NETBRECSIN

NETWORK ON BEHAVIOURAL RESEARCH FOR CHILD SURVIVAL IN NIGERIA

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From the
Editor's Desk

Why You Cannot Afford to Blink

For decades, the story of public health in Nigeria has been written in the cold, unfeeling language of the spreadsheet, measuring progress in rows of logistics metrics, percentages of vaccine coverage and the sterile tallies of disease cases. Yet, as the Network on Behavioural Research for Child Survival (NETBRECSIN) in Nigeria recently gathered in Karu, Nasarawa State, a profound realisation swept through the meeting room: we have been chasing phantoms because we forgot to look at the human heart. Through our ground breaking partnership with UNICEF and the birth of the Behavioural Insights Research and Design Laboratory (BIRD-Lab), we are finally pulling back the curtain on the numbers to confront the living, breathing realities of community dynamics, social norms and human behaviour.

So, welcome to July 2026 Edition of the NETBRECSIN Newsletter; an edition where the data is clear, the narratives are raw and the insights are absolutely non-negotiable. The narratives show that we stand at a historical crossroads, armed with the knowledge that money alone cannot buy the eradication of a virus if behavioral barriers are left unaddressed.

Also, if you have ever doubted that academic research can wield the power of a shield or that policy briefs can carry the weight of human survival, the pages of this edition will forever change your mind; as we are stepping out of the comfort of lecture halls into the raw, unforgiving frontlines where the fate of the Nigerian child is actively being decided.

Therefore, this edition is not a collection of dry metrics nor is it an archive of passive statistics. It is an intellectual battle cry.

In the section on Update from Postgraduate Research, our scholars have delivered a searing, unapologetic indictment of systemic complacency; and we take you to the plains of Gusau, Zamfara State, where groundbreaking meteorological forensics reveal that the sky itself has weaponised against the womb with climate volatility dictating a staggering 91.6% of maternal health outcomes. From there, we pivot sharply to the nation's capital, unmasking the fragile illusions of health insurance schemes that abruptly strip protection away from newborns the moment they take their first breath. Finally, we walk the delivery rooms of Kaduna, exposing a profound dignity gap that proves saving a body is never enough if a mother's basic humanity is compromised on the birthing bed. This exposure of systemic vulnerability brings us face-to-face with a glaring paradox that has long haunted our national health security.

The section on *Keynote Presentation* unpacks this paradox revealing that on August 25, 2020, Nigeria celebrated a monumental, historic triumph of the eradication of Wild Poliovirus, a victory “bought” with immense political will and multi-sectoral strategies. Yet, despite pouring trillions of naira into supplementary immunisation activities, the National Polio Eradication Emergency Plan and cutting-edge geospatial tracking networks, a persistent threat remains active. In the northern transmission axis, particularly across Sokoto, Kebbi, Zamfara and Katsina states, circulating

variants of Poliovirus types 2 and 3 continue to mutate and thrive. So, we have learned the hard way that dumping vertical donor funding into endless emergency rounds without reinforcing local health systems is an unsustainable treadmill as true eradication cannot be bought solely through top-down logistics; rather it requires us to solve the underlying behavioural drivers and structural deficiencies that leave pockets of children consistently unreached.

Albeit, where massive financial outlays have hit structural walls, an entirely different, priceless currency has kept the machinery of child survival moving forward, that is absolute trust! At the vanguard of this quiet revolution stands the Volunteer Community Mobiliser (VCM) network; a magnificent, all-female Sisterhood of Trust made up of married local mothers deeply embedded within the very communities they serve. An extensive evaluation of this programme across Kano and Sokoto states reveals that these women boast an unparalleled social legitimacy that allows them to navigate spaces traditional health workers cannot reach. Living directly within their designated catchment areas, they serve as highly trusted intermediaries and an overwhelming majority of caregivers express absolute satisfaction with the health information they provide. This deep interpersonal trust acts as our primary weapon for breaking down complex vaccine misconceptions, tracing zero-dose children and mitigating vaccine refusal. Driven by an intrinsic commitment, these women often continue their vital work even when financial incentives are delayed, embodying a spirit that declares the children are their own.

Yet, this profound goodwill comes with a severe warning, exposing an operational fragility that we can no longer ignore. The VCM infrastructure features weak government ownership and an overwhelming, near-total dependence on UNICEF-supported financing and technical frameworks. While Kano has made strides toward embedding coordination into government platforms, Sokoto remains heavily partner-dependent, meaning that if international donor priorities shift, the exit of funding will paralyse the very network holding child survival together.

To preserve this priceless community trust while correcting the vulnerabilities of the current funding model, we are advocating for a Hybrid Community Health Workforce Model that transitions the coordination, planning and review of community mobilisation away from partner-driven polio structures and directly into routine Primary Health Care governance at the LGA and state levels. This is against the backdrop that our multivariate analysis confirmed that a VCM's depth of knowledge is the single strongest predictor of her functionality. So, we are transforming training from a series of one-time events into continuous, structured mentorship and coaching; while fighting for secure, government-backed financial incentives to stabilise this workforce.

However, this newsletter is also a tapestry of hope, institutional permanence and deep human triumph. You will read the historic updates from the Karu meeting, where the official deployment of the BIRD-Lab and the formal adoption of our constitution mark our transition from a research network into an unstoppable national movement. To solidify this shift, NETBRECSIN is formalising its own institutional footprint by commencing immediate registration with the Corporate Affairs Commission and rolling out extensive behavioural insights research across zero-dose and security-compromised zones.

