CLOSING THE GATE:
Death, Dignity & Distress in the Rural Eastern Cape in the Time of Covid

ECSECC Research Policy Monograph

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Funeral Crisis
IN RURAL EASTERN CAPE
WITH SPECIAL REFERENCE
TO THE FORMER TRANSKEI
ECSECC RESEARCH POLICY MONOGRAPH

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Foreword

When the Covid-19 pandemic came to South Africa in March 2020, ECSECC was called upon to support the provincial government and provincial command structures with effective and efficient decision-making through providing accurate and reliable data to guide decision-making, planning and risk mitigation. This was done in collaboration with the Department of Health and other organisations, and focused on collection, analysis and reporting of a wide range of indicators, from patient case data to emergency water provision and economic impact. ECSECC and the provincial government worked with the universities in the Eastern Cape who made their expertise available in a range of areas.

To advice the provincial government and provincial command structures about measures to minimise the spread of the Covid-19 virus it was also necessary to develop a deeper understanding of peoples experiences and responses. With specific reference to funerals, which were considered high risk events, it was necessary to enable relevant role-players to develop practices and guidelines that would meet both cultural and health needs of communities. Thus, ECSECC commissioned the Human Sciences Research Council and Walter Sisulu University to conduct a study on funeral practices and protocols. The study was initially conducted during a period of rapid and ongoing changes in risk levels and regulations between June and August 2020. As the pandemic evolved, the study has been updated numerous times.

We have elected to publish the full report as a policy monograph due to the ethnographic depth and detail. The monograph was peer reviewed before being endorsed for publication. We believe that this report will continue to be of great value to policy makers, both due to its depth and detail and due to the suite of policy recommendations on how the government may better collaborate with local people to mitigate the impacts of the present pandemic; and help produce more appropriate responses in support of the cultural, health and social needs of communities on the ground as we learn to live with the corona virus.

Luvuyo Mosana
CEO: ECSECC
Prologue

Covid and Culture: Prevention ‘for the people’, or ‘with the people’?

By the end of 2020, the Eastern Cape had become notorious as “ground zero” for a new, highly infectious strain of the Covid-19 virus, which had emerged late in the year and became known as the “South African variant”. It has also borne the brunt of the pandemic’s lethal consequences, with the coronavirus claiming the lives of more than one in 300 people in the province – a mortality rate that is among the world’s highest. The suffering and terror wrought by the pandemic has been exacerbated by a crumbling health service which has broadly failed the local population. As if that burden were not enough, harsh government lockdown restrictions imposed in 2020 had the effect of “closing the gate” (ukuvala isango) on individual households in the Eastern Cape – preventing many families, particularly in rural areas, from finding solace and resilience in their communities as they were used to doing in times of hardship. The lockdown rules, which were forged contrary to World Health Organisation (WHO) recommendations advocating respect for local traditions, also blocked grieving relatives from burying their dead according to Xhosa custom. At the instigation of the government, bodies were encased in triple layers of plastic; coffins were shrink-wrapped; and the hidden dead were rushed straight to gravesites, where undertakers shrouded in white hazmat suits and hoods hurriedly put them in the ground. Funeral ceremonies were curtailed, as even close members of the family were denied the opportunity to view and commune with the bodies of their loved ones. The result was deep, widespread cultural trauma and psychological damage. Local people, who increasingly felt abandoned to their fate by national and local officialdom, were literally haunted by the ghosts of loved ones deprived of a proper burial and thus their rightful place among the ancestors.

This research policy monograph describes the trajectory of the popular response in the rural Eastern Cape, as bereaved families seeking some dignity and spiritual healing in their distress moved from anger, to negotiation and defiance, and, finally, resistance – even exhuming and reburying their dead. The report, which is based on research commissioned from the Human Sciences Research Council and Walter Sisulu University by the Eastern Cape Socio Economic Consultative Council, further offers a suite of policy recommendations on how the government may better collaborate with local people to mitigate the impacts of the present pandemic; and help produce more appropriate responses in support of the cultural, health and social needs of communities on the ground.

In 1994, the world-renowned Eastern Cape novelist Zakes Mda said it was imperative that South African elites wean themselves off the liberal notion of “doing something for the people” and embrace a people-centred model of sustainable development. He went on the state that:

“Sustainable development is meaningful only if we do something ‘with the people’… Development is only meaningful if it allows for the empowerment of communities … to promote a spirit of self-reliance amongst the marginalised”.

From the outset of the global Covid-19 crisis in 2020, when a deadly airborne virus spread rapidly across the globe, governments generally failed to turn to their citizens, to the people themselves, for their views and advice, or include them proactively in strategies to combat the pandemic. Officials mainly assumed that the social instincts of their citizens, particularly in the context of compressed urban lives, required close management and restriction in order to minimise transmission of the coronavirus. In general, governments around the world turned to bio-medical academics and professionals – doctors and scientists – for help in devising policies to contain the spread.
In South Africa, the government imposed a tough lockdown regime in March 2020, akin to that which had been adopted in China as the first centre of the pandemic. The most severe of a five-level regime of restrictions was imposed for an unlimited period under disaster management legislation. The state made regular broadcasts on national television to inform citizens of any changes in the lockdown measures, which basically prevented people from leaving their houses or neighbourhoods.

At the same time and in contrast with the hard lockdown measures imposed in South Africa and parts of East Asia, European governments seemed to adopt more relaxed approaches and relied on citizens to take appropriate action in public and private to minimise transmission. When coronavirus cases climbed sharply in Italy and southern Europe in March many felt that the Italian state had been too lax in enforcing measures on its citizens. The weight of opinion seemed to be that saving life through a hard lockdown should take precedence over defending livelihoods and allowing citizens to manage their social interactions. The goal had to be to stem the rising tide of infection. Central Europe thus embraced a tougher lockdown regime than countries in southern Europe, particularly Spain and Italy, which were seen to be paying the price for the failure of the state to implement social distancing restrictions effectively. Many wrote of how social distancing came so much more easily to northern Europeans than their southern, Mediterranean counterparts; and how countries like Sweden, where social distancing was seen to be part of the culture, had rejected the need for state control over social interactions. (Some commentators even noted a certain arrogance in the Swedish approach which seemed predicated on the idea that the country’s democratic culture was so mature its citizens did not need to be micromanaged by the state.) The focus in the apparently enlightened states which did not impose hard lockdowns was on popular education and empowering citizens to do what they knew was best for themselves, others and the nation as a whole. By contrast, in the US, the administration of President Donald Trump did not initially take the virus seriously. On 10 March 2020, Trump said: “Just stay calm. It will go away.” Throughout the year, his administration seemed to do everything it could to play down the threat; limit lockdown measures; and keep the economy open. The country has paid an enormous price for its laissez faire approach, with almost half a million Covid-19 deaths in a single year, many more than anywhere else.

Meanwhile, despite a months-long hard lockdown, South Africa recorded the highest number of deaths in Africa in 2020. By February 2021, the official death toll had climbed to more than 48,000, with the actual toll, as measured by excess deaths, standing at 100,000 or more. By comparison, Japan, and Mexico, both of which have about twice the population of South Africa, recorded deaths tolls of about 7,000 and 175,000 respectively over the same period. In reflecting on these differences, some social anthropologists and psychologists have suggested that the willingness of citizens to adhere to strict rules and standards of dress, such as wearing masks; disciplining children; and social distancing in public, is a product of whether they come from cultures which tightly or loosely abide by social norms, laws and government rules. These scholars say that the degree of social cohesion and “tightness” in a society is a function of a complex set of factors, which includes the extent to which the society in question has recently felt under threat of disaster, famine or invasion. Societies with less social cohesion and more “looseness” tend to be those which have experienced less threat in the recent past and have enjoyed a longer period of affluence, such as in Europe and America. In her insightful 2018 book, Rule Makers, Rule Breakers: How tight and loose cultures wire our world, cultural psychologist Michele Gelfand has argued, based on an analysis of results from 50 countries, that perceptions and histories of threat are major determinants of adherence to rules (that is, in addition to the capacity of states to enforce laws and discipline their citizens, as China, Japan and other East Asian countries seem to be capable of doing). In the context of the present pandemic, Gelfand’s point is not so much that tight societies are necessarily better places to live than loose ones, but rather that, in the face of crises such as that posed by Covid-19, loose societies need to learn how to “tighten”, which means recognising the particular threat for what it is and working together to address it.
In a similar vein, this report speaks of the need for the emergence of a “people’s science”, which is co-produced by people and the state based on the bio-medical evidence of the disease and the everyday contexts and lives of ordinary people.

Is South Africa a loose or tight society?
Within the tight and loose classificatory system proposed by Gelfand, post-apartheid South African society may be described as one that has become much looser as it moved away from the fragmented tightness of ethnic nationalism, which was repressively implemented under apartheid. In fact, greater looseness was a requirement of the freedom and democracy which were introduced in 1994 and has been a hallmark of popular social struggles since then. The historically disadvantaged majority in South Africa, for example, have resorted to continuous insurgency to lay claims to their basic rights as citizens in the new democracy. Most of the literally thousands of service-delivery and related protests in South Africa over the past more than 25 years have occurred in urban areas, where citizens are most aware of their constitutional rights and most insistent that they be honoured by the state. In Xhosa-speaking communities, the term *irhayti* (derived from the English term “rights”) is used to express the individual rights of citizens and their demands from the state. Kathleen Rice (2017) claims that the meaning of this post-apartheid term differs significantly from the conceptualisation of rights conveyed by the terms *amalungelo* (moral rights) or *abantu* (people, in a collective sense), which are more widely used in rural areas and suggest that rights can only be realised in relation to others within a defined moral community. The term *amalungelo* is derived from the verb *ukulungisa*, which means to make things correct and good in the moral sense. The term is used to highlight the moral content of personhood, especially the idea of “moral rights” in relation to kin. The critical point about the difference between *irhayti*, individual rights as reflected in the liberal discourse of the South African Constitution, and the notion of *amalungelo* is that the latter does not assume that all individuals do or should enjoy the same rights.

In contrast to the cities, the relative “tightness” of rural areas in South Africa around ideas of tradition, custom and the social reproduction of identities has meant that, even though poverty and social inequities are most evident in the countryside, there has been far less social upheaval and insurgency against the state and its rules here. The higher level of social cohesion in these areas is also a product of the democratic state’s decision to augment the evolution of local government in the countryside by maintaining traditional structures, which rely for their authority on old-fashioned forms of moral tightness. At the same time, this strategy has caused considerable confusion as chiefs and elected officials, both of which groups are paid as civil servants, opt for different political styles and often clash over development mandates as they navigate the space between rights and obligations in the rural context. Meanwhile, with the growing urbanisation of the former homelands, there are also growing demands from the youth for individual constitutional rights to be delivered on both sides of the urban-rural divide. The tensions between the more traditional and modern visions of rights have been further inflamed by the general failure of the post-apartheid state to deliver jobs, houses and improved living conditions for the poor. This has generated a deepening politics of nostalgia in rural areas, as an increasing number of people have rejected liberalism and called for a return to the virtues and values of tradition, which some claim is the only way forward for a morally dejected nation that has lost its

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identity, direction and historic sense of “tightness”. Against this background, and notwithstanding the threats to an effective lockdown posed by congestion, civil disobedience and insurgency in the townships and urban squatter settlements, it was the rural areas that became the initial main target for enforcing the new restrictions in South Africa. The police swept through villages and outlying settlements closing initiation lodges and shutting down rural funerals, while paying relatively little attention to enforcing social distancing in urban townships. In Gelfand’s terms, the state seemed intent on enforcing social distancing in the “tighter” rural areas, while employing a relatively light touch in controlling everyday social interactions in the “looser” urban areas.

In line with this approach, the government emphasised the dangers of rural funerals and home burials as potential super-spreader events in its communications on the threats posed by the pandemic. It was claimed that these rituals could lead to entire villages being decimated and the older generation in the countryside being wiped out. In cultural terms, as Professor Samaddar Fikeni explained to a BBC journalist in March 2020, African funerals were technically open to all who wished to pay their final respects to the deceased. This meant that everyone from the village could visit the homestead over a funeral weekend and participate in the rituals there, which included taking food and drink from communal pots. Against this background, the state’s crackdown on traditional funerals and burials may be viewed as motivated by fear that the power of custom could jeopardise rational efforts to stem the spread of the virus; or it may be seen as being driven by a modernist disdain for rural folk perceived as recalcitrant and in need of close, forceful control to ensure their compliance in fighting the pandemic. Either way, the state’s approach which seems to have been shaped by ideological rather than evidence-based assumptions, was viewed among rural residents as a direct assault on their cultural rights in the *amalungelo* sense of undermining the moral community, rather than in the *irhayti* sense of undermining individual rights.

**Closing the gate**

The resulting feeling of being under threat and the associated desire within communities for cultural “tightness” in the face of adversity led many members of rural communities to use the metaphor ukuvula isango, or “closing the gate”, to describe their plight. To be sure, rural communities in the Eastern Cape are generally law-abiding and supportive of the African National Congress (ANC) and the state on which they rely for the social grants that help them to survive. They are also aware and have been reminded that the ruling party can withdraw these “privileges”, as it likes to depict grants in rural areas, if they fail to display loyalty and compliance. There is thus a high level of dependence on the state. At the same time, there is a strong sense of entitlement and autonomy over the organisation and performance of cultural rituals and rites. Rural communities do not believe that the democratic state should seek to control and regulate this sphere of life. They recall that the apartheid state tried this on a number of occasions which led to popular upheaval, such as during the implementation of the Bantu Authorities Act in the 1950s. At the same time and in almost the same breath, they express the view that the ANC government is not the apartheid state, which wanted to dominate African people. So why, they asked during the government lockdown, did the state seem to be seeking to use the Covid-19 crisis to deny families and communities their cultural rights, including the fundamental right to build moral communities in their own cultural heartland?

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In this context, dissatisfaction with the actions of the state were not generally expressed in acts of open defiance in rural areas, but internalised as personal pain and family distress. The anger of communities also tended to be directed towards those who carried the message, such as the funeral parlours and their staff who brought home the bodies, rather than the traditional leaders and the state overseeing the rules. Many did not want to speak out against traditional leaders because they relied on them for their endorsement at funerals. (The smooth transition of the spirit from the land of the living to the afterlife always depends on much more than the support of immediate family. Status and acceptance within the cult of ancestors depends also on the extent to which those who passed on were said to have honoured the moral values and community of the villages. In this regard the endorsement of respected traditional leader was always essential.)

The sense of the gate being closed on rural families and communities, which is identified in this report, was not merely a matter of people feeling that the experts advising President Cyril Ramaphosa and his cabinet had no understanding or respect for their cultural traditional and rights, or that the local police, who were often conspicuous by their absence from local crime scenes, were poking their noses in where they had no business. The references to ukuthulwa isango were also directed at the absence of a sense of moral community among regional elites and traditional leaders, who seemed to refuse to socially “tighten” with their communities in this time of crisis.

In urban areas, a combination of the fear of unemployment and an abiding sense of the precariousness of life in the city led to a sense of fatalism in the face of the pandemic. When you have nothing to lose, many youth said, it is better to take each threat as it comes.\(^5\) In contrast, the sense of threat created by the pandemic was felt much more strongly in the rural areas, especially when the government restricted customary practices, including funerals, which were anchors for community identity and family unity. The state’s behaviour and the relative lack of support received by rural families from traditional leaders and local councillors seemed to amplify the threat that Covid-19 posed to orderly social and cultural life in the countryside. Rural communities were particularly shocked by the attitudes of members of the local black middle class, who were vulnerable to Covid-19 because they were older and had relatively high rates of comorbidities, such as diabetes. These professionals and officials had tenure-track jobs and had imagined career trajectories for themselves and their families in urban areas. They also had much more to lose if they ignored the threat of Covid-19 than the average township youth. Some of these individuals, such as nurses, were living in the townships; while others, such as chiefs and ward councillors, were in urban areas. While the urban poor had come to expect little from public servants in the state’s bureaucracy, this was not necessarily the case in the rural areas, where people still valued the positive role the government was playing in their lives. (This was clearly shown by the results of the 2016 local government elections, in which the ANC was returned to power in rural areas, while losing ground in all the major metros.) During the pandemic, rural folk expected nurses to be at work; government offices to remain open; and chiefs to be present to preside over community affairs and attend funerals. So, when clinics closed, government offices shut down and traditional leaders were conspicuous by their absence, rural people felt that the state was deliberately “closing the gate” at a time when its leaders and public servants should have been joining forces with the poor to fight Covid-19 at the village level.

The bulk of this report focuses on the growing trauma and sense of indignity associated with the regulation of funerals and cultural events in accordance with the new government regulations imposed to prevent the spread of Covid-19.

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5 See, for example, Anton Harber 2011 *Diepsloot*. Johnathan Ball: Johannesburg
It reports particularly on the impact of the state’s insistence that the length of funerals be curtailed and numbers be kept down, while the bodies of the deceased were careful controlled and wrapped in plastic. The report explains the expectations associated with customary funerals and how these have evolved since the end of apartheid. It then considers the Covid-19-induced restrictions and how these were perceived and received in rural communities across the Eastern Cape. The second major focus of the report is on the health care system and the way it effectively failed the rural poor, particularly as a result of professionals leaving their posts, but also because of long-term structural weaknesses and limitations.

In a country where poor rural communities have historically been tightly controlled and managed, through pass laws, labour contracts and influx controls, people’s capacity to run their own cultural affairs has been a matter of great pride and has instilled a strong sense of self-determination. The thought that any state, least of all an African nationalist one, would want to tell families how to bury their dead, or how to initiate their sons or structure a neighbourhood beer-drinking ritual, is difficult for rural people to accept. They see the rules and regulations introduced to supposedly “protect” them, such as wrapping dead bodies in plastic bags, as an assault on the dignity, integrity and self-determination of families and communities. The real feelings of rural folk about the lockdown rules and funeral protocols have so far been hidden from view because these communities do not want to be seen to be defying the ANC or the government. After all, the state pays their grants and supports the traditional leaders who may defend their rights to land or bestow misery if disobeyed. Once the pandemic and lockdown arrived, the vulnerability of these communities and the poverty of rural households generated a culture of compliance in the face of adversity, although many privately expressed resentment and anger at the fact that their cultural practices were being changed or adjusted without consultation. However, the acquiescence which greeted the first wave started to change as the dead mounted in rural villages in December 2020 following the arrival home of migrants and the advent of a deadly second wave. Quiet compliance now started to be replaced by mounting resistance, which took many forms, including that of secretly reburying family members at night without the plastic body coverings and the social distancing prescribed by the state.

The ethnography in this report tries to reveal how rural communities felt and acted during the first phase of lockdown between April and June 2020. The initial idea was to conduct a rapid appraisal of the application of the new funeral protocols in rural areas and advise the Eastern Cape government on how those might be adjusted to maximise protection and minimise disruption and alienation in these communities. However, partly as a result of a delay in the receipt of ethical approval for the research, the project was informally extended from a few weeks to several months, during which time fieldworkers kept diaries of weekly changes and developments in their communities. These diaries included updates on the situational analysis of what was happening in each village, as well as on the funerals that were taking place and how these were being held. In large part, this research was made possible because the ten fieldworkers from Walter Sisulu University and the Human Sciences Research Council were themselves locked down in the villages as members of the communities they were describing.


The ethnographic materials they supplied and the ways in which they addressed the questions posed by the project leaders was influenced by their positions in the community, as well as the networks they could access in seeking answers to their questions. Thus, the ethical approval process guided the work conducted, which was essentially auto-ethnographical in nature. In June 2020, once a strong understanding of the situation in different parts of the rural Eastern Cape had been established, a number of issue-based interviews were conducted with key stakeholders, including chiefs, grave diggers, police officials and religious leaders. Coming into those interviews with a sense of what was actually happening on the ground was extremely useful in ensuring that relevant questions were asked and quality material could be collected.

In the spirit of moving away from a situation of planning for the people to a state of planning with the people, this ethnographic account of rural life under Covid-19 conditions ends with an extensive policy review section which seeks to open a conversation between government and rural communities on the management and regulation of the impacts of Covid-19 in the Eastern Cape. The recommendations include a strong call for the removal of plastic wrapping on bodies and the restoration of key cultural rights such as the rights to view and commune with the deceased prior to burial. (It is notable that this recommendation has subsequently been adopted at the national level.) There are also recommendations suggesting the need to adapt and change community practices, but not through a process of government decree, but rather through open conversation and negotiation at the local level. The recommendations also focus on facilitating a more public-minded set of responses and inclusive strategies from medical personnel, local bureaucrats and traditional leaders in rural areas.

**Leslie Bank**
15th February 2021
The rationale for the study relates to the perceived threat posed by funeral gatherings in accelerating the spread of Covid-19 infections in rural areas in South Africa. Rural funerals are generally major social and cultural events, especially in the former homelands, where local populations conduct burials at home and often invite a large number of people to attend these events from local areas as well as cities. They are occasions at which large extended families come together at their rural homes to bid farewell to family members and usher them on their way to a peaceful, dignified transition or passage to the afterlife, where, many believe, they join a group of ancestors which continue to serve the living as benevolent spiritual forces. A violent death or interrupted, improper set of death rites and funeral practices, can prevent a smooth passage to the afterlife and expose the family to potential danger and misfortune. In African cultures across the region, dead bodies are thought of as polluted and potentially dangerous, as they are in a liminal state which requires ritual, cultural action to avoid social and spiritual disruption among the living. The general belief is that a dead body should be quickly ritually treated and engaged in order to move from a state of liminality and danger to its intended destination of harmony among the ancestors. In southern Africa in the 21st century, members of rural families are scattered across the country. Most families have members residing and working in cities as people live trans-local lives. In cases of death today, especially when the family member dies in the city, it takes enormous effort and coordination to notify kin of the death; to move the body from the city to the country; and to convene the family in a way that will provide dignity in death.

Poor and working black families in rural areas, who have experienced so much death in the time of HIV/AIDS, have established well-tuned mechanisms for dealing with death, and invest a great deal of their limited incomes in preparing themselves for when the next member of the family dies.

In the period between the mid-1990s and the present, when South Africa was a global hotspot for the HIV/AIDS pandemic, hundreds of thousands of citizens died from the disease, many of whom were far away in urban areas and had to be taken home to the countryside for burial. It could take two weeks or longer for the body to get home and to assemble immediate and extended family to perform the culturally appropriate rituals. The state played no role in these events. Funerals were the business of families and the community. Various service providers supported the family, such as the hosts of funeral parlours who organised aspects of the process. During this time, funeral parlours, burial societies, religious leaders, insurance funds and community leaders were all enlisted for support. The state was conspicuously absent from the processes associated with death and burials, especially in the rural areas where home burials were common. This all changed in March 2020, when the world and the country was gripped by a new pandemic – Covid-19. Suddenly, the state had an intense interest in the private affairs of families and communities, wanting to regulate how dead bodies were handled and funerals managed. Given the state’s relative absence from this space during the HIV/AIDS pandemic and the deeply held belief that death rites and funerals were family and community affairs, it is unsurprising that the intrusion of the state into this sphere of life was controversial.
But the state has insisted that the safety of the country and rural communities in particular are predicated on the tight management of death and the enforced adoption of a wide range of limiting regulations. The public have asked why the state has been so draconian in its management of such private affairs and also why it seems to ignore its own regulations when burying senior members of the ruling African National Congress (ANC) and the political establishment. The politics of death and the cultural dignity of families and their rights have consequently come to the fore. The aim of this study is to explore these dynamics across a number of communities in the former Transkei in rural Eastern Cape. With the outbreak of Covid-19 in South Africa in February 2020, the national government realised that trans-local mobility and the constant movement between urban and rural areas which is a prominent feature of South African society could produce a major vector for the spread of the virus.

The history of internal migration and the high level of mobility in the society was one of the reasons that the government adopted a hard lockdown approach to contain the spread of the virus in March 2020. The lockdown made it illegal for people to move between areas in the hope that this would localise and isolate Covid-19 infections. But, at the same time, the state also realised that it would not be ethical or proper for the government to prevent people from travelling “home” to the rural areas to say their final farewells to their loved ones in an appropriate manner and cultural context. The government was also concerned that rural funerals, which were typically large events at which entire villages or sections of the communities were invited to pay their last respects, could multiply infections. The threat posed by funerals in spreading coronavirus was seen as connected to the communal ways in which food and beer are consumed at these events and the compressed manner in which attendees socialise within the yard of the homestead of the bereaved family. The fear that funerals would drive the spread of Covid-19 from the city into the countryside and across the rural landscape of South Africa loomed large in the minds of policy makers and doctors as they forged the lockdown protocols. Regulations produced in April 2020 under the Disaster Management Act of 2002, which were amended the following month, stated that no more than 50 people could attend funerals; that the services and proceedings had to be shortened; and that social distancing needed to be observed. The measures also aimed to restrict the movement of mourners and bodies travelling between urban and rural areas.

The fear of funerals expressed a wider concern with the dynamics of migrant labour in the society; and regulations enacted around funerals expressed a wider concern about the dangers of trans-locality.

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In April 2020, the state’s worst fears seemed to have been realised when a funeral in Port St Johns in the Eastern Cape which involved mourners from urban areas seemed to have activated dozens of new cases in the village where the funeral was held. Suddenly, a number of other cases were mentioned in the media as potential drivers of rural infection. This led to accusations and counter-accusations between the Eastern Cape and the Western Cape governments about the management of lockdown and the leakage of migrants and mourners across provincial boundaries around the time of the Easter weekend, when migrants conventionally travel home. In these exchanges, Eastern Cape officials appeared to disown their own migrants by casting them as provincial outsiders who posed a threat to genuine provincial citizens. In the context of the heated debates that characterised this period, this study was initiated to take a deeper look at the question of funerals in the rural context, with special reference to the eastern half of the Eastern Cape. The aim of the study was to determine the actual threat that funerals were likely to pose in the spread of the pandemic in rural areas, while at the same investigating the actual implementation of funeral protocols and their impact on the integrity and dignity of burial rites and the management of death in rural areas.

The subsequent research proposal submitted on this basis to the Eastern Cape Socio Economic Consultative Council (ECSECC) and the Office of the Premier in the Eastern Cape by the Human Sciences Research Council (HSRC) and Walter Sisulu University (WSU), set out to explore the challenge of funerals and the relevant lockdown restrictions and their impacts at three levels. First, it proposed exploring the way in which rural communities received the messages from the government about the threat of Covid-19 as well as the measures contained in the lockdown regulations and funeral protocols: How did these messages arrive in the rural setting? How were rural people responding? Were local people making any effort to comply with the regulations or were they being widely ignored? Where was there evidence of compliance and in what ways was this evident?

The second, related aim of the study, was to undertake a series of observation-based community scans or situational analyses in rural settings to document what was happening in eight municipalities in the eastern part of the province during the months of May, June and July 2020. The eight municipalities where the research was conducted were: Engcobo; Ingquza; Intsika Yethu; King Sabata Dalindebo; Mbashe; Mhlontlo; Mzimvubu; and Nyandeni. With researchers located in 10 rural communities in these municipalities, the idea was that they should observe what was happening around them in the villages and to use social media to contact friends and relatives in these areas to source updates on what they were seeing and hearing: Did people say that many had returned for the Easter weekend to celebrate with their families? Did they know of families who were hosting funerals or undertaking family rituals at this time? How were rural people meeting their basic needs by shopping and cultivating crops and gardens under lockdown? Was the alcohol ban being observed and what had been the observed impact of the restrictions on funerals? Questions were also asked about how people viewed the pandemic and talked about it in the village setting, as well as how it was seen through social and other media? In addition, the research team asked how visible government officials and traditional leaders had been in relation to the pandemic and lockdown, and what they were saying and doing in the rural context.

The third part of the study, which involved the administration of a structured questionnaire, aimed to canvass the views of key stakeholders. This process only began in July 2020, when ethical clearance was finally received. The questionnaire targeted six to eight key local stakeholders in a number of groups including; traditional leaders, religious leaders, ward councillors, community leaders, health officials, nurses, traditional healers, funeral parlour representatives, burial society members, insurance company representatives, gravediggers, the police and the kin of people who had died. The objective was to establish how they were reacting to the Covid-19 crisis and lockdown regulations in the rural setting. Based on the findings that emerged from the research it was anticipated that a number of specific issues concerning funerals would be addressed in the study. The aim was to answer some key questions including:

1. What are the funeral rites and main variations of those rites at church and traditional burials? It was understood that
there will always be gatherings at the homestead, where food and beer are shared with kin and neighbours. In this regard, it was considered important to produce some ethnographies on Xhosa funeral practices and then reflect on contemporary changes to these.

2. What is happening now in relation to funerals. Who is obliged to go; who actually goes in practice; what role does distance from the home-area play; what about the resources in burial societies and savings clubs and the role that these institutions play?

3. How long do funeral ceremonies typically take and how has this changed with the new regulations and the threat posed by Covid-19? How many people usually attend these events and how many attend them now? How many come from outside the village and how many are local? What are the implications for spreading Covid-19? Who travels, how do they travel and what precautions are taken?

4. How can present funeral ceremonies and rites be streamlined? Could certain people be excluded and what would that entail? Is it fair to say that only a limited number of people can come? How should food be prepared and consumed, and social interactions be rearranged to reduce risk? How may shifting healing practices in local communities be leveraged in support of safer behaviour? What do traditional leaders and other stakeholders think about these issues and the present number limits and protocols for funerals?

5. What would be an appropriate set of protocols which could be presented to traditional leaders, cooperative governance structures and provincial and national authorities for consideration?

6. How should such rules be communicated to the public in the cities and countryside; and how would they be enforced – for example, what protocols should the police be asked to follow?

In attempting to address these specific questions, the study adopted a broadly ethnographic approach which sought to take advantage of the fact that all the researchers were physically located in their own home villages while undertaking the research and could therefore bring a local texture and sense of social change to the investigations. The proposal indicated that the investigation would use a “people’s science” approach by paying close attention to understanding local behaviour, responses and social action in context. The aim of the report is to present the reader with a sense of what the problem of funerals “feels like” from the site of the rural locations of the former Transkei. The interest of the report is to capture details of individual cases and experiences. It thus seeks to depict the particular “structure of feeling” of marginalisation and exclusion found by the researchers. The metaphor which seemed to capture this at various levels was labelled locally as a feeling of being left “behind the gate”, and ignored. People in the villages described a process of “closing the gate”, a phrase used throughout the research, which this study has adopted as a guiding metaphor for understanding and exposing the predicament and experience of the rural poor in relation to the outbreak and the lockdown regulations.

At a conceptual level, the study developed what might be called a “people’s science” approach. This is different from what is known as “citizen science”, in which researchers use various methods including social media surveys to assess the views of people on particular topics. Citizen science tries to bring science closer to the people by engaging them directly on a topic and recording their responses. People’s science is different because it is primarily based on the observation of change over time. It attempts to describe current and changing social practices in context by exploring how new realities, such as the Covid-19 outbreak, affects and restructures local responses. The aim of such work would be to establish the social, cultural, political and economic parameters for change at the local level through people’s own actions rather than those of external agencies.
1.2 People’s Science & BIO-MEDICINE

Paul Richard’s 2016 book, *Ebola: How People’s Science Helped End an Epidemic*, provides a powerful reminder of the limits of epidemiology and bio-medical fixes, like lockdown, in the long-term control, management and elimination of diseases such as Covid-19.9 Richards shows that, while the Global North and western bio-medical regime were developing vaccine trials, new nanotechnologies and even imagining robotic nurses as strategies against Ebola, ordinary people in West Africa were paying careful attention to the technology of the infected body. They quickly came to learn how contagious and deadly the disease was, killing nine out of every 10 people infected. They adjusted their regimes of behaviour in the area of home care, changing the ways they interacted with sick people; behaved at funerals; and buried their dead. Ultimately, Richards shows how a “people’s science” of behaviour and understanding from below, which was mediated through adjustments to local cultural practices and social values, emerged in a context-specific way to defeat a disease that western medical science could not overcome.

In the 1990s, the anthropologist Nancy Scheper-Hughes produced an unsettling ethnography of death, violence and hope in a shantytown in north-eastern Brazil. Her book, *Death Without Weeping*, was centrally concerned with how shockingly high levels of infant mortality were hidden from public view by the ways in which women and families coped with this reality in the community.10 Scheper-Hughes noted that young women in this place were refusing to name their children to protect themselves and their families from the pain of having to deal with the full impact of pervasive death. She argued that by delaying the attribution of social and cultural identities to children; such as through naming, baptism and other rites; these mothers were better prepared to deal socially, financially and emotionally with the almost inevitable loss of one or more of their infants. The “people’s science” of the Brazilian Favela did not stop infant mortality because it was unstoppable within a political economy which left poor, vulnerable women without food and health care. In this context, women had no way of saving their children so they developed a practice of refusing to name their own children to help them cope with their likely deaths. The Scheper-Hughes (1992) ethnography tells a sad, harrowing tale of the failure of “people’s science” to make any significant impact in mitigating the structural constraints of shack life in north-eastern Brazil.

The story of HIV/AIDS in South Africa bears some comparison with Scheper-Hughes’s case study. The evidence from South Africa during the HIV/AIDS pandemic suggests that the country initially went


down the road of denialism and cultural concealment rather than confrontation. The internalisation of the biomedical implications of HIV/AIDS took a while to take root in South Africa. The journey started with the AIDS denialism of the Thabo Mbeki regime, when the state questioned the core findings of the dominant western biomedical model. But even after the state acknowledged that HIV/AIDS was not just a disease of poverty and that it could not be cured by improved nutrition, there was still widespread popular denialism through folk theories of causality and connection. These varied from rumours and beliefs that traditional healers could “AIDS-proof” people through treatment, to ideas that condoms caused rather than prevented the spread of HIV/AIDS.11

One of the critical issues in the case of HIV/AIDS was the question of shame and the reluctance of families to disclose the actual cause of death. Obituaries seldom mentioned AIDS and death notices were carefully worded to disguise any association with the dreaded disease. Those who were grievously ill were often also removed from the cities and sent to die in the countryside. There were also folk models around causation, which challenged the western biomedical model of personal or individual blame. People were simply not prepared to accept that they were causing and spreading the disease, attributing this to other factors. The net result was a kind of “death without weeping” in which the extent of the disease’s death toll was hidden or concealed from view, and even refuted. This did not make the impact of the dying and the deaths any the less traumatic for the families, nor did it free them of the financial and social burden of caring for the sick and burying the dead, but helped them deal with the question of shame and dishonour.

