

Case Study

Building bridges: enhancing cultural understanding and community engagement in the CHAMPS program—experience sought from Gobe Challa Village, Ethiopia

Haleluya Leulseged^{1,3} · Faisel Abdi¹ · Abdella Mohamed¹ · Getahun Wakoya¹ · Mohamed Aliyi¹ · Adane Tesfaye¹ · Segni Yali¹ · Khalifa Mohamed¹ · Akile Mohamed¹ · Eden Yilma¹ · Mulualem Saboka¹ · Maji Bifle¹ · Serkalem¹ · Obsitu Hussein¹ · Freedom Aklilu¹ · Hawi Eshetu¹ · Mestu Tafa¹ · Obsa Ahmed¹ · Mohamed Abdo¹ · Lola Madrid³ · Nega Assefa^{1,2}

Received: 16 May 2024 / Accepted: 24 September 2024

Published online: 03 October 2024

© The Author(s) 2024 **OPEN**

Abstract

Public health programs' successful implementation often requires a thorough consideration of local cultural contexts and effective community engagement. The complexities and obstacles that public health initiatives may face in culturally diverse communities are highlighted by our case study, offering valuable insights. This article focuses on analyzing a particular incident that occurred in Gobe Challa Village, connected to the implementation of the Child Health and Mortality Prevention Surveillance (CHAMPS) program. In Gobe Challa Village, an incident occurred that centered on discord within the community and religious fears, resulting from misunderstandings surrounding and a general lack of comprehension about the CHAMPS program. Our resolution process involved engaging the community, and religious leaders in constructive dialogue. Throughout this involvement, we delivered extensive elucidation on the aims and protocols of the CHAMPS program, mitigating conflicts within the community. The community successfully achieved acceptance of the CHAMPS program by directly and respectfully addressing misconceptions and fears, fostering a common understanding. This study emphasizes the significance of effective communication, community engagement, and consideration of cultural customs when implementing public health programs. The experiences derived from this incident can act as a practical manual for future public health initiatives encountering analogous cultural and societal dynamics. The main emphasis is on highlighting how a proactive, sensitive, and inclusive approach can alleviate potential conflicts while also promoting program acceptance and encouraging community engagement. These discoveries have relevance to various public health initiatives and emphasize the significance of a culturally conscious, community-involved approach in executing global health programs.

1 Introduction

Promoting well-being and preventing diseases in communities worldwide heavily relies on the presence of effective public health programs [1]. Nevertheless, the effective execution of these initiatives hinges on engaging the community effectively and maintaining proactive communication while also showing deep respect for cultural and societal norms [1, 2]. Successful public health initiatives heavily depend on engaging the community effectively. Engaging with the

✉ Haleluya Leulseged, hleulseged@hararghe.org | ¹Hararghe Health Research Partnership, Haramaya University, Direedawa, Ethiopia. ²College of Health and Medical Science, Haramaya University, Direedawa, Ethiopia. ³London School Of Hygiene And Tropical Medicine, London, UK.



community involves working jointly with community members to tackle issues that affect their well-being [3]. This is a dual-sided procedure that encompasses both the act of actively listening to and gaining insights from community members, fostering trust, and forging connections that can culminate in sustainable solutions [3]. A profound comprehension of the community's culture, values, and beliefs is essential for effective community engagement [2, 4].

A meta-analysis by O'Mara-Eves et al. demonstrated that community engagement interventions positively impact health outcomes, including health behaviors, health consequences, self-efficacy, and social support [5]. Similarly, Hood et al. discussed the Community Cultural Wealth (CCW) framework, which leverages cultural assets to promote health equity and reduce disparities [6]. The effective implementation of public health programs in diverse cultural settings is a critical area of study within implementation science.

The Child Health and Mortality Prevention Surveillance (CHAMPS) is a global network that operates in Eight countries across Africa and South Asia, including Ethiopia, focusing on regions with high child mortality rates [7]. Its goal is to identify the specific causes of stillbirths and deaths in children under five and to share this data with scientists, policymakers, and public health institutions to inform interventions aimed at reducing child mortality [7]. A panel of experts from various medical fields determines the causes of death for CHAMPS cases by reviewing multiple sources of data, including microbiology and pathology lab results from postmortem minimally invasive tissue sampling (MITS) procedures, clinical information, and verbal autopsies [7].

CHAMPS employs MITS, a less invasive form of autopsy, to gather critical data while aiming to respect cultural norms surrounding death and mourning.

[8] In the context of CHAMPS, "facility-based mortalities" refer to deaths that occur in healthcare settings such as hospitals or clinics, where they are reported by the health professionals. "Community-based mortalities," on the other hand, pertain to deaths occurring outside healthcare facilities, often reported through trained community members or local health workers. Both types of mortalities are crucial for comprehensive surveillance, requiring a coordinated approach to ensure accurate and complete reporting.

The community entry activity known as PICK-CHAMP is designed to introduce CHAMPS to communities while also gathering initial perspectives on the alignment between CHAMPS activities and community perceptions and priorities [9].

