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HEALTH



Shortfall In Care

How Weak Neonatal Care Governance Is Costing Nigeria Newborn Lives

Bukola Deborah Sunday

Issues in the News

- NBS Reports 1,374 Road Crash Deaths in Q4 2025
- CBN Restricts Mobile Banking Apps to One Device
- Tinubu Establishes Presidential Petroleum Reform Task Force
- NLC Demands Cost-of-Living Allowance, Wage Award, Tax Relief Amid Middle East Crisis

Regional Update

- Government drives subsidised local rice scheme in Dosso
- Benin Approves Infrastructural Projects For Civil Protection, Education and Agriculture
- Cameroon launches digital system for mobile import duties
- Chad police ban toy weapons over public safety concerns

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Our mission is to conduct rigorous research and provide evidence-based recommendations that contribute to the development of a prosperous and forward-looking society in Nigeria.

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Cover Image: A new born at the Intensive Care Unit © UNICEF/UN629242/ACQUAH

Nigeria's persistently high [neonatal mortality](#) is not a failure of medical knowledge, nor is it primarily a consequence of insufficient specialised equipment. It reflects weak neonatal care governance: a system in which policies exist formally, but institutions fail to deliver consistent, reliable care at the point of birth. The result is a health system that routinely exposes its most vulnerable citizens to preventable risk in the earliest days of life.

Despite longstanding policy commitments—from the [Child Survival Action Plan](#) to the promotion of Kangaroo Mother Care—many public hospitals remain unable to provide timely thermal care, reliable oxygen support, effective infection prevention, and continuous monitoring for preterm and low-birth-[weight](#) newborns. In this persistent gap between national intent and facility-level reality, neonatal survival depends less on codified standards than on improvisation.

Public discourse often centres on incubator shortages as the defining feature of this crisis. Yet incubators are less a primary cause than a visible symptom of deeper institutional failure. In facilities lacking stable electricity, oxygen supply, maintenance systems, trained personnel, and referral capacity, the presence of an incubator seldom translates into improved outcomes. Where incubators are absent, their absence reflects systemic breakdowns in planning, financing, and accountability rather than a singular equipment deficit.

Recent estimates indicate that the modest decline in neonatal mortality observed between 2016 and 2022 may have stalled, with indications of possible reversal in [2023–2024](#). While these figures remain provisional, they align with persistent weaknesses in facility-based neonatal care. The implication is not a sudden deterioration in one dimension, but the continued erosion of earlier gains by unresolved system failures.

This Athena Perspective advances a central claim: neonatal mortality in Nigeria is best understood as a governance problem, characterised by fragmented accountability, weak operational readiness, and poor alignment between financing and performance. Addressing it requires a shift in emphasis—from counting assets to ensuring system functionality—and the embedding of neonatal care within a disciplined framework of standards, staffing, maintenance, and enforceable accountability.



The Institutional Failure Behind Neonatal Care Gaps

Nigeria does not lack a [neonatal policy](#). It lacks institutional coherence between policy design, financing, and frontline delivery. The central failure lies in the governance of neonatal care across federal, state, and facility levels.

First, incentives are misaligned. [Capital procurement](#), often donor-driven or politically salient, is prioritised, while the less visible foundations of care—maintenance budgets, staffing continuity, and power reliability—remain underfunded and weakly managed. Facilities acquire equipment without the systems required to sustain functionality or ensure clinical integration.

Second, oversight mechanisms emphasise inputs rather than readiness. Facilities are rarely assessed on whether newborns receive timely thermal protection, continuous oxygen, or skilled monitoring during the critical first 72 hours of life. Where compliance audits exist, they tend to privilege asset presence over care quality.

Third, accountability is fragmented. No single mechanism consistently links neonatal outcomes to managerial or political consequences. Responsibility is dispersed across federal guidelines, state ministries, hospital management boards, and external partners, allowing systemic failure to persist without sustained corrective action.

Finally, data integrity remains weak. Neonatal outcomes are inconsistently reported, limiting the capacity of policymakers to identify underperforming facilities, prioritise investments, or reward effective performance. In the absence of reliable data, governance defaults to assumption and inertia.

The cumulative effect is a system that functions episodically rather than reliably—where survival depends on geography, staffing contingencies, and individual discretion rather than institutional assurance.

What the Evidence Reveals

Evidence from Nigeria and comparable settings underscores a consistent finding: neonatal survival depends on system readiness rather than advanced technology alone.

