



Department of Local Government

**Provincial Guide to Cultural and Religious
Practices and Observances
in Managing
COVID-19 Fatalities
in the Western Cape**

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1. Introduction

On 15 March 2020, Dr Nkosazana Dlamini Zuma, the Minister of Cooperative Governance and Traditional Affairs (COGTA) declared a National State of Disaster to respond to the Covid-19 pandemic, which required an appropriate response to the world-wide pandemic through various interventions and role-players on all levels of society. Strategic Planning on all fronts is therefore required to mitigate the overall transmission of the pandemic.

Due to the nature of the COVID-19 pandemic, this guide was developed to assist the first responders, should a suspected or confirmed COVID-19 death occur, and to ensure that, where possible, cultural and religious practices and observances are followed within the ambit of the Regulatory Framework.

2. Purpose

The purpose of this guide is to:

- 2.1. Outline the COVID-19 – Fatality Management Process;
- 2.2. Outline the roles and responsibilities of the various role players, in response to a COVID-19 related death in the Western Cape Province;
- 2.3. Assist in implementing a combination of Directions issued in terms of the Disaster Management Act, the “COVID-19 Environmental Health Guidelines” and the relevant regulations as published in terms of the National Health Act 61 of 2003 and which should be read in conjunction with those documents;
- 2.4. Assist in ensuring that, where possible, cultural and religious practices and observances are followed; and
- 2.5. The purpose of this guide is not to replace or substitute the regulations and directions as published in terms of the various applicable Acts.

3. Guidelines and Legal Framework guiding the immediate fatality management of the deceased

- 3.1 National Health Act 61 of 2003;
- 3.2 Regulations regarding the General Control of Human Bodies, Tissue, Blood Products and Gametes (as published in GN.R 180 of 2 March 2012 in *Government Gazette* No. 35099);
- 3.3 Regulations Relating to the Management of Human Remains (as published in GNR363 of 22 May 2013 in *Government Gazette* No.36473);
- 3.4 The Health Directions, as amended, issued by the Minister of Health in terms of regulation 10(1)(a) of the Disaster Management Regulations (see GN.R 457 of 8 April 2020);
- 3.5 Guidelines for case-finding, diagnosis, management and public health response in South Africa;
- 3.6 COVID-19 Environmental Health Guidelines, dated 16 March 2020;
- 3.7 COVID-19 Environmental Health Response Guidelines, dated 27 March 2020;
- 3.8 Environmental Health Guidelines for Management of Human Remains in the context of COVID-19, dated 27 March 2020; and
- 3.9 COVID-19 Disease: Infection Prevention and Control Guidelines (version 2) dated 21 May 2020.
- 3.10 The Disaster Management Act Alert Level 4 Regulations (GN.R 480 of 29 April 2020 published in *Government Gazette* 43258 on 29 April 2020 ("DM Regulations, 29 April 2020") as amended by The Disaster Management Act Alert Level 4 Regulations (GN R. 608 of 28 May 2020 and published in *Government Gazette* 43364 of 28 May 2020).
- 3.11 The Religious Gathering Directions (GN.R 609 of 28 May 2020 published in *Government Gazette* 43365 of 28 May 2020)

4. Important Notices to consider

Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.

5. Packaging of confirmed or suspected COVID-19 decedent

Death where COVID-19 is suspected but results not available yet

- 5.1. The body is to be sealed and removed by the designated undertaker. The human remains are to be indicated as possible COVID-19 on the double bag and handled as such, in accordance with the requirements detailed below relating to the handling, transportation and final disposal of COVID-19 human remains.

Packaging of COVID- 19 mortal remains

- 5.2. On 6 April 2020, the Minister of Health signed Directions, as amended, in terms of regulation 10(1)(a) of the Regulations made under the Disaster Management Act, 2002 (see Government Notice No. 457 of 8 April 2020), to address, prevent and combat the spread of COVID-19 in South Africa from a health management perspective.
- 5.3. The above Directions issued by the Minister of Health, provide that the handling, transportation and final disposal of COVID-19 mortal remains should be done in accordance with Chapter 4, 5 and 6 of the Regulations Relating to the Management of Human Remains (see paragraph 8A of the Directions). Chapter 4 provides for the conveyance (transportation) of human remains of a person who, at the time of his or her death suffered from a disease or condition which is capable of transmitting an illness even after death. This will include the human remains of a person who died as a result of a suspected or confirmed case of COVID-19. While Chapters 5 and 6, provide for the burial in excavated land and crematoriums and cremations respectively.
- 5.4. Direction 8A provides that:
- "8. (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 practice 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”.

5.5. Direction 8D (1) of the Health Directions, as amended, further provides that: “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 5 cm layer of wood sawdust or other absorbent material which is treated with a disinfectant”

6. Environmental Health

- 6.1. The National Department of Health (NDoH) plays a key role in monitoring the management of human remains where the deceased dies of an infectious disease, such as Covid-19. Pursuant to this function, the NDoH issued guidelines on 27 March 2020 for the management of human remains in the context of Covid-19 (“NDoH guidelines”). Further, Environmental Health Practitioners (“EHP”) are required to monitor that the established precautions are taken to ensure that appropriate work practices are used to prevent direct contact with infectious material.
- 6.2. The NDoH advises that post-mortem activities should be conducted with a focus on avoiding aerosol generating procedures and ensuring that if aerosol generation is likely (e.g. when using an oscillating saw) that appropriate engineering controls and personal protective equipment (PPE) are used.
- 6.3. In addition to the above Guidelines, the National Department of Health also issued the COVID-19 Disease: Infection Prevention and Control Guidelines (version 2) dated 21 May 2020, which provides for guidance regarding infection prevention and control in health care facilities with specific reference to COVID-19.