CHAMPS sites have established systems for notification of facility- and community-based mortalities [10]. These systems aim to report potentially eligible deaths—defined as stillbirths and deaths of children under five within a defined catchment area—within 24 h of death so that MITS can be conducted promptly after death [10]. Incorporating both facility-based and community-based mortalities is critical for a holistic view of child mortality, enhancing representativeness, and for implementing effective interventions.

Implementing such a bold and extensive program is not without its challenges. Realizing the full potential of CHAMPS requires more than just logistical and technical proficiency; it also involves navigating intricate social, cultural, and community dynamics [9]. The success of public health initiatives like CHAMPS depends on more than just epidemiology and disease surveillance. Comparable to a precisely conducted symphony, the main components of this harmonious interaction encompass effective community involvement, proactive communication strategies, and consideration for cultural and societal standards.

One of the main challenges faced by the CHAMPS program is dealing with the ethical and cultural implications of working with deceased children. Understanding and respecting religious perspectives about death is paramount in the implementation of the CHAMPS program. Different religious beliefs and customs may influence how the deceased are treated and how their bodies are handled after death. Collecting samples from the deceased requires a high level of sensitivity and respect for local cultural beliefs and practices surrounding death. In many communities, handling deceased bodies can be a deeply sensitive issue, and any missteps in the process can lead to significant resistance and difficulty in gaining acceptance from the community [11].

Other successful initiatives, such as the Black Boston COVID-19 Coalition and the Arkansas Coalition of Marshallese, have demonstrated that culturally tailored communication and engagement strategies are crucial for overcoming barriers and improving health outcomes [12–14].

This study addresses the challenges encountered in Gobe Challa Village in Ethiopia, and outlines an effective resolution strategy that involved engaging the community, Afosha (a community structure to conduct mourning rituals), and religious leaders in dialogue. The experience offers valuable insights into the importance of proactive communication, transparency, community engagement, and cultural understanding in public health initiatives. The ensuing account highlights the approaches adopted to overcome these hurdles, presenting valuable lessons for comparable situations in various settings.

2 Aim and objectives

The primary objective of this manuscript is to explore the intricate challenges faced during the implementation of public health initiatives, as demonstrated in the case of Gobe Challa Village, Ethiopia while executing the CHAMPS program. The purpose of the study is to comprehensively analyze the incident, delve into the underlying causes of the conflict, assess the employed strategies for resolution, and extract valuable insights from the Gobe Challa Village case. Specifically, the manuscript centers around the impact of cultural, societal, and religious factors on the dispute, emphasizing the significance of proactive communication, community involvement, cultural sensitivity, and transparent information sharing in effectively managing similar situations in other public health endeavors. The study employs qualitative analysis, including interviews with key stakeholders, review of program documentation, and analysis of community feedback to understand the challenges and resolution strategies in depth.

3 Methods

Gobe Challa kebele is located in Haramaya district, which is one of the districts in the East Hararghe zone, Oromia Region, Ethiopia [15]. Notably, Haramaya is home to Haramaya University, which was originally established as an agricultural technical college in 1956 and later inaugurated in 1958. The university has since played a significant role in the development of the region and its education sector [16–18]. Gobe Challa kebele (Sub-district) is one of the 12 rural kebeles within the catchment area of the Haramaya Health and Demographic Surveillance System (HDSS) (Fig. 1) [19]. The Haramaya Health and Demographic Surveillance System (HDSS), established in October 2018, monitors population health and demographic events in the Haramaya district of eastern Ethiopia [19]. At baseline, the HDSS covered 17,461 households with a total population of 99,898, including 51,259 males and 48,639 females. The population is predominantly rural, with a significant proportion engaged in farming, particularly khat cultivation [20]. The HDSS collects data on births, deaths, migration, and marital status, with updates every 6 months. The population pyramid shows a large number of young people, with 46.69% of females and 44.85% of males in the reproductive age group (15–49 years) [20]. The majority of the population is Muslim (96.92%), and literacy rates are low, with 61.47% unable to read or write [20].

Gobe Challa kebele, along with other selected kebeles, was chosen for its unique characteristics, including its distinct cultural and societal dynamics. It was preferred due to its location away from Haramaya University and nearby towns, such as Haramaya and Awaday, to prevent information contamination and maintain the focus on the resident population.

In Gobe Challa Village, when a family loses a member, community-based organizations known as “Afosha” play a significant role in providing both emotional and economic support. Immediately after a death, a tent is erected where guests can gather to express their grief and offer comfort to the family. Following the burial ceremony, family members, neighbors, and others come to the tent and stay to comfort the bereaved family for 3 days and this has high cultural significance to the community and bereaved family [20].

The complexity of Gobe Challa kebele stems from its traditional customs, religious beliefs, and close-knit community structure, which sets it apart from other sub-districts within the Haramaya district. The tension observed in Gobe Challa kebele during the implementation of the CHAMPS program could be attributed to these unique cultural and societal factors. Dealing with deceased bodies and conducting sample collection in such a community requires a sensitive approach, taking into consideration the cultural norms and religious practices surrounding death and burial. To offer an in-depth analysis of the occurrences in Gobe Challa Village, we employed a comprehensive case study methodology, given the incident’s characteristics and the aims of this research article. The case study methodology involved multiple stages: selecting a suitable case, conducting a document review, gathering stakeholder inputs, and synthesizing and analyzing data. This approach was chosen to thoroughly explore the incident and derive actionable insights.

