
Knowledge to action

Awareness of key communication barriers has increased, yet without dedicated resources responders struggle to practically scale up good communication practices

When the Rohingya refugee response began in 2017, many agencies identified the [language dynamics as a significant challenge](#). Translators without Borders' (TWB) [first review of lessons learned](#) uncovered key insights on differences between women's and men's comprehension of second languages, the importance of verbal communication in the Rohingya language, and the need to adequately support responders tasked with facilitating multilingual interactions.

This learning review builds on insights from a further five years of evidence generation on language and communication barriers in the response, including TWB/CLEAR Global's research, reports from other responding organizations, and sectoral coordination documents. It summarizes key findings on language and communication, recommendations of good practices, successes and challenges to implementing these, and remaining knowledge gaps.

Summary: what you absolutely need to know

- **Awareness of language and communication barriers has increased over the last six years.** Evidence suggests communication activities are more in line with people's needs and preferences than at the start of the response, when many responders lacked even basic understanding of language use among Rohingya refugees.
- **Good communication practices are visible in several sectors and services, but not yet fully systematized or sustainable.** While technical language support has been integrated as part of the common service and widely relied upon, examples of further good practices and uptake of recommendations can largely be considered isolated or relying on individuals. Embedding a language-aware two-way communication approach response-wide will be slower to achieve.

- **Communication is much more than a technical exercise.** How the response addresses language and communication barriers has critical implications for people's sense of trust, safety and social cohesion. Recognizing the emotional, social and psychological implications of communication is critical to ensure services are accessible, especially health services, and risks to vulnerable groups are reduced.
- **Intersections between language and communication and other factors of vulnerability are undeniable but complex to understand and address.** Language and communication barriers can compound other factors of vulnerability and exclusion, especially gender, age, disability, and education level. Communication practices to better reach excluded groups have become more widespread, but are not yet fully embedded or two-way.
- **Research on complaint and feedback mechanisms repeatedly emphasizes issues around accessibility,** especially for already marginalized groups. Even when in the right language, concerns about confidentiality and cultural acceptability impact people's willingness to use them.
- **External factors restrict responders' ability to act on their knowledge of communication challenges, even when willing.** Time pressures, funding constraints, staff turnover, and competing priorities all make it hard for responders to transform knowledge into action. Short, concise tools with specific practical applications, such as topic-specific glossaries or visual aids, can make critical differences in humanitarians' ability to adopt recommendations about good communication.

Fundamental barriers are lessening, but practical challenges remain

Early in the response, evidence from TWB and others highlighted that Rohingya was the first language for the vast majority of refugees ([Internews, 2017](#); [TWB, 2018](#)). Despite this, communication activities were disproportionately conducted in Bangla, and many staff with presumed communication expertise or job mandates overestimated the effectiveness of Chittagonian for communication ([Internews, 2018](#); [TWB, 2017](#)). Recent research on language practices suggests that awareness of fundamental language barriers has increased response-wide and use of the Rohingya language is more routine; both Rohingya community members and humanitarians have perceived [drops in overall language barriers](#) as the response has developed. Yet progress is still needed to embed Rohingya as the go-to language of

communication. For example, though 72% of respondents in a recent study said their organization uses Rohingya-speaking volunteers in their work, 74% of respondents said their organization [still uses Chittagonian-speaking staff](#) for day-to-day communication with Rohingya.

- *“Most NGO staff use Chittagonian, which is spoken in the Cox’s Bazar area and is close to the Rohingya language. But it is not close enough to avoid misunderstandings. Many camp residents, especially older people and children, do not fully understand Chittagonian. That can be particularly damaging when it comes to topics like SRH and GBV.” - Male NGO volunteer and former sexual and reproductive health practitioner, 2022*

Difficulties prioritizing the Rohingya language may be due to several complicating factors, including a lack of widely used written script for Rohingya making it hard for outsiders to learn, and restrictions against Rohingya refugees being employed in Bangladesh. Responders face time and resource pressure that impacts their ability to communicate well. Research specifically exploring the realities around resourcing and prioritization would help shed light on how to embed the use of the Rohingya language when communicating with community members.

