

ROHINGYA RESPONSE

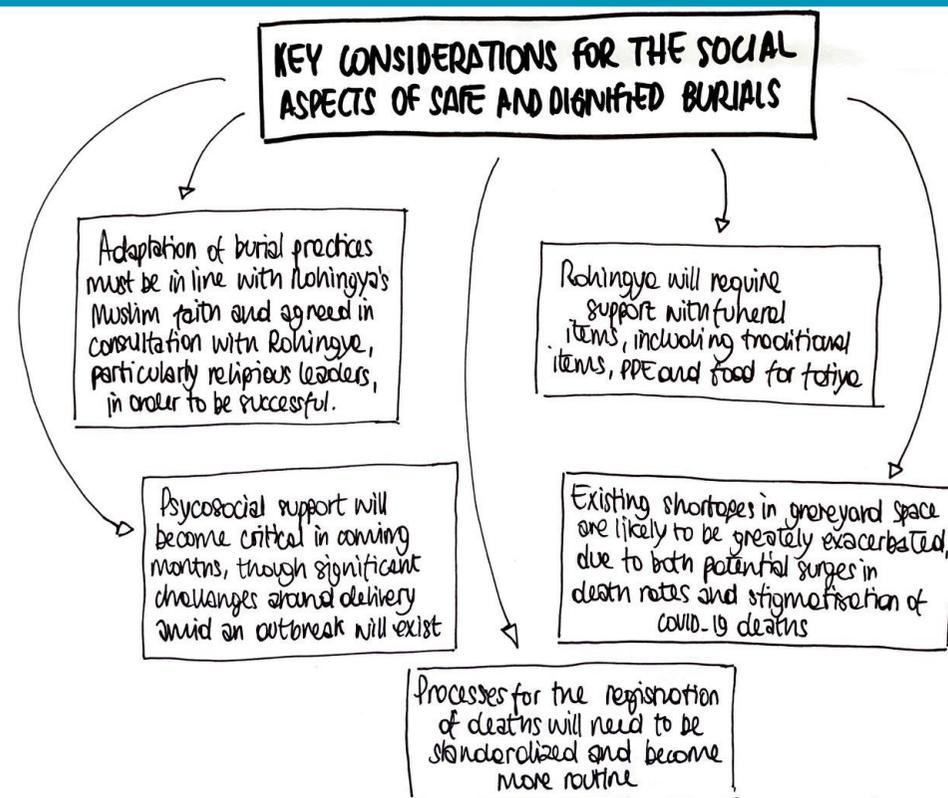
Safe and dignified burials & COVID-19

The estimated 855,000 Rohingya refugees that currently reside in the southern region of Cox's Bazar, Bangladesh have been identified as highly vulnerable to COVID-19. Lessons from previous epidemic responses, as well as reports from other countries currently battling COVID-19 outbreaks, make it clear that safe and dignified burials are an essential component of containing the outbreak.

The aim of this report is to highlight the need to ensure containment of COVID-19 is aligned with the maintenance of important cultural and traditional practices, and the critical role that community engagement plays in achieving that objective. It provides an overview of current burial practices and traditions among Muslim Rohingya and considers the potential changes that could be promoted, in line with the Government of Bangladesh, Institute of Epidemiology, Disease Control and Research (IEDCR), Directorate General of Health Services (DGHS) and WHO Bangladesh joint guidelines on "Safe Burial/ Funeral/Management of Body of a Patient Died of COVID-19". This guidance is designed for health workers; specific guidance for a camp setting has not yet been developed.

Key findings:

- **Burial and funeral practices in the Rohingya camps are a family/community led and managed process**, that is central to their faith and Muslim identity. Carrying out a respectful funeral, with the body of the deceased, is essential, as is the family's role at the centre of the process.
- **Current practices will need to be adapted** if they are to align with new guidance on funerals to contain the spread of COVID-19. The new guidance clashes with traditional practices and will be difficult to fully implement in the camps unless it is supported (detailed on p.4).
- **Lessons learned from past epidemic responses indicate** that changes to these practices imposed from external sources without community engagement or culturally sensitive adaptation owned by the community themselves will be viewed as a threat and largely rejected. It is important that humanitarian responders are seen as supporting the burial process and working with the community to make jointly agreed adaptations for safe and dignified burials (detailed on p.5).
- **With case numbers increasing in Bangladesh, there is a small window of time to get this right.** Open and honest discussions should be held with community members and religious leaders about what adaptations could be made within the bounds of their practices in the case of a surge in deaths.
- **Support on integrating safe burial practices is essential**, including both trainings and financial or material support to obtain all required items to conduct a safe and dignified burial. If no support is provided, financial constraints will mean that families will face a trade-off between a safe burial, and a dignified one; this could result in people foregoing safety measures in favour of upholding their traditions and honouring their loved ones.



