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INFORMATION GAPS ON COVID-19 IN EASTERN DRC

Staff and communities in eastern DRC need information on COVID-19 in plain language and in pictorial and audio formats to fill information gaps and to prevent confusion

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

To find out, TWB — in collaboration with IFRC — remotely surveyed 124 humanitarian staff in April 2020. The survey was administered by Congolese Red Cross volunteers supported by IFRC staff in Ituri, North Kivu and South Kivu Provinces in eastern DRC.

At the time of the survey, there were fewer than ten confirmed COVID-19 patients in the three provinces. Although the epidemiological situation was similar, respondents in each province gave very different answers. This brief summarizes the findings.

Staff lack information on COVID-19

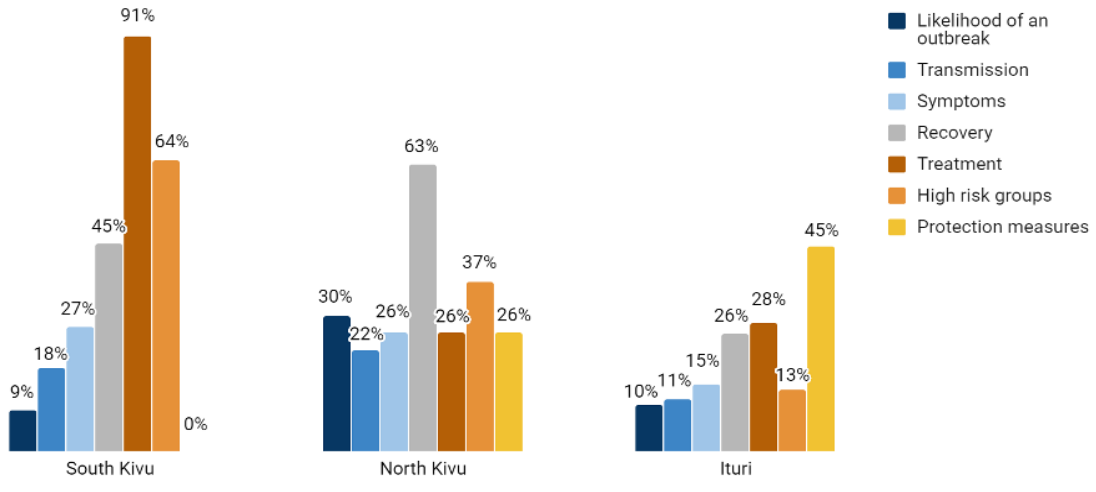
Of the 124 respondents, 62% feel they have enough information on COVID-19 to do their job effectively. Staff working directly on risk communication around COVID-19 are more likely to lack information. Forty-three percent of staff working on COVID-19 in Ituri feel they don't have enough information, compared to 16% of staff not directly working on COVID-19. In North Kivu, only 31% of staff surveyed feel they have enough information on COVID-19 to do their job effectively.

This difference in perceptions between provinces may be linked to the recent Ebola outbreak in North Kivu. Limited information was available to staff during that outbreak, which might explain why respondents from North Kivu seem more critical of the quality and accessibility of COVID-19 information (see below).

There are also differences between the provinces in relation to the kind of information that staff feel they lack. While all the respondents from South Kivu say they have enough information on protection measures to prevent transmission and infection with COVID-19, in Ituri protection measures are the most pressing information gap (45%). In contrast, staff in South Kivu mostly lack information on treatment (91%) and population groups at high risk of experiencing a severe form of COVID-19 (64%). Staff in North Kivu mostly lack information on recovery from COVID-19 (63%) and high risk groups (37%). Specific questions respondents lacked answers to concerned the origin of COVID-19 and the health status of patients after recovery.

Lack of information on recovery and treatment of COVID-19 — issues on which science is still evolving — is evident. But as the data shows, staff feel they also lack information on more clear-cut issues. Figure 1 illustrates these findings.

Figure 1: Information needs are different in each province



Information on COVID-19 is not in plain language

For information about the pandemic, staff largely rely on the organization they work for. They use other sources like the World Health Organization, the Centers for Disease Control, UNICEF, and other humanitarian organizations to a lesser degree. Local health centers are likewise a source of information. Yet only 42% of all respondents feel the available information tells them everything they need to know in a comprehensible way.

Content on COVID-19 can be difficult for readers to understand. It demands a high level of reading effort, because it often does not use plain language. Common problems are the use of abbreviations and medical terms, and content too complicated for some readers to understand.