As a consequence, no effective “people’s science” was developed to stop the spread of HIV in the country, although the South African state eventually turned its back on denialism and came to adopt an extremely proactive, supportive set of policies and strategies. One of the reasons for the difficulties in developing an effective “people’s science” against HIV/AIDS at the community level was that men and women remained deeply divided in their approach to the disease. Women were generally much more receptive to the evidence of western science and were keen to adjust their behaviours to minimise risk. Men, on the other hand, were less prepared to talk about the disease or to accept changes to their sexual behaviours and social practices in order to minimise the spread of HIV.

One of the leading questions facing South Africa as the bio-medical approach to the coronavirus and the hope of an early, decisive fix were pushed into the background, was whether a “people’s science” which could contain the virus and minimise its impact in both urban and rural communities was likely to emerge. This question was especially pressing in areas where poverty, congestion and interpersonal and structural violence are widespread. In this regard and in the absence of a bio-medical fix, the focus was on the role the state might be able to play in facilitating preventative action and behaviour at the local level. It took a long time for the South African state to make such a shift in its response to the AIDS pandemic. Four or five years were lost, and even after this period, the emphasis was still more on adapting the bio-medical response than promoting a “people’s science”. Pills, rather than people, remained at the centre of the state’s idea of how best to deal with the pandemic.


"One of the leading questions facing South Africa as the bio-medical approach to the coronavirus and the hope of an early, decisive fix has been pushed into the background, is whether a “people’s science” which can contain the virus and minimise its impact in both urban and rural communities is likely to emerge."
In the time of Covid-19, the state again backed the bio-medical community in the sense that it quickly came to rely on this community for expert, scientific information to deepen understanding of the nature of the disease and to develop mechanisms to control its spread. The state’s Ministerial Advisory Committee (MAC), which was almost completely staffed by doctors and medical science and public health academics and professionals, responded to the strategies adopted in other countries and to the changing understanding of how public policy might best be adjusted to minimise transmission. But, as the country entered Level 2 lockdown in August 2020 and the hard lockdown of April, May, June and July 2020 was lifted, it faced the challenge of maintaining low levels of infection in a context in which the economy and the society were being re-opened. In this situation, the state became less visible as an agent of enforcement and needed to become more of a partner with communities and households in producing medium- to long-term strategies to save lives, create jobs and minimise the detrimental impacts of the pandemic on everyday life. The need for a preventative “people’s science” in which the state could play a more effective role than it did during the HIV/AIDS pandemic became increasingly critical. This is precisely where this report, which was first published in September 2020, seeks to be of assistance.

It advises that, in initiating a process of appropriate local level responses, the state should rely more on the insights of social scientists. The idea is that their research into, and participation in, the lives of those in high risk and poor communities could inform strategies that might bridge the gap between a limited, bio-medical imagination of the pandemic and how to respond to it, and the future possibility of an evidence-based “people’s science”. In this field, it is advised, the state should pay particular attention to the work of social anthropologists, whose in-depth ethnographic research of communities in their historical and cultural context reveals aspects of the logics of everyday social and cultural life at the local level that can guide life-saving interventions and action.12

1.3 Ritual Practices & RIGHTS IN PEOPLE

In a polarised debate, saving lives and protecting livelihoods under Covid-19 came to be viewed by some analysts as contradictory aspirations. Experts asked whether human life was at odds with the market. Many suggested that governments should be careful not to turn a “medical problem” into a “financial problem”, in which job losses and a lack of income could drive millions into poverty. This opposition between, on the one hand, the need to protect and facilitate livelihoods which requires that society be open and interactive; and, on the other, the imperative to save lives through social distancing and personal protection, dominated much of the global debate over the management of Covid-19. In Britain and the United States (US), conservative governments favoured opening the economy; while in Scotland and New Zealand, leaders stressed the need to keep people safe. In this context, the focus of the debate about funerals was not so much the economics of these events, but rather their capacity to spread the virus. The trade-off was viewed as being between the need for health and protection, on the one hand, and sociality, human dignity and ubuntu, on the other.13

In Africa, anthropologists have noted how rights-in-people rather than rights-in-things have determined access to power, prestige, status and resources. At the basis of this theory is the idea that the ability of people to hold rights to other people can be a primary means of acquiring wealth and status.14


Jack Goody noted that control over the “means of destruction”, that is, labour-acquiring warfare, was more important in pre-colonial West Africa than holding the “means of production”, such as land and technology. Land, he argued, was abundant and local technologies were egalitarian. The critical factor was the acquisition and control of labour. In this context, and unlike in Europe, land did not acquire a commodity value.15

Turning to the rural labour reserves of southern Africa, it is notable that land here was also never turned into a commodity. It has remained communal property acquired through patriarchal proprietorship. It has historically been viewed as an inalienable right, a basic entitlement for senior members of kinship networks or clan groups. Labour, on the other hand, was historically procured through war, marriage, kin relations and patronage. Under colonialism, it was commoditised for sale on the market. When the colonial migrant labour system was introduced in rural communities across southern Africa in the 19th century, older men tried to exploit the system, which at that stage provided generous wages, by sending men to the mines to work for the family. However, as the odds quickly stacked up against rural households, families increasingly lost labour for little tangible material returns or long-term benefits. The system became a cheap labour machine. With time, the entire southern African countryside transformed into a massive “labour reserve” for white mining and agricultural capital. To survive on small plots of land with burdensome colonial taxes, rural households in places like the Transkei and Ciskei had no choice but to send their sons to the mines in the hope that they would send home remittances to support their struggling families. The enduring power of this household and community “moral economy” after apartheid was witnessed at Marikana in 2012, when migrant rock drill operators and other mine workers put their lives on the line in pursuit of a wage that the mines deemed excessive but which they regarded as essential in order to support their families in the rural areas.16 In the face of the workers’ intransigence over their claim for a moral or decent wage, the mines turned to the state which used its power to kill the workers. The conflict, which resulted in one of the great tragedies of post-apartheid South Africa, was based on a misunderstanding of how much miners still valued the “wealth-in-people” they had in rural areas. In order to defend themselves from social alienation and grinding poverty, migrants place great store in developing and maintaining “rights-in-people”; that is, in relation to the people within their home-based kin and clan groups, and within their neighbourhoods and communities who can support them in times of crisis.17

In the past, these bonds at the local level were forged through marriage transactions and bride wealth; and through cattle lending schemes between families, communal ploughing and harvesting regimes under which labour was shared and inter-familial social interdependence was created. Anthropologists wrote in the 1960s and 1970s of the existence of a migrant household moral economy or developmental cycle in the rural reserves, in which older migrants accumulated resources which could support them in retirement by taking the wages of their working sons and the cattle generated by the marriage of their daughters.18 The cycle reached its peak when grown children were working or getting married. In the absence of old-age pensions, these senior members of the community used all the resources they had accumulated through their use of “rights in people”, together with their status as elders, to survive during retirement.19 With the collapse in marriage rates, high unemployment and rural out-migration, these former moral ties and obligations have faded.


In her work among poor communities in the former Transkei after 1994, Rice (2020) argues that local migrant families often regarded the payment of pensions by the new democratic government as a form of compensation for what they had lost due to the urbanisation of their children and the decline of marriage. They believed that the African National Congress (ANC) had recognised the weaker base of the rural moral economy and was compensating them accordingly. They felt that it was fitting that grants were reserved for those in old age, who had the least capacity to use their “rights-in-people” to build the household base. In this way, the state and the ruling party became the patrons of the rural poor, who depended on their social grants for survival. The power of the social grants as an expression of “rights-in-people” is clearly understood by the ruling party, which is quick to remind the rural poor that without an ANC which understands their culture such grants might fall away.

An irony of the social grant system, as Rice (2020) notes, is that it is supposed to uphold a system of liberal rights enshrined in the Constitution. Individuals are rewarded for their loss of employment in old age or, in the case of the disability grant, the loss of their capacity to work.\(^\text{20}\) In effect, however, these cash transfers into rural households tend to uphold a moral economy that entrenches customary power and older hierarchies based on age and gender distinctions. In other words, the system that structures “rights-in-people” in the rural setting. In a context in which customary social institutions and practices have weakened, ritual practices, including funerals, have emerged as vital markers of social status, belonging and connectedness in communities in which ideas about “wealth-in-people” increasingly co-exist with more individualised notions of “wealth-in-things”. This tension between the individualistic expression of wealth and status and the desire to remain closely connected, socially embedded and integrated within wider kinship groups, local identities and residential communities; is expressed at ritual events like funerals in both rural and urban areas.\(^\text{21}\)

The nature of funerals as markers of family status changed after the introduction of democracy in 1994, when privately-owned funeral parlours emerged in the towns to service the needs of a new clientele. New businesses emerged around burials, including, for example, in the insurance sector, which operated quite differently from earlier economic forms, such as burial societies. Through the funeral parlours, families could express their preferences in relation to the kind of ceremony they wished to host for the deceased; the quality and cost of the caskets; and the scale of the event they wished to fund. In paying for funerals, families often used insurance investments, which were ostensibly meant to compensate the family for the loss of a breadwinner, to fund the event. The scale of the investment came to be viewed as testimony to the value placed on the memory of the deceased and also to the family’s own social worth in a society in which, outside their own communities, too little importance remained attached to black lives. The investment was a way of asserting social embeddedness, but also a source of wasteful expenditure for families under financial stress and needing to meet other financial

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\(^{20}\) Ibid.

obligations, such as the cost of educating their offspring. It is for this reason that Fred Hendricks (2020) celebrates the recent state interventions to shorten and streamline rural funerals. He welcomes the necessary reduction in competitive consumption associated with funerals produced by the new rules.

In the former Transkei, funerals are a critical part of new regimes of values which are connected with rapid urbanisation, growing materialism and globalisation in the society. The cost of funerals has escalated, especially for the aspirant black middle classes, who continue to invest in rural homes to ground their identities and show off their new-found urban citizenship and wealth. These developments are not unique to South Africa and have been documented in many parts of the continent, as upwardly mobile families try to outdo each other in ostentatious displays of wealth at family rituals, including funerals. In Ghana, expensive fantasy coffins are sold via the internet, some in the shape of cell phones which are said to keep the line open to heaven. Stylised home video productions of the rituals are circulated and stored as mementos of family unity, modernity and progress. In South Africa, funeral parlours offer embalming services to their clients to preserve the body for longer, or refrigerated transport home for the deceased. Portable green lawns create a particular middle-class, suburban pathos at some funerals. Before the Covid-19 outbreak, undertakers provided double-decker buses for mourners.

At the same time and notwithstanding the evidence of the role of funerals as displays of wealth, Lee and Vaughan (2008) give warning that these events should not be seen only as expressions of globalised individualism, referred to as “modernity bluffs”. They suggest that it is tempting to argue that commodification empties these rituals of their spiritual and social content, marking a “great transformation in African death cultures”. But this is an oversimplification, they insist, because burials in Africa have always been about status and wealth, as much as they have expressed social connectedness, embeddedness and belonging. Moreover, they argue, money and commercial transactions cannot always be easily separated from local belief systems, sociality and exchange. Indeed, commodities are malleable mediators in local cultures and not simply markers of western capitalist consumption, as is sometimes assumed. In Japan, for example, the drive towards the commodification of funerals has been associated with an increasing desire for social cohesion rather than alienation. It would be fair to say that a similar process has been happening in South Africa, where funerals are used to convey new forms of class identity, modernity and citizenship, while at the same time remaining critical conduits through which local belonging and attachment is crafted. The fact that these events are hosted at the rural family home means that they are always centrally about kinship and community connectivity and co-dependence.

In studying funerals and burial rites, there is a danger of creating a simple binary between modernity and tradition. The truth of the matter is that funeral practices have changed alongside other changes in the society as a whole. They are not frozen in time, nor should they be reified as static cultural forms. At the same time, burial rites and funerals continue to invoke a sense of morality, spirituality, dignity, connectedness and identity that values social persons. They express notions of ubuntu and personhood which are embedded in moral worlds and values that should not be eroded and undermined simply because it is expedient for the state to block some social interactions. The consequences of an undignified funeral which fails to send the deceased through a smooth transition to the afterlife can be catastrophic for the living, who have to deal with the aftermath of spiritual insecurity, malice and restlessness.


Furthermore, as Posel and Casale (2020) note, moments of crisis also tend to be moments when people look for security and a return to moral bonds, anchored in kinship. These scholars describe how during the first four months of lockdown more than 6 million South Africans moved from one household to another, either in response to job insecurity or because they wanted to be closer to their family during this time of stress. In making these moves, people were able to draw on kinship rights and ideas of family to activate support. The relatively low rates of crime and domestic violence during the early phases of lockdown seem to suggest that many of these moves initially proved to be successful. However, as lockdown wore on and financial pressures mounted, endemic inter-personal violence and social fracture once again came to the fore, indicating the fragility of social cohesion and mutual obligations in South Africa. Such stress and tension was no less evident in remote, marginalised rural communities, where an ethos of community solidarity prevails, than in the heart of South African cities.

1.4 The Argument
CLOSING THE GATE

The main findings and argument of this report is that the state’s response, policy and lockdown interventions in rural Eastern Cape, especially the former Transkei, were experienced and understood at the local level as a process of shutting out the poor, or “closing the gate” (ukuvala isango), as it was articulated locally. This report argues that this outcome was produced by state policy and the way in which the pandemic unfolded in the region.

From the beginning, the Eastern Cape government and Department of Health were behind the curve in terms of their capacity to test and screen for Covid-19 and accurately report on the evolution of the pandemic on the ground. The province was also seen to have limited capacity to respond to the pandemic, given the poor state of its health service, in which there were too few infectious disease specialists and thousands of vacancies in key positions. In a context in which state-led responses to Covid-19 focussed on service provision in big hospitals in large urban areas, residents in rural Eastern Cape unsurprisingly saw themselves as having been “left behind” in the government’s efforts to mitigate the impact of the pandemic and support the vulnerable.

At the most basic level, rural communities in the Eastern Cape expressed the view that they were never properly consulted or engaged on the dangers of, or the preventative strategies associated with, Covid-19. They claimed that they felt isolated, ignored and marginalised, and that traditional leaders and government officials had failed to communicate with them. The spread of information did not come to them in their own language, in their own places and through channels that they readily understood. A culture of fear, gossip and rumour thus surrounded the pandemic. (In this regard, it should be noted that misinformation continued to be popularly communicated in relation to the causes of the outbreak, as well as the efficacy of the cures and vaccinations developed to treat it.) The climate of apprehension was exacerbated by the implementation of a hard lockdown, which saw the police tipping over beer drums at rural funerals and arresting people for contravening government regulations, generating suspicion and fear. The confusion that prevailed at funerals seems to have exacerbated the feeling of being shut out. But it was not just physical violence and restriction that concerned people. The concern at the local level went much further as families started to question


“At the most basic level, rural communities in the Eastern Cape expressed the view that they were never properly consulted or engaged on the dangers, or the preventative strategies associated with, Covid-19. They claimed that they felt isolated, ignored and marginalised, and that traditional leaders and government officials had failed to communicate with them.”
whether Xhosa burial rites were even possible under the state-of-disaster regulations. They noted that the wrapping of bodies in plastic prevented families from viewing or even identifying the bodies, which had in several cases resulted in the wrong person being buried. They complained that night vigils, which were so critical to the smooth, calm passage of the deceased into the afterlife and the community of ancestors, had been banned, which undermined the ritual process. The accusation of closing the gate, or ukuvala isango, applied to Eastern Cape government officials in another way too, in the sense of shutting out rural residents by not being available to help them when they needed guidance and assistance. Rural residents explained that, when Covid-19 hit their families and their villages, the senior traditional leaders and government officials were not visible to take up their cause. They noted that junior headmen and emissaries were deployed to speak at Covid-19 funerals, sending messages from senior traditional leaders who appeared to be hiding away and protecting themselves from danger.

Similar accusations were made against nurses and medical personnel at local clinics, who were said to be backing off, as the demand for their services increased. Many clinics closed during the peak of the first wave in 2020; and when they were open, nurses claimed that they had not received the appropriate training or the right information to treat Covid-19 cases. They referred people to urban hospitals, which were often also closed. As support was withdrawn from people in their time of need, many resorted to traditional remedies and medicinal plants to protect themselves and treat their ailments. They used the plants the communities ordinarily culled for the treatment of flu and pain, coughing and respiratory problems. They also increasingly relied on local religious and spiritual leaders, who were called on to console families in the absence of official support. Community-based and kinship networks were activated to fill the gaps in service provision under Covid-19.

At the same time as reliance on communal networks mounted, there was also increasing evidence of avoidance and social isolation as households were increasingly left to fend for themselves in managing the new threat posed by the virus. Fear gripped communities through May, June and July 2020 as the disease spread rapidly and the rate of infections in the Eastern Cape started to compete with that of some of the metropolitan centres, such as Cape Town and Gauteng. The marginalisation of rural households throughout this period was captured locally through the notion of ukuvala isango, which was used in this context to express the growing desire to close the gate to the homestead physically – in particular to protect the health of older family members, who, it was realised, were particularly vulnerable to the depredations of the Covid-19 virus.

The second section of this report focuses on the funerals crisis, outlining the conditions under which the state decided to set up national regulations and funeral protocols. It considers the content of the protocols and how they were adjusted to meet changing circumstances and perceived threats, including in July 2020, when the Premier of the Eastern Cape, Oscar Mabuyane, intervened to address the seriousness of the provincial crisis. Overall, it is noted that the measures adopted in South Africa, and the Eastern Cape specifically, were more stringent in their rubric and emphasis than those recommended by the World Health
Organisation (WHO), which stressed the need to ensure cultural dignity and social cohesion. It is argued that rural funerals increasingly became sites of anxiety, contestation and distress as relatives and neighbours feared that the rules and behaviours of key official stakeholders were undermining the integrity of their cultural rights and the spiritual content of these events.

As the death rate soared through June and July 2020, funeral parlours became increasingly overloaded and concerned about enforcing the rules, such as by wrapping bodies in layers of plastic and refusing to allow families to view the deceased. Long delays in the release of bodies from hospitals and mortuaries added to family stress, as did the difficulty of acquiring death certificates from Home Affairs offices, many of which were closed. This section concludes with the presentation of case material collected from the field over several months, which includes reports of families burying the wrong bodies or growing so angry that they drove funeral parlour staff away from their homes.

The third section focuses on the crisis in the Department of Health in the province and the impact this had on the functionality of hospitals, clinics and government departments during the pandemic. The section begins with the crisis management visit of the national Minister of Health, Dr Zweli Mkhize, to the province in April 2020 and the shocking revelations that emerged about the province’s vulnerability and the weakness of its formal health system, including at the major provincial hospitals. The section covers the story of Livingstone Hospital and its poor service delivery and institutional collapse, which made global headlines at the same time that small hospitals and clinics were closing across the province. The section recounts how frontline health professionals and civil servants; including nurses, doctors and police; refused to work until the government deep-cleaned their offices; implemented standard operating procedures (SOPs); and distributed personal protection equipment (PPE).

The failure of the local state to respond to these demands led to a general local government shutdown, which included many local clinics, as well as Home Affairs offices responsible for issuing death certificates. Traditional leaders were also conspicuous by their absence from communities at this critical time. This created an enormous vacuum in which local communities were left to their own devices. The section concludes with a discussion of the way in which households made use of traditional medicines and herbs to treat themselves and their families, while also turning to traditional healers for support.

As the gate closed on the countryside, many rural communities fell back on their own resources and local knowledge systems to improvise and address the immediate threat they faced.

Section four explores the idea of ubuntu in the rural setting as “moral communities” confronted the challenge of the Covid-19 crisis. The section deals with the expectations of “moral communities” and sharing at Easter time, when many urban migrants tend to return and home-grown food is harvested from family gardens. The section deals with the absence of returning migrants this year and the resulting limits of ubuntu at the village level. The discussion then proceeds to explore gender and generational relations in rural communities and the attempts by the older generation to re-assert authority and domestic power during the pandemic by keeping the youth and women “behind the gate”. The section describes how this was, however, a fairly unsuccessful strategy because young men managed to escape to towns where lockdown regulations were generally flouted and some drinking houses remained open. Women, on the other hand, found it harder to get away from their homes, where they became trapped and threatened in many instances. The section shows how Covid-19 conditions and the retreat of the state resulted in families and communities trying to reactivate and entrench former regimes of power and authority which were unstable and widely contested.

The fifth section reports on the responses of a range of community leaders and stakeholders involved with the delivery of funerals and the management of the Covid-19 crisis in rural communities. The section begins with an investigation of the roles and responsibilities of community leaders, including traditional leaders, before moving onto a discussion of the various local services provided by stakeholders in the burial business, from funeral parlours to grave diggers. In describing the views and perspectives of these role players, this section endorses the conclusion that funerals became increasingly fraught sites of contestation and anger as the pandemic continued.
and the implementation of the rules governing funerals tightened. The report ends with a summary of findings and a comprehensive set of recommendations aimed at helping the state restore its credibility and “open the gate” for rural communities in support of their efforts to understand and respond to the many dimensions of the Covid-19 crisis more effectively. New forms of communication and consultation at the local level are recommended, as well as the adoption of a more participatory methodology for development. In relation to funerals specifically, the recommendations note that the denial of access to viewing and interaction with the body of the deceased prior to burial is highly problematic and certainly a serious violation of the cultural rights of rural communities in the Eastern Cape.

The report suggests that current protocols and regulations should be reviewed and overhauled in the spirit of the WHO’s advice on funerals and cultural rights under Covid-19. The recommendations conclude by suggesting that challenges around cultural dignity have been compounded by severe unemployment and poverty in rural areas as the national economy struggled to recover jobs and viability after the shock of the Covid-19 lockdown in 2020 and thereafter.
2. The Funeral Crisis
DEATH, DIGNITY & DISTRESS

Hospitals, on the one hand, are powerful for saving lives; but as places to die they are amoral, dangerous and devoid of ceremonial history and haunted by spirits. Houses, on the other hand, are optimal for dying because they are infused with moral power, a history of beneficial ceremony and family living.

— Scott D. Stonington, 2020

2.1 The Importance of Home Burials

In his 2020 book, The Spirit Ambulance, Scott D. Stonington contrasts local perceptions of death and dying at home and in the hospital in Buddhist communities in northern Thailand. Buddhists believe in reincarnation, in much the same way that many Africans believe that the dead will be reborn as ancestors who will continue to influence the lives of the living after death. In fact, in the Eastern Cape, it is believed that people who are very old make the transition to becoming ancestors (amathongo) even before they die. The spiritual transition from this world to the next is not an event in these communities; it is a process. This process has to be managed socially and ritually, because the deceased must move from a state of impurity or contagion to a state of ritual purity and harmony with the spirit world. This process is guided by the living, through attention to ritual preparation and internment of the body. In addition, to ensure the safe passage to the other world, the close kin or survivors of the deceased need to ensure that the social disintegration occasioned by death is repaired and that they are re-integrated back into the community and group solidarity is preserved. Both the above transitions are connected. Death rites and the funeral process serve to guide the deceased and the living safely into a “beneficial and life-giving balance with each other”.

In Africa and Thailand then, and in many other parts of the globe, it is believed that the quality of one’s rebirth, or reincarnation, is affected by the conditions under which one leaves the world of the living and how one is ushered into the new world by those who are left behind. This is precisely the reason that many Thai Buddhists want to die at home, where they feel comfortable, cared for and have developed a strong sense of belonging through life. In Stonington’s book, the term “spirit ambulances” refers to the actual ambulances that carry dying patients from the hospitals in Thailand to their homes so that they can die in peace with their spirit at rest.


28 Stonington. The Spirit Ambulance, pp. 50-64.
This belief that dying at home is better than dying in a hospital is a fairly universal one, but it has special meaning in cultural contexts in diasporic communities where close links have been retained with the former homeland.

The Eastern Cape is such a place. Local communities here, especially in the eastern half of the province, the former Transkei, have a profound connection to place. In this part of the province, many communities were not defeated and dispersed in the wars against colonial domination nor displaced through settler land acquisition. Colonial conquest came through subjugation after the Cattle Killing of 1856-7 so weakened local African communities that white colonial authority was relatively easily imposed. In the former Transkei, colonial governance was achieved by fixing communities in place under a system of indirect rule through tribal authorities managed by white magistrates and native commissioners.²⁹ Land dispossession did not follow colonisation, as was typically the case under British colonial rule with the state seeking access to land and white sovereignty. In this area, the land was largely left in the hands of the inhabitants, who paid taxes to the colonial government, and supplied labour to the country’s gold mines. The migrant labour system ensured that male labour was extracted from rural homesteads and communities without requiring those families to move to mine camps or cities, or the institution of direct rule by white authorities. Various versions and iterations of tribal authority, which culminated in the homeland system under apartheid, were imposed instead.

Since the introduction of democracy in 1994, there has been an astonishing wave of out-migration from the Eastern Cape to South African towns and cities. Under colonial and apartheid rule, women and children were required to perform reproductive labour at home, maintaining the homestead and producing food for direct consumption, while men formed the bulk of the migrant labour force. This changed fundamentally from the late 1990s as young adults and women left the rural areas in large numbers to seek employment in the cities. Many from the south-eastern parts of the former Transkei moved to Cape Town, while those from the central and eastern areas chose Johannesburg or Durban. This process of out-migration and urbanisation has caused fundamental change in the way households work and how resources are managed and distributed. A relatively high number of people, especially among the younger generation, now live almost permanently in the cities and have moved away from the levels of attachment that their parents’ generation displayed to their rural homes.

These men and women are caught between the pressures of their families to maintain the umzi (homestead) in the rural area and the difficulties that continue to exist for young black families seeking to establish a starter home in the cities. The majority of new arrivals to the city can only be accommodated in squatter camps, or alternatively, are caught in a trap of high rental and transport costs which make it difficult to set down roots in the city in a more formal manner. All of this contributes to continuous circular migration and persistent double-rootedness among the new generation of urbanising families.³⁰ These socio-economic realities, together with the depth of family connections to rural home spaces, have further led to processes of “displaced urbanism”, in which suburban style homes are built in the countryside rather than in the city.³¹

But the pressures of urbanisation have also fractured households, as youth struggle to find the resources either to support urban permanence, or to contribute to the process of rebuilding at home in the countryside. These individuals can become lost in the city and the shantytowns and separated from their rural kin as they try to hold their families together under challenging circumstances.³²

In Kinshasa in Zaire, De Boeke (2007) notes that urbanised youth, engulfed in violent shantytown life, appear to have become increasingly dismissive of


³² Ibid.
death and now even build shacks in the cemeteries, as if they did not care whether they lived or died. There is an element of this evident in large shantytowns in South Africa, like Diepsloot in Johannesburg, or Joe Slovo Park in Cape Town.

In this changing context, and despite increasingly high levels of urbanisation across South Africa, especially in the latter half of the 20th century, there is nevertheless a strong preference among families from the former Transkei for family members to be buried at home in the rural areas. Families in this region still attach considerable moral and cultural value to the maintenance of a rural homestead located in their cultural place of origin, or heartland—a family home where the ancestors reside and dwell. Families have other residences in towns and cities, or even other rural areas, but they aspire to die and be buried at home in the rural areas, with others in their families and kin groups. The reasons for this are precisely those outlined by Stonington. They relate, on the one hand, to the moral, ceremonial power of the family home in the life of the majority of Xhosa-speaking people from this region; and, on the other, to the fact that safe, beneficial passage to the afterlife as newly inducted family and clan ancestors is best performed on the site of the family homestead.

Ironically, the current phase of urbanisation and out-migration in the Eastern Cape is simultaneously transforming the countryside and the city as trans-local livelihoods and connections are re-entrenched in complex ways under conditions of increasing hardship and inequality. But, despite all the current changes, most migrants still believe that they and their family members should die at their rural homes where they should be buried according to family custom and tradition. It is this desire that shapes how burial societies are structured and how the burgeoning funeral industry has developed in post-apartheid South Africa. In this context, is therefore unsurprising that one of the ways in which the fear of Covid-19 spreading to the Eastern Cape was expressed at the beginning of the outbreak was as panic in relation to funeral protocols. The connections between the countryside and the city are still most powerfully expressed and crystallised in the ways people die and are laid to rest. Accordingly, after new funeral protocols were included in the

regulations issued in April 2020 under the Disaster Management Act of 2002, popular understanding of the Covid-19 threat in the Eastern Cape was largely shaped through a heated public debate about the dangers of funerals and the connections between these and the illegal movement of people between town and countryside.

2.2 State Regulations COVID-19 & FUNERALS IN THE EASTERN CAPE

In rural South Africa, funerals are family and community affairs. They are not usually managed by the state, funeral directors, local government officials or hospital staff. They are not occasions at which one expects to find health officials and funeral directors dictating behaviour, or policemen threatening arrests and fines. Families and religious leaders are normally given relative freedom to bury the dead in dignified ways, according to tradition and religious belief. In the time of Covid-19, however, funerals became identified as high-risk sites of infection, especially in rural areas where a disproportionately large percentage of Covid-19 cases occurred in South Africa. They were soon viewed as events which, the state believed, needed careful regulation. Accordingly, regulations for funerals produced in April 2020 sought, among other things, to limit travel between provinces; govern interaction with Covid-19 infected bodies; enforce sanitising and physical distancing; restrict attendance at funerals; shorten rituals; and limit the preparation of food and alcohol at these events for collective consumption.

In the gap between cultural observance and statecraft, funerals became sites of contestation and confusion after the new rules were introduced in the former Transkei. Many people were baffled by the regulations, while others were angry that their dead were being laid to rest without dignity and without the observance or completion of culturally appropriate rituals. The responses may be viewed in the context of a long history of resisting state interventions in family ritual and customary practices across the continent. From the 1930s, colonial governments used increasingly medicalised and rationalised approaches to public health. Bernault (2006) reports that in French colonial central Africa and the tropics more generally officials required immediate burials and insisted on regulation depths for graves and the use of wooden coffins.35

In South African cities, African hygiene was considered a threat to settler society and an elaborate discourse emerged around the idea of the sanitary city, which imagined African settlements as potential sources of contagion and disease, polluting physical bodies and the body politic.36 This was cited as one of the reasons and justifications for influx control and segregation. In the rural areas, such as the Ciskei and Transkei, the state was less restrictive in its measures in controlling burial rights and generally permitted home burial as determined by custom. During the struggle against apartheid, in which the state was forced to keep its distance in matters related to the dead, communities leveraged the space provided by funerals to gather and protest against the state. In fact, the reburial of activists’ bodies was used as a source of mobilisation and as a form of resistance to racial domination. This historical context provides a critical backdrop to the decision of the South African state to regulate funerals across the country from March 2020.

The first government regulations relating to funerals in the time of coronavirus were penned and published on 2 April 2020 38 within a week of a national level-5 lockdown being imposed on 27 March, shortly after President Cyril Ramaphosa declared the pandemic a “national disaster”. The regulations issued by the Department of Cooperative Governance, as an amendment of the 2002 Disaster


Management Act, provided an exception from strict regulations prohibiting free movement for those attending funerals as long as they were relatives who were “closely affiliated” to the deceased. The rules prohibited night vigils and gatherings of more than 50 people at a funeral and insisted on strict adherence to “safety hygiene measures”. The rules, which remained largely unchanged through lockdown levels 4 and 3, indicated that permission to travel would only be granted by magistrates and senior police upon submission of a death certificate; and that those visiting places for funerals could not stay with friends or relatives, but only in a local hotel or guest house, and only for a day or two. The rules further limited the number of relatives who were allowed to travel with the corpse to two.

Burials were considered a “problem” from the earliest days of the pandemic in South Africa. On the same day that the level-5 lockdown was implemented, the South African Cemeteries Association (SACA) issued guidelines for mass burials39 with a particular focus on urban areas, which included the grim warning that “multiple trench communal graves may be unavoidable”. Soon after, a national eight-stage strategy for addressing the pandemic was announced and explained by Professor Salim Abdool Karim, the chair of the Ministerial Advisory Group on Covid-19. The plan was that advance preparations including to expand testing and treatment capacity and ramp up production of appropriate equipment, from ventilators and drugs to masks and gowns, would take place under the initial hard lockdown, which was mainly meant to buy time.40 Stage seven of the eight-stage plan was supposed to deal with “bereavement and the aftermath”, including by expanding burial capacity; instituting regulations for funerals; and tackling the psychological impact of the outbreak. “I know you don’t want to hear this. But we have to be ready,” Karim said. “We have to prepare now so that we can deal with the mental health consequences [and] the social consequences that are going to see us go through a difficult period.”41 The other seven stages of the plan all related to bio-technocratic measures.42 Although the popular response to the government’s efforts to address the pandemic was initially favourable, a number of significant shortfalls were also identified. At the end of April, leading South African social scientists called for greater engagement in shaping the mitigation policies being produced by the government to manage the spread of the virus.42 They noted the absence of the participation of social scientists in the government’s Ministerial Advisory Committee, which comprised 51 doctors and medical science academics and focussed on producing a “biomedical fix”.43

The approach adopted by the government, which was identified as being modelled on those promoted by states in the Global North, was criticised as inappropriate for the material, social and political conditions in South Africa44 – in particular for failing to address the unsustainable losses in terms of incomes and livelihoods that were bound to mount under lockdown, as well as the difficulties in adhering to physical distancing rules for those living in overcrowded urban settlements. It was suggested that the government could introduce a new regime

of movement from town to country, leveraging the double-rooted nature of many South Africans’ lives, to ease the difficulties faced by many marginalised people in the cities.45

Meanwhile, the hitherto primarily urban focus of the official and media responses to the pandemic – the Western Cape and, specifically, Cape Town, had emerged as early hotspots for the virus – shifted to the rural areas from the end of April and May 1 2020, when the national lockdown was eased to level 4. The national concern on the spread on the disease away from the larger urban centres was initially associated with the movement of people and bodies from urban to rural areas, as well as the conventional cultural practices associated with burial rights in rural areas. On 25 April 2020, it was reported that 40 people had tested positive in the village of Machibini in the Port St Johns area of the Eastern Cape.46

The cases were tracked back to a funeral that had taken place in the village of Majola more than a month earlier on 21 March, before the national lockdown had been implemented. This funeral, along with two others in the city of Port Elizabeth, were reported to have accounted for 200 Covid-19 cases in the Eastern Cape – about a quarter of the provincial total at the time.47 The media narrative around the reporting of the outbreak in Port St Johns pointed the finger at rural residents, who were portrayed as irredeemably selfish: “villagers — including some of those who are infected — do not seem to care”, reported the region’s Daily Dispatch newspaper. “The chaotic situation in Machibini village, where there is virtually no policing or army boots on the ground, is threatening to realise the health authorities’ worst nightmare about a virus explosion in the province’s rural areas.” The newspaper further reported the concerns of Congress of Traditional Leaders of South Africa (Contralesa) provincial secretary, Mkhanyiseli Dudumayo, who called for government intervention in the area; and the fears of a local funeral director, Nocawe Makiwane, the owner of Mfolozi Funeral Parlour, where two positive Covid-19 cases had been confirmed, who said clients had been making “ridiculous” demands which ignored the lockdown regulations.

