



Missing the mark?

PEOPLE IN EASTERN DRC NEED INFORMATION
ON EBOLA IN A LANGUAGE THEY UNDERSTAND
*A RAPID LANGUAGE NEEDS ASSESSMENT IN
GOMA, DRC*

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TRANSLATORS
WITHOUT BORDERS

Acknowledgments

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Summary: what you absolutely need to know

People at risk of contracting Ebola need information to keep themselves and their families safe. Information they don't understand will not help them. They need clear communication in plain, localized language, in a format they understand, and through channels they trust.

Localized communication materials developed as part of a unified risk communication and community engagement strategy endeavor to provide that information. To support these efforts, in February 2019 Translators without Borders (TWB) surveyed residents in Goma, North Kivu Province, on their language and information needs in the Ebola response.

The local form of Swahili is the most effective language for risk communication and community engagement for the Ebola response in Goma. Research participants did not reliably understand key concepts in French and standard Swahili. Women over the age of 35 and men over 51 had greatest difficulty understanding Ebola messaging in these languages. Audio communication was better understood than text, making word-of-mouth, radio and television potentially effective.



Because language use varies from place to place, further research is needed to determine what will be most effective in other affected areas. In more rural and linguistically diverse areas, people may have greater difficulty understanding the Swahili used in Goma, and education and literacy levels are lower.

We tested comprehension of existing messages



This rapid study evaluated the effectiveness of information on Ebola in different languages and formats. It focused on residents living in Goma, the capital city of North Kivu Province. From varied estimates, between **1 and 1.5 million** people live in the area.

We surveyed **216** individuals and conducted six focus groups of adults in the city. Lacking precise details on the demographic breakdown of the population, we could not identify a sample that would be representative of that. Instead we took a quota approach to sampling, to ensure even representation between women and men across the four main ethnic groups present.

We ensured geographic diversity by selecting **18** locations at random from the city's neighborhoods (quartiers). We selected **12** respondents at each location against quotas for age, ethnicity and gender. Discrepancies in the approach each enumerator took resulted in a rough but not perfectly balanced distribution.

We gave respondents simple spoken, written, and pictorial materials and asked them to explain the key messages of each. We scored respondents 'correct' when they identified the key message of each piece of content. This approach is not biased by pre-exposure to information since the questions asked are not leading. We selected all testing

materials from Ebola health promotion materials currently used as part of risk communication efforts in eastern DRC.

We collected the data between **February 14 and 20, 2019**, and aggregated most of the data collected. Where relevant, we have disaggregated it by gender and age. The research team translated the survey into the local form of Swahili. This ensured that each question was asked the same way each time, and removed the chance of survey questions being misinterpreted. The lead researcher trained enumerators on the questionnaire and oversaw a test day to ensure accurate data collection.

We also discussed the communication challenges in eastern DRC and in the Ebola response with **over 20** humanitarian actors, government officials, civil society leaders, and academics in person and via Skype.

Annex 1 contains the questionnaire and a link to the anonymized dataset.

We use the phrase 'standard Swahili' throughout this report to refer to the form spoken in Kenya and Tanzania. We use the term 'Congolese Swahili' to refer to the different form of Swahili spoken and taught in schools in DRC .

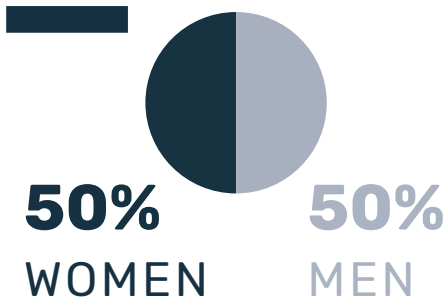
The term 'mother tongue' is used to refer to the language associated with self-reported ethnicity.

Who participated in the study?

Individual survey

216 respondents living in Goma

18 locations in **15** neighborhoods of Goma.



66% 18-34
29% 35-51
31% 52+

25% Nande
25% Hutu
25% Shi
25% Hunde

2 in **3** have completed at least some secondary schooling.



Focus groups

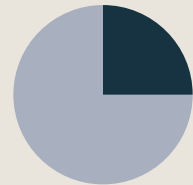
6 focus groups

75 participants living in Goma

45.3% WOMEN **54.7%** MEN

45.3% 18-34
18.7% 35-51
33.3% 52+
0.03% No response

30.8% Nande
20% Hutu
20% Shi
26.2% Hunde



Risk communication materials for the Ebola response are not fully understood in Goma, particularly by women and older people.

