# Protecting the living, Honouring the dead

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

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## LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| **CAFOD** | Catholic Agency for Overseas Development |
| **CAIPA** | Crown Agent for International Procurement Agency |
| **CAPS** | Community Association for Psychosocial Services |
| **CCs** | Command Centres |
| **CDC** | Centre for Disease Control |
| **CRS** | Catholic Relief Services |
| **DEOCs** | District Ebola Operation Centres |
| **DERC** | District Ebola Response Centres |
| **DfID** | British Department for International Development |
| **DHMTs** | District Health Management Teams |
| **DMO** | District Medical Officer |
| **ERWs** | Ebola Response Workers |
| **EVD** | Ebola Virus Disease |
| **FGD** | Focus Group Discussion |
| **ICRC** | International Committee of the Red Cross |
| **IPC** | Infection Prevention Control |
| **KII** | Key Informant Interview |
| **MoHS** | Ministry of Health and Sanitation |
| **MOU** | Memorandum of Understanding |
| **NERC** | National Ebola Response Centre |
| **NGO** | Non-Governmental Organisation |
| **PI** | Personal Interview |
| **PPE** | Personal Protective Equipment |
| **RRT** | Rapid Response Team |
| **RSLAF** | Republic of Sierra Leone Armed Forces |
| **SDB** | Safe and Dignified Burials |
| **SMART** | Social Mobilisation and Respectful Burials Through Faith-based Alliance |
| **SOP** | Standard Operating Procedure |
| **TOR** | Terms of Reference |
| **UN** | United Nations |
| **WHO** | World Health Organisation |

# EXECUTIVE SUMMARY

The Ebola Virus Disease (EVD) hit Sierra Leone in May 2014. By September 2014 the country was experiencing a surge in cases as the disease spread across the whole country. A reported 37 per cent of patients could associate their infection with attending the funeral of an Ebola victim or the traditional practices of preparing and burying the dead. Burial Teams were trained to carry out safe medical burials, but they were soon struggling to respond to all death alerts.

The purpose of this study is to assess the barriers and enablers to community acceptance and implementation of safe burials in Sierra Leone. The Ebola virus continued to spread in Sierra Leone partly because communities were initially resistant to Burial Teams carrying out safe, medical burials. This changed towards the end of 2014 when revised burial procedures were published and renamed the Safe and Dignified Burial Protocol. Confrontations with communities decreased and more requests by communities for the Burial Teams were noted.

The SMART Consortium, consisting of Catholic Relief Service (CRS), Catholic Agency for Overseas Development (CAFOD) and World Vision as the lead, took over the responsibility for burials in 10 districts across Sierra Leone in November 2014. The Consortium initiated this study to analyse the contribution made by the revised procedures to increased community acceptance of Safe Burials and if there were other factors at play. The results of this study are expected to be used by national and international stakeholders to better respond to future epidemics in Sierra Leone and elsewhere.

## Methodology

The study adopted an exploratory process through focus group discussions (FGDs) and key informant interviews (KIIs). In addition, structured personal interview (PI) questions were used to document the perceptions of bereaved families about their sense of closure, case management and burial rituals either in the first six months of the crisis or later during the Safe and Dignified Burials project. Six of ten districts covered by the SMART Consortium were chosen for the assessment. The districts include Bo, Moyamba, Tonkolili, Kono, Kambia and Port Loko and were selected based on partner presence and epidemiological records of the Ebola Virus Disease.

## Research Findings

### Barriers to community acceptance of safe burials

- The use of black polythene body bags and chlorine

The use of black polythene body bags in place of shrouds or coffins was expressly considered the most disrespectful and undignified practice of the initial burial methods. Communities also thought the bags were used by Burial Teams to keep the corpse safe for cannibalism. Hyper-chlorination in unventilated ambulances carrying suspected cases was rumoured to have led to a large number of premature deaths. Communities believed this was deliberately perpetuated by the government in order to attract international attention.

- Unethical treatment of corpses

Communities were distressed with the unethical way corpses were handled by Burial Teams at the initial stage of the Ebola crisis.

*"We witnessed horrors and saw hell itself for our deceased loved ones in this community! I saw them drop the corpse of my late child on the ground as though it was a bag of cassava. I also saw corpses rolled with sticks; others tied on ropes and dragged on the ground. It was such a painful and sorrowful scene that no one would be happy to see and talk about."*

Bereaved family member, Moyamba Junction, Moyamba district

- Exclusion of bereaved families from burial processes

Families told us they couldn't feel a sense of closure in the burial process of their deceased relatives at the early stage of the crisis. 71 per cent of families who lost someone in the first six months of the crisis reportedly did not witness the burial of their relatives, and only 19 per cent were involved in the burial in some way. Documentary evidence from discussions with community members revealed that funeral gatherings are important opportunities for settling dispute and reuniting family members as well as paying respects to the deceased. Therefore the quarantining and restriction of movement adopted at the initial stage of the crisis were not well received by most communities. Lack of involvement of bereaved families and failure to mark graves also meant some families could not trace the remains of their relatives. This reportedly contributed to avoidance of medical burials.

*"Attendance at a funeral was a moment for reunion among family members. This was the time when families meet, settle disputes and share love…. However, the EVD condemned everything. Those values that once held family members together were lost. Unity and familiarisation were lost….. Many families were therefore unhappy - with some strongly resisting changes to the status quo."*
*Local Authority, Port Loko District*

- Violation of customary and religious rituals in burials

The early safe burial practices were highly medical; adopting prevention and control measures without due consideration of traditional and religious rituals. The Northern Province for instance has three major secret societies, which require certain ceremonies to be carried out when their leaders die. Hence it created tension for an ordinary burial team member to handle the corpse of a secret society member. Focus group discussions and personal interviews with bereaved families also revealed disappointment with the lack of religious rituals. About 96 per cent of bereaved families were unhappy that prayer, and the washing, dressing and perfuming of bodies were not part of the process.

*"We faced a lot of confrontations such as abuse, stone throwing and barricades in some part of the district…..to prevent us from entering towns suspected to have corpses …"*
*Burial team member, Kambia District*

## Underlying factors

Weaknesses in the early process intensified tensions between communities and Burial Teams and reduced community confidence in the entire burial process.

- Poor coordination slowed down responses to death alerts

The structures established to respond to the Ebola virus pandemic were not well organised or coordinated at first.

- Weak capacity support and monitoring systems undermined effective management of the virus

Resources at the onset of the pandemic were insufficient. The coordination centres lacked facilities, while Burial Teams were understaffed and lacked logistical support. The limited number of vehicles and supply of fuel delayed responses to death reports. Burial staff also lacked training, equipment and the skills to both engage community members and to perform safe medical burials at the initial stage of the crisis.

- Failure to meet the basic needs of Burial Teams resulted in low staff motivation

Complaints were consistently documented on delays in payment and of supplies of Personal Protective Equipment (PPE) at the early stage of the pandemic. Hence health workers were afraid to

handle corpses and chlorine was indiscriminately used. Failure to fulfil bi-weekly payment of stipends led to some burial team strikes, undermining the entire burial process.

## Enablers to community acceptance of safe and dignified burials

- Inclusion of customary and religious rites

The introduction of the revised standard operating procedures (SOPs) for safe and dignified medical burials, developed by the Centre for Disease Control, Ministry of Health and Sanitation and the World Health Organisation, and adopted by the SMART Consortium in December 2014 was noted to be significant. It provided procedures that address the aforementioned barriers and underlying factors that inhibited community acceptance of safe burials. The document made provisions for full involvement of bereaved families in the burial processes. 73 per cent of families confirmed that they had been involved in the burial of their relative following adoption of the new procedures.

- Recognition of faith leaders and women to build trust and reduce complacency in burials

The inclusion of faith leaders as part of the burial procedures and in social mobilisation was seen as one of the most effective game changing approaches observed in the fight against the Ebola virus. Faith leaders are trusted and can influence all levels of society. Training was also conducted for secret society heads in some parts of the SMART Consortium target districts and these existed as 'societal burial' volunteers.

Women's involvement in the Burial Teams also increased community trust in the burial process. Communities expressed discontent over men burying a female corpse which was culturally unethical. Thus, to ensure that female corpses were handled by female body carriers, each team had an average of 2 female members.

Once community trust was built there was a quick increase in reporting of deaths . In the month after the Safe and Dignified burials were introduced the highest number of death cases were reported since the outbreak started.

## Addressing the underlying factors

- Addressing the problem of uncoordinated centres

Command Centres (CCs) were established to connect all key players in the Ebola response, which was effective in increasing the response to death alerts.

