Collective service

SSHAP
Social Science
in Humanitarian
Action Platform

VIRAL HAEMORRHAGIC FEVERS QUESTION BANK

QUALITATIVE QUESTIONS FOR UNDERSTANDING TRANSMISSION DYNAMICS AND EXPERIENCES OF CARE

November 2024

PLEASE READ

Viral haemorrhagic fevers (VHFs) are a group of severe illnesses caused by viruses that affect multiple organ systems and damage the cardiovascular system. VHFs include Ebola virus disease and Marburg virus disease. There is wide variation in how VHFs are diagnosed, how pathogenic they are, their geographic distribution, their known reservoirs (i.e., animals or insects that spread the disease) and the availability of vaccines or treatments. When using this Question Bank for a specific public health emergency in connection with an identified VHF, consider these factors in addition to an updated country context analysis and the clinical progression of disease among at-risk populations.

The development of this Question Bank has been based on over 10 years of extensive social science research conducted during outbreaks of VHFs and other public health emergencies involving infectious diseases. Many of the thematic areas covered by this Question Bank will be relevant to outbreaks of VHFs where person-to-person transmission has been identified as a significant contributor to the spread of the outbreak and where patient experiences of care must be understood for a community-centred response. The questions must be adapted for the specific VHF, the country context and the respondent population.

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GUIDANCE

Background

Anthropologists and other social scientists have developed and used rapid assessments during outbreaks of viral haemorrhagic fevers (VHFs), such as Ebola virus disease and Marburg virus disease, to inform health programme planning and implementation. This Question Bank, developed by SSHAP, the UK Public Health Rapid Support Team (UK-PHRST) and the Collective Service, provides guidance on undertaking social science research in the context of an outbreak of a VHF. The Question Bank draws on published literature [1], SSHAP Practical Approaches documents [2] and other (unpublished) data collection tools compiled by social scientists from past outbreaks of VHFs and other public health emergencies. The Question Bank also draws on consultations with colleagues currently working in an emergency response operation for a VHF outbreak.

QUALITATIVE DATA FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Risk communication and community engagement (RCCE) is a cross-cutting priority that requires a broad range of humanitarian and public health partners to work together with governments and affected communities. 'Risk communication' and 'community engagement' are mutually supportive of each other in the effort to put communities at the heart of an outbreak response. Therefore, in supporting a data-driven strategy of the RCCE pillar, social science evidence should be supportive of cross-cutting evidentiary needs of emergency response pillars. Social science methods should be applied to make sure there is a comprehensive understanding of the contexts and communities affected by the disease and to ensure community participation in all stages of the response: preparation, readiness and response. This approach shows respect towards the community, accountability to the community and, at the same time, it favours trust-building and the acceptance of public health measures.

Fieldwork methods which emphasise rapport building and ask open-ended, qualitative questions provide important supporting information to help explain quantitative data. These methods can also help establish two-way lines of communication with affected communities. Active listening with few interruptions is key. Coordination of data collection efforts, such as via the RCCE pillar, is also important. Use of small, local and agile teams trained in rapid qualitative assessments, and which are deployed by a cross-cutting response pillar, will help to ensure data collection is rapid, targeted and non-duplicative. These teams will also help collect valuable information relevant to all pillars and communicated across all pillars. Further, the RCCE/ coordinating pillar should be responsible for ensuring that the methods used for collecting information, facilitate positive interactions with affected communities. The RCCE/coordinating pillar should also make sure that actionable, evidence-based recommendations are taken up by emergency response actors best placed to respond to community identified needs and priorities.

> **This Question Bank is intended to assist emergency responders (e.g., those supporting the RCCE pillar) with answers to the qualitative questions needed to generate new evidence (rapidly). When using this Question Bank for a specific public health emergency in connection with a specific VHF, consider relevant disease factors (e.g. how the VHF is diagnosed, how pathogenic it is, its geographic distribution, its known reservoirs, the availability of vaccines or treatments) in addition to an updated country context analysis and the clinical progression of disease among at-risk populations.**

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1. Key source on anthropologists working during past Ebola outbreaks: Hewlett, B. S., & Hewlett, B. L. (2007). Ebola, culture and politics: The anthropology of an emerging disease. Cengage Learning.
2. Consulted SSHAP Practical Approaches documents: Taking a psychosocial approach to epidemic response; Assessing key considerations for burial practices, death and mourning in epidemics; Rapid Remote Context Analysis Tool (RR-CAT) in epidemics; Rapid anthropological assessments in the field; Rapid appraisal of key health-seeking behaviours in epidemics; and Social science research for vaccine deployment in epidemic outbreaks.

The Question Bank can be used by field teams and/or local research teams working in communities currently experiencing a VHF outbreak or who are at high-risk for infection. These questions must be adapted for the VHF, the context and the respondent population. For example, please see Annex I for an example of how this Question Bank was adapted into a targeted Rapid Qualitative Assessment question guide for the purposes of understanding the experiences of recovered patients and their communities to address stigma. This questionnaire was drafted in the context of an outbreak of Marburg virus disease and draws on question topics covered within the Demographics, Module 1, Module 2, and Module 6 sections of this Question Bank.

QUESTION BANK OVERVIEW

The questions are organised into the following thematic categories:

- **Demographics. Age, gender, language and additional variables**
- **Context analysis in epidemics (Module 1)**
- **Health-seeking behaviours of affected populations (general) (Module 2)**
- **Perception of risk and changing behaviours of affected populations (outbreak) (Module 3)**
- **Healthcare worker roles and responsibilities (general and specific to the VHF outbreak) (Module 4)**
- **Burial practices, death and mourning (Module 5)**
- **Illness journey and experience (Module 6)**
- **Perception of outbreak responders and response efforts (Module 7)**
- **Vaccination (general and VHF-specific) (Module 8)**
- **Concurrent epidemics (Module 9)**

Each thematic category, and the example informed consent form in Annex II, is introduced below.

Demographics: Age, gender, language and other variables

All data collection activities should aim to collect demographic information on age, gender and language. Other variables (e.g., occupation) may also be collected if they help inform the data analysis. DO NOT collect demographic information that is not needed, will not be analysed and/or may be too sensitive in specific contexts (e.g., ethnicity, political affiliation).

MODULE 1. CONTEXT ANALYSIS IN EPIDEMICS

In previous outbreaks, social scientists have reported that response workers can be ‘context blind’ and unaware of the added value that social science can bring to an emergency outbreak. At the start of any new outbreak, it is therefore critical for first responders to have access to a ‘context analysis’ with crucial knowledge on the local context, demographic characteristics of affected areas and predictions of the challenges that are expected when the outbreak unfolds (e.g., based on learning from previous outbreaks and contextual realities). This context analysis, informed by social science expertise, is particularly important for response workers in locations that have had no previous cases of VHFs or in situations where the social, political or environmental conditions have shifted.

The questions in this module will inform the context analysis. The questions can be answered via an analysis of existing secondary data (i.e., a desk review) and/or remote consultations with social science and public health experts, particularly those with knowledge of the country or location context where the outbreak is occurring. The answers to the questions will provide response workers with critical information about the:

- groups of people that are predicted to be most affected by the disease and its wider impact;
- key considerations that may be critical to curtail the spread of the disease;
- effectiveness of response mechanisms, including food insecurity, health risks, risk of death, need for new infrastructure and water, sanitation and hygiene requirements; and
- key obstacles or challenges that the response has faced or is expecting to face, and the contextual realities behind such reactions (e.g., lack of trust in government, civil conflict, political motivations, lack of education).

This type of information is critically important to ensure the design of appropriate and effective public health measures. For example, at the start of outbreaks of Ebola virus disease and Marburg virus disease, SSHAP published:

- **Key considerations: 2021 outbreak of Ebola in Guinea, the context of N'Zérékoré**
- **Key considerations: Cross-border dynamics between Uganda and South Sudan in the context of the outbreak of Ebola, 2022**
- **Situational analysis: Marburg virus disease in Equatorial Guinea and Tanzania**
- **Key considerations: Outbreak of Marburg virus disease in Rwanda, October 2024**

MODULE 2. HEALTH-SEEKING BEHAVIOURS OF AFFECTED POPULATIONS (GENERAL)

To explain current practices and/or forecast population behaviours in relation to a disease outbreak, it is important to have an up-to-date understanding of:

- how people at risk perceive illness;
- how people at risk interpret symptoms;
- how people at risk (or their relatives) determine who is best placed to treat symptoms;
- people's physical and financial ability to access care;
- the ways in which existing environmental conditions (e.g., water, sanitation and hygiene) affect people's decision-making; and
- how past experiences of care and disease may impact current decision-making.

> **In seeking to elicit detailed information on health-seeking behaviours and treatment options, it may be useful to elicit an 'illness journey' (also called a 'pathway to care'). An 'illness journey' is a method to get participants to talk through in detail how they address an illness from onset to recovery and to establish a timeline for action. Additional details on this method are included in Module 6.**
>
> **The questions included within this module focus on understanding these health-seeking behaviours more generally, while Module 3 focuses on behaviours in relation to an outbreak of a specific VHF.**

MODULE 3. PERCEPTION OF RISK AND CHANGING BEHAVIOURS OF AFFECTED POPULATIONS (OUTBREAK)

This set of questions is specific to the current X virus [VHF] outbreak. For any qualitative assessment, it will be important to understand the current knowledge of X virus [VHF] and how people perceive their risk of becoming infected with X virus [VHF], including how (if at all) the outbreak may be changing behaviours.

MODULE 4. HEALTHCARE WORKER ROLES AND RESPONSIBILITIES (GENERAL AND SPECIFIC TO THE VHF OUTBREAK)

This set of questions is specific to the current X virus [VHF] outbreak. The questions define healthcare workers broadly as any person working to protect the health of patients and combat the spread of disease. Respondents to these questions could include healthcare workers in a hospital, clinical setting or treatment unit; community healthcare workers; hospital porters and cleaners; burial teams; midwives and traditional birth attendants; and others.

When selecting questions to ask, it will be important to establish if you are speaking to a healthcare worker who is likely to come into direct contact with patients/suspected cases versus those who serve in a referral or other capacity (e.g., no direct contact with patients). It is therefore important to establish the healthcare worker's specific role in addition to how the healthcare worker and the healthcare worker's health facility are treating suspected cases; for example:

- Is the treatment centre only for patients with X virus [VHF]?
- Is there an isolated wing of the facility specifically dedicated to cases X virus [VHF], while routine services are still provided elsewhere in the facility?
- Is the facility only screening and referring suspected X virus [VHF] cases to another treatment centre?