Most written communication materials used in the Ebola response are in Congolese Swahili or French. Common written communication channels include posters, brochures, and consent forms for the Ebola vaccine. While the only official health promotion materials endorsed by the Beni-based coordination group are in Congolese Swahili, French materials were also seen in Goma. Vaccine

consent forms are available in both Swahili and French.

We tested two posters in the focus groups. One was a French-language poster that described Ebola symptoms and gave instructions for seeking help. The other relayed a range of Ebola messages in Congolese Swahili, including points on prevention, symptoms, treatment, and burials. Participants who could read French and Congolese Swahili generally understood the key messages from these posters, if with some difficulty. The presence of technical or unfamiliar words in both French and Swahili added complexity and contributed to some confusion of key messages.

Key concepts related to prevention and treatment are misunderstood when the wrong language is used.

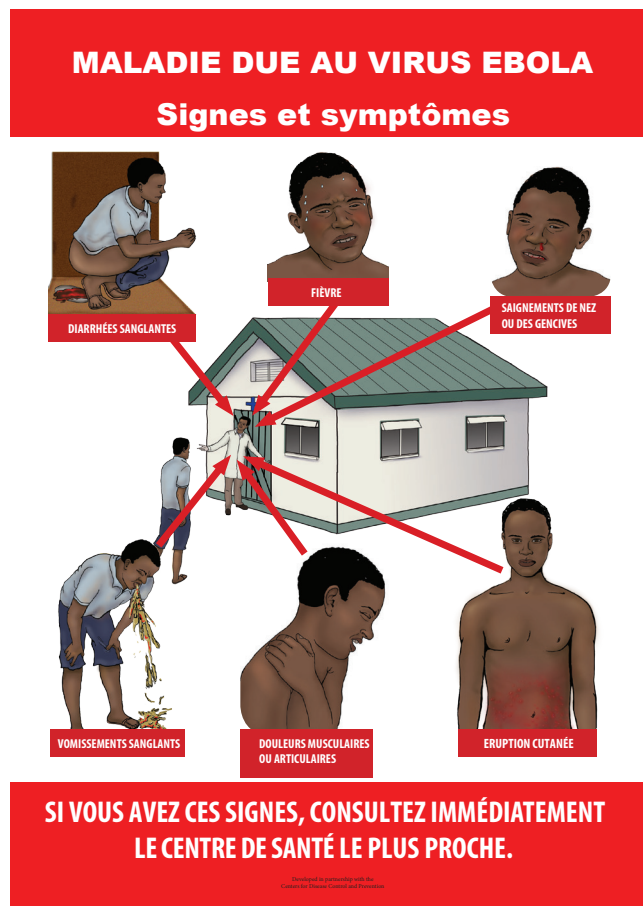


Figure 1. Research participants had difficulty understanding several French terms in this poster.

Most focus group participants did not understand apparently simple French words such as *sanglant* (*'bloody'*), *sperme* (*'sperm'*) or *gencives* (*'gums'*). When asked the equivalent Congolese Swahili word for 'gums', focus group participants could not agree. The standard Swahili word, which participants did not suggest, is *ufizi*. The term used in local Swahili is *nyama za mumeno* (literally 'meat of the teeth'). Focus group participants were most comfortable with *bihanga*, the word for gums in the Hunde language, and which local Swahili has adopted.

Most participants understood the illustrations accompanied by text on the posters. However, women over 35 and men over 51 frequently misinterpreted them. For example, one or two people in each focus group misinterpreted a picture in the poster shown in Figure 1. It was meant to direct people to visit the nearest health center if they experienced one of the symptoms of Ebola. One participant's reading was: "The doctor in this picture is telling the sick person that he is not welcome here. He is telling him to leave and is preventing him from entering the health center. This means that when someone is sick, they have nowhere to go and are just waiting for death."



Figure 2. Participants preferred this Congolese Swahili poster, and largely understood the information it contains.

While nearly all participants understood the Congolese Swahili poster shown in Figure 2, the warning against eating wild animals (bushmeat) generated discussion. The intended message was that people should not eat any bushmeat. About a quarter of participants misinterpreted it as merely saying that people should not eat bushmeat from an animal that is dead when they find it. Those participants believed it is acceptable to eat bushmeat that they hunt and kill themselves. The poster was not effective in emphasizing that people should avoid eating any bushmeat.

We also tested comprehension of the first page of the vaccine informed-consent form for adults in Swahili and French in the focus groups. TWB assessed the Swahili form as being written in a mix of high-register Congolese Swahili and standard Swahili; it also contained words in French and English. All participants had difficulty understanding these forms, especially where they contained technical or unfamiliar words in standard Swahili, French, or English. Figure 3 shows words highlighted by one group as ones they did not understand.