Responders display an increased awareness of how to adjust their communication practices to mitigate language barriers, but they need practical support in order to make use of their knowledge about language and communication barriers for Rohingya. The three most consistently emphasized types of support that service providers say they use and find helpful are targeted training on communication issues, conversation aids such as multilingual glossaries and visual communication tools, and support from language providers such as interpreters and cultural mediators.

Rohingya community members consistently highlight that audio-based channels and verbal formats of information are the most accessible, effective and preferred for them. Men prefer loudspeakers/miking and community meetings, while door-to-door visits are critical to ensure information reaches women. While these channels are common for general communication and in some sectors, the benefit of audio-first communication hasn’t yet been fully harnessed for other complex topics. For example, Rohingya refugee community members say they would like more verbal information about nutritious food for them and their children. Community leaders such as imams say they need to receive more information verbally to better understand key messages about the response, which would help them more effectively facilitate communication between community members and humanitarians.

- *“As we do not go anywhere outside our house we prefer if they can visit us.”* Rohingya woman, 35 years old, 2021

Incorrect or untranslatable terminology hampers communication

Even when communication is happening in the most appropriate language, issues around terminology and translation are making communication less effective. Research on specific topics or terms that are difficult to translate into Rohingya has shown that terminology issues are common across all sectors and topics, and attention to effective translation is vital to good communication. Most humanitarian coordination still occurs in English, with translation considered a ‘final step’ in information sharing. This Anglo-centric approach further compounds terminology issues, as many English terms are challenging to convey succinctly in Rohingya, or even Bangla.

Given the dynamics of the response, size of the refugee population, and restrictive global humanitarian funding environment, conversations around durable solutions are vital. Yet key humanitarian terms such as ‘[repatriation](#)’ and ‘[safety](#)’ do not have direct equivalents in Rohingya. Other key terms such as ‘[gender](#)’, ‘vulnerability’, ‘mental health’, ‘resilience’ and ‘sexual exploitation’ require entire phrases to accurately convey in Rohingya. Communication should be designed using a Rohingya-first approach to understand how best to communicate clearly, especially on topics that concern people’s right to make informed decisions about their futures. While language resources like interpreters help humanitarians communicate accurately, the prevalence of terminology issues needs a sustainable solution. Longer-term efforts are needed to greatly simplify communication material. These could include:

- Consistent use of plain language.
- Removing humanitarian jargon from community-facing material (and ideally, as much as possible in the response altogether).
- Co-designing communication material so it uses terms and concepts that readily exist in Rohingya.
- Regular comprehension testing of terms and materials to assess issues.

Communication efforts can be further systematized

Embedding language support in the Rohingya response has been a continuous effort and initiative by different humanitarian actors. Language support is part of the common service and a central concern of the Communicating with Communities (CwC) working group. This includes efforts such as providing translation of written and audio materials, developing a glossary, capacity building, and general support to technical working groups. Within the response a

concerted effort has been made to develop key messages in a coordinated and structured way, and to share translated messages and materials across the response with different sectors. While these efforts greatly improve effective two-way communication, research findings indicate that language and communication barriers still persist - further systematizing good communication practices and mainstreaming language initiatives in clusters and organizations would help overcome them.

Individual service providers shared steps they take to facilitate interactions with Rohingya community members, including trying to learn some basic Rohingya vocabulary and speaking in a soft and respectful manner. In some cases, [individuals also advocate internally](#) for uptake of recommendations and good practices. Yet without dedicated time and resources on an organizational level to consistently equip service providers with the skills and materials they need to communicate with service users, goodwill and awareness can only go so far. The most effective examples of good communication practices seem to point to isolated improvements rather than systematized shifts in how communication is tackled in the response. Healthcare practitioners especially raise concerns that time pressures in the health system mean they cannot implement all the communication practices they would like to, even when they recognize the benefit it would bring them and their patients.

