Protecting the Living, Honouring the Dead

The barriers and enablers to community acceptance and implementation of safe burials

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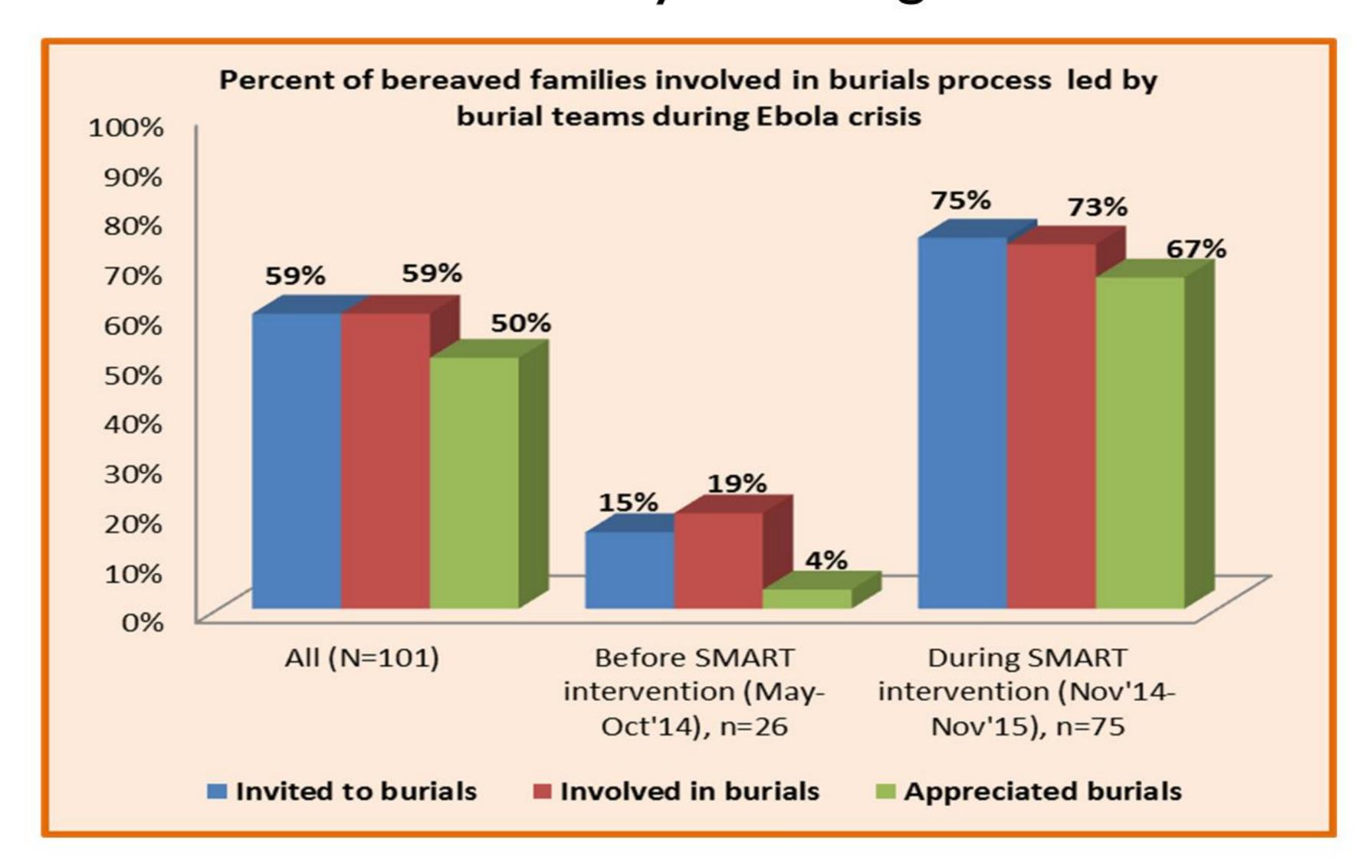
Barriers