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

Staff in the three provinces have different views on the accessibility of content. Seventy-three percent of respondents in South Kivu feel the available information tells them all they need to know in a comprehensible way. Still, 27% think that the available information is not detailed enough. In contrast, only 39% of staff in Ituri are satisfied with the available information. Fifty-three percent of staff in Ituri think that the information uses too many abbreviations and medical terms, and 14% find it too complicated to understand. Staff from North Kivu are the least satisfied with the available information. Sixty-three percent think that the information is too complicated to understand, 37% that it's not detailed enough, 33% that it uses too many abbreviations and medical terms (33%), and 11% that it's in a format they can't access.

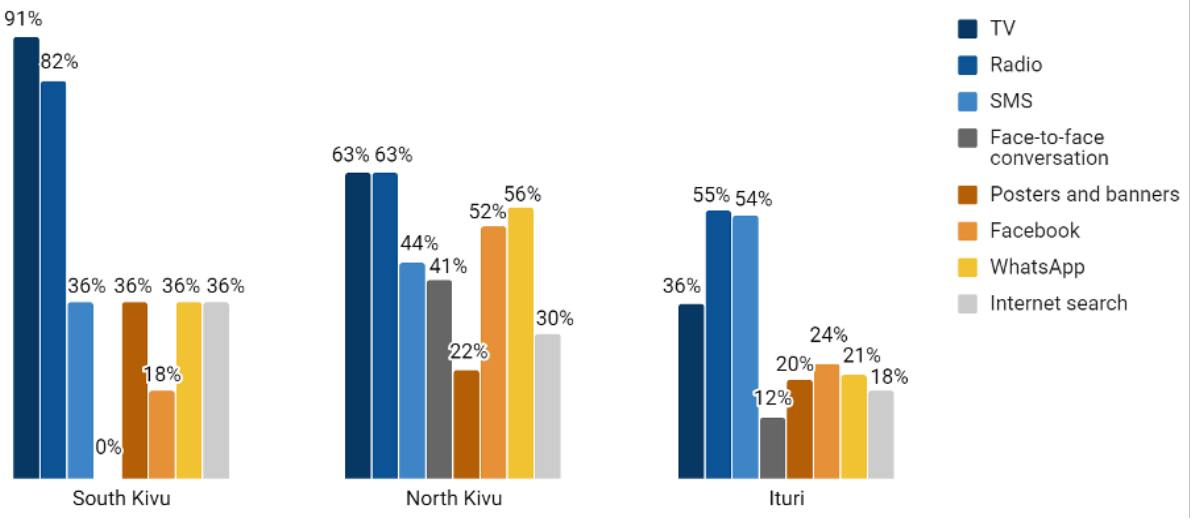
Staff use alternative sources and channels for information

In the absence of clear and comprehensible information, respondents also rely on other sources and channels for information on COVID-19. Friends and family are an important source of information for staff in North Kivu (27%), and to a lesser degree also for staff in Ituri (15%) and South Kivu (9%).

Radio and television are the most important COVID-19 information channels for staff in all three provinces. They complement this with information from other channels. In South Kivu, television and radio outweigh other channels like SMS, posters, or social media by far. In contrast, social media like WhatsApp and Facebook are among the main channels of information in North Kivu, while SMS and personal conversations also play an important role. In Ituri, staff receive their information mostly through radio and SMS. **Figure 2** shows the different channels used by staff in the three provinces.

Contradictions and inconsistencies between content from different sources can cause confusion and a loss of confidence in the information. Staff in North Kivu experience this more often than staff in other provinces. This might also be related to their greater reliance on social media. In North Kivu, 11% of respondents thought that the available information on COVID-19 is not trustworthy, compared to 3% in Ituri and none in South Kivu.

Figure 2: Radio and television are the most used channels of information, but social media and SMS are also important



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 struggle to read. Fifteen percent of respondents from North Kivu say that the available information is in a language they do not read fluently. This is also the case for 7% of respondents from Ituri. Previous research highlights the risk of confusion when information on disease control is provided in unfamiliar languages.

For information on COVID-19, the majority of staff prefer Congolese Swahili (83%) over French (61%) and Lingala (47%). Staff also like available information to be in local languages. Table 1 shows their language preferences.

In which language would you like to receive information on COVID-19?		
Ituri	**North Kivu**	**South Kivu**
Swahili (85%)	French (74%)	French (100%)
Lingala (60%)	Swahili (67%)	Swahili (82%)
French (49%)	Lingala (19%)	Mashi (9%)
Nande (2%)	Nande (11%)	Kirenga (9%)
Hema (1%)		

Beyond their own needs, 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 only partially cater to the language needs of the population.

