



## Bundibugyo Virus Disease (BVD) Risk Communication and Community Engagement (RCCE) response in DRC and Uganda and to enhance preparedness in neighbouring countries

### Faith Engagement RCCE guide for in-country adaptation and co-creation with faith partners

June 2026

***Note for Co-Creation:** This guide is for in-country adaptation and contextualization. Please use the pencil spaces (✎) below to add local narratives, reword statements in the language of your congregation, and tell us what your community needs.*

## SECTION 1: Faith Leaders' Calling and Role in This Outbreak

### Why Religious Leaders Voices are a Shield:

Faith leaders and local faith communities are one of the first places people turn to for leadership, trusted information and practical support in a crisis; in countries across the world. In addition, faith actors are managing health care facilities, schools and engage communities in multiple other forms.

When faith leaders and communities are involved from the outset in the design, delivery and evaluation of public health interventions, in a new outbreak: and strong working partnerships established from the beginning, then public health measures will be more successful in controlling the outbreak and building working partnerships for future crises.

This document attempts to outline some of the steps needed to build that trust.

In an Ebola outbreak, that trust is a powerful tool to save lives. Doctors can treat the body, but religious leaders are the one who can calm the heart.

This specific outbreak is caused by **Bundibugyo Virus Disease (BVD)**, a type of Ebola virus. Unlike other outbreaks, **there is currently no licensed vaccine for BVD**. Because of this, the choices our communities make—and how quickly we look for help at the treatment centres—determine who survives.

Public health officials can work closely with local religious leaders to develop appropriate messaging and approaches to their communities: respecting faith practices, and working together to encourage families to seek medical care immediately symptoms present; whilst prayers are said to avoid further spread of the disease in the community:

- Share accurate information about BVD clearly, calmly, and without spreading panic.
- Urge anyone who feels unwell to seek medical care immediately—before seeking special prayers, trying home remedies, or waiting for tomorrow.
- Provide affected families with love and support, completely free of judgment or fear.
- Gently correct false rumors the moment you hear them and report these rumours to health authorities.
- Stand as an open bridge between your people and the health teams.
- Faith leaders play a vital role in addressing community fears and concerns (about the disease and other challenges facing the community), provide psychological and spiritual support to affected families; support public health messaging and counter misinformation about health services/quarantine; and promote safe and dignified practices during illness, caregiving, and funerals while ensuring that cultural and religious considerations are respected.
- Public health responses should collaborate with faith run and managed health care structures from the beginning of an outbreak; including them in the planning, design and allocation of geographic areas to serve as well as provision of appropriate diagnostic and treatment supplies and protective equipment for staff.

■ Co-Creation Space for faith partners:

- How else faith actors can engage in the BVD response?
- What resources religious leaders can leverage to engage communities to address stigma, misinformation and promote preventive behaviours?

## SECTION 2: The Core Facts About BVD

What to Share with Faith Communities:

- **How it spreads:** BVD is highly contagious through direct contact with body fluids (blood, vomit, stool, urine, sweat, or saliva) of someone who is sick with the disease or has passed away from it, or through contact with objects (e.g. objects, surfaces, clothing or beddings contaminated with contaminated body fluids).
- **Who can spread BVD:** A person can only spread BVD after symptoms begin, hence the importance to watch out for symptoms and seek care immediately.
- **How it does NOT spread:** BVD does **NOT** spread through the air. People cannot get BVD from praying together, by sitting together in service, or through casual social greetings (e.g. handshakes, hugs, etc.) with a person who is not sick.
- **The Vaccine Fact:** The Ebola vaccine used in previous outbreaks were developed for a different type of virus and it is not effective for BVD.
- **Early care is the key:** Going to the treatment center as soon as symptoms appear gives a person the best chance of survival. Early treatment also helps to protect their family members and the community. **Care is completely free.**
- **Signs to watch for:**
  - Sudden fever or history of fever, tiredness, muscle aches, sore throat, loss of appetite, stomach pain, vomiting, or diarrhea. If someone in your community experiences **three or more** of these signs, please report to health care workers.
  - People tend to confuse BVD with malaria as they present similar symptoms.
  - Bleeding may occur in some patients, but it is not present in most cases. *Do not wait for bleeding before seeking care.*
  - People become contagious and can transmit BVD once these early non-specific symptoms begin (sudden fever, extreme tiredness, muscle aches, sore throat, loss of appetite, stomach pain). The risk of transmission substantially increases as illness progresses, especially when 'wet' symptoms start - diarrhoea, vomiting - as these increase direct contact with infectious bodily fluids.