Many examples of good communication practices are transferable between sectors and services. Identifying what's already working is a critical first step to increasing collective efforts to reduce communication challenges. For example, some monitoring, evaluation, accountability and learning (MEAL) practitioners translated and pilot-tested tools in the Rohingya language, and practitioners working on gender issues have made great improvements adapting their communication strategies to reach women and girls. This includes increasing home visits and providing gender-segregated spaces for privacy.

Lessons learned from these efforts are directly relevant to all responders communicating on the ground. Sustaining efforts to share knowledge and capacity, including through existing cross-cutting coordination structures such as the CwC and accountability and inclusion-focused working groups, is vital to embed these practices long-term. Some humanitarians also raised that more practical tools and concise guidance, in Bangla and ideally Chittagonian instead of (or in addition to) English, would help them move from awareness to practice. External pressures, such as staff turnover and shifts in funding, also affect organizations' ability to institutionally embed insights about communication.

More consistent use of language and communication data would support scale-up of good communication practices

Collection and use of data about people's language and communication preferences needs further efforts to be systematized. Without up-to-date representative data on language use, organizations still rely on assumptions or the goodwill and insights of individual staff members to inform their communication strategies. Organizations also lack reliable, up-to-date data to disaggregate against other known factors of exclusion such as gender, age and disability, so don't have the evidence they need to design two-way communication efforts that work for the most vulnerable.

Data on language, literacy, channels and formats of information collected by TWB and other communication-focused organizations was cited in the early response to support key messages on inclusive communication and support in areas such as [cyclone preparedness](#), [gender](#), and [education](#). Key coordination documents in recent years, such as the [2021](#) and [2022](#) Joint Response Plans, acknowledged the importance of language inclusion in recent years. Yet the [2021 Joint Multi-Sector Needs Assessment](#) contained very limited information on information and communication needs, and even less information directly on language use. The J-MSNA and similar assessment are important sources of large-scale representative data on the Rohingya refugee population for operational planning; continued efforts to generate useful data that informs two-way communication are needed to create a stronger evidence base to inform effective planning that meets Rohingya community members' needs and priorities. Small-scale examples of language-inclusive data collection suggest shifts are already occurring; further research with data and information management staff would generate recommendations on what data is feasible to collect in the context of limited resources and competing data priorities.

Systemic shifts take time, and gains already made regarding recognition of language and communication barriers in the context of a demanding and resource-constrained response are positive. Yet a language-aware approach, informed by representative up-to-date data, is needed response-wide to fully embed lessons learned on inclusion and service use to date.

Complaint and feedback mechanisms are becoming more accessible, but remain largely ineffective

Ongoing findings strongly emphasize the need for inclusive, accessible accountability mechanisms, both to support Rohingya community members to flag concerns or protection issues and to support responders to target their programs to those most at risk of vulnerability.

Yet despite an overall [increase in access](#) to complaint and feedback mechanisms (CFMs), CFMs are not yet widely used or even accessible to large segments of the population.

Early in the response, CFMs were inaccessible largely due to lack of attention to [basic access barriers](#): hotlines and suggestion boxes were almost exclusively used, yet low literacy, lack of Rohingya-speaking operators, lack of access to phones, and Rohingya being a largely spoken language made these decisions ineffective. [The little effective information sharing that existed was largely one-way](#); the majority of refugees surveyed struggled to communicate with humanitarians through any channel. Positively, evidence since then points to shifts towards more language-inclusive feedback options, including face-to-face conversations with Rohingya-speaking volunteers or through Rohingya-speaking community leaders. These practices have been critical in enabling more women to share their opinions and perspectives. Yet organizations consider that the most effective and preferred ways to provide feedback, especially for sensitive issues, are also the most resource-intensive, which constrains their ability to embed these practices as routine. Even when Rohingya know a CFM exists, [lack of attention on closing the feedback loop](#) undermines their willingness to try to use them.

