

Gender Mainstreaming in Action

POLIO GLOBAL ERADICATION INITIATIVE

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Overview

In May 2019, the GPEI launched its comprehensive [Gender Equality Strategy](#) to address gender-related barriers to immunization and to significantly improve the representation of women at all levels of the programme.

Since then, the GPEI has made strides towards achieving the goals set out in this strategy, thanks to the tireless efforts of dedicated gender focal points at all levels of the programme, government partners, donors, and frontline workers. In 2021, the GPEI Gender Mainstreaming Group (GMG) formed to provide guidance and enable information sharing and coordination among partners to advance gender equality throughout all aspects of programming and at all levels. Working closely with the Strategy Committee, the GMG is particularly dedicated to supporting regional and country teams in their efforts to integrate gender into operational strategies to reach missed

and zero-dose children more effectively; facilitate an inclusive, safe, and respectable workplace environment for the frontline health workforce; and promote meaningful engagement of women in the overall decision making structure of the programme. The programme recognizes that this work is vital to improving the quality of the services it provides, enabling women's leadership and achieving eradication.

The programme's gender strategy has been extended to 2029 to align with the new eradication timelines. The gender strategy will continue to focus on strengthening existing gender mainstreaming efforts in key polio-affected countries like in **Afghanistan, Pakistan, Nigeria** and the **Democratic Republic of the Congo**, expanding gender mainstreaming support to other affected countries like **Djibouti, Ethiopia, Far North of Cameroon, Sudan, Somalia, Chad** and **Niger** and building capacity in gender at all levels of the programme.

Addressing Gender-Related Barriers to Vaccination

Identifying and Responding to Gender Barriers

Gender roles, norms and inequalities are powerful determinants of health outcomes and can prevent people from getting themselves and their children vaccinated. In Burundi, teams conducted a gender analysis that detailed gender-related barriers to vaccination and other primary healthcare services, including the disproportionate burden of work on women, cultural expectations of men and women that stigmatize men's involvement in childcare, and a lack of information and knowledge about health and immunization. Such gender-related barriers are heavily influenced by religious and social customs and can vary from place to place.

In response to the gender analysis, trainings were organized for health care providers in the country, especially those in leadership positions, to help improve immunization planning and quality of care by integrating more inclusive and gender-responsive practices. Many of the training participants expressed that they were previously unaware of the socio-cultural barriers affecting access to primary health care and immunization. In one case, following the training, a community health worker met with women in her community and learned that the vaccination day set by the health facility was not convenient for women. To respond to this barrier, she advocated with the health center to identify a meeting place and time that works best for the women, resolving barriers

related to long waiting periods and constraints on women's time. Participants emphasized how learnings from the trainings were instrumental in helping them improve the way they cared for their communities. So far over 400 personnel have participated in the training. These efforts have had a substantial impact, helping reduce the number of children in Burundi who have not received any vaccine from 72,000 in 2022 to less than 100 in 2025, according to the national DHIS2.

Collecting Disaggregated Data to Improve Gender Equality

Across the programme, teams are improving data collection methods to ensure gender representation and participation throughout campaign structures to maximize coverage of missed children for polio vaccination. In Nigeria, teams are collecting sex-disaggregated data to better understand if women frontline health workers are equally participating in campaigns at all levels and to identify how vaccine acceptance differs among boys and girls in communities. This is critical to align social and behavior change strategies accordingly. With this data, the program was able to confirm that in 2025, 71% of team supervisors in the 11 priority states were women. The program also saw an increased reporting of non-compliance among boys in high priority states. Both types of data are critical to identify the right solutions to address gender-specific barriers that stand in the way of eradication.

Digital innovations

Digital innovations have been instrumental in the programme's ability to learn from communities and disseminate accurate campaign and vaccination information.



Apps like Rapid-Pro and U-Report make it easier for women to learn about and plan for polio vaccination campaigns by sending anticipated dates and information straight to their phones.



Mobile Money digital payment platforms are improving data collection and attendance tracking for campaign activities, leading to consistent gathering of gender-disaggregated data, helping ensure women are equally participating at all stages of vaccination campaigns.



SMS surveys in communities help identify specific gender-related barriers and design solutions to promote adherence to immunization services.

Role of Men Caregivers

Recognizing the important role of men in a family's decision to vaccinate their child, the GPEI is engaging traditional and religious leaders as trusted sources of information for men caregivers. Recently, in Nigeria, for example, Fathers for Good (F4H) support groups were launched to mobilize fathers, heads of households, and men community leaders to encourage immunizations and improve vaccine acceptance. The initiative has led to increased vaccine uptake in areas with previously high levels of non-compliance, enhanced trust in immunization efforts through male-led mobilization, and strengthened collaboration between health officials and community leaders. As of October

2025, the F4H initiative has expanded its reach to 10 local government areas (LGAs) in Bauchi State, engaging 1,660 volunteers who are active across 166 wards. As of August 2025, F4H groups successfully mobilized over 13,000 communities and reached out to 99,195 fathers. Consequently, over 34,000 children received the polio vaccine at birth, while over 32,000 children received their first dose of the pentavalent vaccine, and were removed from zero-dose status.

In Mozambique, the programme is highlighting the active involvement of fathers who are making the important decision to vaccinate their children. A recent digital campaign, *Mozambique faces of polio*, highlighted diverse caregivers as role models. The campaign featured Marvin, a father who chose to have his three daughters vaccinated and continues to encourage his neighbors to vaccinate their children as well.



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Increasing Women's Participation in the Polio Programme

Women-Led Solutions

Gender plays a central role in the experience of health workers across the polio program. Bringing women polio workers to the decision-making table is critical to integrating a gender perspective into GPEI activities and creating an enabling environment to support their work. In Pakistan, the programme has implemented a new co-design initiative, The Listening Project, to systematically hear from women frontline health workers about their experiences in the field, the barriers they face in their work, and their ideas for how to address these challenges to create a polio-free Pakistan. At these learning sessions, not only did frontline workers provide more than 300 unique solutions to overcome polio eradication barriers, but they explored how the polio programme can support their career hopes, post-eradication. One key challenge identified by the women was around workplace harassment and gender-based discrimination. To create a safer and more inclusive work environment, the programme designed and implemented a comprehensive Anti-Harassment Policy. The policy is contributing to improved workplace protection ensuring that women frontline workers feel safer and more supported. The

programme plans to replicate this co-design initiative with its staff in other polio-affected places.

Investing in Women in the Polio Workforce

The GPEI is actively employing women in a diversity of roles and telling their stories to expand the narrative of women's part in eradication. Once in the workforce, the programme is also committed to training women with the skills they need to be successful in their roles and providing them with the resources to ensure their safety and wellbeing along the way. In many places, including northern Nigeria, the programme hosts community health influencer and promoter trainings to recruit and empower women community mobilizers. It also offers literacy programs and income-generating skills development opportunities to equip these volunteers with the skills they need to seek and succeed in additional health service roles. In Sudan and Yemen female religious leaders called "Murshidats" have been trained and better equipped to engage with parents on polio vaccination including through the utilization of mobile cinemas.