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4 Kano (Nigeria)

WORK EXPERIENCE

Cluster Coordinator

World Health Organization (WHO) [14/11/2021 – 30/03/2022]

City: Kano

Country: Nigeria

SIA Planning, Implementation and Monitoring

- High-risk LGAs with comprehensive holistic pre-implementation assessment reports prior to each SIA
- LGAs with quality evidence-based 3-month operational plans
- LGAs with evidence of improved vaccination team performance (section, training, supervision)
- LGAs with evidence of improved independent monitoring and use of data for remedial action
- At least one investigation in the poor-performing ward (ward with >25% missed children)

AFP Surveillance, Planning, implantation and monitoring

- LGAs with high-quality AFP Surveillance work plans
- Monthly surveillance supervision (active surveillance) reports and follow up on action points
- LGAs (with focus on poor performers) with evidence of implementation of RSA recommendations
- Monthly evidence of quality, action-oriented monthly surveillance review meetings at the state level.

Routine Immunization planning and monitoring

- At least 2-3 high-risk LGAs with updated REW micro-plans
- At least 2-3 high-risk LGAs with evidence of implementation of 1,2,3 strategy
- Monthly evidence of quality, action-oriented monthly RI review meetings at the state level

Cross-Cutting Tasks

- Evidence-based updated State Emergency PEI/EPI Plan forwarded to national
- 3 Month plan to build the capacity of field officers developed
- Advocacy plan to promote Abuja commitments and BMGF Leadership challenge
- Evidence of efforts to promote engagement of partners including CBOs, Women groups . . . etc.

Fulfilled the following tasks

TASK 1: To support – support timely submission of quality Polio SIA processes/activities including HROPs, Micro-plans, training, supervision, dashboard data, logistics, tally sheet analysis....etc.

TASK 2: To – support Quality and timely conduct of detailed case investigation for inadequate cases, Sabin, VDPV, and 0 dose investigation

TASK 3: To -support qualitative and timely submission of AFP surveillance work-plans, active surveillance, review of reporting sites, active engagement of informants, clinician sensitization, active case search, verification, regular analysis of indicators including facility contact analysis....etc.

TASK 4: To – Ensure submission of Qualitative, complete, and timely updated REW micro-plans, supervision of RI sessions, health worker capacity building...etc.

TASK 5: To – Conduct qualitative and timely case-based surveillance activities, outbreak investigation, and documentation of outbreak response activities....etc.

TASK 6: To – Conduct qualitative and timely case-based surveillance activities, outbreak investigation, and documentation of outbreak response activities....etc.

State Coordinator Non Communicable Diseases (NCDs)

Kano State Ministry of Health [11/06/2019 – 03/02/2021]

City: Kano

Country: Nigeria

The NCDs program unit coordinates all activities related to the prevention of NCDs such as Hypertension, Diabetes, Sickle Cell Disease, Cancers, Smoking, Sedentary Life Style among other things. Under my leadership the program with the support of the World Health Organization (WHO) and Resolve to Save Lives (RTSL) set up first of its kind in Nigeria the treatment and follow up of hypertensive clients at the Primary Health Centers (PHCs) with oversight from the Federal Ministry of Health.

Supervisor on the monthly Data validation of Malaria, RI and other Public health program reporting on the NHMIS data tool reported by health care workers, and to correct them on where they make mistakes monthly for the period of 12 months

State Ministry of Health and Malaria Consortium [06/10/2017 – 20/07/2020]

Country: Nigeria

Program Manager State Malaria Elimination Program

Kano State Ministry of Health [24/10/2019 – 16/07/2020]

City: Kano

Country: Nigeria

Coordinate and have total oversight function of all Malaria Program thematic areas manned by different personnel and they include:-