3.1 Case selection

This study focuses on the incident in Gobe Challa Village because it has a distinct context, encountered challenges, and employed resolution strategies. It delivers valuable insights into community inclusion, cultural mindfulness, and proactive communication in public health campaigns.

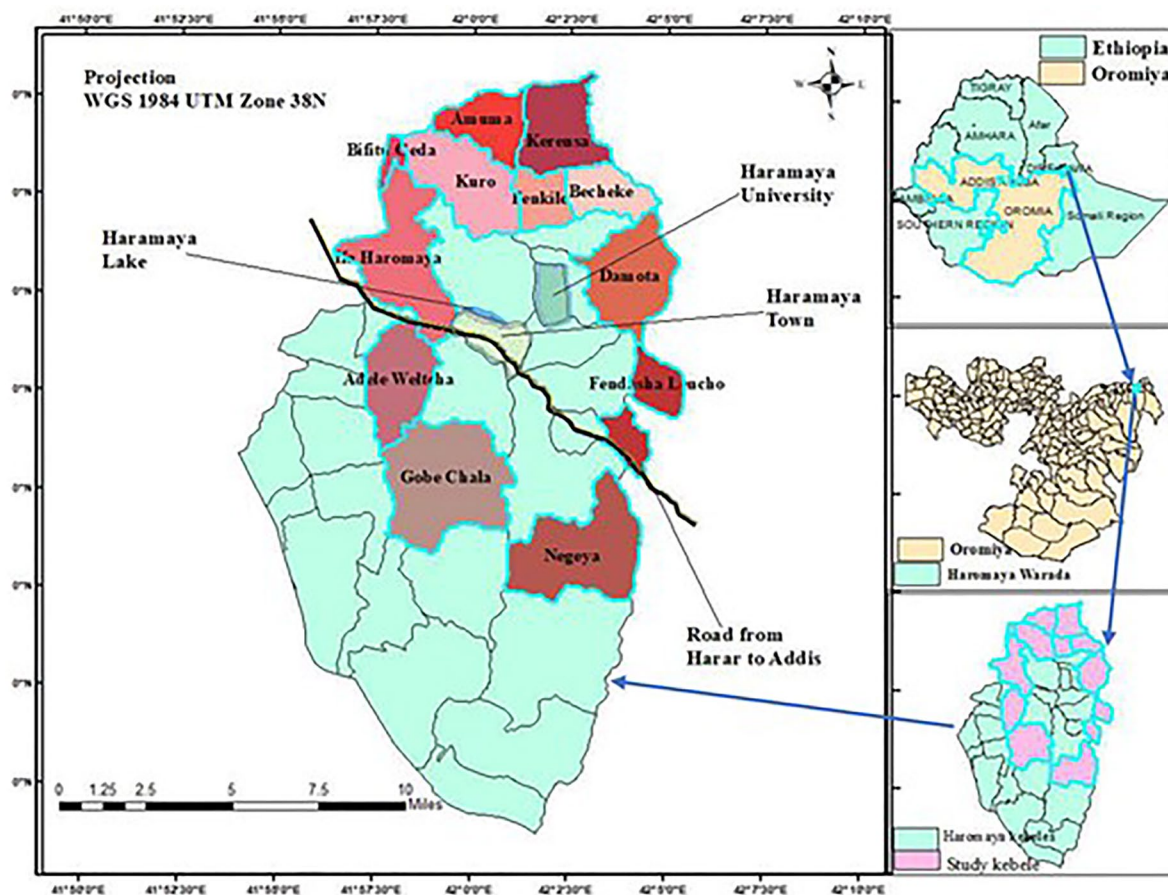


Fig. 1 Haramaya HDSS Catchment Kebeles (Sub-Districts). This figure illustrates the catchment area of the Haramaya Health and Demographic Surveillance System (HDSS), which includes 12 of the 34 rural kebeles (sub-districts) in the Haramaya district. These kebeles were selected to avoid information contamination from nearby towns and the university population. The selected kebeles are geographically diverse, ranging between 1600 and 2100 m above sea level, and represent various climatic conditions, including dry, cold, and temperate zones. The map highlights the spatial distribution of the kebeles within the district, providing a visual representation of the study area and its boundaries. Source: [20]

3.2 Document review

We thoroughly assessed various documents associated with the incident, such as official reports, meeting minutes, and program records linked to the CHAMPS initiative in Gobe Challa Village. This review allowed us to comprehend the sequence of events, recognize the key individuals implicated, and isolate the precise issues that emerged. The document review was conducted by a team consisting of Dr. H.L. (Epidemiologist), Mr. A.M. (Sociologist), Mr. K.M. (Sociologist), and Mr. A.T. (Social psychologist). Mr. A.M. led the review, focusing on analyzing official reports and meeting minutes. The team identified key issues and events through a structured process that included coding and thematic analysis of the documents.