Methodology

This thematic report presents an analysis of publicly available secondary data on safe and dignified burials in the context of the COVID-19 pandemic including an overview of burial practices and traditions among the Rohingya. Primary data referred to in the report were collected by IOM's Communicating with communities (CwC) team using their team of Rohingya field researchers in March 2020. The initial findings of the primary data collection can also be found in Edition 4 of COVID-19 Explained.

Limitations

This report relies on largely publicly available sources and analyses data at a response wide level; therefore, should be used only to provide a contextual overview. In order to inform activity level preparedness planning, more detailed location-based information is required, as well as insights from sector leaders and other operational actors. Primary data reflected in this report is from a specific geographical location and therefore is not representative of the broader Rohingya Muslim community as a whole and may overlook nuances in practices between different Rohingya families. The burial practices of the minority Hindu and Christian Rohingya are not covered in this report due to a lack of information available.

Executive summary

With over two million confirmed cases and almost 160,000 deaths, COVID-19 has already affected 213 countries (WHO, 21/04/2020). Due to containment measures put in place, and the number of deaths in some locations, the pandemic has dramatically changed burial traditions all over the world, leading to a tension between the demands of containing the virus' spread and people's cultural and spiritual needs (Economist, 11/04/2020).

In many cultures, traditional and religious rituals and funeral ceremonies enable the bereaved to begin the grieving process. Not being able to engage in these ceremonies due to the risk of spreading the virus may create increase anger, sadness and fear (WHO, 2014). The pandemic has ended communal prayer and congregational funeral gatherings in many churches, synagogues, mosques and temples. There are strict limits on the number of people who can attend funerals in some places. Though technology is a solution for some, in many parts of the world people are unable to access it (Aljazeera, 28/04/2020). As funeral practices vary according to local beliefs, religious leaders and funeral professionals are trying to ensure that changes to these practices, based on new national and local guidelines for safe management of the deceased, are translated into burial rituals that are accepted by their communities.

High population density, poor hygiene, insufficient health facilities and inability to self-isolate within the camps mean a higher than average transmission rate is possible, with early models estimating causalities in the thousands (ACAPS 20/03/20; Truelove et al 27/03/20).

As deaths and burials may increase in the event of a COVID-19 outbreak, there will be an increased need for humanitarian actors to effectively assist the Rohingya in the safe and dignified management of a large number of burials, including plot allocation, training and awareness and procurement of necessary items.

Current, qualitative research suggests that changes that disrupt the family dimension of the practice are likely to be rejected, or ignored, by Rohingya unless they are fully involved in the process of adapting customs.

This highlights the need for honest and transparent engagement with the community to enhance the likelihood that procedures established for safe and dignified burials will be observed. If the approach to burials is not owned by the community, there is a greater likelihood of burials going unreported and potentially increasing COVID-19 transmission risks. Consultations, and the work of community engagement volunteers has proved to be essential to build trust and ensure access during past epidemics. As humanitarian responders plan their activities around safe and dignified burials, it is critical that consultations and community feedback inform programmes.

Current challenges in ensuring safe and dignified burials in the camps

In preparation for an outbreak, the humanitarian response has begun to discuss and develop guidelines and SOPs on safe and dignified burials. However, the overcrowded

refugee camps make this complex, at best. Major challenges faced by responders working to address this issue include:

- It is unclear where responsibility for coordination of this issue lies in terms of policies and operations.
- Graveyard space is a major issue. While the situation differs by camp, consultations suggest it was a pressing issue even before COVID-19.
- The humanitarian response has had limited engagement in death and funeral processes of Rohingya to date, meaning that safe and dignified burials are currently not well understood among responders.
- Death and burial registration processes within the camps were not designed with a large-scale epidemic in mind and it is unclear if they are consistently applied and adhered to across all camps.