This is felt strongly by staff in North Kivu, where 62% of respondents think communities only partially receive information on COVID-19 in the languages they speak. Besides Congolese Swahili and French, communities in North Kivu need information in Nande, Lingala, and Kikongo. In Ituri communities need information in Lingala, Nande, Bira, Hema, and Lese. In South Kivu, information is also needed in Mashi and Kirenga. According to staff, these languages are currently only partly covered by available information on COVID-19.

Staff lack pictorial and audiovisual 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 the format of information materials and equipment needed to relay information to communities. 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.

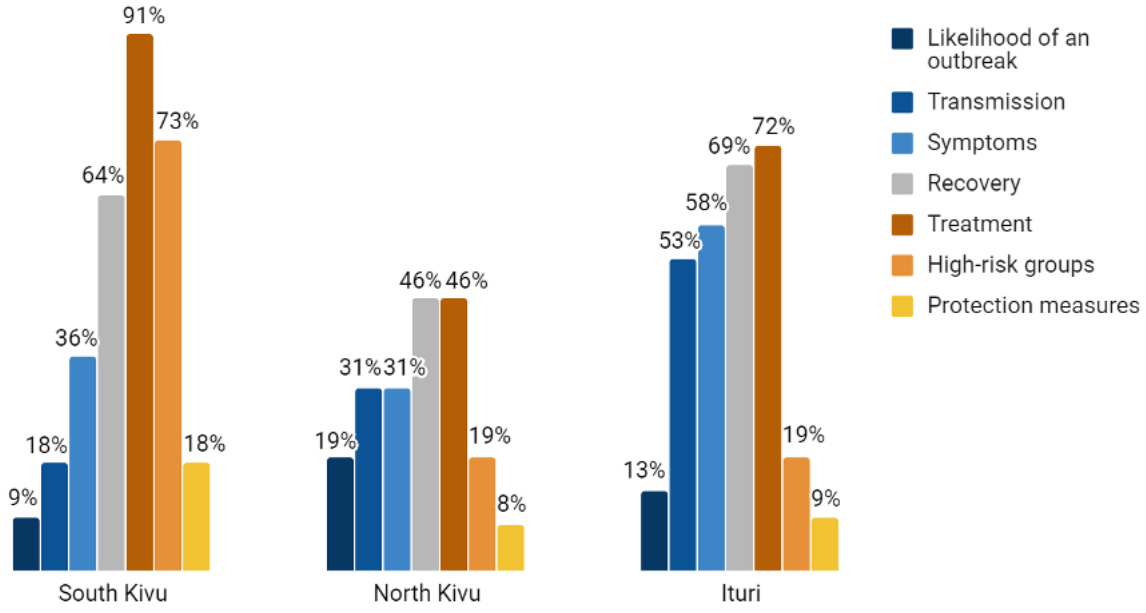
Respondents considered face-to-face communication most effective for communicating with communities. They also considered pictorial, audio, audiovisual, and written formats effective. Current risk communication on COVID-19 uses these formats, but less than respondents felt necessary. They highlighted a particular shortage of pictorial materials like posters to explain COVID-19 to communities at risk. In terms of equipment, respondents felt they mostly lacked megaphones for mass sensitization in communities.

Symptoms of COVID-19 are not clear to communities

We asked staff which aspects of COVID-19 communities lack information on. While questions around treatment and recovery from COVID-19 are frequent among communities, other information gaps include symptoms and transmission of COVID-19.

In South Kivu, 73% of respondents think that communities lack information on population groups at high risk, and 36% think people lack information on the symptoms of COVID-19. In Ituri, 58% of respondents stress a lack of information on symptoms and 53% information gaps on transmission of COVID-19. In comparison, the information gap in communities in North Kivu seems smaller. Yet, staff also feel communities still lack information on symptoms and transmission of COVID-19. Figure 3 illustrates the aspects communities lack information on.

Figure 3: Symptoms and transmission of COVID-19 are not clear to all community members



Misunderstandings and technical terms cause confusion

COVID-19 is a matter of concern for communities in all three provinces. Although infection rates were low at the time of the survey, the pandemic was a matter of serious concern to communities in Ituri (97%) and North Kivu (72%). In South Kivu opinions about the pandemic were more varied. Staff say that only 39% of the population are very concerned about COVID-19, 21% are somewhat concerned, 20% not so much, and 20% not at all.

We also asked staff how far rumors and misunderstandings on COVID-19 circulating in communities pose a threat to effective risk communication. Their answers suggest this impact is highest where levels of concern about the virus are lower. In Ituri 60% of respondents think that rumors and misunderstandings impact risk communication. In North Kivu, 81% of respondents think rumors have an impact. In South Kivu, where staff think that 40% of the population is not so much or not at all concerned about the pandemic, 100% of respondents believe that misunderstandings and rumors have a large or some impact on risk communication.

