

# Community Feedback Mechanisms During Polio Campaigns in Djibouti

SBC Exchange Webinar – 25 March 2026

Questions and Responses

During the webinar, participants submitted many excellent questions via the Q&A box and chat. Due to time constraints, not all could be answered live. We have compiled, categorised, and merged similar questions below.

## 1. Tools and Digitalization

#	Question	Answer
1	What tools/applications/software were used for data collection, visualization and analysis? What was the timeline at each level for completing their actions?	Data collection was primarily paper-based. Collection and centralisation forms were designed to facilitate this work. The following were shared: <ol style="list-style-type: none"> <li>1. The feedback summary sheet, used for debriefing teams in a region.</li> <li>2. The collection form, used by field staff in contact with households.</li> <li>3. The collection guide.</li> </ol>
2	The feedback collection was largely paper-based. Have you considered integrating digital tools for real-time data capture and analysis to enhance responsiveness?	Reflection and discussions on the use of digital tools for community feedback collection have been ongoing since the initiative began in Djibouti. Some attempts have been made using KoboCollect. Discussions continue on digitising feedback collection.
3	Has feedback collection via a hotline or chatbox been tested?	A hotline was piloted: the Ministry of Health's green line 7070. However, the number of calls received through this channel was very small (fewer than ten during the second round of the campaign).
4	If the collection tool were digitalized, it would facilitate real-time data and faster responses to community concerns.	Agreed — which is why there is interest in moving towards digitising the form.

## 2. Data Analysis Process

#	Question	Answer
1	What kind of data analysis do you carry out? Who does it?	Collected data is first centralised by the supervision team at the peripheral level — an initial assessment of information quality (completeness, comprehension of the message). This first processing step produces an initial categorisation, which is then used at that level: reading, understanding, responding to questions and requests that can be resolved on the spot, and escalating all information and proposed solutions to the next level.  Data then moves to the intermediate level for a second qualitative and quantitative analysis. Feedbacks are

		<p>sorted and grouped by sector, theme, region, target population or community.</p> <p>Finally, feedbacks reach the national level where they are cross-referenced, compared with available information by theme, discussed by experts, and synthesised for training purposes.</p>
2	How did the dashboard influence decision-making at regional level, and was it accessible to sub-national teams?	The dashboard is currently only accessible to central-level experts. Ideally it should be accessible at all levels. One consideration is to integrate it into DHIS2.
3	Can we have disaggregated community feedback information tailored for routine immunization and campaigns separately?	<p>Yes, this is possible. It depends on the mode of data processing and analysis.</p> <p>In Djibouti, feedbacks are structured by:</p> <ul style="list-style-type: none"> <li>- Activity/programme: campaigns (Polio SIAs, HPV, community meetings...)</li> <li>- Theme (vaccination, nutrition, etc.)</li> <li>- Type of feedback (questions, rumours, suggestions...)</li> <li>- Sub-theme (vaccination campaign, importance of the vaccine, vaccine side effects...)</li> </ul> <p>This disaggregation allows us to analyse campaign-specific feedbacks and routine immunisation feedbacks separately.</p>

### 3. Ownership and Governance

#	Question	Answer
1	Who is the stakeholder/owner of the tools developed?	<p>The approach was launched with the Ministry of Health, making it the owner of the data collected. As other ministries are involved (education, agriculture, environment, women and family), the Risk Communication and Community Engagement (RCCE) Task Force includes representatives from each ministry in relevant exchanges.</p> <p>Key stakeholders include:</p> <ul style="list-style-type: none"> <li>- UN agencies (UNICEF, WHO, WFP, IOM, UNFPA), united within the UN inter-agency AAP committee to manage community feedbacks;</li> <li>- Regional councils representing communities and organising local feedback meetings;</li> <li>- Women's associations and national NGOs collecting community feedback in the field.</li> </ul> <p>These tools are developed through the community feedback management unit and validated by Ministry management before use.</p>
2	Has the community feedback monitoring mechanism been adopted by national partners? If yes, have they received training? What accountability mechanism is in place?	In Djibouti, implementation of the mechanism began with advocacy and exchanges with the Ministry of Health. This approach led to the training of EPI and Health Promotion Directorate (DPS) staff, and to the creation of a community feedback management unit governed by specific regulations. An institutionalisation document for this unit and for infodemic management