Finally, because a movement is only as strong as its heartbeat, we pause the structural debates for a spectacular moment of celebration. Turn your eyes to our headline feature, “Champions of the Child: Celebrating Two Giants in One Birthday,” where we pop champagne for UNICEF's communication maestro, Dr Noma Owens-Ibie and FMINO's formidable institutional anchor, Mrs. Ozoemena Anyanwu. We honour them not just for another year lived but for being the strategic voices that turn complex science into community trust and sovereign state protection.
Grab your coffee, open your mind and dive in because the children of Nigeria are waiting and the pages ahead hold the survival code.

Onajole Rallies Researchers to Bridge the Gap Between Data and Human Lives

The 26th meeting of the Network on Behavioural Research for Child Survival in Nigeria commenced on Friday, July 10, 2026 with a decisive call to action from its leadership to shift academic data off library shelves onto the frontlines of public health. Professor Bayo Onajole, the Chairman of the network, delivered a compelling welcome address to gathered researchers, policymakers and development partners, characterizing the bi-annual meeting as a quiet but powerful engine driving the national battle for child survival. He expressed his deep appreciation to the participants before anchoring the event in a broader historical perspective, tracing the network's roots back to its launch in 2011 with critical backing from UNICEF.

According to Professor Onajole, the movement began as a relentless, focused partnership uniting the Federal Ministry of Health and Social Welfare (FMOHSW); the Federal Ministry of Information and National Orientation (FMINO); various ministries, departments and agencies (MDAs); and an expanding consortium of the nation's tertiary institutions. He explained that this strategic coalition was founded with a singular, clear mission to generate robust, scientific evidence capable of directly improving maternal, newborn and child health. The network aims to systematically slash child and maternal mortality rates while propelling Nigeria closer toward the realisation of both the Sustainable Development Goals and Universal Health Coverage by explicitly bridging the gap between academia and public policy.

The chairman detailed the robust expansion of the network, which now boasts 21 participating universities within its academic consortium. To maintain institutional credibility, the organisation enforces a stringent review process for all research proposals, guaranteeing that every scientific study remains strictly focused on core priority areas. Professor Onajole emphasized that the ultimate measure of success for this collective drive is never found in the sheer volume of academic publications but rather in the tangible preservation of human lives, visible through measurable reductions in maternal and infant mortality alongside marked improvements in immunization coverage and school enrollment. The initiative positions Nigerian academia as the definitive driver of sustainable change for the nation's children by embedding behavioural science at the absolute heart of national development.

Again, a central focus of the chairman's speech was the imperative task of bringing the town and the gown together. Addressing the research candidates in attendance, Professor Onajole underscored that a vital objective of the NETBRECSIN is ensuring their academic findings do not simply end up forgotten on university shelves but are actively translated into actionable insights that shape real-world policies and programmes. He noted that significant professional opportunities await these emerging scholars, specifically highlighting how UNICEF provides a powerful global platform that exposes candidate research far beyond their individual school boundaries. He encouraged the candidates to continuously build their academic capacities, a progression that would allow them to transition from students to supervisors and ultimately achieve full membership, thereby securing the long-term sustainability of the network.

Concluding his address, Professor Onajole reminded the assembled participants that the 26th cycle is far more than a mere celebration; it represents a profound reaffirmation of a binding national commitment. He issued an urgent call to action, prompting attendees to thoroughly reflect on past progress, identify existing systemic gaps and actively chart innovative pathways for promoting healthy practices. He closed with a reminder that the collective mission remains clear, charging the assembly to ensure that the final research outcomes of the meeting translate directly into practical interventions that measurably improve the lives of vulnerable children across Nigeria's diverse communities.

Federal Ministry of Information and National Orientation Declares Behavioral Science the True Compass for Child Survival

The Federal Ministry of Information and National Orientation (FMINO) has declared that the national battle for maternal, adolescent and child survival cannot be won through medical interventions alone, positioning behavioural science as the definitive compass for shaping Nigeria's public health narrative. Speaking at the official opening ceremony of the 26th meeting of the Network on Behavioural Research for Child Survival in Nigeria on Friday, July 10, 2026, FMINO leadership emphasized that the core struggles for human life are unfolding daily within the markets, homes and social circles where deep-seated beliefs dictate health outcomes. The Ministry hailed the bi-annual academic convention as an indispensable tool for uncovering the underlying social norms that drive or disrupt healthcare delivery across the country.

Mr Temitoye Falayi, the Assistant Director and Head of the Child Rights Information Bureau (CRIB), delivered the keynote address on behalf of Mr Henshaw Ogubike, the Director of Public Communication and National Orientation. Recalling foundational principles established in previous cycles, Mr Falayi illustrated how traditional skepticism or community pressure often forces remote families to delay professional medical care or abandon life saving health practices entirely. He noted that after twenty-six cycles of continuous research, the Network has proved that protecting vulnerable populations requires a thorough understanding of the collective heart and mind of local communities, making evidence-based behavioural insights the absolute cornerstone of national development.

The Ministry underscored that in an era defined by rapidly shifting information landscapes, the scientific precision provided by academic researchers is critical to preventing essential public health information from being lost in translation or dismissed by the public.

Mr Falayi stated that the network's empirical findings allow government communicators to fine-tune messaging, tailor information strategies to culturally diverse communities and systematically counter the spread of dangerous misinformation. He further stated that, the government can design communications that resonate deeply and genuinely with the lived realities of Nigerian families by rooting national orientation efforts in rigorous academic evidence.