Acknowledging these challenges, this report focuses on providing responders with a greater understanding of how burial practices of Muslim Rohingya in the camps compare with the current guidelines being introduced to prevent transmission of COVID-19, in order to support humanitarian actors in integrating a socio-cultural perspective into COVID-19 preparedness.

Applying lessons from past outbreaks

Lessons from Ebola responses in West Africa and the Democratic Republic of the Congo (DRC) provide important insight into actions that can be taken in the Rohingya context to minimize negative outcomes in safe and dignified burial procedures:

- The necessity of understanding and engaging with the sociocultural dimensions of epidemics, grieving and burial practices.
- The critical nature of building community trust through listening to feedback and responding in order to avoid tensions which may lead to anger and even confrontation.

Summary of key considerations

1. Adaptation of burial practices must be agreed in consultation with Rohingya, particularly religious leaders, in order to be successful.
2. Existing shortages in graveyard space are likely to be greatly exacerbated, due to both potential surges in death rates and stigmatization of COVID-19 deaths.
3. Rohingya will require support with funeral items, including traditional items, PPE and food for *fatiya* (feast commonly held after the burial).
4. Psychosocial support will become critical in coming months, though significant challenges around delivery amid an outbreak will exist.
5. Processes for the registration of deaths will need to be standardized and become more routine.

COVID-19 burial guidelines vs current burial practices

To date there is no evidence of people becoming infected from exposure to the bodies of those who died from COVID-19 (WHO, 24/03/2020), and the potential risk of transmission related to the handling of bodies of deceased persons with suspected or confirmed COVID-19 is considered low (ECDC, 03/2020). However, there are essential measures required to ensure safe and dignified management of the deceased, both in terms of personal protective equipment (PPE) for health care workers, mortuary staff or family members preparing the body for burial, and social distancing measures that family and community members must respect during death rites and funerals.

The Government of Bangladesh (GoB), Institute of Epidemiology, Disease Control and Research (IEDCR), Directorate General of Health Services (DGHS) and the World Health Organization (WHO) have developed draft 'Guideline or Standard Operating Procedures (SOP) for Safe Burial/Funeral/Management of Body of a Patient Died of Corona (COVID-19) Disease' for health care staff and those engaged in burial and funeral management. Humanitarian actors are working to adapt these guidelines to the camp context, where mortuary services are not standard or reliably available, and the role of families and traditional burial attendants is central.

According to the information gathered during the consultations conducted by IOM with Rohingya, there are some expected key changes that the family of the deceased will need to apply during burials to comply with the Government's new procedures. These changes include: a dedicated, trained team must be in charge of the preparation of the body; PPE must be worn by the team during the entire procedure; cleaning or washing the body is prohibited; all bodily openings (nose, ear, anus, etc.) should be sealed well with cotton so that no fluid can seep out; the body of a Muslim should not be buried in plastic without a shroud; and if a ceremony is held, the number of participants should be limited, and they must observe physical distancing. In addition to providing guidelines and PPE, those conducting funerals will need to be engaged, trained and supported in this. It is important to note that other guidance on safe burials, not from the GoB, strongly discourages washing, but allows it with appropriate PPE. (WHO, 24/03/2020).

Any kissing, handholding, hugging or touching of the body during funerals, and among mourners should be avoided, and viewing should be followed by thorough hand washing with soap and water (WHO, 24/03/2020).

If these measures are applied in the camps it will mean substantial changes in the way Rohingya currently conduct funerals and are likely to increase the challenges already faced by Rohingya in honouring their dead through respectful and dignified burial.

Prior to the threat of COVID-19, IOM's CwC unit, supported by trained Rohingya field researchers, conducted qualitative research on death and funeral practices of Muslim Rohingya. This research covered practices both before their arrival in Bangladesh and since they have been living in the camps. Eight focus group discussions (FGDs) were conducted in camps 9, 15 and 20Ext. Given the limited scope of these consultations,

the results should not be considered representative of the entire Rohingya population and may not capture all nuances in practices between different Rohingya families. They are however indicative of the common burial practices and capture the seldom heard Rohingya voices in relation to this subject.