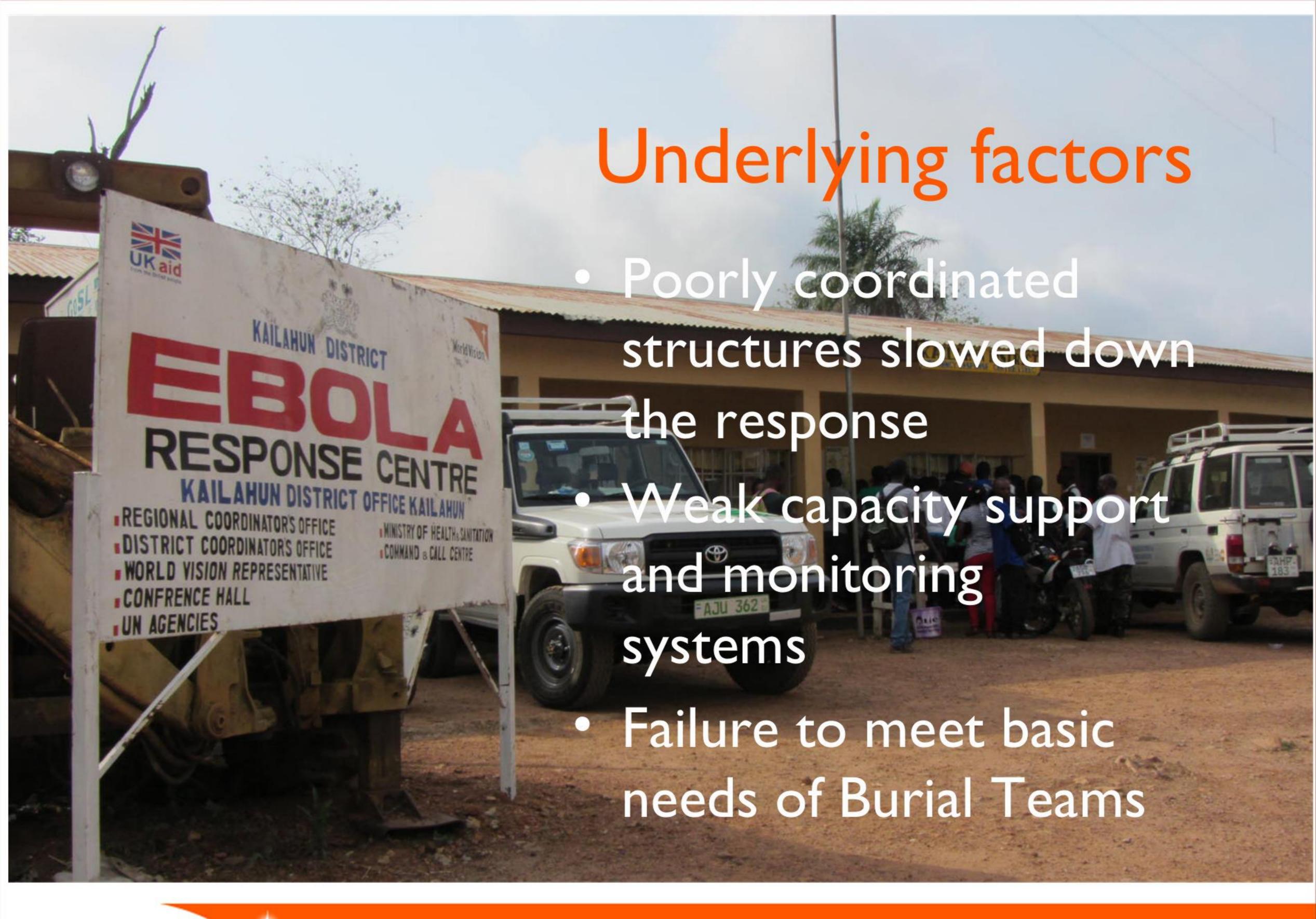
- Use of black body bags and chlorine
- Unethical treatment of corpses

Joseph Komeh who lost his wife and two children:

"My wife was everything to me. I expected to see that her corpse was washed and the body wrapped in clean white cloths. But the burial team opposed this, and even drove us from the view of the corpses, only to see them later dragging three black bags on the ground towards the pick-up van. The process was so sorrowful and frightening. Anyone that sees this would not encourage the Burial Teams to handle the remains of their loved ones. I really hate that black bag!"

Lack of customary & religious rites Exclusion of bereaved families Violation of customary and religious rituals





