**Risk Communication and Community Engagement in Marburg outbreak**

Marburg virus is a highly infectious pathogen known for causing severe hemorrhagic fever in humans. It belongs to the same family as Ebola virus and is primarily transmitted from human to human through direct contact with the bodily fluids of infected individuals. It is believed to be transmitted initially to humans from fruit bats and can spread from infected non-human primates.

Rwanda is currently facing a Marburg outbreak that has raised significant public health concerns. The outbreak was first detected in early October 2024, prompting immediate responses from health authorities. As of now, the Rwandan Ministry of Health, in collaboration with the Rwanda Red Cross and other organizations, is actively engaged in containment efforts, including contact tracing, community education, and the provision of medical care.

With a focus on prevention and public awareness, the response aims to mitigate the spread of the virus and support affected communities, emphasizing the importance of early detection and safe and dignified burial practices to protect public health.

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# Community Engagement during the Safe and Dignified Burial process

The Community Engagement during the Safe and Dignified Burial (SDB)Process emphasizes the importance of gaining community acceptance and support for SDB procedures during disease outbreaks such as Ebola Virus Disease (EVD) and Marburg Virus Disease (MVD).

Key points include

**Aims:**

1. Ensuring families and communities understand, accept, and support the SDB process before, during, and after the burial.
2. Involving bereaved families in the process and addressing their concerns.
3. Reducing confusion and fear around SDB procedures.
4. Respecting the bereaved and involving them in burial procedures without compromising infection control.
5. Helping communities cope with loss and reduce stigma while educating them about the disease.

**Key strategies:**

* Embed SDB within a larger community engagement strategy, starting from the outbreak's onset to build trust and support.
* Involve religious and community leaders in the process to promote acceptance.
* Community engagement volunteers play a key role in providing objective information, addressing fears, and gathering feedback.
* Ensure respectful and empathetic communication with the bereaved. SDB team members should greet families and express condolences before donning Personal Protective Equipment (PPE).
* Demonstrate the preparation of chlorine disinfectant to dispel myths.

**Working with communities:**

* SDB success depends on community acceptance. Outbreaks affect not only individuals but also community well-being, potentially leading to economic hardship and disruption.
* Engaging early with communities helps combat fear, misinformation, and potential rejection of health interventions.
* Volunteers, who understand the community’s culture and language, act as liaisons and gather feedback to adapt SDB procedures to local customs.

**Facilitating factors:**

* Use cultural knowledge and data from previous surveys to tailor SDB practices to community beliefs.
* Consult survivors of previous outbreaks to serve as ambassadors.
* Respectfully adapt traditional burial practices when possible without compromising infection control, such as allowing families to observe or participate.

**Addressing rumors:**

* Identify and counteract rumors or myths by maintaining two-way communication with community members. Clear, accurate, and updated information is essential to combat misinformation and reduce fear.

# RCCE checklist for Safe and Dignified Burial (SDB)

A RCCE for Safe and Dignified Burial (SDB) checklist is crucial in the response to viral hemorrhagic fevers like Marburg. Given the cultural and religious sensitivities around burials, especially in countries like Rwanda, where SDB may not be commonly associated with past health emergencies, a carefully designed protocol is essential. Below is a comprehensive checklist that can be adapted by National Societies:

## Community and stakeholder engagement

* **Engage community leaders:**
	+ Identify and engage **local chiefs, religious leaders, traditional healers, and other influencers**.
	+ Hold **informational meetings** with them to explain the risks of Marburg transmission through traditional burial practices.
	+ Encourage these leaders to **advocate** for safe burial practices within their communities.
* **Engage with families of the deceased:**
	+ Hold **private meetings** with the immediate family to explain the SDB process and why it is necessary for public health.
	+ Provide options for family involvement in burial rituals in **safe ways** (e.g., viewing the body from a distance or saying prayers from afar).
	+ Reassure the family that SDB respects cultural and religious practices as much as possible.
* **Engage local health workers and volunteers:**
	+ Train community health workers (CHWs) and volunteers in **culturally sensitive messaging**.
	+ Ensure they can explain the **science behind SDB** to dispel myths and address concerns.
	+ CHWs should act as **community liaisons** to facilitate dialogue between families and burial teams.

## Culturally sensitive messaging

* **Use local languages:**
	+ Ensure all communication materials (posters, radio messages, community meetings) are in **local languages** and are easy to understand.
	+ Utilize **storytelling, local proverbs, or analogies** to make the message relatable.
* **Highlight public health rationale:**
	+ Explain that the virus can still be spread from a dead body and that SDB helps **protect family members** from getting infected.
	+ Emphasize that these measures are **temporary** and aim to prevent further loss of life in the community.
* **Address fears and misconceptions:**
	+ Address common misconceptions that might arise, such as the belief that burial teams are being disrespectful or that the body is being mistreated.
	+ **Dispel rumors** by providing facts about the SDB process and showing transparency (e.g., explaining why PPE is necessary).

## Adaptation of burial practices

* **Incorporate local rituals safely:**
	+ Work with religious or cultural leaders to adapt local burial rites in a way that honors the deceased without direct contact with the body.
	+ Allow for **alternative ways to say goodbye**, such as remote viewing or prayers conducted at a safe distance from the body.
* **Offer alternatives for traditional practices:**
	+ Suggest ways to modify high-risk practices, such as substituting the washing of the body with symbolic acts like prayers or the sprinkling of water without direct contact.
	+ Explain the process of using a **clean cloth** or body bag for the deceased and involve the family in symbolic gestures that do not involve physical contact.