7. Handling of human remains in mortuaries/ by a funeral undertaker

7.1. Direction 8B of the Health Directions, as amended, provides for the handling of mortal remains in mortuaries or at funeral undertakers, as follows:

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

(7) Washing or preparing of the mortal remains is allowed provided those carrying out the task wear full 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 apron 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."

7.2. Paragraph 2 of the NDoH guidelines also deals with the handling of human remains in mortuaries or by the funeral undertaker. This guideline is in accordance with paragraph 8B of the Health Directions, as amended.

8. Measures when a patient passes away at home

8.1 Direction 8C of the Health Directions, as amended, deals with the measures when a person passes on at home and provides as follows:

"(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 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% (1000ppm) bleach.

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

(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."

8.2 Paragraph 3 of the NDoH guidelines also provides for measures when a patient passes away at home. This guideline is in accordance with paragraph 8C of the Health Directions, as amended.

COVID-19 natural death in a community

(As per the circular issued by Dr. Engelbrecht (HOD: Health), Circular H 41 of 2020: COVID-19: Management of decedents in the Western Cape).

- 8.3 Emergency Medical Services performs the death declaration.
- 8.4 SAPS complete the SAPS 180 form.
- 8.5 The next of kin is instructed to contact an undertaker to facilitate collection of the human remains.
- 8.6 During the initial phases of the health service response, Forensic Pathology Services can be dispatched on request of an undertaker to assist in the double bagging and decontamination of the outer bag for the safe transportation of the human remains. The undertaker is to be present whilst this occurs and to take responsibility for all property and valuables. The deceased will be transported from the scene in the undertaker's vehicle.
- 8.7 The relevant EHP in the municipal district is dispatched to ensure that the handling of the human remains is strictly monitored by the EHP throughout the process.
- 8.8 The undertaker collects the human remains under the supervision of the relevant EHP in the district where the patient died.
- 8.9 The relevant provisions contained in the Regulations made under section 27(2) of the Disaster Management Act and published in the Government Gazette on 29 April 2020 ("DM Regulations, 29 April 2020") as amended by GN R. 608 of 28 May 2020 and published in *Government Gazette* 43364 of 28 May 2020, relating to isolation or quarantine of persons who on reasonable grounds are suspected to be infected or contaminated with COVID-19, or who has been living with or in contact with a demised person who on reasonable grounds is suspected or is infected or contaminated with COVID -19, apply.

9. Conveyance of human remains

- 9.1. Regulation 12 of the Human Remains Regulations provides for the conveyance of human remains. Regulation 12(1) provides that “the human remains of a person who, at the time of his or her death suffered from a disease or condition which is capable of transmitting an illness even after death and in the opinion of the health authority concerned, may pose a health hazard or danger public health in one way or another, may not be conveyed in public in any way unless-
- 9.1.1. such human remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin embalmed and/or the total surface of the body covered with a 5cm layer of wood sawdust or other absorbent material which is treated with a disinfectant;
 - 9.1.2. a medical practitioner declares in writing that in his or her opinion the conveyance of such human remain will not constitute a health hazard;
 - 9.1.3. such declaration must accompany the human remain at all times during the conveyance and up to the burial; and
 - 9.1.4. for human remains of a person whose cause of death was small pox, anthrax or viral haemorrhagic fever, the body shall not be embalmed, but strict guidelines on management of the communicable diseases as may be published by the Department of Health shall be followed.
- 9.2. Regulation 12(2) further provides that “the declaration referred to in sub-regulation (1) shall be shown to an officer on demand by the person responsible for the conveyance of human remains.”
- 9.3. Regulation 12 (3) requires that a container referred to in sub-regulation (1)(a) shall not be damaged or opened or remove the human remains from the container or even come into direct contact with the human remain after it has been sealed without prior approval from an office referred to in sub-regulation (1)(b).

Transport to and from quarantine facilities

- 9.4. Regulation 8M provides that:

“(1) Transport to the quarantine facility must be provided by the designated quarantine facility.

(2) Transport from the quarantine facility at the end of the quarantine period, must be facilitated by that individual or his or her family.

(3) Transport from the quarantine facility where a crew member or traveler is due to embark, board or depart for international travel, will be facilitated by the designated quarantine facility.”

10. Viewing of the deceased person

10.1. Direction 8E provides that *“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”*. While paragraph 4 of the NDoH guidelines provides that if the family of the deceased wishes to view the body, they may do so without touching the body, and using standard precautions at all times, including hand hygiene.

10.2. Family members should not touch or kiss the body and should wash their hands thoroughly with soap and water after the viewing; physical distancing measures should be strictly applied i.e. at least 1 meter between people.

10.3. People with respiratory symptoms should not participate in the viewing or at least wear a medical mask to prevent contamination and further transmission.

10.4. Adults >60 years and immunosuppressed persons should not directly interact with the body during permitted ritual cleansing or other permitted pre-burial procedures.