Concluding the address, Mr Falayi commended the assembled scientists, policy architects and development partners for their unwavering commitment to public health communication. He affirmed that the Network's ongoing research serves as the primary guide for national orientation programmes, directly shaping how the federal government communicates maternal, adolescent and child health priorities. Welcoming the participants to the four-day meeting, the Ministry representative stated that the Network embodies the ultimate hope for a healthier, safer and more promising future for every child across Nigeria's communities.

Harnessing Behavioural Science to Save Nigerian Children

The 26th Meeting of the Network for Behavioural Research and Child Survival in Nigeria (NETBRECSIN) officially commenced following an opening ceremony focused on integrating behavioural science into national child health strategies. The event brought together academics, research students, policymakers and government officials to address preventable childhood diseases by examining the behavioural, social and cultural factors that influence healthcare-seeking practices in communities.

Delivering a goodwill message on behalf of Dr John Ovuoraye, the Director of Planning, Research and Statistics for the Federal Ministry of Health and Social Welfare; Dr Amina Mohammed, Director and Head of the Child Health Division, emphasized that sustainable improvements in child health require more than just the availability of medical services. Furthermore, she stated that the meeting comes at a critical juncture as Nigeria continues to strengthen evidence-informed strategies to ensure every child has the opportunity to thrive.

Dr. Mohammed outlined the recent institutional progress made by the Child Health Division through the development and implementation of national policies. These initiatives include the scale-up of the Integrated Management of Childhood Illness (IMCI), NCSAP, the expansion of newborn and child survival interventions, the strengthening of primary healthcare services and the promotion of essential and comprehensive Newborn Care. Additionally, the ministry has implemented the Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR) system, introduced child health scorecard and increased collaboration with development partners to enhance service delivery and accountability.

According to the ministry, the use of data and operational research remains central to informing policies and strengthening community engagement to improve the uptake of lifesaving interventions. Dr Mohammed noted that the insights generated by NETBRECSIN are vital for creating people-centred, evidence-based approaches that accelerate reductions in preventable child morbidity and mortality.

Concluding her remarks, Dr. Mohammed commended the organisers and partners for convening the assembly, urging participants to actively collaborate to translate research findings into impactful public policies and programmes before officially declaring the meeting open.

Beyond the Data: How NETBRECSIN Reimagined Child Survival in Nigeria

The harmattan breeze blowing across Karu during December 2025 Network on Behavioural Research for Child Survival in Nigeria (NETBRECSIN) meeting carried more than just dust; it bore a profound sense of historic transition as the atmosphere was charged with an intellectual electricity that has become the trademark of the NETBRECSIN.

Since its inception in 2011 this formidable alliance, uniting the Federal Ministry of Health and Social Welfare (FMOHSW), the Federal Ministry of Information and National Orientation (FMINO), UNICEF and some Nigerian universities has operated under a singular uncompromising mandate: turning rigorous science into a shield for the Nigerian child. Albeit, the 25th landmark meeting from December 4th to 9th was fundamentally different, marking the first gathering since the official August 22, 2025 launch of the Behavioural Insights Research and Design Laboratory (BIRD-Lab) Nigeria. The BIRD-Lab conceived a year earlier in August 2024, has rapidly evolved from a visionary concept into the intellectual engine room of the network, bringing the precision of behavioural science directly to the frontlines of public health.

On the brass tacks, Professor Ejembi led an update on the assessment of Volunteer Community Mobilisers (VCMs), re-evaluating the frontline heroes holding the line against childhood diseases. While, Professor Bala presented critical behavioural insights into the zero-dose enigma across Jigawa, Kano and Katsina states deconstructing the deep social resistance leaving children unvaccinated. Also, Dr. Zara Wudiri mapped the deep social norm drivers impacting inclusive resilience and transition planning in the conflict-affected spaces of Borno and Yobe states while Professor Mustapha Kurfi pioneered vital insights into the Almajiri system across Kano, Katsina and Jigawa to secure the health and rights of vulnerable children.

These presentations shifted the paradigm by proving that a vaccine left in a cold-chain box due to a cultural misconception is just as ineffective as a vaccine that was never purchased. Also, the unfiltered panel discussions unmasked the invisible barriers as it did not just look at percentages, it looked into the lives of real families; and what came to the fore is that, for years public health interventions have stumbled not from a lack of medicine but from a failure to

understand human behaviour.
The Secretariat's update points to a vibrant future for academic succession within the network, highlighted by fifteen candidate presentations that took center stage. Four completed postgraduate works from UDUS, UNIJOS and UI demonstrated the immediate utility of academic evidence in solving real-world health bottlenecks while eleven new proposals from institutions across the country promised to expand the frontiers of behavioural insights. In order to sustain this momentum, UNICEF reaffirmed its deep commitment to technical co-ownership, ensuring that field staff will actively deliver guest lectures across partner institutions, review proposals at their developmental stages and forge critical linkages with global research consortia.

However, despite the intellectual brilliance on display, a stark administrative reality emerged during the business session as only CMUL/UNILAG and UNIABUJA presented their institutional reports. So, for NETBRECSIN to achieve its full potential, every partner university must move in lockstep because institutional accountability cannot be a selective exercise.

Also, in a historic move toward structural permanence, the general assembly officially reviewed and adopted the amended NETBRECSIN Constitution. In addition, to transition from an informal network into a permanent statutory entity, the Secretariat announced that the formal registration of NETBRECSIN with the Corporate Affairs Commission (CAC) will commence immediately. Alongside a freshly debated BIRD-Lab strategic plan, these steps signal a clear message to the global health community that Nigeria is taking absolute long-term ownership of its behavioural health architecture.

