

# Addressing gender-related barriers to immunization in DRG to improve polio vaccination coverage



**DRC's effective response to polio outbreaks has been supported by multiple measures to address the impact of gender inequalities on polio programming: investing in analyses to understand how gender roles and dynamics affect immunization; designing community-level interventions based on that evidence; and increasing capacity of vaccination teams at national and provincial levels to address gender-related barriers and reach more children.<sup>i</sup>**

**Strategies GPEI partners are implementing to reduce gender-related barriers and reach more children:**

## Investing to understand underlying gender-related barriers

**Four recent gender analyses** by partners<sup>ii</sup> found several ways in which gender inequalities negatively affect childhood immunization. Key findings include: constraints on women's mobility and lack of financial resources reduce ability to reach health facilities; gender gaps in literacy and low rates of antenatal care are barriers to awareness; women have responsibility for child health but limited ability to decide about immunization; men are largely uninvolved in children's health.

Partners have drawn on the analyses to design evidence-based community interventions to reach previously missed children. DRC also contributed to the development of the **Integrated Outbreaks Analysis (IOA)** toolkit as a pilot country. IOA is an approach to designing locally informed solutions for public health problems that considers how social factors, including gender, contribute to disease dynamics and their impact in communities.<sup>iii</sup>

### Polio snapshot

- » DRC, with an estimated population of 106Mx has made significant progress in interrupting transmission<sup>xi</sup>. As of early 2025, only 1 AFP<sup>xii</sup> case was detected, compared to 115 cases in early 2022.
- » No new exportations were detected in 2025, compared to 4 strains exported across borders in 2024. One new Type 1 strain and one Type 2 strain were detected in 2025.
- » Circulating cases confirm that despite the progress, sustained efforts to reach unvaccinated and under-immunized populations are necessary.
- » Challenges facing the polio program include escalating conflict in Eastern DRC, a fragile health system, declining donor funding, and waning political engagement. Armed conflict has impacted surveillance, contributed to stockouts experienced in 2025, and conflict-related displacement is a barrier to reaching children for vaccination.<sup>xiii</sup>

## Increasing men's engagement in children's health and women's participation in decisions through the Washindi Approach

Washindi<sup>iv</sup>, a community-level initiative launched in 2023 by UNICEF and GHOVODI<sup>v</sup>, focuses on positive masculinity, shared parenting, and women's empowerment. Local facilitators organize community **dialogues with men and women on household decision-making, gender norms, and health**. Engaging men is critical as **men often make vaccination decisions** but are not engaged in children's health. Meanwhile women are largely responsible for children, and are the focus of communication campaigns,<sup>vi</sup> but cannot take vaccination-related decisions even when reached at home (48% of women need husband's permission to vaccinate).<sup>vii</sup> The Washindi approach also creates safe spaces for women and adolescent girls to discuss health and immunization issues, building their confidence to make informed health decisions and encouraging them to advocate for their own healthcare needs.

Washindi<sup>viii</sup> also engages women-led community organizations in initiatives that combine empowerment, economic activities, and peer education, increasing

their leadership and visibility in community health. Early evidence from Washindi points to an **increased uptake of immunization**, although the program has limited coverage. It also faces challenges like a lack of integration with other health services and resistance to shifting gender norms for instance, prevailing stigma around men taking up caregiving responsibilities for their children.

### Other initiatives that engage women and build community support:

- » Partnerships with women's associations and civil society create peer groups where women are trained as facilitators, learn how to negotiate vaccine hesitancy and are supported as leaders for community health. These organizations also function as complaint management mechanisms on issues of sexual abuse and exploitation.
- » Women play growing leadership roles in community health committees (CODESA/CAC), where they help plan and oversee vaccination activities, reinforcing local ownership. In provinces such as Maniema and Haut-Katanga, these approaches have contributed to higher vaccination rates.<sup>ix</sup> Reaching women directly through trusted local networks can increase their acceptance of immunization, dispel misinformation, and create feedback loops between households and health structures.



UNICEF's U-Reporters engages young women and men in social mobilization to address vaccine misinformation, offering girls as well as boys the experience of being change agents, and building a generation of advocates for immunization.

## Improving recruitment of women health workers

Although social norms do not restrict the reach of men healthcare workers to homes in most communities, it is still easier for women workers to access children and speak with mothers to answer concerns and collect information. **A nascent effort by WHO and the government aims to intentionally recruit women** for a more gender-balanced and effective workforce. These efforts include trying to understand why fewer

women apply for healthcare jobs and identifying ways to support their access to these roles. Currently there are twice as many men as women working in campaigns. Women's representation at decision-making levels is even worse, which can be a barrier to recruiting more gender balanced teams. In communities with few livelihood options, men may get prioritized for paid jobs in immunization teams and are considered better

qualified for supervisory roles than women. At the same time, women's limited opportunity in paid roles as vaccinators or mobilizers, decreases the pool of women

with the experience to be supervisors- underscoring the importance of sustained efforts to build a more gender-balanced workforce.