11. Environmental cleaning and control

11.1. Direction 8F of the Health Directions, as amended, deals with environmental cleaning and control, and states that:

(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.*

11.2. In addition to Direction 8F above, paragraph 5 of the NDoH guidelines on environmental cleaning and control, and states that:

“a) Human coronaviruses can remain infectious on surfaces for up to 9 days, therefore cleaning the environment is paramount”.

12. Transportation of human remains domestically and attendance at funerals

12.1. Conveyance of Covid-19 Mortal remains

12.1.1. Importation and Exportation of Covid-19 Mortal Remains

(a) Paragraph 8A (1) of the Health Directions, as amended, provides that “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 (see Government Notice R. 363 of 22 May 2013).

(b) Chapter 4 of the Human Remains Regulations sets out the process one must follow to import or export infectious human remains (this will include Covid-19 human remains).

12.2. Movement of COVID-19 mortal remains between Provinces

(a) Chapter 4 of the Human Remains Regulations will also be applicable for the transportation or movement of Covid-19 mortal remains between provinces.

- (b) Regulation 33(4)(f) of the DM Regulations, 29 April 2020, as amended, provides that the "Movement of persons between provinces, metropolitan areas and districts and hotspots are prohibited, except for- *"(f) the transportation of mortal remains"*.
- (c) The Disaster Management Regulations, as amended, read with the Health Directions, as amended and further read with Chapter 4 of the Human Remains Regulations, clearly provides for the transportation of Covid-19 mortal remains between provinces.
- (d) Regulation 12 of the Human Remains Regulations provides for the requirements to transport infectious mortal remains, this will include where such transportation occurs between provinces. It states that infectious mortal remains may not be conveyed in public in any way unless-
- (a) such human remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, embalmed and/or the total surface of the body covered with a 5 cm 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 human remains will not constitute a health hazard;*
 - (c) such declaration must accompany the human remains at all times during the conveyance and up to the burial; and*
 - (d) for human remains of a person whose cause of death was small pox, anthrax or viral hemorrhagic fever, the body shall not be embalmed, but strict guidelines on management of communicable diseases as may be published by the Department of Health shall be followed.*
- (e) The declaration by the medical practitioner must be shown to an officer on demand by the person responsible for the conveyance of the infectious mortal remains (see sub-regulation 12(2) of the Human Remains Regulations).

(f) No person may damage or open the container after it has been sealed, without the prior approval of a medical practitioner (see sub-regulation 12(3) of the Human Remains Regulations).

12.3. The requirements for the conveyance of infectious human remains is further provided for in paragraph 6 of the NDoH guidelines, which states that:

“a) The human remains of a person who, at the time of his or her death suffered from a disease or condition which is capable of transmitting an illness even after death and in the opinion of the health authority concerned, may pose a health hazard or endanger public health in one way or another, may not be conveyed in public in any way unless-

- a. such human remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, embalmed and/or the total surface of the body covered with a 5 cm layer of wood sawdust or other absorbent material which is treated with a disinfectant; and*
- b. a medical practitioner declares in writing that in his or her opinion the conveyance of such human remains will not constitute a health hazard;*

b) No person other than an attending medical practitioner or attending forensic pathologist or a medical practitioner who can prove that they have treated the deceased during illness may certify that the person did not die of an infectious disease;

- i) such declaration must accompany the human remains at all times during the conveyance and up to the burial; and*
- ii) The declaration referred to in sub-section (a) above shall be shown to an EHP on demand by the person responsible for the conveyance of the human remains;*
- iii) No person shall damage a container referred to in sub-section (3)(a), or open such container or remove the human remains from the container or come into direct contact with the human remains after it has been sealed without prior approval from an EHP.”*

12.4. Regulations 35 and 37 of the DM Regulations, 29 April 2020, as amended, provide that:

“Attendance of funerals

35. (1) Movement between a province, metropolitan area or district by a person intending to attend a funeral is only be 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 people and will not be regarded as a prohibited gathering.

(3) Night vigils at a funeral is banned.

(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 traveling 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 and 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 within 24 hours.

(8) Only two family members 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 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, where-after 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."

"Gatherings

37. (1) All gatherings are prohibited except a gathering at -

(a) a faith based institution, which is limited to 50 persons or less, depending on the size of the place of worship: Provided that all health protocols and social distancing measures are being adhered to as provided for in directions that must be issued by the Cabinet member responsible for cooperative governance and traditional affairs."

(b) a funeral, subject to regulation 35."

...

- 12.5. It should be noted that Regulation 35(2) of the DM Regulations, 29 April 2020, as amended, limits funerals to a maximum of 50 (fifty) people. Funerals are, therefore, limited to 50 (fifty) people, which includes the Minister/Reverend/Priest and the members of the burial service.
- 12.6. The DM Regulations, 29 April 2020, as amended, require that the persons (limited to those persons listed in Regulation 35(1)) wishing to attend a funeral and who have to travel between districts, or between provinces to attend a funeral must obtain a permit from his or her nearest magistrate's office or police station to travel to the funeral and back.

Funerals held at Religious Premises:

- 12.7. In terms of Direction 8(8) of the Directions issued by the Minister of Co-Operative Governance and Traditional Affairs on 28 May 2020 (Religious Gathering Directions), funeral services may be held at Religious Premises subject to the attendance limitation of 50 (fifty) people.