In direct response to the concerns raised around the spread of the virus from the funeral in the Port St Johns area, the AmaMpondomise Kingdom under King Zwelozuko Matiwane decided to suspend all gatherings including funerals and night vigils in the villages under its sway.48 Clarifying the decision, AmaMpondomise spokesperson Nkosikathuilele Ranuga said the old tradition of ukulwusheka in which the body was taken straight to the graveyard accompanied by no more than 10 family members, would be reinstated. A full funeral service and rituals could be held at a later stage after the national lockdown had eased. It was also announced that traditional leaders had launched a programme to teach gravediggers about safety measures, advising them to bring their own gloves and tools, while raising concerns over the inadequate provision of masks. Meanwhile, the chairperson of the Eastern Cape House of Traditional Leaders, Nkosi Mwelo Nokonyana, was placed on precautionary suspension after allegedly attending a funeral at which more than 50 people were present.

Reporting on the Port St Johns funeral indicated that there was a dual threat: people, at best, were paying lip service to, and, at worst, flouting, state-imposed rules in relation to holding funerals; and the failure to adhere to important public health measures, such as


social-distancing and wearing masks, was endangering lives. These views have been confirmed by the findings of this HSRC/WSU study which found that in the absence of visible policing, many people tended to ignore prevention measures such as physical distancing and mask-wearing. Many residents of rural areas only wore masks when going to town and not within their own communities. The responses from the ground gathered in this report further indicated that the threat posed by the spread of Covid-19 and the official steps taken to combat the pandemic became conflated in people’s minds. So, for example, the easing of the lockdown to level 4 on May 1 2020 and the lifting of restrictions on the sale of alcohol on June 1 were widely interpreted as cues to resume an active social life, as if the relaxation of the official measures indicated a reduction in the health threat. The popularity of this view indicated a broad failure to internalise the health imperatives underpinning the restrictions, which may, in part, be attributed to an official failure to consult with the population and produce a regime of safety measures that met the needs and demands of their material, social and cultural conditions – in other words, the development of what may be termed a “people’s science”.  

At the political level, the stories of widespread flouting of official lockdown measures at rural funerals stigmatised rural populations, increasing pressure on officials in such areas, including at the provincial level in the Eastern Cape; and raising questions over phenomena that were seen as exacerbating the spread of the virus. The concerns mounted further as inter-provincial human flows that had been blocked under the hard lockdown in March and April suddenly increased during the temporary movement amnesty that was announced as the country dropped from level 5 to level 4. Many people from the cities took advantage of the opportunity to return to their rural homes, in large part because they wanted to be with their families at this dangerous time. The return of the migrants created alarm. The Eastern Cape government feared the arrival of people from the Western Cape, which was at that time the centre for the pandemic in the country and the continent, would bring disease from the city – notwithstanding the reality that these same people regarded the Eastern Cape as home and were only the latest participants in a multi-generational movement of people to and fro, between work and home, and rural and urban areas, which had been taking place for much of the previous century.  

Nevertheless, tensions rose over this movement of people, as well as over bodies returning to their rural homes for burial. It was alleged that corpses travelling from the Western Cape had to wait for days by the side of the road, while those travelling with them were forced to wait for the results of virus tests administered by officials at roadblocks. Meanwhile, the Eastern Cape government indicated that it opposed receiving infected bodies from the Western Cape. Mourning families returning home from Cape Town were allegedly turned back as they approached the provincial border. However, as Dr Thobile Mbengashe, then head of the Eastern Cape’s health department, said: “Communities are very

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51 Bank. 2020. “Public must develop safe death rites”.

distressed at the idea of burials not being fulfilled. Even if you block the road, they’ll still want to come.” At the same time, geo-mapping indicated that the virus was approaching remote areas of the Eastern Cape, such as the former Transkei.

During a visit by President Cyril Ramaphosa to Port Elizabeth on 14 May 2020, the Premier of the Eastern Cape, Oscar Mabuyane, noted that a sharp rise in Covid-19 cases in his province was closely related to the movement of people between the Western Cape and Eastern Cape. He said that as winter arrived in the Western Cape and conditions in Cape Town’s townships and informal settlements worsened more people would follow. He said that he did not want to blame anyone for these migration flows but stressed that they needed to be discussed rather than ignored. Meanwhile, contestation over the ways in which funerals and burial were being held mounted. On 25 May 2020, more than two months after the state of disaster was announced, the national Department of Health issued detailed amended regulations on the handling of human remains at hospitals, mortuaries, funeral parlours and burials.

These provided basic advice about wearing PPE at all times and washing all kit, utensils, surfaces etc. regularly when handling Covid-19 bodies. They further prescribed the use of body bags for transport. They instructed undertakers to place corpses for burial in a polythene bag, inside an airtight container, inside a non-transparent sealed coffin, which no one was allowed to open. Funeral directors were instructed to deliver the remains on the morning of the burial and ensure that they were not touched. Burials should be as short as possible and no longer than two hours in duration, the regulations advised. Only close family should attend if the cause of death was Covid-19. However, the rules did also allow the undertakers to open the body bag at the mortuary for viewing, but not touching, by one family member at a time. Family members were also permitted to wash the body – although this was not recommended – and could dress the body.

In general, the government’s rules were stricter than the World Health Organisation guidelines, as communicated by the National Institute for Communicable Diseases (NICD) and published by the Department of Health, upon which they were based. The founding WHO guidelines stressed that “The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.” They noted that “To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19”, adding that body bags were not necessary. They advised: “Family and friends may view the body after it has been prepared for burial, in accordance with customs.”

As part of this study, preliminary scoping and observational research in the field across 10 villages in the former Transkei revealed considerable disruption, anxiety and misunderstanding around funeral practices as a result of the special regulations and protocols introduced under the Disaster Management Act. The main issues that were raised are similar to those which became evident in relation to Ebola outbreaks in West Africa, where state regulations prevented and restricted interaction with the corpse after death. The issues related to the rules on the duration of funerals and physical distancing and attendance at these events. Case studies collected on funerals held in May and June 2020 in various parts of the former Transkei further revealed that access to viewing and interaction with the corpse was a major source of anxiety.

A number of incidents, which were reported in the media, highlighted the kinds of trauma that came to be observed in the Eastern Cape as a result of disruption to the usual traditional practices for handling human remains and conducting funerals and burials. In July 2020, multiple cases of mistaken identity, in which the wrong bodies were sent to families for burial were reported.


Frere Hospital in East London and Uitenhage Provincial Hospital each misidentified people who had died of Covid-19, and national funeral directors Avbob mixed up two corpses at one of its parlours. Family members were refused access to view the bodies. In at least four cases in Cofimvaba; Nxotegwe village near Qumbu; Zimbane Valley, Mthatha; and Uitenhage, complete strangers were buried. The story of the Cofimvaba mix-up spread across the province and was widely cited by respondents in this study. A widespread fear that was expressed was that families would be haunted by the spirits of their loved ones if they buried the wrong corpse.

Families also feared the wrath of their new ancestors for failing to bury them with appropriate rites: viewing, washing and dressing the body to show respect; and ensuring that appropriate public tribute was paid to the deceased and that their passage to the beyond was not a lonely one. When national television cameras captured the coffin of Queen Noloyiso Sandile arriving at Mngq Brens Great Place near King William’s Town on 11 July, there was an outpouring of public sympathy for mourners who were recorded crying and asking for forgiveness for not being able to respect the AmaRharhabe royal in death as they should. Recognising the challenge posed by the new rules and the ways they were being enforced, as well as the mounting widespread defiance of them, some traditional rulers called for the practice of so-called “secret” burials to be reintroduced. Others castigated the authorities for seeking to impose entirely inappropriate rules which deprived people of their cultural rights, complaining that the measures had been designed by the government for black urban residents and not for traditional, rural life.

In this regard, significant trauma, which sometimes led to the rules being broken, was expressed among family members unable to mourn as they would usually. This study found that funeral parlours – and the death industry more broadly – were seen as insensitive to the traditional dynamics of burials. In particular, anger and sadness were expressed about the plastic bagging of remains, with one respondent noting that the “skin should meet the soil”.

People also missed talking to the deceased and saying the words that used to be said. One respondent said that people had taken the risk of opening a coffin to talk to the deceased because no cows had been slaughtered, as would usually happen, to honour them and ease their passage into the next world.

More broadly, officialdom was experienced as uncaring and as an impediment by those seeking to bury family members with due respect to their customs. A health official who allegedly sought to ensure compliance at a funeral in KuNdonga in the Cacadu district was reportedly attacked by angry family members. Elsewhere, arguments broke out over stated causes of death and the right to hold the body. At the beginning of July 2020, it was reported that the Premier of the Eastern Cape, Oscar Mabuyane, had announced that every person who died in the province would be tested for Covid-19 before their bodies were released to their families and that only family members could attend


58 BBC. “How ‘secret burials’ in South Africa could help tackle Covid-19”.

59 Estelle Ellis. “Funerals become flashpoints as families fight restrictive regulations”.
funerals.° The action came as funeral directors, who estimated that deaths stood at three times the level of those being announced officially, expressed frustration at the failure of Home Affairs offices to provide death certificates, which are required to source insurance payouts in a timely fashion. The delay in issuing the paperwork was, in part, attributed to local Home Affairs offices being shuttered. In its defence, the provincial Department of Home Affairs (DHA) said that offices had been closed due to Covid-19 cases among staff. “The inability of anyone to reach out to these offices, and the protracted delays opening offices, may be construed as failures of Home Affairs – but they are not,” said the provincial manager for the Eastern Cape, Gcinile Mabulu.°°

On 5 August 2020, the national Minister of Health, Dr Zweli Mkhize, announced that “as part of improving the records of Covid-19 related deaths in response to reports on excess deaths, we now require that all the sudden deaths and those that occur at home must have specimens taken for Covid-19 before a death certificate is issued”.°°° The impacts of the new rule on the issuance of death certificates in remote rural communities was left open to question.

The responses to this study confirmed the existence of a significant gap between the ways in which officials perceive their duties, including the rationale behind their actions and the impact of their efforts, and how these are viewed by the public, in particular at family burials. The research found, for example, that the community custodians of death, such as local priests – at least five of whom reportedly died while the research was being conducted – and gravediggers, who were risking their lives at the sharp end of local funeral practices, appeared to show significant commitment to their work. By contrast, concerns were expressed about the level of apparent stress among frontline staff on the government payroll, including overwhelmed nurses, who reportedly turned on each other.°°°° A certain cynicism about not only the appropriateness, but the integrity, of the kinds of responses being produced by the national government and their proxies at the local level mounted. In part this may be attributed to the imposed and politicised, rather than organic, socio-cultural nature of the measures that were being adopted to contain the spread of Covid-19 at funerals and during bereavement. In this regard, some community members even expressed their sense of alienation at the attention garnered by, and accorded to, the high-profile deaths of those in the political elite, such as Nelson Mandela’s daughter, Zindziswa, in contrast with the relative loneliness of the deaths of the rural poor and the meagre commemoration permitted them – a point that appeared not to have been lost on some of those in power.°°°°°

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62 Ibid


2.3 Ways of Dying
FUNERAL PRACTICES & HOME BURIALS

In his 1995 novel, *Ways of Dying*, Zakes Mda tells the story of transition in South Africa through the life of Toloki, a young man who grows up in the countryside but ends up in the urban underclass in an unnamed South African city. He struggles to find employment and thus becomes a professional mourner, moving from funeral to funeral, sustaining himself and socialising at these events, while offering comfort to those who live in a world of violence and premature death. In his travels around the city, Toloki meets Noria, a woman from his home village with a special way of seeing the world and an infectious optimism about the future.

The story then shifts between romantic recollections of their rural pasts and the troubled city, fusing the one situation and experience into the other. The novel powerfully confirms the trans-locality of popular consciousness and morality among the migrant classes. It powerfully reveals how important the rural remains as a compass for the urban. This theme is developed further in Mda’s next novel set in the post-apartheid era, the Heart of Redness, which tells the story of how an urban teacher on the cusp of taking a scholarship to the United States finds his soul in the countryside of the former Transkei. In *Ways of Dying*, Toloki tells Noria at one point: “Death lives with us every day. Our ways of dying are our ways of living. Or should I say, our ways of living are our ways of dying?” Noria replies: “It works both ways.”

Mda’s focus on dying and funerals in 1995 was sadly prophetic. In the decade following the publication of this work, hundreds of thousands of South Africans experienced death, not at the hands of apartheid hit squads or security police, but through the rapid spread of the HIV/AIDS pandemic as the country’s leaders refused to accept the need for anti-retroviral drugs. The disease ravaged the cities and the countryside, and was especially devastating among the youth, as a whole generation became mourners spending every other weekend at a funeral. After 2010, when AIDS denialism came to an end and as better drugs became readily available and public education programmes made an impact, the rates of death declined. Nevertheless, it is fair to say that black South African households in urban and rural communities have been living with death every day since the end of apartheid, and have constantly reflected on ways of dying and burying the dead.

![Fig. 15. SARS-Cov-2 related mortality per 100,000 pop by district, as on 04 Nov. 2020](image)

The shuttling of bodies and mourning between town and countryside during the HIV/AIDS era has been well-documented. Family members who grew too sick to cope in the cities made their way home in order to die. This placed a considerable burden on rural kin, especially the aged who were forced to bear responsibility for financial support and home-based care. Others never made it home, and died in the city, where they were sometimes also buried. Most often, every effort was made by the family to ensure that the bodies were transported home for burial. The HIV/AIDS era was also a time when the funeral industry boomed in townships. During apartheid, the white state and funeral houses had tried to manage the death industry in the city to ensure that black bodies travelled to registered city cemeteries and hygienic burial practices were adopted. After apartheid, black-owned funeral parlour owners came to dominate the sector and were the second most successful township entrepreneurs, after taxi owners. In fact, in many cases they were one and the same people. Rebekah Lee (2011) provides a case of one funeral parlour owner in Cape Town, who, together with his wife, also ran a taxi fleet and a tavern.67

The commodification and commercialisation of funeral products and services grew considerably during this period as funeral parlour directors offered a range of different services and products, especially to middle-class clients. These covered the quality of the casket, and the embalming and transit of the body, as well as additional services. At the rural end, the funeral was still managed and run by the members of the homestead, with support from external service providers.

The cost of funerals increased enormously during this time. According to one recent article in the media, the average cost of a funeral prior to Covid-19 was upwards of R50,000.68 The article further reported that funeral parlours were now indicating that families spending on funerals had been slashed under the new lockdown restrictions.

2.4 Traditional & CONTEMPORARY BURIAL RITES IN THE EASTERN CAPE

In many parts of Africa, it was traditionally assumed that dead bodies were polluted and potentially highly dangerous to the living if they were not managed properly through ritual treatment and disposed of quickly. The anthropologist Monica Hunter notes that, among the Mpondo in the Eastern Cape in the 1920s, family members would start to wail as soon as a death had taken place in the umzi. The family would carry the body outside the door of the hut and wrap the dead body in a blanket (or formerly in skins). She notes that every effort would then be made to bury the dead as quickly as possible because the “corpse is regarded as contaminating and dangerous”.69 The Mpondo people used to bury the dead in a crouched position, but, from the 1920s, most of those who died were buried in coffins lying down. Some of the possessions of the deceased were also buried with the coffin, such as beads, spear heads, blanket pins or knives. They were buried with the body because the deceased were expected to carry on their lives as ancestors (amathongo) in the next world, where these objects might be needed. Maize, pumpkin seeds and husks were also sometimes added to the mix of dirt and thorns used to fill the grave. The thorns were included to protect the body from the work of witches, which could torment the spirit and bring bad luck to the family.70

When the male head of the umzi died, it was the responsibility of the eldest son to bury his father. If the son was not available, then the next most senior male kin took over the duty. Hunter suggests that a

67 Lee, Death on the Move.
69 Hunter. Reaction to Conquest, p.227. Reaction to Conquest, p.227
small group of male kin engaged with the body and spoke to the deceased as the corpse was taken from the hut to the burial site next to the kraal. All immediate family members were normally buried between the kraal and the main house, with the most senior men close to the kraal. Those who had been disloyal to the family, or were associated with witchcraft, or had died violently were buried on the far side of the kraal facing away from the umzi. Pregnant women or women suckling babies would not be allowed near the corpse; and it appears that women in general were kept away from the body. After the burial everyone in the umzi would go to the river to wash before returning to the homestead where a beast would be slaughtered. The grave-diggers and others who had been close to the body would take the added precaution of washing their hands in the liquid from the gall bladder of the beast. The slaughtered animal would then be prepared for eating, at which point the neighbours would partake of the meat of this “beast of washing” (nkomo yokuhlambo).

During the period of the burial, the immediate family did not leave the homestead. Milk was spilt on the ground to ward off danger and no man slept with his wife. The men and children also often shaved their heads. After three or four days, beer was made, or a goat killed to “wash the mouth”. Only those who had washed, including with special medicines, were safe to interact socially with non-family members. The ritual process steered the members of the immediate family away from the threat of pollution and danger presented at death into a phase of mourning.

Before the process of mourning began the blankets and clothes of the deceased were burnt. The widow had to ensure that all traces of the husband were erased from the homestead before engaging in a prolonged period of mourning. Within six months to three years of the death, a second beast was slaughtered to help the deceased take their place among the ancestors and to make it easy for them to return to the homestead. This was not the beast of “washing” to ward off danger, but one of social integration and stabilisation.

The ceremony brought together family, neighbours and extended kin. Hunter concludes her commentary on burial rites:

The Pondo have a great distaste for speaking of anything connected to death. The name of a person who has recently died is never mentioned in conversation. Children are warned not to mention people that have died and that it is ill-mannered to introduce the subject of death into any conversation. ... Pondo Christians tell me that the pagan fear of the corpse, and distaste for speaking of death, is not so great as formerly, their attitudes have been modified by the attitudes of Christians.

Traditional Xhosa and Pondo customs differed in some respects – for example, around the issue of male initiation – but this was not the case with their approach to death and burials. In the Transkei, colonial conquest came in the latter half of the 19th century and generally involved co-option rather than conquest. This period was thus characterised by relative stability. There was not the same level of social fracture, dislocation and relocation associated with the formation of communities in the Ciskei territories, which had been forged out of war. In the context of residential stability, location boundaries and territorial identities were entrenched under colonialism and apartheid. Even after apartheid, many regions such as KwaZulu-Natal and other homelands were gripped in factional, regional and political violence, which moved people around and displaced families.

This was not the case in the former Transkei, where local communities under the tribal authorities remained relatively stable, despite increasing rates of out-migration to the cities. This is in part why the former Transkei is associated with the persistence of migrant labour after apartheid.

Findings from this study in 10 different municipalities across the region revealed significant variations in the way funerals were being conducted in the villages of the former Transkei prior to the Covid-19 outbreak, depending on the particular local cultural

72 Ibid, p.231
73 Bank, Posel and Wilson (Eds.) Migrant Labour after Apartheid..
beliefs, family traditions and religious affiliations. There are also significant differences between urban and rural areas. In urban areas, people are generally buried in cemeteries and much of the commemoration takes place in church. In the villages, all the rituals related to funeral practices, including the burial, happen at the homestead of the bereaved family. The first consideration is for the body to be bought home, physically and spiritually. For those who die in urban areas, a process of “fetching the spirit” (ukulandwa komoya) occurs before the deceased is transported back to the Eastern Cape. Relatives in the city ensure that the body is first taken from the hospital, or morgue, back to the urban place of residence to make peace with those who are living there, before embarking on the longer journey.

At home in the rural village, news of the death is made public and shared with the headman, who will help the family choose an appropriate funeral date. It is considered undesirable to have more than one burial per day. Rural funerals are generally large affairs, which attract crowds of several hundred people, including kin, neighbours and urban visitors. In the week before the funeral weekend, young women from the village help the family prepare the homestead and the food for the guests while young men help dig the grave. After the body arrives from the city or is fetched (ukulanda umzimba) from the local mortuary, the body is then washed and the ritual, ukukhuluwwa kwezikhwenkwane, is performed while the elders and family members deliver messages to the deceased to prepare them for safe passage to the afterlife. The body is dressed in “new clothes” (ukunxibisa) in preparation for display during the funeral rites. This often takes place at the local mortuary, where the body is dressed by selected family members. If the person is a church member, they will be dressed in their church uniform.

The night before the funeral, the body will be placed in the main house where members of the immediate family and close friends communicate with the deceased and prepare the spirit for its passage, also recalling their life and achievements in private. Religious leaders may join the vigil. The funeral starts early the next morning as the body is moved to a tent in the yard where a larger gathering assembles. The coffin is normally closed to avoid exposing the deceased to a wider public, some of whom might harbour feelings of jealousy and envy, wanting to bewitch the body. This is why trusted close friends and family share their last thoughts and respects in the house, before the wider public arrive. A funeral programme might include as many as a dozen speakers; including family, friends, neighbours,
colleagues, religious leaders and a speaker from the house of traditional leaders who is required to affirm that the deceased caused no ill or harm to the community while alive. This part may last several hours, before the religious leaders walk with the coffin to the grave site as they speak of life after death. As the body is lowered into the grave, handfuls of soil are tossed into the grave, a practice known as ukuthela umhlaba, to symbolise the passage from dust to dust. In Xhosa culture, funerals are not discrete events. They are parts of a longer process of mourning and seek to ensure the safe, meaningful passage of the deceased into the afterlife to join the ancestors who continue to guide and protect the living. The failure to deliver the dead into the realm of the ancestors in a peaceful, respectful manner can come at great subsequent cost to the living, causing misfortune and spiritual harm. In such cases, the family will need to invest in expensive rituals to appease the deceased.

2.5 Moving Dead
BODIES BETWEEN TOWN & COUNTRY

Given the region’s history, it is perhaps not surprising that migrants from the former Transkei have been particularly reluctant to embrace urban permanence and are known for their tendency to want to maintain their rural homesteads, while working in the city. Social and cultural continuity at the community level has ensured that the former Transkei remains the heartland and home to many who urbanise for work because this is where they hope to retire and ultimately be laid to rest alongside their ancestors.

One of the biggest changes brought about by Christianity in Africa was to encourage African communities to turn away from home-based burial rituals and bury their dead in cemeteries. The colonial state declared home burials unhygienic, primitive and un-Christian. In the Ciskei, where mission churches had a much stronger influence on communities than in the Transkei, cemeteries were constructed at mission stations and in small towns. In the former Transkei, home burial remained the norm outside the small towns. The practice was retained in tribal areas under apartheid when the national government deliberately re-entrenched tradition, as it did not want to modernise these areas. Over the course of the 20th century, various mainstream and especially independent and syncretic churches penetrated the Transkei countryside. This did not displace home-based burials but changed burial rituals to ensure that religious leaders from Christian churches could participate in the process by supporting the family and blessing the body.

In her work on funerals and death rites in Cape Town in the 2000s, Rebekah Lee discovered that the historic need for many Xhosa bodies to be returned to the Eastern Cape for burial had resulted in several developments. One of these was the creation of robust burial societies, which were capable of raising the funds required quickly for hosting the funeral and ensuring that the costs of transit were covered. It is interesting that, while men tended to officiate in matters concerned with the death itself, women played an active role in organising and maintaining the solidarity of burial societies, as well as other lending groups in the city. In addition to the establishment of such societies, the imperative of home burial meant that dead bodies of migrants had to be preserved long enough for funeral arrangements to be made in the countryside and to allow the corpse to be transported home. This process could seldom be completed within two weeks, which meant that the body had to be kept on ice at the mortuary until the last minute before transit, and/or be embalmed.

Rebekah Lee (2011) found numerous specialists in Cape Town, including doctors or nurses, who were able to remove fluids from the bloodstream and replace them with embalming liquid so that the corpse would not deteriorate. These procedures are expensive and add to the cost of the funeral. Before new technologies such as freezing and embalming were readily available, some migrants would initially bury the body in Cape Town, before subsequently exhuming and transporting it to the Eastern Cape. The belated transit of skeletal remains was not seen as ideal because it was believed that parts of “the whole person” would be lost in the process, which
could compromise the spiritual transition to the world of the ancestors.

Erik Bähre (2007) found that although burial societies were important voluntary savings groups in Cape Town townships during the 2000s, the escalating cost of burials and funerals was a source of considerable tension in families.74 Not everyone was able or inclined to contribute at the same level and this created division, especially since funerals tended to represent the status of the family. He writes of the existence of “reluctant solidarities” in these matters, arguing that the common assumption in the literature that everyone pulls together around death was not always supported by the evidence.75

There is less social capital here than one imagines, he notes. Bähre’s work confirms that one of the biggest challenges in the Cape Town context was the escalating cost of moving bodies and mourners between the city and their Eastern Cape homesteads, which were increasingly out of the reach for the urban poor.76 This meant that all sorts of delays and compromises needed to be agreed to ensure that dignified burials would still be possible. Indeed, after the recession of 2008, when fewer and fewer people moved home regularly and unemployment locked people down in towns and cities, an increasing number of burials were conducted in urban areas.

The practice of returning dead bodies to the rural areas has a long history in southern Africa. Burial societies were first established by men on the mines to ensure that dead miners were not exposed to the indignity of a mine burial.

In the first half of the 20th century, these societies spread across townships and were viewed as major local social institutions in the locations by the time of the Second World War. Not all bodies were returned home from the cities. Many urban communities and congregations had their own burial sites and cemeteries in the city, where urbanised families buried their dead. For example, in the location of East Bank in East London, some families buried the dead under the floorboards of their houses or in the local cemetery. After the forced removals of the 1960s, black residents complained that the apartheid state had established part of the Braelyn Indian township on the graves of their forefathers.

"The practice of returning dead bodies to the rural areas has a long history in southern Africa. Burial societies were first established by men on the mines to ensure that dead miners were not exposed to the indignity of a mine burial."

A similar accusation was made by the former residents of the West Bank location in East London, who were also moved under apartheid. They stated that part of the modern-day Mercedes-Benz factory in the city had been sited on the location’s cemetery. Apartheid removals, it would seem, were designed to uproot and unsettle urban African communities both physically and spiritually. To make matters worse, it was not possible under apartheid for the urban dead to be managed by African funeral parlours and entrepreneurs because the state only permitted white funeral businesses to work in the townships. The combination of these factors encouraged families, as the state intended, to re-kindle their links to the countryside, and restored the popularity of rural burials, even among those families who had previously “felt at home in the city”.77 The point to take away from this discussion is that the “tradition” of rural home burials was not just a product of African agency and resistance; it was also a desired outcome of apartheid policies.

As technological developments made preservation of the body easier and as social and financial mechanisms were established to facilitate mobilisation of resources for funerals and to cover

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75 Ibid.
76 Ibid.
transport costs, urban deaths which led to rural burials became increasingly taxing for the poor on both sides of the urban-rural divide, especially in the time of HIV/AIDS. After the HIV/AIDS pandemic spread, many returned home to die, which meant that mourners from the city were also required to travel back to the rural areas for the funeral. In the townships, the business of funerals came to dominate everyday life. It was as if someone in the extended family was dying or travelling to a funeral almost every week. Death was a major preoccupation, as Zakes Mda noted in penning his novel, Ways of Dying, and inventing a character who could survive in the city going from one ceremony to another as a “professional mourner”.78 However, in the time of HIV/AIDS, black South Africans became professional mourners on a much wider scale than Mda ever imagined. The other aspect of dying to which he paid less attention in his novel, but which increasingly came to characterise the urban-rural connection, was the commodification of funerals in the post-apartheid period. As rituals of prestige they also became an expression of competitive consumption.

Funerals are opportunities for families to open up their homes to a broader public, comprised of friends, colleagues and kin, allowing them to look inside. They are consequently important moments of display, at which the family can collectively represent its identity and material status to the larger community. In the former Transkei, the process of rebuilding the rural home as a modern compound has been a popular pursuit for families since the introduction of democracy. Post-apartheid identity formation has reconstructed the rural home as an expression of new, emerging rurally based African modernities, embedded in an indigenous context rather than in the city. Driving through the former Transkei today affirms the extent of the transformation in the rural built environment away from modest homestead sites with huts to suburban-style homes. In this context, the modernised infrastructures are not included at the expense of the transitional homestead complex, but rather added as new investments. The process of allowing others to see just how far the family has “progressed” since democracy is expressed in the material architecture of the home.

To supplement this process of competitive home-building there has also been the tendency for upwardly mobile urban and rural families to hold ostentatious funerals, at which the guests talk about the improvements to the house and the amounts of money spent on the casket and the event itself. In a recent article, Fred Hendricks at Rhodes University welcomed the state-enforced Covid-19 restrictions imposed on funerals which limited attendees to 50 people and cut the time allowed to complete these events. He celebrates reports that these restrictions reduced the average cost of funerals in the rural areas by tens of thousands of rand as the competitive consumerism associated with death was dealt a serious blow. Hendricks expresses the hope that the restrictions on funeral and the consequent welcome reduction of costs would result in a “lighter touch” going forward.

2.6 Death without Dignity

FUNERAL PRACTICES WITHIN THE TRANSKEI IN THE TIME OF COVID-19

Preliminary scoping and observational research in the field across 10 villages in the former Transkei revealed that there was considerable disruption, anxiety and misunderstanding around funeral practices as a result of the special regulations and protocols introduced under the Disaster Management Act in April and May 2020. The main issues were similar to those raised in relation to Ebola outbreaks in West Africa, where state regulations prevented and restricted interaction with the corpse after death. Other critical issues also arose in relation to the prohibition of alcohol under level 5 lockdown restrictions, as well as in relation to the rules on the duration of funerals, and physical distancing and attendance at these events.

Case studies collected on funerals held in May and June 2020 in various parts of the former Transkei revealed that access to viewing and interaction with

78 Mda. Ways of Dying.
the corpse was a major source of anxiety. The regulations stipulate that the bodies of those who have died from Covid-19 should not be accessible at funerals; especially not inside the house, and should, ideally, be wrapped and buried in plastic, even if they are then placed in coffins.

In the Centane district, in a case in which a body had arrived back from Cape Town, the local authorities and police would not allow the body to enter the main house or the funeral tent erected in the yard. They insisted that the body should remain outdoors so as not to contravene the regulations and that it be put in the ground as soon as possible. This caused great consternation for the family and relatives, who proclaimed that the deceased could not pass on to the next world under such conditions. In Kwa-Nikhwe village in Bizana, in the case of a large funeral which was held in June 2020, the body arrived in the morning on the day of the funeral rather than the day before. While the funeral service and rituals took place in the tent (without the body present), the funeral parlour took the body straight to the grave, where it was buried before the funeral guests could bid their final farewells. The incident caused considerable anger and anxiety. The attendees said that the funeral parlour had had no right to treat the body the way they had. For its part, the funeral parlour said it would have lost its licence if it had broken the law. A similar incident occurred at Maya Location in Qamata, Chris Hani district. The passengers of two Quantum taxis which had come from Cape Town arrived at the funeral hoping to see the body but were told that the funeral parlour had taken the body straight to the gravesite for burial.

In the early phases of the Covid-19 lockdown, when alcohol was prohibited, local police raided a number of funerals to overturn drums of *mqomboti* (traditional beer) which had been brewed for the guests. The sharing of beer and food at these ceremonies is critical to the communal ethos of *ubuntu* at funerals. Traditionally brewed beer is also needed to reward the gravediggers, whose spades and picks are symbolically washed in it.

The other major issue that emerged from the preliminary fieldwork was the attempts which had been made by authorities to shorten funerals to just a few hours to ensure that people did not linger. In June 2020, at a funeral at Bhongweni village in Tsolo, uMhlontlo municipality, the body arrived from

Johannesburg at the home at 4am. The family took the body inside the house in the dark and welcomed neighbours to view the body there. The next day, 50 people attended the funeral as stipulated under the Covid-19 restrictions. The family was not prepared to compromise the right of neighbours and relatives to view the body, but they became fearful of prosecution and shortened the funeral to under two hours. The mother said that only two people spoke at funeral and that she had cut it short because she feared that she would go to jail if they broke the law. She said that she now regretted the way she had acted because the funeral still felt incomplete to her.

In one final case from Cofimvaba, it was noted that the deceased had stipulated that the family should slaughter a cow and eight sheep when he died, which was far too much food for 50 guests. However, since his family did not want to upset him after death, they slaughtered the animals as requested because they did not want to bring the family bad luck by disobeying the deceased patriarch.
3. Improvising at the Margins

PUBLIC HEALTH, INSTITUTIONAL SHUTDOWNS & LOCAL KNOWLEDGE

3.1 The Crackdown

After lockdown was declared in South Africa in March 2020, an early priority for the government in the Eastern Cape was to crack down on customary practices in rural areas, especially the former Ciskei and Transkei. The Eastern Cape House of Traditional Leaders came out in support of the government’s declaration of a state of disaster and supported the ban on customary practices and the new restrictions on funerals (see section 2 above). At the end of March, Eastern Cape House of Traditional Leaders chairperson, Nkosi Mwelo Nonkonyana, urged traditional leaders and their rural subjects to take Covid-19 seriously as he stressed the potential danger and devastation that the coronavirus could cause in rural communities, especially to the elderly and the sick, if people failed to comply with the rules. At this time, the Contralesa provincial secretary, Nkosi Mkhanyiseli Dudumayo, stated that he was also concerned that, while there was general observance of the lockdown rules in urban areas, this was not the case in the rural areas, where people were going about their lives as a normal. The message seemed to be that defiant rural communities were unprepared to follow government rules. With the support of traditional leaders, regional government, through the police force, embarked on a concerted effort during late March and early April 2020 to crack down on rural communities and families who appeared to ignore the state’s lockdown regulations.