Rohingya refugees are predominantly adherents to a conservative form of Sunni Islam (UNHCR, 2018). There are also a small percentage of Hindu and Christian Rohingya refugees. Due to the limited data available, time and access constraints, this report reflects only Muslim practices; however, Christian and Hindu Rohingya are expected to face similar challenges in the coming months.

The research found that in Myanmar, Muslim Rohingya used to practice traditional funerals in accordance with Islamic religious law, and that they have continued to adhere to those practices as closely as possible since arriving in Cox's Bazar. Upholding burial rituals is of the utmost importance to Muslims (as for many religions), in order to show the deceased the highest level of respect and alleviate the pain and suffering of the family and community (ICRC 11/18). A dead body is to be treated with the same dignity and respect as the person would have been when alive (ICRC 11/18).

Consultations revealed that burial practices and funerals in the camps are led and managed by the family of the deceased, with support from the community and the guidance of local religious leaders.

Burial and funeral practices: A traditional burial for Muslim Rohingya, as for other Muslims, should take place as soon as possible – within hours of death.

According to consultations, when a Muslim dies it is the responsibility of his or her family, or other Muslims within the community, to perform the burial according to Islamic rites. As described, they first tie up the body to keep it straight and position it north to south, they then cover it with a blanket; plum leaves are used to cover the eyes. The family will then call on extended relatives to come and see the body (IOM, CwC, 03/20).

After the viewing, the body is taken by relatives on a stretcher to be washed according to Islamic rites, known as *ghusl* (washing and shrouding). This essential stage is carried out by relatives or trusted community members who are the same gender as the deceased and are well versed in the process. Some participants mentioned that the private space required for this process does not exist in their camps which makes completing *ghusl* a difficult process (IOM, CwC, 03/20).

"The family prepares for shroud, fragrances (attar), soap, bamboos. The communities help the family." (Camp 20Ext., Female)

Ghusl is an integral part of Muslim Rohingya's funeral practices, and any attempts to curb this element of funerals is likely to face substantial opposition.

After washing and shrouding, the family, and community, will carry the body on the stretcher to the graveyard where the funeral service is attended by the whole community and prayers are led by an imam, or a male family member.

"If the dead body is male, then everyone can lift the bier on their shoulders. If it is female, then only brothers, sons, father or nephews can lift the bier." (Camp 20Ext., Female)

After the burial it is customary for the family of the deceased to host a ritual meal (*fatiya*), "to send isali (merits) to the dead body" (Camp 15, Female). However, all revealed that their lack of income in the camps has made it difficult to uphold the standard of practices they observed in Myanmar.

The main challenge currently for Rohingya is already procuring and paying for all the items required to conduct a burial with no income – many have to ask their community for support or sell their assistance. Some participants mentioned that site management may support funerals by providing some bamboo, but this is not standard practice and all other items must be purchased by the family. The time it takes to raise the money

necessary to pay for a burial was also cited by participants as a factor that delays their ability to complete burials quickly, in line with their spiritual practices.

Funeral rites are of critical cultural and spiritual importance to Rohingya. To complete a safe and dignified burial, the family will need to have possession of the body of their loved one. It is important to note that if bodies of COVID-19 patients who die in hospital are not returned to the family it may substantially disincentivize seeking medical care, with sick people, even those who could potentially recover, opting to stay at home to die and receive a dignified burial. This will have drastic impacts on the response's ability to contain the virus and combat mortality rates. A clear example of the importance of a traditional Muslim burial can be seen in some of the reactions Rohingya had to initial repatriation efforts, with many stating they would prefer to die immediately in Bangladesh than return to Myanmar (Al Jazeera, 01/2018).