13. Disposal of Human Remains

- 13.1. Direction 8G of the Health Directions, as amended, and paragraph 7 of the NDoH guidelines, provide that cremation is highly recommended, where a person has passed on as a result of COVID-19. It further states that a burial or cremation of a person who passed on as a result of COVID-19, to be carried out in terms of the Human Remains Regulations.

It makes further directions, which include:

- Burial services should be as short as possible and not exceed 2 hours, in order to minimise exposure;
- Mourners should observe physical distancing during and after the burial service;
- Only close family members should attend a funeral service of a person that pass on as a result of COVID-19 or of other infectious disease;

- A COVID-19 patient should not attend a burial service, irrespective of his or her relationship with the deceased; and
 - 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.
- 13.2. Whereas the NDoH guidelines make allowance for considerations to respond to different situations differently as it arises, it acknowledges that guidance should be drawn from the state of conditions at the time in the country.

14. Disposal of Human Remains in Medium Risk Situation

- 14.1. Where the COVID-19 outbreak in the country is deemed a national state of emergency and the death rate is considered to be high, paragraph 8 of the NDoH guidelines advises that:

- “a) The keeping of human remains should be limited to three days where the number of deaths are high.*
- b) The provisions in sub-section (4) will apply.*
- c) Government may intervene if the human remains are not claimed within three days without following the normal procedures.*
- d) Machinery (for digging and closing of graves) can be used if deemed fit to prevent further spread of the virus.”*

15. Disposal of Human Remains in High Risk Situation

- 15.1. The Health Directions, as amended, makes provision for the disposal of human remains in high risk situations. Direction 8H states that:
- (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.

15.2. Where the COVID-19 outbreak in the country is deemed a national state of emergency and the death rate is considered to be high and mass funerals are provided as an option, paragraph 9 of the NDoH guidelines recommends that:

"a) The keeping of human remains will have to be reduced to a maximum of two days.

b) Government may have to intervene where human remains are not claimed within two (2) days.

c) Government may take over burial of human remains deaths exceed 10 or 20 per day per town.

d) Machinery (for digging and closing of graves) can be used if deemed fit to prevent further spread of the virus."

16. Burials within private burial sites

16.1. The head of the family, in identifying the burial site, shall comply with COVID-19 regulations and directions on funerals and burial processes.

16.2. Families with private burial sites shall ensure that sites are well fenced and maintained in line with the regulations and directions on funeral protocols.

17. Role of funeral undertakers

- 17.1. Undertakers should assist the family of the deceased to ensure that the all applicable COVID-19 regulations are complied with, in as far as possible.
- 17.2. The undertaker and pallbearers shall comply with the relevant regulations and ensure that the human remains are handled as required to avoid exposure of the virus to the family and contain its spread.

18. Cremations

- 18.1. A register must be kept for each cremation performed as per section 19 of the Regulations Relating to the Management of Human Remains (As published in GNR 363 of 22 May 2013).

19. Cultural and religious practices and observances

The below aims to summarise the guidelines developed for performing required religious rituals within the environment of Covid-19.

Islam (Muslim death procedures)

The guidelines below have been prepared by the Muslim Judicial Council (MJC, 2020).

Cleansing rituals

The ritual act of purification of the Muslim deceased's body is called the Ghusl. The Ghusl must only be performed by a registered Muslim undertaker and a COVID-19 trained Ghaasil/Toekamanie (person washing the body) in full PPE.

- 19.1. Two people in full PPE shall conduct the Ghusl (the washing of the deceased's body).
- 19.2. A maximum of two people in full PPE will be allowed to assist those washing the body for the purposes of arranging the necessary items required for the procedure.

- 19.3. Family and friends will not be allowed to be present unless they are part of the Ghusl team.
- 19.4. The registered Muslim undertakers and the COVID-19 trained Ghaasil / Toekamanie must adhere to confidentiality norms and trust when conducting the Ghusl.
- 19.5. Three (3) male officials and two (2) females Ghaasil will be on standby from the Western Cape Muslim Undertakers Forum.

Safe handling including appropriate Personal Protective Equipment (PPE)

- 19.6. The ghushl (washing of the deceased's body) must only be performed if the necessary precautions, as set out by the Western Cape Department of Health, are adhered to. These include the wearing of the PPE by those washing the body and the disinfection of the Ghushl facility, bier, and hearse.
- 19.7. In the absence of these requirements, the Ghushl must NOT take place.
- 19.8. After the Ghushl, the and the Mayit (deceased) will be wrapped in a Kafan (white cotton shroud), and placed in two plastic body bags and, thereafter, be wrapped in a Kafan (white cotton shroud).
- 19.9. All cotton, cloths, swabs and the deceased's clothing, which was worn before passing, must be discarded as medical waste.
- 19.10. No touching or kissing of the forehead or any other part of the Mayit is allowed.

Transportation

- 19.11. Only the driver and one passenger are allowed in each vehicle.

Interment

- 19.12. The Janaza must proceed directly from the Ghushl facility to the Maqbara (cemetery).