Between 2016 and 2022, Nigeria recorded a modest reduction in neonatal mortality—from approximately [37 to 33.7](#) deaths per 1,000 live births. More recent estimates suggest stagnation or potential reversal, although these figures remain provisional. Preterm complications, hypothermia, respiratory distress, and infection continue to account for a substantial proportion of neonatal deaths annually.

[Facility-level assessments](#) consistently reveal gaps in uninterrupted electricity, reliable oxygen supply, preventive maintenance systems, and adequately trained neonatal staff. Even where incubators are available, breakdowns, overcrowding, and staffing constraints frequently delay effective care.

Global evidence is clear: the most significant gains in neonatal survival arise not from intensive care units, but from the consistent delivery of basic interventions—thermal care, infection prevention, basic respiratory support, early feeding, and skilled monitoring. Where these foundational elements are absent or unreliable, mortality remains high irrespective of equipment availability.

Taken together, the evidence points to a central conclusion: Nigeria’s neonatal mortality burden reflects institutional underperformance, in which known and affordable interventions fail to reach newborns consistently due to governance deficiencies.



A newborn baby being held by healthcare staff
Credit: Norwegian Church Aid

Why the System Sustains the Failure

The persistence of neonatal care failure is structural rather than incidental. Politically, neonatal care lacks visibility. Newborn deaths often occur without public attention or mobilisation, limiting pressure on policymakers to prioritise sustained system reform over symbolic interventions.

Administratively, health managers operate within fiscal constraints that favour short-term coping strategies over durable solutions. Staffing gaps persist, maintenance is deferred, and referral systems function informally because comprehensive reforms require coordination and sustained political support.

Professionally, workforce attrition compounds institutional fragility. [Skilled neonatal nurses and physicians exit public systems at rates that outpace replacement](#), eroding institutional memory and continuity of care. Training systems alone cannot compensate in the absence of retention mechanisms.

At the system level, accountability remains diffuse. No unified performance framework concentrates attention on neonatal outcomes in a way that shapes budgetary decisions or managerial incentives. In such an environment, failure persists because it carries limited consequences.

Comparative Insight

Across resource-constrained settings, countries that have reduced neonatal mortality have done so not by importing high-technology care, but by strengthening governance.

In Malawi, the [NEST360](#) initiative demonstrated that bundled care—combining essential equipment, workforce training, maintenance systems, and data-driven oversight—can reduce in-hospital neonatal mortality without reliance on advanced incubator technology. Success was driven by disciplined implementation and continuous performance monitoring.

In Uganda and Kenya, midwife-led Special Care Baby Units have proven effective when supported by clear clinical protocols, task-shifting arrangements, and functional referral systems. These reforms succeeded because they clarified [institutional responsibility for newborn survival at the facility level](#).

Across these cases, the decisive factor was not technological sophistication but the establishment of enforceable standards, aligned incentives, and visible accountability. The implication for Nigeria is direct: [governance reform](#), not equipment accumulation, is the principal driver of sustained survival gains.



Policy Pathways for Reform

Nigeria can reverse the entrenched cycle of diagnostic inaccuracy only by reshaping the governance environment that currently rewards diagnostic shortcuts. The following four pathways set out institution-anchored reforms designed to ensure that accuracy becomes the default rather than the exception.

A. Restoring Functional Neonatal Readiness

Nigeria should prioritise functional readiness over asset accumulation. This entails ensuring reliable electricity and oxygen supply, standardising essential neonatal equipment packages, and establishing regional biomedical maintenance hubs to minimise downtime. Procurement should be phased and explicitly linked to maintenance capacity.

Responsible institutions: *Federal and State Ministries of Health; Hospital Management Boards.*

Trade-off: *Slower procurement in exchange for higher utilisation and durability.*

B. Aligning Workforce Capacity with Fiscal Reality

Given fiscal constraints, large-scale recruitment is unlikely to be sustainable. Policy should instead prioritise task-shifting, midwife-led special care baby units, protected neonatal staffing positions, and bonded specialist training schemes. Targeted rural retention incentives should complement these measures.

Responsible institutions: *State governments, training institutions, and professional councils.*

Trade-off: *Role redistribution may encounter professional resistance.*

C. Anchoring Accountability Through a Single Mechanism

Nigeria should introduce a National Neonatal Care Scorecard that publicly ranks states on a limited set of survival-relevant indicators. This scorecard should be linked to Basic Health Care Provision Fund disbursements and integrated into performance assessments for Commissioners of Health.