Finally, no milestone gathering is complete without celebrating the growth of its human capital. The meeting paused to celebrate several foundational members who stepped into higher echelons of national leadership and academic distinction. Dr. John Ovuoraye was celebrated on his appointment as the Director of Family Health at the Federal Ministry of Health and Social Welfare (FMOHSW); Professor Andrew Obi and Professor Nonye Egenti were both honoured upon their well-deserved promotions to the rank of Full Professor; while Dr Zara Wudiri was warmly applauded on her elevation to Associate Professor.

As the Secretariat closes this chapter of the 25th meeting, the mandate for the coming year is crystal clear: with BIRD-Lab fully deployed, the constitution adopted and institutional registration underway, NETBRECSIN has transitioned from a research network into a national movement. Essentially, the science is clear, the tools are ready and the children of Nigeria are waiting!

Trillion-Naira Polio Paradox: Chasing the Phantom in Nigeria's Axis of Intractable Transmission

The air inside the Royal Land Hotel in Karu was dense with the kind of silence that usually precedes an interrogation. It was July 10, 2026 and the 26th meeting of the Network for Behavioural Research and Child Survival in Nigeria (NETBRECSIN) where Professor M.O. Oche stepped up to deliver his keynote address. He bypassed the typical congratulatory remarks that had become customary since the historic wild polio-free certification of August 2020. Instead, he threw an intellectual hand grenade into the audience, posing a structural dilemma that many in the public health sector had whispered about for years but few had dared to frame so bluntly: Have we spent decades trying to eliminate a disease or have we accidentally built a permanent, self-sustaining financial ecosystem around Polio funds rather than final Polio eradication?

To fully appreciate the weight of that question, one has to travel back to the late months of 1964 in Ibadan where the country's first localised mass campaign deployed the Sabin-strain oral vaccine to stem a brutal spike in paralytic illness. What followed over the subsequent decades was an asymmetrical war against a highly evasive enemy because between 1988 and 2003, Wild Poliovirus tore through communities, forcing the global community to launch the Global Polio Eradication Initiative in Nigeria; and Nigeria rapidly became one of the ultimate battlegrounds of global health. The conflict reached a fever pitch in 2006 when a massive outbreak recorded 1,122 cases heavily exacerbated by sweeping vaccine boycotts across northern states where deep-seated misinformation ran rampant.

Have we spent decades trying to eliminate a disease or have we accidentally built a permanent financial ecosystem around it?

Again, the institutional counter-offensive was nothing short of monumental because in 2012, the Nigerian government launched the National Polio Eradication Emergency Plan, anchoring its central command at the National Emergency Operation Center in Abuja. This data-driven war room deployed antigens on a breathtaking scale, administering 379 million doses of the vaccine during 22 grueling campaign rounds in 2013 alone. The strategy squeezed the wild virus into geographic submission, culminating in the last indigenous wild polio case being isolated in Borno State in August 2016. Exactly three years of rigorous, case-free surveillance later, the African continent was officially declared free of wild poliovirus.

The trillion-naira question: Polio funds or definitive polio eradication?

Yet, this monumental medical triumph triggered an entirely different structural reality. Over the past ten years, polio eradication in Nigeria has absorbed a staggering volume of international and domestic capital. Operating as a major focal point for the Global Polio Eradication Initiative, which regularly spends up to a billion dollars annually worldwide, Nigeria has seen hundreds of millions of dollars funneled into its borders via heavy weights like the Bill & Melinda Gates Foundation, the World Health Organization, UNICEF and the CDC. When calculated across the shifting macro economic landscape of the past decade, this massive injection translates into hundreds of billions and ultimately exceeding a trillion Naira.

The battlefront has shifted from the extinct wild strain to an aggressive adversary: circulating variant polioviru

This river of funding created a hyper-sophisticated, deeply entrenched public health infrastructure. It built electronic reporting networks like e-Surveillance that track vaccination teams via smartphones in real time and video-based mobile applications like AVADAR that allow community informants to instantly report symptoms of acute flaccid paralysis. It established two fully accredited National Polio Laboratories in Ibadan and Maiduguri that continuously process tens of thousands of stool and waste water samples. However, as the wild virus disappeared, this massive apparatus remained fully alive, giving rise to the controversial reality where thousands of field workers, supervisors, local transporters and administrative structures rely on the continuous flow of campaign per diems and operational budgets to survive.

The danger of this financial dependency becomes starkly apparent when looking at the northern borderlands. Today, the fight is no longer against the extinct wild strain, but against a mutated, aggressive successor: circulating Variant Polio Virus types 2 and 3. The heart of this modern struggle is concentrated entirely within the Axis of Intractable Transmission, a notorious high-risk operational strip comprising Sokoto, Kebbi, Zamfara and Katsina states.

In the Axis of Intractable Transmission, the neat assumptions of international spreadsheets disintegrate against the reality of severe insecurity as bandits and insurgent groups dominate major swathes of the terrain, turning vast settlements into no-go zones for standard healthcare workers. To vaccinate a child here, teams must deploy highly volatile tactics: launching "hit and run" operations, moving under heavy military escorts and coordinating cross-border synchronised sweeps just to reach hidden, nomadic or displaced populations.