The targets of police action were customary gatherings and initiation schools. Reports in the media indicated that initiation schools were closed down in Nxrhuni village near East London and King William’s Town. In Libode and Ngqeleni, east of Mthatha, initiates were recalled from the bush for disobeying the rules. Police also intervened at funerals and other traditional gatherings in and around Mthatha, Dutywa, Butterworth and Ngcobo.79 Nkosi Dudumayo called on government, business, traditional, civic and religious leaders to work together to enforce the national protocols. AmaXhosa royal spokesperson, Nkosi Xhanti Sigcawu, said that traditional leaders were addressing the need for greater compliance by establishing Covid-19 committees in four spheres of traditional leadership.

The clampdown on customary practices in rural areas was not well-received well in the Eastern Cape, especially since families had already paid the initiation lodges and saw no reason why the police...
should disturb customary rituals which had been planned months ahead (before the Covid-19 rules were forged and implemented). In April 2020, there was a general feeling in the rural areas that the government had overstepped the mark. This set the tone for the response of rural communities to the state’s efforts in the months that followed. They used the metaphor of “closing the gate” (ukuvala isango) or shutting them out, to describe the state’s response. They said that in times of crisis it was always necessary for the government and the leadership to open the gate to discussion and understanding, but this had not been how the Eastern Cape government had approached the Covid-19 crisis and lockdown.

Notwithstanding the heavy-handed actions of the police against allegedly recalcitrant rural communities in the early weeks of the Covid-19 crisis, the state’s intervention in rural areas in response to the pandemic was broadly characterised by systematic neglect and a series of unexplained, if unintended, absences. This section seeks to account for the nature and form of this neglect by focusing on the collapse of the provincial public health system, as well as other government institutions, and the knock-on effects of this for already isolated rural communities.

This section takes its cue from the work of Julie Livingston in Botswana, in which she describes how people must improvise when the official biomedical health system is unable to address their needs. In her book, Improvising Medicine: An African Oncology Ward in an Emerging Cancer Pandemic (2012), Livingston places the emphasis on the ways in which hospital patients navigate between traditional and modern biomedical systems in order to address their everyday needs and medical requirements.80 She suggests that health care in this context is a relationship among people concerning illness rather than a relationship between the bio-medical system and the patient.81

By de-individualising the experience of medical care, the health system can be seen as embedded in a wider range of local relationships which cannot be captured inside the hospital or on a clinical chart, but extend within and through entire communities. Medicine is consequently about sets of social relationships, knowledge systems and “rights-in-people”. In this context, this section explores the fear which lay behind the widespread failure of the state-run health service in the Eastern Cape under Covid-19. It also stresses the agency and resilience of rural households and communities as they employed local knowledge to address their health challenges at this time.

3.2 Colonial Hospitals

VIRTUOUS NURSES & RURAL HEALTHCARE

In her 2014 book, Biomedicine in an Unstable Place, Alice Street argues that public hospitals have long served as sites for imagining the state and, beyond that, modernity too.82 The collapse of the hospitals of a city, region or state, she argues, is always seen as a critical indicator of the developmental capacity and resilience of the place. She argues that in Indonesia, and especially in the country’s more remote rural areas, the designation of regions as “unstable”, “uncertain” and “under-developed” is often simply “read” off the conditions at the local hospitals, which may be deemed sub-standard, chaotic and disorderly in terms of the dominant western bio-medical ideal of a modern hospital.83

In the 19th century, the rural health care infrastructure in the Eastern Cape seemed to punch above its weight. In the late 19th century, numerous small mission hospitals and clinics were constructed

81 Ibid.
83 Ibid.
in the eastern half of the region as the frontier was consolidated there as part of the civilising mission of European Christianity and British colonialism. Rural hospitals stressed better care for rural Africans and also sought to modernise rural hygiene, containing disease and reforming local belief systems at the same time. The missionary influence in the Eastern Cape ensured that outstanding institutions, like Victoria Hospital in Alice and Holy Cross Mission and Hospital in Flagstaff, emerged as regional anchors, setting the tone for rural health care in colonial Africa in the early 20th century. The Victoria Hospital in Alice also prioritised the training of professional African nurses, emerging as a sister institution next to the University of Fort Hare. The historian Shula Marks (1994) has written that, by the end of the 19th century, nursing in South Africa was dominated primarily by English women who migrated to the country to fulfil the higher demands of health care brought about by industrial change. With them, they brought the image of the “lady nurse”, which embedded ideas about caring as intrinsically linked with femininity and moral duty: “not only would the sisterhood provide nursing care; their purity and devotion would provide the necessary moral example”.

In the rural African context, nursing services were provided predominantly by religious sisterhoods and were accompanied by a particular ethos modelled on Victorian notions of femininity and Christian duty. Elizabeth Hull (2017) stresses how the idea of “the nurturing female role”, a quintessential aspect of nursing, was reinforced by propaganda from the colonial government which insisted on the God-given duty of all women to provide care, as part of a broader colonial strategy of managing labour resources. In the early 20th century, mission-educated nursing provided one of the few avenues for upward mobility and elite social status for women.

For the colonial government, nurses came to represent a desired transition to western forms of medicine and health care, which were deeply embedded within a broader moral and ideological project of “civilising the natives”. A project that depended on the eradication of “superstitious” and “ignorant” traditional beliefs. Therefore, Marks suggests, the black nurses at this time constituted the ideal colonial subject. They represented “harbingers of progress and healing in black society, a shining light in the midst of its savagery and disease”.

In the Eastern Cape, there was no more prestigious calling for African women in colonial society than nursing. The province was renowned nationally for the high quality of its nursing staff and training institutions, such as Victoria Hospital in Alice and Frere Hospital in East London. Many of the mission-trained nurses from this generation also became the wives of the African educated elites who took leadership roles in the ANC and the liberation movement in South Africa. The social bonds and networks among the nurses played a critical role in forging a common sense of identity and purpose among this generation of leaders. In this sense, the colonial health care system was at the forefront of notions of African modernity and development. The beautifully and professionally turned-out nurses epitomised the image of a new class of African civil servants who would lead the continent to independence and lift the continent’s people to a new state of modernity. But, at the same time, as Shula Marks notes, there was a fundamental contradiction for nurses between the values they were expected to project in their professional life and the position as African women that they were supposed to occupy in a patriarchal, racially divided colonial society.

86 Ibid.
88 Marks. Divided Sisterhood, p.78.
In her work on Holy Cross Hospital, Wylie (2001) shows how official attitudes to Africans’ hunger hardened with the arrival of apartheid, changing from a paternalist “noblesse oblige” to a less sympathetic “they must not be spoiled” stance. The treatment of Africans as units of labour, meant that the definition of hunger was under constant revision as South Africa moved toward apartheid-style “high modernism” underpinned by scientific racism.

In South Africa today, nursing no longer enjoys the same status and prestige as a profession, nor does it offer guarantees of rapid upward social mobility into the middle class. In her book, Contingent Citizens, Elizabeth Hull explores the shift from missionary, faith-based and caring institutions based on Euro-centric and Victorian traditions, which dominated the first half of the 20th century; to the secularisation of nursing and its ethos after the introduction of apartheid and up to the present day. When the apartheid state shut down mission schools in the 1950s and replaced them with state schools and Bantu education, it did not do the same to mission hospitals. There were no trained black doctors to replace the white ones, so a hybrid system emerged in which rural health care was caught between the state and the church. The state continued to use the mission system, but offered no financial support, as had been the case in the past. Consequently, rural hospitals were run in confusing ways, because they remained de facto mission-led institutions, but operated under boards and systems established by the apartheid state and homeland authorities which controlled funding. A process of decentralisation and secularisation accelerated during the 1970s and 1980s, as rural health care was expanded through a network of clinics in the countryside. The focus was on expanding access to basic health care. The movement of nurses out of the hospital environment and its network of clinics increased state control and downgraded the status of nurses who became lower-level state functionaries, rather than high-prestige professionals.

In the context of this change, Hull (2017) notes that many of the older generation nurses she interviewed were nostalgic about the “old days” when African nurses were high-status workers and valued members of the African middle class.

During the post-apartheid period, the state expanded the focus on primary health care provision in rural areas through the Reconstruction and Development Programme (RDP) initiative and the consolidation of basic services at rural clinics. A countrywide drive aimed to expand the infrastructure of rural clinics and better manage rural health with new systems of monitoring and evaluation. In the 1990s, the rural health care system came under severe strain with the outbreak of the HIV/AIDS pandemic. Nurses now felt under-valued and over-worked across the system. Hull (2017) argues that the state simply treated them as units of labour to be managed within a large, unrewarding bureaucratic system. There was also wide recognition among the nurses themselves that standards were dropping and their professionalism was being increasingly compromised by the HIV/AIDS pandemic and massification. They also said that the state had failed to attend to professional training, nursing hierarchies and advancement.

The backlogs in rural health care by the end of the apartheid era, after decades of forced relocations and ethnic national Balkanisation, were compounded after 1994 by systemic failures in rural health care delivery, especially in the Eastern Cape. Poor quality services, departmental corruption and a lack of basic medicines at rural clinics were widely reported and investigated. However, at the same time, it was assumed that progress was being made in the urban health sector in the province, with infrastructural improvements at city hospitals, such as Mthatha General, modernisation at Frere and Cecilia Makiwane hospitals in Buffalo City, and the announcement of the opening of a new medical school in Nelson Mandela Bay in 2021.

90 Wylie. Starving on a Full Stomach, pp.130-45.
91 Ibid.
93 Hull. Contingent Citizens; also see Jeske. “People Refusing to be Wealth”.
94 Ibid.
Dr Black, at Livingstone, also spoke pointedly about a chronic lack of PPE and great staff shortages at Livingstone itself, which made instituting and managing quarantine difficult. As Mkhize left the province, he said that 10 epidemiologists would be recruited to help the provincial government manage the pandemic. He said: I believe that the team that has now come from the national office is going to give us a coherent strategy on how to manage the infections, the outbreak from district to district, and I believe we have been able to make an adequate intervention to unlock movement going forward and containment in this area (namely, the Eastern Cape) ... [This support] reinforces the teams that are going out to do community screening and testing, so there will be additional vans to improve capacity. This means that the number of people who are positive may show an increase.96

Two months later, Livingstone Hospital was completely overwhelmed and had lost functionality as patients filled the passages and slept on the floor. Medical waste piled up in the yard and rats were seen scuttling around the corridors. The images of the hospital in crisis were beamed across the globe by the BBC and Sky News in a series of special reports on the Covid-19 crisis in South Africa. The unwashed corridors and blood-stained wards without staff revealed the extreme conditions prevalent in the Eastern Cape, the weakest link in a national health care system that was buckling under severe strain.97

Livingstone Hospital came to represent the state of province and the country. Dr Black now reported that the institution was down to 30% of its staff complement, and that there was a huge amount of fear, as well as emotional and mental fatigue at the facility. Services are “starting to crumble under the strain”, he said, because “Covid-19 has opened up the cracks in the system – it has created a lot of conflict”. Dr Black went on to claim that it was like a “war situation” with blood and waste on the floor; a lack of PPE and oxygen; ambulance shortages; no ventilation; and patients sleeping under newspaper.

96 Ibid.
At nearby Dora Nginza Hospital, which had a large maternity ward, the BBC’s Andrew Harding reported that a large number of mothers and babies were dying. He quotes nurses saying that there were several mother and infant deaths every week, which had been unheard-of before Covid-19. Harding found that public sector unions had shut down hospital after hospital in the province and had refused to budge until their demands were met, leaving patients without care. The public did not support the strike action, he said, but the nurses’ unions and other professional bodies said that they should only return when it was safe. His reporting ended by suggesting that the horror on display at the two hospitals was not a flash-in-the-pan but emblematic of a provincial health system and service which had been in a state of retreat in the Eastern Cape for 10 years. Harding viewed the dirty floors, linen, wards and conditions at the hospitals as indicative of a larger national problem — a sign of the state of the nation — just as Alice Street (2014) would have predicted he might. The failure of Livingstone Hospital and its doctors and nurses to hold their ground in the face of the Covid-19 crisis provided a lasting image for the failure of the province to manage the escalating pandemic, as it recorded more than 2,000 new infections a day by early July 2020. However, the problem with using the hospital alone as an expression of the crisis in the province was that it ignored the wider impact of the lack of deep cleaning, PPE and basic hygiene in all government institutions across the Eastern Cape. It was not only in hospitals that clean, sterile environments were required for work to be done. This was a necessity for all government institutions.

3.4 The Government Closes:
DEEP CLEANING & INSTITUTIONAL SHUTDOWNS

The state’s failure to “deep clean” infected public spaces came to the fore in early May, when Zwide clinic in Port Elizabeth closed down because one nurse had died and 11 others had tested positive for Covid-19. The metro moved to clean the facility but had neither the PPE equipment nor the willing staff to get the job done properly. Only the pharmacy was deep cleaned. In response, the nurses complained to their union, who supported them in their refusal to return to an unsafe work environment. The Zwide clinic crisis proved to be the tip of the iceberg as public sector facilities closed like dominoes across the province as a result of reported infections. By mid-May 2020, more than 10 police stations, mainly in the western part of the province, had been shuttered due to outbreaks and public safety concerns. Meanwhile, Home Affairs offices were also closed in the large metros and urban centres, together with a number of smaller rural hospitals (in places such as Centane and Komga) and clinics.

Members of public sector unions, including the Police and Prisons Civil Rights Union (POPCRU), stood firm by refusing to return to work until their stations had been professionally, systematically cleaned. Improper or partial cleaning was unacceptable. The absence of trained staff, appropriate equipment and professional systems to conduct proper deep cleaning and return buildings to functionality led to many key parts of the health system and the government being shut down. The closures were also partly a consequence of more rigorous testing for the virus among public servants, which revealed a significant number of cases. Notwithstanding the reasons for the shutdowns, public servants were criticised for not being available to assist those in need. People noted that the police were operating roadblocks without masks or protective gear; and yet there seemed to be a general lack of commitment among public servants to re-open clinics, police stations and services to the public.

In the second half of May 2020, it emerged that infections were starting to spike in the rural district municipalities of OR Tambo and Chris Hani. The image below of the national hotspots on 24 May, 2020, illustrates the emergence of Chris Hani, soon to be followed by OR Tambo, as rural flash points for the rapid spread of the pandemic in South Africa. Deep migration tracks in and out of these areas from Gauteng and Durban in the case of OR Tambo; and Cape Town, Port Elizabeth and East London in the case of Chris Hani, making them the first rural hotspots in South Africa and among the most vulnerable areas in the country.

Map of Covid-19 rural hotspots on 24 May 2020 issued by the South African Presidency

At this time, the situation at hospitals in East London and Mthatha received increasing attention in the national media, especially in relation to their periodic closures and the shortages of PPE for the staff there. Nurses claimed that these hospitals were still using the old green gowns, which were unsafe and needed to be replaced with appropriate PPE. Frere Hospital in East London and Mthatha Hospital both closed at a time when more and more people were seeking help.

The front page of the Daily Dispatch newspaper on 23 May reporting the closure of Frere Hospital in East London.
By the end of July, the Eastern Cape had over 75,000 confirmed cases of Covid-19; more than 1,500 official Covid-19 deaths (and perhaps at least three times that amount unofficially); and 58,000 recoveries.\textsuperscript{100}

To compound matters, 3,500 health workers had tested positive for the virus and 56 had lost their lives. At Livingstone Hospital, one doctor summed it up as follows: “we have 1,200 beds for Covid-19 patients, but only 200 are oxygenated, and there are currently enough staff to serve 30 beds”.\textsuperscript{101} Another doctor stated that it was an impossible situation because: “You can’t administer anything through them [the provincial health department] because it will go missing. It all boils down to the fact that the department is dysfunctional beyond belief and has no money.”\textsuperscript{102}

It was this recognition that led Mkhize to intervene again in mid-July 2020, seeking to create a new “turn-around strategy” with the help of his own adviser, Dr Sibongile Zungu, who was sent to join the Eastern Cape Covid-19 project management team; and with the support of the Eastern Cape Premier, Oscar Mabuyane. The premier supported the strategy with a new commitment of R2.5 billion from the provincial budget. He said that R840 million of this would go towards building field hospitals around the province; another R480 million would go to addressing backlogs in PPE; R173 million would fund the purchase of ventilators; R17 million would be spent on increasing the capacity of nursing staff; and R12 million would fund Cuban doctors brought into local hospitals to fill the gaps.\textsuperscript{103} It was also announced at this time that 75 doctors from the national defence force would be relocated to the province.

\textbf{3.6 Rural Hospital ‘WALK OUTS’ & NURSES’ STRIKES}

Throughout this period, evidence of the poor conditions at rural hospitals increasingly came to the fore, including in the media. In rural Centane, doctors and nurses were so deprived of drugs and PPE that they walked out of the hospital in early June, leaving patients in their beds. They told the media that they would no longer risk their lives day in and day out as a result of the government’s failure to provide PPE and implement the accepted standard operating procedures at their hospital. More than 100 people working at the hospital allegedly downed tools. They said that they would not return until they had access to PPE and the facility was disinfected, noting that one hospital clerk had already died and several others on the staff were now critically ill.

At the Frontier Provincial Hospital in Komani, nurses also went on strike because of the absence of protective gear and their inability to control mental patients, transferred from a nearby psychiatric hospital, who wandered the corridors and refused to follow rules. The action was taken after 56 nurses at the hospital had tested positive for Covid-19. It was supported by the Democratic Nurses Organisation of South Africa (DENOSA), which called for the resignation of the hospital’s chief executive officer for allowing the facility to be overrun by Covid-19. These developments provoked rural nurses in clinics to follow suit and shut facilities until they were cleaned and staff could be tested.\textsuperscript{104}

\textsuperscript{100} Bhongo Jacob and Asanda Nini. 2020. “Buckle up for Covid storm, warns Eastern Cape premier”. 29 July. Daily Dispatch. The estimated death rate of two to three times the official rate was suggested by funeral parlour officials who suggested that many people had died at home and en route to hospital and had thus not been counted in the official figures.

\textsuperscript{101} See Harding. “Coronavirus in South Africa: Inside Port Elizabeth’s ‘hospital of horrors’ “.

\textsuperscript{102} Ibid.

\textsuperscript{103} Jacob and Nini “Buckle up for Covid storm”.

At Komga Hospital, the public complained that families had been left to care for themselves after the nurses there also walked out. It was also reported that the hospital was no longer processing the paperwork required to release the bodies of patients who had died. The family of Anele Mxhosana was among those who petitioned the health department to produce the appropriate paperwork.  

The closure of rural hospitals and clinics created panic and anger in rural areas. This study found that rural villagers were bitterly disappointed at the inability of the formal health system to address their needs. Many said that they had relied on traditional healers and local herbal remedies when they were unable to source help at their local clinics and hospitals.

3.7 Local 'Problems' WITH NURSES & RURAL CLINICS

In reports received from the different districts in the former Transkei, rural families complained about the failure of nurses to be ready or sympathetic, saying they lacked the capacity to provide essential services when rural “people needed them most”. Statements like the following were common: “The nurses here only seem to care for themselves. You will not see them at the clinics. They are hiding away. The clinics are closed because they are scared.” Others stated that the clinics did not seem to have any dedicated information, or strategy to deal with Covid-19, and they just referred people to the urban hospitals, which they could see were failing. Some people said that local people from prominent families were talking about driving their sick to Durban, Cape Town or Johannesburg because of the lack of services available in the province. There is no doubt some truth to the statements that some nurses were not at their stations in rural clinics because of fear and uncertainty about the pandemic, and their perceived vulnerability to infection. However, closer investigation revealed that the criticism of rural nurses and clinic staff generally was somewhat unwarranted. The fact of the matter is that there was considerable confusion throughout April, May, June and July 2020 about the support that the rural health sector would be able to provide.

The rural nurses interviewed as part of this study stated that they had received no training whatsoever on how to deal with Covid-19 cases. They stated that the provincial health department had notified the clinics that training would be provided, but it had never happened, presumably because the provincial department was thrown into crisis with the shock of the pandemic. The nurses said that they had referred patients to urban and some rural hospitals because they did not feel trained to deal with them. It was also reported that the national Department of Health had informed regional structures that specially trained Covid-19 nurses would be deployed to the rural parts of the Eastern Cape to assist with the management of the pandemic. This measure was not well-communicated; and was allegedly interpreted in some areas as a statement that the existing nursing staff would be replaced by new nurses and would lose their jobs because they had not been trained to deal with Covid-19. Perhaps in response to these feared job losses, stories began to circulate that the Covid-19 nurses who had been promised were actually carriers of the virus; and rural people should be careful not to interact with them because they might be infected by them.

"The rural nurses interviewed as part of this study stated that they had received no training whatsoever on how to deal with Covid-19 cases. They stated that the provincial Health Department had notified the clinics that training would be provided, but it never happened."
Meanwhile, a lack of medicines to dispense at rural clinics added to the perception that these institutions were ineffective at this time of need. Many informants said that they had not even attempted to go to their local clinic, first, because they feared it would be a dangerous space for infection; and, second, because they doubted the ability of the clinic to be of much help. The fieldwork revealed there was little resistance to embracing western bio-medical treatments in the rural areas. In fact, the interviewees were keen to access medication and support from the clinics, but they said that nurses and clinics were not in a good position to respond to their needs. When they did make contact, most said that they were simply referred to the city hospitals, which were generally closed.

She also argued that traditional healers could assist in making sure rituals were safe and allowed people to be buried well, so that they “can meet with their ancestors”. She said: “sisono nje uba nina zifundiswa anizihoyi ezizinto kude kube ngumuzzu wokuggibela (it is a shame that educated people are not taking these things [amasiko, the rituals] seriously until the last minute)“.

Other healers said that they had been contacted when families feared that a person had not died of natural causes and suspected evil spirits. Under these conditions they would apply muti (medicine) to the body to ward off evil spirits. However, the healers said that their services had no longer been required once coffins were shut by the funeral parlours and families could no longer see the bodies of the deceased.

In this regard, great anxiety about the state’s attempts to prevent people from touching or viewing the bodies of their deceased kin was widely reported, with several community members saying they would not allow the state to undermine family and cultural traditions. In one interview, this sense of defiance was expressed as follows by the family:

I then asked one of the family members: “kutheni nibona umzimba nangona kungavumelekanga ukwenza lonto? (why did you open the casket and view when government has placed strict restrictions on such rituals?).” He had this to say first, “akulawuli mapolisa aphda” (police have no jurisdictions nor authority over this family); second, “abanye abantu bangcwabe imizimba engeyiyo eyabo ngenxa yalemithetho karhulumente (some families buried wrong unidentified bodies due to lockdown regulations and we could not stand that)”; and third, “besifuna ukumbona okokuggibela sivalelise (we wanted to see her one more time and find closure before the ceremonial send-off).

The traditional healers said that they felt marginalised by the government’s decision to stop customary ceremonies, in which they had a role to play. The main complaint was around the shutting down of initiation schools and lodges (amabhoma) because “during this time, as a sangoma, we would be actively involved in the initiation of young boys“.

3.8 Disgruntled
TRADITIONAL HEALERS

In a context in which the state bio-medical system was unable to respond effectively to the threat of Covid-19, many households turned to traditional remedies and strategies to protect themselves against infection. In the interviews conducted with traditional healers in the former Transkei, it was reported that regional associations of healers had met to discuss the threat that Covid-19 posed and had decided on some local medicines and remedies that might be recommended to those with symptoms. The traditional healers said that they wished that government had involved them in discussions about Covid-19 so that they could respond with the support of the state. One OR Tambo traditional healer stated: “if the government can allow traditional healers to operate legally and assist health official it would be better”. She noted that: “it is not only western ways that can assist during this time”, saying “kudala kwabakho izinto ezinje and okhokho bethu bazilwa izinto ezinje kungakabikho ezinto zakwa health (these illnesses have always been there and we can help officials)".
“This is not possible now because many ceremonies are banned and the business of the traditional healer as custodian of cultural practices is affected.” Another healer said: “I couldn’t even call intlombe (the graduation ceremony when one becomes a traditional healer) but the person who initiated me was here, and we slaughtered a chicken. Other things will follow when the country goes back to normal.” However, while the involvement of traditional healers in rituals was curtailed by the regulations imposed by government, many healers stated that people had consulted them with increasing frequency because they were unwell or afraid of the virus. One healer stated:

People come in huge numbers more than before the outbreak of Covid-19, people come from quarantine straight to esigodlweni because akukho zinto bazinikwayo ezinyanga esisifo ngaphandle nje kwezinto ezimnandi (people are not given any medication that treats or cures). This means more work and more responsibility for me. Ndinamathwasa am kodwa ayindihluphi lonto ngoba ndabizwa ndisetyenziswa ngabantu abadala mna namathwasa am (I have my initiates anyway and this is not a problem for me because I am called and used by the elders with my initiates).
In government departments, people work eight hours; we work 15 hours a day to help people with less price in certain cases because we are afraid to chase people away unattended to in case something happened to him, and we could not assist him because of money. We assist people even if they don’t have money to pay, abanayo inkomo yegqirha in case he dies esigodlweni and bring us bad luck.

The traditional healer went on to say that people had come to them after leaving quarantine, at which point health officials had failed to provide patients with any care. Healers also stated that they had achieved some success with their medications in alleviating the symptoms associated with Covid-19, such as tight chests and flu symptoms. One healer said that umhlonyane (Artemisia Afar) and Gumtree leaves were the most common herbs now used and recommended by traditional healers. Another noted: “Even though they do not want to be identified, people who lost hope while in hospital continue to try our medicine and do recover.” One traditional healer claimed to have “healed himself and six other people”, using umhlonyane. He lamented the fact that, despite his successes, the government refused to work with him. Another praised the effectiveness of umhlonyane, and said: “Ndicebisa abantu xa bothe iheater boboike imbiza enomhlonyane ne gumtree, ziyibetha ziyivuthulele lento (I advise people to place a pot with water and mhlonanye on the heater, while warming themselves).” Another said: “Urhulumente akawahoyanga amagoqirha nje tu, akawaxabisanga amagoqirha at all (the government does not care about traditional practice and healers). If amagoqirha angaka anikezwe chance yokuba ayosebenza esihedelele aphatho impempo namakhandlela awo angayi identifaya cause yalento nezinye izinto ezinxulumene nale (if traditional healers can be given a chance, they could identify the cause of this Covid-19 virus. As a traditional healer she had lost no infected patients but had cured them, whereas the Department of Health is up and down with much failure).”

She added: “They not winning.”

3.9 Abandoned COMMUNITIES

The state’s immediate response to the declaration of the Covid-19 lockdown in rural Eastern Cape was to crack down on customary ceremonies and practices, such as male initiation. The state backed up its call on rural communities to comply with government regulations by deploying the police to sweep through rural areas to stop customary practices which had been categorised as unlawful. The campaign riled the rural poor who felt that hardly had they been made aware of the regulations than the police were destroying their possessions and undermining their customary rights. The repressive police campaign which was supported by traditional leaders left a bitter taste in the mouths of many rural residents, who felt that the police were out of order and that the rules had not been properly communicated to them. Meanwhile, the entire Eastern Cape government was thrown into disarray as it failed to keep its hospitals and public buildings clean and provide its workers with PPE. The public sector unions went on strike as a result.

The furore started at Zwide clinic in Port Elizabeth, which had been serving 500 people day. Here, the absence of deep cleaning and PPE led to infections among the nursing staff, who then walked out with the support of their union. They refused to return to work until standard operating procedures had been implemented and the facility had been properly cleaned. This episode set the stage for multi-institutional shutdowns across the province as dozens of government service providers, from Home Affairs offices to hospitals and police stations, closed across the province. Once shuttered, it could take anything from a few days to a month for the facilities to re-open. Meanwhile, services were suspended as frontline workers languished at home.
The scale of the institutional shutdown was great. Almost every government department providing face-to-face services, from the post offices to the most remote rural clinics, suffered closures at one time or another. This meant that rural communities who were already living in fear – fear of the unknown; of infection; of the police; of returning migrants; and of crowds at funerals – were offered no reassuring presence by the state. Indeed, the state and some senior traditional leaders were conspicuous by their absence.

This section has focused on the conditions at rural hospitals and clinics where nurses were especially nervous of infection and reluctant to put their lives on the line, having received little or no training or Covid-19-related instruction. In addition, the rural hospitals and clinics were late in receiving PPE and were placed under increasing pressure as infections spiked in rural areas from June 2020. There were a number of doctor and nurse walk-outs in small rural hospitals; and dozens of rural clinics closed their doors due to a lack of equipment and instruction.

The promised arrival of Covid-19-trained nurses, Cuban doctors and South African National Defence Force personnel to alleviate the situation never materialised. In this environment of generalised fear and confusion, rural communities and households were left to improvise and fall back on indigenous knowledge systems in an effort to shore up their physical and psychological resistance to the pandemic. This study’s fieldwork research found that large numbers of rural households regular used medicinal plants, including gum leaves and umhlonyane, to ward off flu, and bought locally produced Covid-19 concoctions brewed by local healers. At the same time, traditional healers, who had been marginalised by the ban on customary practices, complained bitterly that the government had failed to include them in their plans to manage the pandemic in rural areas. In general, there was a lack of coordination and integration between formal and informal health care systems and among the different governance structures in the rural areas.
4. Behind the Garden Gate: Morality, Respect & Household Social Relations

4.1 Blocked Home-Comings & Homestead Harvests

In June 2020, when this project began, households were harvesting their annual garden crops across the former Transkei. Families who had planted maize in the latter part of 2019 were bringing in their crop from fields and homestead gardens and storing it at their homesteads. There was some excitement across the region because the yields looked encouraging. In rural Transkei, the harvest has historically been an extended social event, which starts around April, with the harvesting of green maize from gardens, and runs through until the end of July. Families use unripened green maize to feed animals, and even the family if there is hunger, before the harvest officially starts. In every location where this study was conducted, the researchers noticed piles of mealies which had been gathered standing outside homesteads.

Although small-scale farming in the region has diminished over the years, it was encouraging to see a minority of households having access to food from their gardens and, in a few cases, their fields. The co-incidence of the spread of Covid-19 and the time of harvesting was thus significant. The outbreak happened as some locally produced food was being made available to support households and shared among neighbours and kin. One community member stated: “During the harvest time, we would assist each other out as community members. In return, we would get food that we harvested in that house to use at home and to sell for income so that we could feed our families, or sell whatever you have in your garden. But now it is difficult to sell anything during these times because of these restrictions. Now what one has in their garden, they eat themselves.”

Similarly, stakeholders noted that the fear of the coronavirus had affected the rural communal spirit of sharing based on the African Philosophy of ubuntu. For example, one of the chiefs stated: “People in the rural area are people who are helping each other. When one does not have salt, he goes and asks for it next door; but now because of this pandemic people are no longer allowed to go next door.” Sadly, it is often the poorest households which are least able to plant in the summer.

At harvest time, locally produced maize is also converted into beer, which encourages neighbourly social interaction and makes harvest a good time for family rituals. This period of heightened sociability and neighbourly interaction usually starts with home-comings at Easter time. It is customary for migrants working in the cities to make a special effort to return home for Easter, as they do at Christmas. In this regard, Eastern Cape scholar Zolani Ngwane (2003) has noted that the Xhosa homestead is far less cohesive than many anthropologists have assumed. 106 In his view, it is not the rock of stability so many assume it to be.

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Homestead harvests in the Transkei in May 2020

He argues that rural homesteads unite in adversity and during certain times of the year, like Easter and Christmas, when family members are eager to be home from the city. In the first half of the 20th century, when more agrarian production was being undertaken on the land, these visits were often extended, especially during the summer-planting season when men were needed to drive the oxen used for ploughing. Women could manage and maintain gardens and even guide the harvest, but they were not supposed to manage the cattle used in ploughing. Ngwane (2003) argues that during the period between Easter and Christmas rural households were often socially thin and vulnerable as people struggled for survival and moved away to the cities. He quotes some lines from the songs of the famous Eastern Cape jazz band, the Blue Notes, to the effect that everyone does their own thing and fights with each another as they head for the cities, until they come “home again at Christmas time”. Social relations and cohesion in rural households and communities wax and wane over the year. Nevertheless, the period between April and July is usually one of greater optimism and sociality as families reunite at Easter and start preparing for the harvest in June.

Agrarian specialist Paul Hebinck (2020) states that social scientists tend to see social change in the Eastern Cape countryside in linear terms, such as in terms of a singular shift from farming to non-farming; from agriculture to wage labour; from wages to welfare dependence; or even from adherence to traditional culture to modernity.


He challenges this view by suggesting that homes and households are always in a cycle of activation and de-activation which cause changes, not only during the course of the year (as Ngwane [2003] argues), but over the longer term too as their membership and livelihood strategies shift.

The household life-cycle has an impact on these changes and the needs of rural families change. But Hebinck (2020) is also making a more profound point that, in terms of local cultural orientation, it is not possible to shut a homestead down – it can always be reactivated, re-agrarianised or resuscitated. The assertion here is that Xhosa culture cannot easily exist outside the rural, agrarian imagination, however urbanised it might become. In exploring the impact of the spread of the coronavirus in the former Transkei between April and August 2020, the above insights seem to be important as a general context for an assessment of household- and community-level responses.

It has been noted that the pandemic arrived just before Easter when rural families were expecting migrants to come home, and were starting to prepare for harvest, which implied sharing food and social activity. It has also been noted that the gate of the rural homestead is never officially closed. “Most people from the Eastern Cape work in KwaZulu-Natal, Western Cape and Gauteng”, said one respondent in reference to the interprovincial travel which takes place at such times as Easter, and which took place just before lockdown this year as well as during the seven-day window for travel which opened between levels 5 and 4. It is this idea of “closing that gate”, which will shape the discussion below of the impacts of the coronavirus and government restrictions imposed in response to the outbreak.

The need to keep the homestead open to family and ancestors is why there is almost no commodity-based rural property market in the former Transkei. The rural home is essentially cultural property that is not for sale, or exchangeable for money. It has social value to the family, but no real commodity value. It is seemingly an inalienable social asset. A family might desert the house or even leave the land for a while, but they will not abandon it. This is why so much effort is invested in finding someone to look after the homestead – and to regularly “air the house” – while family members are away in town. Abandoning the family homestead is considered inappropriate because many generations of family members are buried on the site. It is also the place where family and clan ancestors are believed be concentrated. In this context, home burial is standard practice in rural areas of the former Transkei.