Cultural perceptions about complaining also restrict the effectiveness of CFMs. Rohingya community members emphasize that they perceive complaining as culturally unacceptable, and thus are unlikely to complain to a humanitarian even if they have a concern. Feelings of shame or embarrassment also strongly influence their decision not to speak to humanitarians about problems. Providing confidential spaces with neutral, external listeners of the same gender are facilitating complaints, feedback, and reports of protection concerns in some cases. More research on how Rohingya want or need to communicate about topics they perceive as negative or inappropriate would improve the design of CFMs.

Improving CFMs is not only beneficial for Rohingya community members. Humanitarians have shared greatly [appreciating systematic efforts](#) to collate and report on feedback - .

Good communication starts by being socially, culturally and emotionally resonant

Multilingualism in the humanitarian sector is still largely perceived as a technical issue with technical solutions, such as providing translation and interpretation, hiring bilingual staff, and improving material design. Yet communication research has consistently highlighted that good communication doesn't necessarily start with accurate information relay. Instead, Rohingya community members perceive that communication practices that support their emotional, social and cultural needs and perspectives are effective, even if they do not get all their

questions answered. Responders need to acknowledge this holistic view of language and communication in order to make strategic choices about where to invest communication resources, recognizing that long-term relationship-building is often the most effective communication strategy.

Trust and two-way communication are interdependent

Evidence from TWB and other communication-focused organizations continuously highlights the importance of good communication practices for fostering trust between humanitarians and Rohingya refugees. Trust and two-way communication also enable each other: increased trust makes Rohingya community members feel more comfortable engaging with service providers, especially when it concerns sensitive or difficult interactions such as [seeking medical treatment for a sexually transmitted disease](#) or [reporting gender-based violence](#). In turn, good communication practices that give people space to be heard make them feel more respected, respectful and trusting of humanitarians. Conversely, damages to trust have critical consequences on people's access to information and willingness to interact with service providers. Placing trust at the center of communication planning will help responders develop longer-term relationships with the people they assist.

Good practices that facilitate trust include:

- Showing awareness of the Rohingya language - by using an interpreter, or a tool like a glossary if interpretation isn't possible.
- Respecting the role of important community figures such as imams, *majhis*, and traditional health care workers, and knowing how to work alongside them where possible.
- Regular home visits, especially for women and people with disabilities.
- Cultural sensitivity training for service providers.
- Using Rohingya volunteers in data collection¹.
- Culturally appropriate communication behaviors, especially a soft tone of voice and respectful body language.

¹ Ground Truth Solutions (2021) found that language and ethnicity can influence people's willingness to be honest in interviews, especially on sensitive topics or when giving negative opinions.

- *“We came here after facing many brutalities and violence by the Myanmar military. When someone hurts my feelings, I feel emotional and relive all the violence our community faced in Myanmar. Therefore, I advise NGOs and humanitarians to treat us very softly.”*
18-year-old Rohingya mother, 2022

Integrating Rohingya concepts can make key messages clear and acceptable

Ways of thinking and talking about issues differ between languages, cultures and contexts. Different groups in the same community may even use different terms to talk about the same topic. For example, stigmas and taboos around talking about rape mean that Rohingya often use euphemistic language, but women are more likely to talk about ‘staining’ whereas men are more likely to use the word ‘torture’. Building awareness of these differences in how people talk about key topics has been influential in contextualizing communication, identifying knowledge gaps among community members, and avoiding communication mishaps. As a next step, co-creating information, education and communication (IEC) material with Rohingya community members would ensure messages are clear, comprehensible and build on Rohingya cultural concepts where relevant.

Spirituality and religion are extremely important in Rohingya culture. For example, mental health is generally understood through a [spiritual and religious lens](#) rather than a physiological one, including perceptions of [magic or curses](#) as causes of poor mental well-being. Religious leaders are important and trusted sources of information and advice. Superstitions about being exposed to *jinn* are widespread, including the belief that carrying a piece of iron at night will ward away bad *jinn*. Service providers perceive beliefs that stem from the Rohingya traditional worldview as erroneous because they are not supported by scientific evidence. Yet Rohingya community members repeatedly emphasize the importance of respectful, empathic communication. In general, people are more likely to trust and act on information that is contextualized to how they perceive the world. Research with humanitarians involved throughout the communication chain, from design and planning to direct interaction to evaluation, would identify what guidance is needed to support practitioners to embed cultural perspectives where possible.