Major steps in Muslim Rohingya burial ritual:	Regular items and people required for traditional Muslim Rohingya burial:	Possible changes according to GoB guidelines for safe and dignified burials for medical practitioners:
At point of death	<p>Items needed:</p> <ul style="list-style-type: none"> Rope Blanket Plum leaves <p>People involved: Family and close extended family only.</p>	<p>Rules:</p> <ul style="list-style-type: none"> Cleaning or washing the dead body should be avoided. All bodily openings (i.e. nose, ear, anus, etc.) should be sealed well with cotton so that no fluid can seep out. Touching of the body should be minimized.
Ghusl (washing and shrouding)	<p>Items needed: (It's crucial that the body is completely clean).</p> <ul style="list-style-type: none"> Stretcher to carry the body (often provided by local mosque). Private and clean space to conduct ghusl (washing and shrouding). Hot water and soap to wash the body Perfumes and oils (shurma for females and attar for males). White shrouds (additional required for female burials). <p>People involved:</p> <ul style="list-style-type: none"> The ghusl is performed by family/community members of the same gender as the deceased. Normally at least three to four people will be involved in the ghusl, overseen by a mullah. 	<p>Additional Items needed:</p> <p>Personal Protective Equipment (PPE) needed for the team:</p> <ul style="list-style-type: none"> 1 pair of disposable hand gloves 1 pair of heavy-duty gloves Disposable coverall suit Impermeable plastic apron Face protection (goggles and masks) <ul style="list-style-type: none"> Waterproof rubber shoes and overshoes For hand washing: soap and water or hand sanitizer with 70% alcohol. For disinfecting objects and surfaces: sodium hypochlorite at 0.5% (equivalent to 5000 ppm) <p>People involved:</p> <ul style="list-style-type: none"> A four-member team prepares and carries dead body for the funeral wearing complete PPE. One person will be engaged in sterilization activities wearing complete PPE. Children, adults > 60 years, and immunosuppressed persons should not directly interact with the body.
Transportation to graveyard and funeral service	<p>Items needed:</p> <ul style="list-style-type: none"> Stretcher to carry the body (often provided by local mosque) Graveyard Bamboo Pickaxe and machete to dig the grave and a basket to remove soil from the grave. <p>People involved: The whole community participates and an imam or family's son, mullah, leads the funeral prayer.</p> <p>Note: The body is then buried in a "grave that is dug north to south. After that, they cover the grave with bamboo mats and then soil or ground over the grave." (Camp 9, Masjid committee)</p>	<p>Additional Items needed:</p> <ul style="list-style-type: none"> Body bag (for Muslim should be white). No social gatherings. Social distance always needs to be maintained. <p>Note: The transfer needs to be limited to a minimum. Prepare a grave at the selected graveyard with appropriate breadth/width/extension and depth/height/limit (i.e., 2 meters or 7 feet in length and 1-1.5 meter or 5 feet in depth).</p>
After burial	<p>Items needed: Fatiya feast: the family of the deceased hosts a ritual meal (information on the number of <i>fatiya</i> held and the days after the funeral on which they are held varied among participants)</p> <p>People involved: Family and community members</p>	<p>Rules:</p> <ul style="list-style-type: none"> No social gatherings. Social distance must be maintained. <p>Note: access to supplies are likely to be reduced due to lockdowns; purchasing power will be reduced due to inability to work.</p>

Management of graveyard space: Graveyard space is a major issue. Availability and management of graveyards differ between camps; however, the overall tracking and management of graveyard space in the camps is done by UNHCR and IOM's site management teams. Most of the larger camps that house only Rohingya families have dedicated burial areas where families either choose a place to bury their deceased loved ones, or a place is allocated to them by site management (ACAPS discussion with operational actors). For camps in Teknaf, which are intermingled with the host community, it is common for Muslim Rohingya to bury their dead in host community graveyards, as Muslims can be buried in any gravesite as long as it is exclusively beside other Muslims. In order to do this, permission must be sought, and a payment must often be made (IOM, CwC, 03/20). Some participants reported the price for burial space varies from 1,000 to 7,000 BDT and in recent times has been increasing substantially to 10,000-12,000 BDT. Many participants expressed that graveyards within the camps are overcrowded, with some stating they must first "remove skeleton of previous body" to make room for their deceased family member (IOM, CwC, 03/20).