Despite the introduction of advanced tools like the novel oral polio vaccine type 2, the variant virus continues to linger in the environment. It survives because the baseline of Routine Immunization remains dangerously weak across these high-risk northern states. When Routine Immunization fails, community immunity drops and the weakened vaccine virus excreted by vaccinated children mutates in unsanitary environments, regaining its power to paralyse the unvaccinated. In 2025, while the independent National Polio Expert Committee classified more than fifteen thousand reported paralysis cases as non-polio, laboratory sequencing still detected persistent variant strains in the waste water and stool samples of the Axis of Intractable Transmission.

This leaves Nigeria standing on a perilous edge between sustaining ongoing operations or achieving a definitive endgame. If the international community decides that the wild polio victory means the job is done and abruptly cuts the funding, the fragile primary healthcare system could face severe disruptions. Conversely, if the funding continues to treat polio as an isolated, perpetual emergency campaign without fixing the foundational health care gaps in the northern borders, the country remains trapped in an endless cycle of outbreak responses.

True eradication will not be achieved by managing an ongoing crisis, but by making the emergency machinery obsolete

As the presentation in Karu drew to a close, the true objective for the next decade became undeniably clear. The trillion-naira machine built to fight polio must undergo an aggressive systemic transition. The advanced mapping technology, the laboratory networks and the trusted community relationships managed by northern traditional and religious leaders must be permanently integrated into the general child survival framework. Nigeria must look beyond the short-term survival of campaign funding and aggressively fund the complete rebuilding of its routine primary healthcare delivery. True eradication will not be achieved by managing an ongoing crisis but by building a health system strong enough to make the emergency machinery obsolete. .

Will Nigeria Institutionalize Its Sisterhood of Trust or Let Donor Exit Paralyse Child Survival?

The mid-morning heat in the North-West was relentless, but inside the shaded courtyard the conversation carried a quiet, deliberate intensity. For the past few hours, a woman in a deep blue hijab, bearing the familiar crest of a global partner, had been sitting on a woven mat, gently holding the wrist of a toddler. She was not a stranger dispatched from a distant ministry in Abuja, nor an outsider delivering generic public health lectures from a clipboard. She was a neighbour, a mother and a long-term resident who walked these identical dust-laden pathways every single day. In her community, she was known simply as a Voluntary Community Mobiliser, one of the thousands of women forming the literal frontline of child survival across Kano and Sokoto states.

"Even without payment, we continue to work because the children are our own."

When the Behavioural Insights Research and Design Laboratory (BIRD-Lab) unveiled its comprehensive evaluation under the auspices of the Network for Behavioural Research and Child Survival in Nigeria (NETBRECSIN) in August 2025, it brought to light a stark and beautiful reality regarding this female-led mobilization network. Born out of the intense high-stakes battle to eradicate wild poliovirus, the programme has quietly evolved into something far more expansive. Today, these women are tasked with an ever-growing matrix of survival indicators: tracking vaccine defaulters, identifying zero-dose children, promoting antenatal care, monitoring newborns, screening for acute malnutrition and championing water sanitation practices. So, they have effectively transitioned from an emergency polio structure into the most visible community engagement platform for primary healthcare in Northern Nigeria.

Yet, the BIRD-Lab investigation revealed a profound structural paradox operating right beneath the surface. Quantitatively, the network boasts an extraordinary asset that money simply cannot buy: absolute social legitimacy and unyielding community trust.

For instance, in communities where vaccine hesitancy driven by deep-seated religious misconceptions, fertility fears and campaign fatigue routinely stalls conventional interventions, these women break through the noise as caregivers listen to them because they know them. Again, when a community mobiliser explains a schedule, it is not interpreted as an administrative demand but as an act of sisterly protection. It is this deep-seated trust that successfully converts door-to-door mobilisation into actual, measurable behaviour change and health-facility utilisation.

The supervision paradox: Regular contact is logged but it has devolved into a box-checking exercise

However, the operational environment across the North-West zone is far from uniform because it is split by differing socio-demographic realities. For example,in Kano, a sprawling urban and peri-urban landscape of over seventeen million people, backed by a relatively higher level of formal education and literacy among the mobilisers themselves, routine immunization coverage hovers around 41%. In sharp contrast lies Sokoto where a dispersed rural population of 6,600,000 grapples with the highest zero-dose child burden in the entire federation; a dismal 11% routine immunization coverage and a context where nearly a third of the mobilisers cannot read or write in formal text. These disparities create immense friction, transforming basic tasks like documentation, reporting and navigating vast, insecure catchment areas into exhausting daily marathons.

The truest vulnerability of the programme, however, does not lie in the terrain or the literacy gaps but within the data columns tracking knowledge and governance; and a BIRD-Lab's multivariate analysis yielded a striking revelation: a mobiliser's level of concrete knowledge is the single most powerful predictor of her functionality.

Those with clear role clarity and strong technical capacity are 13 times more likely to perform effectively than their peers. Yet, across the board, overall knowledge scores sat below 50% with only a quarter of the workforce demonstrating a full grasp of their expanded maternal and child health mandates.

This knowledge gap points directly to a glaring supervision paradox. While supervisory structures are physically established and regular contacts are consistently logged, the interactions have historically devolved into a box-checking exercise focused almost entirely on gathering data and compiling reports rather than delivering deep, capacity-building mentorship or clinical coaching. Similarly, the tools of the trade have degraded over time as the consistent availability of physical job aids, illustrated registers and educational materials has steadily declined, leaving many women, particularly in Sokoto to rely entirely on memory and willpower.