		has been submitted for the signature of the Secretary General.
3	What steps have been taken at the country level to institutionalize community feedback collection at all levels?	<p>Training sessions were organised in each region (intermediate level) and complaints committees were established in localities to facilitate community feedback collection and community discussions.</p> <p>The Secretary General of the Ministry of Health personally requested the institutionalisation of the mechanism, and a proposed service note drafted by the unit has been submitted to him accordingly.</p>
4	Does Djibouti's Ministry of Health have a community strategy? [Answered live]	Yes. This Community Feedback Mechanism is an integral part of the community health strategy.

#### 4. Community Actors and Workers

#	Question	Answer
1	Who makes up the field teams who collect feedback at community level? Are they health workers?	<p>During campaigns, these are community health workers, social mobilisers, and communication focal points recruited for the campaigns.</p> <p>For routine activities, women's associations and complaints committees handle community feedback collection.</p> <p>Outside campaigns and routine health activities, complaints committees established by UNICEF's civil society organisation partners also collect feedback in their communities.</p> <p>Ideally, community health workers permanently embedded in their communities would be best placed for this role. Feedback collection has also been integrated into the package of activities for community health agents to be deployed shortly.</p>
2	Who are the main community-level actors responsible for this work?	<p>They are:</p> <ul style="list-style-type: none"> <li>- Community health workers;</li> <li>- Women's associations;</li> <li>- Complaints committees.</li> </ul>
3	Are community health workers volunteers? Who compensates them? How did you engage associations and community workers without financial incentives?	<p>Community health workers are not yet salaried in Djibouti. They occasionally receive motivation payments tied to mass activities or specific projects/actions.</p> <p>Local associations play a facilitation and support role for community volunteers. They are contracted to establish and accompany networks of community actors in remote localities.</p>
4	What incentives or support systems were provided to frontline workers to ensure consistent and high-quality feedback collection?	No specific incentive was given for community feedback collection as such. So far, feedbacks have been collected during household visits as part of other activities.
5	How does the community health system work in Djibouti?	The community health system is being established. It is designed around peripheral health structures (health

		<p>districts) with a network of community health agents serving clearly defined areas of responsibility.</p> <p>Currently, the strategy assigns a number of community health workers to each health post or health centre. They are tasked with delivering a package of services to their community and maintaining ongoing dialogue between health services and the beneficiary community.</p>
6	How are community leaders (religious, traditional, CBOs) engaged through this community feedback mechanism?	<p>Community leaders are involved in two circuits — outward and return — of the feedback loop. They are sensitised before the feedback process is launched, informed during collection (as community members), and receive information and follow-up actions. They are also members of the complaints committees and lend their voices to communities on certain identified feedbacks.</p>

## 5. Vaccine Hesitancy and Refusal

#	Question	Answer
1	What mechanisms are in place to address vaccination refusal and hesitancy?	<p>Communication teams work with community leaders to inform and sensitise communities. When hesitancy arises, teams identify its causes through questions or allegations in the feedbacks, respond with Q&amp;A, develop messages broadcast through various communication channels, and reach out directly to hesitant individuals to engage and try to persuade them.</p>
2	Are there real-time interventions designed for vaccine-hesitant communities in response to critical emerging themes? Or any learnings that can be launched at scale?	<p>Yes, there are real-time interventions, especially during campaigns. Broadcasting messages adapted to questions and allegations is a prompt response mechanism. Direct outreach visits to resistant households is another.</p>

## 6. Coverage and Low-Performing Areas

#	Question	Answer
1	What are the reasons behind districts with high numbers of unvaccinated children and what measures were taken to reach them?	<p>Several reasons were identified:</p> <p>Overall, the main reasons were the great distances from health facilities and non-availability of teams. These major causes of under-vaccination were addressed by intensifying mobile vaccination activities and through discussions and scheduling of vaccination sessions agreed with communities.</p>

