

Key considerations: burial, funeral and mourning practices in North Kivu Province, DRC

This brief summarises key socio-cultural considerations of events related to death, burial, funerals (rites or ceremonies), and mourning in the context of the outbreak of Ebola in North Kivu and Ituri Provinces, DRC, August 2018. Beliefs and practices related to death, burial, funeral rites and mourning can (i) directly impact the transmission of Ebola and (ii) influence trust between communities and responders. Further participatory inquiry should be undertaken, but given ongoing transmission, conveying key considerations and immediate recommendations for safe and dignified burial practices and related community engagement have been prioritised.

This brief is based on the input of expert advisers in close communication with networks of contacts in North Kivu (community leaders, religious leaders, local authorities, clinicians, NGO staff, community members etc). It builds on a rapid review of existing published and grey literature, experience of previous Ebola outbreaks in the DRC and elsewhere and informal discussions with colleagues from UNICEF, WHO, IFRC, Oxfam, GOARN Social Science Group and others. Prior to finalisation, it was reviewed by expert advisers from Harvard, Anthrologica, Institute of Development Studies, London School of Hygiene and Tropical Medicine, CNRS-MNHN-Musée de l'Homme Paris, Rikolto, Social Science Research Council, University of Edinburgh, University of Notre Dame, University of Ghent, University of Sussex and others. Responsibility for this brief lies with the Social Science in Humanitarian Action Platform (SSHAP).

Recommendations

- **Modifying SDB guidelines to align with local practices** – In the context of Ebola, burials must be conducted by trained specialised teams, yet safe and dignified burial (SDB) protocols should remain as close to local burial and funeral practices as possible, only changing or adapting components that are medically unsafe. It is critical that local actors are involved in this negotiation process, formulating locally-appropriate practices concerning death, burial and mourning. Local practices are not static but shift and evolve in response to immediate conditions. Communities in the *Grand Nord* are pragmatic and it has been reported that both individual and collective behaviours are adjusting in the context of the current Ebola outbreak. Local adaptation is key. When communities understand the risk of transmission associated with preparing a body after death and for burial, they are best placed to suggest acceptable modifications to local practices.
- **Local expertise** – Discussion and agreement at the local level about how a safe and dignified burial should be conducted is critical. Careful consideration must be given to who should be involved in such discussions from both the response and affected community. Religious and community leaders are heavily relied on for advice about illness and death, and must be engaged and supported to a) work alongside formal SDB teams; b) suggest how local practices can be modified and aligned with SDB guidelines; and c) communicate effectively with their communities. For coordination with religious leaders in the *Grand Nord*, it is recommended that the protestant church platform, *Eglise de Christ du Congo* (ECC) and its youth section are directly engaged, in addition to Catholic and Muslim leaders. In more remote areas, beyond immediate urban centres, it is important to involve customary authorities (*mwami*) in formulating locally appropriate responses. For contact details of the ECC leadership please email julietbedford@anthrologica.com.
- **Viewing the deceased's body** – 'Seeing the dead' is a significant component of local practices following a death. Preliminary engagement with Beni residents and counselling staff suggest that traditional viewing practices can and are being adapted, but the need for SDB protocols to enable family members to safely see their deceased relatives should be emphasised. There is a willingness to forego large funeral gatherings if trusted family members are allowed access to safely view (not touch) the body. Some community members have suggested that it may be acceptable to 'see' the body through a body bag as this would allow them to see the form of the body without being at risk of exposure, but this requires further investigation. It is critical that religious and community leaders as well as community engagement personnel in SDB teams, or health workers in a medical setting, clearly explain why it is unsafe to view the body more intimately.
- **Cleaning and dressing the deceased's body** – Due to the security context of the *Grand Nord*, some traditional practices have rapidly changed or evolved over recent years. The ceremonial washing of a body after death has become less common, particularly in urban centres such as Beni, Butembo and Oicha. In honouring the preparation of a body for burial, it is growing practice to use spray perfumes instead of washing. SDB protocols could be adjusted to allow family members to spray the body with perfume and thereby participate in the preparation of the body in a medically-safe way. If this level of access is not feasible, then families should be able to select the perfume for the medical or SDB team to spray onto the body as it is prepared for burial, and if possible, selected family members should be able to view this act, potentially with their religious leader present to offer a prayer or blessing.
- **Dressing the deceased's body** – In preparation for burial, it remains customary to dress the body in good clothes (suits for men and *kitenge* cloth for women). Ideally, family members should be able to provide appropriate clothes for the SDB or medical team to dress the body prior to burial.
- **Mbuti burial practices** – Mbuti communities have burial practices that may vary from those of Nande communities (as discussed below). To discuss practices relating specifically to Mbuti communities, it is recommended that the *Programme d'Assistance aux Pygmées en RDC* be contacted. There is a branch in Beni City, and several doctors in Beni have a good rapport with Mbuti leaders who can act as cultural brokers regarding acceptable SDB practices for these communities. Mbuti community-based and civil society organisations should also be engaged, in addition to direct discussions with Mbuti community leaders. For contact details, please email julietbedford@anthrologica.com.
- **Providing information in timely way** – Communities source and receive information through WhatsApp group texts, including alerts about security incidents, activities of armed guards, and now, (informal) notification of new Ebola cases. It is recommended that WhatsApp be harnessed as an important communication channel, to share information and ensure accurate messaging that can mitigate the spread of rumours. Community members in general, and particularly the families of suspected, probable and confirmed cases should be sensitively informed about what will happen in the event that their relative dies. This means engaging with affected families at all stages, whilst their relative is in a treatment facility and before a death occurs. Although it may seem impersonal, WhatsApp is an