- Responding to capacity needs and weak monitoring mechanisms

New SOPs for safe and dignified burials were developed and training on the procedures for Burial Team members was put in place. In addition the SMART Consortium increased the number of Burial Teams and improved the gender balance in the teams. These strategies also improved dialogue between Burial Teams and the community. Considering ethics and community inclusion in the burial process, eased tension, and the negative public perception about previous burials protocols reportedly dissipated.

*"First we never encouraged bereaved families. But after we received the training on the revised SOP we realised that we needed to empathise with them. At times when bereaved families tended to be erratic, a team member was sent to console the family; and later asked for their permission for the team to bury their loved one. ….. Trust was then built and families started accepting us wholeheartedly."*
*Burial Team Member, Kono District*

In addition adequate logistical support

(including vehicles, motorbikes, fuel, PPEs) was provided to the teams, and response times improved. At the start of the crisis 73 per cent of families considered the response to be slow or very slow. This reduced to 28 per cent once the Safe and Dignified Burials project was implemented.

- Responding to the Burial Teams' basic needs

Strategies were put in place to ensure regular payment of Burial team members. They were also provided with food and drink and all the equipment necessary to carry out the job.

## Gaps observed for future responses

- *The District Health Management Teams (DHMTs) lack the necessary support.*

Asset management and monitoring capability was found to be a major weakness of the health sector in Sierra Leone. This weakness was observed to be due to limited government support of DHMTs to promote health system strengthening and governance at district level in Sierra Leone. At the end of the Ebola outbreak all public health emergency response activities were transferred to the District Emergency Operations Centres (DEOCs). It was observed that management of the DEOCs is enhanced by the support of various NGOs. This forms a complex relationship in terms of the functionof the DEOCs, and their sustainability should NGOs draw back.

- Lack of reintegration modalities for Ebola burial workers

The study documented widespread grievances from burial team members relating to discrimination and the subsequent lack of support for reintegration in the mainstream community.

*"…No sooner I started working as a sprayer in the burial team, my house was isolated, and later I was driven from the entire Lebanon Town for fear of spreading the disease. By the entire Muslim community in both the mosque I used to lead as an Imam and in Koidu City had rejected and banned me from entering into any mosque. I was later forced to stay around the cementary area. I only succeeded returning back to my community with the help of World Vision and the security."*

Imam and Burial Team member, in Lebanon Town, Koidu

## Conclusions

Initial social mobilisation efforts failed to help communities to understand the underlying cultural practices in burials that were contributing to the spread of the virus. Once social mobilisation became part of the burial process, and Burial Teams started engaging and involving communities in burials, the new process was accepted and timely reporting of deaths started increasing. This reduced the spread of the virus and contributed to the eradication of the disease.

The revised Standard Operating Procedures for Safe and Dignified Burials have been shown to be effective in addressing many of the cultural and religious aspects of burials in Sierra Leone which the initial guidance was not. The inclusion of families in the burial process and the incorporation of religious rites were highly appreciated. Faith leaders were also observed to be the most effective social mobilisers. Once Burial Teams were trained in the correct procedures and given adequate equipment and support the effect of the improved SOPs could be noted.

## Recommendations

- ***Deeper engagement and involvement of communities is critical to ensuring behaviour change***

Preliminary community engagement through perceptual surveys and planning would have increased understanding of cultural and religious practices by the humanitarian community. This could have contributed to improved methodologies, promoted ownership and increased confidence in Ebola response interventions.

- ***Faith-based alliances should be utilised for building community trust***

Faith leaders proved that with the necessary support, they can be rapid game changers in public health emergency responses. Their encouragement to communities to accept changes to burial rituals was critical.

- ***Greater consideration should be given to gender aspects of public health emergencies***

The consideration of gender aspects of culture and traditions can assist with addressing behaviour change. Including women in Burial Teams built community trust and helped bereaved families to feel that the burials were dignified for females. This was a key consideration that was not captured in the revised SOPs.

- ***Ensure effective capacity building of health personnel such as burial workers***

Training of Burial Team members was essential for their own protection against the Ebola virus as well as for the safety of communities. Training on not only how to make the burials safe, but also dignified, was key for their interaction with communities. The behaviour of the teams played a key role in creating community acceptance of safe burials.

- ***Ensure adequate support to health personnel***

Logistics, coordination and human resources support are essential to ensure that public health emergency responses are efficient and effective. The Sierra Leone Ebola response has shown that generous support from donors and effective management and coordination by NGOs were key aspects for ensuring the effective implementation of the Burial SOPs.

- ***Burial and other health workers should be provided with coping mechanisms for community reintegration***

While psycho-social support for both Burial Teams and Ebola victims was a major component of the Ebola response, little attention was paid to community acceptance of burial workers. Future health emergency responses should develop a comprehensive package for workers where they might be stigmatised due to their roles. In particular, Burial team members recommended community sensitisation, temporary lodging and job facilities in the package.

## *Organisation of the report*

This report is divided into four parts:
Part one gives an introduction to the research and discusses the background, purpose and objectives of the research.
Part two discusses the methodology and procedures used from inception to analysis and report writing on findings from the baseline study.
Part three forms the anchor of the report. It presents findings and discusses data generated from primary sources targeted during the exercise based on research objectives set in the terms of reference.
Part four combines conclusion and recommendations that would guide key stakeholders in similar public health emergency and humanitarian response in the future.

# 1. INTRODUCTION

## 1.1 Background to the study

The Ebola Virus Disease (EVD) is an incredibly virulent and complex disease. It set a record prevalence in the Mano River countries. In Sierra Leone the first case was recorded in May 2014 in Kailahun district. The unprecedented nature of the EVD pandemic led to the declaration of a National Health Emergency by the government of Sierra Leone in June 2014. The country started experiencing a surge in cases in September 2014; and by October 2014 the disease had spread across all administrative districts of the country, including the capital city of Freetown.

According to a Knowledge, Attitudes and Practice survey (KAP) jointly conducted by the Catholic Relief Service (CRS) and Focus 1000, 37 per cent of those infected with the disease associated their infection with attendance at a funeral and the traditional practice of preparing and burying the dead. The District Health Management Teams (DHMT) established Burial Teams, trained by the World Health Organisation (WHO), but they were soon struggling to respond to all death alerts. Standard Operational Procedures (SOPs) for safe burials were issued by WHO for use by Burial Teams, but many families were not reporting deaths in the community and were carrying out secret burials - further spreading the disease. The Government established National Ebola Response Centre (NERC) called for a joint action with NGOs and other international agencies to break the chain of transmission and end the EVD. This led to the emergence of the SMART Consortium, consisting of the Catholic Relief Services (CRS), Catholic Agency for Overseas Development (CAFOD) and World Vision as the lead.

A revised version of the SOPs for Safe and Dignified Burials was published towards the end of 2014. Together the SMART Consortium took over the majority of Burial Teams and carried out the Safe and Dignified Burials project in 10 districts including Bo, Bonthe, Moyamba, Pujehun, Kono, Tonkolili, Bombali, Koinadugu, Port Loko and Kambia supported with funds from DfID. The Safe and Dignified Burials project was managed by the SMART Consortium over a period of 18 months (22 November 2014 to 31 March 2016).

## 1.2 Purpose and objectives

The purpose of the study is “to assess the barriers and enablers to community acceptance and implementation of safe burials in Sierra Leone”. The Ebola virus continued to spread in Sierra Leone partly because communities were initially resistant to Burial Teams carrying out safe, medical burials. This changed towards the end of 2014 when revised burial procedures were published and renamed the *Safe and Dignified Burial Protocol.* Confrontations with communities decreased and more requests by communities for the Burial Teams were noted.
This study seeks to analyse the contribution made by the revised procedures to increased community acceptance of Safe Burials and if there were other factors at play. The results of this study are expected to be used by national and international stakeholders to better respond to any future epidemics in Sierra Leone and elsewhere.

# 2 METHODOLOGY AND PROCEDURES

## 2.1 Sampling design and data collection methods

The study adopted an exploratory process through focus group discussions (FGDs) and key informant interviews (KIIs). In addition, structured personal interview (PI) questions were used to document the perceptions of bereaved families about their sense of closure, case management and burial rituals at the death of their relatives. Due to the sensitive nature of the subject all quotes in this report are anonymous expect were specific permission has been granted. Six of the ten districts covered by the SMART Consortium were selected for the assessment. The selected districts were Bo, Moyamba, Tonkolili, Kono, Kambia and Port Loko. Table 1 presents the sources of information and types of data collection activities.