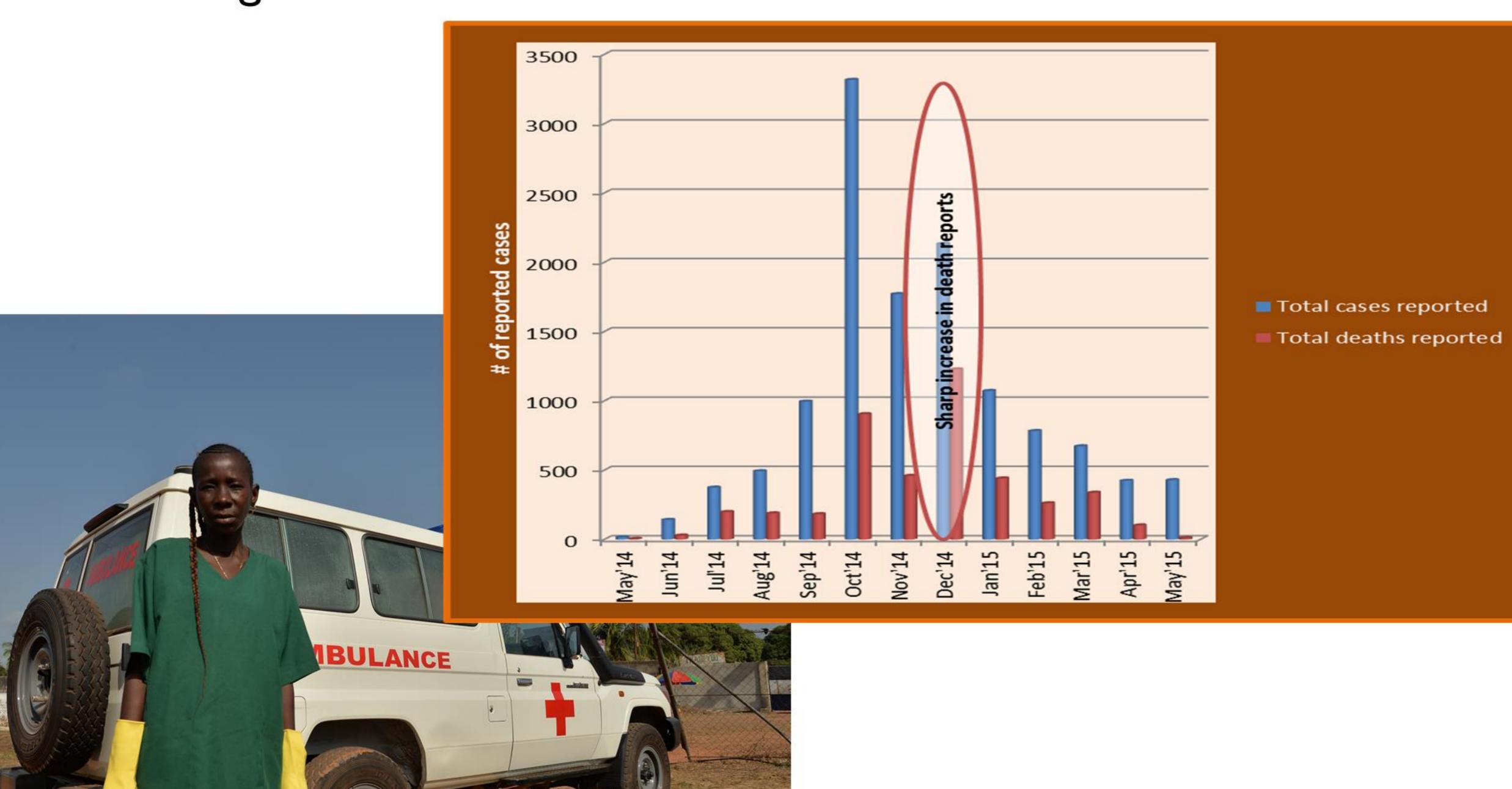
Enablers

Inclusion of customary and religious rites



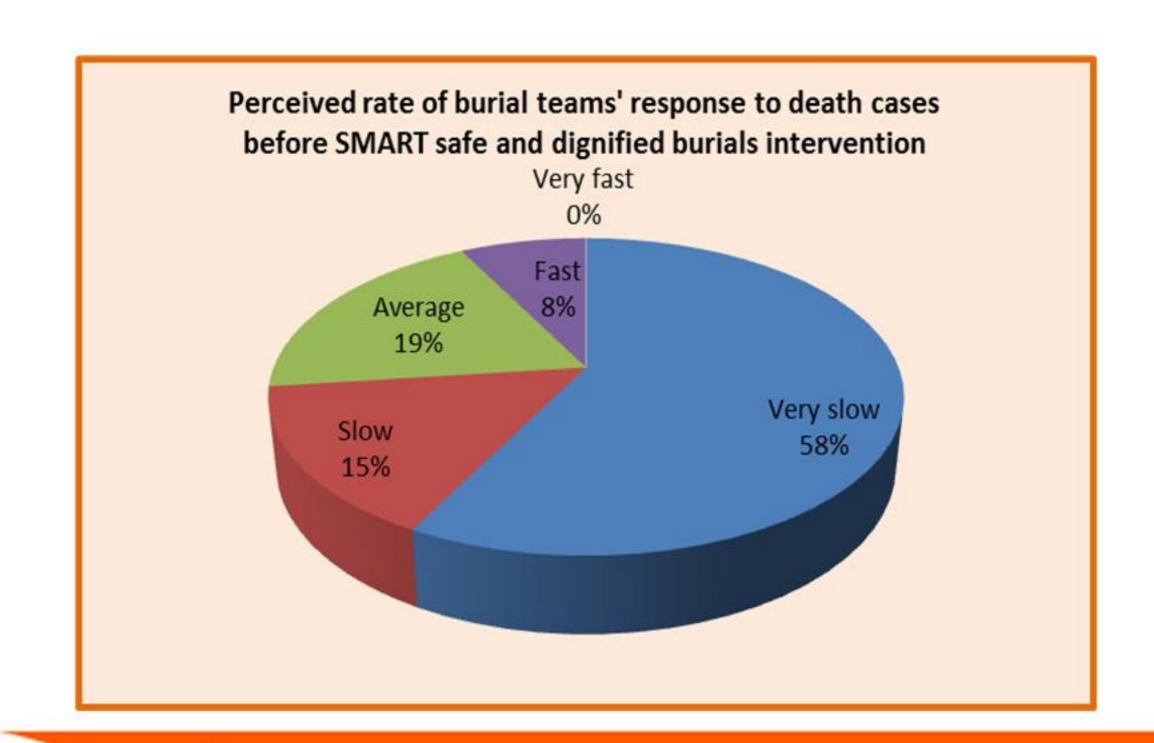
"Before this time those burial people were not polite. They used inflammatory languages against bereaved families and the corpse; and they handled the corpse in a dehumanising manner. However, we saw them as changed people when we were bereaved in July 2015. They were very polite; they asked us to provide cloth for the corpse, dig the grave and involved a religious leader to pray. There was no change to what we used to do before Ebola, except for the use of the body bag. We really appreciate their method this time." Bereaved family member, Kamadu New Site, Kono District