To be sure, there is now a burgeoning informal market in land in the former homelands, but it does not usually involve selling homestead land. Chiefs, headmen, families and government officials sell off bits of communal land, especially on the outskirts of towns. However, they do not generally dare to sell the land on which existing homesteads are located. The colonial and apartheid governments did not fully appreciate these dynamics when they instituted forced agricultural “betterment” and villagisation schemes in the rural areas without consultation, which is partly why there are so many unresolved land restitution cases in these areas. The social and cultural specificity of the rural landscape is important when considering the impacts of coronavirus and the lockdown.

109 Ibid.
112 See Hebinck. “Migrancy and the Differentiated Agrarian Landscapes”.
4.2 Moral Communities
SOCIAL CHANGE & RURAL REALITIES

In Africa, scholars speak of the difference between “wealth-in-things” and “wealth-in-people” in settings where customary power has been reconstituted during and after colonialism. In pre-colonial Africa, land was abundant and human labour was scarce. Scholars thus argued that controlling the “means of domination” – power over the people – was more important than controlling the “means of production”, that is, the land and technology. Scholars note a contrast between the territorial fluidity of polities in Africa, characterised by what one scholar called “snowball states”, and the history of Europe, where struggles over specific territories and land dominated, leading to a particular trajectory in the rise of nationalism. This has led some to theorise that African social relations appeared to be orientated towards controlling “rights-in-people”, such as kin, wives, dependents, and followers, rather than “rights-in-things”. Systems of power at the local level were connected to age, gender and the status of different kin, or clan lineages or genealogies, which determined relations of dependence, social hierarchy and social obligation. Activating and honouring these relationships of dependence and mutual obligation, especially those among neighbours and kin, were more important than simply holding land or changing technology.

It is for this reason that questions have been raised about rights-based laws and public discourse which promote self-actualising and autonomous individuals as an ideological foundation for development in Africa. The concern is particularly pertinent in rural South Africa, where the terms of the new Constitution of 1994 collide with older regimes of generational and gender-based forms of power and dependence.

In the former Transkei, local notions such as ubuntu, the idea of realising one’s humanity through wholesome relations of mutuality with other people, highlight the ways in which people feel interconnected and mutually dependent on each other – even in time of death. As one community stakeholder stated, “when someone dies in the community, we would just contribute whatever one has as neighbours in the society. Before the coronavirus this was possible but since the outbreak, this has become totally impossible for me.” Kathleen Rice argues that the sense of different kinds of moral obligations is expressed in the distinction people make between ideas like amalungelo (rights), abantu (people) and irhayi (the Xhosa word for rights derived from the English term, “rights”). The term amalungelo is derived from the verb ukulungisa, which means to make things nice, correct and good in the moral sense. The term is used to highlight the moral content of personhood, especially the idea of “moral rightness” in relation to kin. The critical point about the difference between irhayi, individual rights as reflected in the liberal discourse of the South African Constitution, and the notion of amalungelo is that the latter does not assume that all individuals do or should enjoy the same rights. Traditionally, obligations, freedoms and rights are believed to be necessarily structured by social hierarchies of gendered and generational power.

118 Ibid; also Ferguson. “Declaration of Dependence”.
The sense of community in rural areas, such as those covered in this study, is shaped by a matrix of expectations and aspirations in relation to the maintenance of a social order based on ubuntu and umalungelo, as these concepts are locally understood. Over the past 25 years, the acquisition of political rights for the majority and the adoption of a rights-based political discourse under the Constitution has challenged traditional ideas about the social order in many rural areas and led to the internalisation of different understandings of personhood, especially among women and youth. Young women villagers now claim that they have individual rights as citizens which cannot be brushed aside by older women and men, who appeal to past forms of gender-based and generational power. These women claim that they often seek to express their independence and social autonomy by providing for their families and building their careers.\(^{120}\)

Against this background, the old image of the household or the homestead as a haven of social cohesion and a place of consensus where everyone has a common understanding of the world is no longer the case. In fact, the idea of what the homestead should be and mean in contemporary South Africa – and the roles and responsibilities of the family within it – is a matter of constant debate and contestation. Rights, duties and obligations are under review in a context of poverty, violence and inequality. Rural households should not thus be viewed as havens from a heartless world. For example, the extent and intensity of gender-based violence across South Africa is indicative of the fact that households are not necessarily safe spaces for those who live in them; and it would be wrong to think that rural households represent exceptions to this dynamic, because they are out of sight in the distant, former homelands. Interpersonal violence is not only an urban phenomenon in South Africa.

By the turn of the millennium, Zolani Ngwane (2003) was right then to highlight that rural households were fragmented. They are clearly sites of contested agendas and struggles over people and resources. However, at the same time, this does not mean that the romantic idea of rural family coherence and healthy rural communities does not exist in the popular imagination, or that rural home-comings are not greeted with a sense of nostalgia. Amber Reed (2020) in her book, Nostalgia after Apartheid: Disillusionment, Youth, and Democracy in South Africa, reflects on cynicism in the former Transkei about the fruits of democracy and the high levels of unemployment and official neglect in rural areas since the introduction of democracy in 1994.\(^{121}\)

There is a yearning for something that has seemingly slipped away, a more coherent sense of community and identity, a time – even if an imagined one – when there was more agreement and hope. And yet despite the ebbing away of optimism and a rising sense of nostalgia for the “bad old days” of homeland rule, there is still persistent hope in the rural areas which waxes and wanes over time. In the cycle of any year, as in the cycle of any life, there are periods of greater sociality, sharing and community interaction and periods when people feel more isolated in the rural context. Amalungelo (mutual dependence) and irhayti (individual autonomy) coexist and are expressed in different ways at different times. The period between April and the end of June (as with the period over Christmas) is a time in the year when Xhosa-speaking people from the former Transkei region say that the “gate is open”. What they mean by this is that this is a time when sharing and mutual dependence and obligation is heightened in everyday life and people are doing things together, such as harvesting the crops; getting ready for the home-coming of migrants; and preparing the villages for male initiation rituals which take place in winter.

In many parts of the former Transkei, including large parts of Pondoland, the period of June and July is known as the initiation season, when male youths “go to the bush” to become men. Youths from the villages and from the cities come home to the rural locations to undertake their training in preparation for manhood and to be circumcised in the forests as

\(^{120}\) Rice. “Rights and Responsibilities in Rural South Africa”.

part of their transition to manhood. It is a hugely important time in the lives of Xhosa-speaking families and communities. At this time, boys are assembled in groups with their parents and relatives to participate in the preparations and rituals associated with male initiation, which ultimately ends with the circumcised youth returning from the bush for a massive welcoming party and ceremony back in the village. If they survive the ordeal, which is not always guaranteed, they are re-introduced to their families and communities as new men ready for the responsibilities and challenges of adulthood. Conventionally, the organisation of male initiation ceremonies coincides with harvesting and beer-brewing. It is a time of intensified social and community interactions, when social relations between community members thicken and local people are out and about, working together in the community. Of course, even at this time, things may not happen quite as expected because people feel they have rights and freedom, and not everyone feels the same sense of obligation to work as a group, especially in the absence of effective social sanctions. Male youth, for example, do not like to work in the gardens of others for free and demand wages or payment in kind. Younger women are also no longer prepared to be bossed around by older women and men. Many young women in the cities (without homes of their own) say that they do not like going home to the former Transkei at Easter and Christmas because they cannot tolerate the way that the men and older women boss them around.

4.3 Gender & Generational STRUGGLES BEHIND THE GATE

The declaration of a national state of disaster from March 2020 and the subsequent government lockdown ensured that the anticipated social opening of rural communities in the former Transkei did not happen at Easter, as had been customary in previous years. Strict measures were implemented, preventing citizens from leaving their neighbourhoods, suburbs, villages and homes, although the state provided a brief window for families to move to a new place for long-term lockdown. The aim was to allow South African citizens caught overseas to return and to permit Africans from other countries to leave. At the same time, the measure also allowed people in South Africa with two homes to decide whether they wanted to lock down in the cities, or the countryside (or at their beach house). What the regulations did not permit, however, was for migrants to travel freely between urban and rural areas at Easter. This meant that urban residents with links in the rural had to make a choice either to stay in the city or to return to their rural homes.

Given the high levels of uncertainty about the job market and employment, the vast majority of migrants decided to stay in the city, despite the dangers of being locked down in overcrowded townships or informal settlements. Many, it seems, reckoned that, if they exited the city for the safety of the countryside, they might lose their hard-earned footholds in the urban areas. Those in rental accommodation or in the backyards of township houses clearly felt that they would be replaced with other tenants if they budged. There was also little assurance that new state grants to support those who had lost their jobs because of Covid-19 would be easily accessible in the rural areas. In addition, the state failed to produce a strategy leveraging the pervasive double-rootedness of many in society, especially among those most at risk, to fight the spread of Covid-19. An opportunity seems to have been missed here to de-densify high-risk areas in the cities and to use the rural homesteads of migrant families to good advantage.

The window of opportunity came and went with only a relatively small number of migrants leaving the cities and returning home. Interviews among migrants in informal settlements in Cape Town during this period indicated that they feared they would lose their accommodation in the informal...

settlements or backyard shacks if they left. They also stated that they were concerned that if they returned to their rural homes, they would find it difficult to find jobs in future and would have to struggle to get back to the city.124

At the rural end of the spectrum, in the more than 10 locations in the eight municipalities125 in the Chris Hani, OR Tambo, Alfred Nzo and Amatole districts of the Eastern Cape included in this study, there was little evidence of the anticipated home-coming materialising over the Easter period. The situational reports from the districts show that there was some influx into the rural areas from the cities at the end of March 2020 when residents were given a week to decide where they wanted to live. This late March trickle was then augmented with an additional influx over Easter as taxi drivers from Cape Town and Johannesburg made special arrangements to ride the back roads to get people home. This was a high-risk strategy as the state was clearly willing to crack down on those breaking the restrictions on movement. Those who ran the gauntlet risked receiving heavy fines and jail sentences for their efforts. Some who made the journey decided not to return after the weekend for fear of arrest.

There were also reports in the media over the Easter period that police in rural areas were driving around to see if families were breaking the lockdown rules, especially in relation to organising large family gatherings and brewing beer. Quite a number of cases were reported of uniformed police bursting in at funerals and other gatherings to confiscate liquor or tip over drums of traditional beer in the yard. This provoked enormous popular anger in the affected communities as people urged the authorities to be sympathetic to the need for family rituals and social gatherings over the Easter period.

A traditional leader stated: “During the beginning of the lockdown, people were afraid of the police and the military army that they heard were coming. There was a household where the grandfather died, and while he was still alive, he said to the kids that during his funeral they should slaughter a cow and eight sheep. And they did exactly that to pay respect to what her father had wanted and that made many people to go there but the police came and chased away other people and said only 50 members should attend. I believe that those family members knew about the rules. It’s just that in our culture people are always afraid of not respecting the wish of the dead people. They consider that as coming up with bad luck.”

Social media coverage indicated significant conflict between local people and police seeking to close down gatherings. At one funeral in Engcobo, police were reported to have acted violently, turning over pots with cooked food, meat and umqombothi, African home-made beer which is brewed as part of the funeral rituals; and chasing away mourners to keep the numbers below the officially acceptable limit of 50. Later that day, a police car carrying officers from the Engcobo funeral overturned on the road, which was interpreted as an act of vengeance by the ancestors, punishing the police for failing to respect the precepts of their own African culture at the funeral earlier. The pictures below were taken at the funeral in Engcobo, which was covered in the media.

“Many, it seems, felt that, if they exited the city for the safety of the countryside, they might lose their hard-earned footholds in the urban areas. Those in rental accommodation or in the backyards of township houses clearly felt that they would be replaced with other tenants if they budged.”

One respondent to the present study complained about the upset caused by the police at another funeral over this period: “In the Centane district, the local authorities and police would not allow the body, which had arrived from Cape Town, to enter the main house or the funeral tent. The body had to remain outdoors and be put in the ground as soon as possible.

124 Interview with Ndipwe Mkuzo, Cape Town, 10 August 2020.
125 The eight municipalities where the research was conducted were: Engcobo; Ingquza; Intsika Yethu; King Sabata Dalidyebo; Mbashe; Mhlontlo; Mzimvubu; and Nyandeni.
This caused great consternation for the family and relatives, who proclaimed that the deceased could not pass on to the next world under such conditions.”

The clampdown by the police in the rural former Transkei was part of a national campaign by the police, sending out a message from the government that the lockdown measures were not optional. One traditional leader described the impact at a funeral which he attended as one of the speakers: “There was a funeral at a neighbour’s house recently and there were more than 100 people. It seemed that people had forgotten about the set regulations. Police officials came and people ran out of the funeral. Ndithe ndisathetha uba lomfana lo ndiyamazi, kwathwa nanga amapolisa ndathi Haibooooo, sabaleka sonke

(I was still talking about the deceased and someone shouted police! And law officials entered and we all ran away).” The aim of the exercise was to indicate that the regulations were compulsory and to instil a climate of fear. The message was that those who did not obey the new rules would soon find themselves in jail. Over the Easter weekend, many were offended by the way the police behaved in the rural areas at this time, chasing people away from ceremonies and turning over drums of home-brewed beer. The communities said that they had not been consulted and that there had been no public education about the nature and risk of coronavirus. It was also noted that there had been little communication among national, provincial and local officials on how to manage communities in rural areas.

A small farm funeral in Ugie on the edge of the former Transkei, May 2020. A number of officials are present, including two police officers. The mourners are physically distancing; the funeral parlour staff are wearing full-body protective suits; and the man reading from the scriptures is standing on his own.

Traditional leaders and police, it was reported, were not on the “same page”. Significant communications and logistical disconnects were also reported between clinics and provincial hospitals; and between ward councillors, municipal mayors and managers.

A police officer dumps umqombothi and meat on the ground after dispersing a crowd at a funeral at Engcobo in the Eastern Cape, April 2020.

A funeral crowd dispersed by police in April 2020.
A small farm funeral in Ugie on the edge of the former Transkei, May 2020. A number of officials are present, including two police officers. The mourners are physically distancing; the funeral parlour staff wearing full-body protective suits; and the man reading from the scriptures is standing on his own. Photo: Aneza Madini

As the cloak of lockdown enveloped rural communities, many felt as though they were in a Tower of Babel, surrounded by the noise of new regulations and required changes in behaviours, but little clear, credible information and advice. The police were following their instructions in the rural areas and dispersing social gatherings; while the traditional leadership in the province independently announced that male initiation and customary ceremonies would be suspended until further notice in 2020. The announcement came in April when many of the initiation schools were already at an advanced stage of planning for the June-July season. In some cases, fees had been paid, equipment purchased and arrangements made.

Rural people said that the government was “closing the gate” on their communities, shutting them out and blocking them from being part of the conversation. In relation to traditional ceremonies, the traditional leaders in the province took a strong stance, arguing for compliance. Rural communities were less convinced. Many felt that the state was throwing the baby out with the bath water. They argued that small modifications to social behaviour would allow traditional gatherings and customary practices to go ahead relatively safely. They said that the one-size-fits-all approaches adopted by the state and the house of traditional leaders were insensitive and draconian. Shutting everything down without even so much as a community meeting to discuss the matter seemed unreasonable. For these reasons, they felt justified in defying the blanket ban issued by the house of traditional leaders. In the more remote communal areas, this study’s researchers found that customary practices continued openly during lockdown, as boys went to the bush as planned. The traditional surgeons and organisers of these events said that since these events had taken place far from settlements, in the mountains and forests, it was unlikely that they would pose a threat to health. However, they were concerned about the visibility of the “home-coming” ceremonies, although they thought the restrictions would probably have been lifted by then.

When the field workers started asking questions about coronavirus in May 2020, many in the rural areas doubted that it could even kill black Africans. They said they had heard that the virus came from
China and they could see that the government was enforcing the regulations, especially in the towns where arrests were more common and widely reported on the radio. There was a belief in rural areas that Chinese and other Asian or Pakistani traders in the small towns could carry the virus. For safety’s sake, many said that they would only patronise the big Shoprite or Boxer supermarket stores in town and avoid Asian trading outlets on the high streets. They said that they saw people queuing at these chain stores on TV and felt that they would be safer to use.

The research also found that people were more careful about complying with regulations, such as those on wearing masks and physical distancing, when in town. The evidence suggests that compliance was mainly a response to fear of arrests and fines because many said that they did not follow the same rules in the villages where there was less visible law enforcement. However, the laissez-faire attitude expressed in the early days of the outbreak, started to change by the end of May and into June when certain rural districts in the Eastern Cape, such as Chris Hani and OR Tambo, were declared national Covid-19 hotspots; and families started to feel the deadly presence of the virus more directly in their neighbourhoods. What had initially been perceived as a problem for whites and Asians and subsequently as a problem for the major metropolitan areas, like Cape Town and Gauteng, was now present across the Eastern Cape, where hospitals were closing and people were dying.

At this point, rural household started to make proactive efforts to physically distance and isolate themselves. All sorts of new rumours and stories emerged about how the virus spread or could be spread in the rural setting. It was recognised that the older generation was exposed to the greatest risk, and they had come to understand this well themselves. In this context, the old started to “close the gate” in their own homesteads. They tried to impress on family members that leaving the household, or homestead precinct, was dangerous. They asked younger members not to mingle in the village, or at the shops, or on the streets in towns, saying this could be deadly, especially for the old and the sickly whose welfare grants were underpinning the economic survival of the family. The demands of the elderly were not always respected by the youth, and this caused a great deal of tension in households. According to one community leader: “During level 5 of the national lockdown, people did not care about the outbreak, especially youth. Only elderly people were more frightened by the outbreak.” As a result, “youth do not really fear corona more than other diseases as they see it as a flu that will eventually go away”.

Across all the 10 communities where this study was conducted, concern was expressed about the youth not observing any of the rules as the lockdown levels were lowered. The concern mounted when alcohol sales, which had been banned, resumed. Alcohol consumption was seen as exacerbating youth negligence. Even though community members were unhappy about the police presence in their neighbourhoods, elderly people called for more law enforcement to check the youth’s reckless behaviour and enforce the Covid-19 regulations. A number of respondents urged a return to level-5 lockdown, saying the law should be rigid; and sought more visible enforcement, including by soldiers who were more feared than the police.

Keeping behind their garden gates in the rural villages, while dense crowds gather at urban shopping malls in OR Tambo district in the former Transkei.
The group who seemed to show the least fear of the virus after it arrived were the youth, many of whom believed that it only attacked and killed older people. Such was their lack of concern that they would play football, even under the level 5 lockdown, with no physical distancing and without wearing masks; and would still touch each other as though nothing had changed. Police officials continually tried to change their behaviour: “ngekungenjalonga uba bebeyoyika le corona aba bantwana (it wouldn’t be that way if they were not afraid of this corona these children)”. It wasn’t that the youth did not know about the virus and its impact; they knew, but they cared little.

One respondent noted that “the youth who consume alcohol always say and believe that the virus only kills people who do not drink and not people who drink. Abalali ulutsha, ubusuku nemini ngo sisi, ngo bhubi ngoba bathi ayibenzinto bona ingakumbi xabesele (The youth does not sleep, both genders, and they believe that they will not get infected since they drink). They do not even put on their masks.” Elderly people understood and feared the coronavirus more than the youth. A common view was that elderly people always fear death but the youth do not care, saying “zifa zitofile” (no matter what you do, when death comes, it comes).

In the struggle by household heads and senior members to “close the gate”, the tensions between the different ideas of rights – amalungelo and irhayi – became increasingly evident, with the youth claiming that the older generation had no place telling them what to do. The youth would insist that things had changed since the days of apartheid when the old women and men could just tell them what to do and when to do it. They argued that they had certain freedoms, such as the freedoms of movement and association, which they had become used to and were not prepared to compromise. The rural youth said there now seemed to be some kind of unholy alliance between the older generation and...
People crowd together on the back of a bakkie on a shopping trip to town.

the state – and that both were being unreasonable and trying to assert control. The interviews also indicated considerable concern expressed by older men and women that the youth were being irresponsible and putting the lives of others at risk. They wanted more state and police intervention in the villages to enforce the regulations on physical distancing and to keep everyone indoors and away from public spaces. As one elderly community member said:

**Deployment of police and soldiers in the community will make a difference. The lockdown regulations [should be] tightened especially in our villages. The ban of alcohol must remain because people tend not to care when they are drunk. The youth in particular does not take this virus very seriously, hence now the police must go out and monitor them and, if needs be, arrest them. The police have had to ask for assistance from the headman or councillor because of the remoteness of the area. The youth see the police van from a distance and they start running.**

The threat was believed to escalate greatly when the youth went to town to socialise there. The older generation felt that moving around in the villages was dangerous enough, without the additional risk incurred when people went to town. According to one local councillor: “If we can [we should] go back to level 5 of lockdown and the social grants [should be] taken back to rural areas because it is easy to control few people. Mthatha is overcrowded because people from neighbouring towns; for example, Tsolo, Mqanduli, Libode and Port St Johns; come at the times of getting social grants.”

It was noted by community stakeholders that when people went to town it was difficult for them to adhere to the regulations. One said: “When people are going shopping, they do not practise much social distancing outside the shops and only practise it inside because there are people watching them.” It was also indicated that physical distancing was impossible on the drive into town and that people would only put on their masks when approaching areas with police. Older generation household members insisted that the youth had no right to put their lives in danger by taking such dangerous trips to town.

Tensions also escalated as households were locked down in a single space and rendered immobile. Contestation over expected household roles and responsibilities now came to the fore. The older generation appealed to a lexicon of moral femininity in this situation, expecting younger women to bear the bulk of the burden of the work of caring for others and making efforts to prevent the spread of the virus. During funerals, the young women were expected to prepare the home for visitors by cleaning, cooking and serving visitors. The pictures below show young women performing their roles during a funeral, cooking outside even in the cold; serving people in the open air; and making and
Young women perform their expected roles during a funeral, cooking outside; serving people in the open air; and making and serving tea for guests.

serving tea for a group of people who have arrived at the home of the bereaved family. Their efforts to maintain their distance, which may be observed in these photographs may be seen as a sign of ukukhlonipha (obedience). In many parts of the Transkei, women’s obedience was traditionally expressed through hlonipha (forms of respectful behaviour), under which young women were expected to behave meekly; speak softly and infrequently; carry themselves submissively; and remain close to the homestead unless chaperoned. Older men and women in household were often proud of how closely young women were seen to adhere to these.

However, such forms of expected behaviour clash with the self-image of many working women, who have their own styles of clothing and habits of consumption, and a sense of independence and willingness to justify their new ways of doing things. In this respect, many modern young African women say that complying with customary rules and expectations is simply unrealistic in a world were men can no longer provide for their children and support their families. As some of the respondents explained, it was not that they wished to disrespect tradition or undermine the older generation, but simply a matter of being realistic about the challenges of post-apartheid poverty and the need to grasp opportunities which presented themselves. In this context, young working women argued that they were being forced to take up the challenge, to “tighten the belt”, in a situation in which, they said, the patriarchs were failing them.126

Under lockdown, significant pressure was imposed on women to comply with more conservative household regimens and to display greater support for the family and less of an inclination towards independence. Men and older women used the process of domestic confinement to re-assert their power and authority in the household, calling younger women to order. Many of those interviewed said that more food was consumed under lockdown because family members were no longer busy outside the household sphere. This placed additional pressure on household finances which was exacerbated as food prices rose during lockdown. Men demanded that meals be prepared and that women put food on the table when they were hungry. A health official from one of the communities surveyed, reported dealing with cases of injuries to women who had been beaten by husbands angered by a lack of food. The official stated:

People’s everyday routines are negatively affected because now people are not working but they used to work, and this affected poverty as well as food security and ultimately is leading to domestic violence. We have had patients who were beaten by their husbands because akusekho mvisiwano kumama notata, utata nomama abananami, so the other one is blaming the other one, and this leads to domestic violence because there is no food.

4.4 Hunger

**SCARCITY & GBV**

In times of hunger and scarcity, women carry a heavy load because they are the ones who are supposed to activate networks of sharing in the neighbourhood and the kinship relations that will ensure that resources continue to flow into the household for its survival. Even before the Covid-19 outbreak, there was a crisis of social reproduction in rural areas as many homesteads went hungry. Once the pandemic spread, the responsibility of protecting household members from even greater vulnerability fell disproportionately on women. However, their ability to fulfil these duties under lockdown was severely restricted since they were unable to move around; visit neighbours; travel to cities and towns to engage the wives of close relatives and friends; or activate mutual support networks in villages. Nevertheless, their families continued to look to them to provide food and the everyday necessities, as well as the labour that would ensure social reproduction, even though this was seemingly impossible in the circumstances. As expectations were thwarted, domestic violence erupted. Men turned on their wives and lovers for not activating their networks to put food on the table. Older men and women also felt the pressure of the paucity of provisioning and expected the younger women to fill the gap and carry the load; to work harder in and for the household. Women resisted these attempts to shackle them because they had come to expect greater freedom and independence to do things their way; and now felt hemmed in by the proximity of greater domestic control. Already fraught relationships and interpersonal violence within rural households were exacerbated in many parts of the country. The surge in conflict in the home led President Cyril Ramaphosa to declare that gender and domestic violence was a pandemic of equal magnitude to that of Covid-19.

Under the pandemic and hard lockdown which was imposed from March 2020, the gate closed in many rural communities across the former Transkei at precisely the time of year when it would normally be opening. Easter time usually marks the beginning of a period of social mobilisation in rural households and communities in the Eastern Cape, which continues through the harvesting of food from gardens and fields until the male youth who have come of age depart to the mountains for initiation. Like Christmas, this is a time of greater sharing and solidarity in rural communities. A time which is particularly important for many rural households which tend to live in greater isolation these days, facing constant stress to make ends meet. Massive outmigration has produced social thinning in rural communities. In many instances, the entire middle generation is no longer there because they have left for the cities. Those who remain behind generally find few work opportunities and depend heavily on welfare grants and state transfers for their survival. Some command of the English language is a basic requirement these days for virtually any form of employment and schools are notoriously poor in the rural areas. The skills required to get a job are difficult to acquire unless young people leave for the cities. But not everyone can go, and there are those who feel obliged to stay behind to help their mothers and grandparents with the domestic responsibilities.

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**The Shadow Pandemic: Violence Against Women and Girls and COVID-19**

**243 million**

Women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months. The number is likely to INCREASE as security, health, and money worries heighten tensions and strains are accentuated by cramped and confined living conditions.

Emerging data shows that since the outbreak of COVID-19, violence against women and girls (VAWG), and particularly domestic violence, has INTENSIFIED.

- In France, reports of domestic violence have increased by 50% since the lockdown on March 17.
- In Cyprus and Singapore, helpseekers have registered an increase in calls of 50% and 55%, respectively.
- In Argentina, emergency calls for domestic violence cases have increased by 20% since the lockdown on March 20.

**Source:** United Nations: April 2020
There is already a high level of isolation and vulnerability in rural areas today, where female-headed households are locked down in poverty—stuck in places from which they are unable to escape. Many of these socio-economic problems were exacerbated under lockdown.

In many rural areas there is also rising crime, much of which is perpetrated by unemployed male youths. In this context, collective action is often the only way to keep a lid on rural crime and stock theft. Historically, it has not been the police, but the senior men in the community who have addressed this problem, coming together to galvanise anti-crime efforts.

Community vigilantism has always been a key strategy against stock theft and petty crime in rural areas. However, such local efforts to combat crime depend on community members communicating closely with each other and being able to stand together to track down criminals and expose them. Conditions of social isolation and physical distancing tend to benefit criminals in rural areas because they allow them to act with impunity and with little chance of being caught. In this regard, the chiefs interviewed for the HSRC/WSU study noted that the conditions produced under Covid-19 and lockdown had presented a significant challenge.
5. Managing Sudden Death: LEADERS, GRAVEDIGGERS & FUNERAL PARLORS

5.1 Impact of the Outbreak & Lockdown on Rural Communities

The leaders, particularly the traditional and religious ones and the ward councillors, reported significant levels of fear of the Covid-19 virus across the region. Local people were reportedly aware that “thousands” were dying of the virus; that it was airborne; and that it had no cure – “this virus kills even nurses and doctors”. People were particularly frightened by the speed with which the virus could kill people and because they could not tell who was infected. They compared the uncertainty over the threat posed by Covid-19 with their relative clarity on the causes, symptoms and treatment for HIV/AIDS – “with Covid-19, you never know”.

Seen by some initially as a white person’s disease, a significant number of leaders expressed the popular view that travel and tourism were to blame for its early spread in the Eastern Cape, particularly during the few days at the beginning of May 2020 when official inter-provincial restrictions on movement were lifted. A number of leaders reported the view that funerals themselves had contributed to the spread, with one traditional leader also blaming churches and one religious leader linking the lifting of travel restriction and the holding of funerals as a cause: “people coming from the Western Cape attending the funerals brought this coronavirus”.

Views varied quite widely on the extent to which rural people were adhering to the government’s rules on wearing masks and physical distancing. In general, the ward councillors were more likely to claim that their constituents were adhering to the rules, “people even wear masks when they return from herding the cows”, claimed one. However, the consensus view among the leaders was more nuanced. People often wore masks when they went into town rather than in their villages. In part, this was because in the villages “they are in their comfortable spaces with people they know and trust – they don’t practise social distancing when they fetch water from the well or visit friends”. The variable behaviour was also seen as due to higher levels of enforcement by police and other officials in urban areas, indicating a general lack of voluntary compliance. It was noted that people tended to talk about the rules rather than observe them; although the elderly and women clearly took the virus and the measures to prevent its spread more seriously than the youth. In general, the leadership groups reported widespread popular cynicism in relation to the perceived value and impact of government rules. Community leaders were particularly forthright on this point, noting, unlike the leaders in the other groups, that many local people did not seem that concerned by the outbreak and had continued their daily routines as usual without wearing masks or observing physical distancing. Popular cynicism was also noted in relation to drinking. A concern reported by almost all the leaders was that widespread alcohol consumption had undermined the purpose and effectiveness of efforts to restrict the spread of virus.

127 A total of 35 people with leadership responsibilities were interviewed across 10 locations in the former Transkei area of the Eastern Cape: 10 traditional leaders; 10 religious leaders; eight ward councillors; and seven community leaders.
People failed to physically distance when they drank, they shared bottles and, inadvertently, masks. It was reported that drinkers had claimed that only those who didn’t drink caught the virus.

The challenge of physical distancing in overcrowded queues to collect grants in town – despite queue marshalls – was raised as a further challenge. Great concern was also expressed around livelihoods under Covid-19. It was widely stated that there had been too few food parcels. Favouritism in their distribution was alleged. Ensuring adequate water supplies was also a pressing concern for traditional leaders and councillors, for whom this represents a key part of their mandate. Difficulties in collecting grants, particularly for the elderly, were reported. Hunger, including among the elderly, and nutrition were also raised as matters of concern. In this regard, subsistence agriculture was seen as crucial, with one community leader also advising that “people should start growing their own food to avoid travelling to town”. Meanwhile, there was broad consensus that under-equipped, inadequately staffed, poorly resourced and distant clinics, many of which had closed, were unable to respond properly to the local health needs created by the virus. In this regard, a repeated concern was the absence of any form of Covid-19 testing for rural residents, other than that offered by prohibitively expensive providers in town. Umhlonanye was recommended by a number of leaders as a possible effective remedy for the virus. There were also widespread complaints about government service providers closing their offices during the crisis.

Many among the leadership groups expressed the view that the imposition of the government restrictions on gatherings which had prevented people from coming together had both undermined their own work and, in tandem with the outbreak, communal resilience more broadly. One traditional leader pointed out that without meetings, there was no work for him. A ward councillor noted that the committees, which were essential to his job, could no longer convene. Religious leaders described churches being closed and services being conducted via social media with congregants wearing masks. As community meetings were prohibited and contacts among villagers were hedged by fear, the isolation of households within communities already fractured by anxiety over the outbreak was exacerbated.

The breakdown of communal life was vividly described by one traditional leader, who noted that people don’t visit their neighbours as much because “everyone is afraid of death … The only place people meet are funerals … and then only because they don’t have a choice”. One religious leader said that Covid-19 had broken the “family bond of the congregation”. He said people, who now feared the virus more than God, were living unfamiliar, distant lives and had become anti-social.

At the same time, many of the local leaders stated their support for the government’s response to the virus. One traditional leader noted that “there would have been many people who would have been dead by now [in the absence of the official measures]”. Another stressed the importance of adhering to the rules: “respect law as it [the virus] kills”. A religious leader described the outcome of a meeting held by the South African Council of Churches (SACC): “We are not going to compromise, but comply with regulations.” A common view was that greater police and even military visibility was required to ensure that a recalcitrant rural population was kept in line; and various members of the religious, traditional and political leadership groups described a role for themselves in this enforcement, particularly in relation to how funerals should be held. For some leaders, the greater engagement of the state in everyday behaviours and practices was viewed as having bolstered their local role. One councillor said the virus had brought him closer to the community he served. For others, particularly among the local community leaders, the rules and their enforcement were viewed as forms of state power that needed to be made more responsive to local needs.
5.2 Contestation
OVER FUNERALS

Views about the rules governing funerals and adherence to these varied widely among the leadership groups. A significant number of traditional and religious leaders noted that the rules were largely being followed. However, councillors and community leaders tended to focus more on how they were breached; although the narrative produced by councillors emphasised community “disobedience”, while that shared by community leaders focussed more on how effective (or ineffective) the rules actually were: “[the government] interventions are working but not working”. In large part, the differences in perspective may be related to the functions of the various leadership groups. So, the councillors and traditional leaders at one end of the spectrum appeared to be seeking to ensure compliance with state’s regulation of deaths and funerals, including by appointing local headmen to encourage compliance; ensuring registration of deaths; engaging the various government enforcement, health and welfare agencies around preparations for funerals; providing sanitiser and registers; and monitoring compliance with the rules at these events. The religious leaders, by contrast, seemed to be trying to combine their pastoral and religious duties with efforts to make sure that the rules were being followed, particularly in relation to the order of service at, and length of, funerals.