efficient and effective platform for sharing regular information with families. Community members from the *Grand Nord* have reported that families are being informed about their relative's death only after the burial has been conducted. This is unacceptable and, as in other Ebola outbreaks, could have far-reaching negative ramifications. Sustained investment must be made in a) keeping families up-to-date with regular information about their relatives' condition; and b) facilitating a family's engagement after the death but before and during the burial of their relative.

- **SDB response teams** – Burial teams should include trusted persons who already customarily play a role in death, burial and funerals and who are known to local communities. Such individuals should receive training on safe and dignified burial protocols and procedures, and should act as liaison between a family and burial team, even if they are not directly involved with making the body medically safe. In previous outbreaks in DRC, Uganda and West Africa, the significance of actively incorporating local community members into burial teams and facilitating effective community engagement has been well documented.
- **Grief and psychosocial support** – Facilitating a dignified burial that is meaningful to families and communities is a powerful psychosocial intervention in itself (in line with IASC guidelines for MHPSS after emergencies). Psychosocial support is an important component of an Ebola response. In coordination with the Ministry of Health, it is recommended that partners work directly with the Ebola Outbreak Psychosocial Commission (a local commission of medical and counseling specialists in Beni) and support be given to established local counselling centres such as the Bethesda Counselling Centre in Beni City. The Bethesda Counselling Centre opened in 2016 to provide psychosocial and mental health counselling to those affected by the ongoing violence in the province. The centre is well positioned to liaise with local churches and community leaders to discuss culturally appropriate SDB and mourning practices and is developing a curriculum for psychosocial support for Ebola-affected individuals and families that, in addition to Ministry of Health materials, could serve as a model to be locally adjusted elsewhere in North Kivu. It is recommended that existing psychosocial materials be directly provided to local counsellors and psychologists in the *Grand Nord*. For further details, please contact julietbedford@anthrologica.com
- **Transparency** – SDB procedures agreed at the local level should be carefully explained to all community members, and opportunity provided for them to ask questions. Such engagement will help reduce the risk of surprise, incorrect assumptions and suspicions that can contribute to reluctance, refusal and resistance. In the context of North Kivu, this may help mitigate assumptions that Ebola and Ebola-related deaths are politically driven. Two-way dialogue and community consultations should be supported by clear messaging (through local radio, WhatsApp etc.) to ensure community members understand the need for SDB and to raise awareness about the use of locally appropriate SDB. A well-managed and transparent process will also help reduce rumours associated with the care of the deceased and the intentions of burial teams.

