

Concern Sierra Leone – Safe and dignified Burials Programme

1. Background and case situation

The West Africa Ebola outbreak, which has become the first Ebola epidemic in history, originated in the Gueckedou area of the Republic of Guinea in January. It is believed to have been transmitted to humans from fruit bats – a common source of food in this region. Due to extensive travel networks and poor health service systems in all three countries it rapidly spread to other parts of Guinea and to the neighbouring countries of Liberia and later Sierra Leone, including the densely populated capital cities of Conakry, Monrovia and Freetown.

Total caseload has reached more than 27,784 (Suspected, Probable, and Confirmed), of which laboratory-Confirmed Cases stand at 15,211. To date, the virus has claimed the lives of 11,294 people¹.

The virus is still rampant in Guinea and Sierra Leone:

Country	Total Cases (Suspected, Probable, and Confirmed)	Laboratory-Confirmed Cases	Total Deaths
Guinea	3,786	3,326	2,520
Sierra Leone	13,290	8,694	3,951
Total	17,076	12,020	6,471

Liberia was briefly awarded Ebola free status on May 9th, 2015, after 42 days (twice the 21 day incubation period of the virus) had passed since the last Ebola patient burial. However, in late June, 6 cases of Ebola were confirmed in Margibi County, all originating from the same cluster/contacts. Liberia still tracks the highest number of Ebola related deaths:

Country	Total Cases (Suspected, Probable, and Confirmed)	Laboratory-Confirmed Cases	Total Deaths
Liberia ² (as of May 9)	10,666	3,151	4,806
Liberia ³ (after June 28)	6	6	2
Total	10,672	3,157	48,08

Other countries, including several EU member states, also reported cases, several of which were 'imported' cases to facilitate treatment of nationals. In isolated instances, this led to transmissions.

¹ <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

Country	Total Cases (Suspected, Probable, and Confirmed)	Laboratory-Confirmed Cases	Total Deaths
Nigeria	20	19	8
Senegal	1	1	0
Spain	1	1	0
United States	4	4	1
Mali	8	7	6
United Kingdom	1	1	0
Italy	1	1	0
Total	36	34	15

Nature of the Emergency

This is a public health emergency which is affecting the whole of Sierra Leone. Whilst some districts are more heavily affected than others there are cases of Ebola confirmed in all districts.

At the beginning of the outbreak, suspected patients were transferred to health facilities in the same vehicles as the bodies of the deceased. It was estimated that issues around burial traditions and dead body management contributed to over 70% of transmissions in Sierra Leone.

Additionally, the emergency response declared affects the whole of Sierra Leone and restrictions of movement between districts have compounded the effect of the emergency for individuals. Whilst the primary impact of this outbreak is around the Ebola virus, the number of people who contract and die from it there is a far greater impact for Sierra Leone. Understandably people are scared to access health facilities for other ailments or preventative health care actions so non-Ebola morbidities and deaths are increasing. Additionally, schools have been closed for most of 2014 so the impact on youth and development is significant. The scale of the impact on the economy is not yet known, the World Bank estimate the outbreak could cost over 3% of its GDP for 2014.

Sierra Leone was not prepared for this outbreak and the response has not been guided by response plans already in place. As this is the first incidence of Ebola in Sierra Leone and indeed in West Africa, this was not planned for or expected.

Action carried out in response to the Ebola outbreak including Methodology

Concern designed a comprehensive response with the goal to contribute to the efforts to stop the transmission of the current Ebola Virus Disease outbreak in Sierra Leone. The objectives of the programme were to:

- Increase awareness of Ebola key messages across communities in Western Area and Tonkolili Districts;
- Ensure correct Infection Control and Prevention (ICP) practices are followed and that patients are screened for Ebola on entry;
- Provide water and sanitation facilities at Ebola holding and treatment units;
- Increase bed capacity for suspected Ebola patients in Tonkolili District;
- Provide a service for safe and dignified medical burials in Western Area.
 - a. 95% of dead bodies are buried within 24 hours of the initial alert
 - b. 95% of identified bodies are buried in individual, marked and registered graves
 - c. 100% of dignified and safe burials staff do not get infected by direct involvement in burials

Concern were asked by the National Ebola Response Centre (NERC) on a Thursday to take over the management of medical burials of all dead bodies in the Western Area District which include Freetown – Concern took over the programme on the following Sunday. Teams buried up to 100 bodies per day in that first month as all bodies, not just those that died from Ebola had to have a medical burial. Families were experiencing delays of up to five days to have bodies collected and buried before Concern took over, as the system was completely overwhelmed.

The Safe and Dignified Burials (SDB) Programme was also a high risk activity. In order to gain acceptance of SDB it was deemed important that families were able to observe the process at all stages and be able to attend the burial of their loved one, which the previous burial system was unable to facilitate. The Ebola outbreak led to many unusual partnerships being formed. The Glasnevin Trust who run Dublin's largest cemetery shared their cemetery management software with us and gave us a crash course in managing cemeteries. This was important as with so many burials taking place daily it was critical that families could find where their loved ones were buried.

Burials during the earlier months of the outbreak were haphazard with no tracking system in place and multiple bodies per grave with many families left not knowing where their loved ones were buried. It is really encouraging to be able to help a family find the grave(s) of a loved one which helps to provide some solace and closure. Our management of cemeteries and of deceased person's data is an area that we are very proud of. We further changed the initial physical marking of graves from wood to stone, as the wood was not able to withstand the extreme climatic conditions in the long term.

Significant progress has been made on the safe and dignified medical burials initiative.