MODULE 5. BURIAL PRACTICES, DEATH AND MOURNING

This module's questions would be most relevant to ask in situations:

- where community deaths are occurring;
- where transmission patterns indicate funeral or burial events as a source of new infections; or
- in locations where affected communities and families are avoiding notifying authorities of a death.

The questions are divided into those more relevant to burial practices during general times (i.e., no VHF outbreak) and questions about how communities view medical 'safe' burials that may be occurring during a VHF outbreak.
It may be easier for some people to answer these questions by reflecting on the death of a friend, relative or community member. In which case, an interviewer could start this module by eliciting a narrative of what occurred immediately following the death of someone the interviewee was close to. For example: Who was notified first after the person's death? How long after the person died was the burial?

MODULE 6. ILLNESS JOURNEY AND EXPERIENCE

An 'illness journey' is intended to ask for detailed information from a former patient or surviving family member to understand how the person addressed an illness from onset to recovery and to establish an approximate timeline for care-seeking behaviour.

A typical illness journey will start by asking about a specific time when the patient or the person's relative fell ill. Let the patient or surviving family member tell the illness journey in as much detail as the person can remember and ask probing questions as needed to solicit a complete narrative. Probes and questions could include:

- Please tell me about that experience.
- What time did you/your relative start to feel ill?
- What did you/your relative do next, such as ask someone for advice or use medicines available in the house?
- Who did you/your relative tell or ask for advice?
- Did anyone help you/your relative with managing the symptoms or by providing food or medicines?
- Did you/your relative try any homemade treatments first?
- Did you/your relative go to the chemist to buy medicine?
- Did you/your relative go to a healthcare provider or clinic?
- What made you/your relative think that this illness was too serious to be treated at home and that you/your relative needed to go to a healthcare provider or clinic?
- What happened next?
- How did you/your relative find and pay for transport to the healthcare provider or clinic?

These questions would be most relevant to ask in situations:

- where a social scientist is a member of the initial investigation team;
- when the source of infection is being retrospectively investigated to better understand contemporary transmission (or for documenting lessons learned);
- as an additional set of questions a researcher can ask if they encounter someone during their work who has a relevant and personal illness experience of **X virus [VHF]** to share; or
- when there have been a cluster of cases in a family or community which require further investigation.

MODULE 7. PERCEPTION OF OUTBREAK RESPONDERS AND RESPONSE EFFORTS

It is important to understand how affected and high-risk populations perceive those people or entities who are responding to an outbreak and how the affected and high-risk populations view the specific response activities (e.g., VHF treatment centres, medical 'safe' burials). This understanding has important implications for the uptake (or not) of recommended public health safety measures.
This module focuses more generally on the community perception of responders and response efforts. Depending on the context, responders may want to collect additional data from patients specifically about their experiences of being treated for **X virus [VHF].** The data collection can be done, for example, via a patient exit survey (quantitative) once the patient has completed treatment. The survey questions could ask about the cleanliness of facility, communication with healthcare staff about the patient's diagnosis or treatment, or provision of instruction for the patient on how to care for themselves and/or protect themselves and their contacts once they return home, for example.

MODULE 8. VACCINATION (GENERAL AND VHF-SPECIFIC)

These questions in this module ask about:

- contextual influences (arising due to historical, socio-cultural, environmental, health system or institutional, economic or political factors),
- individual and group influences (arising from personal perception of the vaccine or influences of the social or peer environment), and
- vaccine- and vaccination-specific issues (issues related to vaccine or vaccination) which impact a person's willingness to be vaccinated. [3]

Some questions are relevant for understanding vaccine acceptance or hesitancy in general – that is, questions may be asked more generally in relation to vaccines or in specific reference to **X virus [VHF]** vaccine (where available and being used as part of the response strategy). For example, it may be important to distinguish between perceptions of vaccines (in general) and perceptions of a specific vaccine used in the current outbreak, such as if someone has a general favourable opinion of vaccines but an unfavourable opinion of a VHF vaccine.

It will not be appropriate to ask VHF vaccine-specific questions in settings where the vaccine is unavailable and/or unlikely to become available. Please review the questions carefully in consideration of the specific **X virus [VHF]** outbreak, current vaccination response plans and the respondent population.

MODULE 9. CONCURRENT EPIDEMICS

Contemporary outbreak events do not happen in isolation. Due to increasingly complex emergencies compounded by interrelated socio-economic, political and climate change disasters, concurrent epidemics are increasingly common occurrences. For example, there was an outbreak of Ebola virus disease in Uganda during the COVID-19 pandemic (2022), and there are concurrent outbreaks of mpox and Marburg virus disease in Rwanda (2024).

Concurrent epidemics may significantly complicate response (and assessment) efforts for multiple reasons, such as:

- when guidance for care-seeking is different for different diseases (e.g., home-based care for mpox versus a treatment centre for Marburg virus disease);
- when a vaccine may exist for one disease but not the other (or different population groups are recommended to receive each vaccine); or
- when the initial signs and symptoms of illness for two diseases are similar, such as is common with VHFs.

It will be important to understand these factors and distinguish between different concurrent epidemic events as relevant. The following Question Banks from the Collective Service and SSHAP may assist with designing a qualitative assessment for concurrent epidemics:

- **COVID-19:** questions related to socio-behavioural factors and COVID-19
- **Cholera:** qualitative and quantitative questions related to socio-behavioural factors and cholera
- **Mpox:** qualitative questions on mpox transmission and the response to mpox

ANNEXES

- **Annex I.** Draft topic guide for Rapid Qualitative Assessment with recovered patients and their communities to address stigma (example). This provides an example of how the question bank has been adapted in response to a specific assessment need (i.e. stigma) identified in the context of an outbreak of Marbug Virus Disease.

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[3] For additional details on measuring vaccine hesitancy, see: Larson, H. J., Jarrett, C., Schulz, W. S., Chaudhuri, M., Zhou, Y., Dube, E., Schuster, M., MacDonald, N. E., & Wilson, R. (2015). Measuring vaccine hesitancy: The development of a survey tool. Vaccine, 33(34), 4165–4175. https://doi.org/10.1016/j.vaccine.2015.04.037

- **Annex II.** Informed consent form (example). In consultation with the local qualitative assessment team, this form can be adapted to fit the local context and translated into local languages.

USING THE QUESTIONS BANK

This Questions Bank is intended to be an agile resource to support operational social science research in relation to VHF response activities. The questions are not listed in order of priority. Each module includes a set of questions organised by theme to demonstrate what kind of evidence can be gathered to fill a knowledge gap. The qualitative assessment team should select questions that are specific to the context and disease. The team will need to adapt the selected questions into language that is easily understandable by the targeted participants.

It is intended that partners will identify the main areas for investigation according to their operational priorities and identified knowledge gaps, then select the most relevant questions and adapt the questions to reflect national and subnational contexts. To identify priorities, the assessment team should first consult with the relevant pillar leads (RCCE, surveillance, case management, infection prevention and control, vaccination, etc.) of the current VHF response. To collect community insights most relevant for operations, it is likely that several rounds of data collection would be implemented in various places, amongst different communities and over different phases of the outbreak.

If you would like to receive a Microsoft Word .docx (editable) version of this document, please email Juliet Bedford **(julietbedford@anthrologica.com).**

ETHICAL CONSIDERATIONS

Qualitative assessments conducted during an emergency response are meant to be rapid procedures. The findings should contribute directly towards informing planned interventions and evaluating their impact. An emergency response assessment – qualitative or otherwise – is not intended to test an experimental hypothesis, apply a new theory or conduct an exploratory analysis for a non-operational purpose. For these reasons, it is not advised to delay conducting a qualitative assessment in order to seek formal approval from an Ethics Review Board. However, some countries may require a specific directive from a relevant government or line ministry to proceed with a qualitative assessment without a formal ethical review. The specific approval and consultation processes should be explored on a case-by-case (country-by-country) basis. In all cases, it will be essential to work closely with the relevant government/local response actors on the design, development and implementation of the qualitative assessment. This close working arrangement should extend to the analysis and dissemination of findings and recommendations, so that the evidence will be translated into action.

Acknowledging the above, there are still clear ethical responsibilities which must be considered as important components of any qualitative assessment. These responsibilities should be upheld by any person collecting information from human subjects. Key ethical considerations include informed consent and data protection, and each is described in more detail below.

INFORMED CONSENT

Participants should be:

- given full details of the qualitative assessment (background, objectives, methods, use of data) in the appropriate local language,
- informed that they can withdraw at any time and for any reason without penalty,
- informed that involvement is voluntary,
- informed that participating or not participating in the qualitative assessment will not affect access to any future services needed or provided.

Participants can provide verbal informed consent or provide a written signature; the choice should be determined according to the country context. Annex II provides an example informed consent form that can adapted for the specific qualitative assessment.

RECOMMENDED STEPS

- Give participants your name and where you are from. Thank the participants for welcoming you to their community.
- Explain to the participants why you are there, your job, why you want to talk with them specifically and what you will be doing with the information collected.

DATA PROTECTION

Strict confidentiality of all collected data must be maintained through stringent guidelines on storage, access and the protection of participant identity in data presentations. Ensure that all data collected during the qualitative assessment are handled respectfully and used exclusively for the operational purpose of informing emergency response interventions. Further information on ethical considerations can be found in the Humanitarian Health Ethics Analysis Tool.
Questions within this Questions Bank should be used responsively to context and need, and the questions should be contextualised and tested with the target audience. The topics covered may be sensitive and asking these questions could arouse strong emotions or concerns around intention. It is therefore vital to build rapport, be honest, have mutual respect and reinforce trust before, during and after the data collection.The qualitative assessment team should also have discussed routes for referral to mental health and psychosocial support services available in the country and help connect participants to these support services if needed.

- Offer reassurance to the participants that you will keep their personal information private and invite the participants to feel comfortable with you. Allow participants to refrain from answering certain questions if they do not feel comfortable. (However, if this happens, it provides information by indicating the particular sensitivity of the topic.)
- Ask participants if they have any questions; and be willing to answer questions from the participants about why you are there.
- Be honest with the participants – if you do not know the answer to a question, you do not know and that is okay.
- Inform participants of the next steps and any follow-up activities.

REPRESENTATION AND DEMOGRAPHIC INFORMATION

When collecting community-level data, it is essential to involve representatives of a diverse range of population groups. Examples of different population groups to involve are different ages, different genders, ethnic minorities and marginalised groups, including people with disabilities, refugees and internally displaced people (depending on the context). Analysis of the data collected can then be disaggregated according to these population groups. Moreover, it is helpful to think about specific population groups that may be at a particularly high risk of exposure to and transmission of VHF. Specific population groups to consider include miners or hunters who may come into close contact with the zoonotic source of infection, or highly mobile populations (e.g., truck drivers) who may start outbreaks in different locations.
To disaggregate data by population group, collect the participant group information (e.g., age, gender, language, occupation) before the start of an activity. However, only collect demographic information that you intend to analyse. If demographic data are not needed or not part of your analysis plan, then do not collect it.