**Table 1: Source of information and types of research activities to be adopted**

| Type of activities | Procedures |
|---|---|
| **Secondary sources of information** | |
| **Desk reviews** | Relevant information was sourced from trusted websites, project documents, SOPs, CoH and Ebola report archives. |
| **Primary Sources of information** | |
| **Key informant interviews** | We interviewed representatives from key institutions involved in safe and dignified burials - DHMTs, the DEOCs, DMOs, - as well as former burial team members, religious leaders, traditional leaders and SMART Consortium partner staff (CRS, CAFOD, World Vision). A total 29 stakeholders were consulted. |
| **Focus group discussions (FGD)** | Discussions and reflection workshops were held with community groups and the force field analysis method was used to document barriers and enablers in relation to community acceptance and implementation of safe burials in Sierra Leone. A total of seven FGDs / reflection workshops were held. Meanwhile in some of the selected districts, FGDs were held with health team members (DHMT in Port Loko), burial team members (in Kambia and Kono) and local authorities (in Kambia). |
| **Personal interviews** | A total of 101 interviews were done with bereaved families during the evaluation exercise. This did not cut across all districts targeted (particularly in Kambia district) due to difficulties in locating bereaved families. |

## 2.2 Limitations

The exercise was done at a time when the country had already been officially declared as Ebola free. This meant key offices such as the District Ebola Response Centres were closed. However, key personnel who played instrumental roles in the burials were available to provide relevant information during the study exercise. These include the DHMT personnel (including DMOs), burial team leads, burial team members, local authorities and faith leaders. Some bereaved families, especially those directly infected with the EVD, were hesitant to provide information on their past experience on the way burials were conducted. But approximately 84 per cent (101) of the 120 bereaved families we contacted readily responded to the personal interview questions.Together with the FGDs these provided rich information for drawing up useful recommendations for any future public health emergency responses in Sierra Leone and elsewhere.

# 3 KEY FINDINGS AND DISCUSSIONS

This section categorises relevant information that presents findings on the barriers and enablers to community acceptance of safe burials in Sierra Leone. The section also discusses the underlying factors that perpetuated community resistance to safe burials, and the impact created by the safe and dignified burials intervention in the country. We also identify and discuss gaps that could undermine the effective implementation of future public health emergency responses in Sierra Leone.

## *3.1 Barriers to community acceptance of safe burials in Sierra Leone*

Evidence gathered from community voices across the districts targeted by the study uncovered the entrenched customary practices and traditions people hold onto in Sierra Leone. These customary practices and traditions were felt to have been violated with no remorse at the initial stage of the EVD crisis. In particular the use of black polyethene body bags and chlorine, unethical treatment of corpses, violation of customary and religious rites, and inhumane treatment of affected persons inhibited the acceptance of safe burials procedures adopted at the initial stage of the Ebola virus epidemic. These practices created tensions to the extent that some families chose not to report deaths from the Ebola virus and carried out secret burials. In-depth interviews further explain why community engagement on burials would have played a pivotal role in containing the Ebola epidemic, and reduced the enormous cost incurred in the struggles to overcome the virus.

### *3.1.1 The use of black polythene body bags and chlorine as a preventive measure*

Placing a corpse in a puncture- and leak-resistant plastic body bag was recommended as one of the prevention and control measures against the aggressive transmission of the virus. Communities, however, did not agree with such measures. Relatives considered the use of black polythene body bags for corpses, in place of shrouds or coffins, as the most disrespectful and undignified procedure for burials. People needed respectful burial procedures for their loved ones; but before the implementation of the SOPs for Safe and Dignified Burials, Ebola burials fell short of these procedures. A case where burial methods were not appreciated by bereaved families is discussed in Box 1.

**Box 1: The experience of a bereaved husband and father**

Joseph Komeh, 36, is disabled and can't work. His wife not only cared for him and their two children, but was also a model entrepreneur and breadwinner for the family. Joseph lost his wife and two children at the same time in December 2014 in a village called Torwama in Tikonko chiefdom, Bo district. Joseph was reportedly dissatisfied with the way his deceased wife and two children were treated by the burial team.

*"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!"*

Using black polyethene body bags for burials even led to a growing suspicion of cannibalism by burial team members across Sierra Leone.

> ***"They thought we were putting the corpse in the polyethene bag to protect it from the dust so that at night it could be safely exhumed to remove body parts and blood for rituals."***
> Burial Team member, Kono district

A number of deliberations were also centered on the use of chlorine in houses and ambulances. While chlorine was medically advised for fumigation (0.5per cent concentration) and hygiene (0.05per cent concentration), some community members believed that it was used as a weapon to kill people and add to the number of cases to attract international attention. It was widely debated that many deaths were not Ebola-related, but were caused when patients travelled in hyper-chlorinated and unventilated. A number of instances were highlighted where people from quarantined homes who reported minor illnesses such as headache and fever were taken into fumigated ambulances but did not survive the day.

> ***"…People were then wondering about this kind of disease which was so automatic like an electric current. This created fear in the communities and in some cases an entire village would be evacuated when a member dies for fear of quarantining and premature death… "***
> Local authority, Bo district

As further noted from focus group discussions with local leaders in Kambia district, graves were exhaustively fumigated until they were dark with the chlorine. This according to the local authorities gave a sign of bad omen for the deceased, which further discouraged reporting deaths to the Burial Teams. Such chlorination was also reportedly believed to have contributed to further illnesses in the communities.

### *3.1.2 Unethical treatment of corpses*

Community members also expressed dissatisfaction at the way corpses were handled by Burial Teams at the initial stage of the Ebola crisis. Unethical treatment such as rolling, dragging and bouncing of corpses on the ground at the early stage of the Ebola virus pandemic were reported across the six districts covered.

> ***"We witnessed horrors and saw hell itself for our deceased loved ones in this community! I saw them drop the corpse of my late child on the ground as though it was a bag of cassava. I also saw corpses rolled with sticks; others tied on ropes and dragged on the ground. It was such a painful and sorrowful scene that no one would be happy to see and talk about."***
> Bereaved family member, Moyamba Junction, Moyamba district

Elsewhere mass burials, shallow graves and late responses by Burial Teams (which resulted in swollen corpses) were reported. In Port Loko district for instance, there were reported incidences of burying swollen corpses and in shallow graves.

***"The bodies of my deceased mother took four days and my sister three days before the burial team responded. By the time they arrived the corpses were swollen and the graves we dug were already full with water due to heavy rain. Even when we requested for the graves to be drained the burial team could not accept; they ended up dropping the corspes in the water and forced us to cover the graves. There were also a number of burials in shallow graves and soon after the corpses were exposed. This was really unethical, and could have further resulted in other reported sickness in the community."***
Bereaved family member, Lunsar, Port Loko district

### 3.1.3 Lack of recognition of customary and religious rites

Findings from the study assert that Sierra Leone is a country characterised by a particular mix of customary and religious beliefs. In most parts of the country custom and religion are often intermingled. Meanwhile, there are entrenched customs and traditions that communities hold on to and are passed from one generation to the next. These beliefs are particularly demonstrated during burials, although tribal and regional differences do exist. Various community views were gathered on traditional burial rituals, as evidence for secret burials and continued attendance of funerals by community members.

#### *The effect of exclusion of bereaved families from burial processes*

Attendance at the seventh and fortieth day ceremonies after a person has died has been a common practice among people in most parts of Sierra Leone. This, according to community views has been a traditional way of creating a common rendezvous for settling of disputes, reuniting families and paying last respects to loved once. Strategies such as quarantining and restriction of movement (adopted by the Government of Sierra Leone to contain the spread of the Ebola virus) were reportedly not well received or embraced by most communities.

***"Attendance of the funeral was a moment for reunion among family members. This was the time when families meet, settle disputes and share love….some families even have special places for burials. However, the Ebola virus condemned everything. Those values that once held family members together were lost. Unity and familiarisation were lost. Thus this did not foster relationships- further disintegrating family ties and leaving people in disillusionment. Many families were therefore unhappy-with some strongly resisting changes to the status quo."*** Local Authority, Port Loko district

Exclusion of bereaved families from the burial of their deceased family member was also noted to be very high at the early stage of the Ebola crisis. As presented in Figure 1, 59per cent of bereaved families interviewed across the six districts covered were reportedly included in the burials of their deceased relatives. But further disaggregation revealed that only 19per cent of bereaved families claimed to have been involved in burials done prior to the SMART Consortium Safe and Dignified Burials intervention. A number of those involved were infact not by invitation from Burial Teams, rather some community members chose to dig graves before informing the Burial Teams about the death of their relatives.