- 19.13. The deceased must not be taken to a family home.
- 19.14. The Janaza Salaah may be performed at the Masaajid.
- 19.15. Only two (2) Masaajid with ghusl facilities are available for the purpose of COVID-19 deaths, namely:
- 19.15.1. Husami Masjid (Cravenby);
 - 19.15.2. Taronga Road Masjid (Rondebosch East/Athlone).
- 19.16. A maximum number of 20 (twenty) people are allowed to attend the Janaza, including the Imam and the members of the burial service.
- 19.17. The deceased must be lowered into the grave by a maximum of three people in full PPE.
- 19.18. Social distancing of at least 1.5 meters must be adhered to throughout the procession.
- 19.19. Handshaking or hugging should be avoided.

Documentation and traceability, including data management

- 19.20. The following documents are required for the conduct of Muslim burials:
- 19.20.1. The Identification Document (ID) of the deceased person;
 - 19.20.2. The proof of address of the deceased person; and
 - 19.20.3. The Identification Document (ID) of the person taking responsibility for the Janaza (Funeral) (MJC, 2020).
- 19.21. A member of the Ghusl team should document the entire process for record purposes.
- 19.22. A register of all attendees at the Janaza must be recorded, including the immediate family. Information recorded includes:

- 19.22.1. Contact Numbers;
- 19.22.2. ID Numbers, and
- 19.22.3. Addresses.

19.23. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Judaism (Jewish Taharah protocols)

19.24. A protocol has been developed for the Jewish ritual cleansing of the deceased of Jewish faith (Tahara), by the Johannesburg Chevrah Kadisha (March 2020), applicable within the current COVID-19 environment. The purpose of the protocol is to ensure that, in performing Chesed Shel Emet, observers practice safety and precautionary measures to avoid the potential inadvertent transmission from the Meis/Meit (Deceased) itself and the potential inadvertent spread of Covid-19 (Johannesburg Chevrah Kadisha, March 2020).

19.25. The Protocol includes procedures applicable in instances of the death of persons not identified as clinical cases or of suspected Covid-19 infection, or where the deceased was in mandatory quarantine and showed no symptoms of COVID-19; as well as instances where the deceased tested positive for COVID-19 or was in mandatory quarantine and was symptomatic for COVID-19.

Conveyance of infectious human remains (other than COVID-19)

19.26. The human remains of a person who, at the time of his or her death suffered from a disease or condition which is capable of transmitting an illness even after death and in the opinion of the health authority concerned, may pose a health hazard or endanger public health in one way or another, may not be conveyed in public in any way unless:

- 19.26.1. such human remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, embalmed and/or the total surface of the body covered with a 5 cm

layer of wood sawdust or other absorbent material which is treated with a disinfectant; and

- 19.26.2. a medical practitioner declares in writing that in his or her opinion the conveyance of such human remains will not constitute a health hazard;
- 19.27. No person other than an attending medical practitioner or attending forensic pathologist or a medical practitioner who can prove that they have treated the deceased during illness may certify that the person did not die of an infectious disease.
- 19.28. Such declaration must accompany the human remains at all times during the conveyance and up to the burial.
- 19.29. The declaration referred to above shall be shown to an EHP on demand by the person responsible for the conveyance of the human remains.
- 19.30. No person shall damage a container referred to in paragraph 18.26 or open such container or remove the human remains from the container or come into direct contact with the human remains after it has been sealed without prior approval from an EHP.

Cleansing rituals

- 19.31. In instances of the death of persons not identified as clinical cases nor of suspected COVID-19 infection, or where the deceased was in mandatory quarantine and showed no symptoms of COVID-19, before the body of the deceased is buried, it is washed in a ritual act of purification called the Tahara.
- 19.32. In instances of the death of persons identified as clinical cases, or of suspected COVID-19 infection, or where the deceased was in mandatory quarantine and showed symptoms of COVID-19, no Taharah will be performed, according to Halachik Protocols.

19.33. A Tahara should not be performed on a person who dies from COVID-19. Rather, the Tachrichim should be placed on top of the triple-wrapped body, and no physical contact must be made with the body. (Ruling by Beth Din of Johannesburg).

Safe handling including appropriate Personal Protective Equipment (PPE)

19.34. According to the guidelines issued, a Taharah should be performed while taking the following precautions:

- 19.34.1. The hands are to be thoroughly washed with alcohol-based solution before and after Taharah using the correct handwashing technique;
- 19.34.2. The usage of PPE to protect the face and hands, comprising the wearing of a surgical mask, apron and gloves;
- 19.34.3. The surgical mask should be at least a level 2 mask or 3-ply surgical mask;
- 19.34.4. The standard plastic apron may be used;
- 19.34.5. The gloves are the standard disposable gloves currently in use;
- 19.34.6. Each member of the team is expected to purchase their own pair of goggles if possible. Facial visors are advisable, if available. Goggles may be disinfected or washed in soap and water and reused;
- 19.34.7. Arms should not be exposed and full sleeve shirts should be worn. If available, arm length disposable plastic sleeves should be used;
- 19.34.8. The table and all surfaces, including counter tops, doorknobs, handles and rails should be disinfected in accordance with paragraph 5 (environmental cleaning and control) of the guidelines published by the NDoH, using the prescribed hypochlorite solution both before and after the Taharah;
- 19.34.9. The hypochlorite solution should also be applied over the sheet covering the Meis/Meit (Deceased) in order to disinfect it;
- 19.34.10. The hypochlorite solution should be used for Rechitzah (washing of the body). The normal disinfectant can be used thereafter should it be necessary to clean further;