ORGANISING A QUALITATIVE ASSESSMENT, COLLECTING DATA AND DISSEMINATING FINDINGS

Community engagement should be included as part of any VHF response that cuts across all sectors engaged in controlling the outbreak. Identifying the proper community entry channels and going through trusted leadership are crucial. Convenient meeting times and places should also be agreed with community members (e.g., not during a feast day or celebration). Data collectors could work with those engaged in communicating with affected populations to establish regular feedback mechanisms to share knowledge and results of anthropological investigations, for example.

Consider who are the key stakeholders, actors or organisations, including the affected populations themselves. Think about what format will work best for disseminating findings to your audience, and use different formats (e.g., written reports, infographics, presentations and briefings, animations) as appropriate. When sharing findings, use existing networks, channels and events, and time your communications so that the findings can be used to inform decision-making (e.g., before the start of an intervention, before new response plans are drawn up).

Exploring community engagement options is important for building trust in communities affected by a VHF outbreak.

The International Rescue Committee has an open-source facilitation guide for conducting community meetings in the context of a VHF outbreak (e.g., Ebola Virus Disease).The guide provides an overview of who to invite to, how to facilitate meetings, a draft agenda and discussion questions regarding intervention efforts and enhancing community engagement. The International Federation of Red Cross and Red Crescent Societies also has an extensive community feedback kit to promote and support community engagement and accountability during an emergency response.

The language used to communicate with communities is a fundamental building block to establishing trust. Clear Global has produced a report on lessons learned from previous Ebola outbreaks about '**adapting to the language needs of communities'**. [4] These lessons provide details on how appropriate use of language can help outbreak responders build trust with the communities they serve. Further, many of the recommendations for successful communication about mpox also apply to VHF outbreaks; the recommendations are available in French and English. If you have any questions about these publications or the language preferences of communities, or if you would like an up-to-date list of relevant languages for a specific country context, please contact Alice Castillejo at Clear Global (alice.castillejo@clearglobal.org).

METHODS

A key feature of social science assessments is data collection using multiple methods from various stakeholders involved in the response. This approach to data collection allows for data verification while increasing the validity of the study through triangulation. This Question Bank includes questions which are most relevant for response actors to answer for themselves (e.g., secondary data collection), and those questions which should be directed to affected communities (e.g., primary data collection). In an outbreak, where data are needed rapidly to inform the response, efforts should first concentrate on use of available data. Collection of new data should be undertaken when (a) existing information sources are insufficient to address the questions in the qualitative assessment, and (b) where skilled human resources are available for data collection, data analysis and dissemination of findings.

Primary qualitative data collection should (ideally) contain two or more methods shown in Table 1.

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4. For the full International Rescue Committee resource pack, see the Integrated Health and Protection Outbreak Response Toolkit: Body- fluid/Bloodborne transmission | EVD. For the facilitation guide, see the Integrated Health and Protection Outbreak Response Toolkit: Community meetings | facilitation guide. These resources are also available in French, Spanish and Arabic.

TABLE 1. METHODS FOR PRIMARY QUALITATIVE DATA COLLECTION

Method	Description	Relevant module(s)
Desk review	Of published academic and grey literature on the affected areas to provide critical evidence of knowledge gaps (i.e., secondary data analysis).	1
Expert interviews	With relevant social scientists, staff of local humanitarian or development agencies, and other key stakeholders in the affected or at-risk area to provide up-to-date information to complement the desk review. Also, area experts can form panels or networks to provide critical input on briefs, data analysis and in person or remote briefings.	1
Stakeholder interviews	Of people in affected communities, during community meetings and during focus group discussions according to relevant social dimensions (e.g., age, gender, ethnicity, religion, income).	Demographics 2 to 8
Observations	Community walk-throughs, observations (e.g., interactions between affected communities and responders), community mapping (e.g., location of water, sanitation and hygiene facilities, location of healthcare centres, spatial layout of housing structures, popular gathering sites) and other rapid ethnographic techniques.	All
Key informant interviews	In-depth interviews, preferably using an interview guide that asks open-ended questions and allows for follow-up questions that probe for additional information.	2 to 8
Focus group discussions	Comprised ideally of 8 to 10 people with similar backgrounds or experiences to discuss perceptions, attitudes, beliefs and other aspects on topics of relevance to informing outbreak response efforts.	2 to 8
Illness journey	Illness journey and experiences (e.g., medical histories providing first-person narrative of actions just before disease exposure, actions taken once symptoms began, sources of treatment, decision-making processes).	9
Kinship charts	Genealogical and kinship charts for describing and/or illustrating interactions among target groups which may put persons at higher or lower risk for infection.	9

DEMOGRAPHICS. AGE, GENDER, LANGUAGE AND OTHER VARIABLES

Age
- Under 18 years
- 18 to 24 years
- 25 to 39 years
- 40 to 59 years old
- 60 years and older

Gender
- Male
- Female
- Other
- Prefer not to say

Language
- What is the main language you use at home?
- Which language do you prefer to receive written information in?
- Which language do you prefer to receive spoken or signed information in?
- How do you prefer to receive information?

Other variables (context dependent)
- Location (village, district, province)
- Assessing information and communications technology access, barriers and preferences
- Relationship to survivor or deceased
- Ethnicity
- Religion
- Education level (e.g., completed primary school, secondary school, bachelor's degree)
- Occupation/employment (e.g., miner, hunter, truck driver)
- Head of household status (e.g., 'breadwinner' for family)
- Number of persons in household
- Socio-economic status and/or general income range
- Disability status (e.g., difficulty seeing, hearing or walking)
- Relationship to recovered patient/deceased (if relevant)

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5. Clear Global has an extensive question bank for language-related questions for new and ongoing surveys and a language data by country mapping (e.g., who speaks what language and where).

6. The International Rescue Committee has an extensive risk communication and community engagement planning tool for assessing information and communications technology access, barriers and preferences

7. For example, discussions in Rwanda (2024 Marburg virus disease outbreak) around ethnicity are extremely sensitive and advised against due to the history of the country. It is important to understand where these sensitivities may be before collecting demographic information.

8. Specific population groups that may be at high risk of exposure to and transmission of viral haemorrhagic fevers, such as people who may come into close contact with the zoonotic source of infection or highly mobile populations (e.g., truck drivers).

9. International Rescue Committee has risk communication and community engagement client survey questions, which include disability-related questions as mandatory demographic information to collect within their assessment protocols.

MODULE 1. CONTEXT ANALYSIS IN EPIDEMICS

1.1 Geographic characteristics and basic infrastructure

What are the important socio-ecological features of the region/country (e.g., geography, climate, ecology, seasonality, agricultural, land use)? How might these socio-ecological features influence exposure to the disease and spread of the disease? How might these socio-ecological features influence response operations?

Which are infrastructure challenges that have the potential to be important in the response (e.g., communication routes, quality of roads, electricity, fixed-line and mobile telephone networks)?

What is the status of basic infrastructure (e.g., communication, roads, electricity, telephone) in the region/country? How might this infrastructure influence disease spread? How might this infrastructure affect response operations?

1.2 Population and ethnicity

What are the different ethnolinguistic groups in the affected area? What are their histories? How do the different ethnolinguistic groups relate to their identity as citizens of the nation states where they live?

How does the area's historical and political context shape how responders can frame population groups? Are there any terms to be used or avoided (e.g., sensitivities with regards to ethnicity, political affiliation)?

Are there regional differences in relation to the central government? Is the central government – in its role of overseeing the humanitarian response – dominated by a particular social group? If so, is it different from the social groups predominant in the affected areas?

Are there any particular social groups that could be scapegoated or stigmatised in the context of the emergency? For example, is it harder for young women, sex workers, men who have sex with men, people with disabilities or other social groups to be treated well at their local clinic? Could the emergency response exacerbate existing discrimination of a particular ethnic or social group?
How would first responders from other regions or countries be accepted by affected communities? Are there incidents that could negatively or positively influence acceptance of 'outsiders' in the response (e.g. armed conflict, historical grievances)?

Are particular groups of people (e.g., ethnic groups, minorities) discriminated against in the provision of healthcare?

1.3 Relevant languages and communication preferences

What languages are used by the population? Which language do different social groups prefer? How do the languages vary according to other dimensions, such as gender and age? [Note: The qualitative assessment will need to separate between languages used in formal spaces, ethnic languages, maternal tongue, language of instruction, etc.]

What media do people in different language groups best understand (e.g., reading, listening to the radio, using visual aids)? What are the levels of literacy? Who do people in different language groups trust?

Are there political sensitivities around language? What languages should be used for particular ceremonies or rituals? What languages are prioritised in different social spaces, such as in the home, the market or in formal exchanges with authority?

1.4 Social organisation and administrative structure

What are the common forms of social organisation in the area (e.g., kinship clans, extended families, professions, property, inheritance)? Does succession and inheritance tend to be patrilineal or matrilineal in the different affected social groups?

What kind of leadership and power structures are relevant? (Consider both formal and informal power structures.)

What is the role of public administration at a local level? Is there customary or non-formal leadership, and what shape does it have? Are there differences between rural and urban areas? If relevant, how do customary and civil authorities relate to each other? Are there any tensions, and, if so, why?

1.5 Engaging civil society and local organisations

In the affected areas, are there any civil society organisations or social movements, professional associations and/or women's, youth or student groups?

What is the potential role of respected women (e.g., midwives, nurses, religious women) in community engagement? What is the potential role of youth groups in community engagement?

What relevant existing (social) networks in the area could provide an entry point for the response? For example, networks set up by nongovernmental organisations, government or other stakeholders.

Who are the trusted individuals in the different communities – according to who? [Note: Official leaders may not be representative, and leadership itself might be contested.]

What is the role of the diaspora networks?

1.6 Political context and social movements

In brief, what is the political history of the country? What are the colonial and postcolonial histories (if relevant)? What is the relationship between dominant political parties and armed forces? Are there links between these parties and previous or existing conflicts or independence movements?

What are the main politically affiliated parties at local, regional and national levels? How do the main politically affiliated parties mirror ethnic, economic or social divisions?

What recent social movements or protests have taken place in the area or country as a whole?

1.7 Livelihoods and economic relations

What are the main livelihoods of different social groups? How can livelihood realities influence the response and the spread of disease?
Are livelihood priorities generating conflict between social groups? Where does the central government stand in relation to these conflicts?
What are the main activities and livelihoods carried out by young people?