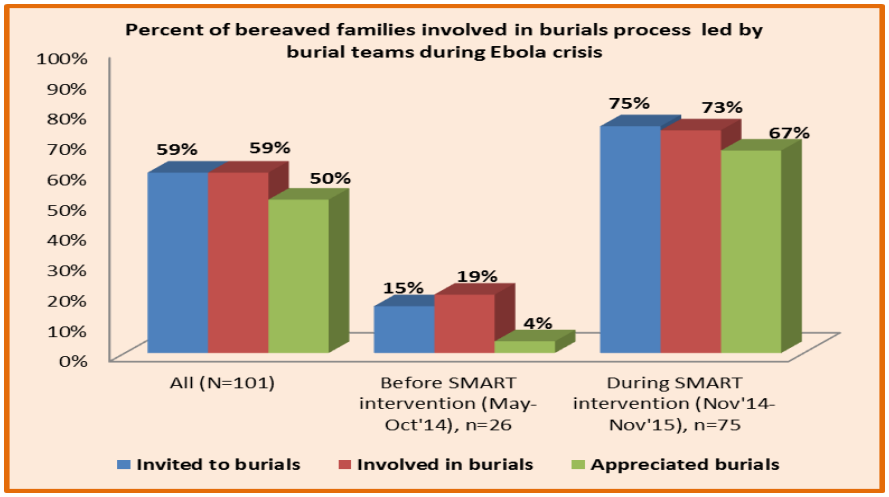

Figure 1: Proportion of bereaved families involved in burials processes led by Burial Teams

Exclusion of bereaved family members from burials, and a lack of women in the Burial Teams reportedly increased suspicion of cannibalism and of tampering with female corpses at the early stage of the epidemic. The Burial Teams appearance in full personal protective equipment (PPE) further aggravated the situation. As explained by community members in a series of focus group discussions the PPE instilled fear in people, leading to the abandonment of an entire village in many instances whenever death was announced. According to an Inter-Religious Council member in Bo, southern Sierra Leone,

*"… There was opposition to offering up bodies to people dressed like men from the moon. Before dignity was introduced to the procedure, people had already gone to the ground and were burying their loved ones secretly".* [1]

Lack of involvement of bereaved families, and failure to mark graves meant families could never trace the remains of their deceased relatives to pay their respects or perform annual burial rites (such as pouring of libation. This also reportedly contributed to denial and avoidance of safe burials. An instance was noted in the study where over thirty graves could not be traced of those who died linked to washing and touching the body of a Muslim scholar who died of Ebola. Symbolic burials were later organised and performed by a non-governmental organisation for bereaved families in the affected village as a form of condolence (depicted in Box 2).

[1] See publication of interfaith consortium including CAFOD, Christian Aid, Tearfund and Islamic Relief. Available at: http://cafod.org.uk/content/download/27202/268720/version/2/file/Ebola%20exec%20FINAL%202015.pdf

**Box 2: Symbolic burials: A case of Kalia Village where families could not locate the remains of their dead relatives**

Kalia village is located in Bo district, southern Sierra Leone. Kalia village became an area of concern in Bo district, when a single Ebola death at the initial stage of the pandemic led to the death of over thirty community members. Initially people did not trust in the Ebola messages. At this time, safe burial practices in Sierra Leone lacked religious and traditional rituals. Hence why the corpse of an Ebola-infected Islamic scholar in Kalia was secretly washed and buried. All those involved in the burials contracted the virus; and were later removed by Burial Teams and taken to an unknown location. Messages reached back to the community that they were all dead, but the remains could not be located by family members. A symbolic burial ceremony was performed in Kalia village, where shrouds were tied round sticks as a symbol of the deceased, and prayers were done in memory of the dead. Each family was then asked to take and bury the white shroud in memory of their deceased family member.

### *Violation of customary and religious rituals in burials*

The initial safe burial practices were highly medical. They only adopted prevention and control measures without due consideration of traditional and religious rituals. So the policy of safe burials served as a powerful disincentive against reporting deaths to Burial Teams. The initial social mobilisation failed to engage communities or to understand community behaviours towards medical burials.

The study revealed burial traditions that can be traced back many hundreds of years. In northern Sierra Leone for instance, there are three major secret societies, including the 'Gbagbani', 'Bondo' society (for women) and 'Poro' society (for men). These societies, according to a local authority in Port Loko district, "*were introduced to prepare the male and female children for adulthood. Sometimes the initiation ceremony takes close to three years teaching initiates their role in society*". Meanwhile these traditions demand a seclusion ceremony known as 'Kantha' for members such as traditional leaders, ceremonial chiefs, and others who hold positions in the secret society. When a leader dies, the society demands the body to be handed over to perform rituals for a specified period of time, before anyone can set eyes on it. In the 'Bondo' society, there are certain members of the society (particularly the leader named as 'sowei') that have to be concealed from the public, which means a curtain is immediately closed to prevent the corpse from public view until the ceremony is performed and body is fully dressed. For an ordinary burial team member to handle the corpse of a secret society member created tensions, particularly in northern Sierra Leone where these practices are an inherent part of their society. There were reported instances of frequent clashes between secret

societies and the Burial Teams in the north, particularly in situations where the Burial team did not include society members.

> ***"We faced a lot of confrontations such as abuses, stone throwing and barricades in some parts of the district. Sometimes dangerous masked devils such as the 'Gbagbanie' which are feared by everyone were released in certain part of the district particularly the Tonko Limba chiefdom to prevent us from entering towns suspected to have got corpses …"***
> Burial team member and female body carrier, Kambia district

Further observed from focus group discussions and personal interviews with bereaved families was a high dissatisfaction of burials due to lack of religious rituals at the initial stage of the Ebola epidemic. About 96 per cent of bereaved families interviewed (as shown in Figure 2) who lost relatives between May and November 2014 did not appreciate burials done by Burial Teams across the districts covered. In particular, the lack of religious rituals such as prayers, and washing, dressing and perfuming of corpses kept echoing as the most undignified and unacceptable decision made by the government and their partners at the early stage of Ebola outbreak.

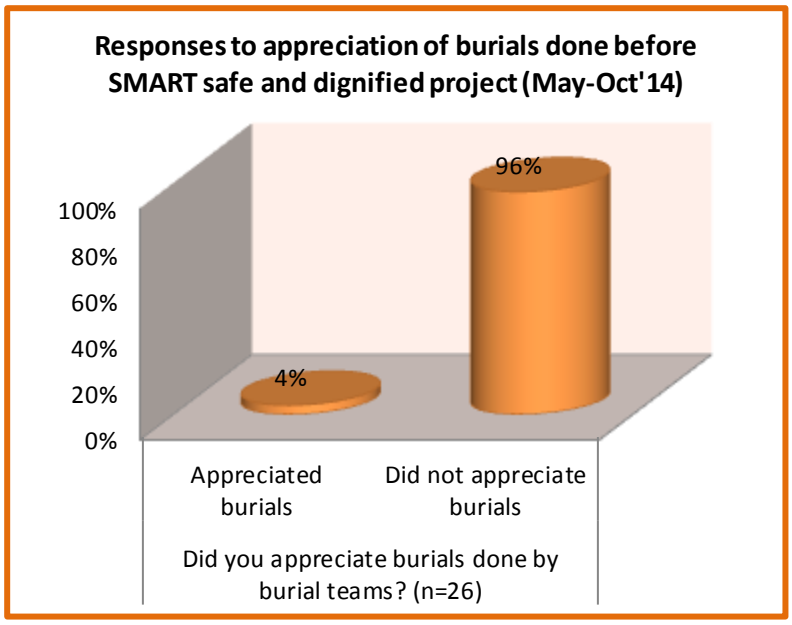


Figure 2: Bereaved families' opinions of burials before SMART safe and dignified burials project

Whilst some similarities exist, marked differences were observed in terms of burial rituals for both Christians and Muslims. Whereas Christians do not have a defined time requirement for burials, Muslims believe the spirit of the dead must not stay long with the living. A slow response by Burial Teams - even twelve hours - after the death of a relative was particularly disconcerting for Muslims.

Discarding the use of a cross-bar (or straight sticks) in the grave to separate a body from the earth above it was also discovered to be against the Muslim burial rituals. Muslims believe that there is life after death in the grave; and that the dead would be

awakened to sit down in the grave to answer a few key questions from an angel sent by God. They therefore perceive that allowing the earth to reach the corpse in the grave can disturb the soul as a result.