1. **Surveillance, Monitoring & Evaluation** as it purely looks at the accuracy of all malaria data in 1408 Health facilities of Kano State, the area also ensures implementation of all surveillance, monitoring and evaluation activities.
2. **Advocacy Communication and Social Mobilization (ACSM)**, this entails going for advocacy to relevant State Honourable Commissioners, Local Government Area Chairpersons and other Philanthropists for more domestic resource mobilization. It has a mandate for all malaria related social mobilization activities for the Kano populace ranging from sleeping inside Long Lasting Insecticidal Nets (LLINs), Environmental Sanitation and Hygiene, Indoor Residual Spray (IRS), to ensuring conducting malaria rapid diagnostic test (mRDT) before taking Artemisinin Combination Therapy (ACTs), Production, validation, pretesting of all malaria Information, Education and Communication (IEC) materials. The other very important part of ACSM is community accountability of all anti malarial commodities.
3. **Procurement and Supply Management (PSM)** it is an area that deals with the commodity management and procurement of all malaria related commodities which are Long Lasting Insecticidal Nets (LLINs), Malaria Rapid Diagnostic Test (mRDT), Artemisinin Combination Therapy (ACTs), Sulphadoxine Pyrimethamine (SP) for intermittent preventive treatment in pregnancy and Artesunate injection for treatment of severe malaria.
4. **Integrated Vector Management (IVM)**, here a designated officer implement lerviciding of mosquitoes larva, Indoor Residual Spray (IRS) using different type of insecticide, Insecticidal Resistance Survey for both IRS and LLINs periodically.
5. **Case Management Officer (CMO)**, various activity here happens especially in area of quality assurance of malaria diagnosis using both mRDTs, Microscopy and in Malaria Sentinel Sites.

Deputy Program Manager Health System Strengthening Program

Kano State Ministry of Health [29/07/2018 – 24/10/2019]

City: Kano

Country: Nigeria

This involves implementing activities at the Ministry of Health and its agencies viz; **State Primary Health Care Agency (SPHCMB), Hospitals Management Board (HMB), and Drug Management Consumable and Supply Agency (DMCSA)** for activities under the following thematic areas:-

1. **Strengthen Leadership and Governance in Health Sector**
2. **Improve Quality of Health Care Service Delivery through Training, Mentoring, and Supervision of Healthcare Services in Sexual and Reproductive Health including Family Planning, Nutrition, Malaria, Maternal, and Child Health, Surveillance, and Epidemiology**
3. **Strengthen Referral Linkage Between Primary Health Care and Secondary Health Care Facilities**
4. **Improve Availability of Essential Drugs, Medical Consumables, and Equipment**
5. **Strengthen National Information System.**

Deeply involved in planning and implementation of all maternal, Newborn, and Child Health public health activities such as MPDSR, Family Planning (Sexual and Reproductive Health), IMCI, Nutrition, and Referral linkage between Primary Health Care Facilities as spokes and secondary Health Care Facilities as Hubs.

Senior State Supervisor

Kano State Ministry of Health [02/07/2019 – 05/07/2019]

City: Kano

Country: Nigeria

Participated in the Outbreak Response (OBR) in the Outbreaks of Circulating Vaccine-derived Poliovirus type 2 (CVdPV-2) using MOPV where I found and reported the use of the vaccine at stage 3 based on VVM at Kunchi LGA

Medical Officer

Kano State Hospitals Management Board [22/09/2013 – 23/07/2018]

City: Kano

Country: Nigeria

Clinic days, prepare patients for surgery, ward rounds, teaching of interns, nurses and plaster technicians.

Supervised Surveyors at Fagge, Karaye and Rogo LGA in Routine Immunization Lots Quality Assurance Sampling (RI LQAS)

World Health Organization (WHO) [09/05/2018 – 12/05/2018]

City: Kano

Country: Nigeria

Internship

Kano State Hospitals Management Board [16/01/2013 – 30/12/2013]

City: Kano

Country: Nigeria

Under the guidance of a Consultant, Senior Medical officers and Nurses execute the followings:-

1. Ward Rounds
2. Clinic of Medicine, Surgery, Pediatrics including immunization clinic, Obstetrics, and Gynecology
3. Weekly Presentations
4. Follow up and Community Outreach Services
5. Preparing Patients for surgery and immediate post-operative care
6. ART Clinic for Adult and pediatric HIV & TB diagnosis, management, care, and health promotion