## Media and communication tools

* **Leverage local media outlets:**
	+ Partner with **local radio stations, community newspapers, and TV channels** to broadcast information about the importance of SDB in controlling the outbreak.
	+ Organize **radio talk shows** or Q&A sessions with health officials or trusted community leaders to answer questions and clarify the process.
* **Use visual aids and demonstrations:**
	+ Create **simple posters, infographics, or videos** illustrating the SDB process to share in public spaces, health facilities, and homes.
	+ Use visual materials that depict **trusted local figures** participating in safe burial practices to build trust.

## Feedback mechanisms

* **Establish two-way communication:**
	+ Set up **feedback channels** where families and communities can express concerns or ask questions about the SDB process.
	+ Use **call-in hotlines, WhatsApp, SMS, or direct liaisons** through CHWs to receive feedback.
* **Respond to community concerns:**
	+ Regularly address community concerns through public forums or local media, ensuring that feedback is acknowledged and **acted upon** in a timely manner.
	+ Work with health authorities to **update protocols** based on community input where feasible (e.g., adjusting viewing procedures or involving religious leaders in a safe way).

## Psychosocial support for grieving families

* **Offer emotional and psychological support:**
	+ Provide families with access to **psychosocial support services**, including counseling for grief, trauma, or anxiety around the death and burial process.
	+ Ensure that **spiritual leaders** from various faith groups are available to provide support, respecting the family’s religious preferences.
* **Follow-up after the burial:**
	+ Conduct **follow-up visits** with bereaved families to provide additional emotional support and address any ongoing concerns.
	+ Offer **support services for orphans** or vulnerable children affected by the loss of parents or family members to the disease.

## Training and capacity building

* **Train RCCE teams in culturally sensitive approaches:**
	+ Ensure RCCE teams are trained in how to engage respectfully with bereaved families and the wider community, understanding the importance of cultural and religious traditions.
	+ Conduct **scenario-based training** to help teams practice engaging with families and leaders in different settings.
* **Build local capacity:**
	+ Involve local volunteers in the **SDB communication process**, ensuring the sustainability of community engagement efforts.
	+ **Train and empower** local leaders to conduct community education on SDB and reduce dependency on external responders.

# Motivating community participation in key behaviors

Apart from SDB, there are three other key behaviors that are crucial during a Marburg outbreak that the RC movement could play a role in to motivate community members to engage in these behaviors.

## Vaccination for Marburg

* **Build trust through community role models:**
	+ Involve **local leaders and respected figures** in public vaccination campaigns to show that vaccination is safe and endorsed by people the community trusts.
	+ Use **testimonies from survivors** or early vaccine recipients to highlight the benefits of vaccination in preventing severe illness and death.
* **Cultural and religious sensitivity:**
	+ Address any religious or cultural concerns that might prevent people from participating in vaccination campaigns, working closely with religious leaders to issue **faith-based messages** that support vaccination.
	+ Provide vaccination clinics in **convenient community locations** (e.g., places of worship, community centers) and during culturally appropriate times.
* **Highlight collective responsibility:**
	+ Frame vaccination as a **collective act of protection** for the whole community. Emphasize that by getting vaccinated, individuals help protect those who may be unable to, such as the elderly or young children.

## Contact tracing

* **Use clear, non-stigmatizing messaging:**
	+ Emphasize that contact tracing is a **protective measure**, not a form of punishment or surveillance. Explain that it helps to quickly identify and isolate the virus, not the people.
	+ Train community health workers to communicate the **importance of early detection** in saving lives, ensuring that individuals understand they are helping to protect their families and neighbors by participating.
* **Incentivize participation:**
	+ Consider offering **small incentives** or assistance (e.g., food support, phone airtime) for community members who report contacts or provide information to contact tracers.
	+ Establish **feedback mechanisms** so that people who participate in contact tracing know their contributions have made a positive impact in controlling the outbreak.
* **Ensure confidentiality and respect:**
	+ Guarantee that contact tracing is done in a **confidential** and **respectful manner**, without publicizing personal information or shaming people who might be at risk.
	+ Engage trusted community members to work as **contact tracers** to increase participation and trust in the process.

## Early transfer of suspected cases to a Marburg Treatment Centre (MTC)

* **Explain the benefits of early treatment:**
	+ Communicate that early transfer to an MTC increases the chances of **recovery and survival** and ensures that patients get the care they need, including symptom management and supportive therapies.
	+ Use testimonials or **survivor stories** to show how early treatment has helped others recover and return to their families.
* **Provide transport and support:**
	+ Work with the community to ensure there are **safe, accessible transport options** for transferring suspected cases to MTCs. Providing safe transportation can reduce delays and encourage participation.
	+ Ensure that families know that **suspected cases** will not be stigmatized and will receive **care and support** throughout their stay at the MTC, which helps reduce fears about being sent away.
* **Involve families in the care process:**
	+ Reassure families that they will receive **regular updates** on the condition of their loved ones, and where possible, provide opportunities for **remote communication** (e.g., through phone calls).
	+ Involve religious leaders or community members to support families spiritually and emotionally during the period of isolation.