Key considerations

- **Changing practices** – The *Grand Nord* should be viewed in its context as a modern society where processes of renegotiating traditions, beliefs and related practices are ongoing. Customary rituals are more fully respected in villages or among chieftaincy families than they are in urban centres where the mass displacement of communities since 2014 has significantly increased the proportion of the population living there (including Beni, Butembo and Oicha). Customary practices followed by the Nande are likely to be more fully respected in Lubero territory than in Beni territory. Residents in Beni report that there are often little observable differences between the funeral practices of different communities in contemporary society. They note that the spread of Christianity throughout the area has contributed to the merging of previously distinct rituals, and emphasise that pastors and other religious leaders, community leaders and traditional healers remain critical figures in counselling families and negotiating burials during the Ebola outbreak.
- **Contemporary practices in Nande and non-Mbuti minority communities**
 - **'The affairs of death are for the home'**: The body of the deceased is brought to its home or the home of the family's patriarch. It is not usual to leave a body at the hospital. There is usually one night between the death and burial, and it is expected that the body will remain at home during this period.
 - **Announcing the cause of death**: It is important to discern the cause of death, so this can be explained when the death is formally announced. It is usually the patriarch of the family who must deliver the reason or most plausible explanation of death. Doctors are trusted and many families accept medical explanations for causes of death. In other cases, metaphysical explanations are offered (e.g. death as a result of curse or divine or ancestor disfavour), or a combination of both.
 - **Washing or cleansing the body**: In preparing the body for burial, some families still wash the body, although this practice is less common than it was. The washing of a body is managed by certain family representatives, and although traditionally the paternal uncle may have washed the body in Nande households, now when washing is practised, there is a gender distinction in that men will wash a man's body, and women will wash a woman's body.
 - **Use of spray perfume**: Rather than washing a body, it is increasingly common for families to use a spray perfume to prepare or anoint the body in preparation for burial.
 - **Dressing the body**: The body of the deceased is dressed in good clothes prior to burial. Ideally, men will be dressed in suits, and women in *kitenge* cloth.
 - **Use of a coffin**: After preparation, the body is placed in a coffin for burial. In villages and rural areas, however, coffins are less readily available, and often the body is wrapped in cloth. Muslim communities also wrap the body of their deceased in cloth but do not use a coffin. The cloth that is used to carry the body to the burial site (as opposed to the cloth that the body is wrapped in) is often retained by the family.
 - **Night vigil of prayer and mourning**: It is common for family and friends to gather around the body (day and night) to give their last respects, and symbolically grieve their loss. Crying or wailing is an important expression of grief. Family and friends will remain with the corpse overnight, sometimes eating and drinking together. The deceased can be 'viewed' during this time, either in a coffin at the house, or in his / her bed. Viewing the body is important, both as a way for family and friends to honour the deceased, and also to provide visual confirmation of death.
 - **Other physical contact**: Other family members who did not participate in washing or dressing the body may choose to touch the body to feel close to the departed as they pay their respects, but this is not a required component of the mourning ceremony.
 - **Place of burial**: Although burials would customarily be in the deceased's ancestral land alongside their relatives, ongoing conflict, insecurity and displacement in the *Grand Nord* have required communities to negotiate new practices, and many people are now

buried in the place where they live. Elsewhere in North Kivu and surrounding provinces, bodies are still transported back to their natal village, often over long distances and at significant cost to families.