Spotlight: How Rohingya talk and think about health

Rohingya concepts about health, sickness and the body differ

Research on health communication highlights the ways in which important concepts differ

between health care workers and Rohingya community members. Training health service providers to recognize this would help them recognize descriptors of poor health and identify gaps in Rohingya health literacy. They can then use this knowledge to better align their health communication, promoting health care interventions and encouraging behavior change in a culturally acceptable way.

Some examples of Rohingya concepts of health include:

- [Colostrum is perceived as damaging](#) to the newborn, but breast-feeding is overall perceived as beneficial.
- [Both formal and traditional health practitioners are perceived as skilled at treating different health needs and conditions.](#) Rohingya community members may visit both concurrently.
- Rohingya often consider a [food's nutritional value](#) in terms of the effect they believe it has on their blood circulation, volume, or cleanliness. Likewise, a lack of good food or breastmilk is associated with [loss of blood](#).
- Concepts and terms derived from a western understanding of mental health do not have direct equivalents in the Rohingya language. The mind and body are considered interconnected. For example, Rohingya experiencing depression might talk about '[unrest](#)' of the heart, '[pain in the body](#)' or the influence of *jinn*.
- [Words to describe anatomy](#) may differ depending on if they describe human or animal bodies, and physical or emotional feelings.

Where semantic or conceptual gaps exist in the Rohingya language, especially when rooted in stigma or shame, more research is needed to carefully and respectfully develop ways of talking about those topics that enable communication for those who wish or need to speak up. For example, terms related to sexual violence differ between Rohingya and English. In Rohingya, the [perception that masculine bodies cannot experience penetration](#) has made it extremely challenging to talk openly about male survivors of sexual violence. Developing a shared vocabulary in an atmosphere of trust - crucially, with Rohingya speakers - helped facilitate communication.

Working within existing community structures can be effective, but exclusion risks remain

Both imams and *majhis* play a significant role in the organization of Rohingya communities and information relay between camp staff and community members. Community members often share that they would prefer to channel their comments via trusted community leaders and representatives than use official humanitarian feedback channels, [or local authorities](#). The importance of religion also means the imams are seen as reliable sources of information, even

on non-religious matters. Communicating through community structures helps responders get information to a larger proportion of Rohingya community members.

Despite their utility, relying too much on these community hierarchies can reproduce exclusion risks, especially for women. While some women share that they feel [comfortable](#) speaking with their *majhi*, other [women perceive majhis' role as communicators and representatives negatively](#) and do not trust them to properly convey women's views to humanitarians. Because of the social power these figures hold, they may also compound power imbalances in situations where someone with a relative lack of social power needs to communicate, such as a female victim of intimate partner violence. More research on women's and girls' perceptions of community structures in the context of taboo topics, especially gender-based violence, would help develop practical recommendations to humanitarians.

- *"We always tell our problems to the majhi and volunteers, but they do not give us any response. And we cannot go outside our home to make complaints in the NGO office as we always have to stay inside the house and my son and husband will not give us permission to go outside to provide feedback or make complaints."* Rohingya woman, 52 years old, 2022

People ask imams and *majhis* about a vast range of topics, including technical humanitarian processes such as [repatriation](#). Yet they sometimes lack the support they need to be effective communicators. Reducing language barriers for imams and *majhis* through clear, consistent verbal information in plain language, with training on how to reach different groups within Rohingya communities, can support them to fulfill this role as effectively as possible. Other two-way communication channels, such as information desks and visits by NGO staff, would ensure people who cannot or do not want to communicate via their imam or *majhi* are not excluded.