Responsible institutions: *Federal Ministry of Health; National Primary Health Care Development Agency.*

Trade-off: *Role redistribution may encounter professional resistance.*

D. Rebuilding Trust Through Execution

Existing newborn care guidelines should be standardised, digitally disseminated, and enforced through routine audits. Kangaroo Mother Care and Special Care Baby Units should be scaled as primary interventions rather than interim substitutes.

Responsible institutions: *Federal and State Ministries; development partners.*

Trade-off: *Requires sustained managerial discipline rather than one-off programme interventions.*

Conclusion

Nigeria cannot reduce neonatal mortality through equipment acquisition alone. Survival depends on whether institutions can reliably deliver essential care at the moment it is most needed. At stake is not only neonatal survival but also the broader credibility of the health system to protect life consistently and equitably.

By framing incubator shortages as the central problem, policy discourse risks obscuring the deeper governance failures that produce them. A system that cannot sustain power supply, retain skilled personnel, or enforce clinical standards will underperform regardless of investment levels.

The policy choice before Nigeria is therefore institutional rather than technical. Rebuilding neonatal care governance—through functional readiness, aligned incentives, credible accountability, and disciplined execution—is essential to achieving sustained improvements in newborn survival. Anything less will continue to convert policy ambition into avoidable loss.

Author

Bukola Deborah Sunday is a public health and health systems analyst specialising in maternal and neonatal care governance in low- and middle-income countries.



NBS Reports 1,374 Road Crash Deaths in Q4 2025

The National Bureau of Statistics (NBS) says 1,374 persons died in road accidents in the fourth quarter of 2025, from 2,731 crashes recorded during the period. The figure represents a 12.20 per cent increase from 2,434 crashes in Q3 2025 and a 6.72 per cent rise from 2,559 cases in Q4 2024.

Serious crashes accounted for the highest number with 1,775 cases, followed by fatal crashes at 677, while minor crashes stood at 279. "Analysis of fatalities by gender indicates that males accounted for the majority of deaths. A total of 1,085 males were killed, representing 78.97 per cent of total fatalities, while 289 females died, accounting for 21.03 per cent," the report stated. It added that 6,561 males and 2,165 females were injured.

A total of 4,059 vehicles were involved, a 9.41 per cent increase from 3,710 in Q3 2025.

<https://dailytrust.com/road-crashes-claim-over-1000-lives-in-q4-2025-nbs/>

CBN Restricts Mobile Banking Apps to One Device

The Central Bank of Nigeria (CBN) on Friday restricted mobile banking applications to one device.

Customers can no longer use the same bank app on multiple devices simultaneously.

The directive, issued in a circular to banks and payment service providers (PSPs), introduced new rules for instant payments.

Signed by Musa Jimoh, Director of the Payments System Policy Department, the circular stated, "The Central Bank of Nigeria, in line with its mandate of promoting financial system stability, hereby issues additional guidance for the operations of instant payments in Nigeria:

"All Financial Institutions (FIs) offering Instant Payment (IP) shall provide the following additional functionalities: Mandatory device binding: Mobile financial services applications (apps) shall only be enabled on one device at a time, and customers cannot operate the apps concurrently on multiple devices.

<https://www.vanguardngr.com/2026/03/cbn-restricts-mobile-banking-app-operation-to-one-device/>

Tinubu Establishes Presidential Petroleum Reform Task Force

President Bola Ahmed Tinubu has approved a Presidential Petroleum Reform and Value Optimisation Task Force to drive the next phase of reforms in Nigeria's petroleum sector.

This was disclosed by Bayo Onanuga, Special Adviser to the President on Information and Strategy, in a statement on Friday.

He said Mr Fola Adeola would chair the task force.

The group is tasked with producing reform blueprints to consolidate efforts, unlock capital, and strengthen Nigeria's position as a

global energy investment destination.

"It will operate as a technical reform body, focusing on actionable policy design and implementation strategies," the presidency said.

<https://dailytrust.com/tinubu-establishes-presidential-petroleum-reform-task-force/>

NLC Demands Cost-of-Living Allowance, Wage Award, Tax Relief Amid Middle East Crisis

The Nigeria Labour Congress (NLC) has demanded urgent Federal Government action to ease the impact of rising petrol prices, calling for a cost-of-living allowance, wage awards, tax relief, and revival of public refineries.