## 7. Feedback Loop and Community Response

#	Question	Answer
1	What mechanisms were used to ensure communities were informed about actions taken based on their feedback?	Using feedback collection channels for return information is a good approach, though not always available (especially when campaigns have ended).  However, the regular organisation of community dialogues ensures that responses to beneficiary concerns are communicated. These meetings allow communities to express their satisfaction or dissatisfaction.
2	Is the feedback loop standard? Can an emergency shorten it?	Feedback loops are not standard; they depend on the type of feedback and the responses given or actions required or taken.
3	Is there a concrete example of feedback that helped resolve a problem at the community level?	In some communities, feedbacks helped direct vaccination teams to mobile populations, identify neighbourhoods that had not received vaccination teams, and adjust deployment schedules for vaccination teams.
4	Can you attribute any one corrective action based on community feedback to a strong impact on vaccination coverage?	These orientation feedbacks helped improve vaccination coverage by changing team deployment schedules, managing refusals, and building trust in vaccination services.
5	How were rural communities included in feedback collection and through which channel were responses provided to them?	Since vaccination actors were recruited from within their own communities, they were naturally involved in feedback collection. Responses were delivered through the same channels as the vaccination actors, and also through community meetings organised in some targeted regions.
6	In what form is the feedback loop conducted (meetings, etc.)?	The loop can be closed through meetings, messages broadcast or disseminated via radio, television, or social media.

## 8. Challenges and Barriers

#	Question	Answer
1	What were the most common barriers to collecting and using community feedback during polio campaigns?	<ul style="list-style-type: none"> <li>- The capacity of community workers to accurately transcribe beneficiaries' messages;</li> <li>- Difficulties in reading and centralising data;</li> <li>- Excessively long processing times;</li> <li>- Closing the feedback loop;</li> <li>- Holding community feedback analysis meetings on a regular basis.</li> </ul>
2	What challenges were experienced in developing and deploying the community feedback mechanism? What is the average turnaround time from collection, analysis, design of interventions, and feedback to the community?	Processing times depended on the teams available — one to two weeks.

## 9. Gender and Social Norms

#	Question	Answer
1	To what extent do social norms allow mixed community meetings (groups of women and men)? Does this free speech or create a barrier?	Knowledge of and adaptation to social norms greatly influences the productivity of community meetings. In Djibouti, meetings among women free speech. Women take the lead in community discussions and feedback collection.
2	Has the integration of gender in vaccination improved performance indicators across different districts in Djibouti?	An upward trend is observed, thanks to the involvement of men in their children's vaccination.
3	Are gender and inclusion questions taken into account in the tools?	Yes, gender questions are factored into the tools: columns are included to identify the gender of people sharing feedback, and priority is also given to people with disabilities.

## 10. Migrant Populations

#	Question	Answer
1	Do community workers manage to raise awareness among migrants transiting through the country about the importance of vaccination? Some travel with children targeted by the EPI.	In Djibouti, communities are in contact with migrants and community workers do not exclude them from sensitisation activities. Moreover, in refugee camps, community workers recruited from these camps facilitate outreach activities.
2	Are some migrants trained as community health workers and do they participate in activities?	Not clearly documented, but IOM uses them in their community approaches to facilitate exchanges with migrants.

## 11. Supervision and Quality Monitoring

#	Question	Answer
1	What strategies did you put in place to monitor or supervise the work of community workers in the field during campaigns? [Answered live]	- Proximity supervisors; - Communication focal points.

## 12. Documentation, Sharing, and Sustainability

#	Question	Answer
1	How can lessons learned from community feedback be systematically documented and shared, and effectively utilized for programme development? How can programmes avoid overburdening communities with repeated feedback requests?	<p>Sharing lessons learned from this mechanism at a webinar is itself a form of documentation. Similarly, periodic community feedback analysis reports are produced by programme (health, education, nutrition, child protection, WASH) to facilitate decision-making.</p> <p>Community feedback is collected exclusively during exchanges with communities to avoid overburdening them. The emphasis is on closing the loop so that communities do not share feedback in vain without it being processed — which could lead to withdrawal.</p> <p>Lessons learned are also documented through regular analyses (weekly or monthly) that synthesise key trends, rumours, and concerns. Results are shared via coordination meetings, dashboards, and summary notes, as well as FAQs for field teams. Their use is directly linked to action: adapting communication messages, operational adjustments during campaigns, and integration into programme planning.</p> <p>To avoid overburdening communities, collection is integrated into existing activities (home visits, community dialogues, campaigns) without multiplying requests. The emphasis is on targeted, coordinated collection to avoid duplication. Closing the loop is essential: by showing communities that their feedback is taken into account and translated into concrete actions, their engagement and trust are maintained.</p>
2	How can community feedback mechanisms be adapted to diverse cultural and social contexts? How can they strengthen accountability to affected populations?	<p>By working with local actors, the mechanism adapts to the cultural context and genuinely contributes to strengthening accountability to affected populations.</p> <p>Community feedback mechanisms can be adapted to cultural and social contexts by building on local structures (community workers, religious leaders), using appropriate channels, and adjusting tools and messages to field realities. This adaptation often requires technical support in training, tool development, and operational accompaniment to ensure quality collection, analysis, and use of data.</p> <p>They strengthen accountability by creating a direct link between communities and programmes, ensuring that concerns are addressed and — above all — that the loop is closed. Sharing results and actions taken strengthens transparency, trust, and community engagement.</p>