Concern Worldwide took over the management of 10 burial teams on October 19th from the MoHS. This includes the management of two cemeteries and all 65 grave digging staff, 10 teams of 12 burial workers, fleet management of 22 vehicles and 70 motorbikes used for swab teams including fuelling and maintenance and re-stocking of IPC materials on a daily basis. The Western Area Command Centre requires all 10 teams to function daily and therefore to ensure teams have a day off Concern identified and trained four additional teams to allow for team rotation, allowing all teams to have a day off every six days. One day will be utilised for training (including assertiveness and behaviour change, anger management, communication, problem solving, psycho-social counselling and re-integration of the burial team members into their communities) and psycho-social counselling and one day complete free day.

Since Concern took over responsibility for this scope of work, the Concern supported teams have collected over 5,500 deceased bodies from the community and health facilities. Of this number at least 97% were buried within 24 hours of being reported. All the bodies collected from both the 10 Concern teams plus the 10 Red Cross-supported teams are buried in the two cemeteries managed by Concern. In total Concern has facilitated the burial of over 13,500 people across these two cemeteries; King Tom and Waterloo. All bodies buried at these sites were in individual graves and are marked with the details recorded and provided to families.

Essential parts of the management of this project were to rehabilitate the cemeteries and engage in necessary construction work to enable cemeteries to cope with the higher numbers of deceased who have to be buried according to safe burial protocols. Major construction, drainage and disaster risk reduction work at Kingtom cemetery are nearing completion; some drainage work is also in progress in Waterloo cemetery. The construction of graves (for graves most at risk of flooding; under-five and stillbirth graves) has commenced in Kingtom Cemetery. There continues to be illegal burials being conducted outside the formal system; Concern educates and advocates against these illegal measures and engages with all relevant stakeholders relevant stakeholders.

There have been 0 infections among burial staff in this period.

Challenges and unexpected results

The initial weak government response and poor coordination has led to a very high reliance on INGO support meaning that NGOs have delved into areas of work that they otherwise would not. This is the same for Concern who is leading on burials and cemetery management, a previously unchartered territory for the organisation.

The issue of planning in an emerging emergency is fundamentally a challenge however with all grants secured Concern planned to be flexible and to be able to re-allocate money when needed. This has been achieved through the documentation of a high number of risks in our largest grant proposal to DFID allowing for a high level of flexibility. Concern has therefore been able to remain very responsive to request and week on week throughout this outbreak plans have therefore changed.

Exit strategy

The MoHS teams that Concern support will eventually be discontinued once burials are allowed to be conducted by funeral homes. Concern is conscious that there may be reluctance for families to bury their own dead after the outbreak is over due to fear and in the coming month will host an epidemiologist to research some of these topics. The findings of this will aid the development of an exit strategy for burials.

Advocacy, equality, partnership and capacity building and mainstreaming HIV

As mentioned above, due to the strong partnership with the MoHS and the use of MoHS staff for all scopes of work where possible, there is a significant amount of capacity building on-going in this outbreak response. As well as externally, Concern has used this opportunity to expand the role of national staff by increasing responsibility and task shifting to allow staff to work in different sectors and there have been numerous in house trainings on Ebola for staff.

During this outbreak, Concern identified the vulnerable position of people living with HIV as many are unhappy to access health facilities at this time and defaulter rates are increasing. In recognition of this, and of the fact that those with HIV are more vulnerable to diseases, Concern has used its existing partnership with the peer support network in Tonkolili 'Wan Fambul'. Members of these groups have been collecting patients' medication on their behalf and taking it out to their homes and in addition they have distributed hygiene kits to all registered people in Tonkolili.

Accountability and Programme Participant Protection

To promote accountability as part of our Ebola response interventions, the following activities were organised:

- Six sessions were held with a total of 48 burial team members (3 female, 45 male) and 50 gravediggers (all male) on Concern's accountability commitments and the Programme Participants and Protection Policy (P4) in 2014 alone.
- An Ebola response communication plan was developed to guide Concern SL in effectively communicating our interventions on the Ebola through sharing information internally (with our staff) as well as externally (with our programme participants and the general public). The plan covers two aspects: 1) information about Concern's response to the Ebola outbreak in Sierra Leone, and 2) information about our accountability commitments and channels for complaining/giving feedback.
- In late November an advertorial with information on our Ebola response and the CRM (including information on how to make a complaint) was published in two local newspapers.
- A total of six radio discussions were organised (two in Freetown, Magburaka and Mile 91 each) with a principal focus on providing updates to the public on our Ebola response and to explain

to them what accountability means for us as an organisation and how we can be held to account.

Conclusion

In October 2014, MoH and municipal authorities faced a crisis with regard to the safe burial of all persons deceased within the Freetown-Western Area, given the Ebola context. Almost overnight when Concern took over the management of the operation, significant achievements were made with fleet management and logistics completely overhauled. The time taken to collect and bury the bodies of deceased persons was drastically reduced from previously over 5 days to under 24 hours in 97% of the cases. To date, Concern has facilitated the burial of 13,500 deceased persons in Kingtom and Waterloo cemeteries.

Concern's contribution has ensured that those serving in this high risk activity are safe and healthy, both in terms of physical and mental health. There have been 0 infections among burial staff in this period.

The respectful, timely and safe removal of deceased has decreased the numbers of secret burials, although this is an ongoing issue which Concern continues to advocate against.

Marking of the graveyards allows family members to have a place to mourn for their loved ones and attend the burials, which is more acceptable to Sierra Leonean culture.

This action has forged successful strategic partnerships with EU based institutions, e.g. Glasnevin Trust, the Irish and British Governments and peer international NGOs.