3.3 Stakeholder inputs

We gathered opinions from significant stakeholders invested in resolving the conflict, including community members, Afosha representatives, and religious leaders (Fig. 2). The insights they shared firsthand offered valuable context for comprehending the difficulties encountered and the approaches employed to resolve the incident. Stakeholder opinions were gathered through semi-structured interviews and focus groups. Interviews were conducted with 15 community members, 5 Afosha representatives, and 6 religious leaders. Each interview lasted approximately 60 min

and was recorded and transcribed by trained research assistants. Recruitment of stakeholders was done through community networks and local contacts to ensure representation and relevance.

3.4 Synthesis and analysis

We synthesized all information obtained through document review and stakeholder inputs to develop a comprehensive understanding of the incident. Moreover, we assessed these findings by considering the broader literature on implementing public health programs in analogous cultural and community contexts. Data from document reviews and stakeholder inputs were synthesized using thematic analysis. The synthesis was conducted by a team including Dr. H.L. and Mr. A.M., who identified key themes and patterns. Differences in interpretations were resolved through discussions and consensus-building sessions. The findings were then compared with existing literature to contextualize the results within broader implementation science frameworks.

The purpose of this case study approach is to delve deeply into the incident, extract valuable knowledge acquired, and suggest a framework for managing similar situations in various public health initiatives elsewhere.

3.5 Consent statement

Informed consent was obtained from all individual participants involved in the study. All participants were over the age of 16; hence, consent from a parent or legal guardian was not required. Informed consent was obtained in written form



Fig. 2 Stakeholder Engagement in Gobe Challa Village: Addressing the Incident and Resolving Misconceptions

from all participants. Confidentiality was maintained by anonymizing data and securely storing all records. Participants were informed about the study's purpose, procedures, and their right to withdraw at any time without penalty.

3.6 Ethics statement

The study involving human participants was reviewed and approved by the Ethiopian National Research Ethics Review Committee under reference number V/P/R/A/08/201/22. The study adhered to the ethical standards set by the Ethiopian National Research Ethics Review Committee. The ethical guidelines followed included the principles of the 1964 Helsinki Declaration and its later amendments. Confidentiality and informed consent were rigorously maintained throughout the research process.

4 Results

The detailed investigation of the incident in Gobe Challa Village provided insightful results in four key areas: Community participation, proactive communication, cultural responsiveness, and addressing misunderstandings. The problem identified by the study team and the proposed solutions are as follows:

4.1 Problem 1: gap in community participation

The first problem identified in the study was the limited involvement of the community in the implementation of the CHAMPS program in the village. The limited engagement in active community participation affected the program's effectiveness and hindered the community's understanding and acceptance of the program. Document review revealed that community meetings were poorly attended, and feedback from local stakeholders indicated that the program was perceived as top-down and not inclusive.

Data from stakeholder interviews further illuminated this issue. One community leader stated, "We felt excluded from the planning stages of the program. If we had been more involved, we could have addressed concerns earlier and possibly avoided some of the conflicts."

4.2 Proposed solution 1: strengthening community engagement

The outcomes highlight the necessity of community engagement for successfully implementing public health programs. Engaged community members and leaders were instrumental in facilitating conversations, sharing correct details about the CHAMPS program, and cultivating a shared comprehension that reduced tensions. Interviews with stakeholders underscored the value of community involvement. A community member noted, "When we were included in the discussions, it helped us understand the purpose of the program and feel more supportive of its goals."

The findings emphasize the crucial importance of community involvement in effectively executing public health initiatives. With active involvement from community members and leaders, the dialogue was facilitated effectively, accurate information about the CHAMPS program was distributed, and a shared comprehension was fostered to ease tensions.

4.3 Problem 2: insufficient proactive communication

A challenge identified was the limited proactive communication about the CHAMPS program and its objectives, protocols, and activities. This led to confusion, misinformation, and mistrust among community members, hindering effective program implementation. Document analysis indicated that communication materials were not distributed widely and lacked clarity.

Stakeholder interviews highlighted this issue, with one local leader stating, "We did not receive clear or timely information about the program. This created a lot of misunderstandings and suspicion among the villagers."

4.4 Proposed solution 2: implementing proactive communication strategies

The occurrence illustrated that proactive communication could have thwarted or lessened the disagreement. The initial shortage of sufficient communication regarding the CHAMPS program and its execution in the community resulted in perplexity and skepticism, resulting in community disarray.

The event exemplified how proactive communication could have hindered or alleviated the conflict. The initial insufficient communication regarding the CHAMPS program and its implementation in the community resulted in confusion and mistrust, ultimately causing discord within the community. Interviews with stakeholders suggested that regular updates and transparent information sharing would have mitigated many issues. A respondent emphasized, "Clear and frequent updates would have helped us stay informed and reduce misinformation."

4.5 Problem 3: Limited of cultural responsiveness

The study identified a challenge related to gap in cultural responsiveness, particularly in this sub-district. Cultural traditions, beliefs, and practices in Gobe Challa Village were not adequately considered, leading to tensions and resistance to the program. Document reviews revealed that cultural protocols were overlooked during the implementation phase.

Interviews with local religious leaders provided specific examples. One leader shared, "The program did not initially fully consider our traditional mourning practices, which upset many community members, thank you for engaging us now for a fruitful discussion."