1.8 Movement and migration patterns

What are the main movement and migration patterns of relevant populations that may impact the spread of the disease and the effectiveness of the response?
What are the main types of movement and migration and reasons for it? (e.g., seasonal/permanent, cultural, economic, conflict-related, tourism)How does people's mobility vary between different nationalities, ethnic groups and social groups?

Do people move across borders? Why? When? How? For example, do people move across borders due to family life, for economic reasons, due to conflict or for service provision? Which constraints or requirements exist, such as permits, visas or border controls?

1.9 Religion and dominant beliefs

What are the main religions/beliefs, both nationally and in the affected areas?
What is the relationship between religious groups/identities and the government and the international community? Are there dominant religions aligned with political elites? Have religious groups engaged in the provision of aid or development projects?
What has been the role of religious leaders in disseminating (or countering) public health messages? What has been the religious leaders' interpretation of, and reaction to, the outbreak?
Are there roles that are gender- or age-specific?

1.10 Social vulnerabilities

What are the key activities and livelihoods carried out in communities/locations where X virus [VHF] outbreak is occurring?

Who are the most at-risk groups for contracting the disease within these communities/locations, such as Indigenous people, marginalised people, miners, hunters, elderly)? Who are the most at-risk groups for stigma and persecution?

How are the most at-risk groups perceived in their communities? Is there any pre-existing stigma that may be exacerbated by the outbreak?

Are there vulnerable people or populations that can be negatively affected by ideas of what causes **X virus [VHF]** and who carries **X virus [VHF]**? Are people or groups of people being scapegoated or accused of transmitting the disease? Is it possible to predict that people or groups of people will be scapegoated or accused of transmitting the disease? How? Why?

In what ways are social roles gendered (e.g., through religion, culture, influencing participation in society/livelihoods/child, caring for people who are ill and caring for older people)? How can social roles being gendered be expected to influence the response?

1.11 Prior outbreak response experience

Are there specific understandings of illness/infectious diseases and death/mortality that could influence the current response?

Are there previous histories and experiences with situations of high mortality and response strategies (e.g., social isolation, quarantines, changes in care of the sick or burial practices)? How do the past histories and experiences shape current perceptions?

Do some of the explanations include suspicions that the (prior) outbreak was not real – or that the disease was created and/or inoculated into the affected populations? If so, how does that correlate with the political histories of the affected populations?

Is there a discrepancy between the concepts and terms used to communicate during the outbreak response (e.g., 'cure', 'vaccine') and those concepts and terms used by at-risk groups? Is there a difference in the connotations of urgency and relevance depending on the use of terms?

MODULE 2. HEALTH-SEEKING BEHAVIOURS OF AFFECTED POPULATIONS IN GENERAL

2.1 Concepts, understanding and explanations of illness

How is health understood? What makes a person healthy (e.g., kinds of activities, abstinence, diet, behaviours, morality, spirituality, presence/absence of disease, social relationships)? How is well-being understood (e.g., happiness, free from troubles)?

What can make a person unhealthy (e.g., living a hard life, exposure to disease, luck, witchcraft)?

How do people speak of and explain health, well-being, being unhealthy and disease?

What are the common explanations for illness? Can you prevent illness? How do you prevent illness?

What role do you think body fluids, such as blood, urine, vomit or sweat, have in causing illness or maintaining health and well-being?

What are the local terms used for symptoms and groups of symptoms (e.g., those which are most associated with the current **X virus [VHF])**? [Probe: Ask about stages of symptoms] [Note: VHFs often only become distinctive or unusual later in disease progression].

What are the local terms used for illnesses in general? Which population groups use the local terms?

What are the causes attributed to these different symptoms? [Note: Different symptoms associated with **X virus [VHF]** may elicit different causal explanations; e.g., neurological signs are more likely to bring explanations of spirit possession than gastrointestinal symptoms.] These causes may vary depending on the symptoms and the specific circumstances of their emergence (e.g., natural/material, mental/psychological, spiritual or externally caused due to reasons including jealousy, witchcraft, spirits, ancestors and breaches of rules).

Do you believe that this disease can be transmitted from one person to another?

2.2 General healthcare behaviour

When someone falls ill, who is responsible for the person? Within the household or family, who decides if it is necessary to seek treatment and which healthcare provider to approach?

If treatment requires transport, money, medicines or contact with doctors, who provides these? What is the role of the extended family, in-laws and the community in arranging these?

Who cares for the ill according to age, gender or kinship role (e.g., mothers, mother in-law, husband, eldest child)? Who decides if the person needs to be taken to a hospital or a treatment unit?

What is the physical access, affordability and quality of health services? How is the local health system (i.e., local clinic, health facility or hospital) organised? Is the local health system decentralised? Who are the primary local healthcare providers (e.g., including community healthcare workers)?

When someone is ill and you are unable to take care of the person at home, are there lots of options of places where you can take the person for help? What are these options, and how do you decide where to go?

2.3 Water, sanitation and hygiene

Please tell us about the provision of water, sanitation and hygiene services in your area. Are you able to access water easily? What about sanitation in your local area or community?

Does everybody have the same level of service and access to water and sanitation services? What are the differences in the provision of safe water, sanitation and hygiene (WASH) services across different social groups? How do these differences overlap with conflict or trust in the national government and the response?

Are you able to wash your hands frequently? Are handwashing stations available in your home or neighbourhood, or both? Are water and soap available at all times at the handwashing stations?

Have people moved or been forced to move into areas with inadequate water and sanitation? Why?

What are local beliefs about pollution and contamination? What concepts are used to define these local beliefs? What are commonly understood local beliefs about sources of contamination? How do local beliefs overlap with WASH messaging?

What are the diverse WASH needs for different social groups (e.g., gender, age, religion)?

How are WASH interventions perceived (e.g., chlorination)? [Probe: Ask about the smell and taste of water after chlorination and how people distinguish between clean and unclean water.]

2.4 Livelihoods

Are risk prevention mechanisms putting people’s livelihoods at risk (e.g., government mandated culling of disease reservoir, stay-at-home orders)? Who is most vulnerable to these risk prevention mechanisms? (e.g. slaughterhouse workers, hunters, etc. – i.e., put this into context with the disease reservoir for the specific VHF outbreak and any specific details related to public health and social measures adopted due to the outbreak)

2.5 Healthcare provision (biomedical, alternative)

Where is the closest health facility or hospital? How far is this from your house?

Is there a community healthcare worker that comes to your house? How easy or difficult is it to access community healthcare workers?

What challenges do you, your family and this community face in going to the health facility or hospital? [Probe: Cost, distance, transport and health facility deterrents, including behaviour from staff, corruption, safety, roadblocks.]

What is the relative importance of alternative healthcare providers (e.g., home care, herbalists, traditional healers, faith healers, drug vendors, chemists)? [Note: If people may find this question hard to answer, elicit a story from the respondent on a recent illness in their family and how the illness was handled; e.g., Who was ill? What were the person's symptoms? What healthcare provider did the person seek treatment from first? See Module 6 for additional details.]

What ailments do alternative healthcare providers treat? What diagnostic techniques do alternative healthcare providers normally rely on? What treatments do alternative healthcare providers generally offer?

Are alternative healthcare providers in this context organised into professional associations (e.g., associations of traditional healers)?

Are some people more likely to use alternative healthcare providers than others, such as according to an urban or rural location, income, ethnicity, gender?

2.6 Health-seeking pathways

When someone is ill, what kind of care and healing do you or can you offer at home? What kinds of illnesses can be treated at home? If someone is not getting better at home, how long before you seek outside help? [Note: Homecare of patients ill with a VHF in past outbreaks has been a crucial contribution of social scientist expertise; i.e., knowing what people do and for how long is critical for case identification and advice about safe home care.]

When someone is ill and you cannot take care of the person at home any longer, where do you usually take the person for help to heal them? Do you take all members of your family to the same place or are there certain members of the family (e.g., children, elderly) who are more appropriate to take to specific care providers? Please describe.

Which healthcare providers are sought for specific ailments or symptoms? [Probe: Faith healers, drug stores, traditional healers, community healthcare workers, local clinic.] [Note: To avoid bias, it is important that probing questions present nonbiomedical providers on an equal footing with biomedical providers to elicit a true-to-life response or illness journey.]

What are the typical health-seeking pathways? Are there specific pathways that people are more likely to follow for **X virus [VHF]**, for example? Are people likely to seek advice from different providers simultaneously or in succession? [Note: See Module 6 for additional details on how to elicit an illness journey.]

How far do people travel when visiting healthcare providers and healers? How far do people travel for different kinds of providers or illnesses?

What type of medicine would you expect to receive from these providers for this illness? [Note: Ask respondent to answer this question for all specific providers whom they listed in response to prior questions]. What if the medicine you were provided did not work – what would you think?

2.7 Prior outbreak response experience

Do you remember a time when there was an illness that killed many people? Can you remember what it was called?
How did people try to protect themselves from the illness? What types of treatment did people seek?
How did the government and/or responders deal with this illness?

MODULE 3. PERCEPTION OF RISK AND CHANGING BEHAVIOURS OF AFFECTED POPULATIONS DURING AN OUTBREAK

3.1 Knowledge and awareness

When did you first become aware of **X virus [VHF]** in your community? How did you first become aware of **X virus [VHF]** in your community? In what circumstances did you first become aware of **X virus [VHF]** in your community? (Elicit a narrative.)

What do you call **X virus [VHF]** in your community?

What do you know about **X virus [VHF]?** What did you hear about **X virus [VHF]?** Where did you hear this information?

What do you think causes X virus [VHF]? What other things do people say cause **X virus [VHF]** [Probe: Breaking of societal taboos, angering the ancestors, jealousy, witchcraft, worrying too much, environmental change, environmental pollution, lack of nutrition, etc.]

Can **X virus [VHF]** be prevented? If so, how? [Probe: Hygiene, vaccinations, observing social rules/norms, praying, offerings to ancestors or spirits, etc.]

How does **X virus [VHF]** spread? Please describe. Do you believe **X virus [VHF]** can be transmitted from one person to another? How do you think it is transmitted?

How do you prevent **X virus [VHF]?** Are you doing this or any of these things?

Do you think that **X virus [VHF]** can be treated? Where and how can **X virus [VHF]** be treated? Is it possible to survive **X virus [VHF]?** How is it possible to survive **X virus [VHF]?** Who is more or less likely to survive?

3.2 Risk perception and health-seeking behaviour

How dangerous do you think **X virus [VHF]** is?

Do you think you or your community are at risk of getting **X virus [VHF]?** Why or why not? What do other people in your community think?

Do you think some people are more likely to get **X virus [VHF]** than others? Why?