## Combating sexual harassment and gender-based violence (GBV) to reduce hesitancy and increase retention of women workers

Sexual and gender-based violence have been particularly widespread and visible during the conflict in DRC. Some reports of harassment, verbal abuse, and sexual exploitation during immunization campaigns have eroded community trust, making women reluctant to engage with vaccinators, especially men. At the same time, women FLWs' experience of harassment or abuse while delivering services, and even during recruitment, discourage more women from becoming health workers. Although harassment can occur in clinics for RI services, it is potentially more of a risk during house-to-house campaigns when both the women receiving services, and women health workers are more isolated and can be targeted. **Increasing participation of women health workers provides more security for women receiving services but achieving this requires addressing the risk to those workers.** At national level, trainings for staff and policies like the '**Code of**



**Good Conduct'** help to prevent harassment, while mechanisms such as anonymous reporting boxes and toll-free numbers are ways to report harassment during campaigns. However, implementation is still weak with limited coverage of training and insufficient integration in operational processes, such as SOPs.

## Supporting coordinated efforts, government buy-in, and strengthened capacity

Integrating gender-related barriers as a central issue for polio eradication (for example through the IOA) and national level buy-in from key partners including COUP, GPEI, and the Ministry of Health, have contributed to the effectiveness of gender-related initiatives. Trainings on using gender responsive approaches in immunization work have been conducted across levels to **build capacity within the health system**, including with the Management Team, provincial level health workers, and frontline workers. However, partners stress that **gender integration must be built into program design, data systems and budgeting, across GPEI activities and task forces.** The government's approval of an immunization training program that addresses gender-related barriers and development of a Gender and Immunization strategy, in partnership with UNICEF and aligned with GAVI's reprogramming will hopefully help to institutionalize gender in immunization policy, data, and leadership structures.

Community-level interventions produce the most immediate improvements in immunization rates. Sustaining those changes, and expanding effective programs to other locales, depends on gender issues being routinely addressed in planning, decision-making, resource allocation, and workforce development.



## Endnotes

- i This brief is a snapshot of work being done by GPEI partners in 2025 to increase the effectiveness of polio programming by addressing gender barriers. It was developed by the Global Center for Gender Equality (GCFGE), with support from the Gates Foundation, based on a review of key country documents and interviews with representatives of GPEI partners and GMG members in DRC, regional and global offices, between August and October 2025.
- ii Cellule D'Analyses Intégrées (CAI), DRC Health Ministry and GPE (nd), Analyses Intégrées des barrières et opportunités pour l'accès aux services de vaccination contre la poliomyélite; SANRU and Gavi (2025) Resultats Du Diagnostic Communautaire: Genre et Inclusion Sociale 11 provinces. Fonds Accélérateur de l'Équité; Flowminder (2024) Audit Genre et Inclusion Sociale des interventions de vaccination des enfants dans quatre provinces de la République démocratique du Congo; Jhpiego and UNICEF (2025) Analyse genre dans le domaine de la vaccination et de la supplémentation en vitamine A dans six provinces de la République Démocratique du Congo.
- iii IOA is a multidisciplinary approach to understanding disease dynamics and informing responses. It aims to implement comprehensive, responsible, and effective clinical and public health strategies by enabling communities and national and international health authorities to use data to make operational decisions.
- iv UNICEF (2025) Addressing gender inequalities to advance immunization coverage and equity: lessons from the Washindi Approach in The Democratic Republic of Congo. Gender and Immunization Case Studies.
- v Groupe des Hommes voués au Développement Intercommunautaire (GHOVODI) is a national organization in DRC working in partnership with the Ministry of Public Health, Hygiene and Prevention (MPHHP)
- vi Such as in Kongolo. SANRU (2025) Resultats du Diagnostic Communautaire: Genre et Inclusion Social 11 provinces.
- vii Program communications are reported as an area for improvement as it has traditionally targeted women without addressing the inequities they face in accessing vaccination services, including mobility and caregiving constraints, lower decision making within households- perpetuating harmful gender norms siloing caregiving to women's roles within households. Additionally, materials are not localized to women's realities or in local languages, often designed in French at the national level.
- viii Additionally, being overburdened with paid and domestic work, women may be away from home when vaccinators come. 36.7% of mothers report being too busy as a barrier to immunization. This issue is worse for routine immunization where children need to be taken to clinics
- ix DRC Annual Report on the Implementation Of Gender-Related Activities Within Polio Eradication In The Dr Congo/Canada Grant (2023-2024)
- x 2023 population estimates in [WHO Health data overview for the Democratic Republic of the Congo](#)
- xi 24th IMB Report and POLIS data
- xii Acute Flaccid Paralysis
- xiii Ishoso DK, Danovaro-Holliday MC, Cikomola AM, et al. "Zero Dose" Children in the Democratic Republic of the Congo: How Many and Who Are They?. *Vaccines* (Basel). 2023;11(5):900. Published 2023 Apr 26. doi:10.3390/vaccines11050900  
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