EDUCATION AND TRAINING

Master's degree in Public Health

The Hebrew University of Jerusalem [17/10/2020 – 01/09/2021]

Address: Faculty of Medicine, Braun School of Public Health & Community Medicine, P.O. Box 12272 Jerusalem (Israel)

<https://medicine.ekmd.huji.ac.il/en/publicHealth/IMPH/Pages/default.aspx>

Master's degree in Health Economics

Bayero University Kano [17/02/2015 – 26/07/2016]

Address: BUK Road, 700001 KANO (Nigeria)

www.buk.edu.ng

MBBS

Ahmadu Bello University, Zaria [24/01/2005 – 10/11/2012]

Address: Sokoto Road, Samaru Zaria, 800211 Zaria (Nigeria)

www.abu.edu.ng

Mid-Level Managers Training Certificate in: Communication and Community Engagement
World Health Organization [23/10/2021]

Certificate of Course Completion in Surveillance Monitoring and Evaluation of Malaria Programs
Course - Online Course

MEASURE Evaluation (USAID, CDC, PMI - Measure Malaria) [11/05/2020 – 22/10/2021]

Address: (United States)

<http://www.memalaria.org/course/view.php?id=4#section-15>

Mid-Level Managers Training Certificate in: Planning

World Health Organization [16/10/2021]

Mid-Level Managers Training Certificate in: Solving Immunization Problems

World Health Organization [29/09/2021]

Address: AFRO Office,

Mid-Level Managers Training Certificate in: The Role of the EPI Manager

World Health Organization [13/08/2021]

Address: AFRO Office,

Senior State Supervisor for IPDs of Polio and RI at Kura LGA in 2018, 2019 and 2020

Kano State ministry of Health [24/11/2018 – 17/07/2020]

Address: KANO STATE MINISTRY OF HEALTH, POST OFFICE ROAD., 700213 Kano (Nigeria)

Senior State Supervisor for outbreak response (OBR) Campaign 1 & 2 at Kunchi LGA

Kano State ministry of Health [16/11/2019 – 19/11/2019]

Address: KANO STATE MINISTRY OF HEALTH, POST OFFICE ROAD., 700213 Kano (Nigeria)

Cascade of LGA level training at Rimin Gado & Sumaila on Surveillance

World Health Organization (WHO) [14/11/2019 – 15/11/2019]

Address: Kano (Nigeria)

PMD Pro 1

PM4NGOS [14/07/2019 – 21/07/2019]

www.pm4ngos.org

State level Training of Trainers (ToT) on Surveillance

World Health Organization (WHO) [05/07/2019 – 06/07/2019]

Address: Kano (Nigeria)

Cascade of Training on the correct use of IDRS data tools and reporting of priority diseases at Kiru cluster (Fagge and Kiru LGAs)

World Health Organization (WHO) [14/11/2018 – 15/11/2018]

Address: Kano (Nigeria)

State level Training of Trainers (ToT) on the correct use of IDSR data tools and reporting of priority diseases

World Health Organization (WHO) [18/10/2018 – 20/10/2018]

Address: Kano (Nigeria)

Certificate in Vaccine Tracking

eHealthAfrica [12/03/2018 – 18/03/2018]

Address: Independence Way, 700001 KANO (Nigeria)

<http://vts.eocng.org/>

Cascade of Training on Malaria Surveillance at Dala and Takai

CDC NSTOP Malaria Frontline Project [13/10/2017 – 17/10/2017]

Address: (Nigeria)

Training of the Trainers (ToT) on Malaria Surveillance

CDC NSTOP Malaria Frontline Project [11/06/2017 – 13/06/2017]

Address: (Nigeria)

Diploma in Information Technology, Computer Science

Hand-On Institute of Information Technology [14/01/2002 – 09/06/2002]