At the same time, they generally responsibility for ensuring compliance over issues like counting the numbers of attendees to other actors, such as the councillors and the police. Meanwhile, the community leaders, whose priority was not always in ensuring observance with the regulations — described by one as popularly perceived as “ridiculous” — appeared to focus on adapting community behaviours to the new regulatory dispensation, while interrogating the effectiveness and appropriateness of the rules against the yardstick of customary social and cultural behaviour.

Notwithstanding their differences of perspectives, a number of common views emerged among the leadership stakeholders; notably that the restrictions on the duration of the whole funeral process, including the actual funeral service and burial ceremony, and on the number of attendees were of significant benefit to poorer families, saving them a great deal of unnecessary expense, described by one respondent as “waste”; and, to an extent, creating more democratic funeral practices. One traditional leader decried lavish burials, which were viewed as a relatively recent phenomenon, as a form of “Western” materialism: “funerals like weddings”. All leadership groups also saw shorter funerals as saving valuable time, although this was mainly from the point of view of their own convenience, freeing them to attend to other business. As one councillor said: “The old programme was just wasting time.”

The stakeholders were also almost unanimous in describing the cultural harm caused by the new rules on the handling of Covid-19 corpses and how these were being implemented; in particular, the ways in which family members were being prevented from viewing the corpses of loved ones. As one ward councillor said: “Culturally, the whole community is bleeding.” The rules were viewed as preventing families from communicating with the spirits of the recently departed, thus warding off the threat that they still posed and could continue to pose to the living. The possibility of burying the wrong body — as had been widely reported to have happened in a number of cases across the Eastern Cape — was viewed as the ultimate wrong that could be inflicted by adherence to this rule. Thus, the restrictions were seen not only as a cause of great fear and anguish, but also as leading to dramatic acts of defiance — such as when relatives forced opened coffins before burial in order to identify the body and communicate with them one last time. Such action was taken to ward off the threat of being haunted by the dead, angry at how they were being treated by the living. (In one case, according to one religious leader, a coffin was pried open during the funeral cortege because it looked too short to accommodate the corpse — a supposition that proved correct.)
However, although there was unanimity among the stakeholders about the depth and scale of the distress caused by the restrictions on access to the body for family members, views diverged on the precise nature and consequences of family and community responses to these restrictions, as well as on how this distress may best be addressed. Again, the divergence in views among the leadership groups on this may, to an extent, be attributed to their own perceptions of their roles in the process. So, for example, several councillors described grief-stricken, fearful family members’ efforts to force open coffins as a form of defiance or disobedience – “people treat the rules as a joke” – which also had the effect of spreading the virus: “the one that forced and opened their sister’s coffin, now they are all sick in the household, and probably with Covid-19”. For these councillors, it was irrelevant whether or not people were happy with the rubric of the restrictions, “they just have to be comfortable with the laws”. If the rules were not followed, reports of disobedience were passed by councillors and their proxies to the police to force compliance, which could, as once councillor complained, have the unintended effect of creating “unnecessary enemies” in the community.

An interesting theme in the accounts of the councillors was the tendency to proclaim that the rules were being variously “warmed to”, “respected” and followed “without hesitation” – “people accept wrapping as a good regulation” – at the same time that these same councillors acknowledged that the rules were being flouted. For example, a councillor who noted that he was duty-bound to keep a record of all deaths and their causes, said people were no longer informing the office “especially if the death is Covid-19 related” and that “when you visit the unreported funerals you will find that none of the regulations are followed”. This narrative strategy portrays those who break the rules as aberrant – “not all families have been honest” about the cause of death – and also identifies them as a cause of infection, particularly since another aspect of the story told by the councillors was that the funerals themselves were inherently dangerous. “After funerals, there are always many people who are infected without being sure where they got it from,” said one councillor. In this regard, one traditional leader said he feared the spread of the disease from the dead bodies themselves, if people persisted in breaking the rules for handling them.

In the present climate of fear, a number of respondents indicated that the rules governing funerals and the handling of bodies and how these were being implemented seemed predicated on the view that all current deaths could be attributed to Covid-19. As one community leader noted, the rule that only the family should be allowed to attend funerals assumes that people are hiding the cause of death when it is Covid-19; and, as another community leader rhetorically noted: “Why do funeral parlours treat every body as if it were a Covid-19 case?”

Building on such interrogation of the purpose, value and usefulness of the regulatory regime for handling bodies and the impacts of this regime on usual ways of addressing and burying the dead, a number of the traditional and community leaders, and one of the councillors, sought to distinguish between the customs around preparing bodies for burial and the cultural significance attached to these; and opened the possibility of finding new ways of managing death and bereavement that satisfied cultural demands while also protecting the living from the outbreak.

For example, one traditional leader supported the relative simplicity and speed of burials under Covid-19, referencing older burial practices: “This how funerals used to be held, on the day or soon after death, with the body taken to the graveyard wrapped in a cloth (ingcawe) or dress (umbohaco).” Another advocated the reintroduction of the practice of so-called secret burials, or ukuqhusheka, under which it is permissible to bury someone quickly and without great ceremony. This senior traditional leader indicated that such burials were practical, saving poor families money, and met the needs of ancestors who understood that current conditions precluded long ceremonies.

The distinction between modern and traditional funeral customs was amplified in another comment by a traditional leader who described the rites of gravedigging which are prevalent at many burials as a “custom, not a cultural practice”. With gravedigging times cut under the new Covid-19 dispensation, one village was reported by a community leader to have started using mechanical diggers. At the same time, a number of rituals were reported to have persisted on the quiet, such as the brewing of beer to cleanse the
spades used to dig the graves; and the ritual slaughter of animals, although sheep were being used rather than cows, which were deemed too much of a popular attraction – a “crowd-puller”, in one community leader’s words.

The need to adjust culture as a “way of protecting the ones who are still alive” was addressed particularly by community leaders, as well as by members of the other leadership groups, in a number of different ways. It was seen as a source of some difficulty by a number of leaders, particularly the priests, who while sympathetic to the plight of families unable to view their loved ones, emphasised that the rules should be followed. As one said: “There is nothing that can be done because the government has spoken.” The leaders who adopted this kind of stance, proposed few immediate solutions, instead kicking the can down the road. One pastor mentioned that church ceremonies “raising the jackets” of dead congregants in their honour had been postponed due to the danger posed by large assemblies. Traditional leaders expressed concern that local people who had died in other provinces would be buried there and not at their home spaces. One spoke of the need “to conduct certain rituals to right the wrongs necessitated by coronavirus in accordance with our traditions”. A religious leader spoke of the prospect of many reburials after the outbreak had passed, with another indicating that at least one reburial had already taken place after the spirit of a late father had complained. These views were to prove prophetic, as subsequent events, including a spate of illegal exhumations and reburials at the end of 2020, were to show.

In terms of seeking some adaptation of both the rules and cultural practices, many of the leaders across all the groups recommended allowing families to see the face of the deceased at the least – and that funeral parlours should wrap the bodies so that the face would be visible. One traditional leader proposed relaxing the rules on numbers at funerals, suggesting that instead he and his peers should ensure physical distancing at these events.

Generally, it was among the community and traditional leaders that interrogation of the validity of the rules led to broader proposals for action to change them. One traditional leader proposed a workshop on the issue and related widespread concern over wrapping bodies in plastic, which was considered by many of the leaders across all the groups as antithetical to Xhosa cultural treatment of the dead, in which the flesh must meet the soil. Other traditional leaders related their discontent with some of the rules to a broader lack of engagement by the national government with chiefs on the ground, and their view that the chiefs were under-represented in official political structures.

For community leaders, finding ways of incorporating meaning into burials during the outbreak seemed to have been a greater priority. As one councillor noted: “Even the ancestors know the crisis of Covid-19”, indicating that paths to alternative ways of appeasing the recently deceased may be found, in coordination with their spirits. In this regard, the focus has been on how the body is handled and moved – and the viewing and talking that should accompany this – rather than on the funeral itself as an event.

“He said that if the body was not seen, it ‘made an unbearable scar because it is painful not to see your loved one for the last time. … People are being buried as if they are stillborn babies, which is improper.’”

The bodies of the dead are seen by the families of the deceased as “theirs”. Their passage from life to death must be handled with great care. As one community leader said: “We are worried ancestors will turn their backs on us if we throw our people into the ground without even viewing the body. The body should be viewed at the parlour before loading onto the hearse and once again when it arrives home. We must be given time to talk to it the way we want. Families must be able to explain to the deceased what is happening.” One Methodist preacher confirmed that they had been instructed by their church elders to allow the family to see the body in leaving the parlour and when arriving at their home “to check it is the right one and for closure”. He said that if the body was not seen, it “made an unbearable scar because it is painful not to see your loved one for the last time. …
People are being buried as if they are stillborn babies, which is improper.” As another religious leader said: “People still need to live despite the pandemic and their living include worshiping their ancestors.”

In seeking to adapt the rules to fit communities’ psychological and emotional needs, one community leader noted: “People should opt for cultural evolution – understanding that some rituals will change although their meaning doesn’t.” In an interview which was conducted for the study, Professor Somadoda Fikenzi noted that traditional practices, such as those for funerals, had been subject to negotiated settlement among the various belief systems of family members and in response to material conditions for many years. Stressing the cultural importance of observing the wishes of the dead; bringing the body back home; producing rites appropriate to the social status of the deceased; and ensuring that the necessary rituals were conducted to protect the body from witchcraft, Fikenzi said that negotiations to alter customs should seek to provide a bridge from the known to the new and thus had to be conducted in close collaboration with the people. At one community meeting on the issue, it was decided that people would be buried according to custom. An official complaint was lodged by one community about the need for families to identify the body. Questions were also raised about the present practice of the bodies now being dressed by the morticians at the funeral parlour, and not by the family, as before. In addition, given that the regulations governing funerals were, at best, being observed haphazardly, one community opted to elect a representative to coordinate with the police who were, at present, viewed as ineffective and were not being taken seriously locally.

Subsequently, in January 2021, after concerns about the cultural harm caused by the government’s harsh rules on the treatment of dead bodies were communicated at the national level, the Ministerial Advisory Committee on Covid-19 acknowledged that there was no need to wrap them in plastic or deny grieving families the opportunity to bury their loved ones as custom dictates. Almost a year after the WHO told the South African government that the bodies of those who had died of Covid-19 posed little threat of infection to the living, a memorandum issued by the committee noted that wrapping the corpses in plastic before burial was “unnecessary” and that simple shrouds could be used instead. It further advised that “the face may be exposed during the funeral proceedings”. In responding to the advice, the Department of Health reported that it was no longer necessary to wrap bodies and coffins in plastic, use biohazard stickers or sanitise the gravesite and mourners’ clothes; and that funeral directors would no longer need to wear full PPE. However, although the committee emphasised that “transmission at funerals occurs amongst the living”, not as a result of contact with the dead, as long as basic precautions are followed; the Department of Health continued to insist that “viewing is only allowed under the controlled environment within a mortuary or funeral undertaker’s premises”.

5.3 Changing ROLES & THE WAY FORWARD

Most of the leaders in the various groups indicated that the outbreak and lockdown rules had changed and, in some cases, restricted their roles within the community, particularly in relation to funerals. In part, their roles had become more limited as a result of fears for their own health and concern that they may also act as vectors for the spread of the virus.

Traditional leaders described their continuing role in helping families to source death certificates, but said that they were no longer required to address mourners at funerals. These leaders also described new responsibilities in ensuring compliance with the rules on physical distancing, mask-wearing and sanitiser-use at funerals, including by ensuring that the municipality


provided enough sanitiser for these events. They also made sure that tents were no longer erected for funeral parties and that numbers were checked. In some cases, these leaders delegated responsibility for attending funerals as representatives of the Great Place to one of their subjects, particularly if the event was not nearby.

Religious leaders described post-lockdown funeral rites as isolated affairs – “generally, families are left alone to comfort and console themselves” – and noted that many local people had objected to the ban on overnight vigils on the eve of the funeral. They further noted a significant number of instances in which the restrictions on attendance numbers had been flouted, describing the attendance registers as “ineffective”. One leader described how people were holding funerals “very early” so that could be completed before the officials arrived, thus relieving the family of the responsibility of adhering to attendance limits by chasing people away, which they were unwilling to do.

Religious leaders described their pastoral role as generally entailing providing advice to parishioners on the impact of the pandemic and the kinds of behaviour change required to stop its spread; and offering support to the bereaved with home visits, although one leader reported that these had been curtailed. They also described their roles in planning funerals in coordination with bereaved families to ensure that the rules were followed. “It is depressing because it is like we work hand in hand with the department of health – but our immediate priority is to save lives.” They noted that they ensured funerals were short, with some aiming for ceremonies of less than one hour and others allowing up to two hours. They also noted that the length of their sermons had had to be cut, although at least the congregation was “not as tired” when these were delivered. However, a number of the religious leaders were unwilling to take responsibility for the numbers attending funerals. One noted that local people regarded the rules restricting numbers as discriminatory. Another said it was for the councillors and the police to count the number of attendees. A number of preachers described the threat of infection that they faced in their pastoral work: “I feel like not attending funerals, but I cannot abandon church members.”

Councillors described their role as essentially a coordinating one to ensure that bereaved families were made aware of the rules around funerals and complied with them. Councillors described deploying health workers, police and environmental affairs officials to instruct people how to prepare for funerals; and then attending funerals in person, virtually or by proxy to ensure compliance. One councillor described visiting families to explain the guidelines, including the use of attendance registers for contact-tracing purposes (which was the only reference to this function of the registers among the respondents). Councillors described handing out sanitiser and registers. They also said that they were charged with keeping records of deaths, including causes of deaths, in their constituencies and reporting these to the municipality, and arranging follow-up screening of family members as required (in cases of Covid-19 deaths). However, they noted that it was not always possible to ascertain the cause of death before burial.

Community leaders described their roles primarily in terms of supporting families in the practicalities of preparing for funerals, such as by coordinating the youth to help bake and prepare food for attendees, or even dig graves. However, they reported disruption to community life as a whole – “during this time not a single community meeting has been held, people are just doing what they think is right for them” – as well as disruption to the activities associated with funerals, with many fewer supportive home visits being conducted. As one said: “Now only a few people go the day before to give money.” Similarly, burial societies were reported to have closed and changed their constitutions, now contributing money instead of food. This change in the form of support offered to grieving families had produced wider impacts in villages, depriving vulnerable community members who used to come and eat at ritual events of an important source of food.

Community leaders also reported that behaviour at the funerals themselves had changed, with people no longer talking to each other; and receiving take-aways instead of sitting and eating with the family. The role of community leaders at funerals had also changed, in part due to fear – “I go to funerals because I must be seen there, but leave early because I am scared of this thing [Covid-19]”; and in part due to difficulties in getting around – “I narrate the umlibo (genealogy) for the family, but only if the funeral is near.” Community leaders also took some responsibility for at least announcing the rubric of the rules, such as the 50-person limit at funerals, although the general feeling was that it was not for them to prevent people from joining the event: “That is a job for the police.”
Looking to ways of improving the regime for preventing the spread of Covid-19, particularly in relation to funerals, a number of traditional, religious and community leaders noted that most of the communication had been via television and radio broadcasts. They recommended greater on-the-ground engagement from officials in rural areas, educating people about the rationale behind some of the rules, such as those for encasing bodies in plastic and preventing families from seeing the bodies, which were described as particularly hard to understand. (As noted above, the government subsequently in January 2021 abandoned the requirement that bodies should be wrapped in plastic; and relaxed the rules that had prevented families from viewing the bodies and faces of their loved ones.130) It was also recommended that the government should involve local people more in the decision-making around the kinds of rules that should be promoted and how they should be enforced. As one religious leader said: “The rules would have been more effective if local inputs had been sought. There should be more consultation to understand the different dynamics at lower levels.”

The leadership groups expressed divergent views on the extent and functionality of their communication with the government around issues relating to the outbreak and its management. A number of religious and traditional leaders indicated they were looking for greater involvement in government decision-making, although traditional leaders also reported relatively clear lines of communication with the municipality. Even ward councillors, who were clearly more connected to government systems, including to the Office of the Premier, described official responses as sluggish: “emails are sent but government is apathetic”. For one religious leader, part of the challenge was how public communications had apparently become shaped by political concerns – “they are blaming each other”. Considerable cynicism was also expressed about apparent double standards in the responses of the political class to the outbreak. For example, one community leader noted that while the funerals of poor people were being strictly controlled, a recent local funeral of a relative of a leading official had proceeded undisturbed.

In relation to practical efforts to stem the spread of Covid-19, including at funerals, local leaders were quite scathing about the shortfalls in government actions to date. On ward councillor boldly stated: “government interventions have failed”, citing water shortages and the closure of a local clinic due to a lack of PPE. The theme was taken up by traditional leaders, who called for more protective equipment and materials, not just at funerals, where the municipality is obliged to provide 20 litres of sanitiser, but also to enable chiefs and kings to conduct their daily rounds and receive visitors safely. It was also noted that gravediggers should be provided with proper PPE. A stakeholder workshop on PPE and sanitiser was proposed. There were also calls, including among community leaders, for the government to make arrangements to test many more members of rural communities, whose marginalisation from mainstream services rendered them particularly vulnerable to the harm that Covid-19 can cause. More broadly, local leaders indicated that one way of responding to the present dispensation on funerals was to regard it as just a “temporary arrangement” and to seek to postpone some rituals, such as the “hanging of jackets” in church, to a post-Covid-19 era.

They suggested taking remedial action in future to rectify the cultural damage being done now. However, many leaders also indicated that there was significant room for adaptation of the rules relating to the handling of bodies and funerals in ways that could meet local people’s cultural and psychological needs while also preventing the spread of Covid-19. They found clear benefits to poor people in trimming the time and expense of funerals, even framing the new, simpler practices as a return to the old ways. In addition, certain customary practices were viewed as having taken on new meaning – such as the ritual washing of hands upon returning from the grave. Meanwhile, community members themselves were portrayed as having shown considerable flexibility, for example, using mechanical diggers in place of human ones in one instance; and as having indicated that they were prepared to negotiate around the issue of access to, and contact with, the bodies of their loved ones.

A number of clear proposals emerged from this apparent willingness; including a clear, stated need to be able to view and communicate with the body at the mortuary and again once it had been brought home. Further, it was suggested that the practice of bodies being dressed by the morticians at the funeral parlour could be adapted to include family members, as had been common before the outbreak. Meanwhile, a number of strategies were adopted by mourning families to relieve themselves of the unwelcome requirement of ensuring adherence to attendance limits at funerals, such as by holding funerals early before officials were able to arrive. In this regard, it was not that families failed to understand the need to contain and track the spread of the virus – for example, one religious leader reported that a number of bereaved families had taken it on themselves to establish attendance registers and provide sanitisers and masks at their home for visitors – but rather that they found it difficult to separate their lives (and the deaths of their loved ones) from the broader life of the community.

5.4 The Business of Death: GRAVE DIGGERS BURIAL SOCIETIES & FUNERAL PARLOURS

5.4.1 Gravediggers

The seven gravediggers who were interviewed for the study reported a number of challenges faced by local rural communities. Incomes had been slashed as the sale of surplus produce from the harvest became difficult under lockdown, according to one gravedigger; while another noted the impact of the outbreak and the restrictions on communal socio-economic support networks: “Things are worse because you cannot go to your neighbour and ask for something because you are scared.”

At the same time, the rules on physical distancing and mask-wearing were regarded as quite ineffective, for example, as a result of overcrowding in local taxis and with herders sitting and chatting together in the fields while looking after their sheep. A further significant problem that was reported was the lack of testing for the virus, which was seen as only available for those with money.

Against this background, gravediggers, who are members of the rural communities they serve, reported that they had changed their practices at funerals as a result of the new regulations. The number of local volunteers for gravedigging had decreased because of health fears, although the gravediggers leading the teams said they could not refuse to work: “we have to do our jobs”.

In an effort to protect themselves, the gravediggers had taken a number of steps: ensuring that no more than two people, and in some cases only one, dug the grave at a time. They also divided their efforts, delegating among themselves, “now we split up, we do not all go to all the funerals”. One gravedigger also reported that the actual digging itself was divided among families “to avoid crowds”.

CLOSING THE GATE
The gravediggers expressed concern about the need to protect themselves from the spread of the virus in their handling of the tools of the trade. One reported: “We use one pick and one spade which now we must sanitise, but we do manage to maintain social distancing.” However, another reported that spades were shared and no sanitiser was used since their hands were dirty. In one case, it was reported that sanitiser was provided in the graveyard. A number of the gravediggers identified a need for personal protective equipment, in particular gloves, which could be second-hand. The ritual washing of spades after the graves were dug was reported to have continued.

A number of the gravediggers noted that the rules governing funerals should be observed, with one emphasising that families should not hide the cause of death, “especially if the death was due to Covid-19”. This was considered important in part because people would then take the coronavirus more seriously. Another gravedigger said he was now required to report funerals to the police.

At the same time, it was acknowledged that despite community efforts to comply, the rules were being broken. “Mourners cannot chase people away [from funerals],” said one respondent; while another noted that when more than 50 people arrived for a funeral, the surplus numbers would go to a neighbour’s place and attend from there. In addition, significant sympathy was expressed for the families of the deceased and the isolation from their communities that they had to endure during their bereavement as a result of the rules on numbers at funerals.

Community and extended-family pressure to be part of the process was also acknowledged: People try to comply but it is not easy. For example, when there comes a time for the body to arrive in the morning for burial, there is always that small prayer that usually happens before the ceremony starts and people leave to go to the tent. The house where the prayer is done is usually small and there is no social distancing and this is not by choice ... One of the main reasons why people want to be part of the prayer is because many people want to see the deceased for the last time. So, it is difficult for the family of the deceased to control the line ... it is difficult for people to accept that they cannot come and go as they please and that they cannot see the deceased for as long as they like.

5.4.2 Burial society members
The nine members of burial societies who were interviewed for the study described a number of social and economic challenges as a result of the outbreak and lockdown, including what was described as “irresponsible” behaviour among youth and drinkers who generally ignored physical distancing guidelines while they socialised. One respondent even noted that cultural dissonance had emerged around the issue of wearing masks: “Some local people feel that you are using masks because you think they have the virus, when you are only protecting yourself and them in the process. They expect you to take off your mask, greet them, laugh with them, and at times hug them the same way we all did before the pandemic. When you don’t want to socialise, they think that you are seeing yourself as better than them.” Respondents in this group identified a number of vectors for the initial spread of the virus, such as Chinese people, including local traders; visitors from the cities; and funerals.

The sense of social dissolution described by these respondents was seen as having been amplified by the restrictions which had prevented tribal authorities and burial societies from meeting and had led to churches being shuttered. Burial society members also reported that were no longer able to fulfil their role in providing emotional support and consolation to bereaved families by visiting them and saying prayers with them. Now, only one or two senior members of the society, if that, would visit the families of the deceased to deliver groceries and, increasingly, just money.
In some cases, a car was hired to deliver food to the family. Some of the burial societies had come to rely on cellphone banking to make payments to families and funeral parlours. In addition, burial society members were also increasingly unlikely to attend the family funerals of other members. The changes of behaviour, which had been adopted in adherence to lockdown measures, were viewed as upsetting, as one burial society member explained: “We are hurt because it seems as if we do not care for one another because we are no longer giving full support to our members.”

The burial society members’ views of the rules on funerals seemed largely shaped by prudence. The respondents noted that the new rules prevented families from spending too much money, which left more for their own use. In addition, it was noted that a distinction should be made between cultural practices, such as washing the gravediggers’ tools, which would be followed regardless, and other actions prohibited under the rules – such as filling tents with visitors and producing programmes with many speakers – which were deemed unnecessary and “not culture”. In this regard, families had also adopted a flexible approach to manage the numbers at funerals, including by actually leaving in order to make space for a visiting community member since “it is not easy to chase out community members that are at funerals as they are there to support the family of the deceased”.

The approach that a number of these respondents recommended was to adhere to the rules in the common interest. So, although concern was expressed that some of the deceased would return to haunt the living with requests that they be dressed and wrapped properly in cases where the appropriate customs had not been followed, it was acknowledged that “when we comply with the regulations, it is not to please the government but to protect ourselves”.

A number of burial society members noted that although many households had sanitisers, fumigation could help in cases of Covid-19 deaths. They also sought the official provision of enough masks and PPE for frontline staff and at gatherings, with one local woman already making masks and distributing them for free at local meetings.

### 5.4.3 Funeral parlour staff

The seven funeral parlour employees who were interviewed for the study indicated that relationships between themselves and the families of the recently deceased had become strained due to fear and concerns over the handling of bodies. In one case, it was reported that fear of Covid-19 had led families to abandon the body of the deceased into the hands of the undertakers. Funeral staff also reported that local residents kept their distance from the parlour’s branded hearse. In a number of other cases, family and community members insisted on opening coffins, viewing bodies and preparing them despite the rules against this, which the funeral parlour staff were supposed to enforce: “Even during this time of corona, the community still insists that they handle the body themselves and do what they need to do on the body.” One respondent, however, said that people were now responding well to the new rules, although they did not like them, “because all people are treated the same. Corona or not corona, bodies are wrapped in plastic.”

The undertakers reported trying to ensure that family and community members followed the rules both at the parlour and during funerals, including at the graveside. One parlour placed the bodies of those who had died of Covid-19 in separate cold storage at the parlour. A number of respondents said that only two family members were allowed to view the body for identification purposes. Parlours reported equipping staff with the appropriate equipment and clothing to protect them while handling corpses and coffins. Staff said they also gave local pallbearers gloves to wear; brought sanitiser into people’s yards for their use; and encouraged people to follow physical-distancing guidelines at funerals. They also noted that their role at funerals, which were now shorter, had been reduced. They further said that their efforts to ensure compliance with the regulations, in particular those relating to attendance registers; numbers at funerals; and physical distancing, were not always successful. In this regard, one respondent noted that the autonomy of the family of the deceased should be respected more – “it is they who must decide what needs to be done with the body as a family”.

Undertakers reported that the outbreak and lockdown regulations had been bad for business.
People were buying cheaper caskets, which had been a major source of revenue. They also reported that shorter three-day time frames for burials had posed logistical challenges, particularly in processing insurance claims to pay for the funerals. Some parlours were thus asking for advance payments from families; while others were advancing the money. In addition, the payment of regular instalments to funeral parlours had become a challenge for some families afraid of going into town to make these cash deposits. It was advised that the parlours could accordingly make greater use of electronic banking services.

A further financial concern related to the cost of the PPE which was being provided by undertakers to family members who visited the parlours to view their loved ones, as well as other visitors such as officials and insurance company staff. Undertakers said the government should subsidise the cost of this PPE which they felt unable to pass on to their cash-strapped clients.

Undertakers noted a lack of communication between the government and the funeral parlour industry, “unless there is something that requires our attention”. In addition, staff complained that health department officials had issued a series of contradictory, shifting instructions on funerals. (Subsequently, as noted above, the Department of Health issued new instructions to undertakers in January 2021, which advised, among other things, that it was no longer necessary to wrap bodies and coffins in plastic, use biohazard stickers or sanitise the gravesite; and that funeral directors would no longer need to wear full PPE.)

5.4.4 Insurance company staff

A data-capturer for funeral insurance claims and applications, and another funeral insurer, were interviewed. The data-capturer indicated the importance of strictly following protocols to seal Covid-19 bodies “to avoid disadvantageous situations”. The procedure was that the bodies of those who had tested positive for the virus were wrapped at the hospital and subsequently tagged by funeral parlour staff, who did not see the body: “No one fiddles with the body, no one washes or changes them.” Any clothes brought by the family were laid next to the bagged corpse in the coffin.

The rules dictated that the body had to be taken still sealed to the graveyard on the day of the funeral and put in the ground. If the test results of a body that had already been wrapped at the hospital came back negative, the plastic was removed and the body was washed before being passed to the undertaker. However, in Covid-19 cases, the rules were that the last time that the family saw the deceased was when they were still alive at the hospital. Once they were dead, no one was allowed to see or touch them. (Subsequently, as noted above, the Department of Health issued new instructions in January 2021 on the handling and movement of Covid-19 bodies, which emphasised that they posed no threat to the living if reasonable precautions were taken after they had breathed their last and released their final fluids. The use of plastic bags was only really required when transporting the body, and not when it was being viewed or buried.) The insurance company representative considered the 50-people limit at funerals a bit harsh for some families and also advised that the plastic wrapping should be transparent or mortuaries should offer coffins with a glass lid to enable families to view the body. The representative also gave warning that the mobile cold storage used by the company to store Covid-19 bodies was full to capacity and that the lack of space could lead to the identities of the bodies stored there being confused.

5.5 The Local Law & Order

AGENDA

Seven police officers, including one detective, shared their views on the outbreak, and the government’s lockdown measures; and how these had changed their roles, including in relation to funerals. They indicated that the virus’s spread had initially been blamed on Chinese people; migrants from Cape Town who had travelled to rural areas without knowing the outcome of Covid-19 tests that they had taken; and funerals.


132 Ibid.
They affirmed the view that rural areas had been neglected by official responses to the outbreak – “food parcels on television went to people in towns but not here” – although they were divided on whether the virus had exacerbated local challenges in relation to poverty and food security. They expressed cynicism over the national government’s intentions in relaxing lockdown restrictions. “The government just opened taverns and churches to divert the focus of the people,” said one. Another claimed: “The government is now more concerned with making money than protecting the people.”

Although the police reported some improvement in adherence to the rules after the initial hard lockdown measures imposed in March 2020 eased, there was widespread scepticism about the effectiveness of the restrictions and the police’s own role in enforcing them. Respondents reported widespread flouting of the rules on physical distancing and mask-wearing despite the police’s efforts to publicise these via loudhailers in town when local residents went to collect their social grants. Rural residents in particular were viewed as recalcitrant, with a number of officers reporting mounting hostility among this group – in part as a result of police efforts to enforce the advice on physical-distancing and mask-wearing, as well as the regulations on funerals. Some police complained that they had been stigmatised for carrying out their duties – “that is why people always see us as their enemies – including at funerals – people seem to think that police attend these funerals to make sure that everything is messed up”.

The police identified a number of specific issues around law and order that had arisen from the outbreak and lockdown: the problem of men refusing to accept the regulations on the production and consumption of liquor, particularly older men brewing their own beer; cases of domestic violence that had either been caused by drinking at home or by women being blamed for not providing; the high number of reported cases in which Covid-19 regulations had been contravened; a significant drop in arrests as residents avoided visiting police stations sited in town where the virus was viewed as most prevalent; and widespread resistance to police enforcement of the rules, which was viewed as the result of a lack of effective public education about the impacts of the virus and how it is spread. A number of officers advised that the best way of preventing the spread of Covid-19 would be to return to level 5.

The police also expressed concern at the threat posed to their own well-being by the outbreak. One said that a local police commander had refused to extend help to sick people who needed emergency transport for fear that his officers could contract the virus. Another told a contrasting tale of how his commander had continued to work at the local station although he had tested positive for Covid-19, prioritising the fight against crime over the health threat to his subordinates. Police told of being forced to work while sick; of having to conduct searches and arrests without gloves and on mask-less suspects; of having to travel four to a car due to a lack of resources; and of lacking the PPE required to do their jobs properly. For example, one officer said that he hadn’t even been equipped with sanitiser to disinfect his handcuffs after they had been used to arrest a suspect.

However, in another district, the police were reportedly equipped with gloves and sanitisers and their vans were frequently fumigated. In addition, it was noted that awareness-training on the pandemic had been conducted.

A particularly striking finding was the claim that the relatively large number of police placed in quarantine had significantly reduced the numbers on duty; a fact which, it was stated, was widely known among local communities, and which had encouraged them to flout the lockdown rules, including those on funerals, even more blatantly.

“One of the police also noted the practice of starting funeral services early. In one case, the event took place from 4 am so that by the time they responded at 9 am to a complaint about the numbers at the event and its length, it was too late. The congregants were already leaving “and they were laughing”.”

In relation to funerals, the police said their role was to check with funeral parlours that they had the necessary PPE and were following the rules.
They were also charged with visiting the homes of the deceased to make sure they had sanitiser. On the day of the funeral, they would attend to make sure that masks were being worn; physical distancing was being observed in the layout of the chairs; a register had been provided; and the numbers did not exceed 50. However, as one officer noted: “We do not know if people continue to comply with the rules after we have gone.” In a similar vein, one of the officers noted that compliance was only enforced on the day of the funeral and not before – for example, on the eve when the family may hold a night vigil: “there are more people that go to the house of the deceased before, than the actual day of the funeral”. One of the police also noted the practice of starting funeral services early. In one case, the event took place from 4am, so that by the time they responded at 9am to a complaint about the numbers at the event and its length, it was too late. The congregants were already leaving “and they were laughing”.

This discourse of recalcitrant mourners strategising to break the rules at funerals was a common one among the police who were interviewed. One said families no longer reported deaths to avoid visits from police checking on whether they were adhering to the protocols to prevent Covid-19. One said the 50-person limit on funerals was widely broken: “I have not heard of a 51st person being turned away.” It was further reported that a close relative of one deceased who had gone to the mortuary to view the body had dared the police to arrest her for risking her own life so that she could say goodbye to her loved one. A point that was repeatedly made was that wealthy, well-connected mourners enjoyed relative impunity at funerals given the difficulties faced by junior officers in enforcing the rules at these events.

More broadly, the police perspectives on the impact of the funeral rules on bereaved families were mixed. It was noted that quick funerals reduced the risk of contagion, particularly since “at least one of the family of the deceased may have it”. In addition, one officer asserted: “If this is treated according to our culture many people will open these Covid-19 bodies, leading to more infections, meaning Covid-19 and culture cannot be mixed.”

At the same time, there was scepticism about the value and utility of the restrictions on funerals. One officer referenced the common fear among bereaved families that if the body were not buried properly, it would have to be exhumed and re-buried “because the deceased will appear in their dreams or the ancestors will not be happy”. This respondent advised that at least two members of the family should be allowed to see the body to make sure it was the right one. Another officer gave warning that “too many restrictions” on funerals would not slow the spread of the coronavirus. “Funerals have to happen and people have to attend them, especially members of the family of the deceased. Also, they need support during funerals, and support in our communities is not only financial.”

The police made a number of recommendations about the funeral protocols and public safety and education. They emphasised the need for PPE for all frontline service providers. It was also proposed that the government should issue the families of the deceased with personal protective equipment so that they could attend and identify the body at the mortuary. It was further advised that family members should be allowed to talk to the body in line with their cultural beliefs.