Furthermore given that, the financial incentives are notoriously irregular, often delayed, and universally perceived as inadequate to match the ballooning workloads, it thus appears that this entire apparatus is held together by a profound sense of intrinsic motivation that defies economic logic. Thus, when researchers questioned the women on why they continued to march under the scorching sun despite the broken financial promises, their collective voice was echoed in a single, recurring sentiment: even without payment, they continue to work because these children are their own.

However, goodwill is not a sustainable institutional strategy; and as Nigeria advances through sweeping primary healthcare revitalisations and moves toward a more professionalised salaried community health workforce, the current model stands at a historical crossroads. So, it is imperative that Nigeria reimagines this bridge of trust because if donor funding were to dry up tomorrow, this invaluable bridge of trust between the community and the formal health facility could vanish overnight as the formal coordination of the programme remains heavily reliant on partner-driven structures, leaving a dangerously weak footprint of actual domestic government ownership or statutory state financing.

Total professionalization risks stripping the model of the organic, neighbourly characteristics that make it work

Therefore, faced with this reality, the evaluation strongly cautions against either maintaining a fragile status quo or aggressively rushing to fully professionalise and absorb these women into a rigid and bureaucratic state framework. This caution is hinged on the fact that total professionalisation risks stripping the model of the very organic neighbourly characteristics that make it effective in the first place. Instead, the evidence points decisively toward a balanced, hybrid approach. As a result, Nigeria must intentionally retain these women as trusted, embedded community voices while systematically linking their supervision, financing and accountability to the formal while reforming primary healthcare system.

All said, to secure the future of child survival, the nation must stop treating this vital sisterhood as an isolated emergency campaign and finally grant it the permanent, predictable institutional backing it has rightfully earned.

A community mobiliser's concrete knowledge is the single most powerful predictor of her functionality

Unmasking the Silent Killers of Nigerian Mothers and Newborns

While policymakers gather to debate frameworks and resource allocations; a wave of raw, unapologetic postgraduate research reveal that, the current approach to keeping Nigerian mothers and children alive is failing. The studies are not dry academic exercises designed for library shelves as findings are damning; and deeply human indictments of systemic neglect, bureaucratic failure and ecological blindness that cost real families their lives every single day. From a mother sweating through a fever in a sun-scorched village to a frantic parent turned away at an urban pharmacy counter, these studies gave names and faces to the statistics; presenting an urgent, sovereign ultimatum to the nation's leadership.

We kick off with we tagged **the atmospheric assault on maternal and child health**; and the findings of a study titled ***Perceived Effects of Climate Events on Maternal and Child Health in Gusau Local Government Area, Zamfara State*** shows that in the rural dust of Gusau Local Government Area in Zamfara State, the sky itself has weaponised against the womb, while for years, public health officials comfortably compartmentalised environmental changes and maternal healthcare into separate budget lines and distant ministries.

Through this study two scholars Solomon Attah and Kamarudeen Adegboyega shattered that delusion by matching thirty-five years of meteorological memory from the Nigerian Meteorological Agency (NiMet) directly against the lived, breathing realities of families trying to survive the changing climate. Through charting the region's rising temperatures and chaotic rainfall patterns, their work exposed a terrifying reality: local environmental instability accounts for a staggering 91.6% of the variations in maternal health outcomes and explains 96.3% of the differences in child health complications. In practical terms, this means that an extreme heatwave or a sudden, unpredictable drought is not just an environmental headline; it is a direct driver of premature labour, severe dehydration and vector-borne diseases that attack a pregnant woman and her infant. Again, the burden falls heaviest on rural communities where families are left entirely defenseless against climate-sensitive diseases due to crumbling healthcare infrastructure and deep poverty. So, for any policymaker who still views climate change as a distant global debate, this research brings the crisis home: the weather in Zamfara is actively deciding who lives and who dies in the cradle.

Another study, which is captured as **the Broken Promise of Protection: The Financial Trap in Abuja Municipal Area Council (AMAC)** shows that as devastating as the natural elements are in the north, moving south to the nation's capital reveals that structural systems can be just as hostile as the climate. The study titled ***Influence of Health Insurance Coverage on Access to Maternal and Child Healthcare Services in Abuja Municipal Area Council*** reveal that in the busy corridors of Wuse and Karshi General Hospitals, pregnant mothers walk in clutching their National Health Insurance cards, expecting a shield against financial ruin; instead, the academic team of Uwem Patrick Udoh and Nonye Egenti unmasked a system where the safety net routinely tears apart at the most critical moment. The data from their study paint a

picture of a deeply compromised promise because on paper, the scheme looks successful: 57.9% of the mothers surveyed managed to enroll and an impressive 75.5% of them successfully utilized the coverage to attend at least four essential antenatal care visits. However, the illusion of total protection shatters the moment a child enters the world as a massive 45% of women in the council area remain completely uninsured and among those who are, a dismal 30.4% reported that their coverage actually extended to their children. Furthermore, when these mothers give birth, they are blindsided by long waiting times, confusing administrative loops and severe drug stock-outs. Hence, the researchers argue that hospitals regularly push the financial burden back onto the patient, forcing families to make unexpected out-of-pocket payments for basic medical consumables, laboratory tests and essential pediatric medications. Thus, this research delivers a sharp lesson to health administrators that celebrating expanding enrollment metrics is completely meaningless if a mother is still forced to choose between financial ruin and buying life-saving medicine for her newborn.