### *3.1.4 Underlying factors*

The factors causing barriers to community acceptance were strongly influenced by weaknesses in the preliminary structures established to fight the Ebola Virus Disease. In particular, poorly coordinated centres and weak monitoring systems, weak capacity support base, and a lack of motivation among support staff intensified tensions and reduced community confidence in the entire burial process.

*Poorly coordinated structures slowed down responses to death reports and allowed the Ebola virus to spread*

The structures established to respond to the Ebola virus pandemic were not well organised or coordinated. For instance, the Emergency Operations Centres (EOCs) initially established to coordinate respones to the epidemic only functioned for a few hours a day for meetings and updates. This meant a pool of loosely operated actors that were remotely responding to incidences across the country, thus activities were not well coordinated and supervised. Responses to alerts were therefore slower, partly contributing to a flare-up of Ebola cases at the initial stage of the crisis.

*Weak capacity support and monitoring systems undermined effective management around the containment and eradication of the virus*

The study noted that personnel and activities were poorly resourced at the onset of the fight against the Ebola pandemic. The coordination centres lacked the facilities such as laptops, printers, internet connection, stationery that would enhance effective management around the containment and eradication of the virus.

Initially there were reported staffing and fleet management problems. The institutions charged by the Government with coordinating all Ebola burials were soon overstretched due to issues with cash flow, understaffing and lack of vehicles and fuel to respond to alerts. Hence eventually they reportedly lost public trust.

> ***"The DHMTs lacked logistical support from the government at the onset of the crisis. We only relied on a stipend of Le150,000 per corpse paid by the District Council. There were no vehicles to transport corpses until September 2014 when one mini van was donated by WHO. This infact caused some members of the team to use their private vehicles as body carriers. Even when the NERC was formed the DHMTs were excluded from the planning process and therefore, still lacked the requisite support to coordinate burials activities- transfers of funds from NERC stopped at the DERCs… "***
> DHMT member, Port Loko District

The limited number of vehicles and insufficient supply of fuel particularly delayed responses to death reports. This also resulted in poor monitoring mechanisms. As expressed by a burial coordinator and DHMT member in Moyamba District, *"burial*

*supervisors could not move to monitor all burial activities in their assigned locations, and so handling of corpses, grave digging and burials were done at will by other team members".* This situation was compounded by fewer team members with no consideration of gender sensitivity; and therefore as cases spiked, they were overwhelmed with burials. This, in part, led to a number of corpses waiting for some days across the country.

Lack of training and inadequate supplies, like PPEs, also resulted in burial support staff lacking the requisite skills to engage community members and to perform safe medical burials at the initial stage of the crisis. Thus Burial team members initially de-prioritised ethics in burials for fear of contracting the disease themselves - which further explains why public fury was aroused at the lack of dignity of burials and some resistance was evident.

> ***"Initially we lacked adequate knowledge on the Ebola virus itself due to inadequate training and misinformation about the disease. All we knew was that Ebola is virulent and incurable and that only chlorine could reduce its power; but even the use of chlorine and PPEs was not properly explained. Hence we could not listen to people and even allow them to get closer to the corpse. We were hesitant to touch the corpse. Indeed burials were not dignified. We therefore faced a number of confrontations with community people… "***
> Burial supervisor and DHMT member, Moyamba District

### *Failure to meet the basic needs of Burial Teams resulted in low staff motivation and unethical treatment of corpses*

The findings revealed that burial personnel lacked motivation at the initial stage of the Ebola epidemic. Previous administrations handling burials failed to make the necessary commitments that could motivate staff. Complaints were consistently documented on issues relating to delays in payment of bi-weekly stipends and supplies of PPEs at the early stage of the pandemic. As expressed by a burial and DHMT member in Port Loko district, Burial Teams used 'trampoline' plastic as the first 'body bag', and there were no sprayers or adequate PPEs. This led to fear among health workers about handling corpses; and so chlorine was indiscriminately used. Failure to fulfill bi-weekly payment of stipends also reportedly undermined the entire burial process and led to frequent strikes by Burial Teams. This confirmed existing literature on demonstrations by disgruntled burial team members elsewhere in Sierra Leone during the first six months of the crisis[2]. Burial team members further expressed that initially, no consideration was made for food and communications - yet they were often refused service when they tried to buy food items - leading to fatigue and slow response to burial calls.

[2] See article, 'Sierra Leone : burial dumps bodies in pay protest', available at: www.cnn.com/2014/11/26/world/Africa/sierra-leone-ebola/

## 3.2 Enablers to community acceptance of safe and dignified burials

### 3.2.1 Inclusion of customary and religious rites

The introduction of the revised standard operating procedures (SOPs) for safe and dignified medical burials, developed by the Centre for Disease Control, Ministry of Health and Sanitation and the World Health Organisation, and adopted by the SMART Consortium in December 2014 was noted to be significant. It provided procedures that addressed the aforementioned barriers and underlying factors preventing community acceptance of safe burials. The document made provisions for full involvement of bereaved families in the burial processes. Specifically, the SOPs allowed for involvement of mourners (up to 10 people) including faith leaders in the burials, although they were required to maintain a safe distance of at least five metres from the grave site. The content of the document also makes provision for families to choose rituals, pray, dress and be involved in burying the corpse, as well as to post memorial markers on the grave. This in part, addresses the concerns documented from communities during the study.

It could be observed that people started to accept burials by Burial Teams when the revised SOPs were fully implemented. About 67 per cent of all families surveyed appreciated burials done by Burial Teams. This is a relatively high response rate that was strongly attributed to the politeness of burials teams and community engagement to choose burial rituals (including involvement of religious leaders in the process).

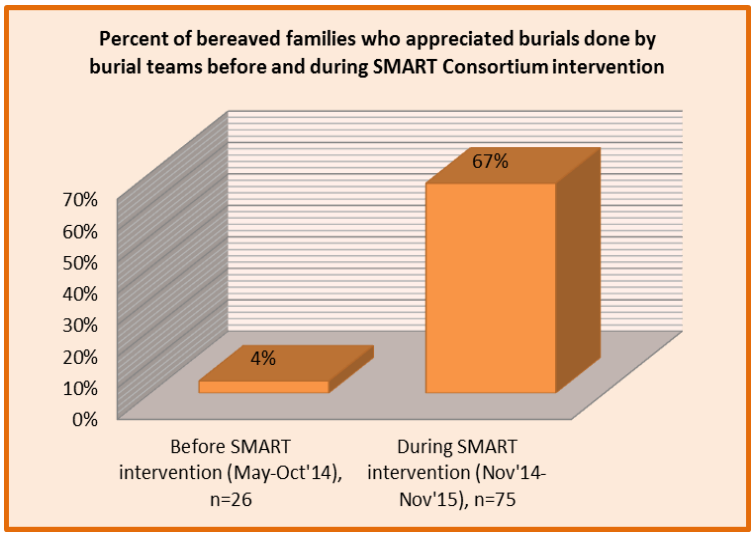


Figure 3: Per cent of bereaved families who appreciated burials done by Burial Teams

***"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

A relatively large proportion of bereaved family members expressly felt a sense of closure during the SMART safe and dignified burials intervention due to the burial process being dignified. About 75 per cent confirmed they were invited to the burial, and 73 per cent reportedly got involved in the burial process. Over 60 per cent of bereaved families further claimed they were allowed to prepare graves, chant during departure, and to honour and make speeches about their deceased family member.

In addition, 56 per cent were reportedly allowed to choose rituals for the burial of their deceased family members. However, about 57 per cent of bereaved family members did not feel enough time was given to grieve during burials.

### 3.2.2 Recognition of faith leaders and women to build trust and reduce complacency in burials

The inclusion of faith leaders as part of the burial procedures and in social mobilisation was seen as one of the most effective game changing approaches observed in the fight against the Ebola virus. Existing literature on the role of faith leaders in the Ebola response show that faith leaders can be the most effective social mobilisers, working diligence, honesty, dedication, and in a cost-effective way[3]. They are close to the community and have a longer-term presence than any other humanitarian organisation. While conventional social mobilisation approaches often only target the poor who are available to listen, those who work are often missed. Religious leaders can very often reach all these people in Friday prayers and Sunday services. The SMART Consortium therefore used the most effective approach by working with faith leaders to reduce complacency about reporting deaths throughout their communities. This underpinned the response made by the Consortium to the revised burials protocols which recommends *"…the inclusion of family and local clergy in the planning and preparation of burials, as well as the burial event itself, given specific instructions for Muslim and Christian burials*".