■ Co-Creation Space for Faith Actors: A Sample Sermon / Announcement Word-for-Word - to be contextualized by religious leaders and anchored to passages from the holy-scriptures:

*Example for reference:*

"My brothers and sisters, this sickness is real and serious. God does not send illness to punish us. Our sacred duty is to protect one another, and protection starts with the truth. If you or anyone in your household shows these signs, please come talk to me. We will walk together to make sure you get help immediately."

*How would you say this in the exact language, rhythm, and style of your congregation?  
Write your version below:*

## SECTION 3: Spotting the Signs & Encouraging Action

### Acting Without Delay

If someone in your community experiences **three or more** of these signs, call the hotline [XXXX] managed by XXX immediately and do not attend public gatherings, do not go to work and do not leave your children go to school:

- A sudden fever that strikes out of nowhere
- Feeling too weak or exhausted to stand or work
- Heavy body, muscle, or joint aches
- A painful sore throat or trouble swallowing
- Stomach pain or refusing food
- Vomiting or a running stomach

How to Help People Call for Help

- Read out the hotline number [XXXX] and/or the contacts of nearest health care worker at every single service. Post it clearly at your place of worship.
- Remind them: Calling the health team isn't a sign of guilt or sickness. It is an act of love that protects your household.

- "Brothers and sisters—if anyone feels this sudden fever or weakness, call [XXXX] today. Not tomorrow, but today. The health team is here to save lives, not to punish."

■ Co-Creation Space: *In your neighborhood, what faith actors can do to address fear and promote health-seeking behaviours in case of BVD symptoms or in case of contacts with people with symptoms or tested positive?*

## SECTION 4: Safe and Dignified Burials — Honoring the Dead, Protecting the Living

### Walking Through the Hardest Moments

This is a deeply painful topic, but your guidance is vital. When a loved one passes away from BVD, their body is carrying a very high amount of the virus. Washing, dressing, kissing, or touching the body without appropriate personal protective equipment (PPEs) will spread the illness to those who loved them most and others involved in the funeral rites. This is a tragic medical reality, not a judgment on the person who died. By supporting safe and dignified burial practices, faith leaders can help protect families and communities while ensuring that the deceased is treated with dignity and respect.

#### How you can lead with dignity:

- Considering the severity of the outbreak, any community or home death should be reported to the health authorities by calling [XXXX] *before* anyone touches or prepares the body. This is an act of protection, not abandonment.
- The safe and dignified burial team is trained to listen to the family's religious and cultural traditions before they begin. Many meaningful elements can still be honored while keeping everyone safe

- **Religious leaders can still lead the final farewell:** leaders can pray, bless the deceased, speak, and provide spiritual support to the family at the burial— however, no one should touch, wash, kiss or have direct physical contact with the body or body bag to avoid transmission .
- Gently ask mourners to wash their hands regularly with water and soap, refrain from physical greetings such as embracing, shaking hands and avoid sharing communal food or cups during the wake, and dipping hands into a communal shared basin for handwashing.

■ Co-Creation Space: *Which burial rituals are absolute priorities for your community? How can faith actors help to introduce the work of the Safe and Dignified Burial Teams into the communities?*

*Example of speech to introduce the Safe and Dignified Burial Team:*

"Our traditions teach us to say goodbye with deep respect, and that remains unchanged. What must change right now is how closely we physically interact with the body of a person who has died from BVD. The Safe and Dignified Burial team is not here to take away your right to mourn or to separate families from their loved ones—they are trained to work with families and faith leaders to ensure that funerals are carried out safely to protect family members and communities from infection while ensuring that the deceased is treated with dignity and respect. here to make sure you do not follow your loved one into the grave."