If you were to experience a combination of the following signs and symptoms, what do you think the cause might be? (List: Fatigue, muscle ache, fever, headache, eye redness, abdominal pain, diarrhoea, nausea, vomiting/vomiting blood. This list must be updated according to the current clinical progression and/or case definition of **X virus [VHF]).**

If you were to experience these signs and symptoms (or a combination of these signs or symptoms), what, if anything would you do before seeking care? [Probe: Wait to see if symptoms got worse, try local remedies at home, ask advice of neighbours, pray, etc.]

Can you remember a time when you experienced these signs and symptoms? Where and how did you seek care? Why that source of care? What treatment was provided? Did the treatment work?

What are the reasons that some people may go to the health facility if they experience these symptoms? [Probe: Suitable treatment available, medicines, clinic nearby, etc.]

What are the reasons that some people may go to an alternative care provider if they experience these symptoms? [Probe: Illness is not suitable for treatment, no treatment available, limited access to health facility, fear, rumours, cost, etc.]

What (if anything) do you fear most about **X virus [VHF]?** What is worrying you?

What (if anything) is confusing or unclear related to **X virus [VHF]?** What more would you like to know?

3.3 Changing behaviours

What actions has your community taken to protect itself from **X virus [VHF]?**

In your opinion, since the **X virus [VHF]** outbreak become known to you, how (if at all) have people in your community changed their behaviours? How have they changed?
[Probes include:
- Gathering in places with many other people, such as at sporting events, markets or public transportation
- Human contact with immediate family, such as signs of affection like a hug, kiss or shaking hands
- Human contact outside of immediate family, such as signs of affection like a hug, kiss or shaking hands
- Sexual contact
- Washing hands or using hand sanitiser more frequently
- Interacting with strangers from outside the community
- Going to the church or mosque
- Interacting with visibly ill people
- Interacting with dead bodies including washing and preparing for burial
- Taking public transport
- Visiting friends and relatives
- Attending funerals]

In your opinion, since the **X virus [VHF]** outbreak become known to you, how have you personally changed your behaviours? [Probe: Use same scenarios as above.]

How willing or ready are you to adapt your behaviour to protect yourself from **X virus [VHF]?** What would help to make you more willing? [Probe: Information, equipment, treatment options, etc.]

How willing or ready do you think your community is to protect themselves from **X virus [VHF]?** What would help to make your community more willing? [Probe: Information, equipment, treatment options, etc.]

MODULE 4. HEALTHCARE WORKER ROLES AND RESPONSIBILITIES (GENERAL AND SPECIFIC TO THE OUTBREAK)

4.1 Background (general, before the outbreak)

What is your role or position?
How long have you been working as a healthcare worker?

Please briefly describe your normal (non-outbreak related) daily tasks and responsibilities as a healthcare worker.

What services are available in this health facility? How do you feel about the capacity of this health facility to deliver these services?

Do you receive referrals from other health facilities? For what sort of issues? What is the catchment area for referrals?

Who owns and/or manages this health facility?

Are staff in this health facility from this region of the country? Do staff speak the same language(s) as local communities? Do you have sufficient numbers and types of staff in this health facility (e.g., physician, nurse/midwife)?

How do you feel about the management of this health facility? [Probe: Salaries, operating procedures/staffing.]

What connections and coordination do you normally have with health managers and healthcare providers at the community level? [Probe: e.g., District Health Management Team, health posts, community healthcare workers and their organisations, nongovernmental organisations, traditional healers, traditional birth attendants.]

Do you sometimes contribute to activities in communities with nongovernmental organisations or partners? What activities?

4.2 Routine health services during an outbreak

How has the **X virus [VHF]** outbreak impacted your ability to provide routine (not related to the **X virus [VHF]**) health services at this facility? [Probe: Capacity to manage non-VHF patients (e.g., routine maternal and child health services such as delivery and vaccinations)?

How has the **X virus [VHF]** outbreak impacted your ability to make correct diagnoses and act on them (e.g., if initial symptoms of **X virus [VHF]** are diagnosed as something different, such as malaria)?

How has the **X virus [VHF]** outbreak impacted your ability to juggle tasks related to the **X virus [VHF]** with regular or routine tasks?]

How, if at all, has the **X virus [VHF]** outbreak impacted the supply of essential drugs or supplies to this health facility?

How, if at all, has the **X virus [VHF]** outbreak affected the population seeking care for routine health services offered at this health facility (e.g., maternal and child health services)?

Do you believe it is safe for patients who do not have VHF to receive treatment at your health facility? Why or why not?

4.3 VHF-related services and healthcare worker concerns

Before the current outbreak, had you ever heard of **X virus [VHF]**? What had you heard?

What **X virus [VHF]** services are available in this health facility? How do you feel about the capacity of this health facility to deliver these services?

How would you assess your ability to provide **X virus [VHF]** services (i.e., those services that would normally fall within your routine role and responsibilities)? Have you been asked to provide any **X virus [VHF]** services which would not normally fall within your routine role and responsibilities? If yes, what services have you been asked or required to do? Why have you been asked to do these services (e.g., staff shortage, experience with a prior disease with similar clinical pathway, language skills)?

Do you have or have you had any specialised training to provide the **X virus [VHF]** services that you are currently providing? If yes, please describe the specialised training. If no, do you think you need to have additional specialised training to provide these services?

Can you tell us about the specific infection, prevention and control measures you are implementing in your daily work to prevent the spread of **X virus [VHF]**? How easy is it to implement these measures at all times? [Probe: Are the relevant supplies always available? Is the workload too high to keep changing personal protective equipment?]

Within your role as a healthcare worker (e.g., within your current work environment), do you believe you are at risk for contracting **X virus [VHF]?** Why or why not?

Are you worried about **X virus [VHF]?** Do you feel you know how to protect yourself? How do you protect your family or household member?

How does your family or household or other members of your community feel about you working in a **X virus [VHF]** facility? Are your family or household or other members of your community worried about catching the disease from you? Do they treat you or your household members differently since you started working with **X virus [VHF]** cases? [Probe: Avoid close contact with you, eating together, using the same utensils, sleeping in the same bed, shaking hands, visiting, calling you names, discriminating against you or your family in any other stigmatising way.]

Do you have the proper equipment as well as personal protective equipment to provide **X virus [VHF]** services? If no, what additional equipment or personal protective equipment do you require?

Do you believe it is safe for patients with **X virus [VHF]** to receive treatment at your health facility? Why or why not?

How, if at all, do you think the outbreak has affected your motivation and capacity to work? How, if at all, do you think the **X virus [VHF]** outbreak has affected the motivation and capacity to work of other healthcare staff in this facility? [Probe: Ask about healthcare workers who have direct contact with patients with **X virus [VHF]** ; on issues related to exhaustion, fear and/or stigma.] What support do you receive for dealing with the impact of working on a **X virus [VHF]** ward?

4.4 Recommendations

Aside from equipment or personal protective equipment needs, are there any services that you would recommend healthcare workers should have, such as psychosocial services, outreach or engagement with families and communities of healthcare workers?

In a future outbreak, what, if anything, do you think should be done differently? What would help healthcare workers to maintain normal services as well as services related to **X virus [VHF]?** [Probe: Policies or emergency protocols on how to manage essential services.]

How can healthcare workers contribute to enhancing trust and use of the health system for routine services and services related to **X virus [VHF]?** [Probe: Through health promotion and community engagement? Through links to other support organisations? Which organisations? How?]

Has the **X virus [VHF]** outbreak had any unexpected positive impact on your work from which we can learn? What do you think has been most effective about your work? What do you think has been most effective about the work of other healthcare workers?

MODULE 5. BURIAL PRACTICES, DEATH AND MOURNING

5.1 Notification and body preparation (general)

What happens when a person dies in the community or at home?

When a person dies, who is notified of the death? Who needs to know first?

How much time is there between the death and a burial/funeral?

Where is the body kept before the burial/funeral? [Probe: At home, in a funeral home, in a hospital or health facility.]

How is the body prepared for burial/funeral? And by whom? [Probe: Washing, decorating, spraying perfume.]

5.2 Funeral rites and practices (general)

What happens during a normal burial or funeral process? [Probe: What happens before a normal burial or funeral process? What happens during a normal burial or funeral process? What happens after the body is laid to rest?]

Who attends the burial/funeral? Who leads the burial/funeral?

How is the body handled during the burial/funeral process? Who handles the body? [Probe: Include physical contact, probe on relationships to the diseased.]

What, if anything, is the body buried in? [Probe: Coffin, shroud, leaves, remains of their hut.]

Are burials/funerals different for different people? If so, how? [Probe: Men/women, children, people of social standing.]

Where are people usually buried? Why are people usually buried in this location? [Probe: The person’s place of origin/ hometown/village even if it is different village/town.]

Are there times when the body needs to be moved during the mourning period or during preparation, washing, cleaning or the funeral/burial process? Why does the body need to be moved?

If a person's body needs to be moved (e.g., back to the person's home village), how is the body moved? [Probe: When, by who, what mode of transport.]

Separate to the burial/funeral itself, are there mourning rites or practices that must be followed? What are the mourning rites or practices ? Who must follow the mourning rites or practices? [Probe: Include physical contact, how long the mourning rites or practices last for.]

What happens to the possessions of the deceased?

Is food shared amongst people during the burial/funeral?

Do people who attend the funeral have physical contact during the burial/funeral? [Probe: Hug, shake hands, kiss.]

What are the consequences if burial/funeral practices are not correctly followed? [Probe: Spiritual, social, economic, legal, land-related consequences.] Are there ways of protecting yourself, your family and your community from the consequences?

Have there been times in the past (e.g., because of war or disasters) when 'proper' burial/funeral practices could not be followed? What happened?

5.3 Medical 'safe' burials (during an outbreak)

In certain cases, is it acceptable to alter or suspend normal burial/funeral practices? [Probe: If so, in what situations? How are things changed?]

If normal burial/funeral practices need to be altered or suspended for some reason, how should this be decided or negotiated? Who should be involved in this decision?

Have you heard the term 'medical burial' or 'safe burial'? If yes, where did you hear this term? What do you think or know happens during such a burial? [Note: If the respondent does not know about a safe burial, explain the term and the process.]

Is a 'medical burial' or 'safe burial' acceptable to you/your community during a disease outbreak? Why or why not?

In your view, what can be changed to make a 'medical burial' or 'safe burial' acceptable or more acceptable to you/your community? [Probe: Who should be involved? What is each person's role?]

For this outbreak, if burial/funeral practices cannot go ahead as normal, are there ways of preventing negative consequences and protecting people from harm?