It said fuel prices—now between N1,170 and N1,300 per litre—have worsened hardship, warning of possible unrest if no action is taken.

The union accused the government of exposing Nigerians to volatile global oil prices amid the Middle East crisis, highlighting weaknesses in the downstream sector and growing workers' suffering.

In a statement titled "Save Nigerians From This Shock: An Urgent Relief Has Become Necessary," signed by its President, Joe Ajaero, the Congress said: "NLC voices the collective anguish of millions of Nigerian workers who are bearing the brutal cost of a global capitalist crisis they did not create."

<https://freedomonline.com.ng/petrol-hike-nlc-demands-fgs-intervention/>

REGIONAL UPDATES



Government drives subsidised local rice scheme in Dosso

The Government of Niger has expanded its push to support locally grown cereals with the launch of a subsidised rice scheme in Dosso on 10 March 2026, following an earlier rollout in Niamey.

Backed by national and regional authorities, the initiative aims to improve access to locally produced rice and ease household costs during Ramadan. It is being implemented by the National Office for Hydro-Agricultural Development (ONAHA) with support from the Solidarity Fund for the Safeguarding of the Homeland (FSSP), and will run until 18 March.

Issaka Dan Narba, Adviser to ONAHA's Director General, said the programme reflects a government priority to promote domestic rice, protect jobs and strengthen food security. Over 102,000 tonnes of locally grown rice are available in Dosso, including Bondourey, Mai-Gardi, Brabous-ko and Dambou.

<https://fr.apanews.net/education/benin-des-infrastructures-pour-renforcer-la-protection-civile-et-la-formation/>

Benin Approves Infrastructural Projects For Civil Protection, Education and Agriculture

The Government of Benin approved, during the Council of Ministers meeting of 11 March 2026, several infrastructure projects aimed at strengthening civil protection and expanding training in education and agriculture.

The plan includes the construction of rescue centres in several communes to support the Beninese Civil Protection Agency, focusing on risk prevention, emergency response, and training for disaster management actors.

In education, approval was given for the construction of the Porto-Novo Science High School and the Higher Teacher Training College in Parakou as part of a wider programme covering six science high schools and two teacher training colleges under the Government Action Programme.

<https://fr.apanews.net/education/benin-des-infrastructures-pour-renforcer-la-protection-civile-et-la-formation/>

Cameroon launches digital system for mobile import duties

Cameroon's Directorate General of Customs (DGC) has introduced a new electronic system for collecting import duties on mobile phones, tablets and other devices from 16 March 2026, following a sharp fall in revenue from 12 billion CFA francs to about 100 million CFA francs. The system was launched in Yaoundé by Director General Fongod Edwin Nuvaga during a briefing with major impor-

ters. It is based on the 2019 Finance Law, which provided for electronic collection of duties on imported mobile terminals after an earlier attempt in 2020 failed. Importers—not consumers—will now pay duties via Mobile Money, Orange Money and other digital platforms. Mobile operators will no longer collect payments, but will only block or unblock devices. Officials say the reform is aimed at improving transparency, reducing fraud and modernising customs administration.

<https://www.cameroonconcordnews.com/yaounde-customs-launches-mobile-device-duty-system-to-recover-lost-revenue/>

Chad police ban toy weapons over public safety concerns

The National Police in Chad have announced a ban on the use of toys resembling firearms or explosives, citing growing security concerns in N'Djamena and across the provinces.

In a statement issued on 16 March 2026, Police Commissioner General Tougoud Digo Maïde, Director General of the National Police, warned that the increasing use of such items by children and some adults poses a risk to public order. Authorities say the toys can cause panic and confusion among residents.

The measure forms part of wider efforts by authorities to reduce security risks and maintain social stability in urban and regional areas.

<https://www.alwihdainfo.com/tchad-la-police-nationale-interdit-l-utilisation-des-jouets-en-forme-d-armes-a-feu-ou-d-explosifs-a148658/>

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-  Block A10, Phase 2, Sani Zangon
Daura Estates, Kado, FCT.
-  info.centre@athenacentre.org
-  [facebook.com/Athena Centre for
Policy and Leadership](https://facebook.com/Athena_Centre_for_Policy_and_Leadership)
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