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# PROGRAM STAFF NEED MORE ACCESSIBLE INFORMATION ON COVID-19

To communicate effectively, humanitarian program staff need detailed information in local languages and in audio and visual formats

Translators without Borders' partner organizations around the world are supporting efforts to control COVID-19. Do their teams have the information and communication materials to do that effectively?

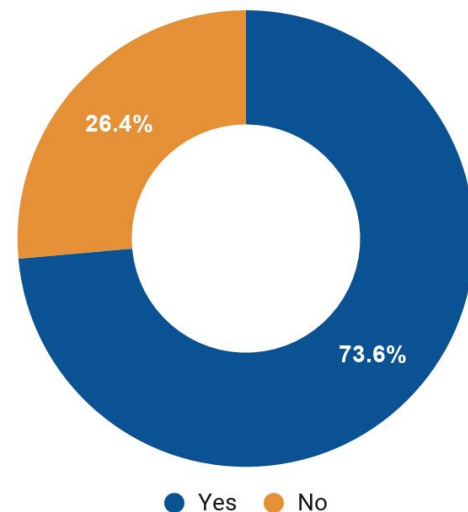
To find out, TWB conducted a remote survey of humanitarian program staff in 32 countries in March 2020. We received 53 replies from program staff of our partner organizations. The survey was administered in Arabic, English, French, and Spanish. This brief summarizes the findings.

## Staff want more information on COVID-19

Of the 53 respondents, only 51% feel the available information tells them all they need

to know in a comprehensible way. As Figure 1 shows, more than 26% feel they generally lack sufficient information on COVID-19 to do their job effectively.

Figure 1: Do you feel you have sufficient information on COVID-19 to do your job effectively?