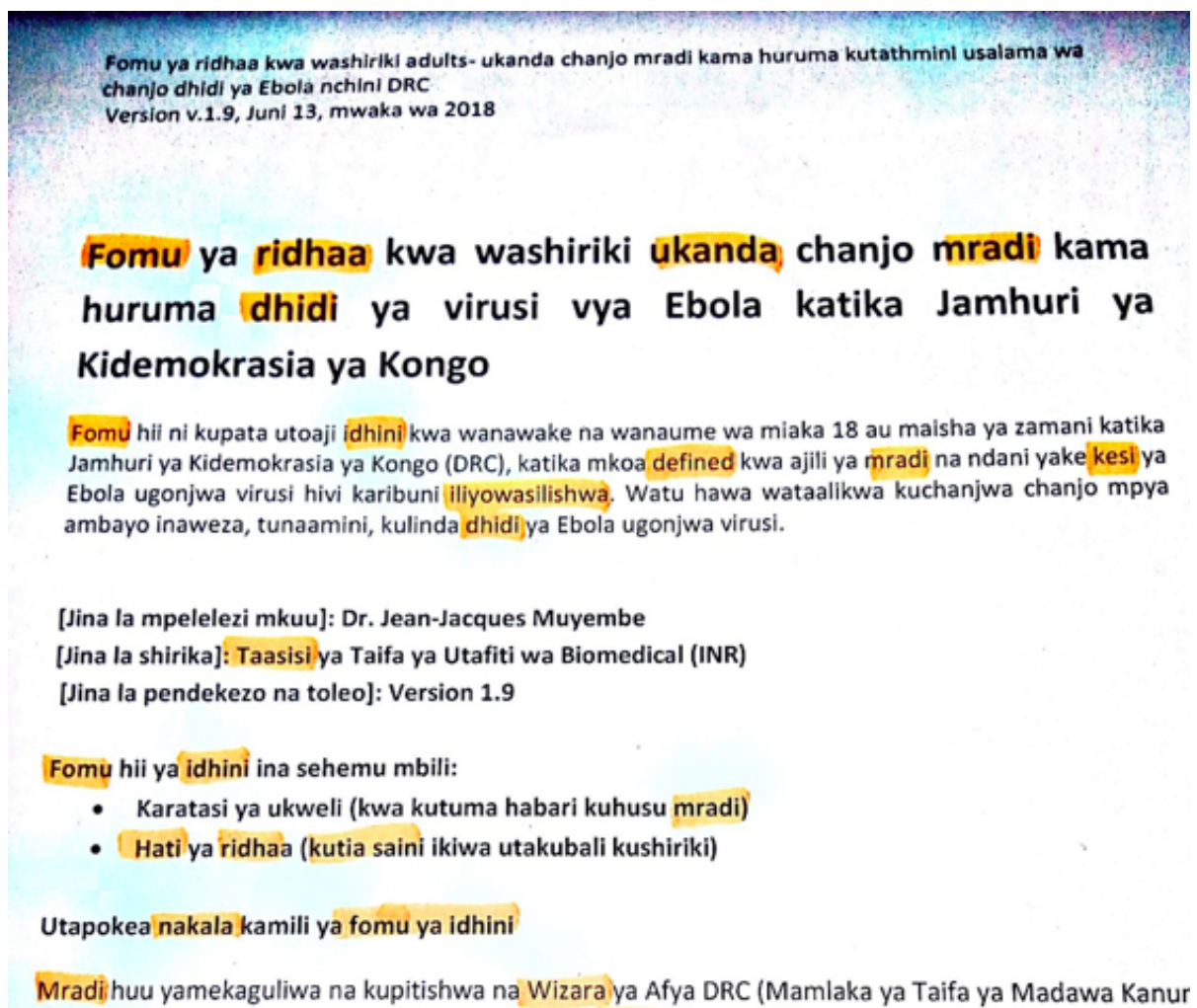


Figure 3. Focus group participants highlighted words they didn't understand in the Swahili vaccine consent form, including the words for 'consent', 'ring' (as in ring vaccination) and 'form'.

Seemingly basic words such as *fomu* (**‘form’**) or critical concepts such as *ridhaa* (**‘consent’**) or *chanjo* (**‘vaccine’**) in standard Swahili caused confusion. In particular, women over 35-years old did not understand *chanjo*. They said that *ndui*, which refers specifically to prenatal or preschool vaccines, was more familiar to them. Conversely, half the men were unfamiliar with the term *ndui*.

