Polio programming in **Nigeria** is addressing gender-related barriers to reach more children with immunization

The efforts of GPEI partners in Nigeria to reach the last unimmunized children and achieve eradication, show the value of researching the remaining obstacles to vaccination, including those stemming from differences in men and women's roles, and cooperating with different stakeholders on strategies to overcome these entrenched gender-related barriers.[i]

Three ways GPEI partners are reducing gender-related barriers to reach more children:

Engaging men in immunization through Fathers for Good Health (F4H) to address a lack of paternal consent for vaccination and women's lack of decision-making power

In June 2024, the Bauchi State Government in partnership with UNICEF launched *F4H* to address a key reason for non-compliance: **lack of fathers' consent for vaccination.** Traditionally, women are responsible for children's health, so communication and immunization campaigns have been designed to reach them. In most households, however, **men make decisions about vaccination** and related issues such as women travelling to a clinic or paying for medicine.[ii] Informed by UNICEF's gender analysis, F4H mobilizes respected community men to engage with other fathers to identify unvaccinated children, build trust in vaccination, secure their consent, and promote men's overall engagement in children's health. By the end of 2024, F4H was operating in at least 10 LGAs in each of four states[iii] and its integration in the 2025 State Operational Work Plan supports sustained funding and coordination. A 2026 priority is to expand to emergency LGAs (those affected by conflict and/or natural disasters).

Polio snapshot

- Continued circulation in 2025 in Northern States (estimated population of 83 million[x]), with 4 active outbreaks,[xi] complicated by the recent emergence of cVDPV3, and increasingly localized (7 states in a recent 3-month period compared to 14 states in the last 12 months).
- NIE-ZAS-1 circulates widely and is exported to neighboring countries, especially in the Lake Chad Basin. 2025 saw a new emergence (NIE-YBS-2).
- Detections in early 2025 were down more than 50% from baseline the in 2022[xii].
- Campaign strengthening has included improved team selection and supervision, digital enumeration, and vaccination in critical geographies.
- Critical challenges for 2026 include insecurity, fake finger-marking, and non-compliance.

F4H's **success** lies in its culturally grounded, gender-responsive design. **Engaging traditional and religious leaders** as patrons and advocates reinforces its legitimacy. **Multigenerational groups,** including younger men with less rigid beliefs about gendered roles and older men with more authority, promote dialogue on shared parental responsibility and gradual shifts of inequitable roles for women and men. Thanks to community trust, in emergencies F4H members have been able to take children and mothers to health facilities on motorbikes, **directly addressing accessibility barriers. Recognition for F4H members from respected leaders**, such as a ceremony hosted by the Bauchi State Governor in November 2024, enhances motivation and builds interest from additional LGAs.

Research supported by the Gates Foundation to uncover gender-related barriers to polio immunization, and a gender assessment by UNICEF were critical to identify women's decision-making constraints and lack of fathers' consent for vaccination as a primary reason for non-compliance. Findings helped to inform design and improvements to these initiatives.

Strengthening women's knowledge, capacity and participation

GPEI partners work with women as mothers, community volunteers and influencers to increase knowledge and acceptance of immunization.

Supported by UNICEF and local governments**, Mama2Mama (M2M) groups increase mothers' access to health and vaccine information,** going house-to-house like F4H to promote health services such as antenatal care and immunization and strengthen links between households and facilities. In many households, women's lower literacy and lack of access to information increase their reliance on men in their families and on health workers, undermining their capacity to participate in health-related decisions. The trusted women in M2M groups can help **build mothers' health literacy, tackle pervasive misinformation, increase their support for immunization**, and share information that can help them negotiate support from their families.

The Community Reorientation Women Network (CRoWN) is an initiative to mobilize existing networks of women, especially women with experience as vaccinators or health volunteers, and **support them to identify unvaccinated children** in their community and refer mothers to health facilities. Co-created by the Solina Centre for International Development and Research (SCIDaR) and Aliko Dangote Foundation (ADF) and implemented in collaboration with the Bauchi State Primary Health Care Development Agency

(BSPHCDA), the groups were given seed funding to advance their collective priorities. What started as a project has developed into self-sustaining women's groups that not only support improved community health but also contribute to the empowerment of their members. Many operate as savings and loans groups, for example, building up collective assets and offering small loans to members. The support provided through the group can enable women to perform volunteer health work without worsening their financial situation. The training members receive and the experience they gain as volunteer community mobilizers (VCM) can also open opportunities for paid work during campaigns. **Insufficient numbers of women workers are a critical barrier to reaching children**, especially in rural Northern communities[iv], **so these networks also contribute to strengthening polio campaigns and routine immunization overall.**[v]

Working with traditional leaders to increase men's support for immunization and overall community acceptance

Traditional leaders (TLs), who are almost all men, hold deep influence over community norms and behaviors. In Northern Nigeria, **traditional and religious leaders add another layer of gatekeeping around vaccination**[vi] and fathers' decisions.[vii]

Supported by the Gates Foundation, the partners eHealth Africa, Chigari Foundation, and the Sultan Foundation for Peace and Development work to increase knowledge of TLs on children's health and immunization, their capacity to advocate for it, and involve them at many stages of polio campaigns. **Engaging traditional leaders anchors polio programming in existing systems of authority, leveraging their influence to shape community norms and secure men's support for vaccination.** Participating TLs encourage other men to give permission for immunization, including advance permission if men will be away from home during campaigns, to ensure children are not missed. Recently, **TLs have also been involved in selecting vaccinators,** which has strengthened campaign quality (with 13% more coverage[viii]) and helped reduce fake finger-marking and refusals by ensuring vaccinators are local and trusted.