MODULE 6. ILLNESS JOURNEY AND EXPERIENCE

6.1 Event: illness and/or death

Has anyone in your family or community been treated for **X virus [VHF]** or died from **X virus [VHF]?** What has your experience with the illness and treatment process been? (Elicit story. E.g., probes and questions could include: early phase of illness, treatment seeking, discharge and return to home community. See Annex 1 for an example).

I am interested in learning about what happened in the days or weeks before **you/your friend/your relative** became ill with **X virus [VHF]?** I would like you to tell me the whole story about how **you/your friend/your relative** became ill and what **you/your friend/your relative** did while ill? [Note: If the person does not know where to begin, then ask: Maybe you could start by telling me about what was going on around the time before you/your friend/your relative started feeling ill?]

How you do you think **you/your friend/your relative** became ill? What do you think caused the illness?

What did you do when you first learned that **you/your friend/your relative** was ill? If **your friend/your relative** was ill, were you one of the caregivers? Who were the caregivers for **you/your friend/your relative?** What role or roles did each person have as a caregiver? How did people do those caregiver roles?

How did you feel when **your/your friend/your relative's** illness occurred?

What did you think was the best way to help **you/your friend/your relative** who was ill?

What symptoms did **you/your friend/your relative** have? Had **you/your friend/your relative** ever had those symptoms before? [Note: Sometimes the first symptoms of VHFs are attributed to an existing chronic condition and are treated by the family as such.] What type of illness did you think **you/your friend/your relative** had? Did you think it may have been **X virus [VHF]?** Why or why not?

How did you get help when you saw that **you/your friend/your relative** were/was ill? How long after the symptoms? What type of care was sought (e.g., traditional healer, drug peddler, nurse, clinic, pharmacy, national helpline)?

Did the treatment received when seeking care work? Do you think the treatment you received was successful or effective? Why or why not? Would you visit this same healthcare provider (e.g., traditional healer, drug peddler, nurse, clinic, pharmacy, national helpline) again in the future? Why or why not?

How long was it between when **you/your friend/your relative** first started to feel ill and when help arrived or help was sought? How was the decision made to ask for help? Who helped make that decision?

What was done with the items **you/your friend/your relative** used while ill, including clothes, sleeping mats, blankets and towels?

Has anyone else that you know been ill, not necessarily from **X virus [VHF]**, in the past month? Has anyone else that you know been ill with malaria, cholera, or diarrhoea and vomiting, for example, or any other kind of illness?

6.2 Source of infection

In the past one month, have **you or has your friend/your relative:**

- eaten or been around bats or bushmeat **[insert the name of the relevant reservoir for the specific VHF]?**
- attended a burial?
- helped with a childbirth?
- taken care of someone who was ill? If so, what role did **you/your friend/your relative** play? Did **you/your friend/your relative** have direct or indirect contact with the ill person's bodily fluids (saliva, sweat, blood, vomit, diarrhoea, semen)?
- had direct or indirect contact with bodily fluids (saliva, sweat, blood, vomit, diarrhoea, semen) of someone who has recently recovered from a serious illness or **X virus [VHF]?**
- travelled outside of the community? If so, where? Was anyone ill there?
- interacted with someone not from your community who came to your village? If so, where was that person from? Was that person ill?

6.3 Genealogy/kinship charts

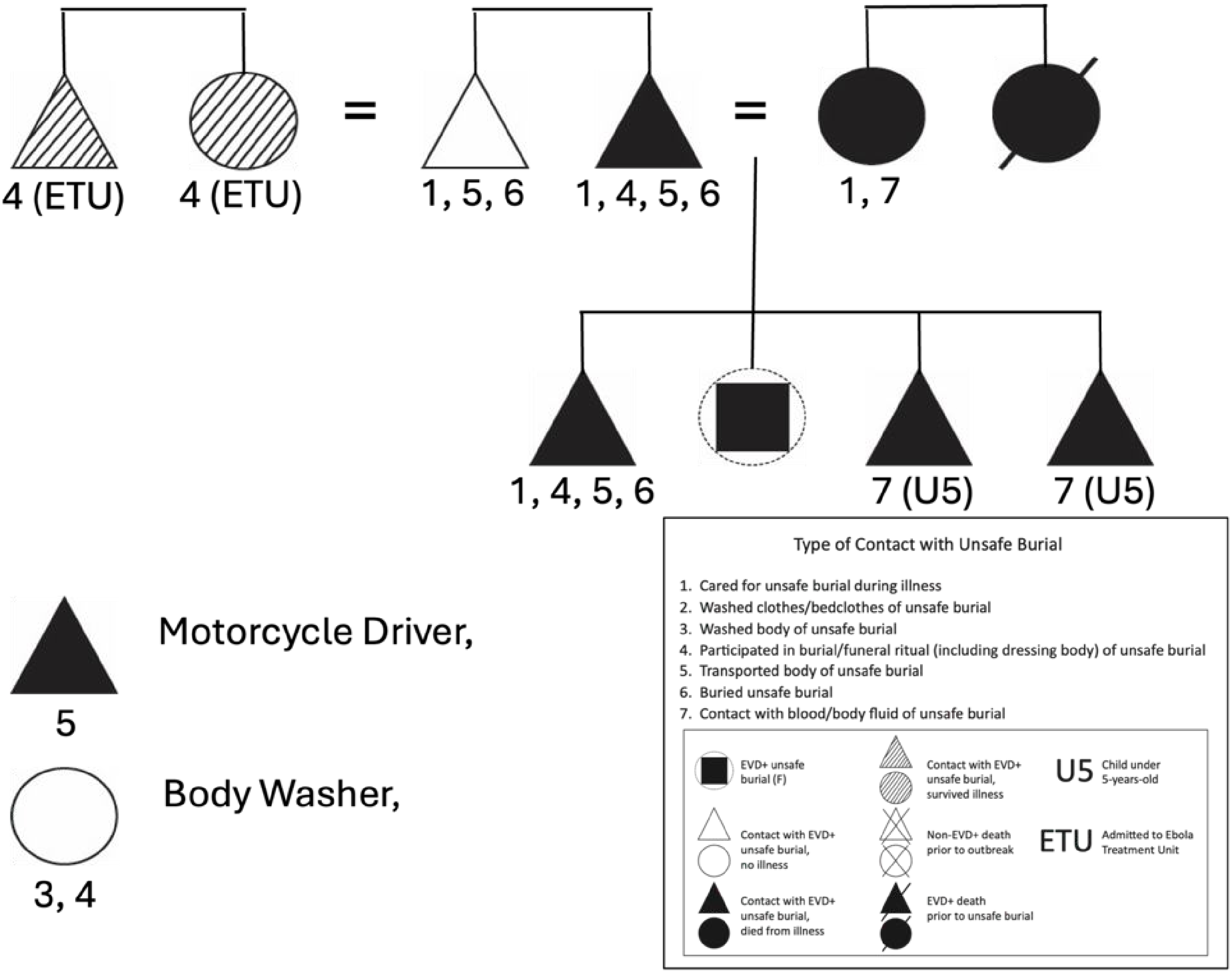
A way to understand the familial relationships and interactions within the homes of high- and low-risk contacts to an **index case/confirmed/suspected case** is to create a family pedigree or family genealogy of the high- and low-risk contacts. For each home, identify a family-appointed spokesperson to describe each person living in the home, immediate family members not residing in the home and household members who have become ill or died because of **X virus [VHF].** A detailed family genealogy can also help to understand contact history and/or if contacts are missing. [10]

Data collected should include the name, age, gender, relationship to the case, whether living or deceased, residence location/name of village and any other details of relevance to transmission (e.g., types of contact with case). It may also be helpful to identify relevant non-kin (i.e., persons living in the community but not in the household) who also came into contact with the case. It is not necessary to collect birth or death dates for response purposes.

The most efficient way to collect genealogy information is to get it from more than one source (at least three) in the family of the case. Start with the immediate members of the family and then work your way further out, collecting information on the case's brothers and sisters and the case's spouse, followed by the case's cousins, nieces, nephews, etc. Once the preliminary data have been collected, triangulate the data to create a draft family genealogy.

Identify any inconsistencies and then reinterview the contacts. Address inconsistencies and collect more information about the extended family. Once certain that all those people who likely had contact with the case during symptoms or after death have been identified, finalise the family genealogy. The results of the findings can be illustrated using basic visual software such as Microsoft Word or PowerPoint. The example in Figure 1 uses standard kinship icons to visualise data obtained from survivor interviews following an Ebola virus disease outbreak resulting from an unsafe burial (i.e. non-medical burial in the context of an outbreak). [11]

Figure 1. Type of contact with unsafe burial (EVD outbreak)



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[10] For details on engaging communities in contact tracing, see: World Health Organization, United Nations Children's Fund (UNICEF), & International Federation of Red Cross and Red Crescent Societies. (2021). Operational guide for engaging communities in contact tracing, 28 May 2021. World Health Organization. https://iris.who.int/handle/10665/341553

[11] Example figure contributed by Ginger Johnson (SSHAP) based on her work on EVD in West Africa.

MODULE 7. PERCEPTION OF OUTBREAK RESPONDERS AND RESPONSE EFFORTS

7.1 Perception of responders

Regarding the national government/provincial government/city government (include as needed):

- What do you think the government's role is in the **X virus [VHF]** response? How well is the government fulfilling this role?
- How far is the government able to protect you/your community from **X virus [VHF]?**
- How much is the government concerned about you/your community?
- How open and honest is the government when it comes to the **X virus [VHF]** response?
- Is there anything that would help you/your community to trust the government more?

Regarding healthcare workers at **health facilities (general)/healthcare workers at X virus [VHF] treatment centres/ burial teams** [include as needed]:

- What do you think the role of the healthcare workers is in the **X virus [VHF]** response? How well are the healthcare workers fulfilling this role?
- How far are the healthcare workers able to protect you/your community from **X virus [VHF]?**
- How much are the healthcare workers concerned about you/your community?
- What do you think the biggest challenges are for the healthcare workers in responding to this outbreak?
- How open and honest are the healthcare workers when it comes to the **X virus [VHF]** response?
- Is there anything that would help you/your community to trust the healthcare workers more? [Note: Need to clarify local term/concept of trust.]

Regarding national nongovernmental organisations/international nongovernmental organisations/United Nations agencies (include as needed):

- What do you think their role is in the **X virus [VHF]** response? How well are they fulfilling this role?
- How far are they able to protect you/your community from **X virus [VHF]?**
- How much are they concerned about you/your community?
- How open and honest are they when it comes to the **X virus [VHF]** response?
- Is there anything that would help you/your community to trust them more?

7.1 Perception of responders

How do you perceive the response? Do you think the response is well-intentioned?