In addition, it was recommended that greater efforts be made to educate people about Covid-19 and its spread – although not by the police, who are not trained to safeguard people’s health and are anyway often seen as “enemies”. Rather, health officials and funeral parlour staff should be properly trained to manage Covid-19 and inform and educate families about the virus and its spread. These workers and community leaders should be supported by adequate communication from the government. In addition, the toll-free numbers and email contacts produced by the government to support its public education campaign should be disseminated more effectively. It was further proposed that, within the police, a coronavirus prevention unit could be established to monitor and enforce popular compliance with the Covid-19 regulations. In addition, although top-down communication was seen as operating smoothly within the South African Police Service (SAPS), it was advised that greater efforts should be made to facilitate bottom-up communications and improve responsiveness to concerns raised on the ground among communities.
5.6 Supporting Communities
IN THEIR HOUR OF NEED - OR NOT

Many community members whose views were canvassed by the study indicated that they had felt abandoned to their fate by the political and traditional leadership in the region and the government at the local, municipal, provincial and national levels. They reported absent leaders, for example, a traditional leadership that preferred to engage through local proxies rather than in person, and distant councillors. The further alleged a damaging bureaucratic disengagement, for example, local home affairs offices that were shuttered. In general, it was reported that many traditional leaders and political leaders with co-morbidities had abrogated their duties for fear of contracting the virus and losing their lives.

Frontline staff, such as nurses and police officers, complained that they lacked the materials and support to provide the required services. Their fears for their own health were reported to have led to many offering a lower level of service. At the same time, funeral parlour and other staff employed in the business of death tended to promote over-rigorous compliance rather than engaging with the concerns of bereaved families, for fear of transgressing complex, shifting rules, which, they claimed, had been poorly communicated. Anecdotal evidence also suggests that over-rigorous compliance may have stemmed from their own fears of contracting the virus. Meanwhile, community members with responsibilities to support the families of the dead directly, who faced great personal risk, continued to perform their duties. Gravediggers were stoic about the need to do their jobs. Priests expressed great awareness of the personal jeopardy in which they were placed when comforting the bereaved and conducting funerals, but continued through their sense of obligation to their congregations. “This is our service,” one said. In fact, five local priests were reported to have died during the course of the research, including one who contributed valuable perspectives to this study.
6. Towards People's Science

KEY FINDINGS & RECOMMENDATIONS

6.1 Key Findings

This study by the Human Sciences Research Council and Walter Sisulu University, which was conducted in eight municipalities in the Chris Hani, OR Tambo, Alfred Nzo and Amatole districts of the Eastern Cape during July and August 2020, found that the regulations issued by the South African government under successive nationally declared states of disaster in 2020 entailed severe restrictions on:

- The extent to which bereaved families were able to commune with kinship and neighbourhood social networks, which undermined local resilience; and

- How the bodies of their loved ones were handled and buried, which created fear and anguish within local communities.

For many rural residents of the former Transkei, the state’s intrusion in the name of public health into a social and cultural space that had previously been almost entirely theirs, as well as the new general restrictions on movement and communality, were experienced as alien and alienating. The feeling was that the government was “closing the gate” (ukuvala isango) within villages, producing atomised responses to the outbreak at a moment when the need for community solidarity in remote rural areas was particularly great. The accusation was also that the government, including traditional leaders and officials, was “closing the gate” by abandoning rural residents to their fate and failing to provide them with: the political support required to defend their interests; or adequate local medical and other services, including access to new grants and relief measures. In relation to health services, rural families complained about the failure of local nurses to be ready or sympathetic when “people needed them most”. In addition, as rural residents were corralled behind the gates to their homesteads and the movement of people across the country was restricted under hard lockdown, they were deprived of the kinds of family and community support with which they would normally have been provided, when the “gate is open” to kin returning home from urban areas.

The study on which this report is based canvassed the views of 91 key local stakeholders, including traditional leaders; religious leaders; ward councillors; community leaders; health officials; nurses; traditional healers; funeral parlour staff; burial society members; insurance company representatives; gravediggers, the police; and the kin of people who had died during the lockdown imposed by the state. There was significant agreement among most of the respondents surveyed for the study that the implementation of the new rules on funerals and the handling of Covid-19 corpses had caused great cultural harm; and widespread strategic resistance to the rules was reported as a result. Residents said they had never been properly consulted or engaged on the threat posed by the virus and how it may be mitigated. At the same time, significant communal responsibility was reported with members of rural communities taking many steps to protect themselves and each other from the Covid-19 outbreak, including by adapting practices around funerals. In this regard, local leaders said new ways of managing death and bereavement could be found which both satisfied

133 The eight municipalities where the research was conducted were: Engcobo; Ingquza; Intsika Yethu; King Sabata Dalidyebo; Mbashe; Mhlontlo; Mzimvubu; and Nyandeni.
psycho-social demands and protected the living. However, it was also noted that, while there was great readiness at the local level to adapt cultural practices, there needed to be a willingness on the part of the government to engage and provide support for such a “people’s science” approach.

In rural South Africa, funerals are family and community affairs. They are not usually managed by the state, funeral directors, local government officials or hospital staff. They are not occasions at which one expects to find health officials and funeral directors dictating behaviour, or policemen threatening arrests and fines, or disrupting proceedings. Families and religious leaders are normally given relative freedom to bury the dead in dignified ways, according to tradition and religious belief. In the time of Covid-19, however, funerals and other customary practices, including male initiation rites and other community rituals, became identified as high-risk sites of infection, especially in rural areas where a disproportionately large number of these rituals still occur in South Africa. They were viewed by the state as “super-spreader” events which needed tight management, control and monitoring. Accordingly, regulations produced in April 2020 by the Department of Cooperative Governance and Traditional Affairs under the Disaster Management Act of 2002 limited the number of people attending funerals to no more than 50; imposed restrictions on the length of funerals and conditions relating to physical distancing of those in attendance; and limited the movement of mourners and bodies travelling between urban and rural areas. In addition, in May 2020, the Department of Health issued rules on the handling of human remains which indicated: the sanitary risks and requirements of handling Covid-19 bodies, including the PPE that should be worn; the terms under which such bodies could be viewed, dressed and washed by family members at mortuaries; how the bodies should be transported; the maximum duration of funerals (two hours); and limits on attendance at funerals which allowed only close family to be present if the cause of death had been Covid-19. The government’s rules were stricter than the WHO guidelines, upon which they were based. The WHO advised: “The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.” The organisation further noted: “To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from Covid-19.”

From July, the government issued new rules requiring that all bodies be tested for Covid-19 before a death certificate could be issued and the remains released to the family. Subsequently, in January 2021, the rules on the handling and burial of Covid-19 bodies were greatly eased by the Department of Health in line with the WHO guidelines produced in March 2020, as well as a number of the recommendations made by this report – although significant restrictions on viewing of the body remained in place.134

A ‘people’s science’

Although the popular response to the government’s efforts to address the pandemic was initially favourable, some shortfalls were identified. For example, calls were made for a greater role for social scientists in shaping the mitigation policies being produced by the government;135 and the approach adopted by the government, which was seen as inspired by efforts in the Global North, was criticised as inappropriate for the material, cultural, social and political conditions in South Africa.136 With the country entering level-2 lockdown in August, the state became less visible as an agent of enforcement and its potential role as a partner with communities in strategies to save lives, create jobs and reduce the harm caused by the outbreak became increasingly important. In support of such a partnership, the HSRC/WSU study sought to establish the parameters for change at the local level and how these could be shaped by people’s own efforts rather than, or in conjunction with, those of external agencies – in other words, the development of a “people’s science”.

The people versus the government

The research for this study was initiated amid what may be described as a moral panic as national concern over the spread of the disease focused on the movement of people and bodies from urban to rural areas, and on the conventional cultural


136 Friedman. “South Africa is failing on Covid-19 because its leaders want to emulate the First World”.
practices associated with burial rites in the countryside. At this time:

- Stories of widespread flouting of official lockdown measures at village funerals stigmatised rural populations;
- Tensions mounted over the movement of people and bodies across the provincial border from the Western Cape and elsewhere into the Eastern Cape; and
- As the pandemic spread across the province, gossip and rumour about the cause of the outbreak was widely shared in the absence of effective public education.

The climate of fear was exacerbated by the implementation of a hard lockdown, under which police tipped over beer drums at rural funerals and arrested people for contravening the regulations. The HSRC/WSU study found that these actions generated resentment and anger among local residents and, in the absence of a clear rationale, resistance. The residents reported never having been properly consulted or engaged on the threat posed by Covid-19 and how it may be mitigated; and feeling marginalised and abandoned by traditional leaders and government officials, who were seen as ignoring their needs and cultural practices.

**Rural funerals**

In rural areas, funerals are occasions at which large extended families unite to bid farewell to the deceased and usher them on their way peacefully and with dignity to the afterlife. Although fewer urban residents who have migrated from the countryside now move “home” to the rural areas regularly, many families from the former Transkei still prefer to bury their members on the homestead. Funerals follow a similar pattern:

- The body is brought home, physically and spiritually;
- Young women from the village help prepare the homestead and the food for the guests, while young men help dig the grave;
- Family members may wash and dress the body at the mortuary;
- On the eve, the corpse is placed in an open casket in the main house where a vigil is held; and
- The next morning, the body is moved to a tent in the yard where a larger gathering assembles and up to a dozen people may speak before the coffin is carried to the grave site.

In Xhosa culture, if the funeral is not performed meaningfully, the family may need to invest in expensive rituals to appease the deceased and can suffer considerable, long-lasting trauma.

**‘Closing the gate’**

For many rural residents of the former Transkei, the state’s intrusion in the name of public health into a social and cultural space that had previously been almost entirely theirs, as well as the new general restrictions on movement and communality, were experienced as alien and alienating. The feeling was that the government was “closing the gate” (*ukuvala isango*) within villages, producing atomised responses to the outbreak at a moment when the need for community solidarity to promote resilience in remote rural areas was particularly great. The accusation was also that the government was “closing the gate” by failing to provide rural residents with the political support required to defend their interests; or adequate local medical and other services, including access to the new Covid-19 grants and relief measures.

As rural families were corralled behind the gates to their homesteads, they were deprived of the support that would normally have been provided at this time of year, when the “gate is open” to returning kin, as well as the opportunity to unite in adversity. Subsequently, as families started to feel the deadly presence of the virus more directly in their neighbourhoods, household heads and senior members sought to “close the gate” themselves, in particular to protect the elderly. These efforts were resisted by many younger rural residents, leading to significant inter-generational cultural conflict; and gave rise to increased domestic violence as men turned on their spouses for failing to activate their networks to put food on the table as expected, and despite the impossible circumstances.
Resistance, compliance and adaptation

Many community members indicated that they had felt abandoned to their fate by political and traditional leaders in the region and officials at the local, municipal and national levels. Local leaders also described how the lockdown restrictions on gatherings prevented people from coming together – which both undermined their own political and pastoral work, as well as communal resilience more broadly. In relation to compliance with the rules – particularly those on physical distancing and mask-wearing – it was found that adherence often related to whether the police were actually present. In addition, there was broad scepticism about the extent of general observance of the rules.

A number of different narratives were produced to explain people’s behaviour in response to the regulations. Councillors and traditional leaders placed the emphasis on how “disobedient” some villagers were, even blaming the spread of the virus on aberrant behaviour, such as at funerals, while admitting that this view was unsubstantiated. (A number of these respondents also reported that their rules in seeking compliance had led to “unnecessary enemies” being created locally.) Meanwhile, local community leaders focussed more on how effective, or ineffective, the rules actually were.

There was significant agreement among most of the respondents that the implementation of the new rules on funerals and the handling of Covid-19 corpses had caused great cultural harm, in particular, by:

- Preventing families from viewing and communing with the bodies of their loved ones;
- Isolating bereaved families from their communities before and at funerals;
- Contravening key rites. For example, interring the bodies in plastic prevented the skin from meeting soil, as custom required; and
- Precluding the possibility of satisfactory identification and consequently burying the wrong body.

Strategic resistance to the rules was reported, with family and community members:

- No longer reporting deaths to avoid visits from the authorities;
- Opening coffins and viewing and preparing bodies without following the rules;
- Holding night vigils;
- Flouting restrictions on numbers of mourners present at funerals; and
- Holding funerals early so that they could be completed before any officials arrived.

Subsequently, towards the end of 2020, a spate of illegal exhumations and reburials were reported as families distressed that their loved ones had not been buried properly according to tradition sought to appease the dead and remedy the spiritual damage done.

At the same time as the tough rules on funerals encountered strategic resistance at the local level, significant communal responsibility was reported, with members of rural communities taking many steps to protect themselves and each other from the Covid-19 outbreak, including by adapting practices around funerals. In this regard, local leaders said that new ways of managing death and bereavement could be found which both satisfied psycho-social demands and protected the living. For example, many leaders viewed the new, quicker funerals which had become common as a return to the old ways, also arguing that they met the needs of ancestors who understood that the current conditions precluded long ceremonies.

However, it was also noted that, while there was great readiness at the local level to adapt cultural practices, there needed to be a willingness on the part of the government to engage. On the kinds of immediate change that should be implemented, it was generally agreed that:

- Funeral parlours should wrap bodies so that their faces were visible and they were not encased in plastic;
• Bodies should be allowed to be brought into the home for viewing and communing before going to the gravesite; and

• The numbers of those allowed at funerals could be increased to include extended kin and other community members under strict monitoring to prevent the spread of the virus.

**Health services**

Rural families complained about the failure of local nurses to be ready or sympathetic when “people needed them most”. Nurses had not been at their stations in rural clinics because of fear and uncertainty about the pandemic, including concern that they may contract the virus. At the same time, rural nurses were placed in an invidious position. A number of the nurses stated that they had received no training whatsoever on how to deal with Covid-19 cases; and lacked the appropriate medicines at rural clinics. All of which left them little option but to refer patients to urban health centres, many of which had closed. Consequently, many households turned to traditional remedies and strategies to protect themselves against infection. In this regard, local traditional healers said they wished that the government had involved them in discussions about the outbreak so that they could respond to it with the state’s support – affirming the finding that, notwithstanding official support for the idea of medical pluralism, there was little practical integration between the state’s system and the activities of these healers.

### 6.2 Recommendations

#### 6.2.1 Key points

1. As the official response to the pandemic entered a new phase with the easing of lockdown measures, the nature of the preparedness required of the state shifted. Within this context, greater attention should be paid to the socio-cultural, as well as economic pressures of “locking the gate” on already vulnerable rural households; and, the kinds of service-provision support that should be offered to ease these.

2. A major finding of this study is the need to address the disconnect between the lockdown regimes produced by the government and the actual socio-economic and cultural needs of rural folk. Accordingly, government representatives and officials should seek to act in partnership with households, empowering them and facilitating the production of medium to long-term strategies to save lives, create jobs and support livelihoods; and minimise the everyday detrimental impacts of the pandemic.

3. Greater engagement by government actors with local people and South African social scientists may help to produce more effective mitigation policies which are shaped to meet the material, social and political needs of South Africans. Accordingly, further research in this area should be considered.

4. As part of official efforts to collaborate with and empower communities, it is important to identify representatives and/or mechanisms that can articulate and represent community interests with integrity. In this regard, efforts should be made to coordinate with traditional leaders to find more effective ways of identifying local community interests and communicating these to the relevant government officials at the local, provincial and national levels. At the same time as empowering such channels, it is important to ensure continued accountability of the state for proper service provision. Empowerment should not become a byword for neglect.

5. Broadly, more effective coordination should be established between communities and government officials, frontline staff and local leaders to produce practices that both protect local people better and enable them to bury their loved ones properly, in a way that does not produce cultural damage and trauma.

137 New instructions promulgated by the Department of Health in January 2021 supported making the faces of the dead visible and abandoning the practice of wrapping bodies in plastic, although they continued to restrict opportunities for viewing and commuting with the body in safe ways. See Mark Paterson & Leslie Bank (2021) Fear of the Body: How the government got it wrong on Covid 19 burials. Daily Maverick. 1st February 2021. Fear of the dead: How the government got it wrong on Co... (dailymaverick.co.za)
6. Steps must be taken to integrate service provision for rural communities in response to the pandemic more effectively. A key finding of this study has been the apparent fragmentation in the response to the pandemic among officials, frontline staff and local leaders; as well as within these groups, indicating a need for greater coordination and a more effective division of labour. In order to address this, issues around the allocation of responsibilities among local officials, leaders and community representatives and bodies need to be resolved. For example, in a matter as straightforward as the distribution of supplies of sanitiser and PPE by the government, the roles and responsibilities of public and private stakeholders and civil society representative need to be clearly delineated and implemented.

6.2.2 Public education and communication

7. This study found that a lack of effective public education about the impacts of the virus and how it is spread was considered to have led to unnecessary resistance to a number of government protocols both at funerals and more generally. In line with the advice of many leaders at the local level, it is recommended that there should be greater on-the-ground engagement from officials in rural areas, educating people not only about the rubric of the lockdown rules but about the rationale behind them.

8. Ideally, such education should not be implemented within a discourse of compliance and enforcement and may therefore best be conducted by key frontline staff, such as health officials and even funeral parlour workers, as well as other local leadership figures such as traditional leaders and their delegates; priests; or community figures, such as burial society representatives.

9. Discussions should be held at the local, municipal and provincial levels to delegate responsibility for such education and a properly resourced train-the-trainer programme should be established/extended as a matter of urgency to implement it.

10. In producing this engagement, the government should involve local people more in the decision-making around how best to combat the spread of the virus, including the kinds of actions that they may take to prevent its spread, as well as in cases in which it has been contracted.

11. Such consultation should inform the focus of the protocols so that they take full account of local conditions and needs, leading to clear, consistent messaging by local, municipal and provincial officials on the rubric of these protocols and the rationale behind them.

12. The public education programme on the Covid-19 outbreak should come to people in their own language, in their own places and through channels that they understand and respect. In this regard, the toll-free numbers and email contacts produced by the government to support its national public education campaign should also be disseminated more effectively.

6.2.3 Coordination

13. This study found that significant communications and logistical disconnects were reported between traditional leaders and police; between ward councillors, municipal mayors and managers; and between clinics and provincial hospitals. Accordingly, more effective coordination should be established among the relevant responsible stakeholders in their key areas of work.

14. Local communities should be encouraged to appoint representatives to advocate on their behalf, ensuring that their interests are effectively represented in all Covid-19 related matters and to create a communications point for all official, community and joint efforts to address the impacts of the outbreak. This is particularly crucial under lockdown restrictions which have inhibited communal decision-making efforts by preventing meetings.

15. Such representatives, who may occupy dual roles as members of other local leadership
groups, should coordinate with local health workers and healers, police, environmental affairs officials, councillors, priests and traditional leaders, as well as other relevant parties such as funeral parlour staff, to conduct, or affirm the lessons of, the public education programmes that have been instituted and to help local people follow the guidelines. Such coordination should seek to ensure that all appropriate equipment, materials and guidance has been provided and is being deployed properly.

16. Before and at funerals, effective coordination is required to ensure that the appropriate steps under Covid-19 are followed including registering deaths and obtaining death certificates; sourcing financing as appropriate for the burial; providing attendance registers for contact-tracing purposes; arranging physical distancing; and providing PPE and sanitiser for those on the frontline, including the bereaved family, local traditional, religious and community leaders, funeral parlour staff and gravediggers.

6.2.4 Adaptation of funeral practices

17. Government officials should return to the first principles of the WHO guidelines upon which the present rules for handling dead bodies under Covid-19 are based. That is, the dignity of the dead, their cultural and religious traditions and their families should be respected throughout.  

18. Greater attention should be paid in the rules on the handling of bodies to the WHO’s advice that there is no evidence of people becoming infected from exposure to the bodies of those who died from Covid-19 (and that body bags are not necessary except in transporting the remains).  

19. In reviewing the protocols, government officials should note that there is great popular readiness to adapt cultural practices to help prevent the spread of the virus and that there is broad acceptance that new ways of managing death and bereavement can be found which meet cultural demands and protect the living from the outbreak.

20. In general, government policies and procedures on funerals should speak to local cultural practices and indigenous knowledge systems; and be coordinated through local leadership structures, including those of traditional leaders, healers, priests, burial societies and other community representatives.

21. In this regard, a number of specific proposals have been produced:

- Family members should be permitted to view and communicate with the body at the mortuary and again once it has been brought home in ways which ensure the safety of everybody.
- At least two members of the family should be allowed to see the body to make sure it is the right one.
- The government should issue the families of the deceased with appropriate PPE and sanitiser so that they can attend and identify the body at the mortuary.
- The present practice of dead bodies being dressed by the morticians at the funeral parlour could be adapted to include family members, as was common before the outbreak.
- Consideration should be given to interring bodies in shrouds, as is permitted under WHO guidelines, rather than plastic, which is seen as preventing skin from meeting soil. At the very least, funeral parlours should wrap the bodies so that the faces are visible.

138 Advice issued by the Ministerial Advisory Committee on Covid-19 in January 2021 appeared to take this recommendation on board.

139 Advice issued by the Ministerial Advisory Committee on Covid-19 in January 2021 also appeared to take this recommendation on board.

140 Instructions issued by the Department of Health in January 2021 appeared to take this recommendation on board.
Greater numbers could be permitted at funerals under the condition that physical distancing rules are followed closely; temperatures are taken; attendance registers are provided and completed; and sufficient sanitiser is provided. Traditional leaders may play an important role in ensuring such compliance.

6.2.5 The business of death
22. Funeral parlour staff indicated that they had been issued a series of contradictory, shifting instructions on funerals. The Department of Health should seek greater clarity in its advice to these stakeholders.

23. The department should also seek to ensure that sufficient mobile cold storage is available to store Covid-19 bodies. One respondent noted that such storage had been full to capacity which could lead to confusion over the identities of the bodies being stored there.

24. Shorter three-day time frames for burials have posed logistical challenges, particularly in processing insurance claims to pay for funerals on time. Insurers should coordinate more effectively with funeral parlours so that pay-outs may be issued more quickly. The government should consider overseeing this coordination.

25. Funeral parlours should make greater use of electronic banking services to limit physical contact with families seeking to make payments.

6.4.6 Personal protective equipment
26. Official efforts to provide sanitiser and PPE not only at funerals but beforehand as community members visit the bereaved and as family members visit the body of their loved ones at mortuaries, should be coordinated more effectively. Sanitiser and required PPE, including masks, could perhaps be distributed through local channels, such as traditional leaders and local headmen; priests; burial societies; and the undertakers themselves, who are currently bearing the cost and charging for such provision at funeral parlours.

27. A general complaint among many local leaders and frontline staff, including police, was a lack of PPE and sanitiser not only for themselves but for community and family members whose roles in funeral and bereavement processes placed them at risk. Gravediggers reported a lack of PPE, in particular gloves. The government should step in to meet such shortfalls.

6.2.7 Health
28. A more preventative, holistic, people-centred approach should be taken to increase awareness of, and popular action to combat Covid-19. Accordingly, health promotion services should be introduced or reintroduced in rural communities.

29. The study found that primary health care was reported as widely unavailable, and/or inadequate and distant. Clinics and hospital services had been closed, including for family planning; and there was a virtual absence of any form of testing for Covid-19 for rural residents, other than that offered by prohibitively expensive providers in town. In light of these reports, primary health care policies and procedures, including the sector’s operational framework and classification model, should be reviewed with the aim of bringing greater social justice and accountability into health care services and making them more effective for rural communities.

30. Traditional health care, which remains unrecognised under the dominant western bio-medical approach and operates outside the present legal framework despite its popularity, should be acknowledged as an important form of treatment and its practitioners may be recruited as vectors for some local health care initiatives in response to Covid-19.
31. The government should make arrangements to test many more members of rural communities, whose marginalisation from mainstream services renders them particularly vulnerable to the harm that Covid-19 can cause.

32. A greater focus needs to be placed on testing of, and health care provision for, the elderly, who are particularly vulnerable.

6.2.8 Official responses
33. Although top-down communication may be seen as operating quite smoothly within the South African Police Service, greater efforts should be made to facilitate bottom-up communications and improve responsiveness to concerns raised on the ground by junior officers. In particular, efforts should be made at the senior level to address the concerns of junior officers who feel stigmatised by local communities; may lack the authority to enforce unpopular rules; and are reportedly vulnerable to infection due to a lack of adequate PPE.

34. Mechanisms to produce greater police accountability to local communities should be considered; and attention should be paid to demands to increase police intervention in some villages to send a warning to criminals who may otherwise ply their trade with impunity in isolated rural neighbourhoods.

35. The challenge of ensuring physical distancing in queues to collect grants in town, where overcrowding may persist despite the presence of queue marshalls, should be addressed.

36. Government service providers, including local Home Affairs offices, should make greater efforts to meet the needs of local populations.

6.2.9 Livelihoods
37. The economic impacts of the pandemic at the village level have included: increased hunger and food insecurity; untilled land; depleted livelihoods; a lack of agribusiness; and increasing reliance on grants, which are not always delivered as they should be. Accordingly, food-security programmes should be established that address local people as both creators and recipients of livelihoods and foster social action to support wellbeing, thus alleviating dependence on government social grants.

38. The provision of adequate water supplies, which remains a pressing concern in a number of areas, should be addressed.

6.2.10 Gender-based violence
39. The government and non-profit organisations (NPOs) need to coordinate their approaches to combat GBV and remedy the plight of women in rural areas more effectively, with the support of local leadership figures.

40. In particular, greater awareness on women’s legal and constitutional rights, including in relation to marriages, inheritance and harmful traditional practices should be promoted; the police should prioritise efforts to protect women, including by enabling the prosecution of crimes against them; and more places of safety for women, girls and children managed and run by rural women themselves should be established.
7. Appendices

Appendix 1

RESEARCH, DESIGN & METHODOLOGY

1.1 Study Location, Population & Justification
The study was conducted in 10 rural communities of two predominantly rural districts of the Eastern Cape Province, the O R Tambo and the Christ Hani District. The locations were selected from different local municipalities in the districts, of which the divisions were as follows; three locations from the Chris Hani district under Engcobo and seven rural communities from the OR Tambo District. The local municipalities from Chris Hani are, Intsika Yethu and Engcobo local municipalities and from the OR Tambo Municipality, these were, Umhlontlo, Nyandenini, King Sabata Dalindyebo, Umzimvubu, Bizana, and Ingquza. In April 2020, it was believed that funeral gatherings and customary practices would be catalyst for speeding up Covid 19 infections in rural areas, especially in the former homelands. Funerals and customary practices were labelled as “super-spreaders” and believed to be the key sites and opportunities when those infected in the cities would bring the disease back into the countryside. The study area was chosen to provide government departments, traditional leaders, religious leaders, and civil society organisations with an account of how rural communities were responding to the threat of Covid 19, and how they were adjusting their behaviour, especially at funerals, to mitigate the spread of the pandemic and what impact the new rules has on their well-being and identity.

1.2 Research Design
This study was a cross-sectional study that combined a structured social survey of community stakeholders with observation and auto-ethnography. This study was undertaken in the “eye of the storm” between May and July 2020, while the crisis was unfolding across the region and the world generally. The research adopted an engaged situational analysis, with weekly updates, rather than a retrospective assessment of each of the ten selected rural communities. There was consider danger involved in navigating the fieldwork situation and collecting information with the spread of Covid. The researchers were cautious to follow protocols in all situations. The project took a multisectoral approach that combined a structured survey of key stakeholders on all areas with social networking and auto ethnographic techniques through a use of a non-probability purposive sample procedure. The multisectoral approach of a purposive sample afforded the project to focus on selected stakeholders in these rural communities, including traditional leaders, religious leaders and community representatives. These were drawn from the ten rural communities of the ten local municipalities under the above-mentioned districts.

1.3 Research methodology
The project was both quantitative and qualitative, with quantitative data mostly covered by the literature review and the secondary data, whereas the primary data was mostly qualitative and the main strategy for fieldwork. The process was engaged from the onset and coordinated through stakeholder agencies and field workers from the same communities in the study. The fieldworkers were a team of ten research assistants led by two lead researchers, one from HSRC and the other from WSU. The researcher were WSU staff members and students that were back in their rural homes, under the first wave, level one lockdown. The process in each community was through an identified traditional leader, who would then be contacted to request entry and to make community
### Table: Names of Fieldworker and their Geographical spread with the Authorising Chief.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SURNAME</th>
<th>GENDER</th>
<th>DISCIPLINE</th>
<th>LOCAL MUNICIPALITY</th>
<th>TOWN</th>
<th>RURAL LOCATION WHERE STUDY IS DONE</th>
<th>RESPECTABLE CHIEF WITH CONTACT DETAILS</th>
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<td>F</td>
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<td>Intsika Yethu</td>
<td>Confimvaba</td>
<td>Oamota</td>
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stakeholders to be aware of the research to be undertaken in their communities. Furthermore, a gatekeeper’s letter for each sector to afford research to be conducted was granted through ECSECC facilitation of requesting such. The study involved eleven stakeholders per each of the ten communities selected. These were the stakeholders that participated in the study - the traditional leaders, religious leaders, community leaders, police officials, health officials, ward councilors, traditional healers, funeral parlour officials, burial society members, grave diggers, and the close kin of a person who died in the time of COVID-19.

The process was engaged from the onset and coordinated through stakeholder agencies and field workers from the same communities in the study, who were WSU staff members and students that were back in their rural homes, under the first wave, level one lockdown. The process in each community was through an identified traditional leader, who would then contact to request entry and community stakeholders to be aware of the research to be undertaken in their communities. The table below presents the fieldworkers against the communities in the study per each local municipality.

### 1.4 Methods of Data collection

This study was undertaken in the eye of the storm. It was a situational analysis, rather than a retrospective assessment. The study was structured around observations of peoples’ practices at funerals and in their everyday life in ten rural settings in the former Transkei, as well through in-depth interviews with key local stakeholders. The research attempts to record how funeral practices are being adjusted in this time of Covid 19 and whether these adjustments comply with the government regulations and remain meaningful in terms of local cultural practices and religious beliefs. The study explored the extent to which local practice in rural areas aligned with government rules and regulations. The study explored the roles and responsibilities of key stakeholders in the management of death and funerals in the rural areas of the Eastern Cape Province, looked at community and household life as well as healthcare. The researcher with the lead research first did overviews of the situation, a process which was done through observation that infused journalist skills to be able to take note of this on the ground, record information with pictures as supporting evidence. Being able to follow leads of topical issues of response to the funeral.
protocols and to covid-19 shutdown regulations. Then lastly the interviews were conducted telephonically and when it was necessary and with all protection exercised, face to face interview was conducted. Stakeholders were willing to be interviewed as they felt the research is giving them platform to address themselves and to deal with their fears.

1.5 Data Analysis and Writeup:
The interviews were transcribed, and situational analysis data was blended with the data from the interviews. Narratives were drawn from the interviews and presented against the objectives of the project. The writing of the report and other publications for the media and academic outlets took about 4 months and feedback was given to stakeholders through interactive webinars and a policy brief.

Appendix 2: Regulations governing funerals and the treatment of the deceased produced by the South African government and the World Health Organisation

2.1 Extract from Department of Cooperative Governance and Traditional Affairs. 2020. Disaster Management Act, 2002: Amendment of regulations issued in terms of Section 27(2). 28 May.


Attendance of funerals
35. (1) Movement between provinces, metropolitan areas or districts by a person intending to attend a funeral is only permitted if the person is a

(a) spouse or partner of the deceased;
(b) child or grandchild of the deceased, whether biological, adopted, stepchild, or a foster child;
(c) child-in-law of the deceased;
(d) parent of the deceased, whether biological, adopted or stepparent;
(e) sibling, whether biological, adopted or stepbrother or sister of the deceased; or
(f) grandparent of the deceased;

(2) Attendance at a funeral is limited to 50 persons and is not regarded as a prohibited gathering.

(3) Night vigils are prohibited.

(4) During a funeral, all health protocols and social distancing measures must be adhered to in order to limit exposure of persons at the funeral to COVID-19.

(5) Each person, whether travelling alone or not, wishing to attend a funeral and who has to travel between metropolitan areas, districts, or between provinces, must obtain a permit which corresponds substantially with Form 4 of Annexure A, from his or her nearest magistrate’s office or police station to travel to the funeral and back.

(6) The head of court, or a person designated by him or her, or a station commander of a police station or a person designated by him or her, may issue the permit to travel to a funeral.

(7) Upon a request for a permit to attend a funeral, a person requesting a permit must produce a death certificate or a certified copy of the death certificate to the head of court, or a person designated by him or her, or a station commander of a police station or a person designated by him or her: Provided that where a death certificate is not yet available, and the funeral must be held within 24 hours in keeping with cultural or religious practices, the person requesting the permit must make a sworn affidavit which corresponds with Form 5 of Annexure A, together with a letter from a cultural or religious leader confirming the need for the funeral to take place within 24 hours.

(8) Only two family members of the deceased may, with the required permits, travel in the vehicle transporting the mortal remains to
the metropolitan area, district, or province where the funeral will take place if the cause of death of the deceased being transported is non-COVID-19 related: Provided that the health protocols and social distancing measures are adhered to.

(9) The provisions of regulation 43 must be strictly adhered to when travelling.

(10) A copy of the permit issued and the death certificate or sworn affidavit made, must be kept safely by the head of court, or station commander of a police station, for record keeping for a period of three months after the national state of disaster has ended, whereafter it may be destroyed.

(11) All forms must be completed in full, including full names, identification or passport numbers and full contact details as required in the form.

(12) A form that is not completed in full as required by sub-regulation (11) is invalid.

2.2 Extract from Department of Health. 2020. Amendment to the directions issued in terms of regulation 10(1) of the regulations made under section 27(2) of the Disaster Management Act, 2002: Measures to address, prevent and combat the spread of Covid-19. 25 May.


Handling of mortal remains: General

8A (1) The handling, transportation, importation, exportation and final disposal of COVID-19 mortal remains should be conducted only in accordance with Chapters 4, 5 and 6 of the Human Remains Regulations.

(2) All persons handling COVID-19 mortal remains should wear suitable personal protective clothing at all times.

(3) All persons handling COVID-19 mortal remains should practise good personal hygiene such as washing hands with soap and water and using personal protective clothing.

(4) No person may at any given time make contact with, or touch, the mortal remains without wearing the appropriate PPE.

(5) Metropolitan and local municipalities should ensure that the burial or cremation of COVID-19 mortal remains takes place in suitably approved cemeteries or crematoria, respectively.