Finally, findings from postgraduate research reveal **"the Dignity Gap in Delivery Room"** through the technical and human topography of intrapartum care in Kaduna State. This institutional failure to fully see and protect the patient brings us directly to the ultimate frontline of survival: the birthing bed itself. In Kaduna State, two researchers, Aliyu Mohamed Sokomba and Clara Ejembi from Ahmadu Bello University, Zaria stepped out of the lecture halls and into the delivery rooms of twenty-four public and private healthcare facilities.

Their study ***Comparative Assessment of Quality of Intrapartum Care between Public and Private Healthcare Fcailities in Kaduna State, Nigeria*** meticulously tracked the experiences of 840 labouring women and the clinical decisions of 96 healthcare providers to map exactly what happens during the most vulnerable hours of human life. Their technical dashboard revealed a stark institutional divide as public facilities outpaced the private sector across nearly every technical indicator: public providers demonstrated a 67.8% technical competence score compared to the private sector's 61.5%; public facilities showed 79.2% adherence to evidence-based standards versus the private sector's 69.0%; and public infrastructural readiness stood at 72.2% while private readiness lagged at 50.9%.

However, beneath these technical victories lay a profound and universal human failure that numbers alone cannot fix. Across both public and private sectors, the researchers exposed a widespread disregard for basic human dignity and respectful maternity care as healthcare providers are routinely failing at what matters most to labouring women: emotional support, clear and empathetic communication, privacy and effective pain management. Also, essential components of ethical medicine such as securing informed consent and involving the mother in shared decision-making are treated as unnecessary administrative burdens rather than fundamental human rights. Therefore, the message from Kaduna is clear: clinical survival cannot be the only metric of success because a health system that saves a body but violates a mother's dignity is a system that is still fundamentally broken.

From the above, it is obvious that, the academic community has done its part having braved the field, gathered the evidence and provided a clear, actionable path forward.

Also, academics have placed the tools for change on the table; therefore, the only remaining question is whether Nigeria's leadership possesses the political will and the moral courage to act before the body count rises any higher. So, in **conclusion**, the collective evidence from this new generation of postgraduate scholars leaves no room for administrative stalling or political excuses; and now that, the warning signs have been clearly mapped out, if policymakers choose to ignore these insights and maintain the status quo, the cost will not be measured in unspent budgets, but in human lives: because preventable maternal deaths will continue to devastate families across the nation; newborn mortality and stillbirths will remain tragically and avoidably high; public trust in formal healthcare facilities will completely collapse, driving mothers back into unregulated spaces; and substantial health infrastructure investments will continue to underperform and fail the communities they were meant to save.

Birthday Milestone at NETBRECSIN

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Celebrating Champions of the Child: Two Giants, One Birthday!

For decades, the survival of the Nigerian child has depended on two monumental efforts: translating complex behavioural data into actionable community trust; and codifying those protections into the unshakeable framework of human rights. Today, the masters of both domains stood side by side to celebrate.

About lunch time on July 10, 2026, the first meeting day of the 26th landmark meeting of the Network on Behavioural Research for Child Survival in Nigeria (NETBRECSIN), the intense academic debates over behavioral data, clinical readiness metrics and structural policy frameworks paused. The air inside the meeting room shifted from the sharp, analytical electricity of science to something deeply personal, warm and profoundly celebratory.

The Secretariat did not just call a recess; they called forward two individuals whose life work forms the very spine of public health communication and child advocacy in Nigeria: Dr Noma Owens-Ibie and Mrs Ozoemena Anyanwu. As the assembly clapped, it became clear to everyone in the room that celebrating this duo on the exact same calendar day was a masterclass in cosmic timing.

To look at Dr. Noma Owens-Ibie, the Programme Communication Specialist for UNICEF's Abuja Country Office, is to witness a lifetime dedicated to bridging the gap between clinical intent and community execution. Even long before behavioural insights were institutionalised into spaces like the BIRD-Lab, Dr Owens-Ibie understood a fundamental truth: a vaccine kept in a cold-chain storage facility is entirely useless until a mother understands, trusts and chooses to accept it.

His journey through the landscape of development communication has been one of tireless orchestrations. As a scholar-practitioner, Dr. Owens-Ibie has traversed Nigeria's diverse terrain, sitting with community leaders, mentoring young researchers and refining the communication frameworks that turn cold statistics into warm, life-saving communal consensus. At UNICEF, his desk has never been a place of mere administrative oversight; it is an intellectual engine room where communication strategies are forged to dismantle deep-seated social resistance, eliminate the zero-dose enigma and bring life-saving health interventions straight to the most vulnerable doorsteps.

When the NETBRECSIN assembly rose to cheer him, they were honouring the **"symphony" of behavioural change**, the quiet dignity, the sharp intellectual rigour and the deep institutional memory of a man who has taught an entire generation how to speak with the people, rather than at them.

Standing beside him was Mrs. Anyanwu, the fierce, brilliant institutional anchor from the Child Rights Information Bureau (CRIB) of the Federal Ministry of Information and National Orientation (FMINO). If Dr. Noma is the architect of the message, Mrs. Anyanwu **"the sentinel of the child's shield"**, is the standard-bearer who ensures that, the message is amplified, institutionalised and fiercely protected by the state.

Through her strategic leadership at CRIB, Mrs. Anyanwu has stood as a guardian at the gates of child rights advocacy. She has masterfully leveraged the immense machinery of the Federal Ministry to ensure that child survival, pediatric health insurance gaps and the fight against systemic neglect remain at the very top of the national media and policy agenda. Her work has consistently bridged the divide between academic research and public consciousness, transforming dense postgraduate briefs into powerful, media-driven narratives that hold policymakers accountable.