Following the house-to-house campaign, TLs participate in **noncompliance resolution teams** to persuade fathers to immunize their children. Increasingly these teams also integrate women vaccinators, who unlike men can access households to speak directly with mothers and facilitate immediate vaccination. **Including team members who can communicate effectively with both women and men helps more households accept immunization**. Working with traditional male-dominated leadership structures to improve immunization also brings an opportunity to encourage **incremental change toward more equitable practices within the community**, such as encouraging leaders to have men and women sit on opposite sides of a meeting rather than placing women in the back.

To increase impact and sustain achievements, these community-level efforts should be integrated into the public health system.

This will ensure lessons from polio programs strengthen routine immunization. For example: ensure training across the health system emphasizes the importance of addressing gender-related barriers to increase buy-in and build capacity; sustain engagement of community partners; set concrete goals and fund related activities; and create accountability systems to monitor progress.[ix]

Together these initiatives have contributed to:

- Thousands of IPV and OPV doses given to previously missed children[1]
- Increased uptake of antenatal care and skilled birth attendance[2].
- Reductions in noncompliance by 16%[3].

Mutually reinforcing interventions, such as engaging TLs, men, and women in the same community, can help overcome entrenched gender barriers to immunization and contribute to building communities where diverse members can use their expertise and influence to improve health outcomes for everyone.

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 Nigeria, regional and global offices, between August and October 2025.

ii National Population Commission - NPC/Nigeria and ICF. (2019) Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf

iii Out of 5 states under the local UNICEF field office

iv This is aggravated by insecurity issues in the region which limit access to vaccination teams, who face risk of kidnapping and banditry, and makes women less likely to accept those positions (or have permission from their husbands to do so).

UNICEF. (2021). Gender and Immunization Case Studies: Nigeria. Integrating Gender Considerations Into Nigeria's Immunization Strategy: Lessons From The Full Portfolio Planning (Fpp) Process. https://www.unicef.org/media/166256/file/en-case-study-integrating-gender-immunization-strategy-Nigeria-2024.pdf.pdf

v There is planned research on VCMs' capacity and job challenges, including gender ones, by a UNICEF university partner with a GPEI gender grant. This can inform capacity building and identify systemic issues that a volunteer-based approach can't solve.

vi Yahaya, M., Reynolds, H. W., Waziri, H., Attahiru, A., Olowo-Okere, A., Kamateeka, M., Waziri, N. E., Garba, A. M., Corrêa, G. C., Garba, R., Vollmer, N., & Nguku, P. (2024). Exploring the landscape of routine immunization in Nigeria: A scoping review of barriers and facilitators. Vaccine: X, 20, 100563. https://doi.org/10.1016/j.jvacx.2024.100563

START Center, Sankar-Gorton, L., & Shrestha, L. (2024). Gender barriers to polio immunization in Nigeria: Literature review [version 1; not peer reviewed]. Gates Open Research, 8, 59. https://doi.org/10.21955/gatesopenres.1117102.1

vii Ozawa, S., Wonodi, C., Babalola, O., Ismail, T., & Bridges, J. (2017). Using best-worst scaling to rank factors affecting vaccination demand in northern Nigeria. Vaccine, 35(47), 6429–6437. https://doi.org/10.1016/j.vaccine.2017.09.079

viii Out of the 230 LGAs where the team selection was led by Traditional Leaders, there was 18% coverage growth observed as opposed to 5% in LGAs without better team attendance

ix References for results referred to in the Box:

1. Data from the Bauchi Primary Health Care Board shows two pilot LGAs of Ningi and Misau, where F4H contributed to the administration of 3,525 IPV1, 2,840 IPV2, 3,528 OPV1, 2,966 OPV2, and 2,854 OPV3 doses. These children were identified by cross-referring data from F4H with data validated from vaccinators.
2. Likely driven by enhanced household dialogue and joint parental decision-making. UNICEF (2023) "Mairo and her women change makers" https://www.unicef.org/nigeria/stories/mairo-and-her-women-change-makers
3. There was a decline in non-compliance from 133,166 in April to 111,738 in June 2025, with a 16% reduction, according to program data. The non-compliance is a pain staking process, takes time to resolve so the numbers look small but are significant.

x Projected data for North-West and North-East Sates 2019 from "Nigerian Projected Population by State, Sex and Year" in the Demographic Statistics Bulletin, National Bureau of Statistics, 2020.

xi 2025 detections have primarily been in Sokoto (12), Borno (7), and Jigawa (3).

xii Down from 92 in Q1/Q2 2022 (58 ES detections and 34 AFP cases) to 40 in Q1/Q2 2025 (10 ES detections and 30 AFP cases). 30 AFP (vs 57 in Q3/Q4 2024) and 10 ES (vs 7 in Q3/Q4 2024)