**Posters show faith leaders demonstrating leadership in burials**

[3] See the joint research report commissioned by Cafod, Christian Aid, Tearfund and Islamic Relief World- "Keeping the Faith: Role of Faith Leaders in the Ebola Response", available at: http://cafod.org.uk/content/download/27202/268720/version/2/file/Ebola%20exec%20FINAL%202015.pdf

However, faith leaders too initially needed behavioural change and were trained in some districts using the Channels of Hope (CoH). The CoH is a World Vision methodology adapted in the context of Ebola, and was used to equip faith leaders to promote accurate and responsible messages about Ebola, and to respond with compassion and care for affected people. Faith leaders used the CoH methodology in combination with religious teachings to encourage changes in behaviour. This methodology helped change traditional burial practices.

Women's involvement in the Burial Teams also increased community trust in the burial process. Communities expressed discontent over men burying a female which was culturally unethical. As stated by a Burial Pillar Lead and DHMT member in Tonkolili district '*women were also added to observe traditions'*. To ensure that women were handled by female body carriers, each team had an average of two female members. Training was also conducted for secret society heads in some parts of the SMART Consortium target districts such as Bo and Moyamba; and these existed as 'societal burial' volunteers.

Interestingly 100 per cent of all bereaved families agreed that the involvement of religious leaders and women in the burial process was very important. They expressly believed that prayers lead the dead to eternity; and that women's involvement addressed unethical practices of males handling female corpses. Once community trust was built there was a quick increase in reporting of death cases. In the month after the Safe and Dignified burials were introduced the highest number of deaths were reported since the outbreak started. Over 1000 deaths were reported to Burial Teams in just one month across the country (see Figure 4).

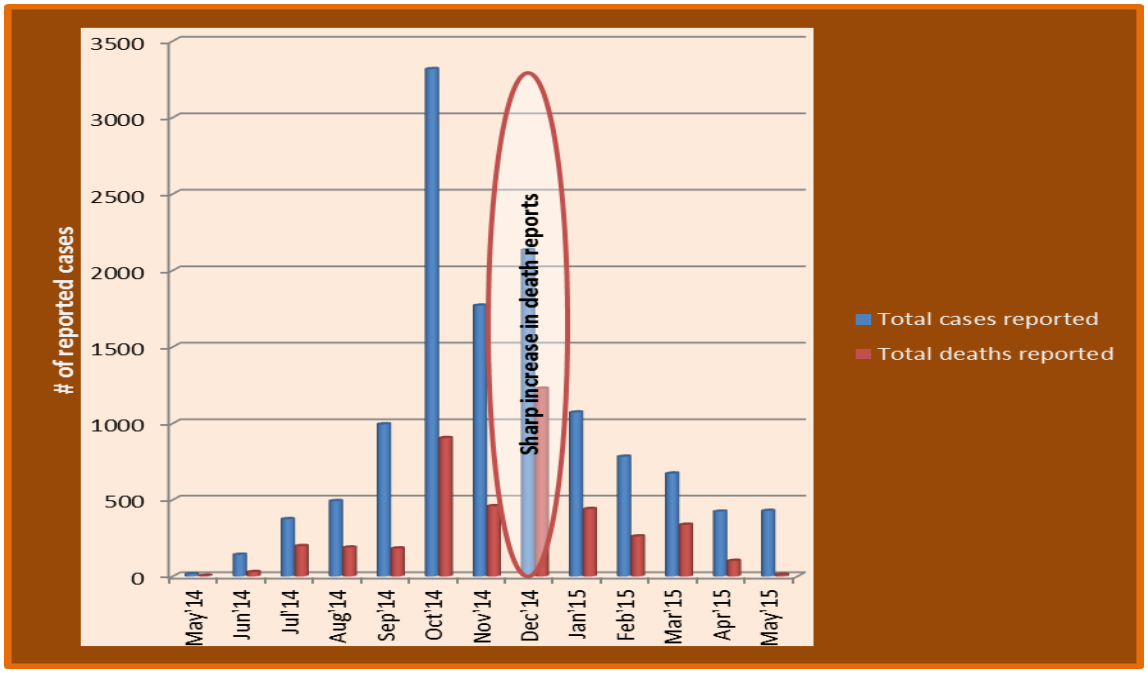


Figure 3: Number of reported death cases by month, compared with total number of Ebola cases that month. Source: WHO Sierra Leone Database on Ebola: See http://apps.who.int/gho/data/node.ebola-sitrep

### *3.2.3 Addressing the underlying factors*

*Addressing the problem of uncoordinated centres*

Command Centres (CCs) were established and served as centralised systems to bring all key players together. The CCs connected all key players including the alert desk, safe and dignified burials team, quarantine, protection and psycho-social support desk, social mobilisation, live case management, fleet management desk, surveillance, and laboratory management. The Centre also included the District Ebola Response Centre (DERC) command structure including the DERC Coordinator, Republic of Sierra Leone Armed Forces (RSLAF) representative and all NGOs involved in the response. When a death alert was raised, the team in the Centre could contact the burial team directly with no delays. The same applied to live case management, laboratory management, and other processes.

Moreover, the centres were well-equipped with internet services, equipment and supplies (such as laptop computers, photocopiers, generators). Phone credit, lunch and other provisions were also provided to the Command Centre staff. This innovative strategy held staff members together at all times so they were highly responsive to alert cases. It was noted that coordination and supervision proved highly effective with the establishment of Command Centres.

*Responding to capacity needs and weak monitoring mechanisms*

The capacity gaps inherited by the SMART Consortium were addressed through the development of the SOPs for safe and dignified burials and training of burials team on the procedures. A range of training activities were conducted and perceived to be adequate as documented from interviews with burial team members across the six districts covered by the study. Table 2 presents the training received by Burial Teams and key facilitating institutions.

**Table 2: Training received by Burial Teams and sources/ sponsors**

| Type of training received | Facilitating institution/sponsor |
|---|---|
| **Decontamination and disinfection mechanisms** | WHO |
| **Training on revised SOPs in burials (incl. PPE use)** | WHO/MoHS/ICRC |
| **Counselling of Burial Teams** | Religious leaders |
| **Psychosocial training** | Mission for Salone/MoHS, CAPS |
| **Stress management** | World Vision Ireland |
| **Training on Channels of Hope** | Mission for Salone, World Vision |
| **Data synchronisation** | World Vision |
| **Open data kit system** | World Vision |
| **First Aid management** | World Vision |

These training programmes led to improved dialogue between Burial Teams and the community. There were considerations of ethics and community inclusion in the burial process. This released tension and the negative public perception about previous burial protocols reportedly dissipated.

***"First we never encouraged bereaved families. But after we received the training on the revised SOPs we realised that we needed to empathise with them. At times when bereaved families tended to be erratic, a team member was sent to console the family; and later asked for their permission for the team to bury their loved one. We also realised that the presence of the burial vehicle created panic, so we had to stop the vehicle at some point until the family is first consoled. We also allowed some family members to be dressed in full PPEs to witness burials. Communities therefore started seeing themselves as part of the burial process. Trust was then built and families started accepting us wholeheartedly. "***
Burial team member, Kono District

The initially slow response to deaths was also improved by a number of strategies. First, the revised SOP document required all burials to be carried out within 24 hours. The SMART Consortium ensured that this protocol was observed by addressing the human capacity and logistics inadequacies across their operational districts. For instance the number of Burial Teams established by the SMART Consortium in the study districts almost tripled those inherited (see Figure 5). A total of 62 teams were established across all 10 operational districts managed by the SMART Consortium.