- 19.34.11. When pouring for the Rechitzah and the Taharah, it should be done gently and carefully in order to minimize any splashing;
- 19.34.12. To prevent possible escape of respiratory fluids from the mouth and nose of the Meis/Meit (Deceased), the mouth and nose must be packed with cotton wool for the entire Taharah process. These should be removed once the Meis/Meit (Deceased) is placed in the Aron (Casket), and the sand may then be applied;
- 19.34.13. To prevent bowel gasses or fluids escaping due to movement or pressure on the abdomen, a cotton wool pad and/or plug may need to be applied. This should be evaluated on a case by case basis;
- 19.34.14. Care should be taken to keep a distance from fellow Taharah members;
- 19.34.15. Not more than four people should perform a Taharah;
- 19.34.16. It is advised that members work quickly, efficiently, and as separately as possible to minimise the time the members are in close proximity;
- 19.34.17. Travelling to where the Taharah is being performed is best done in separate cars;
- 19.34.18. One should shower/bath when one gets home and thoroughly wash with soap;
- 19.34.19. Anyone who is ill or suffering from any flu-like symptoms, such as a fever, headache, cough, sore throat etc. should refrain from doing Taharah; and
- 19.34.20. If possible, elderly people and people who may be immune-compromised should not be doing Taharah at all during the lockdown period.

Funeral Protocols

- 19.35. A maximum number of 50 (fifty) people are allowed to attend the funeral, including members of the burial service.

19.36. Congregation in the Ohel (Tent or Structure not enclosed on all four sides) is allowed: Provided that all health protocols and social distancing measures are being adhered to as provided for.

19.37. Depending on upcoming developments, the Organisation has reserved the right to limit attendance at funerals to the immediate family of the deceased only.

Interment - Pre-burial and Burial Protocols

19.38. It is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19 be followed.

Documentation and traceability, including data management

19.39. A register of all attendees at the funeral must be recorded, including the immediate family. Information recorded includes:

19.39.1. Contact Numbers;

19.39.2. ID Numbers; and

19.39.3. Addresses.

19.40. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Traditional African cultural practices and observances

19.41. The following guidelines are suggested for performing cultural practices and observances within the environment of Covid-19 and includes instances of deaths of persons who are infected by COVID-19.

Night vigil

19.42. Regulation 35(3) of the DM Regulations, 29 April 2020, as amended, prohibits night vigils at a funeral.

Safe handling including appropriate Personal Protective Equipment (PPE)

19.43. No touching or kissing of the forehead or any other part of the deceased is allowed.

Transportation

19.44. The above sections detailing the statutory provisions relating to the 'Viewing of the deceased person' and 'Transportation of human remains domestically and attendance at funerals' must be complied with.

Interment - Pre-burial and Burial Protocols

19.45. A maximum number of 50 (fifty) people are allowed to attend the funeral, including the Minister/Reverend/Priest and the members of the burial service.

19.46. Social distancing of at least 1.5 meters must be adhered to throughout the procession.

19.47. Handshaking or hugging should be avoided.

19.48. Families in traditional communities may perform rituals in the burial sites, if the death is not related to COVID-19.

19.49. It is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19 be followed.

Documentation and traceability, including data management

19.50. A register of all attendees at the funeral must be recorded, including the immediate family. Information recorded includes:

19.50.1. Contact Numbers;

19.50.2. ID Numbers; and

19.50.3. Addresses.

19.51. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Post-burial Protocols

19.52. The funeral attendees must not proceed to a deceased's family home for lunch/dinner.

19.53. The practice of shaving-off of family members' hair and the slaughtering of a goat, sheep or fowl, may be performed while taking the following precautions:

19.53.1. The hands are to be thoroughly washed with alcohol-based solution before and after using the correct handwashing technique;

19.53.2. The usage of PPE to protect the face and hands, comprising the wearing of a surgical mask, apron and gloves;

19.53.3. The standard plastic apron may be used;

19.53.4. The gloves are the standard disposable gloves currently in use.

19.53.5. Facial visors are advisable, if available. Goggles may be disinfected or washed in soap and water and reused.

19.53.6. Arms should not be exposed and full sleeve shirts should be worn. If available, arm length disposable plastic sleeves should be used.

Hinduism

The following guidelines are suggested for Hindu funerals within the environment of Covid-19 and includes deaths of persons who are infected by COVID-19:

Cleansing rituals

19.54. Before the body is removed, the body must be cleaned, especially the 7 openings (5 on the face and 2 on the lower part of the abdomen). The hands must be tied together on the chest (crossed) and both the toes are tied together.

Safe handling including appropriate Personal Protective Equipment (PPE)