What do you think are the motivations of the people making the rules and working within the response? [Note: Here you can probe more specifically on certain aspects of the **X virus [VHF]** response plan in relation to contact tracing, quarantine, self-isolation, medical burials, etc.]

How do you interpret the influx of resources (e.g., human, financial) in response to **X virus [VHF]?** [Probe: How are these resources being used to control the outbreak? How do you feel about these measures?]

What responders do you trust the most? Why? What responders do you trust the least? Why?

Have you experienced or heard of others who have experienced inappropriate behaviour (e.g., harassment, discrimination, sexual exploitation and abuse) from healthcare workers, community volunteers or any person who is working in the **X virus [VHF]** response? Please describe.

Would you report (or do you think others would report) any inappropriate behaviour from healthcare workers, community volunteers or any person who is working in the **X virus [VHF]** response? [Probe: Where would you report this inappropriate behaviour? How would you report this inappropriate behaviour? What challenges do you think you would face in reporting such inappropriate behaviour?]

7.3 Perception of VHF treatment unit

Would you go to a VHF treatment unit if you were experiencing signs and symptoms of **X virus [VHF]?** Would you feel safe visiting a VHF treatment unit? Why or why not?

What do you think happens in a VHF treatment unit? What kind of care do you think you would receive in a VHF treatment unit?

When or if death occurs within a VHF treatment unit, what (if any) explanations are provided to you/your community as to the cause of death? Do you/your community have similar or different explanations as to the cause of death. Please explain.

7.4 Community response

Consider your own immediate community [Note: first agree who is the immediate community, such as the quartier]:

- What do you think your immediate community's role is in the **X virus [VHF]** response? How well are you/your community fulfilling this role?
- How far is your own immediate community able to protect itself from **X virus [VHF]?**
- How much is your immediate community concerned about one another?
- How open and honest is your immediate community with one another when it comes to **X virus [VHF]?**
- What could help improve the trust within your own community?

What, if any, tension has arisen within your immediate community concerning the **X virus [VHF]** response? Why has this tension arisen?

What, if any, tension has arisen between your immediate community and those coming from outside? Why was this? [Note: This question is referring to emergency response/public health actors involved in the **X virus [VHF]** response.]

Has the presence of armed groups impacted the **X virus [VHF]** response in your area? If so, can you tell me about this?

What (if anything) causes you/your family the most anger or frustration related to **X virus [VHF]?**

What is currently preventing the **X virus [VHF]** outbreak ending? How in your opinion could each of the points mentioned best be remedied?

MODULE 8. VACCINATION (GENERAL AND VHF-SPECIFIC)

8.1 Background and contextual influences

Have you heard if there is a **X virus [VHF]** vaccine? What have you heard about a **X virus [VHF]** vaccine?

What is the most common information source you turn to for information on vaccines(s), including the **X virus [VHF]** vaccine?

When you hear information about vaccines, including the **X virus [VHF]** vaccine, who do you speak with/what information sources do you consult about the information? [Probe: A friend, a healthcare worker, a family member, a relative, check on the internet.]

Whom do you trust the most for information about vaccines, including the **X virus [VHF]** vaccine? Whom do you trust the least?

Some groups or leaders do not agree with vaccination for varied reasons. Do you know of any of these groups? Do these groups disfavour only the **X virus [VHF]** vaccine or all vaccinations?

In general, do you agree or disagree with these groups? Why?

Have you had any bad experiences with vaccines in the past? What happened?

Do you remember any event or events in the past that would have discouraged you from accepting the **X virus [VHF]** vaccine? If yes, please describe the event or events.

Do you know anyone who would not accept vaccines or the **X virus [VHF]** vaccine because of religious or cultural reasons? Do you think they are risking their health if they do not accept vaccines or the X virus [VHF] vaccine?

Do you think **vaccines (in general)/X virus [VHF]** vaccine is more important for boys and men? For girls and women? For healthcare workers? For the older people? [Probe: Ask about groups which are relevant for the current and/or planned vaccination strategy.]

Do you trust that your government is making decisions in your best interest with respect to when and how **vaccines (in general)/X virus [VHF]** vaccine are/is provided?

Do you think all vaccines, including the **X virus [VHF] vaccine**, should be compulsory?

If you must spend more than one hour in travel time to get a vaccine, do you consider it important enough to travel for it? Would you travel to receive the **X virus [VHF]** vaccine?

What is the maximum amount of time you would be able or willing to travel to get a vaccine (in general) for yourself or a family or household member? For the **X virus [VHF**] vaccine?

Are there other geographical factors (e.g., distance to health facility, dangerous road) that might prevent you from getting vaccines, including the **X virus [VHF]** vaccine?

Do you believe that **vaccines (in general)/X virus [VHF] vaccine** producers are interested in your health?

Do you trust **vaccines (in general)/X virus [VHF] vaccine** producers to provide safe and effective vaccines? Why or why not?

8.2 Individual and group influences

If offered a **X virus [VHF]** vaccine, would you take it? Why or why not?

Have you ever not accepted a vaccine (past experience)? What was the reason?

Do you know anyone who has had a bad reaction to a vaccine, including the **X virus [VHF]** vaccine?

Do you know a child who had a serious disease because the child was not vaccinated?

Can you tell me what a vaccine is? What does a vaccine do to the body?

Do you feel that you know which vaccines you should get for yourself? Do you feel that you know which vaccines you should get for your children?

Do you feel that you know enough about the **X virus [VHF]** vaccine, which is the vaccine being used in the current outbreak response? What extra information would you like to have about the X virus [VHF] vaccine?

Has someone explained how and why the **X virus [VHF]** vaccine is being used? Do you have any questions about how the vaccine is being delivered or who it is being offered to or not offered to?

Are you satisfied with your employer's/the government's/the ministry of health's answers to your questions related to **vaccines (in general)/X virus [VHF] vaccine?** [Note: This question may be important if healthcare workers are part of a frontline vaccination strategy.]

Do you trust the **X virus [VHF]** vaccine advice your healthcare provider gives you? Do you trust the **X virus [VHF]** vaccine advice your employer gives you?

Do you feel that your healthcare provider cares about what is best for you? Do you feel that your employer cares about what is best for you?

Do you remember which vaccines you have received? Do you remember which diseases you have received vaccinations for? Do you remember which vaccines your children have received? Please name the vaccines.

Which vaccines do you think are the most important?

Do you believe that diseases that can be prevented by vaccines can be serious? Which disease or diseases?

Do you have any concerns about vaccines? If so, what are your concerns? Do you have any concerns about X virus [VHF] vaccine? If so, what are your concerns?

Do you think it is important for everyone who is offered the **X virus [VHF]** vaccine to take it? Why or why not?

8.3 Vaccine-/vaccination-specific issues

Do you believe vaccines in general are safe for yourself? Do you believe vaccines in general are safe for your child or children? Do you believe vaccines in general are safe for people in your community?

Do you believe the **X virus [VHF]** vaccine is safe for yourself? Do you believe the **X virus [VHF]** vaccine is safe for your child or children? Do you believe the **X virus [VHF]** vaccine is safe for people in your community?

Do you feel you get enough information about vaccines and their safety? Do you feel you get enough information about the **X virus [VHF]** vaccine and its safety?

What is the first/most important thing you want to know when a new vaccine (in general) is introduced or announced? What is the first/most important thing you want to know about the **X virus [VHF]** vaccine?

When a new vaccine is introduced, do you want to be the first to get it? When **X virus [VHF]** vaccine is/was/will be introduced, do you want to be the first to get it? Why or why would you not want to be the first to get the **X virus [VHF]** vaccine?

Is access to a vaccination centre or site easy? Is the vaccination centre or site conveniently located? Is access to a **X virus [VHF]** vaccine centre or site easy? Is the **X virus [VHF]** vaccine centre or site conveniently located?

Are there any things that could be done to make it easier for you to get vaccines (in general) for yourself and your children? Are there any things that could be done to make it easier for you to get the **X virus [VHF]** vaccine for yourself?

Do you feel confident that the vaccination centre will have the vaccine (in general) you need when you need it? Do you feel confident that the health facility/clinic/hospital will have the **X virus [VHF]** vaccine when you need it? Why or why do you not do you feel confident about this?

Would the cost of a vaccine, including the **X virus [VHF]** vaccine, prevent you from getting the vaccine, even if you felt you needed it? Would you be willing to pay for the vaccine?

Has a healthcare professional ever treated you without respect – such as in regard to your appearance, your education or cultural background – so that you will hesitate to return to the health facility?

Has your healthcare provider ever advised you that a certain vaccine was not necessary? Which vaccine?

Has your healthcare provider ever spoken to you about the **X virus [VHF]** vaccine? What did the healthcare provider say?

8.4 Concurrent epidemics

Did you receive the **X virus [VHF]** vaccine? Where did you receive the **X virus [VHF]** vaccine? Who administered the **X virus [VHF]** vaccine? Were there specific vaccination centres for the **X virus [VHF]** vaccine? Were the vaccination centres accessible? Was the **X virus [VHF]** vaccine affordable?

Did you receive the **[co-occurring disease] vaccine?** Where did you receive the **[co-occurring disease] vaccine?** Who administered the **[co-occurring disease] vaccine?** Were there specific vaccination centres for the **[co-occurring disease] vaccine?** Were the vaccination centres accessible? Was the vaccine affordable?

Were there any differences between the **X virus [VHF]** vaccine and the **[co-occurring disease] vaccine?** If yes, what are these differences? [Probe: Location of vaccination services, population the vaccine is available to, affordability, etc.]

MODULE 9. CONCURRENT EPIDEMICS

9.1 Communication

Can you tell me about any disease outbreaks going on in your area now? [Note: Start with an open question to see what knowledge the participant offers before mentioning the outbreak(s) that you are working on.]

Since the **X virus [VHF]** outbreak was declared in your country (province, district, community), have you received any information? What information have you received? Is the information about **X virus [VHF]** different from information about the **[co-occurring disease]?** If yes, what is different about the information?

Do you hear about **X virus [VHF]** through the same channels or sources as **[co-occurring disease]?** If yes, how did you hear about these diseases, such as from community healthcare workers, the radio, text messages or community leaders? If no, what are the different ways you heard about these disease outbreaks?

What do people in your community say about **X virus [VHF]** and **[co-occurring disease]?** Where do people in your community think these diseases come from? What do people in your community think could be done to address or control these diseases? Are there any opposing opinions, such as if religious leaders advise a different course of action than the government?

9.2 Signs and symptoms

Do you see or know of any differences between signs and symptoms of **X virus [VHF]** and the signs and symptoms of **[co-occurring disease]?** What are these differences?

