



National Funeral Directors Association
of Southern Africa

30 May 2017

NEWSLETTER

ANNUAL FUNERAL EXPO



Planning for the 2017 expo is on track and a number of exhibitors have booked stands already. The theme for this year is '**Into Africa**', and for the cocktail party '**Medieval Matters**'.



DIARISE 6 – 7 SEPTEMBER AND MAKE SURE YOU ATTEND AT EMERALD CASINO TO MEET NEW SUPPLIERS AND DISCOVER NEW PRODUCTS. The future of your business depends on it!!

NATIONAL HEALTH ACT – REGULATION 363

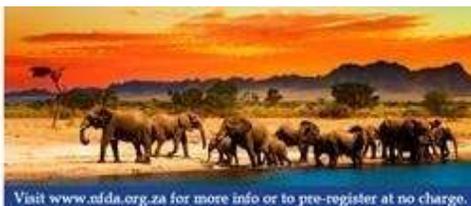
Read the following extract carefully and make sure your premises adhere to these.

Requirements relating to funeral undertaker's premises



Southern African
Funeral Expo 2017

**Emerald Casino
6-7 September**



Visit www.nfda.org.za for more info or to pre-register at no charge.

(1) Provision for at least the following shall be made on funeral undertaker's premises:

A preparation room for the preparation of corpses.

Change-rooms, separate for each sex, for the use of the employees employed at such premises.

Refrigeration facilities for the refrigeration of corpses.

Facilities for the washing and cleansing of utensils and equipment inside the building.

Facilities for the cleansing of vehicles on such premises.

Facilities for the loading and unloading of corpses as contemplated in subregulation (6).

(2) No room on funeral undertaker's premises shall be used for any purpose other than the purpose for which it is intended and no act other than an act related to the said purpose shall occur in such room.

(3) Such preparation room-

shall be so designed as to-

be separated from all other rooms on the premises and as not to communicate directly with any office or salesroom: Provided that, where a preparation room on existing funeral undertaker's premises so communicates, the entrance thereto shall be so concealed that the interior thereof is completely out of the sight of any person in such office or salesroom;

enable obnoxious odours and vapours to be adequately treated; and
be sufficiently ventilated and lighted;

shall have a floor-

covering an area of not less than 16m² for the first table of the kind referred to in paragraph (e) and 8m² for each additional such table;

constructed of concrete or similar waterproof material with a smooth non slippery surface that is easy to clean, and sloped at an angle to ensure that any run-off will drain into an approved disposal system; and

which, if it is replaced or laid after the date of commencement of these regulations, shall be provided with half-round filling where it meets the walls;

shall have walls the inner surfaces of which have a smooth finish and are covered with a light-coloured washable paint or other approved, suitable, smooth, waterproof, light-coloured and washable material;

shall be provided with a ceiling not less than 2,4 m above the floor level, which ceiling shall be dust-proof and painted with a light-coloured washable paint;

shall contain not less than one table of stainless steel or glazed earthenware or other approved material, equipped with a raised rim on the outside, a tap with cold running water to which a flexible pipe can be connected and a drainage opening connected to an approved disposal system;

shall contain not less than one wash-basin for

each such table, made of stainless steel or other approved material, with a working surface of the same material, taps with hot and cold running water and a drainage opening permanently connected to an approved disposal system, and provided with disposable towels, a nailbrush and soap; shall have not less than one tap with running water to which a flexible pipe, long enough to reach all corners of such room, can be connected for cleaning the interior surfaces; shall have door openings that are not less than 0,82m in width and 2,00m in height so that corpses can be taken into and out of such room without any difficulty.

(4) Each such changeroom shall contain at least the following:

One hand-basin with hot and cold running water for every six employees or part of this number;
disposable towels, soap, nailbrushes and disinfectant; and
not less than one latrine for every 15 male employees or part of this number and not less than one latrine for every 15 female employees or part of this number employed at the funeral undertaker's premises concerned: Provided that, where a separate urinal for men forms part of such facilities, one latrine plus one separate urinal shall be permissible for every 30 men or part of this number.