Information gaps remain on effective communication for some key groups

Host communities', children's and long-term refugees' communication needs are underexplored

In some cases, host and Rohingya community members access the same facilities, especially for health care, so it's important that both audiences feel informed. Disaster risks such as cyclones also impact both Rohingya and host communities. Yet research on language and communication issues for host communities is less widespread. Findings point to literacy-related challenges, though to a lesser extent than for Rohingya communities. And in the

2021 J-MSNA, almost all host community households surveyed said they [lacked information](#) on what assistance was available to them; cyclone preparedness is a key information need. [CFMs may also be less accessible](#) to host communities than Rohingya communities. Failure to meet host communities' information needs, especially concerning livelihoods and financial matters, may also [risk increasing tensions](#) between Rohingya and host communities when people do not understand how assistance is distributed or what help they can receive.

Refugees who arrived before the 2017 influx, many of whom have lived in Bangladesh since the 1990s or were born in the camps, have reported [positive social ties](#) with host communities. For many of these, language use differs to those who arrived after 2017. They may even use Chittagonian rather than Rohingya as their primary language; more research is needed to understand how the Rohingya used by long-term refugees differs from new arrivals to ensure communication is widely accessible.

Ethical and logistical factors restrict humanitarians' ability to research children's language and communication needs. Despite this, evidence so far indicates that reducing language and communication barriers for adults can directly support children's information needs. For example, improving parents' information access can support them to share messages about topics like nutrition and sexual and reproductive health with their family. Child protection staff need [clear, concise information in local languages](#) and in plain language to share key messages with community members.

[Disability-aware communication is a recognized need, but specific guidance is lacking](#)

Communication-focused research to date suggests that disability inclusion efforts largely still view people with disabilities in a homogenizing way. Though the intersection between disability and communication is widely acknowledged, communication needs by type of disability are rarely explored, if ever, and [disability inclusion remains a significant challenge](#). When specific details are given, they are usually related to community members who are D/deaf or hard of hearing. Lack of widely used insights and recommendations by type of disability means responders struggle to act on their knowledge about links between disability and language and communication barriers. Isolated examples of good practice, such as increasing seating for people with restricted mobility at health facilities, have been recorded. Yet, awareness and acceptance of disability-inclusive communication remains understudied and underprioritized. Factors not related to language and communication also compound information challenges for people with disabilities. For example, [social exclusion](#) at meetings can make people with disabilities feel unwilling to participate, even if the meeting is in the right language.

- *“As I have a disability and hearing problems, it is especially hard for me to explain my health condition properly. There is no one in the consulting room to explain for me. The doctor just pretends to listen to my problem seriously.” 60-year-old Rohingya man, 2022*

When humanitarians and non-disabled Rohingya claim that disabled community members have information access, this is most commonly attributed to family members passing on information. Good practices and support for humanitarians to communicate directly with disabled community members and understand their communication preferences is lacking.

Comprehension testing and integrating pilot-testing of materials would enable humanitarians to assess their effectiveness for people with disabilities and identify remaining issues. Specific research and testing of IEC materials with people with cognitive disabilities, including learning difficulties and other conditions such as stroke, would start to close a critical knowledge gap.

Methodology

This study is based on secondary data related to language barriers and communication practices in the Rohingya response. First, we collated existing data sources, including CLEAR Global’s previous research as well as other sources, and applied a structured review and analysis. In total, the study reviewed 39 CLEAR Global research outputs produced between 2017-2023, 17 research outputs exploring communication from other organizations, and 21 documents from the wider response, including coordination documents. Secondly, we sent out a survey to a variety of humanitarians active in the response, including sector coordination, to inquire into the uptake of language related recommendations and to understand how language and communication can be further embedded into the response. One of the limitations of this study is that uptake of primary data collection methods (survey and key informant interviews) was much lower than anticipated. The collected primary data did not suffice to serve as a basis for analysis, and instead was used and integrated into this report as additional validation points. To mitigate this limitation, the study scoped a wider range of documents for the literature review, such as Humanitarian Response Plans and key working groups outputs. Analysis and writing took place in August 2023.

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