Regardless of language ability, focus group participants agreed that local Swahili is preferable to French, which is preferable to standard Swahili.

“Someone needs to change these messages [in the vaccine form] into [local] Swahili so that everyone can understand and not be confused by standard Swahili.”

- Woman, 35-45 years

I have enough information about Ebola to protect my family and me

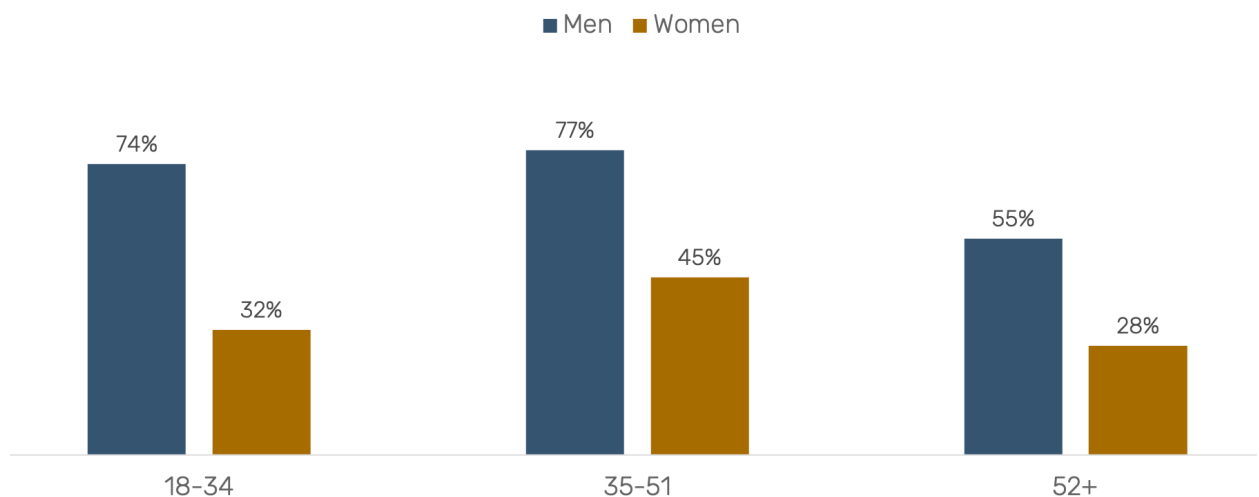


Figure 4. On average, women and older people felt less informed about Ebola. They also scored lowest for comprehension of Ebola information in all languages and formats.

Women older than 35 years and men older than 52 years had the most difficulty understanding all materials. These participants also reflected the demographic groups that self-reported in the individual survey as being less informed about Ebola.

Information on Ebola is best understood in local Swahili, rather than in standard Swahili or French.

Comprehension of Congolese Swahili was higher than for other languages tested (French, Nande, Rwanda, Shi, and Hunde), as Figure 5 shows. Ninety-seven percent of survey respondents say they speak Congolese Swahili as their primary language of communication at home.