(5) Refrigeration facilities such as refrigerators or cold chambers shall be

installed in or within easy reach of such preparation room for the keeping of corpses, and-

where refrigerators are provided, they shall be made of a material that does not absorb moisture and shall be provided with removable trays and shall be so designed as to drain properly and be easy to clean; **the surface temperature of any corpse shall be no higher than 5°C within three hours of its being received on the premises and no higher than 15°C during preparation;** and where cold chambers are provided, they shall comply with sub-regulation (3)(a)(ii), (b)(ii), (c), (d) and (h) and shall be provided with shelves manufactured from a material that does not absorb moisture and that is easy to clean.

(6) **Such cleansing and loading and unloading facilities shall consist of a paved area, screened from public view, with a drainage system into a gulley connected to an approved disposal system.**

(7) The loading and unloading of corpses and the cleansing of vehicles shall not take place anywhere except in the area contemplated in subregulation (6).

(8) The funeral undertaker's premises shall be rodent-proof.

Issue or transfer of certificate of competence

Where a local authority, after consideration of an application for the issue or transfer of a certificate of competence, the report concerned by a medical officer of health or health inspector, including his recommendation, and any objections to the use of funeral undertaker's premises, is satisfied that the premises concerned -

comply with all requirements laid down in these regulations;
are in all respect suitable for the preparation of corpses; and
will not be offensive to any occupant of premises in the immediate vicinity of such premises,

it shall, such as it may determine in respect of the funeral undertaker's premises concerned, issue a certificate of competence in the name of the holder in such form as it may determine or shall by endorsement transfer an existing certificate of competence to a new holder, as the case may be.

Is your Certificate of competence still valid? If older than 2 years, you need a re-inspection by Department of Health.

MEDICAL RESEARCH COUNCIL PROJECT



The Medical Research Council has embarked on a National Cause-of-death validation project and has requested the NFDA to participate.

Aim

To derive estimates of cause-specific mortality patterns in South Africa in 2017, at national, provincial and district level, using vital registration data validated and corrected against cause-of-death (COD) data from medical and forensic records and verbal autopsy (VA).

Methods

A cross-sectional study will be undertaken to validate COD assigned by medical officers in civil registration and vital statistics (CRVS) data, based on data collected from a nationally representative stratified cluster sample of deaths that occur in South Africa during 2017. A review of medical records and VA will be undertaken for deaths that occurred in hospital; a review of home-held medical records and VA will be undertaken for deaths that occurred outside of health facilities; and a record review and VA will be undertaken for deaths that were assessed at

the forensic pathology service (FPS) facilities. Electronic CRVS records will be linked and matched with records from the medical and forensic record reviews and physician-coded VA records for out-of-hospital deaths, using unique identifiers, including the serial number of the death notification form and identity number of the decedent. The matching will be conducted within the premises of Statistics South Africa in Pretoria under supervision of the Director of Births and Deaths or Chief Director: Health and Vital Statistics, and will conform with in-house procedures to preserve confidentiality of the decedents' identity and security of the data.

Outcome

This project will produce the first empirically-derived correction factors for the national COD profile, providing a more accurate mortality profile than modeling approaches based upon assumptions.

Intended feedback

A summary report will be produced for the National Department of Health, Department of Home Affairs and Statistics South Africa. Scientific manuscripts, submitted to Institute for Scientific Information peer-reviewed journals, will report on the methodology, findings, and implications of the findings. A policy brief will be produced to ensure research translation that will be useful for policy and decision makers. This will be shared

with the National Funeral Undertakers Associations.

Recognizing the country's vast and diverse burden of disease, and in particular the burden from HIV/AIDS and TB, as well as the huge international and local investments made to combat HIV/AIDS and TB, it is particularly important to continue measuring mortality from these diseases and to assess it accurately, in order to monitor the impact of these interventions.