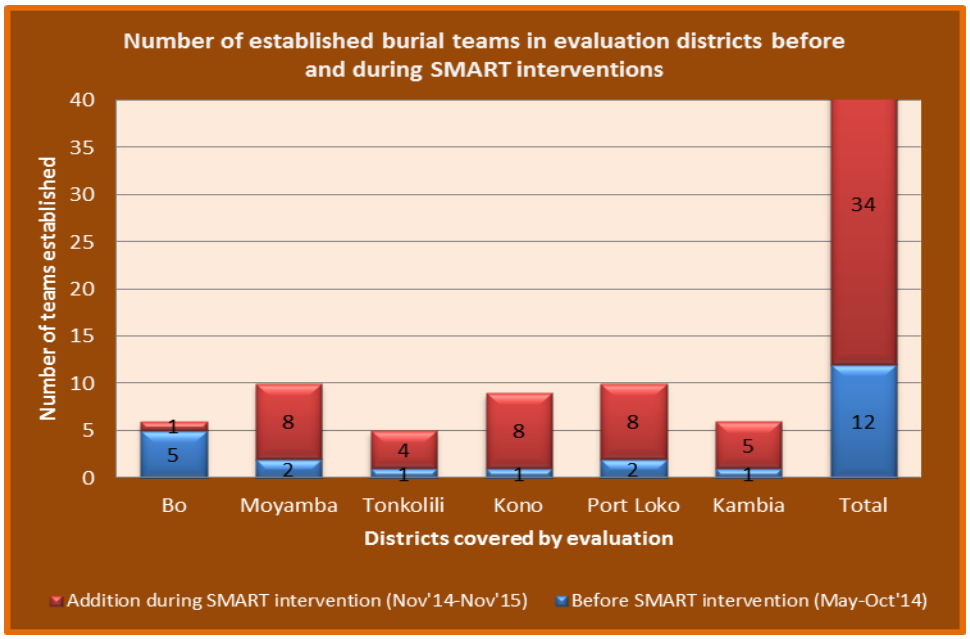


Figure 5: Number of established Burial Teams in study districts

In addition, two vehicles, one body carrier and one personnel carrier were assigned to each of the Burial Teams to improve the response times. Various testimonies collected across the six districts revealed that SMART Consortium members were diligent in their activities. All supplies (including fuel, PPEs and vehicles) were adequate to ensure that activities were carried out safely and on time. Motorbikes were also supplied to micro-Burial Teams. These were smaller teams assigned to difficult terrains that were not easily accessible by vehicles.

***"Initially, vehicles were not easily available to swiftly respond to burials. .....We therefore had a number of outstanding burials for over 72 hours. But when World Vision took over, there was rapid transformation in the burial process. Everything was in abundance. They provided vehicles, maintenance and running costs. Interestingly fuel was pre-positioned to reduce the burden of staff moving in search of fuel. There were fuel reserves, so activities were not ceased in times of fuel shortage. Hence even with the 24-hour mandate, burials were done within twelve hours."***
Burial Supervisor and DHMT member, Moyamba District

This statement was supported by other burial team members interviewed across the districts covered by the study. According to the Burial Team Lead and DHMT member of Tonkolili district, "*99 per cent of all burials were conducted within 24 hours*" during the SMART Consortium implementation. Communities also expressly agreed that Burial Teams had become more responsive. During the first six months of the Ebola response 73 per cent of bereaved families considered Burial Teams' responses as either slow (15per centper cent) or very slow (58per centper cent). (See Figure 6)

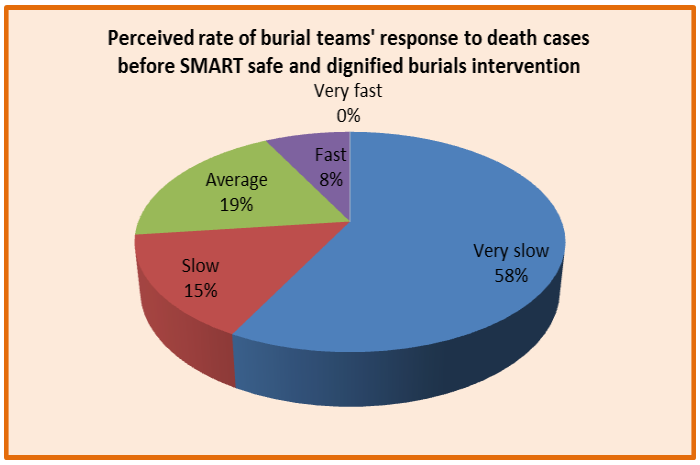


Figure 6: Perceived speed of response of Burial Teams before SMART safe and dignified project

However of those who experienced burials after that period, only 13per cent thought the response was very slow and 15per cent thought it was slow. The majority perceived the response to be either average (44per cent), fast (23per cent) or very fast (5per cent). (See Figure 7)

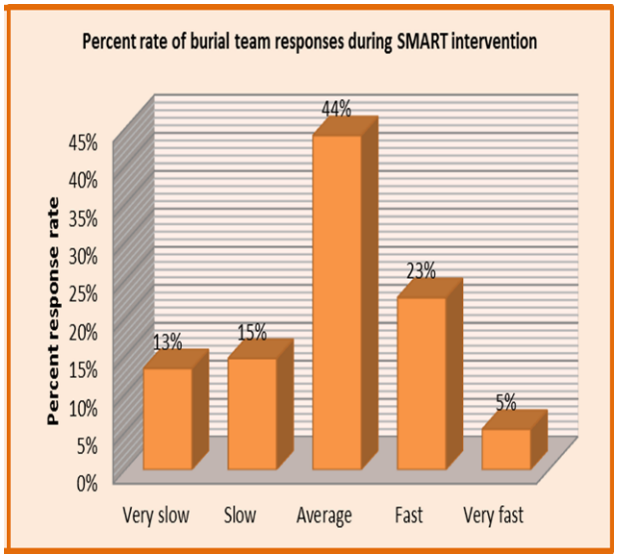


Figure 4: Community perception about rate of response of Burial Teams before and during SMART intervention

Although a moderately high proportion (28per cent) of bereaved families perceived that the response rate was either slow or very slow during the SMART Consortium intervention, they however admitted that corpses were buried within 24 hours. Most of those who perceived a slow rate of response by Burial Teams were observed to be Muslims, who do not think a corpse should lie for more than twelve hours before burial.

### *Responding to the basic needs of Burial Teams to optimise responses*

The SMART Consortium was further observed to have been highly responsive to other irregularities - such as lack of basic support to Burial Teams - as soon as they took over the safe and dignified burial activities. The Consortium came at a time when many burial team members felt discouraged. They swiftly adopted strategies to inspire burial team members and invigorate burials activities.

> ***"We inherited a system where burial team members were no longer motivated; and were frequently hiding from duty. We therefore did challenges and gap identification with the team members, and later developed and signed MOUs with them. From thence, they were treated as contract staff members, responding to daily timesheet and signing attendance list. We made sure our obligations were fulfilled as positioned in the MOUs such as payment of bi-weekly allowance of Le1,000,000, and provision of breakfast, lunch and mobile credits, etc…"***
> Base Manager, World Vision, Bo

Burial team members interviewed confirmed these changes across the six districts covered by the study. The intervention was therefore noted to be well received by burial team members.

***"World Vision inherited a system where outstanding payment for staff was enormous; and took the responsibility of 100per cent payment of both outstanding and subsequent allowances. Bi-weekly payment was prompt. In fact prior to the safe and dignified burials intervention, burial team members had to travel to a central location to receive payment, which further added to factors responsible for delays in burial responses. But with World Vision Burial Teams were paid on site. In addition they provided every logistics needed to protect burials staff, PPEs were provided in full including rain gear, and we're having both breakfast and lunch to our satisfaction. The response from World Vision was fantastic! Indeed they delivered what they promised."***

Burial Supervisor and DHMT member, Moyamba District

## 3.3 Gaps observed for future responses

The declaration of the end of the outbreak by the World Health Organisation (WHO) on 7 November 2015 served as the beginning of the transitioning process in the response. The Command Centres (CCs) were transformed and all public health emergency response activities were transferred to the District Emergency Operations Centres (DEOCs). The DEOCs are under the full supervision of the Ministry of Health and Sanitation through the DHMT. The 'National Ebola Recovery Strategy for Sierra Leone' launched in July 2015 is the main policy framework on Ebola recovery for a period of two years (July 2015-June 2017). The framework requires stakeholders to step up efforts to improve infection prevention and control mechanisms, maintain safe and dignified burials, deepen community engagement, sustain support for mental and psycho-social services and improve operational services. Meanwhile the effective implementation of these provisions has a number of caveats.

*The DHMTs responsible for coordination and monitoring of health activities at the district level lack the necessary support.*

Asset management and monitoring capability was found to be the major weakness of the Health sector in Sierra Leone. Interviews with key informants from DHMT and NGOs across the six district covered by the study revealed DHMTs lacked the capability to manage and maintain large fleets of vehicles and other assets; and this in turn lead to ineffective monitoring of activities. This weakness was observed to be due to limited Government support towards the DHMT to promote health system strengthening and governance at the district level in Sierra Leone.