4.6 Proposed solution 3: emphasizing cultural sensitivity

The relevance of recognizing and accommodating customary traditions and beliefs was observable. Resolving the dispute and fostering acceptance of the CHAMPS program was made possible through respectful engagement with religious leaders and addressing their apprehensions through open discussions. The significance of acknowledging and accommodating local customs and beliefs was apparent. The instrumental role played by discussions with religious leaders cannot be understated in resolving the conflict and cultivating acceptance of the CHAMPS program. For instance, after incorporating local customs into the program's approach, the acceptance level increased significantly. A religious leader noted, "When the program adjusted its methods to respect our traditions, it became much more acceptable to our community."

4.7 Problem 4: misconceptions and misunderstandings

Another problem highlighted in the study was the presence of misconceptions and misunderstandings about the CHAMPS program. These misconceptions created fear, mistrust, and resistance among community members. Document reviews and interviews revealed specific misconceptions, such as beliefs that the program was intended for purposes other than improving child health.

4.8 Proposed solution 4: addressing misconceptions and providing information

The acknowledgment and rectification of misconceptions at the initiation of the program were emphasized as a fundamental strategy for promoting seamless implementation. The discord was significantly impacted by misconceptions about the CHAMPS program. Addressing these misconceptions through community discussions and clarifications helped resolve the conflict.

The lessons derived from the Gobe Challa Village incident present a viable model for effectively managing comparable scenarios in diverse public health undertakings outside of that area. The occurrence underscores the significance of proactive communication, openness, community involvement, cultural sensitivity, and pre-emptive management of potential misconceptions. Our investigation revealed that understanding and addressing misconceptions at the outset of the program is a key strategy for smooth implementation. Significant discord arose due to misconceptions about the CHAMPS program. Resolving the conflict involved addressing these misconceptions through community discussions and providing clarifications.

The lessons obtained from the Gobe Challa Village incident furnish a pragmatic model for controlling akin scenarios in alternative public health campaigns elsewhere. The occurrence showcases the significance of proactive communication, transparency, community involvement, cultural sensitivity, and proactive handling of potential misunderstandings.

5 Discussion

The occurrence witnessed in Gobe Challa Village allows for reflection on the dynamics associated with implementing public health initiatives, particularly within culturally diverse circumstances. Throughout this exchange, we shall investigate the primary insights garnered and their consequential effects on upcoming public health endeavors.

5.1 Community engagement

In the successful implementation of health programs, this case highlights the essential role played by community engagement. Engaging community leaders and members in the process promotes a feeling of ownership, thereby increasing acceptance and cooperation. This observation corresponds to previous literature that emphasizes the advantages of engaging the community in public health initiatives. The World Health Organization defines community engagement as the establishment of partnerships between stakeholders to collectively tackle health-related challenges, enhance well-being, and achieve favorable health outcomes [21]. Through community engagement, public health professionals, government officials, and community members collaborate to implement health initiatives, reducing inequalities and improving social justice [21].

Our study revealed that early and meaningful engagement with community members and leaders is critical. For instance, stakeholders highlighted that their inclusion in planning stages could have mitigated initial resistance and facilitated smoother program implementation. This active participation not only fosters a sense of ownership but also allows for the adaptation of programs to fit local contexts, thereby increasing their impact and relevance [22–24].

5.2 Proactive communication

Effective communication involves using clear, concise, and culturally appropriate language to convey information to community members [2]. Additionally, it involves actively listening to community members' concerns and addressing them in a timely and respectful manner [2]. The Gobe Challa Village incident highlights the importance of proactive communication in setting clear expectations regarding a program's objectives and processes. The initial conflict was largely due to a lack of understanding of the CHAMPS program, underscoring the need for clear and timely communication to prevent misconceptions and support smooth implementation.

The study found that specific types of confusion and misinformation, such as misconceptions about the program's surveillance intentions, significantly hindered the program's effectiveness. This confusion and mistrust could have been mitigated with clearer, more frequent updates and transparent communication from the outset.

The value of clear and timely communication in preventing misconceptions and supporting seamless program implementation is reaffirmed by this finding. Regarding public health research, proactive communication is considered vital in addressing health issues. A study focusing on effective government communication strategies during the COVID-19 pandemic defined proactive communication as a two-way process that engages policymakers and communities [25]. The report underscored the necessity of transmitting unambiguous messages through relevant platforms designed for varying target groups and promoted by dependable sources [25]. The effectiveness of these communication strategies, in the long run, is contingent upon establishing and nurturing public trust [25].

Another article on the role of communication in public health states that recognizing that both science and communication are essential for promoting and protecting public Health was a major milestone in the emerging discipline of public health communication, reinforcing its vital role as a new core component of public Health [26]. Effective community engagement is vital because it empowers communities to participate actively in programs designed for their benefit. This active participation fosters a sense of ownership and reinforces trust, thereby bolstering the program's success. Additionally, it empowers the customization of implementation to fit individual local contexts, thus strengthening its effect and pertinence [22–24]. Public health programs require proactive communication for their effectiveness. By engaging in proactive communication, public health programs can cultivate trust, boost community participation, and enhance their overall success [2, 4].