## SECTION 5: Crushing Stigma & False Rumors

### Fighting the "Second Sickness"

Fear and misinformation spreads faster than viruses during an outbreak and may lead to stigma against patients, survivors, affected families and orphaned children. When we shun survivors, isolate grieving families, or treat children who have lost their parents as

dangerous, we create a second epidemic of heartbreak. This stigma kills because it frightens people into hiding their illness which allows the outbreak to continue spreading quietly in the community.

- **Speak from the front:** If a spiritual leader stays silent, people think the disease is a shameful curse or supernatural punishment. Name it plainly and with compassion, and help communities understand BVD is a medical disease caused by a virus that spreads through direct contact with infected body fluids.
- **Welcome survivors home:** Walk down, greet them, and invite survivors and their families to sit in their usual pews. When the congregation sees that faith leaders welcome them, the community will follow.
- **State the truth repeatedly:** A person cleared by doctors is completely safe. An orphaned child must be protected.
- **Correct stigma publicly:** If faith actors hear unkind whispers in the congregation, address it openly from the pulpit, not in private. A public reminder of love carries immense weight. Please report it to the health authorities and/or social mobilisers working in the community.
  
- **The Rumor: "They are hiding the real vaccine from us."**
  - *Listen:* It makes complete sense to feel frustrated or worried that our community isn't getting the resources we deserve.
  - *Correct:* The truth is, the vaccine from past outbreaks belongs to a completely different type of Ebola and will not work against BVD. There are significant efforts among the research and scientific communities to develop a vaccine that does work but at the moment there is none. If a vaccine becomes available, communities will be informed timely.
  - *Guide:* Right now, our absolute best shield is getting to the clinic early.
  
- **The Rumor: "The treatment center is a place where people go to die."**
  - *Listen:* The fear of being separated from family and dying alone is deeply heavy and understandable.
  - *Correct:* People do survive BVD when they get care early. The centers provide free care, respect dignity, and keep families updated.
  - *Guide:* Let us invite our elders to visit the facility to see for themselves, and let's listen to the voices of neighbors who have recovered.

■ Co-Creation Space: *What specific concerns, questions, or rumors are faith actors hearing in your congregants and wider community right now?*

*How faith actors can address these rumours using culturally-adapted language?*

Let us know so we can write direct responses for the next draft.

## SECTION 6: Pastoral Care & Community Action

### Supporting Weary Hearts

This crisis strains the spirit as much as the body. Watch for signs of deep distress in your congregation, such as people withdrawing completely, intense sleeplessness, uncharacteristic anger, or children becoming unusually silent or clinging.

- **Give grief a voice:** Dedicate time in religious services for people to share their sadness and worry. Heaviness shared together is lighter to bear.
- **Seek out the isolated:** Visit the elderly living alone, quarantined households, and orphaned children. Bring a small team with you so they know they aren't forgotten.
- **Use your tools:** Lean heavily on the songs, prayers, and scriptures of faith and local tradition to hold the community's emotional weight.
- *If someone shows severe distress—refusing to eat or speaking of self-harm—reach out to a community health worker or call [XXXX] right away.*

#### Practical Hands-On Ministry

Faith communities already have the networks and trust that outsiders cannot quickly build. Faith actors can directly organize:

1. **Drop-offs:** Bring food, firewood, and water to families staying home for the 21-day safety monitoring window.
2. **Foster care:** Close liaison between faith leaders and Social welfare authorities is important to ensure that safeguarding principles are respected in placing orphaned

or separated children by appropriate family or community members in collaboration by case management officers.

3. **Accompaniment:** Walk beside scared family members as they take their sick relative to the treatment center.
4. **Leadership by example:** Be the first to wash your hands in public, using water and soap, keep a safe physical distance, and follow guidelines during gatherings. Issue a guidance or Standing Operating Procedure to be announced for all places of worships of the congregation

■ Co-Creation Space: Brainstorm together how the faith communities resources (e.g: volunteers, space, vehicles, health care facilities and staff) can be/are already being-offered to support the response most effectively: and what support they might need to sustain that support effectively.