Address: Gyadi - Gyadi, Zaria Road, Kano, 700001 Kano (Nigeria)

Certificate in Data Processing and Information Technology

Rumfa College Kano [08/09/2000 – 16/02/2001]

Address: BUK Road, 700001 KANO (Nigeria)

Mid-Level Managers Training Certificate in: Costing and Financing

World Health Organization [13/11/2021]

Mid-Level Managers Training Certificate in: Mid-Level Manager's Training Master Certification Program

World Health Organization [17/04/2022]

Mid-Level Managers Training Certificate in: Cold Chain Management

World Health Organization [22/01/2022]

Mid-Level Managers Training Certificate in: Immunization Safety

World Health Organization [23/02/2022]

Mid-Level Managers Training Certificate in: Monitoring Immunization Systems

World Health Organization [02/02/2022]

Mid-Level Managers Training Certificate in: New Vaccine Introduction

World Health Organization [23/03/2022]

Mid-Level Managers Training Certificate in: Planning and Monitoring SIAs

World Health Organization [31/03/2022]

Mid-Level Managers Training Certificate in: Supportive Supervision

World Health Organization [08/04/2022]

Mid-Level Managers Training Certificate in: Surveillance of VPDs

World Health Organization [01/04/2022]

Mid-Level Managers Training Certificate in: Vaccine Stock Management

World Health Organization [24/12/2022]

LANGUAGE SKILLS

Mother tongue(s): **Hausa**

Other language(s):

English

LISTENING C2 READING C2 WRITING C2

SPOKEN PRODUCTION C2 SPOKEN INTERACTION C2

DIGITAL SKILLS

Microsoft Word / Microsoft Excel / Microsoft Office / Google Drive / Zoom / Google Docs / Microsoft Powerpoint / Skype / LinkedIn / Facebook / Twitter / Outlook / Power Point / Internet user / Instagram / Written and Verbal skills / Good listener and communicator / Team-work oriented / Organizational and planning skills / Presenting / Analytical skills / Reliability / Social Media / Motivated / Decision-making / Conflict resolution / Responsibility / WhatsApp / Creativity / Strategic Planning / Critical thinking / Detail-Oriented / Excellent writing and verbal communication skills / flexible / Teamwork / Good Communication / Problem-solving / positive thinking / Efficient multi-tasking / Excellent organizational planning and solving problems in short time / Good at being proactive and efficient in high stress situations / curious / Very good at systemizing my work

Computer Skills

E-mail use / Friendly / Youtube / Strong Computer Skills / Gmail / Data analysis

Leadership Skills

Empathic listener / Active listening / leadership / integrity / Research and analytical skills / Ability to Work Under Pressure / resilient / Project management / Good time management

Organizational Skills

Highly adaptable / Presentation and negotiation skills / Excellent team player

Awareness and Willingness to Pay for Community-Based Health Insurance Scheme among Patients: A Case Study of the Orthopaedic Unit of Murtala Mohammed Specialist Hospital Kano, Northwest Nigeria

[2021]

https://www.researchgate.net/publication/352651470_Awareness_and_Willingness_to_Pay_for_Community-Based_Health_Insurance_Scheme_among_Patients_A_Case_Study_of_the_Orthopaedic_Unit_of_Murtala_Mohammed_Specialist_Hospital_Kano_Northwest_Nigeria

Saddiq Shuaibu Abubakar¹, Jalal-Eddeen Abubakar Saleh^{2*}

Background: Globally, there are about 1.3 billion people without access to adequate health care because of weak health care financing systems. Literature has shown that 13% (approximately 44 million) of households face financial catastrophic health care costs in any given year and 6% (approximately 25 million) are pushed below the poverty line. While donor funds have made a significant contribution to improving health care services in many African countries—especially for malaria and HIV/AIDS—the need for additional domestic sources of finance remains a priority, if health systems are to be sustainable. Community-Based Health Financing scheme is an alternative mechanism to providing access for the poor, unemployed and those living in the rural areas; most of who are not under the NHIS nor any private health insurance scheme that could provide financial protection against illness. Since CBHF has proven to be an attractive option in funding the health systems of most developing countries, there is need to scale-up the community-based health financing scheme in Nigeria.

