

Implementing Community-led ACSM through Trained Volunteers and Streamlined Reporting Systems: Evidence from Nigeria-Niger Border Communities

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Background

Weak and inconsistent community-based surveillance (CBS) systems contribute to recurrent disease outbreaks in Nigeria–Niger border communities, where health systems remain fragile and underserved. These challenges are exacerbated by **population displacement, insecurity, and limited access to health services**, which **disrupt immunization activities and weaken early detection of public health threats**. **Low community awareness further contributes to persistent zero-dose and under-immunized populations**, increasing the risk of circulating vaccine-derived poliovirus (cVDPV) transmission. The **Nigeria Community-led Advocacy, Communication, and Social Mobilization** project addresses these gaps by **strengthening community engagement to improve surveillance, increase demand for immunization services, and enhance referral systems** through empowered local actors in hard-to-reach border communities.

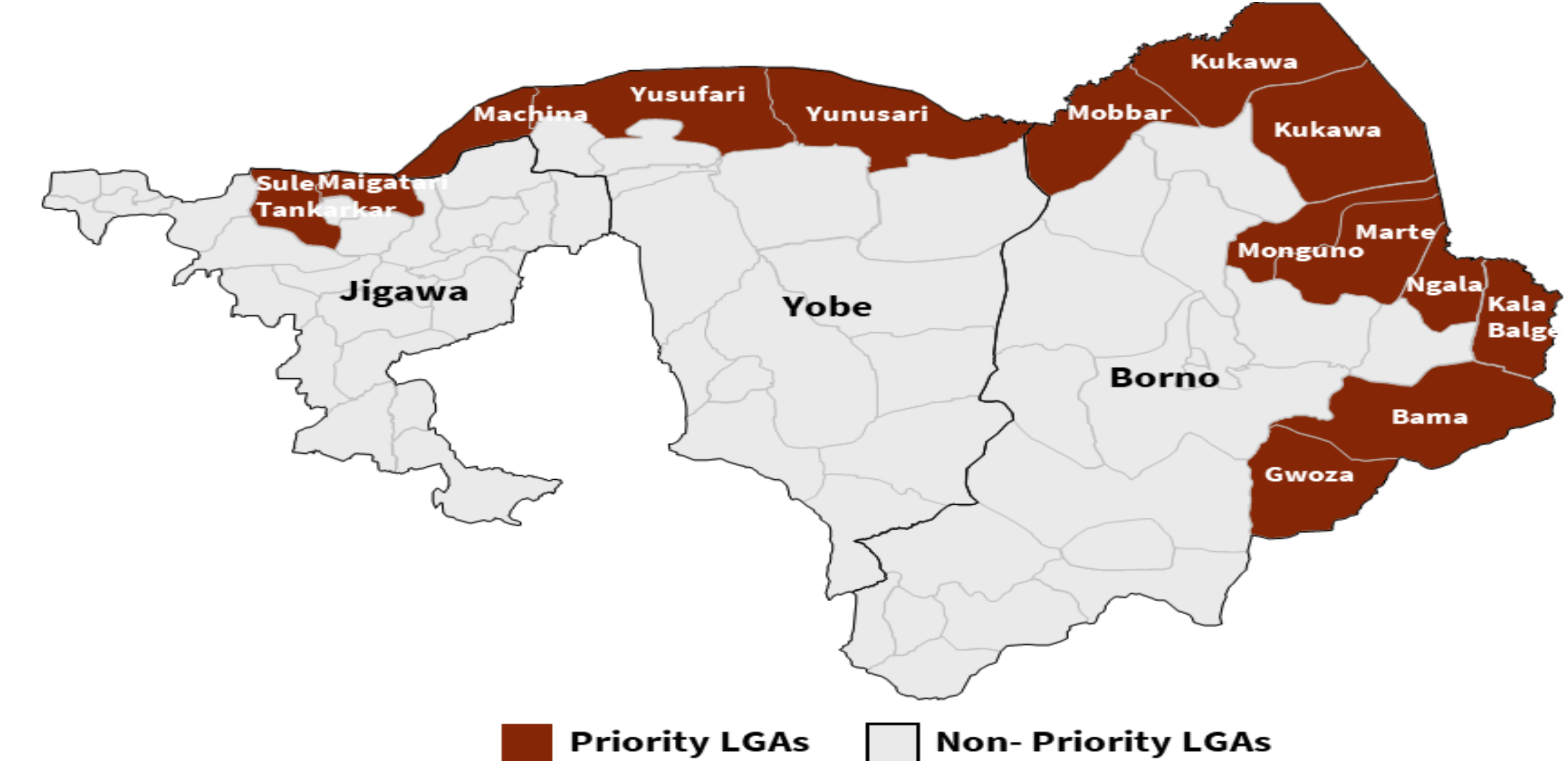
Objectives

- To assess the role of trained women volunteers in improving immunization demand among zero-dose and under-immunized populations
- To evaluate the effectiveness of community-led ACSM in strengthening community-based surveillance in Nigeria–Niger border communities.
- To determine the extent to which women-led referral and reporting systems improve health facility linkage in hard-to-reach settings


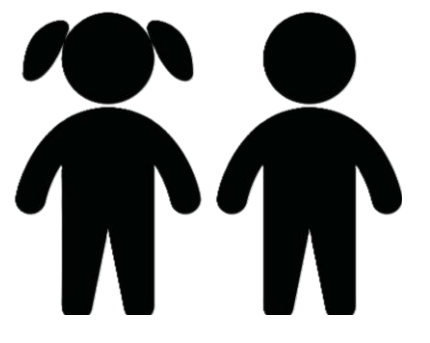

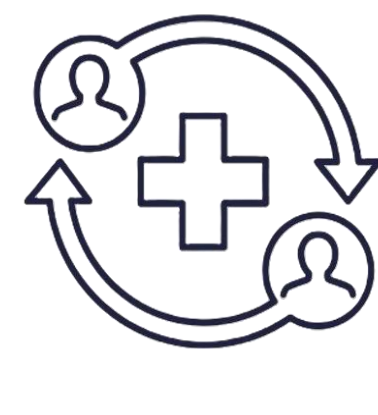
Method

- CSO engagement and community Mapping**
Civil Society Organizations (CSOs) across Borno, Yobe, and Jigawa States were trained and deployed to identify and map resources with border communities, document population movement patterns and immunization barriers
- Training of CRoWN Volunteers**
Influential women identified by community leaders were trained as Community Resource Women Network (CRoWN) volunteers using contextually adapted modules on immunization surveillance, defaulter tracking and referral and non-compliance advocacy and resolution