9.3 Prevention and control

Do you see any differences between **X virus [VHF]** and **[co-occurring disease]** prevention and control measures? What are these differences? [Probe: Handwashing, mask wearing, physical distancing, closure of markets, travel restrictions, curfews, etc.]

Are there any **X virus [VHF]** preventive measures that can also help to prevent **[co-occurring disease]?** What are the **X virus [VHF]** preventive measures which you and your family can practice to also prevent **[co-occurring disease]?**

What are different preventive measures for **[co-occurring disease]** that you and your family should practice to also prevent **X virus [VHF]?**

How easy is it to practice these preventive measures in your current context? [Note: Get the participant to reflect on their life circumstances and whether it is possible for the person to these preventive measures. Also ask the participant what kind of support the participant might need to be able to engage in preventive measures. These often bring up a more truthful discussion of the challenges to sustained preventive action than a direct question (e.g., Do you or don't you engage in these actions?)]

Do you practice preventive measures for **X virus [VHF]?** If yes, which preventive measures do you use? If no, why not? Do you practice preventive measures for **[co-occurring disease]?** Which preventive measures do you use? If no, why not?

9.4 Treatment and care-seeking behaviour

Who could you ask for advice on what to do if you experience the symptoms of **X virus [VHF]** or **[co-occurring disease]?**

Are there any differences between the treatment of **X virus [VHF]** and **[co-occurring disease]?** What are these differences? [Probe: Self-isolation at home, use oral rehydration salts solution, inform community leaders, get advice from a healthcare worker, go to a **X virus [VHF]** treatment centre, go to a **[co-occurring disease]** treatment centre].

If you needed to, would you see the same healthcare provider you saw for **X virus [VHF]** if you had **[co-occurring disease]** symptoms? If yes, which one? Why? If no, why not?

Do you see a difference in the quality of public healthcare facilities for **X virus [VHF]** and **[co-occurring disease]?** Which health services for **X virus [VHF]** and **[co-occurring disease]** have been affected?

How have the health services for **X virus [VHF]** and **[co-occurring disease]** been affected? Why do you think the health services for **X virus [VHF]** and **[co-occurring disease]** have been affected?

9.5 Community response

During the **X virus [VHF]** outbreak, has/did your community implement any actions to prevent and/or reduce risk of **[co-occurring disease]?** If yes, can you please provide some examples of these actions? Do you think the same actions or solutions could be used to prevent or reduce **X virus [VHF]** transmission risks? If yes, which ones? [Note: Refer to those actions or solutions the respondent mentioned in response to prior question].

ANNEX I. DRAFT TOPIC GUIDE FOR RAPID QUALITATIVE ASSESSMENT WITH RECOVERED PATIENTS AND THEIR COMMUNITIES TO ADDRESS STIGMA (EXAMPLE) 12

Date of interview:
Name of interviewer:

Part 1: Demographics

1. Name
2. Location of interview (village, district, province)
3. If relative: relation to recovered patient:
4. The recovered patient's:
   - Name:
   - Age:
   - Occupation/employment:
   - Education:
   - How many people live in the household?
   - Are you the breadwinner?
   - Religion:
   - Disability status:
5. What is the main language you use at home?
6. Which language do you prefer to receive information in?
7. How do you prefer to receive information?

Part 2: Illness journey and experience [Note: to gain an understanding of exposure, initial recognition of symptoms, and care-seeking practices].

2.1. Early phase:

- Can you tell me what happened? When did you/your relative first start to feel sick?
- What were the first symptoms?
- Did any others in your household or your neighbourhood get sick too? (if so: did they get better?)
- What did you initially think was the illness?
  - (examples given here included e.g. Marburg virus disease, Mpox, Covid, malaria, other biomedical explanation, God's plan etc.)
- What did you think was the cause?
- What made you conclude it was this? (the symptoms, stories circulating in the community, advice from leaders...)
- Did you ever start suspecting it might be Marburg?
  - What made you suspect it?
  - Had you already heard about Marburg at this time?
    - If yes: what information had you received, and through which channel?
    - What had you heard about Marburg?
  - Had you tried any practices to protect yourself from Marburg before you fell ill?
    - If yes: what kinds of practices?
- How easy is it to practice these preventative measures in your current context? [get the participant to reflect on their life circumstances and whether it is possible for them/what kind of support they might need to be able to engage in preventative measures. This often brings up a more truthful discussion of the challenges to sustained preventative action than a direct question (do you, or don't you engage in these actions?)]
- What did you do first to try to get better/help your relative to get better?
  - Who advised you on what to do to treat your symptoms?
  - Did you use any home treatments?
    - If yes: which ones?
  - Did you get medicines from the pharmacy/drug store?
    - If yes: which ones?
  - Did you consult a traditional healer?
    - What kind of healer?
    - What did the healer advise?
  - Did you consult a faith healer/religious leader?
    - What kind of healer/religious leader?
    - What did the healer/religious leader advise?

2.2. Treatment seeking:

- What made you/those who looked after you think that the illness is so serious that you needed care from the health facility?
- How easy is it for you to seek treatment from a health facility?
- Is it harder for particular groups (e.g. miners, young women, young men, sex workers, MSM, persons with disabilities, visibly poor people...) to get treated well at the clinic?
- Who helped you/your relative make the decision to go to the health facility?
- Which facility did you/your relative go to?
- How did you/your relative get there (transport, costs, did anyone accompany you?)?
- What happened when you/your relative arrived at the facility?
  - How long did you/your relative have to wait before you were seen?
  - Were you/your relative isolated from other patients?
  - Were you/your relative told that you may have Marburg virus disease?
  - Did you/your relative have any tests?
  - Were you/your relative offered any treatments?
  - How did you/your relative feel about the care you received at this time?
- How long did it take until you/your relative were told that you/your relative tested positive for Marburg Virus Disease?
- What were you told about MVD and the next steps for your treatment?
- How did you feel when you received the result and were told you/your relative had to go to a treatment centre?
- How were you/your relative transferred to the treatment centre?

- Did anybody from home accompany you/your relative into the treatment centre?
- How did you/your relative experience the stay in the treatment centre?

2.3. Discharge and return to home community:

- Can you describe the discharge procedure?
- What information did you/your relative receive about your/their health status and any precautions you/they would need to take to protect others from transmission?
- [For male patients]: Were you told that you could still transmit MVD to your wife/sexual partners and that you would need to use a condom each time you had sexual intercourse?
  - How easy is it to talk about this with your wife/sexual partner?
  - Have you managed to discuss this with your wife/sexual partner?
  - What kind of support do you think would be helpful for this?
  - How easy/hard is it to sustain condom use for a long time (until your semen is tested negative)?
  - How do you feel about testing your semen post-discharge, and what support do you need for this?
- [For breastfeeding mothers] How do you feel about switching to using infant formula for your child?
  - What are you concerns/worries?
  - What support would you need?
- Do you have any concerns about returning home to your household and community?
  - If so, what are your concerns?
- Who in your community knows that you have recovered from Marburg Virus Disease?
- How have people in your households and community behaved towards you after you've returned home from the Marburg treatment centre?
  - Have you been treated differently since you recovered and returned home?
  - How did your household members act when you returned home? (e.g. did they talk about their concerns with you, were comfortable/uncomfortable about being close to you?)
  - How did your neighbours/family/friends act when you returned home?
  - Did anybody stigmatise you when you returned home (e.g. called you names, avoided visiting you, sitting close to you, shaking hands, eating with you, dismissed you from work/stopped giving you work)?
- What support do you need after you've returned home and while you are getting stronger?
- Would you be comfortable to disclose that you have recovered from Marburg Virus Disease, or rather keep it confidential?
- Would you be willing to talk to your community about your experience to help protect others from this disease?

Part 3: Social vulnerabilities

- What are the key activities and livelihoods carried out in this community?
- Who are the most at-risk communities (e.g. indigenous and marginalised people, miners, hunters, the elderly, etc.)?
- How are the most-at-risk groups perceived in their communities? Is there any pre-existing stigma that may be exacerbated by the outbreak?

ANNEX II. INFORMED CONSENT FORM (EXAMPLE)

Introduction

[To be read out loud] Hello, I am **[interviewer's name]** with **[institution or organisation name].** I am trying to understand the situation here in **[community/geographic location].** You are being invited to take part in an **[interview/discussion group]** so that **[institution or organisation name]** can better understand the current situation with **[VHF]** in terms of your experiences and your information and service needs. Please understand that this assessment is not a promise that [institution or organisation name] will bring assistance to you, but your experiences, opinions and ideas will help them decide if and how help can be provided.

Background

The **[interview/discussion]** is expected to take **[X]** minutes. All the information that you share with me will be confidential. I will not share your name nor any personal information that could identify you with anyone or any organisation.

I will only use your answers for informational and planning purposes. Please ask me to clarify if you do not understand my questions. You are free to end or leave the discussion at any time, with no penalty to you in any way. You are also free to decline to answer any questions that you do not wish to answer. [For group discussions] Please do not share any personal stories that you do not want shared beyond this group, as I cannot control what other people in this room will pass on.

If there is anything about the discussions or your participation that you do not understand, or if you have questions, you can contact **[name of organisation/name of staff]** directly at **[location, phone number, other contact information].**

As someone who lives in this community, we know that you have many valuable experiences with the issues that I will ask about, so I appreciate anything that you can share. Do you have any questions? Would you be willing to **[speak with me/ take part in the discussion group]?**

[Answer any questions respondent may have. If respondent(s) answers yes to speaking with you/taking part in the discussion, thank respondent(s) and give/read the respondent the informed consent language below, then continue with the questions. If the answer is no, thank the respondent for their time and terminate the discussion].

Informed consent

I have been informed in detail about the purpose and nature of this assessment.
I have received satisfactory answers to all my questions relating to this assessment.
I have decided that I will participate willingly and can withdraw at any time for any reason.
I give my informed consent to participate in this assessment.

Name	Signature	Date

Contact: If you have a direct request concerning the brief, tools, additional technical expertise or remote analysis, please contact the Social Science in Humanitarian Action Platform by emailing **Annie Lowden** (a.lowden@ids.ac.uk) or **Juliet Bedford** (julietbedford@anthrologica.com), or the Collective Service, by contacting **Maureen McKenna** (maureen.mckenna@ifrc.org), or **Rachel James** (rajames@unicef.org).

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The RCCE Collective Service enables collaboration between a wide range of organisations engaged in policy, practice, and research to strengthen coordination and increase the scale and quality of RCCE approaches, while also supporting a coordinated community-centered approach that is embedded across public health and humanitarian response efforts. This partnership between thw WHO, UNICEF and IFRC, which leverages active support from the Clobal Outbreak Alert and Response Network (GOARN), and key stakeholders from the public health and humanitarian sectors.