19.55. It is recommended that the following precautions be taken when cleaning the body:

- 19.55.1. The hands are to be thoroughly washed with alcohol-based solution before and after using the correct handwashing technique;
- 19.55.2. The usage of PPE to protect the face and hands, comprising the wearing of a surgical mask, apron and gloves.
- 19.55.3. The surgical mask should be at least a level 2 mask or 3-ply surgical mask;
- 19.55.4. The standard plastic apron may be used;
- 19.55.5. The gloves are the standard disposable gloves currently in use.
- 19.55.6. Facial visors are advisable, if available. Goggles may be disinfected or washed in soap and water and reused.
- 19.55.7. Arms should not be exposed and full sleeve shirts should be worn. If available, arm length disposable plastic sleeves should be used.
- 19.55.8. The table and all surfaces, including counter tops, doorknobs, handles and rails should be disinfected in accordance with section 5 (environmental cleaning and control) of the guidelines published by the NDoH, using the prescribed hypochlorite solution both before and after;
- 19.55.9. To prevent possible escape of respiratory fluids from the mouth and nose of the deceased, the mouth and nose must be packed with cotton wool;
- 19.55.10. Care should be taken to keep a distance from fellow members;
- 19.55.11. It is advised that members work quickly, efficiently, and as separately as possible to minimise the time the members are in close proximity;
- 19.55.12. One should shower/bath when one gets home and thoroughly wash with soap.
- 19.55.13. Anyone who is ill or suffering from any flu-like symptoms, such as a fever, headache, cough, sore throat etc. should refrain from performing the cleaning of the body.
- 19.55.14. If possible, elderly people and people who may be immune-compromised should refrain from performing the cleaning of the body.

Interment - Pre-burial and Burial Protocols

- 19.56. Prayers and speeches at the chapel at the crematorium are permissible.
- 19.57. A maximum number of 50 (fifty) people are allowed to attend the funeral, including the Priest, members of religious organisations to which the deceased belonged, and the members of the burial service.
- 19.58. Social distancing of at least 1.5 meters must be adhered to throughout the procession.
- 19.59. Handshaking or hugging should be avoided.
- 19.60. It is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19 be followed.

Documentation and traceability, including data management

- 19.61. A register of all attendees at the funeral must be recorded, including the immediate family. Information recorded includes:
- 19.61.1. Contact Numbers;
 - 19.61.2. ID Numbers; and
 - 19.61.3. Addresses.
- 19.62. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Bhajan (Prayer) Services Post-Burial

- 19.63. Based on the customary practices of each linguistic group within the Hindu Community, prayer services are held every evening until the 12th, 13th or 16th day.

19.64. These prayers may be held by the family of the deceased at their respective places of residence or at a religious institution: Provided that all health protocols and social distancing measures are being adhered to as provided for.

19.65. In some instances, the family of the deceased may, within the confines of their places of residence or a religious institution, decide to have these Bhajan services for 3 or 8 days, with a final service held on either the 12th, 13th or 16th day.

Further Post-Burial Protocols

19.66. On the 30th day, the immediate family within a particular linguistic group in the Hindu community will perform the Ma-villakku prayer, within the confines of their places of residence or a religious institution.

Baha'i

Cleansing rituals

19.67. In instances of the death of persons not identified as clinical cases nor of suspected Covid-19 infection, after death, the body is to be washed carefully and wrapped in a shroud, made of white cloth. (Information supplied by the Cape Interfaith Initiative (CTII), 2020)

Interment - Pre-Burial Protocols:

19.68. The shroud is approximately seven (7) yards or meters in length, when used for a person of normal height and weight. It can be wrapped around the body in one piece, though this is more difficult than to cut it into four one yard or meter pieces, with one each used for the feet and legs, trunk, shoulders, and head, with the longer three-foot piece wrapped around the length of the body to hold the other pieces in place. It is not necessary to cover the face, but the shroud may be wrapped over the top of the head, as with a shawl.

19.69. It is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19 be followed.

Safe handling including appropriate Personal Protective Equipment (PPE)

- 19.70. It is recommended that the following precautions be taken when cleaning and wrapping the body:
- 19.70.1. The hands are to be thoroughly washed with alcohol-based solution before and after using the correct handwashing technique;
 - 19.70.2. The usage of PPE to protect the face and hands, comprising the wearing of a surgical mask, apron and gloves;
 - 19.70.3. The standard plastic apron may be used;
 - 19.70.4. The gloves are the standard disposable gloves currently in use.
 - 19.70.5. Facial visors are advisable, if available. Goggles may be disinfected or washed in soap and water and reused.
 - 19.70.6. Arms should not be exposed and full sleeve shirts should be worn. If available, arm length disposable plastic sleeves should be used.
 - 19.70.7. The table and all surfaces, including counter tops, doorknobs, handles and rails should be disinfected in accordance with section 5 (environmental cleaning and control) of the guidelines published by the NDoH, using the prescribed hypochlorite solution both before and after;
 - 19.70.8. To prevent possible escape of respiratory fluids from the mouth and nose of the deceased, the mouth and nose should be packed with cotton wool;
 - 19.70.9. Care should be taken to keep a distance from fellow members;
 - 19.70.10. It is advised that members work quickly, efficiently, and as separately as possible to minimise the time the members are in close proximity;
 - 19.70.11. One should shower when one gets home and thoroughly wash with soap;
 - 19.70.12. Anyone who is ill or suffering from any flu-like symptoms, such as a fever, headache, cough, sore throat etc. should refrain from performing the cleaning of the body;
 - 19.70.13. If possible, elderly people and people who may be immune-compromised should refrain from performing the cleaning of the body.

Deaths of persons who are infected by COVID-19.

- 19.71. Although Baha'i law concerning the burial of the dead is clear, in cases of serious and contagious diseases, the advice from the health authorities should be followed.
- 19.72. In relation to the current health crisis, the Universal House of Justice advises that public safety must be diligently and thoroughly observed by all believers.
- 19.73. Hygiene and protection are the highest priority. Thus, believers from Baha'i communities who have customarily washed and shrouded the bodies of the deceased may refrain from such observances in relation to a Baha'i who has died from COVID-19, in order to avoid exposure.