"We don't get grave by giving money even. Here is a graveyard and we were not allowed to bury there now. Before, the host community took 5,000 or 7,000 BDT to bury. They ignore us because we are Rohingya. Whether the host want permission, they give and if they don't want, they don't give. When they don't give the permission, we need to bury in crowded graveyard after removing skeleton of previous body." (Camp 9, Elderly Male)

"Here in the camp, when a person dies, at first we need to arrange money. Everyone does not have money, so they face difficulties to arrange money. We want a graveyard. We bought a hill to make a graveyard, but it is full of dead bodies now. We can't bury there anymore. We have to pay 1000-2000 BDT for a grave in the rural graveyard and need permission from a person who is from Palong Khali (host community land). A few days ago, there was no grave for a person for 10,000 BDT. The family had to pay at least 12,000 BDT." (Camp 15, Female)

Participants also stated that a major source of distress for grieving families is the delays they often face in completing burials quickly as a result of a lack of space or having to secure the money necessary to procure a host community gravesite (IOM, CwC, 03/20). In addition, the difficulty transporting a body through the camps, particularly in the event that the nearest plot is full, also causes delays (IOM, CwC, 03/20). A report by UNHCR highlights that some elderly refugees experience anxiety about their funerals due to lack of burial facilities (UNHCR 2018).

Social tension between the host community and the Rohingya refugees exists to varying degrees at any given time. However, since the COVID-19 outbreak there have been anecdotal reports of increased tensions between the two population groups, and a perception among some host community members that Rohingya are unclean and therefore increase the host community's risk of contracting the virus. This 'us vs. them' mindset during an outbreak has the potential to impact camps that share graveyards with host communities. There is a risk that host communities could stop giving permission for refugees who have died of COVID-19 to being buried in their graveyards. If this were to occur, it would further stretch the already rapidly depleting burial space. Stigmatisation of the bodies of COVID-19 patients is another, similar risk that may

restrict graveyard access to refugees. This is reportedly already occurring in Dhaka, (DakaTribute, 02/04/2020) and could become a critical issue for Rohingya as well.

Applying lessons from past outbreaks

Despite the very different risks of transmission related to handling of deceased persons with suspected or confirmed COVID-19 compared to other diseases such as Ebola, where levels of the virus remain high after death, there are relevant lessons that can be applied, particularly when it comes to understanding and engaging with the sociocultural dimensions of epidemics, grieving and burial practices.

Acknowledging the importance of mourning and understanding community culture is key to avoiding the rise of clandestine practices. In August 2014, the number of secret burials in Liberia increased dramatically after the government issued a decree stating all dead bodies had to be cremated due to lack of space and to reduce transmission of Ebola. Burying the dead in consecrated soil is deeply rooted in Liberian culture (UNICEF, 02/2015)

Lessons learned on mental health and psychosocial support in the West Africa Ebola outbreak reinforce that, despite efforts to contain an outbreak, bereaved families must have the opportunity to mourn according to local practice (IASC, 2015). Following consultations with religious leaders to define "dignified burials" in both the Muslim and Christian contexts and the support of medical anthropologists to find safe alternatives for touching and bathing dead bodies (WHO, 2014), new burial protocols were developed. This includes changing the language from "dead body management" to "safe and dignified burial" (IFRC, 2015). In cases where important funeral rites, mourning ceremonies and rituals need to be adapted to prevent and control infection, dignified, meaningful and culturally appropriate alternatives should be found.

Building community trust through listening to feedback and responding accordingly is critical to avoiding tensions which can lead to anger and even confrontations. In the Ebola outbreak in North Kivu and Ituri provinces of DRC, years of conflict have eroded basic services and created mistrust in humanitarians among the community. In some instances, this mistrust has led to confrontations, violence and aggression against safe and dignified burials teams from the community (IFRC 10/2019, IFRC 01/2020). A new system for the rapid and regular collection of community perspectives, and social science analysis has been helping inform responders of community concerns, priorities and needs at all stages of the response, including in relation to safe and dignified burial processes. Community feedback suggested a widespread perception that family members were not being invited to participate in the burial process. This helped to further define and update safe and dignified burial protocols for the Red Cross teams to adapt to cultural needs. Feedback data, dialogue and the work of community engagement volunteers has been essential to build trust and acceptance and ensure access (IASC,03/2020, Baggio, Camara and Prue, 02/2019).