Enrolment

All registered funeral undertakers in each sub-district included in the project will be contacted from a national register of undertakers kept by the National Department of Home Affairs and invited to participate in the study. If they agree they will sign an Informed Consent Form. This will be done after canvassing written support for the project at the Department of Home Affairs and from funeral associations (the National Funeral Directors Association of SA (NFDA) and the South African Funeral Practitioners Association (SAFPA). Funeral undertakers will act as contacts with the family of the decedents. When a death is notified at an undertaker, the undertaker will share an Information Sheet about the project with the next-of-kin reporting the death, and request permission for the project team to contact him/her for an appointment. In SA, it is general practice that a family member or friend or caregiver reports the death and therefore it

would be expected that this recruitment strategy will be effective in recruiting informants that meet the project criteria. Recruitment of informants will be inflated by 15% to allow for anticipated refusal to participate and inability to trace the informant to interview. The undertakers will keep a register of all deaths occurring during the study period, and collect the following information about the decedent and the consenting next-of-kin: first name, middle names and surname identity number, date of birth and date of death, residential address and details of hospital/and or forensic mortuary (name of hospital/ forensic mortuary and decedent folder number) to enable tracing of the medical and forensic records. In addition, the serial number of the DHA-1663 form will be collected to enable linking with vital statistics data. No details on COD will be collected from the DHA1663. The field worker will compile a list of all decedent households identified at funeral undertakers for the VA team. The COD for all study deaths (occurring in hospital and at home) included in the project will be investigated through VA during interviews at the decedent's home, at least 3 months after the date of death to allow for grieving, with the close kin of the deceased or the informant who reported the death for registration. Informed consent will be obtained from the informant prior to conducting the VA interview. The VA fieldworkers will be trained to conduct VA, using the WHO 2016 Verbal Autopsy

Instrument Questionnaires. The questionnaires will be translated into the most common languages spoken in the sampled areas. Each translation will be back-translated by a certified entity and certified before implementation.

EXPECTED OUTCOMES

This project will produce the first empirically-derived correction factors for the national COD profile providing a more accurate mortality profile than modeling approaches based upon assumptions. The application of the nationally-derived correction factors to provincial and district mortality profiles, whilst not accounting for regional differences in COD certification, are likely to be more accurate than COD profiles currently reported by vital statistics. These can be used for planning and monitoring the burden of disease in each district, and prioritizing the responses to such burden.

Given the considerable inaccuracies found in previous studies with regard to reporting HIV/AIDS deaths, this project holds huge potential for more reliable COD information, and thereby for improved distribution and targeted supply of resources aimed at saving lives through better-informed prevention and treatment programs.

The information will assist planning for health programs and providing for relevant health services that are aligned to the health needs of the population. This will increase the confidence of local decision-makers, international donors,

and international data vendors in the country's national COD data. It will also provide valuable information on the usefulness of VA methods to provide COD information in SA.

To ensure the highest level of respect for both individual decedents and informants who will supply VA information about decedents, ethical clearance for research involving human participants will be sought from the SAMRC and CDC Ethics Committee and any other Health Research Ethics committees required by various collaborators. Permission to access information of decedents from medical and forensic records at hospitals and forensic autopsy facilities will be sought from relevant health authorities at provincial, district, and facility levels. Informed Consent for interviews will be obtained from informants. Non-literate volunteers will be asked to identify a person that they would be comfortable to serve as an impartial witness to support them through the consent process after which the volunteer will provide a fingerprint to indicate consent and the form will be signed by the witness. Strict confidentiality will be adhered to with regard to the protection of information obtained from medical and forensic records. Provincial coordinators will obtain informed consent from funeral undertakers in the sampled districts to recruit study subjects as outlined in the methods. Funeral undertakers will obtain consent for an interview from the person/s who reports the death to the funeral parlor. These

persons will be informed about the aim of the project by the funeral undertaker, using an information sheet which explains the aim, methods, and envisaged outcomes of the project. Signed consent on the information sheet, and contact details for the next-of kin will be requested by the undertaker and recorded on the Funeral Practitioner Death Register Form. When the fieldworker contacts the family, the fieldworker will explain the aim, methods, and envisaged outcomes of the project again to ensure that the participant is fully informed before signing consent for the VA interview.