Effective community engagement and proactive communication are shown to be crucial in public health initiatives through the incident involving the CHAMPS program in Gobe Challa Village. Playing a critical role in generating indispensable data for life-saving interventions, the CHAMPS program strives to comprehend and combat the underlying causes of child mortality [1]. Nonetheless, regardless of its importance, the program can stir up controversy unless effectively communicated or when conflicting with deeply rooted community convictions [1]. Successful public health program implementation relies on proactive communication as a fundamental element. It simplifies the distribution of explicit and accurate information about the program's targets, techniques, and potential benefits. Besides clarifying misconceptions, this also fosters transparency and faith among the implementing teams and the community [25, 27]. This suggests that understanding and addressing community concerns through proactive communication is essential for enhancing trust and participation in health programs.

5.3 Cultural sensitivity

The incident showcases the relevance of showing respect for and accommodating local customs and beliefs. Resolving the conflict required tactfully addressing religious concerns. The importance of cultural sensitivity in promoting the acceptance and effectiveness of health programs has been consistently documented in prior research, further supporting our findings.

For example, religious leaders emphasized that the program's failure to initially align with traditional mourning practices caused distress among community members. Adjustments made to incorporate these customs were pivotal in improving acceptance of the program. Within the realm of public health research, cultural sensitivity entails the capability to identify, grasp, and appropriately address distinct cultural identities and values observed among patients and providers [28].

It encompasses a form of communication that facilitates active patient involvement in decision-making and care planning, taking into account their human rights [28]. Cultural sensitivity encompasses more than just accepting cultural differences; it entails a profound transformation that helps individuals acknowledge interdependence and foster connections with groups outside their own [28].

The cohesive combination of behaviors, attitudes, and policies within a system or agency is known as cultural competence and facilitates effective work in cross-cultural situations [29]. It emphasizes the importance for organizations to have a clear alignment of values and principles alongside exhibiting the right behaviors, attitudes, policies, and structures to achieve successful cross-cultural collaboration. Respecting cultural and societal norms is imperative. A lack of cultural sensitivity can generate unnecessary barriers, possibly derailing the program and harming relations with the community. Religious beliefs can significantly influence a community's acceptance of and participation in public health programs. A research study conducted in rural Bangladesh revealed that involving Islamic religious scholars and leaders was instrumental in fostering acceptance of the MITS procedure within a mortality surveillance program [30]. After obtaining the endorsement of the MITS procedure from Islamic religious leaders, social acceptance of the procedure expanded within the predominantly Muslim community, which is a setting relatively the same as Gobe Challa, a Muslim-dominant community [30]. According to a study on alternative dispute resolution in Africa, addressing disputes concerning public health initiatives requires open dialogue, collaboration, and adherence to local norms and beliefs [31]. The research reveals that when there is inadequate support from effective legal systems capable of delivering an authentic and timely procedure for settling disputes, minor disagreements can spiral into violence and conflict [31]. Utilizing alternative dispute resolution techniques can strengthen dispute settlement systems and bridge the divide between formal legal systems and traditional modes of African justice [31]. When confronted with weak judiciary systems and heightened societal tensions, these tactics may offer considerable advantages in stabilization and state-building endeavors [31].

5.4 Handling of misconceptions

The incident highlights the value of identifying and addressing misconceptions early in a program. Addressing misunderstandings proactively can prevent resistance and facilitate smoother implementation. Misconceptions about the CHAMPS program, such as fears of surveillance, were significant barriers that required immediate clarification through community discussions.

Addressing these misconceptions from the beginning was crucial for resolving conflicts and gaining community support. Our findings indicate that clear communication and preemptive strategies are key to avoiding misunderstandings and ensuring effective program implementation.

The lessons learned from the Gobe Challa Village incident provide a valuable model for managing similar situations in future public health initiatives. By incorporating principles of proactive communication, community engagement, cultural sensitivity, and early resolution of misconceptions, health programs can better align with community needs and expectations.

The previous mention of alternative dispute resolution in Africa, while relevant to conflict resolution in some contexts, does not directly tie into the specific findings of this study and may have introduced unnecessary complexity. Therefore, it is more pertinent to focus on how the lessons from this study can be applied directly to improve public health programs.

In summary, the insights gained from this study emphasize the need for a comprehensive approach that includes effective community engagement, proactive communication, cultural sensitivity, and addressing misconceptions. These elements are crucial for enhancing the success and acceptance of public health initiatives in diverse cultural settings.

6 Limitations

It is important to acknowledge the limitations of this study. The study's findings are based on a single case study in Gobe Challa Village, which may not fully represent the experiences of other communities. The reliance on document reviews and stakeholder interviews may also introduce bias or incomplete perspectives. Further research involving a broader range of communities and diverse methodologies would be beneficial to validate and expand upon these findings.

The previous mention of alternative dispute resolution in Africa, while relevant to conflict resolution in some contexts, does not directly tie into the specific findings of this study and may have introduced unnecessary complexity. Therefore, it is more pertinent to focus on how the lessons from this study can be applied directly to improve public health programs.