***"We cannot maintain fleets due to lack of support for maintenance. The Ministry of Health has not been strengthened, and therefore has no budget for payment of DHMT staff. Even though the service level agreement (SLA) has been developed, it's not being followed, funds are not given to DHMT. What we receive is only for monitoring activities; but this too is not enough, considering that the Ministry of Health has a wider coverage by penetrating in every village.... "***

DHMT Member, Port Loko District

Similarly the DEOCs established are responsible for all emergencies in the district. They have similar mandates given to the previous command centres (CCs), though their operations are on a smaller scale. It was also observed that management of the DEOCs is enhanced by the support of various NGOs. This forms a complex

relationship in terms of maintaining the DEOCs, as well as sustaining the centres should NGOs drawback. In the meantime the DEOCs are effectively operational and there are recommended standby Burial Teams responsible for burials of any suspected death case. According to the Incidence Manager attached to the DEOC in Kambia, "*the presence of the DEOCs is an opportunity used to develop the capacity of the DHMT in rapid response and surveillance, case management, and the SOPs and has created other avenues for logistics and financial support for the teams*".

*Lack of effective reintegration modalities for Ebola burial workers.*

The study documented widespread grievances from burial team members relating to discrimination and the subsequent lack of support for reintegration into the mainstream community. Whereas all burial team members interviewed agreed that they acquired adequate training on medically safe and dignified burials, that they could use again in any future emergency situation, they did however express disatisfaction towards the reintegration mechanisms. Burial team members reportedly faced numerous challenges relating to their interaction with other community members. Prolonged refusal by both community and family members to accept burial team members in houses and social gatherings were reportedly common during the crises. There were reported instances where husbands divorced wives engaged in burials, and also where some burial team members were rejected by religious and even health institutions.

***"…There was discrimination even among the health staff, burial team members were consistently neglected in the hospital. I felt the trauma myself. I realised that colleagues from different pillars were afraid of me as a burial team leader whenever I appeared. I could still recall when even the head of the DHMT drove me out of his office claiming that I wanted to transmit the virus to him…it was really painful, which is why I was somehow happy to have received the Presidential Award at the end of the fight…"***

DHMT Member, Port Loko District

In Kono, a Sheik who chose to work with the Burial Teams was driven from his community, and refused entry to all mosques in Koidu town. (See Box 1 for details)

**Box 1: Discrimination against Burial Teams: A case of a Sheik involved in burials in Kono**

Sheku Kamara was an Imam who used to lead prayers in a mosque located in Lebanon Town on the outskirts of Koidu City, Kono district. Sheik Kamara was inspired to assist in burials in Kono district; and later joined one of the central Burial Teams during the surge in Koidu City. By choosing to work with the Burial Teams, Sheik Kamara faced a lot of criticsm and discrimination in his town and the entire Koidu City.

*"…No sooner I started working as a sprayer in the burial team, my house was isolated, and later I was driven from the entire Lebanon Town for fear of spreading the disease. By then the entire Muslim community in both the mosque I used to lead as an Imam and in Koidu City had rejected and banned me from entering into any mosque. I was later forced to stay around the cementary area. I only succeeded returning back to my community with the help of World Vision and the security,."*says Sheku Kamara in Lebanon Town.

But since then discrimination against Sheik Kamara has re-emerged. He is called 'Ebola' and his house is branded as 'Ebola house'.

Whereas psycho-social support (including trauma counselling) was provided for both Ebola victims and burial team members during the crisis, community engagement on discrimination was a missed opportunity. Burial Teams expressed concern that they were left alone to reintegrate themselves into the community, which has proven to be difficult. This includes a lack of reintegration package for resettlement.

***"We were guided to create savings scheme from about nine months to the end of the assignment. The one month Christmas bonus received also helped us greatly. Our savings were utilised well, which made our resettlement into the community very easy. Some of us used the savings to build houses; others invested in businesses such as buying taxis for transport"***
Burial Team Leader and DHMT Member, Moyamba district

The situation was compounded by the lack of guidance on the use of the allowance received by most team members. The burial team members of Moyamba district were exemplary in managing their income due to reintegration training received on savings. This was an innovative idea that many burial team members have missed out on. At present, a number of them are jobless and traumatised by isolation and discrimination.

# 4 CONCLUSION AND RECOMMENDATIONS

Initial social mobilisation efforts on the Ebola crisis only targeted and engaged communities with certain messages. They largely concentrated on social behavioural change campaigns - such as hygiene practices, hand shaking, social gatherings and food eating behaviours - to stop the spread of the Ebola virus. The campaigns failed to explain to communities why they should forgo the cultural practices in burials that were largely contributing to the spread of the virus. Safe burial practices were initially against community norms and religious practices which led to stiff community resistance to Burial Teams. Understanding cultural practices and enabling communities to get closer to burial activities broke the iceberg of resistance during the Safe and Dignified Burials project. Once social mobilisation became part of the burial process, and Burial Teams started engaging and involving communities in burials, ownership was established, methods not normally practiced were incorporated, and death reports started increasing. This reduced the spread of the virus and contributed to ending the epidemic.

Faith leaders were observed to be the most effective social mobilisers, and illustrated the largest community mobilisation. They are trusted by community members and stay closer to them than any humanitarian organisations. Community members often perceive faith leaders as intermediaries between man and God, and their involvement in the Safe and Dignified Burials served as a game changing opportunity. At this point communities believed that prayers over their deceased relatives were effective and decent burials were guaranteed. In addition, women's involvement in the Burial Teams also increased community trust in the burial process.

The revised Standard Operating Procedures for Safe and Dignified Burials were effective in addressing many of the cultural and religious aspects of burials which were lacking in the initial guidance. The inclusion of families in the burial process and the incorporation of religious rites were highly appreciated. Once Burial Teams were trained in the correct procedures and given adequate equipment and support, the effect of the improved SOPs could be noted.

Support of the implementation of burials, with effective coordination, logisitics, training and incentives for the Burial Teams, ensured that the burials were carried out effectively. This again contributed to community acceptance of safe and dignified burials.

The strategies adopted during the Ebola response should undoubtedly apply to any future public health emergency and humanitarian response. Some useful recommendations have been drawn from the Safe and Dignified Burials project.

## 4.1 Recommendations

- ***Deeper engagement and involvement of communities is critical to ensuring behaviour change.***

  Mixed messages, enforced laws and independent decisions without community engagement on burial practices partially accounted for the continued spread of the Ebola virus at the early stage of the crisis. Preliminary community engagement through perceptual surveys and planning would have increased understanding of cultural and religious practices by the humanitarian community. This could have contributed to improved methodologies, promoted ownership and increased confidence in Ebola response interventions that either directly or indirectly affected the communities. Consideration should also have been given to regional and religious variations of certain traditions or rites.

- ***Faith-based alliances should be utilised for building community trust.***

  Faith leaders proved that with the necessary support, they can be rapid game changers in public health emergency responses. Their encouragement of communities to accept changes to burial rituals was critical. This is especially important for tolerant, multi-faith countries, where faith leaders have proven to be the largest and most effective social mobilisers. Faith must therefore be a core component of humanitarian responses for such countries. In particular, sensitisation and behaviour change campaigns would be effectively executed by faith leaders.

- ***Greater consideration should be given to gender aspects of public health emergencies.***

  The consideration of gender aspects of culture and traditions can assist with addressing behaviour change. Including women in Burial Teams built community trust and helped bereaved families to feel that the burials were dignified for females. This was a key consideration that was not captured in the revised SOPs.

- ***Ensure effective capacity building of health personnel, such as burial workers.***

  Training of Burial Team members was essential for their own protection against Ebola as well as for the safety of communities. Training on not only how to make the burials safe, but also dignified was key for their interaction with communities. The behaviour of the teams played a key role in creating community acceptance of safe burials.

- ***Ensure adequate support of health personnel.***

  Support for logisitics, coordination and human resources are essential to ensure that public health emergency responses are efficient and effective. Donors are often reluctant to cover too many overheads or assets and NGOs often subsequently underbudget for human resource and logistical needs. However the Sierra Leone Ebola response has shown that the generous support from donors and effective management and coordination by NGOs were key aspects for ensuring the effective implementation of the Burial SOPs.

- ***Burial and other health workers should be provided with coping mechanisms for community reintegration.***

  Community engagement to counter discrimination was a major gap in the Safe and Dignified Burials project. While psycho-social support for both Burial Teams and Ebola victims was a major component of the Ebola response, little attention was paid to community acceptance of burial workers. Widespread discrimination against burial workers was reported; and the reintegration package was not enough to independently resettle burial workers back to their respective communities. Future health emergency responses should develop a comprehensive package for those whose roles carry a risk of stigma. In particular, Burial team members recommended community sensitisation, temporary lodgings and job facilities in the package. Training on savings schemes is also strongly recommended as part of the future coping strategies for emergency health workers.