(6) Metropolitan and district municipalities should ensure that they identify areas that may be utilised for mass burial should the need for same arise.

Handling of mortal remains in mortuaries or at funeral undertakers

8B. (1) The act of moving a recently deceased patient onto a hospital trolley for transportation to the mortuary might be sufficient to expel small amounts of air from the lungs and thereby present a minor risk.

(2) A body bag should be used for transferring the body to the mortuary and those handling the body at this point should use full PPE.

(3) The outer surface of the body bag should be decontaminated immediately before the body bag leaves the ward or anteroom area and may require at least two individuals wearing such protective clothing, in order to manage this process.

(4) The trolley carrying the body must be disinfected prior to leaving the ward or anteroom.

(5) Prior to leaving the ward or anteroom, the staff members must remove their PPE.

(6) Once in the hospital or private mortuary, it would be acceptable to open the body bag for family viewing by family members (one at a time) only at the mortuary. Family must be provided with masks and gloves for the
viewing and should not touch the body with bare hands. Mortuary attendant must wear full PPE.

(7) Washing or preparing of the mortal remains is allowed provided those carrying out the task wear PPE such as gloves, masks and waterproof coverall, and all PPEs used must be disposed of immediately. However, the washing and preparing of the mortal remains by family members is not encouraged due to the health risks.

(8) Mortuary staff and funeral directors must be advised by the Environmental Health Practitioner of the biohazard risk.

(9) No washing is allowed out of the mortuary or funeral undertaker's premises.

(10) If the family wishes to dress the body, they may do so at the funeral undertaker's premises prior to the body being placed in the body bag and those carrying out the task should wear PPE such as gloves, masks and waterproof coverall aprons, and all PPEs used must be disposed of immediately.

(11) If a post mortem is required, safe working techniques should be used and full PPE should be worn.

(12) In order to avoid excessive manipulation of the body, embalming is not recommended, however, if embalming is undertaken, the embalmer should wear full PPE.

(13) After use, empty body bags should be cut and disposed of as health care risk waste.

(14) After use, the reusable empty heavy-duty body bags must be treated in terms of existing procedures.

Measures when a person passes on at home

8C. (1) In the event that a person infected with COVID-19 dies at home, family members must not, at any stage, handle the body. An EMS [emergency medical service] must be called immediately to confirm death before removal by an undertaker.

(2) The belongings of the deceased person should be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach.

(3) Clothing and other fabric belongings of the deceased should be machine washed with warm water and laundry detergent at 60-90 °C (140-194 °F).

(4) If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing.

(5) The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens should be allowed to dry in full sunlight.

Conveyance of infectious mortal remains

8D. (1) The mortal remains of a COVID-19 patient may not be conveyed in public in any way unless:

(a) such remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, embalmed and the total surface of the body is covered with a 5cm layer of wood sawdust or other absorbent material which is treated with a disinfectant;

(b) a medical practitioner declares, in writing, that in his or her opinion the conveyance of such mortal remains will not constitute a health hazard; and

(c) the body is transported in an authorised vehicle designated and certified to transport mortal remains.

(2) No person other than an attending medical practitioner, an attending forensic pathologist or a medical practitioner who can prove that he or she has treated the
deceased during illness, may certify that the person did not die of an infectious disease. A certificate or declaration that a person did not die of an infectious disease must:

(a) accompany the mortal remains at all times during the conveyance and up to the burial; and

(b) be shown to an Environmental Health Practitioner on demand, by the person responsible for the conveyance of the mortal remains.

(3) No person may:

(a) damage a polythene bag or a sturdy non-transparent sealed coffin;

(b) open such bag or coffin;

(c) remove the mortal remains from the bag or coffin; or

(d) come into direct contact with the mortal remains after the bag or coffin has been sealed.

Prohibition of viewing and storage of body at home

8E. A funeral undertaker must deliver the mortal remains on the morning of burial, and not the night before the burial, and must ensure that the remains are not touched during viewing.

Environmental cleaning and control

8F. (1) The mortuary must be kept clean and properly ventilated and illuminated at all times.

(2) Surfaces and instruments should be made of materials that can be easily disinfected as prescribed in the Human Remains Regulations.

(3) Surfaces, where the body was prepared, should first be cleaned with soap and water, or a commercially prepared detergent solution. After cleaning, a disinfectant with a minimum concentration of 0.1% (1000 ppm) sodium hypochlorite (bleach) or 70% ethanol should be used to disinfect.

Disposal of mortal remains: Burial or cremation

8G. (1) Cremation is highly recommended where a person has passed on due to COVID-19.

(2) A burial or cremation of the mortal remains of a person who died of COVID-19 must be carried out in terms of the Human Remains Regulations.

(3) (a) Burial services should be as short as possible but may not exceed two hours in order to minimise possible exposure.

(b) Mourners should observe physical distancing during and after the burial service.

(4) Only close family members should attend a funeral service of a person that died of COVID-19 or of other infectious diseases.

(5) For the purposes of protecting the health of the mourners at a burial service, a COVID-19 patient should not attend a burial service irrespective of his or her relationship with the deceased.

(6) Those tasked with placing the body in the grave, on the funeral pyre, etc. should wear gloves and wash hands with soap and water once the burial is complete.

Disposal of Mortal Remains in High-Risk Situation

8H. (a) The mortal remains may not be kept for more than three days at the mortuary.

(b) Government may intervene where mortal remains are not claimed within two days.

(c) Should the death rate appear to exceed the capacity of available space to keep mortal remains, the Government may intervene to facilitate mass burials.

(d) District and metropolitan municipalities should identify land that can be used for
mass burial should a need arise.

(e) Municipalities should ensure that a mass burial is done in consideration of human dignity and necessary controls should be put in place to ensure that mortal remains can be identified.

(f) Machinery (for digging and closing of graves) can be used if deemed fit to prevent further spread of the virus and when hand tools are used during digging and closing the grave. The tools must be sanitised.

(g) People carrying the coffin must wear disposable hand gloves which must be disposed of properly.

**Burial of Non COVID-19 mortal remains**

81. (1) A mortuary staff member or an undertaker must not keep the mortal remains for more than 10 days from the date of death.

(2) Non COVID-19 mortal remains must be buried or cremated within 10 days from the date of death.

2.3 Extract from Department of Health. 2020. Circular on testing of all persons passing on at home or out of a health facility. 12 August.


The Minister of Health in his media briefing held on the 5th August 2020 announced that “as part of improving the records of COVID-19 related deaths in response to reports on excess deaths, we now require that all the sudden deaths and those that occur at home must have specimens taken for COVID-19 before a death certificate is issued”.

All persons who die at home must be tested for SARS Cov-2 by a Medical Doctor/ Clinician. The Medical Doctor/ Clinician that certifies the death and fills in the DHA Form 1663 form must also take the above-mentioned samples. Testing must be done before the human remain(s) are released to the funeral undertaker. The Medical Doctor/ Clinician must indicate on the DHA 1663 form that SARS Cov-2 samples have been taken. The sampling process should not interfere with prescribed time frames set for keeping human remains during the state of disaster period. If post-mortem testing is indicated, the clinician should always advise that the body must be managed as if it were COVID-19 positive.

The Department has taken several activities to assess whether the plateau that is observed in some provinces is due to reduced testing numbers or if indeed less people are becoming infected with Coronavirus.

It is critical that everyone dealing with death registration and confirmation assist the Department of Health to correctly record the cause of death by undertaking the testing as indicated above so that the country can have proper records.


**Key considerations**

- COVID-19 is an acute respiratory illness caused by COVID-19 virus that predominantly affects the lungs;

- Based on current evidence, the COVID-19 virus is transmitted between people through droplets, fomites and close contact, with possible spread through faeces. It is not airborne. As this is a new virus whose source and disease progression are not yet entirely clear, more precautions may be used until further information becomes available;

- Except in cases of hemorrhagic fevers (such as Ebola, Marburg) and cholera, dead bodies are generally not infectious. Only the lungs of patients with pandemic influenza, if
handled improperly during an autopsy, can be infectious. Otherwise, cadavers do not transmit disease. It is a common myth that persons who have died of a communicable disease should be cremated, but this is not true. Cremation is a matter of cultural choice and available resources;

- To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19;
- People may die of COVID-19 in the health care facilities, home or in other locations;
- The safety and well-being of everyone who tends to bodies should be the first priority. Before attending to a body, people should ensure that the necessary hand hygiene and personal protective equipment (PPE) supplies are available;
- The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout;
- Hasty disposal of a dead from COVID-19 should be avoided;
- Authorities should manage each situation on a case-by-case basis, balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection.

Preparing and packing the body for transfer from a patient room to an autopsy unit, mortuary, crematorium, or burial site

- Ensure that personnel who interact with the body (health care or mortuary staff, or the burial team) apply standard precautions, including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body, including a gown and gloves. If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical masks, and:
  - Prepare the body for transfer including removal of all lines, catheters and other tubes;
  - Ensure that any body fluids leaking from orifices are contained;
  - Keep both the movement and handling of the body to a minimum;
  - Wrap body in cloth and transfer it as soon as possible to the mortuary area;
  - There is no need to disinfect the body before transfer to the mortuary area; body bags are not necessary, although they may be used for other reasons (e.g., excessive body fluid leakage); and no special transport equipment or vehicle is required.

Funeral home/ mortuary care

- Health care workers or mortuary staff preparing the body (e.g., washing the body, tidying hair, trimming nails, or shaving) should wear appropriate PPE according to standard precautions (gloves, impermeable disposable gowns [or disposable gown with impermeable apron], medical masks, and eye protection);
  - If the family wishes only to view the body and not touch it, they may do so, using standard precautions at all times including hand hygiene. Give the family clear instructions not to touch or kiss the body;
  - Embalming is not recommended to avoid excessive manipulation of the body;
  - Adults >60 years and immunosuppressed persons should not directly interact with the body.

Burial

People who have died from COVID-19 can be buried or cremated.

- Confirm national and local requirements that may dictate the handling and
disposition of the remains.

- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash hands thoroughly with soap and water after the viewing;

- Those tasked with placing the body in the grave, on the funeral pyre, etc., should wear gloves and wash hands with soap and water after removal of the gloves once the burial is complete.

**Burial by family members or for deaths at home**

In contexts where mortuary services are not standard or reliably available, or where it is usual for ill people to die at home, families and traditional burial attendants can be equipped and educated to bury people under supervision.

- Any person (e.g., family member or religious leader) preparing the deceased (e.g., washing, cleaning or dressing body, tidying hair, trimming nails or shaving) in a community setting should wear gloves for any contact with the body. For any activity that may involve splashing of bodily fluids, eye and mouth protection (face shield or goggles and medical mask) should be worn. Clothing worn to prepare the body should be immediately removed and washed after the procedure, or an apron or gown should be worn;

- The person preparing the body should not kiss the deceased. Anyone who has assisted in preparing the body should thoroughly wash their hands with soap and water when finished;

- Apply principles of cultural sensitivity and ensure that family members reduce their exposure as much as possible. Children, older people (> 60 years old), and anyone with underlying illnesses (such as respiratory illness, heart disease, diabetes, or compromised immune systems) should not be involved in preparing the body. A minimum number of people should be involved in preparations. Others may observe without touching the body at a minimum distance of 1 metre;

- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash their hands thoroughly with soap and water following the viewing; physical distancing measures should be strictly applied (at least 1 m between people);

- People with respiratory symptoms should not participate in the viewing or at least wear a medical mask to prevent contamination of the place and further transmission of the disease to others;

- Those tasked with placing the body in the grave, on the funeral pyre, etc. should wear gloves and wash hands with soap and water once the burial is complete;

- Cleaning of reusable PPE should be conducted in accordance with manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.);

- Children, adults > 60 years, and immunosuppressed persons should not directly interact with the body;

- Although burials should take place in a timely manner, in accordance with local practices, funeral ceremonies not involving the burial should be postponed, as much as possible, until the end of the epidemic. If a ceremony is held, the number of participants should be limited. Participants should observe physical distancing at all times, plus respiratory etiquette and hand hygiene;

- The belongings of the deceased person do not need to be burned or otherwise disposed of. However, they should be handled with gloves and cleaned with a detergent followed by disinfection with a
solution of at least 70% ethanol or 0.1% (1000 ppm) bleach; and

- Clothing and other fabric belonging to the deceased should be machine washed with warm water and laundry detergent at 60–90°C (140–194°F). If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully in sunlight.

### Appendix 3: Is it possible to hold a culturally appropriate funeral under the Covid-19 regulations? An academic perspective based on an interview with Professor Somadoda Fikenj conducted by Dr Nelly Vuyokazi Sharpley

**The question of culture and wellbeing in the time of Covid-19**

As part of this study, many members of the Xhosa ethnic group in the Eastern Cape expressed the view that the new rules for funerals under Covid-19 threatened their cultural beliefs and thus their spiritual and physical wellbeing:

- *Hayi kaloku thina singabantu, lento siyenziswayo yokuhusheka abantu bethu, ayizusibyela kakubi na kengo?* 141

- *Senzekanjani singawuthobeli umyolelo womntu omdala?* 142

- *Uyahlupa umntu ongasekhoyo ukuba okafihlwanga ngendlela* 143

- *Okukuhusheka sikwenziswayo, okunyasha izithethe zethu* will cost us heavily 144

- Are we going to be allowed to do proper burial for our people after this Covid-19, *ngoba kaloku asibangwabanga ntu* (because we have not buried them at all)?

In some cases, the bereaved families would cry out, asking for forgiveness from the departed because of the guilt they felt by allowing *ukuqhushekwa komuntu omdala* (the burial of an elderly person like a child or an animal, without a funeral service).

Such was the importance of a proper burial, compared with the relatively unknown threat posed by the pandemic, that a number of respondents indicated they would obey umyolelo (the last wishes of a dying person about funeral rites) even if it meant risking exposure to Covid-19 or suffering the consequences of breaking the regulations. As one respondent said: “No police rules in this yard.”

In this context, Professor Somadoda Fikenj, an academic and expert on customary practices, in particular those of the AmaXesibe clan, considered the question of conducting a culturally dignified Xhosa burial under the Covid-19 funeral regulations.

### Post-colonial funeral arrangements in the Xhosa tradition

In the post-colonial era funerals are informed by both tradition and modernity; and have been modified accordingly. For example, although ubuWisile (the Methodist church) was established by the Englishman John Wesley, its practices were adapted in Africa to accommodate *sesihaya izungumbu* (beating of drums) and covering the deceased with a blanket (*ukoqunywa ngenguba*). Similarly, the idea of a widow wearing black originally comes from Mediterranean and Middle Eastern tradition. In other words, the evolution of funeral customs in South Africa may be regarded as a syncretic expression of culture. Traditions have been adjusted over time and modernised with the

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141 We are African people, though, but this burial process we are instructed to observe, will it not come back to haunt us badly sometime?

142 How can we not obey the last message and will of our elders when they leave instructions of how they should be buried and how the funeral should be done?

143 A dead person is troublesome to the living if not properly buried.

144 This burial process that violates our customs will cost us heavily.
advent of missionaries, colonialism and so forth.

Accordingly, funeral processes tend to vary from home to home, depending on the relative strength of the family members’ belief systems. If it is a family with a prominent traditional herbalist/healer (iGqirha) then the emphasis will be on traditional rituals (amasiko); but if the younger members of the family have migrated to the city, where they attend a charismatic church, then the funeral will likely be guided by what the pastors say. Differences of belief within the family can lead to clashes and a negotiated settlement on the exact nature of the funeral process that should be followed.

**Cultural processes and their spiritual meanings**

There are a number of key traditional aspects of funeral processes which should be conducted by the families of the deceased – each of which has its own meaning.

*Ukulanda umzimba* refers to the process of the family fetching and burying the body of the deceased according to the traditions of the clan, which entails invoking the clan’s name. There are also the rituals that follow the burial. Although these processes may or may not involve the church, they centre around the family. They may also vary according to the previously stated wishes of the deceased, as well as according to their social status. For example, kinship groups generally have their own rituals for the burial of a chief, and so on.

A number of other rituals are undertaken to protect the body and spirit of the deceased and to usher them safely home, to their place of rest and to the next world. *Intelezi* may be sprinkled by the family or *iGqirha* to prevent the body from being taken and violated by witches or evil spirits.

A branch of the tree called *umphafa* may be carried by a family elder who speaks to the departed, reassuring them that the family has come to fetch them and take them home and to their grave. As the body is transported across rivers and boundaries, the elder will keep talking to the deceased, calling their name, thanking them for joining the journey and introducing those who have come to accompany the spirit of the departed on their way back home.

This ritual is undertaken in the belief that although the spirit has escaped the body, it is still hovering nearby waiting for the family to formally, ceremonially, and ritually collect it. So, the family will chant their clan names (*iiiziduko*) to entice the spirit to come with them. When the body is left at the mortuary, the family will tell the person: “We are leaving you here for now, so that we can go home to prepare you a place which will be your resting place next to your forefathers. But we will soon return to fetch you.”

In relation to fetching the body from the mortuary, most families believe this should be done within a certain timeframe. Some will fetch the body in the early hours of the morning on the day of the funeral; others will bring the body home beforehand, so that it can lay out overnight, enabling the family to view it, pass on their last messages and sprinkle it with a herb mix, *ukuchela ngetelezi*, to protect it from being stolen and violated by witches. In all the rites, the family should observe the last wishes of the departed or they face being cursed.

**The dual function of culture**

Prof Fikeni said: “Culture is not static. It changes and shifts because it has to respond to real conditions on the ground. Hence at a certain point people move from stone age to iron age and now to 4IR [fourth industrial revolution].”

So, for example, during the Imfencane wars, which led to forced mass migrations across southern Africa, traditional circumcision practices were suspended and certain other rituals had to be adjusted to take account of conditions on the ground. More recently, circumcision practices have been adapted in acknowledgement of health concerns raised by practitioners of modern medicine. Similarly, the timeframes for holding funerals, which have come to be seen at culturally immutable, have actually changed significantly over time in response to changing conditions – indicating the functional aspect of culture. For example, the relative heat in Mpumalanga, which led to bodies decomposing quite quickly resulted in a tradition of timely burials and fairly short ceremonies. While elsewhere, such as in the Eastern Cape, the pre-funeral process was more extended and the ceremony itself could be protracted.
More recently, with the introduction of mortuaries and modern cold storage, as well as urbanisation which has led to many family members living quite far away, funeral processes have been renegotiated. There may now be weeks of preparation, during which insurance claims are processed and family members arrive from afar, before an appropriate agreed time for the burial. Additional processes associated with Christianity – such as the raising of the robes or “jackets” of the deceased in church, ukuxhoma ibhatyi – have also been introduced. In other words, new traditions have been forged, as traditional processes have been adapted to meet functional requirements and the demands and needs of those involved.

**Negotiating culture and appeasing the dead under Covid-19**

Similarly, the Covid-19 funeral protocols present a challenge for traditional burial processes that may be overcome through adaptation.

A recent, particularly relevant example of such adaptation may be found in the dispute that arose when plans to build a new airport for Mthatha on the site of local graves were announced. The local community objected on the grounds that they owned the land and that the new structure and the sounds of the aircraft would violate the peaceful rest of the ancestors. The dispute was resolved when the government acknowledged that the bereaved local families needed to be given the time and space to undertake the rituals of fetching their dead from the site and repatriating the spirits of these ancestors.

Similarly, implementation of the present Covid-19 protocols should seek to appease the people psychologically and ritualistically. Bereaved families should be able to apologise to the dead for not being able to view or talk to them. To this end, the ritual of using a sacred tree branch (umphafa) may be employed to guide the spirit home, as it was in the case of the airport at Mthatha. The key thing is to enable people to observe such rituals as they can while protecting them from the dangers of the virus. Accordingly, although not all rituals can be realised as they currently exist, there should be a process of negotiation to adapt the customs, which should provide a bridge for continuity from the known to the new. This can only be accomplished by engaging the people.


Almost a year after the World Health Organisation (WHO) told the South African government that the bodies of those who had died of Covid-19 posed little threat of infection to the living, the Ministerial Advisory Committee (MAC) has acknowledged that there is no need to wrap them in plastic or deny grieving families the opportunity to bury their loved ones as custom dictates. A memorandum issued on 25 January by MAC co-chairs Salim Abdool Karim and Marian Jacobs notes that wrapping the corpses in plastic before burial is “unnecessary” and that simple shrouds may be used instead. It further advises that “the face may be exposed during the funeral proceedings”. The new advice to the government comes in response to a spate of exhumations by families distressed that their loved ones had not been buried properly according to tradition under previous harsh rules.

Over the past year, many families have been denied the chance to view the bodies which have been wrapped in multiple layers of plastic, leading, in some cases, to the wrong person being buried. In response, the memorandum notes that the previous rules about encasing dead bodies in plastic contravened “certain cultural practices and beliefs” and had led to graves being dug up and bodies being exhumed and reburied “without approval”. It emphasises that contrary to popular opinion and previous official guidance issued to funeral parlours, the bodies of those who died of Covid-19 were not contagious after they had breathed their last and released their final fluids.

The advice comes in the wake of widespread concern over the doctrinaire nature of the government’s response to the Covid-19 pandemic, in particular its reliance on lockdown measures which have been described as impractical, as well as socially and culturally damaging. This study found that regulations issued under successive nationally declared states of disaster had severely restricted how the bodies of loved ones were handled and buried, which created fear and anguish within local communities.
Funeral parlours adopted the practice of wrapping bodies in three layers of plastic, which made it difficult to identify the corpse. They also covered the coffin in plastic. In a number of cases, the wrong body was delivered by the funeral parlour and ceremonially buried before the mistake was realised. The lockdown rules instituted at this time further prevented bereaved families from being able to commune with kinship and neighbourhood social networks, which undermined local resilience.

The study has questioned why the measures being promulgated by the government for the handling of Covid-19 bodies before burials were harsher than those advocated by the WHO in March last year. It further described how they were implemented without any consultation with local communities and against a background of a “moral panic” under which media and government tales of widespread flouting of official lockdown measures at village funerals stigmatised rural populations.

Amid great popular uncertainty about the causes and impacts of the new virus, the climate of fear in the Eastern Cape was exacerbated by the implementation of a hard lockdown, under which police tipped over beer drums at rural funerals and made arrests. Night vigils on the eve of the burial, when the coffin was often opened in the house to allow close family to communicate directly with deceased, were banned. Plasticised coffins were sometimes delivered quite late on the day of the funeral itself, or left in the open grave in the yard rather than taken to the tent at the main house where family and mourners were gathered. This study found that these actions generated anger and resistance among villagers, who chased away funeral parlour vans, threatening to assault the undertakers for not bringing the deceased to their communities in a respectable state at a proper time.

While some of the screaming that came to accompany the arrival of the undertakers, who were visored and clad in hazmat overalls in the belief they were handling highly contagious bodies, stemmed from dread of the white hooded figures carrying the coffin to the grave. Local residents reported feeling abandoned by traditional leaders and government officials, who were seen as ignoring their needs and customs, and talked of how the implementation of the new rules on funerals and the handling of Covid-19 corpses was causing great cultural harm and psychological trauma. Nevertheless, then as now, the government has continued to focus disproportionately on the threat posed by Covid-19 bodies.

In July, Eastern Cape premier Oscar Mabuyane announced that every person who dies in the Eastern Cape would be tested for Covid-19 before their bodies were released to their families. Earlier this month, President Cyril Ramaphosa singled out funerals as lethal events at which people contracted the virus – and subsequently died as a result. Even the recent memorandum places the emphasis on enforcement, insisting on the presence of a police officer at any vigil where a body is on display, and pushing for enforcement of the law on illegally exhuming bodies.

However, the point – as the present advice also makes clear – is that “transmission at funerals occurs amongst the living”, not a result of contact with the dead, as long as basic precautions are followed. In this regard, funerals pose a similar risk to that of parties, if physically-distancing, mask-wearing and hygiene measures are not followed. That it has taken almost a year for an advisory body at the national level to note this indicates some of the problems with the government’s approach to the pandemic. For example, as early as April last year, leading South African social scientists called for greater engagement in shaping the mitigation policies being produced by the Government to manage the spread of the virus. They noted the absence of the participation of social scientists in the government’s Ministerial Advisory Committee on Covid-19, which initially comprised 51 doctors and medical science academics and focussed on producing a “bio-medical fix”. Indeed, the present MAC headed by Karim and Jacobs, continues to be dominated by medical professional and academics.

The approach adopted by the Government, which was identified as being modelled on those promoted by states in the Global North, was also criticised as inappropriate for the material, social and political conditions in South Africa. For many rural residents of the former Transkei, the state’s lockdown intrusion, in the name of public health, into a social and cultural space that had previously
been almost entirely theirs, as well as the new general restrictions on movement and communality, were experienced as alien and alienating. The feeling was that the government was “closing the gate” (ukuvala isango) within villages, producing atomised responses to the outbreak at a moment when the need for community solidarity to promote resilience in remote rural areas was particularly great.

In this context, the study, which interviewed everyone from traditional and religious leaders and local councillors to nurses, undertakers, gravediggers, the police and the kin of the dead, found that the harsh rules on funerals had been met with significant strategic resistance, with family and community members:

- no longer reporting deaths to avoid visits from the authorities;
- opening coffins and viewing and preparing bodies without following the rules;
- holding night vigils;
- flouting restrictions on numbers of mourners present at funerals; and
- holding funerals early so that they could be completed before any officials arrived.

At the same time, significant communal responsibility was reported with members of rural communities taking many steps to protect themselves and each other from the Covid-19 outbreak, including by adapting practices around funerals. Following the submission of the present MAC memorandum, key questions that may be on the lips of rural families and villagers in the Eastern Cape is: Why was the frightening practice of denying the bereaved access to their loved ones allowed to persist, when the WHO had already announced that dead Covid-19 bodies were not infectious? Why did it take a spate of illegal rural exhumations across the Eastern Cape in recent months for the state’s main advisory body on the pandemic to finally pass judgement on this issue?

In this regard, researchers expressed the hope that notwithstanding the new memorandum’s emphasis on controlling mourners’ behaviour, one change that should be communicated immediately is that Covid-19 bodies are now allowed to be brought into the home for viewing and communing before going to the gravesite.


On 25 January, the South African Ministerial Advisory Committee on Covid-19 released a memorandum stating that, following a re-evaluation of the evidence, dead Covid-19 bodies should no longer be deemed contagious after they have exhaled their last breath and released their final bodily fluids. It was therefore advised that it was only necessary for these bodies to be bagged in plastic from the hospital to the mortuary, but not thereafter. The next day, the National Funeral Practitioners Association of South Africa (Nafupa SA) met with the departments of health and home affairs and then released a notice to members stating that the new ruling meant that: “we are returning to the normal way of conducting funerals” and that this would “allow families to observe their cultural beliefs”.

Nafupa told funeral parlours there was no long any need to triple-bag bodies in plastic, or prevent family and mourners from viewing and even touching the body, as it posed no significant health threat if appropriate precautions were taken. Nafupa members were also told that they no longer needed to deposit bodies at grave sites, but could now deliver them to the family home or churches. Coffins no longer needed to be cling wrapped; and quite elaborate PPE and cleaning routines which had been being performed at the place of burial could now also be abandoned. The new dispensation amounts to a massive and unexpected reversal in policy with far-reaching implications for rural communities, whose dissatisfaction with the previous policies moved from despondency, disbelief and anger during the first wave of the pandemic in mid-2020, to open defiance of government policy as plasticised Covid-19 bodies were illegally exhumed and reburied.
Closing the gate (ukuvala isango)
This reversal in the rules governing burial practice clearly did not come easily to the bio-medical team advising President Cyril Ramaphosa. The World Health Organisation (WHO) had already stated that there was no evidence suggesting that Covid-19 corpses were infectious after death as long ago as March 2020. This position was restated in a September 2020 WHO communiqué. But the Ministerial Advisory Committee and the South African government were unmoved at the time, and remained committed to a position which stressed the danger of dead Covid-19 bodies.

The legacy and consequences of this decision have been traumatic and catastrophic for many rural African families, who bury their dead at homesteads or nearby cemeteries. For these families, as well as others in the cities, the key to a successful burial is “fetching the spirit” from the place of death and safely returning it home. This requires constant communication with the spirit of the deceased. This process needs to be continuous and ongoing until the body is put in the ground. There is great danger in death for the living which must be offset through communication with and care for the body. At home in the rural areas, the body would traditionally be viewed, engaged, washed and clothed by close relatives in the homestead overnight and then buried the following day. The funeral service and burial rituals would usually last many hours, allowing religious leaders, family members, neighbours and traditional leaders to pay their respects and commune as they put the spirit to rest.

By comforting and calming the spirit in this way, the family would release it into the afterlife to commune with the ancestors. However, the regulations introduced around bagging the body and delivering it directly to the grave site; cling-wrapping coffins; and fumigating houses and grave sites, created enormous spiritual anxiety and popular anger, which traditional leaders largely ignored during the first wave as they strongly supported the Covid-19 regulations published under the Disaster Management Act. The metaphor used in rural communities across the Eastern Cape to describe the government’s approach was ukuvala isango (in Xhosa) or “closing the gate”, which referred to a process of rural people being shut out by government, even from their own cultural practices.

Exhuming bodies
As the year progressed fewer and fewer people attended funerals in rural areas in many parts of the country because they had been persuaded by the official (bio-medical) discourse that dead Covid-19 bodies could infect and kill people. Whenever Ramaphosa mentioned traditional funerals, he almost always emphasised that they were lethal, super spreader events. The police crackdown on customary practices and non-compliant funerals in rural areas was meant to reinforce this message and came as a stern warning to the residents of rural areas.

Meanwhile, the thinning crowds at rural funerals were in large part a product of the perceived inadequacy of modified burial rites to do their cultural and spiritual work. People were not motivated to attend funerals where the deceased was suffocating beneath three layers of plastic inside a shrink-wrapped coffin at a grave site where men hovered in hazmat suits, spraying gas and quickly dropped the body into the grave before leaving. How could the spirit be reached and engaged when it was so far away from the home, so trapped and enclosed? And, what would happen after the grave was sealed by the grave diggers? Would the spirit be able to escape its plastic prison and join the ancestors, or remain locked in sweaty captivity?

As families reflected on the spiritual consequences of the new rules and received messages from the ancestors in their dreams warning of the wetness and entrapment of the spirit, many felt an increasing desire to defy the government and secretly exhume the body, remove the plastics and free the spirit. These feelings intensified as the year drew to an end, and urban migrants returned to the villages over Christmas. From early December, there were reports from across the Eastern Cape of secret exhumations and reburials.

In the Chris Hani District in the north-western part of the former Transkei, a number of cases of reburial were made public in December, including that ofThembisile Faleni, a taxi driver from Nkwenkwana village in the Engcobo area who died
of Covid-19 complications in July 2020. Nolusapho, Thembisile’s widow, said that within weeks of the funeral, family members started to see Thembisile appearing in their dreams complaining of suffocation caused by the plastic wraps around his body. At the end of the year, when family returned to the village, a meeting was held and it was decided to employ 10 men to help exhume the body at night, and release the spirit by removing the plastic and reburying the corpse. This practice of liberating the spirit had become so common in the region by the end of December that a special parliamentary committee was convened to discuss the issue of illegal exhumations in the second week of January.

Traditional leaders were now also more supportive of people’s concerns, especially after renowned traditional expert, diviner and head of the lcamagu Heritage Institute, Dr Nokuzola Mndende stated that “in our tradition, there is still life even after death and so those who have passed away must be paid to rest in a respectful way”. She emphasised that the Covid-19 measures had made the “spirits of dead people unhappy”, which would in the long run have dire consequences for the well-being of the living.

**Secret burials**

Some traditional healers and leaders had anticipated the ensuing spiritual crisis associated with Covid-19 body bags and burials; and had recommended to their people that they employ the strategy of temporary “secret burials” used by Xhosa people in times of war. In special circumstances or times of crisis when a dignified burial was not possible, it was permitted, they reminded people, for families to bury their loved ones temporarily, often just in a blanket, without notifying the community. Subsequently, a few months later, the body could be exhumed and a proper family burial performed. Although the practice left the family spiritually exposed, it was not problem if the reburial happened soon.

Under Covid-19 conditions, some families opted for this strategy, thinking that the pandemic would be over in a few months. But when it lingered, spiritual concerns and insecurity mounted. In one case, a family from a chiefly lineage opted for this strategy, in the knowledge that they would ideally need to invite over 100 guests for a respectful burial when the government regulations only allowed for 50. They also worried about the plastic wrapping. So, they performed a secret burial, as permitted by custom. However, members of the family soon dreamt that the spirit was unsettled, so they moved to organise a reburial in July, despite the Covid-19 restrictions. The reburial was duly performed but proved unsuccessful because the spirit returned to the dreams of the mother, complaining about being cold because he had not been dressed at the home before burial; and being wet with sweat in the plastic bag from which he could not escape. The family is now planning to conduct a third burial, at which the corpse will be dressed in appropriate clothing and freed all plastic wrappings.

**Coming home**

Exhuming bodies has been quite a common occurrence in Xhosa culture, in large part as a result of a long history of displacement and migration in the Eastern Cape, which meant that many people died in far-away places, and were buried in mines, by roadsides and in urban graveyards. When this has happened, the family often hopes that it will be possible for the body to be brought home at some point to lay the spirit to rest. By grounding the spirit at the homestead, the family may enjoy the benevolence and good will of the ancestors. Such efforts to fetch the spirit tend to be made when times are bad.

In this context, many families in rural areas of the Eastern Cape are either planning or implementing plans to fetch missing bodies. For example, in the Chris Hani district in December, there were two cases in which people who had been buried away from home during the apartheid era were being exhumed and reburied close to the family. In both instances, it was explained that the danger of misfortune under Covid-19 had encouraged the family to take action now to resolve what had been a nagging concern for many years. This practice was noted in other villages too, where it was also described as a necessary measure in troubled times.

In the meantime, although the “return to normal burials” that “allow families to express their cultural rights” will be welcome in rural areas, it will not resolve the spiritual insecurity and crisis of those who remain unsettled as a result of the Covid-19 provisions. Families will continue to reburial their dead with or without the permission of government. And as the socio-economic crisis produced by the pandemic and the concomitant lockdown measures deepens, they will feel the need to travel further afield to fetch those whose spirits have not yet been brought home.