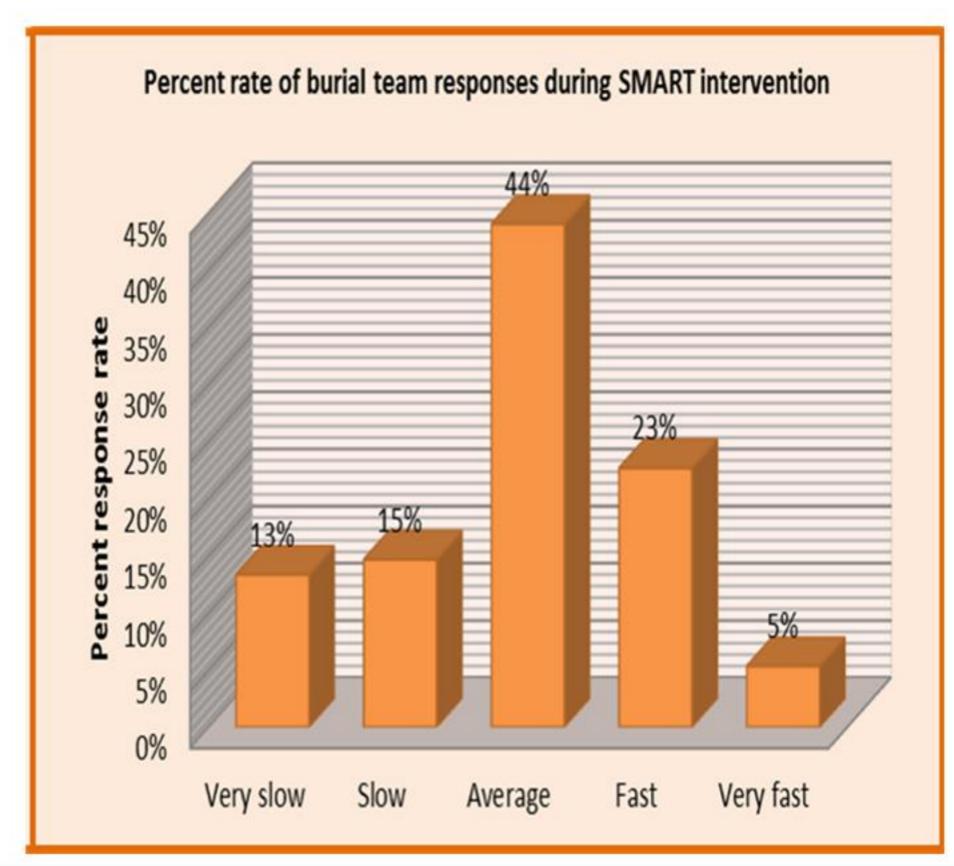
Recognition of faith leaders & women



Adressing underlying factors

- Command centres established in each district
- Increased capacity of staff & resources
- Met basic needs of Burial Teams





Gaps

Sustainability of District Health Management Team activities

Lack of effective reintegration modalities for Burial

workers



Recommendations

- 1. Deeper engagement and involvement of communities is critical to ensuring behaviour change.
- 2. Faith-based alliances should be utilised for building community trust.
- 3. Greater consideration should be given to gender aspects of public health emergencies.
- 4. Ensure effective capacity building of health personnel, such as burial workers.
- 5. Ensure a dequate support of health personnel.
- 6. Burial and other health workers should be provided with coping mechanisms for community reintegration.