EMBALMING COURSES

As a result of the special committee and chamber management meetings with the Services SETA an embalming workshop was held on 31 May. All NFDA trained embalmers were invited, as well as representatives from the three associations. It was agreed that embalming is a scarce and critical skill in South Africa, and consequently a draft skills programme based on embalming unit standards was agreed on by all present. The next steps in the process are that learning materials will be developed, a training provider appointed and training will start, including RPL for those who have been trained. The NFDA office is very excited about this move, and would like to appeal to all members to become involved in training, not just for yourself but also your staff. In the



near future a relevant qualification is going to become a requirement for all funeral parlour workers.

DEBT IN SOUTH AFRICA

Around 85% of people's debt problems start with a death in the family.

As the cost of living in South Africa rises, more and more South Africans struggle to make ends meet and fall into debt. With so many expenses, such as a bond, electricity costs, school fees, food, transportation, a phone, and so many more bills to pay, no wonder saving money these days sounds like science fiction.

It will probably shock you to know that 85% of South Africans' debt problems start with a death in the family. Let's face it; we are all going to die one day, this is the way of life! The question is, have you done enough to secure your family's financial future if a family member passes away?

The cost of death in families is plunging, and many middle to lower-income earners get into debt spirals from which they can't escape.

The AIDS crisis has changed the mortality pattern in Southern Africa, with life expectancy among women falling by 12 years and men by 14 years. The increased mortality rate of economically active South Africans is a major cause of financial pressure around funerals. Households that bury members who die in middle age may find themselves less able to build longer-term financial stability to finance schooling and even to provide adequate nutrition and a healthy environment within which to raise children.

On average, the cost of burial is estimated to be between R30 000 and R50 000, but with the rising cost of living, burial could increase substantially. If an adult member of the family passes away, the funeral has to be in line with his position within his family and culture. Taking into account looking after the dependents, the funeral arrangements, the expatriation of the body, buying a coffin, catering, hiring a tent, purchasing a tombstone, fuel and travel expenses for the family, electricity, and phones used when preparing for a funeral, those costs can be as high as R80 000.

Katie, a domestic worker in Cape Town, found herself not only responsible for burying her brother, but also for raising his two children. She was forced to find R12 000 to transport his body home – most of this obtained through loans. So, in addition to now being financially responsible

for his two young children, she also had to find the funds to repay the loan.



Bear in mind that even in a case where the deceased was wealthy, had money or assets, the estate will freeze it all, and it will take months and even years to disburse it to its beneficiaries. Unfortunately, most people have no choice but to borrow money at high interest from loan providers to pay for the funeral costs. With the recent credit rating downgrade to junk status by the rating agency, these loans will be much harder to obtain and more expensive in the very near future.

Taking into account the costs and for your own peace of mind, taking out funeral cover may be the best way to ensure your loved ones have a dignified funeral without worrying about how you will pay for it.

Source: www.likemoney.co.za Assupol Funeral Cover

ASSESSOR TRAINING

The first assessors have been trained in various venues around the country. The successful candidates will be registered with Services SETA shortly, and then appointed by the accredited training providers so that training can start. It's not too late yet. You can still apply for assessor, moderator, coaching and skills development facilitator training. Contact the office for more details.



OFFICE MATTERS

It is June already, but only half of all members have paid their membership fees for the year. Are you guilty? Get up and look at the certificate currently displayed on the office wall. Is it valid still?

Still in doubt about what your association is doing for you? Ask someone to check your pulse because you must be dead!!

Keep well and keep warm.

Marthie Botha

ADMINISTRATIVE MANAGER