- Household Visits, Enumeration & Digital Reporting**
CRoWN volunteers visited household to identify and enumerate under-five (U5) children and women of child-bearing age (WCBA), and zero-dose and under-immunized children. Implementation of a digital registry for enumerated U5 and WCBA
- Referral, Follow-up** Immunization defaulting children and pregnant women were linked to health workers across facilities, followed-up for vaccinations.

Map of Borno, Jigawa and Yobe showing priority LGAs



Result

 2,354 CROWN Volunteers trained	 16,949 Under five children (U5) enumerated	 11,499 Women of childbearing age (WCBA) documented	 93% Zero-dose children referred for immunization services
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- Participant Reach and Training:** A total of **2,354 participants across Borno (37.3%), Jigawa (23.3%), and Yobe (39.4%) states** were trained in ACSM and CBS covering priority health programs, immunization, maternal and child health, and nutrition
- Household Enumeration & Zero-Dose Identification:** CRoWN volunteers reached a total of **23,736 households**, enumerating **16,949 U5 children**, and **11,499 WCBA**. Among these were **2,364 children** who had never received a polio vaccine and **6,868 defaulters**, who were linked to health facilities by volunteer coordinators in **2.5 months**.
- Follow-Up & Health System Linkage:** Healthcare providers received referrals, updated volunteers on outcomes, and conducted follow-up visits within 3 to 7 days to confirm completion. These resulted in **~88%, 91% and 93% successful referrals of pregnant women accessing ANC services, Zero dose and children partial immunized for age respectively.**

Challenges and Limitations

Key implementation challenges included inaccessibility of certain locations due to **insecurity, low literacy levels** among volunteers, and **poor network coverage** that limited digital reporting in remote wards.

Conclusion

The adopted integrated approach strengthened local surveillance, improved early disease detection, and supported timely public health action in Nigeria - Niger border communities.