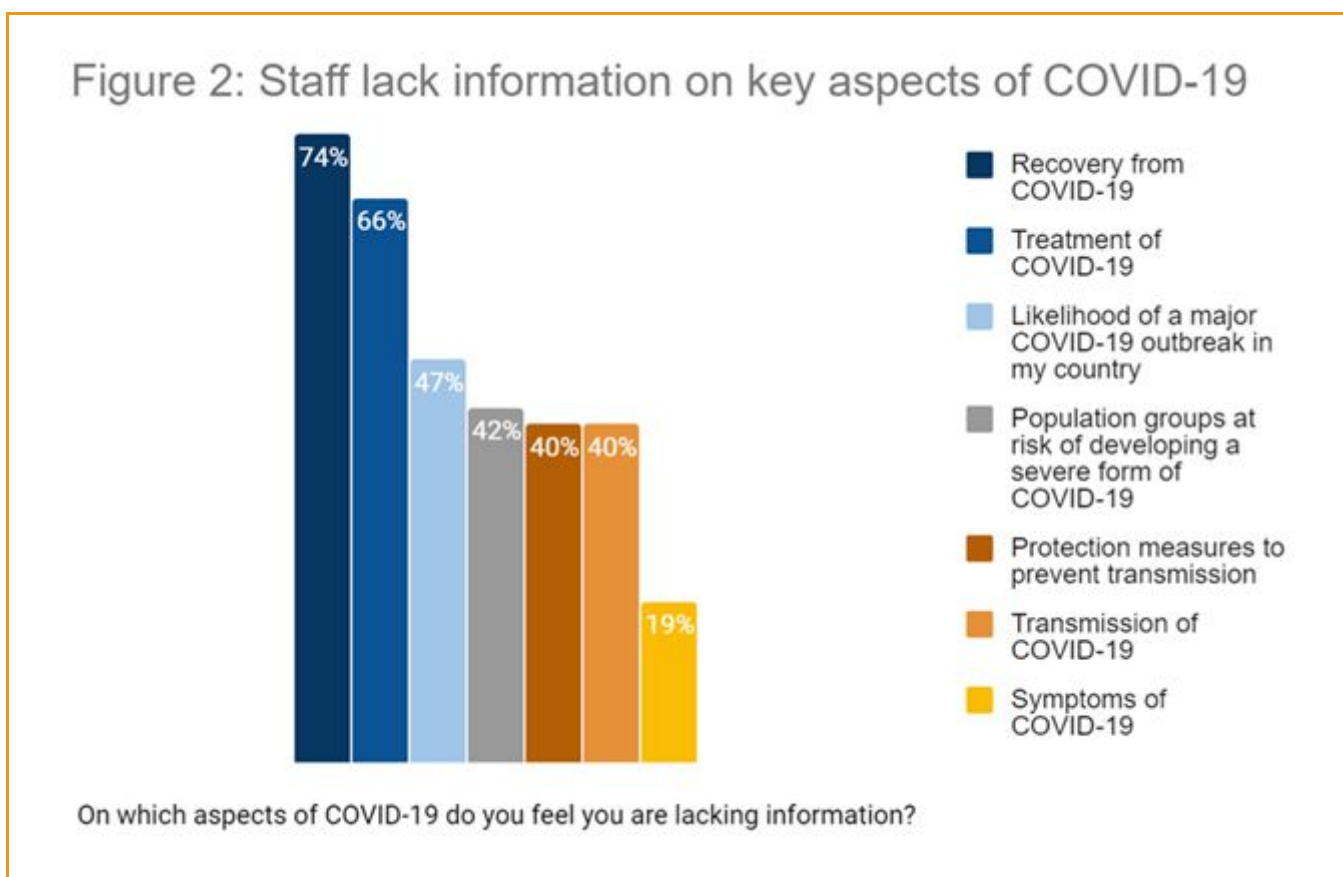


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Figure 2 shows the information that staff feel they lack. Respondents most lack information on recovery from (74%) and treatment of (67%) COVID-19 – issues on which the science is still evolving. They also lack information on more clear-cut issues such as high-risk population groups (42%), transmission (40%), and prevention (40%). Specific questions respondents lacked answers to concerned the transmission of COVID-19 from contaminated surfaces and from people with an asymptomatic infection.

Symptoms of COVID-19 seem to be comparatively clear. Yet 19% of respondents still said they needed more information on symptoms.

Another issue of concern is the likelihood of a major outbreak of COVID-19 in each country. 47% of respondents said that they lack information on the possibility of an outbreak. As one respondent’s comment made clear, this was linked to fear that national health systems would be insufficient to deal with a large-scale outbreak.



## Information on COVID-19 is not in plain language

Program staff largely rely on official sources for information about the pandemic. Most refer chiefly to government sources like ministries of health and to the World Health Organization or the organization they work for. They use other sources like the Centers for

Disease Control, the Red Cross/Red Crescent, UNICEF, and other humanitarian organizations to a lesser degree.

Yet only 51% of respondents felt the available information tells them everything they need to know in a way that is easy to understand. The mass of information can be overwhelming, but also lacks detail. Contradictions and inconsistencies between content from

different sources cause confusion and a loss of confidence in the information.

A lot of the content is difficult for readers to process and apply quickly. It demands a high level of reading effort, because it does not use plain language. Common problems were the use of abbreviations and medical terms, and content too complicated for some respondents to understand.

## Staff and communities need information in local languages

Access to information is further restricted by the fact that information is in a language some respondents don't read fluently, or in a format they can't access.

We asked which language program staff prefer to receive information on COVID-19 in. While English and French were the most cited languages, 38% of respondents also wanted the information in other languages. Seventeen percent preferred to receive information only in languages other than English and French.

### Box 1

#### Languages in which staff would you like to receive information on COVID-19

Acholi, Arabic, Bahasa Indonesia, Bangla, Bassa, Bisaya, Chinese, English, Filipino, French, Fulfulde, Haitian Creole, Hausa, Khmer, Lao, Malayalam, Portuguese, Rohingya, Shona, Spanish, Swahili, Thai

Program staff also identified a lack of risk communication materials in local languages for the communities they work with. Respondents' comments stress that the materials available do not cater to the language needs of the population. From 53 surveys we received 121 mentions of 65 languages in which information materials are needed for at-risk communities.