Another important source of confusion is COVID-19 terminology. Previous research in eastern DRC has shown that people don't understand disease-related key concepts and seemingly simple terms in French and standard Swahili. Some disease-related terms are socially and culturally unacceptable. Health communicators often lack communication tools and training, and struggle to provide clear and consistent translations. The resulting misunderstandings and contradictions confuse people, and create further doubt and frustration.

"Social distancing" is one example. The concept is often misunderstood, and it is considered unacceptable to keep a social distance. "Physical distancing" is more accurate but remains vague. To offer more explanation, health responders in DRC use "keeping a one-meter distance". Yet as respondents to our survey made clear, people still find this confusing and interpret it as meaning there can be no intimacy within couples. This illustrates that people need detailed information and explanation — not just instructions — to better understand why and how they can effectively adapt prevention measures and protect themselves against COVID-19.

Table 2 lists terms staff find confusing and gives explanations and suggestions to prevent misunderstanding. For translations of these terms in Congolese Swahili see TWB's COVID-19 glossary. We are regularly updating the glossary and adding further languages.

Words that cause confusion		
Confusing term(s)	**Explanation**	**Suggestion**
andemic	There is no direct translation for this term in Congolese Swahili, Nande, or Lingala. The term is usually used in French, but is unknown to most people. Instead people talk of a disease that affects multiple countries at the same time. Using an explanatory description can increase understanding.	A disease that is spreading in several countries at the same time.
COVID-19	Speakers of Congolese Swahili, Nande, and Lingala commonly refer to COVID-19 as "corona" or "coronavirus". They understand the term "COVID-19" as well, but as a more scientific word used mostly by health professionals and in administrative communication. Using a term that most people will recognize can prevent confusion.	Corona Coronavirus
SARS-CoV-2	Most people use "corona" to refer to the virus as well as the disease, and don't use the name SARS-CoV-2. People generally perceive the word "virus" to indicate that a particular disease is more serious than others. Using the word "coronavirus" can increase awareness of the severity of the disease.	Coronavirus
Quarantine, Confinement, Isolation	There are no direct translations for these terms in Congolese Swahili, Nande, and Lingala, and contextual translations don't offer enough nuance to differentiate between them. Most people use the word "confinement", in the sense of detention or captivity, for all three terms and to express their fear of being locked away. Providing additional information when using one of these terms can reduce fear and misunderstanding. That information may include location (at home, in hospital), the people involved (doctors, medical staff), the expected timeframe (for two weeks, until recovered), and the reason (to prevent transmission, for medical treatment).	For example: "If you've had contact with a person who is sick with COVID-19 you have to isolate at home for two weeks to see if you develop symptoms of the disease and to avoid infecting other people."
Social distancing, Physical distancing	The concept of social distancing is misunderstood and considered unacceptable. The term "physical distancing" is more precise but lacks detail and explanation. Using an explanatory description like "keeping a one-meter distance from people who don't live in the same household" can increase understanding and acceptance.	Keeping a one-meter distance from people who don't live in the same household
Barrier measures	The term causes confusion when translated into French (mesures barrières) because the word barrière is commonly used to refer to a border crossing. To prevent confusion it is advisable to talk of "protection measures", and to give further explanations.	Protection measures like wearing a mask or keeping a one-meter distance
Riposte (FR)	The French term riposte is used in the sense of rapid response to contain a disease outbreak. The military association of this term - riposte meaning retaliation - gives room for a very different interpretation and creates fear and suspicion, especially in a conflict-affected area like eastern DRC. It is best to avoid the term and use réponse (response).	Réponse (FR)
Incubation period	This term is technical and not well understood. People often refer to the incubation period as the "initial stage of a disease", or as a stage when the virus is "still hidden in the body". Giving an accurate explanation in plain language will prevent misunderstanding and mystification.	The period of time between the virus entering the body and the first symptoms of the disease

What this means for your program

Organizations involved in the COVID-19 response can support their staff by taking four 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 for support translating materials and questionnaires 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 34 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.

Provide communication guidance and training to staff. TWB has developed guidance on how to communicate about health in Swahili, Nande, Lingala, French, and English. These guides can help health responders communicate more effectively about health in the DRC. TWB also offers training and webinars on language and communication to humanitarian staff in DRC.

Apply plain-language principles. Plain language enables staff and communities to better understand 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. To express interest in collaborating with us on this project, or for more information on TWB's language support for the COVID-19 response in DRC, contact drc@translatorswithoutborders.org.

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