Methods: This cross-sectional descriptive study was conducted at the orthopaedic outpatient clinic of Murtala Muhammad Specialist Hospital (MMSH) Kano, northwest Nigeria. Using a total of 260 closed- and open-ended interviewer/self-administered questionnaire on patients between the ages of 18 – 80 years of age excluding those with emergencies, the sampled data were analyzed using the statistical package for social sciences (SPSS version 21) and presented using tables and charts with the aid of Microsoft excel. **Results:** The analyses show that out of a total 260 responses collated 221 (85.0%) were females and 39 (15.0%) were males. Furthermore, the analyses show that out of the 260 responses, only 98 (37.8%) were aware of the community-based health insurance scheme. The willingness to pay for community-based health insurance scheme shows a sizeable 34 (13.1%) only willing to pay for the scheme. **Conclusion:** This study underscores the need to promote community-based health insurance (CBHI) scheme and encourage more people to participate. This approach would ensure that health care is accessible to all and sundry. However, this can only be possible through a robust awareness plan and public enlightenment about its merits especially in the rural areas to dispel false rumors about the CBHI.

https://www.researchgate.net/publication/352651470_Awareness_and_Willingness_to_Pay_for_Community-Based_Health_Insurance_Scheme_among_Patients_A_Case_Study_of_the_Orthopaedic_Unit_of_Murtala_Mohammed_Specialist_Hospital_Kano_Northwest_Nigeria

Health systems readiness and quality of inpatient malaria case-management in Kano State, Nigeria

[2020]

<https://malariajournal.biomedcentral.com/articles/10.1186/s12936-020-03449-5>

Abiodun A. Ojo, Kolawole Maxwell, Olusola Oresanya, Justice Adaji, Prudence Hamade, James K. Tibend

Background

Nigeria was among the first African countries to adopt and implement change of treatment policy for severe malaria from quinine to artesunate. Seven years after the policy change health systems readiness and quality of inpatient malaria case-management practices were evaluated in Kano State of Nigeria.

Methods

A cross-sectional survey was undertaken in May 2019 at all public hospitals. Data collection comprised hospital assessments, interviews with inpatient health workers and data extraction from medical files for all suspected malaria patients admitted to the paediatric and medical wards in April 2019. Descriptive analyses included 22 hospitals, 154 health workers and 1,807 suspected malaria admissions analysed from malaria test and treat case-management perspective.

Results

73% of hospitals provided malaria microscopy, 27% had rapid diagnostic tests and 23% were unable to perform any parasitological malaria diagnosis. Artemisinin-based combination therapy (ACT) was available at 96% of hospitals, artemether vials at 68% while injectable quinine and artesunate were equally stocked at 59% of hospitals. 32%, 21% and 15% of health workers had been exposed to relevant trainings, guidelines and supervision respectively. 47% of suspected malaria patients were tested while repeat testing was rare (7%). 60% of confirmed severe malaria patients were prescribed artesunate. Only 4% of admitted non-severe test positive cases were treated with ACT, while 76% of test negative patients were prescribed an anti-malarial. Artemether was the most common anti-malarial treatment for non-severe test positive (55%), test negative (43%) and patients not tested for malaria (45%). In all categories of the patients, except for confirmed severe cases, artemether was more commonly prescribed for adults compared to children. 44% of artesunate-treated patients were prescribed ACT follow-on treatment. Overall compliance with test and treat policy for malaria was 13%.

Conclusions

Translation of new treatment policy for severe malaria into inpatient practice is compromised by lack of malaria diagnostics, stock-outs of artesunate and suboptimal health workers' practices. Establishment of the effective supply chain and on-going supportive interventions for health workers accompanied with regular monitoring of the systems readiness and clinical practices are urgently needed.

<https://malariajournal.biomedcentral.com/articles/10.1186/s12936-020-03449-5>