Funeral Protocols

- 19.74. According to Bahá'í law, there is just one ceremonial requirement at a Bahá'í funeral, and that is the recitation of the Prayer for the Dead for any believer over the age of maturity (age 15). This prayer should be recited by one believer only, at the graveside, with all those present standing. It is not necessary to face the Qiblah when it is recited.
- 19.75. Bahá'ís may also, subject to Regulation 37(1) of the DM Regulations, 29 April 2020, as amended, hold future memorial services for the deceased should they wish to do so.
- 19.76. The coffin used to bury the deceased should be made of crystal, stone, or hard fine wood. Therefore, coffins made of metal or soft wood should not be used.

Interment - Burial Protocols:

- 19.77. The cremation of bodies is permissible in the event of contagious diseases. Where authorities mandate cremation of the deceased, there would be no objection to observing such a requirement. ('Abdu'l-Baha, Universal House of Justice, 2020)

19.78. As to the Prayer for the Dead, there is no stipulation that it must be recited at the graveside - only that it be said before the interment of the body takes place. It may even be recited in a private setting, subject to the Regulations. ('Abdu'l-Baha, Universal House of Justice, 2020).

Documentation and traceability, including data management

19.79. A register of all attendees at the funeral must be recorded, including the immediate family. Information recorded includes:

19.79.1. Contact Numbers;

19.79.2. ID Numbers; and

19.79.3. Addresses.

19.80. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Christianity

19.81. The following guidelines are suggested for Christian funerals within the environment of Covid-19 and includes deaths of persons who are infected by COVID-19.

Safe handling including appropriate Personal Protective Equipment (PPE)

19.82. No touching or kissing of the forehead or any other part of the deceased is allowed.

Transportation

19.83. The above sections detailing the statutory provisions relating to the 'Viewing of the deceased person' and 'Transportation of human remains domestically and attendance at funerals' must be complied with.

Interment - Pre-burial and Burial Protocols

- 19.84. A maximum number of 50 (fifty) people are allowed to attend the funeral, including the Minister/Reverend/Priest and the members of the burial service.
- 19.85. Social distancing of at least 1.5 meters must be adhered to throughout the procession.
- 19.86. Handshaking or hugging should be avoided.
- 19.87. It is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19 be followed.

Documentation and traceability, including data management

- 19.88. A register of all attendees at the funeral must be recorded, including the immediate family. Information recorded includes:
- 19.88.1. Contact Numbers;
 - 19.88.2. ID Numbers; and
 - 19.88.3. Addresses.
- 19.89. It is recommended that the register of attendees be collated by the relevant religious institution staff.

Disclaimer

While every effort has been made to render the above provisions as inclusive as possible, the list of cultural and religious observances contained in this Guide is not exhaustive. It is further acknowledged that the cultural and religious practices and observances across the Province are not homogenous and may differ in their application by various groups. Where there is uncertainty regarding the legal requirements in connection with any religious or cultural practice and observance relating to pre-burial and burial ceremonies and rites, it is recommended that the NDoH guidelines for Environmental Health COVID-19, published on 27 March 2020, which contains instructions for dealing with the pre-burial and burial of the body of a victim of COVID-19, be followed. It is further recommended that all regulations promulgated to regulate movement, social distancing, and gatherings be adhered to all times.

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In developing this guide, the Provincial Government has made an effort to consult as widely as possible with relevant stakeholders. In answer to these efforts, we have received substantial contributions from the diverse religious organisations in the province. We therefore wish to thank and acknowledge the contributions made by the following organisations and individuals listed below in alphabetical order:

- Abathembu Traditional and Cultural of the Western Cape
- Anglican diocese
- Assemblies of God Association
- Attakwa Traditional House
- Baha'i
- Baptist Church
- Calvyn Protestant Church
- Cape Town Interfaith Initiative
- Church Without Walls Khayelitsha
- Cochoqua Cultural Council
- Concerned Clergy Network
- Dutch Reformed Church
- Dutch Reformed Church Western Cape
- ELCSA Cape Church
- Every Nation Cape Jewish Board of Deputies
- Freedom of Religion South Africa
- Full Gospel Church
- Gonaqua Traditional House
- Gorachouquas (Khoisan Indigenous Peoples org)
- Goringhaicona Khoi-Khoin Indigenous Traditional Council
- Goringhaiqua Indigenous People's House
- Great Commission Network
- Griqua National Conference of SA
- Hessequa Traditional House
- Hindu Cultural Society

- Home of Compassion
- Iga! Ne Trust Traditional House
- Khoesan Indigenous Women in Action
- Khowesan Gaes
- Langeberg Khoisan First Nation
- Lutheran Church Cape Synod
- Methodist Church Cape Synod
- Muslim Judicial Council (MJC)
- National Griqua Cultural Council
- National House of Traditional Leaders
- Netherdutch Reformed Church of Africa (Hervormde Kerk) Cape Town
- Presbyterian Church
- Roman Catholic Diocese
- Shofar Christian Church
- The Evangelical Alliance of South Africa Western Cape
- Union of Orthodox Synagogues Cape Council
- United Reformed Church Cape Province
- Western Cape Ecumenical Network
- Western Cape Religious Leaders Forum
- Western Cape Traditional Leaders
- Western Province Council of Churches