- **Burial and funeral:** The burial often takes place within 48 hours of death. Funerals are important social events and friends and family are expected to travel home to be with the deceased, so it is normal for a large number of mourners to congregate. On the day of the burial, mourners are usually offered food prepared by the direct family and close friends of the deceased.
- **Ramifications:** The Nande concept 'eirhola ndenke' means that the family took care of the deceased and buried them correctly. 'Erihola navi' refers to a body that was not correctly prepared or burial rites that were not respected or poorly conducted. If a burial is not conducted well, or to the standards prescribed by the community, it is thought that the deceased is refused the opportunity to rest in peace. As well as disrespecting the life of the deceased (and life in general), failure to perform a 'correct' burial can have negative repercussions for the family and community.
- **Contemporary practices in Mbuti communities**
 - **No coffin:** Customarily, the Mbuti do not use coffins. Often the body is carried by hand to the burial site where a shallow grave is dug to enable the community to 'remain close' to the deceased.
 - **Place of burial:** The displacement of many Mbuti communities and restricted access to forest land due to ongoing insecurities has resulted in rapid and often dramatic shifts in their customary practices. Whilst many may prefer to bury their deceased in the forest rather than in urban towns or designated cemeteries, this is often no longer a viable option and many of the practices described above are now followed.
- **Ituri** – Given the reported cases of Ebola in Ituri Province, it is important to note difference in customary practice compared to communities in North Kivu. Preliminary investigations with local communities in Ituri suggest the following:
 - **Lesse** communities customarily keep the body of the deceased between two and three days before burial to 'make sure it won't come back to life'.
 - **Ngiti** communities do not use coffins, but wrap the body of the deceased in cloth and use cloth and blankets to move the body between the place of death, the home and the burial site.
- **Armed groups in the Grand Nord** – There are a range of armed groups in the *Grand Nord* in addition to the ADF (see SSHAP brief on the context of North Kivu). If armed groups are directly affected by Ebola, their burial practices may place the group and surrounding community at risk of transmission. It is important to note that many of the rank-and-file members of armed groups have been coerced or forcibly conscripted through kidnappings and abductions around Beni Territory, so concern for armed group members is for both those orchestrating violence and for those who are direct victims of the violence. In preparing this brief, researchers undertook preliminary discussions with members of armed groups and their networks. The following practices were identified, although not necessarily directly related to Ebola.
 - **Burials near camps:** Rank-and-file combatants or those who have been forcibly recruited are often required to dig shallow graves outside the camp for deceased armed group members. This protects rebel leadership while exposing the lower-level members of the group to infection.
 - **Links with communities:** Many armed groups navigate between civilian and rebel life, and live close to or are embedded (socially, financially and geographically) with communities. In some cases, if an armed group is close to a village, they may conscript members of the surrounding communities to dig graves and bury their dead. For instance, armed groups around Mwalika (Bashu Chefferie) have close relations with the local communities and would require local farmers to bury their dead. Members of other groups in the Bambuba-Kisiki *groupement* (particularly just east of Upira) are closely embedded with the Vuba minority group in the area, and may seek connections with family members upon the death of a relation. Some groups would notify family members after a death and allow them to collect the body of the relative to be buried in the village.
 - **Forests:** It is also reported that armed groups may leave bodies in the dense forest, or dispose of bodies in rivers. The management of the Virunga National Park and the park guards should be directly engaged by the response so that they know that if they find a body, they should maintain a safe distance, not have any physical contact, and immediately notify the authorities so a safe and dignified burial can be performed.
- **Ambiguous loss** – It is well documented that having no proof of death is compounded by the distress of not being able to bury a person in an acceptable way. In such scenarios, families and communities are vulnerable to 'ambiguous loss' in which the experienced loss is not verified, the grieving process is frozen and the natural human need for meaning, sense, knowledge, connection and ritual is denied. This void and the 'presence of absence' can have a continuing and devastating impact on everyday life and long-term mental health. Although 'ambiguous loss' is most often reported in conflict settings, it is also evident in communities affected by Ebola when 'normal practices' are disrupted, as when a person is admitted to an ETU and their family is not informed of his / her death before burial; the family cannot engage with the body (e.g. to view it after death) or be involved in SDB practices; and/or the body is buried away from their community. The critical importance of involving communities in the adjustment of SDB protocols to ensure they are locally appropriate and acceptable, keeping family members well informed and facilitating their engagement with SDB practices, and providing additional sustained psychosocial support, cannot be over-emphasised.
- **Further investigation** – It is important to further understand specific practices associated with death, burial, funerals and mourning in North Kivu (particularly the *Grand Nord*), in Ituri, and across the affected communities. A series of key questions focusing on these issues has been developed by the Social Science in Humanitarian Action Platform and shared with the IFRC and other partners. For further details, please contact julietbedford@anthrologica.com

Contact

If you have a direct request concerning the response to Ebola in the DRC, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisors, please contact us. To contact the Social Science in Humanitarian Action Platform directly, please email Juliet Bedford (julietbedford@anthrologica.com) and Santiago Ripoll (s.ripoll@ids.ac.uk).

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