Her presence at the 26th NETBRECSIN meeting is a living testament to the enduring, unbreakable alliance between FMINO and academic research; a partnership she has meticulously nurtured with grace, unwavering focus and a deep-seated maternal passion for the Nigerian child.

As the toast was poured and a spontaneous chorus of birthday wishes filled the meeting room, the true beauty of their shared celebration came into sharp focus. These are not separate crusades; they are two paths with one sovereign mandate – Child Rights! Indeed, Dr. Owens-Ibie's behavioural communication and Mrs. Anyanwu's institutional advocacy are two sides of the same coin; the "blue ribbon" of child survival.

The NETBRECSIN Secretariat, alongside the Federal Ministry of Health and Social Welfare, UNICEF field teams and partner universities nationwide stands proud to salute these two giants on their special day. Happy Birthday, Dr. Owens-Ibie! Happy Birthday, Mrs. Anyanwu! Thank you for being the voices, the shields and the heartbeats behind the data. The science is clearer, the country is more oriented and the children of Nigeria are safer because you live, lead and inspire!

Dr. Aliyu Sokomba
Department of Community Medicine,
ABUTH - Zaria

Attending the NETBRECSIN Bi-annual Meetings to present both my research proposal and my completed work has been one of the most rewarding experiences of my academic journey. Presenting my proposal last year exposed my work to rigorous multidisciplinary review and the constructive feedback I received fundamentally strengthened my study. The recommendations refined my methodology, improved my research instruments and enhanced the overall scientific quality of my work.

Again, returning to present my completed research was particularly fulfilling because it allowed me to demonstrate how those recommendations had translated into a stronger and more impactful study. Beyond the presentations themselves, the interactions with senior academics, researchers, UNICEF representatives and fellow postgraduate candidates broadened my perspective on behavioural and public health research; and reinforced the importance of producing evidence that informs policy and practice.

NETBRECSIN has provided much more than a platform for academic presentations; it has been an environment for mentorship, critical thinking, professional networking and research excellence. I sincerely appreciate my supervisor Prof Clara Ejembi, the distinguished reviewers and the NETBRECSIN team, together with UNICEF and its partners for creating a platform that nurtures young researchers and prepares them to contribute meaningfully to improving health outcomes in Nigeria. I am proud to have been part of this experience and I will carry the lessons learned throughout my research and professional career.

Oluebube Onuchukwu
Department of Public Health
and Community Medicine
University of Benin

Thankfully, I have had the wonderful privilege of participating in the NETBRECSIN Conference and presenting my research proposal before an esteemed panel of reviewers. The conference provided a unique platform for learning, professional engagement, and academic exchange with researchers, facilitators, and participants from diverse backgrounds.

During my presentation, I received constructive criticism, technical guidance, and valuable recommendations from the review panel. Their insightful feedback challenged me to critically examine my work and provided practical suggestions that will strengthen my methodology, refine my arguments, and improve the overall quality of my research.

Beyond the proposal presentation, the conference has been an enriching experience that has broadened my academic perspective and reinforced the importance of rigorous scientific research. The interactions and knowledge shared throughout the sessions have inspired me to strive for excellence and continue contributing to evidence-based research.

I sincerely appreciate the dedication of the NETBRECSIN team for creating such an impactful platform for capacity building and academic mentorship. I also extend my heartfelt gratitude to the reviewers for their thoughtful guidance, as well as to UNICEF, the Federal Ministry of Health (FMoH), and the Federal Ministry of Information and National Orientation (FMINO) for supporting this remarkable initiative. I leave this conference better equipped, more confident, and motivated to apply the knowledge and feedback gained as I continue my research journey.

Anthony Etim
Department of Sociology
Lagos State University, Ojo, Lagos State

Presenting my research proposal at the NETBRECSIN Bi-Annual Meeting was one of the most enlightening experiences of my academic journey so far. My research looks at how digital inclusion shapes the timing, frequency and quality of antenatal care among women in Lagos State; and standing before the panel to defend that research proposal, after months spent refining the Digital Inclusion Index, the ANC Quality Index and the wider analytical framework behind them was both daunting and deeply rewarding.

The feedback I received was honest and rigorous. It is the kind of academic reality check that sharpens rather than discourages; and has already given me a clearer sense of how to strengthen my methodology and my argument as I move into the next stage of the study. I am especially grateful to my supervisor, Professor Onipede Wusu for his guidance and patience throughout the preparation; and to the wider NETBRECSIN, UNICEF and BIRD-Lab community for building a space where emerging researchers are genuinely challenged and genuinely supported.

I left the meeting with more than feedback; and renewed conviction that this research matters. I am grateful to have been part of this process and look forward to carrying its lessons into the next phase of my work.

Oluwatosin Deborah Lawal
Department of Health Promotion
and Education
Faculty of Public Health
University of Ibadan

I sincerely appreciate NETBRECSIN for creating this impactful platform for emerging researchers. It was a great privilege to present my research proposal at the NETBRECSIN bi-annual meeting. This experience marked a significant milestone in my learning as a researcher. The constructive feedback and guidance provided by the facilitators helped me refine my proposal to a higher standard. Also, the insights from the participants across diverse academics backgrounds broadened my understanding of other areas of research worth exploring. Beyond the academic benefits, the encouragement and support received from both facilitators and participants made the experience both fulfilling and rewarding. The meeting provided a valuable blend of learning, networking and growth. I also express my appreciation to UNICEF, FMINO & FMOHSW for their continuous support and commitment to the success of NETBRECSIN.

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Please send your reactions and suggestion to:
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