on how to deal with wastages of blood bag. The proposal of the team is that one dedicated person is collecting all outdated or punctured blood or blood discarded for any other reason. This person locks the wasted blood in a storage facility, which cannot be entered by unauthorized personnel. Depending on the size of the hospital once per week or every two weeks, the wasted blood bags are discarded with supervision from the environmental department to avoid pollution and contamination.  


<https://akth.gov.ng/qrm-presentation/>

You may find the slides which have been shown at the meeting on the homepage of the Jini na study. Please feel free to share the information with your staff but please do not make these data public! do not post them on the Internet! Finally, we would like to thank you very much again for the support of you and your team. We are looking forward to meeting all of you again at the next QRM.  
Problem: insufficient hygiene. Skin disinfection before blood donation is not appropriate in many places. Please establish a mandatory policy for skin disinfection before blood donation. A suggestion for an SOP is attached.  
  
Best regards,  
*The Jini na Team*



## JINI NA PROJECT

**Aminu Kano Teaching Hospital**  
P.M.B. 3452, Zaria Road, Kano State-Nigeria  
Website: [www.akth.org](http://www.akth.org)  
Email: [info@akth.org](mailto:info@akth.org)



Universitätsmedizin  
GRIEFSWALD  
HOSPITAL  
PARTNERSHIPS

---

Dear **RAs Name**,

We thank you very much for spending Saturday with us. For your information you can find the set of slides, which have been shown at the meeting, on the homepage of the Jini Na study <https://akth.gov.ng/qrm-presentation/>. You raised some issues and problems. We list these issues and problems and the solutions we suggest. Please read them carefully. If you have additional suggestions or if we have missed and not captured some concerns you have raised during the QRM, please, inform your supervisor as soon as possible that we can take care for this.  
We also remind you that we strongly encourage to give feedback to your supervisor if you see any dangerous practice, especially when the cold chain is interrupted, when wasted blood bags are taken out of the hospital, when relatives take blood which is not used for the patient, when the blood bag is punctured e.g. for obtaining small volumes for pediatric transfusions. But these observations should be reported neutral. The study does not want to be the hospital police. Our main aim is to collect these observations as good as possible for deciding on the next steps and actions.  
**Problem 1:** how to trace units for which no ward is given on the request form or in the manual register. Currently you must check many wards to find the patient.  
**Action:** in the meeting with the stakeholders, we strongly emphasized this problem, and they are all committed to provide you with better documentation. If this problem continues, please inform your supervisor. He will go to the head of nurses or the head of the laboratory to remind them about their commitment. In the meantime, please, try to track as many patients as possible.  
**Problem 2:** sometimes the nurses give you causes for transfusion which are not reflected in the pull-down menu of the app.  
**Action:** As first step we will print out the pull-down menu for each specialty for each of you. When you face this situation, show the copy to the nurse, and ask which term would fit. This should solve many of the problems. If the indication does not fit to any of the options in the pull-down menu, please document everything on paper and inform your supervisor the same day. The supervisor will contact one of the haematologists to decide whether one of the pull-down menu terms can be used or a new term has to be created. Important! This cross check of non-documented causes must be done daily otherwise the number of transfusions becomes too large to be able to track them and we will miss the data.  
**Problem 3:** sometimes the research assistants find blood bag numbers being transfused to a patient, but the same blood bag number has been transfused already to another patient.  
**Action:** In this case all data should be documented manually, the supervisor must be informed the same day. Your supervisor has the possibility to bypass this problem in the App.  
After the meeting with you we met with the heads of nurses, the heads of laboratories, and clinical services of the hospitals and discussed with them several of the findings and problems of the study and they all strongly expressed their support.  
As a big complement to you some of the stakeholders in the upper management reported to us that you are very hard-working and that they would be happy if their own staff would show the same enthusiasm. *(Comment from Andreas: if you do not have a job option after the Jini na study, those who made such good impression may ask hospital management of your hospital for job possibilities).*  
Finally, we would like to thank you very much again and we are looking forward to meeting all of you again at the next QRM.  
  
Best regards,  
*The Jini na Team*