7 Conclusion

The incident in Gobe Challa Village offers valuable insights into the complex dynamics of implementing public health initiatives within culturally diverse communities. The challenges faced highlight how vital proactive communication, community involvement, cultural sensitivity, and prompt identification and addressing of misconceptions are for ensuring successful program implementation.

Community involvement emerged as a crucial factor, fostering a sense of ownership and facilitating acceptance of the program. Accurate expectations were effectively established through proactive communication, contributing to the prevention of potential conflicts caused by misunderstandings. Showing equal importance and respecting cultural norms and religious beliefs underscores the necessity of approaching public health initiatives with a profound understanding and appreciation of local customs.

Other public health initiatives should take the experience from Gobe Challa Village as a valuable learning opportunity. The lessons gleaned emphasize that beyond medical or technical solutions, the acceptance and success of public health programs largely hinge on a human-centered approach that respects and involves the community in all aspects of program planning and implementation.

In conclusion, this incident serves as an illustrative framework for other efforts in public health by reaffirming the importance of having cultural sensitivity, involving communities actively, and fostering clear communication to ensure successful execution. While the demonstration was done in a specific context, these principles are applicable across different settings and should shape future public health endeavors worldwide.

8 Recommendations

Based on the findings from the incident in Gobe Challa Village, we propose the following recommendations for future public health programs:

8.1 Enhance community engagement

Community engagement should be a key consideration when developing public health initiatives. A key strategy for achieving this is by actively involving community leaders and members. Engagement initiatives should prioritize

cultivating a sense of ownership and trust within the community, as this can positively impact the acceptance and implementation of public health programs.

8.2 Prioritize proactive communication

The program should prioritize clear, transparent, and early communication about its objectives, procedures, and benefits. Program stakeholders should actively ensure that all community members understand the program and its implications, thereby preventing potential misconceptions and resistance.

8.3 Emphasize cultural sensitivity

A demonstration of respect for local customs and beliefs is expected from program designers and implementers. Cultural norms should be identified and considered in program design and delivery to ensure alignment with community expectations. In the case of sensitive problems arising, it is necessary to handle them promptly and with proper regard.

8.4 Address misconceptions early

Mechanisms for identifying and addressing misconceptions should be integrated into programs from the early stages. To accomplish this aim, it is important to arrange regular community meetings, feedback sessions, and individual discussions. Initiating discussions to clarify any misconceptions early on can be instrumental in avoiding future conflicts and optimizing program acceptance.

8.5 Train local notifiers

Local notifiers are frequently utilized in public health programs like CHAMPS. To ensure culturally sensitive and acceptable performance, these individuals must undergo thorough training. Notifiers must possess the essential skills and knowledge to effectively communicate with the community regarding the program.

8.6 Document and learn from incidents

Each occurrence or conflict presents an occasion to acquire knowledge and make progress. Public health programs need to implement measures to record these incidents and outline the tactics employed for resolving them. For future programs, these records hold important lessons. In closing remarks, it can be said that the viability of public health programs such as CHAMPS significantly hinges on diligent communication practices, active community collaboration efforts, tact in dealing with different cultures, and timely identification and resolution of any misapprehensions. These recommendations outline a path for effectively implementing future public health initiatives in communities characterized by cultural diversity.

Acknowledgements We would like to thank all those in the community and local administrations, who have supported and/or participated in the research to date. We also like to thank the Child Health and Mortality Prevention Surveillance (CHAMPS) program in Ethiopia.

Author contribution H.L., F.A., A.M., and G.W. conceptualized the manuscript. H.L. and F.A. directed data management and conducted data analysis. H.L., F.A., A.M., A.T. and K.M. were responsible for data acquisition, ensuring its accuracy and integrity. H.L. drafted the manuscript. H.L., and F.A. revised the manuscript. H.L. and F.A. had final responsibility for the decision to submit for publication. All authors reviewed and provided inputs to the draft and approved the decision to submit for publication.

Data availability The datasets generated during and/or analyzed during the current study are available from the CHAMPS (Child Health and Mortality Prevention Surveillance) Ethiopia project, subject to data sharing agreements and with the approval of CHAMPS Ethiopia.

Declarations

Competing interests The authors declare no competing interests.