These languages are currently only partly

covered by available information on COVID-19. Program staff reported that information is generally available in either English or French and one national language like Nepali or Filipino, not other local languages and dialects. Sometimes not even the national languages are covered, as one respondent in Central Asia reported. A respondent from Peru wrote that most information received is in English, whereas they need information in Spanish.

[Previous research](#) highlights the risk of confusion when information on disease control is provided in unfamiliar languages.

### Box 2

#### Comments from respondents on available information in local languages

"Information is often translated on the fly during community engagement, but most materials are in English."  
(South Africa)

"I would say: one level below the BIG languages (EN-FR-ES-CH-...) would already be a great improvement."  
(Myanmar)

"Vanuatu has over 50 different dialects, so after translation there needs to be a translator from each respective island to communicate the information well to their communities."  
(Vanuatu)

## Staff need pictorial and visual risk communication materials

We asked respondents what further resources and support they or their organizations need to communicate more effectively on COVID-19. The answers we received related to format, content, language, and additional resources. The most common support request was materials in local languages.

## Staff want information in plain language

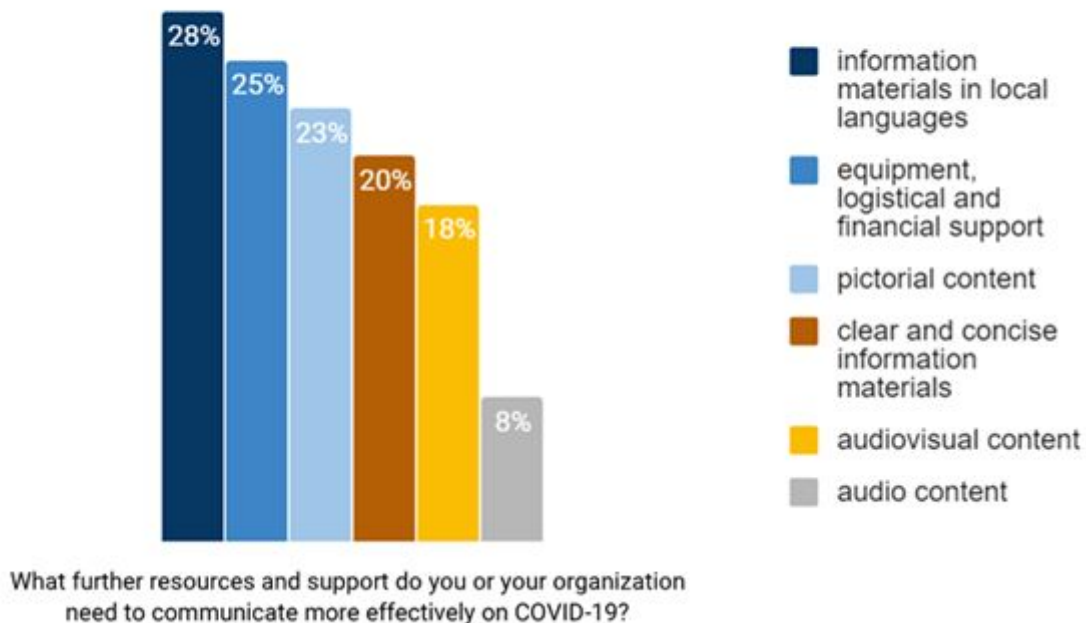
Respondents also stated the need for clear, concise, and readily understandable information materials for people at risk. This request came up in comments throughout the survey. They described the available information as often confusing, lacking sufficient detail, and inaccessible to the communities they work with.

TWB has previously [highlighted](#) the importance of adopting plain-language principles in COVID-19 information. This goes well beyond choosing simple words. It requires writers to also consider readers' requirements in content, structure, and design.

Another frequently mentioned need was information materials in different formats. Respondents said they need more risk communication materials in pictorial, audiovisual, and audio formats to communicate effectively with communities. This is particularly the case for risk communication with especially vulnerable groups, who face the greatest difficulty accessing information on COVID-19.