## 13. Integration with Other Interventions

#	Question	Answer
1	Were there examples of integrated messaging applied during integrated mass campaigns with polio and other health interventions in Djibouti? If yes, did it affect the quality of these campaigns?	Messages are specific to each campaign. During the last polio campaign, some school officials refused access to vaccination teams, thinking it was the HPV vaccine being administered (due to an advocacy

		<p>meeting held on this subject two weeks earlier). The incident was resolved.</p> <p>Sometimes multiple messages are combined, especially in mass campaigns — for example, sensitisation on vaccination (polio, HPV) combined with other themes such as nutrition or WASH.</p> <p>Community workers adapted their messages based on feedback received. For example, in response to many questions about repeated doses, a standard FAQ message was: "The polio vaccine requires several doses to fully protect the child and strengthen immunity."</p> <p>This approach positively impacted these campaigns by directly addressing community concerns and improving community adherence.</p>
2	Are messages pre-tested in a small group before being deployed in problem areas?	<p>In principle, yes — a review is planned with Ministry of Health teams (EPI, DPS) and partners (UNICEF, WHO), and women's associations (Union Nationale des Femmes de Djibouti, Women Initiative Development, etc.) before validation, but messages are not pre-tested at community level before broad dissemination.</p> <p>During campaigns, messages were developed from community feedbacks and not systematically pre-tested with small groups due to time constraints in rapid response situations. However, a rapid validation process was put in place to ensure their relevance and quality.</p> <p>After initial message drafting with specialist support and available resources, messages are shared with key actors at different levels (technical, operational, and community) to gather feedback before dissemination. This approach ensures adapted messages while maintaining the responsiveness needed during campaigns.</p>

## 14. Best Practices

#	Question	Answer
1	What were the key best practices during the Polio vaccination campaign in Djibouti?	<ul style="list-style-type: none"> <li>- The feedback mechanism strengthens social listening, which is essential for improving health services and polio responses;</li> <li>- Involvement of frontline workers in community feedback collection;</li> <li>- Systematic inclusion of a community feedback item in coordination meetings;</li> <li>- Closing the community feedback loop between campaign rounds, which builds trust, dispels rumours, and promotes the sharing of reliable information.</li> </ul>
2	What were the steps that led to the community feedback mechanism?	<ol style="list-style-type: none"> <li>1. Strategic anchoring: Integration of social listening as a key axis of the CDS programme supported by Gavi 5.0 in the post-COVID-19 context, to better understand vaccine hesitancy and community perceptions.</li> <li>2. Institutional engagement: Advocacy and alignment with the Ministry of Health for ownership of the</li> </ol>

	<p>community feedback mechanism and its inclusion in health priorities.</p> <p>3. Mechanism structuring: Creation of the national community feedback management unit, under the coordination of the Health Promotion Directorate (DPS), and clarification of roles at community, regional, and central levels.</p> <p>4. Development and standardisation of collection and analysis tools, accompanied by capacity building of community workers, supervisors, communication focal points, and data entry agents.</p> <p>5. Pilot phase: Operational testing of the mechanism during the Mother and Child Health Days (JSE - Nov. 2024), enabling adjustment of tools, information flows, and analysis processes.</p> <p>6. Deployment and integration: Progressive rollout and integration of the community feedback mechanism into polio campaigns from April 2025, with systematic use of data to adjust actions and messages.</p>
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