Lessons from Ebola and current knowledge of Rohingya refugees' practices, suggest that if sociocultural aspects of burials are not properly integrated into new protocols and into the wider response, impacts may include:

- Increased social tensions, especially with host communities, and particularly around the use of graveyards spaces. Special attention will need to be paid to the risk of stigmatisation of families who have been affected by COVID-19.
- Psychosocial disturbance that can exceed the affected population's capacity to cope with the situation. Depending on pre-existing conditions, vulnerable groups will face different challenges rebuilding their means of subsistence and social support networks. These will need to be acknowledged, and people will need to be supported in returning to their daily lives (PAHO/WHO).
- If community feedback is not used to inform the response, and the affected community is not properly engaged, efforts to reduce transmission may prove futile.

Key considerations

Adaptation of burial practices must be agreed in consultation with Rohingya, particularly religious leaders, in order to be successful.

Funerals and burials in the Rohingya refugee camps, to date, are entirely community and family led practice and have had limited involvement from humanitarian actors. If new protocols will be required to contain the spread of COVID-19, changes that disrupt the family dimension of the practice are likely to be rejected, by Rohingya unless they are fully involved in the process of adapting their customs.

Rohingya have managed to adapt their burial practices since arriving in Bangladesh, but have done so in line with what is most important to them: their Muslim faith. They could adapt again, but would need to feel that changes are respectful of their faith.

Two-way consultations and engagement between operational organizations and Rohingya around safe and dignified burials must begin at the planning and preparedness phase and continue as the potential epidemic unfolds. Engaging in an open conversation, particularly with imams and mosques, to understand how to support them adapt practices is likely to have the best chance of success. Ensuring people understand the process as well as why it is necessary is key to it being adhered to. Working with them to come to solutions on how to conduct dignified burials within safety concerns increases the likelihood of community ownership of the new guidance.

Therefore, any major alterations to burial processes such as washing being forbidden, or not receiving the body from health facilities, could negatively impact adherence to critical COVID-19 containment measures.

Existing shortages in graveyard space are likely to be greatly exacerbated, due to both potential surges in death rates and stigmatization of COVID-19 deaths.

Stigmatisation of the bodies of COVID-19 patients is reportedly already occurring in Dhaka, (DakaTribute, 02/04/2020) and could become a critical issue in the camps as well. Stigma has the potential to impact the ability of families to conduct safe and dignified burials of their loved ones, as community support for funerals could decrease and may discourage open acknowledgement of deaths caused by COVID-19. For camps that share graveyards with host communities there is a risk that some host communities could prevent refugees who have died from COVID-19 from being buried in their graveyard. If this was to occur, it would further stretch the already rapidly depleting space available for burials.

Rohingya will require support with funeral items, including traditional items, PPE and food for fatiya.

Refugees will need support to acquire the additional items for a COVID-19 specific burial (PPE to prepare the body), as well as the items that are required for a normal burial (white shroud, bamboo). Families already struggling to purchase basic funeral necessities will be unlikely to be able to afford the additional items and may choose to proceed without them if the alternative is to delay burial and violate their traditions. It is critical that the refugees are assured, as early in the process as possible, that any additional costs associated with safe burials will not be expected to be borne by them.

Psychosocial support will become critical in coming months, though significant challenges around delivery amid an outbreak will exist.

The pandemic is creating a new context within which people comprehend death and grief globally. Along with changed after-death rituals, often people are dying alone, without contact with loved ones due to transmission risks. Psychosocial and mental health support will need to be considered and planned at the camp level in a way that is appropriate to needs and context.

Processes for the registration of deaths will need to be standardized and become more routine.

Currently, the family of the deceased must report the death to the CiC for it to be recorded. Their family registration card is then adjusted and they receive a death certificate (ACAPS discussion with operational actors). However, according to the findings of IOM's CwC unit, respondents report varying degrees of knowledge of this process, many of whom stated they did not need to inform the CiC or receive a death certificate. The reduction in family assistance may also provide a disincentive to completing the formal process. This suggests that not all deaths that have occurred in the camps have been recorded. Deaths that occur at a hospital are recorded by the clinic and reported through a central reporting system, but this does not include those who die at home. It is unknown whether the mosques in the camps or host community keep death or burial records. The lack of ability to record the number of deaths in the event of an outbreak will hinder the response's ability to understand the scale of the outbreak at any given time, or how much burial space is left.