Open Access This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article

are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Allen EH, Haley JM, Aarons J, et al. RES E A RC H RE P O RT Leveraging community expertise to advance health equity principles and strategies for effective community engagement.
2. Principle 1: Embrace cultural humility and community engagement. <https://www.cdc.gov/globalhealth/equity/guide/cultural-humility.html>. Accessed 28 June 2023.
3. Cyril S, Smith BJ, Possamai-Inesedy A, et al. Exploring the role of community engagement in improving the health of disadvantaged populations: a systematic review. *Glob Health Action*. 2015. <https://doi.org/10.3402/GHA.V8.29842>.
4. Chapter 1: Models and Frameworks | Principles of Community Engagement | ATSDR, https://www.atsdr.cdc.gov/communityengagement/pce_models.html. Accessed 28 June 2023.
5. Hood S, Campbell B, Baker K. Culturally Informed Community Engagement: Implications for Inclusive Science and Health Equity. *RTI Press*. 2023. <https://doi.org/10.3768/RTIPRESS.2023.OP0083.2301>.
6. Acevedo N, Solorzano DG. An overview of community cultural wealth: toward a protective factor against racism. *Urban Educ*. 2023;58:1470–88.
7. Case Study: Improving Death Notifications at Hiwot Fana Hospital - CHAMPS Health, <https://champshealth.org/resources/new-champs-case-study-improving-death-notifications-at-hiwot-fana-hospital/>. Accessed 30 June 2023.
8. Sacoar C, Vitorino P, Nhacolo A, et al. Child health and mortality prevention surveillance (CHAMPS): manhiça site description Mozambique. *Gates Open Res*. 2023;7:4.
9. Blevins J, O'Mara Sage E, Kone A, et al. Using participatory workshops to assess alignment or tension in the community for minimally invasive tissue sampling prior to start of child mortality surveillance: lessons from 5 sites across the CHAMPS network. *Clin Infect Dis*. 2019;69:S280.
10. Salzberg NT, Sivalogan K, Bassat Q, et al. Mortality surveillance methods to identify and characterize deaths in child health and mortality prevention surveillance network sites. *Clin Infect Dis*. 2019;69:S262.
11. Lowey SE. Diversity in Dying: Death across Cultures.
12. Chapter 1: What Is Community Engagement? | Principles of Community Engagement | ATSDR, https://www.atsdr.cdc.gov/communityengagement/pce_what.html. Accessed 18 Jul 2023.
13. Arkansas Coalition of Marshallese, <https://www.arkansasmarshallese.org/>. Accessed 22 Aug 2024.
14. Boston Black COVID-19 Coalition Release New Report On What Supports Health, Wellbeing Of Boston's Black Community—Fenway Health, <https://fenwayhealth.org/boston-black-covid-19-coalition-release-new-report-on-what-supports-health-wellbeing-of-bostons-black-community/>. Accessed 22 Aug 2024.
15. Haro Maya (Aanaa)—Wikipedia, [https://en.wikipedia.org/wiki/Haro_Maya_\(Aanaa\)](https://en.wikipedia.org/wiki/Haro_Maya_(Aanaa)). Accessed 19 Jul 2023.
16. Haramaya University History: Founding, Timeline, and Milestones. 2020. www.zippia.com, <https://www.zippia.com/haramaya-university-careers-1528427/history/>. Accessed 19 July 2023.
17. Haramaya University—Wikipedia, https://en.wikipedia.org/wiki/Haramaya_University. Accessed 19 Jul 2023.
18. Haramaya University, 2022. <http://www.ruforum.org/directory/haramaya-university>. Accessed 19 Jul 2023.
19. Haramaya HDSS catchment kebeles (sub-districts) | Download Scientific Diagram, https://www.researchgate.net/figure/Haramaya-HDSS-catchment-kebeles-sub-districts_fig1_355925696. Accessed 19 Jul 2023.
20. Gudata ZG, Dheresa M, Mengesha G, et al. Cohort profile: the haramaya health and demographic surveillance system (Haramaya HDSS). *Int J Epidemiol*. 2022;51:e46–54.
21. Yuan M, Lin H, Wu H, et al. Community engagement in public health: a bibliometric mapping of global research. *Arch Pub Health*. 2021. <https://doi.org/10.1186/S13690-021-00525-3>.
22. Community engagement as a public health practice—MN Dept. of Health, <https://www.health.state.mn.us/communities/practice/equityenga/ge/community/practice/index.html>. Accessed 29 June 2023.
23. Community engagement: a health promotion guide for universal health coverage in the hands of the people , <https://www.who.int/publications/i/item/9789240010529>. Accessed 30 June 2023.
24. O'Mara-Eves A, Brunton G, Oliver S, et al. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Pub Health*. 2015;15:1–23.
25. Hyland-Wood B, Gardner J, Leask J, et al. Toward effective government communication strategies in the era of COVID-19. *Human Soc Sc Commun*. 2021;8:1–11.
26. Bernhardt JM. Communication at the core of effective public health. *Am J Pub Health*. 2004;94:2051.
27. Health Communication: Effective Strategies | Tulane University, <https://publichealth.tulane.edu/blog/health-communication-effective-strategies/>. Accessed 30 June 2023.
28. What Is 'Cultural Sensitivity' in Healthcare? | Ausmed, <https://www.ausmed.com/publish/handover/articles/cultural-sensitivity-in-healthcare>. Accessed 30 June 2023.
29. Cultural Competence In Health and Human Services | NPIN, <https://npin.cdc.gov/pages/cultural-competence>. Accessed 30 June 2023.
30. (PDF) Engaging Islamic religious scholars and leaders to increase acceptance of MITS procedure in a mortality surveillance program in rural Bangladesh, https://www.researchgate.net/publication/354533842_Engaging_Islamic_religious_scholars_and_leaders_to_increase_acceptance_of_MITS_procedure_in_a_mortality_surveillance_program_in_rural_Bangladesh. Accessed 30 June 2023.
31. Alternative Dispute Resolution in Africa: Preventing Conflict and Enhancing Stability—Africa Center for Strategic Studies, <https://africacenter.org/publication/alternative-dispute-resolution-in-africa-preventing-conflict-and-enhancing-stability/>. Accessed 30 June 2023.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.