

We need to talk

REPORT BRIEF

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Effective communication generates a more effective overall response

Organizations involved in the Ebola response shouldn't underestimate the importance of effective communication. Yet, even in the second year of the current Ebola outbreak, communities still don't have clear answers to their questions about the disease in a language they understand. Many local health communicators are themselves confused about the disease prevention and treatment measures they promote. Current and future efforts to control the spread of Ebola will be more effective if responders understand and actively manage those communication challenges.

To help them, Translators without Borders (TWB) carried out a qualitative study of the situation. The findings are presented in "We Need to Talk." The report describes some of the challenges of communicating about Ebola in the town of Beni in the Democratic Republic of Congo (DRC). It recommends actions to help break the Ebola transmission chain by supporting responders to communicate more effectively.

Ilf you work in the Ebola response, or on risk communication for major disease outbreaks, we think you'll find this report interesting and relevant. Our findings relate to Beni, but they apply throughout eastern DRC. This report brief summarizes the findings and recommendations from the original report.

Three factors are important

In a disease outbreak, ensuring communities at risk have the information they need is always important. Doing that in a multilingual, culturally distinct context like DRC is particularly challenging.

Our report reveals that people in the Ebola response can't always access the information that they need. Even if they can access it, they can't always understand it. And even if they understand it, they don't always trust it.

Three factors currently limit communication effectiveness in Beni:

- The language that responders use
- The content that responders deliver
- The way responders deliver the content.

We drew our findings and recommendations from a series of discussions about language dynamics in the response. We spoke directly with more than 200 health communicators, drop-in patients, and residents in eight health areas. We limited our research to people living and working in the town of Beni in North Kivu Province. However, we think the factors we identified are relevant throughout eastern DRC.

| Communities want information in languages they speak and understand | | |
|---|--|--|
| Currently | Our research suggests that | So we recommend that responders |
| All written communication used in the Ebola response is in either French or Swahili. | Localized Swahili, which is different from Congolese Swahili, is the preferred language in Beni. Nande and Lingala are important languages to reach people in Beni who are not fluent in Swahili or French. Women usually have a lower level of French literacy, but often accompany sick family members to the health center. Women and older people in Beni need information in localized Nande. Lingala is an important language for military personnel and their families. | Use localized Swahili in preference to other forms of Congolese Swahili. In Beni, provide information in Nande and Lingala as well as in French and Swahili. In other areas, gather data on the languages people speak and understand locally, and use those to communicate about Ebola. |
| Specific medical terms used in the Ebola response are in French and are not consistently translated and explained in other languages. | Key terms in French create confusion, frustration, and fear. Using a language that people understand increases trust. | Give health communicators tools and training to translate confusing terms accurately. |

Communities want content that meets their changing needs

Currently...

After more than a year of living with Ebola in Beni, people have a better knowledge of the disease. However, policies and practices change, so information requirements change too. For the population, these changes raise legitimate questions and sometimes doubts.

Our research suggests that...

- New information and details often seem to contradict what has been said before.
- The changing situation creates doubt and disbelief.
- People want explanations, not just instructions.
- People want hopeful messages.
- Complex information needs plain language.

So we recommend that responders...

- Communicate about "why" and not only about "what."
- Provide detailed and upto-date information on vaccination and treatment.
- Follow established plainlanguage principles to maximize comprehension.
- Regularly update messages and explanations.
- Use positive messages that decrease fear and point to an end of the epidemic



Communities want information delivered in an appropriate and accessible way

Currently...

Local people consider most of the terms used in the Ebola response harsh, and react negatively to them. Health communicators therefore express key terms as euphemisms. Health communicators don't receive guidance on adapting messages to convey important information in an acceptable way.

Our research suggests that...

- Health communicators struggle to understand and translate Ebolaspecific terms.
- Health communicators need more support to give clear explanations.

So we recommend that responders...

- Deliver regular refresher training to health communicators in their languages.
- Provide health communicators with the tools and training to relay accurate and up-to-date information. These should draw on health communicators' understanding of more culturally acceptable wording, while avoiding inaccuracy and negative connotations.

Information materials currently offer only patchy support for risk communication efforts. Printed information is not available in sufficient amounts for individuals. Existing material lacks detail, and conveys confusing messages. Some information is presented pictorially, generally with supplementary French text.

- Posters in health centers substitute for leaflets and other takehome information. Many posters are in poor condition or displayed in areas where patients are unlikely to see them.
- Most pictorial materials are not self-explanatory and some convey unintended misleading messages.
- Women prefer face-toface communication with health communicators they know.
- Responders rarely use existing audiovisual material.

- Involve local leaders and communicators.
- Favor face-to-face communication via community meetings, educational talks, and doorto-door sensitization.
- Develop comprehensive leaflets, posters, and pictorial materials tailored to expressed preferences and practical needs. Test those materials for comprehension and acceptability.
- Provide communicators with the equipment to make audiovisual material accessible to community members.

TWB can help

TWB aims to help break the Ebola transmission chain by improving two-way communication with the affected population in their preferred languages and formats.

Our support is designed as a common service across the response. It builds on similar language advisory support and capacity building provided in Bangladesh, Mozambique, and Nigeria.

TWB's current and planned support to the Ebola response includes:

- Conducting language and communication assessments and formative research
- Developing training, guidance, and tools

- Building a community of translators for local languages
- Providing language support for responders on the ground
- Supporting efforts to enable data collection and accountability in local languages
- Offering language technology and communications solutions to improve information access.

For more information about this study or to find out how Translators without Borders is supporting the Ebola response in DRC, visit our website or contact: drc@translatorswithoutborders.org.

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