Respondents considered pictorial, a mix of written and pictorial, audio, and audiovisual formats most effective for communicating with communities. For the most vulnerable groups, they felt face-to-face communication is also effective. Current risk communication on COVID-19 uses these formats, but less than respondents felt necessary. They highlighted a particular shortage of pictorial materials.

Figure 3: Staff need accessible visual and audio content in local languages



### Box 3 – Case study

#### Information needs of field staff in eastern Democratic Republic of Congo

In collaboration with one of our partners we surveyed 124 field staff and volunteers in Ituri, North Kivu, and South Kivu Provinces, eastern DRC. All respondents rely mainly on COVID-19 information from the humanitarian organization they work for. Yet the information needs and gaps they experience differ markedly by province.

In North Kivu, which has been at the center of DRC's 10th Ebola outbreak since August 2018, 69% of participants feel they don't have enough information on COVID-19 to do their job effectively. They report that the available information is too complicated to understand, uses too many abbreviations, and offers insufficient detail. Compared to the other provinces, respondents from North Kivu are more often unable to access the available information because it is in a language they don't read fluently (15%) or a format they can't access (11%). Field staff and volunteers in North Kivu also source information from friends and family, and channels like WhatsApp and Facebook. They prefer to receive information on COVID-19 in French (74%), Swahili (67%), Lingala (19%), and Nande (11%).

In South Kivu, 55% of respondents feel they don't have enough information to do their job, lacking in particular information on treatment of COVID-19 and high-risk groups. Yet they are largely satisfied with the quality of the information they do receive: 72% of South Kivu respondents feel it provides all the details they need and is easy to understand. Respondents here also rely more on official content on COVID-19, and receive information through television and radio. They prefer to receive information on COVID-19 in French (100%), Swahili (82%), Mashi (9%) and Kirenga (9%).

In Ituri, 43% of respondents feel they don't have enough information to do their job. They most need information on prevention measures. Thirty-nine percent feel the available information provides all the details they need in an understandable form. In contrast, 53% of respondents feel it uses too many abbreviations and medical terms. The main source of information on COVID-19 for respondents from Ituri is the organization they work for, but they also use channels like radio and SMS to get further information. They prefer to receive information in Swahili (85%), Lingala (60%), French (49%), and Nande and Hema (3%).

## What this means for your program

Organizations involved in the COVID-19 response can support their staff by taking three practical steps:

**Make information available in relevant languages.** TWB continues to add to its list of [language and literacy maps](#) for countries affected by COVID-19. To identify the most effective languages, formats, and channels for communicating on COVID-19, organizations should include [four language questions](#) in local needs assessments and in surveys of staff and communities. Contact TWB at [corona@translatorswithoutborders.org](mailto:corona@translatorswithoutborders.org) for support translating materials into local languages.

**Use glossaries to ensure consistent and accurate communication.** TWB has developed a [COVID-19 glossary](#). It includes more than 180 terms related to COVID-19 in 33 languages of Africa, Asia, and the Middle East. We continue to update the glossary and add new languages. To help us improve our glossary, use [this feedback form](#).

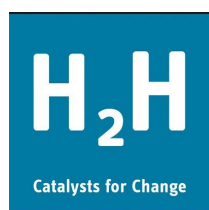
**Apply plain-language principles.** Plain language will enable staff to better use the information they receive. Information in plain language reduces reading effort, which minimizes confusion and has the potential to prevent rumors. TWB has produced [plain-language guidance](#) for humanitarian organizations working in the COVID-19 response.

## Do you speak COVID-19?

For further information on the importance of language in the response to the pandemic see our [policy brief](#) and visit TWB's [COVID-19 webpage](#).

TWB is developing a chatbot in local languages to disseminate information on COVID-19 from partners, answer people's questions, and gather data to guide future communication.

For more information on TWB's language support for the COVID-19 response, contact [corona@translatorswithoutborders.org](mailto:corona@translatorswithoutborders.org).



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