Average comprehension rates by language and format

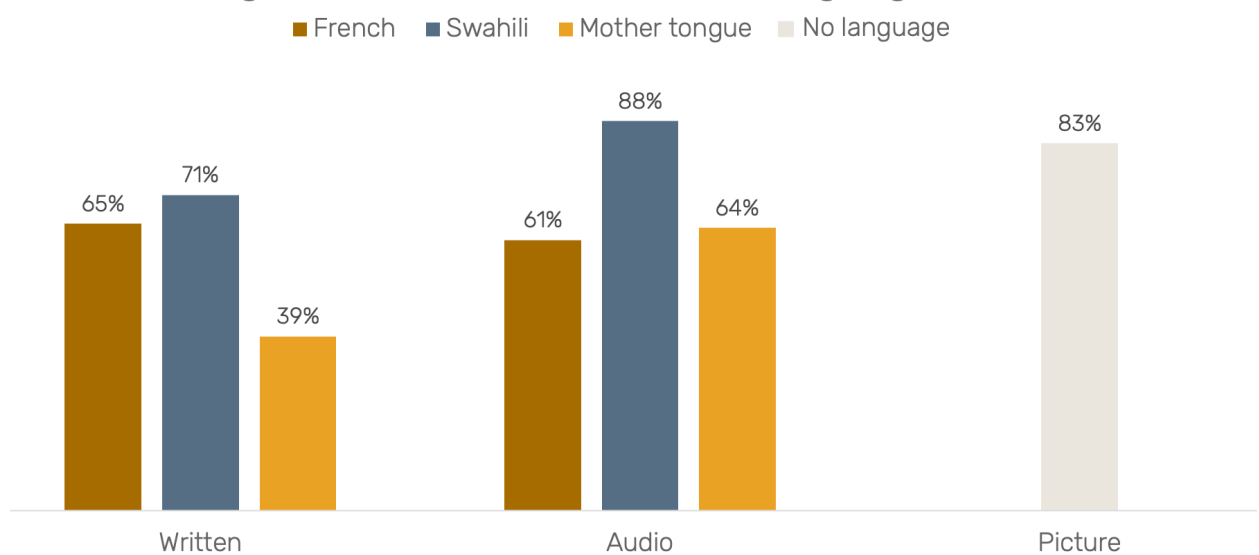


Figure 5. Eighty-eight percent of respondents understood audio information on Ebola in Congolese Swahili. Eighty-three percent understood pictures with simple messages, and 71 percent of respondents understood written information in Congolese Swahili.

Congolese Swahili was also preferred at more than twice the rates of other languages: 75 percent reported Congolese Swahili as their preferred language of communication for spoken information about Ebola and 69 percent prefer it for written information.

While not surprising, this finding confirms existing assumptions. It supports the fact that effective communication with people living in Goma depends on key messages and material being designed in locally understood Swahili.

Our survey found that 26 percent prefer to receive written information on Ebola in French, and 21 percent prefer spoken information in that language. However, French is not an effective language for communicating with women and older people. Those groups understand spoken and written information in Congolese Swahili and their mother tongue (Nande, Rwanda, Shi, or Hunde) better than they understand French.

People's comprehension of pictorial messages was almost as high as for written Congolese Swahili. This demonstrates the potential effectiveness of pictorial communication. The rates of comprehension shown in Figure 5 are an average across three illustrations, but comprehension varied considerably based on clarity of the illustration and artistic design.

Women understood spoken information less well than men in French and Congolese Swahili, as Figure 6 shows. The same was true for written information. However, a higher proportion of women (69 percent) than men (58 percent) understood an audio message in their mother tongue. Only 48 percent of women understood information in spoken French. This points to the effects of reduced access to education for women and girls.

Average listening comprehension rates by gender

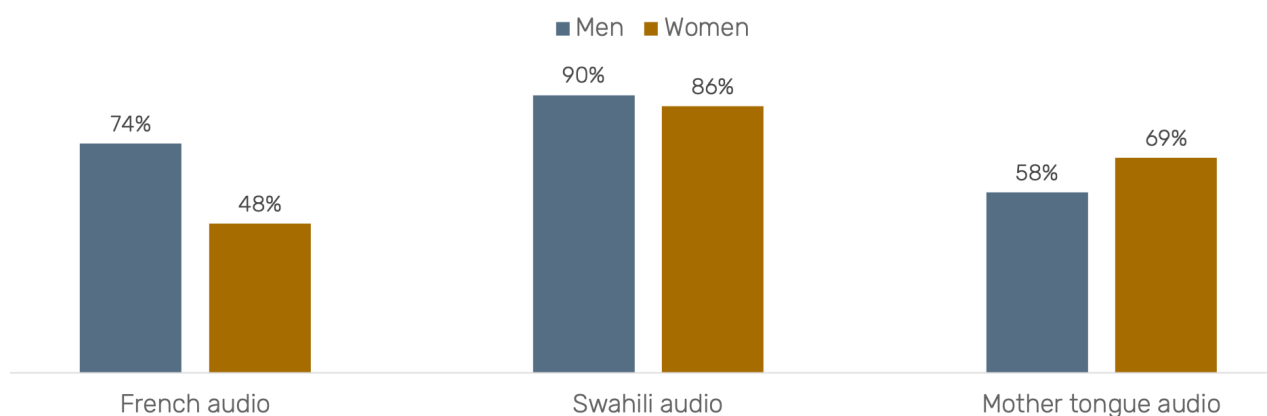


Figure 6. Women, unlike men, understood an audio message in their mother tongue better than they did in French.

People aged 18-34 and 35-51 years understand both written and spoken Congolese Swahili at similar rates. Many youth and people who have lived in the city their whole lives no longer speak their mother tongue (or the language associated with their ethnic group), or speak or understand it at very low rates. In contrast, as Figure 7 shows, 75 percent of older people understood an audio message in their mother tongue.

“They prefer communication in Swahili because it’s the language they use every day. But it must be local Swahili because standard Swahili is even worse than French.” - Focus group facilitator

Average listening comprehension rates by age

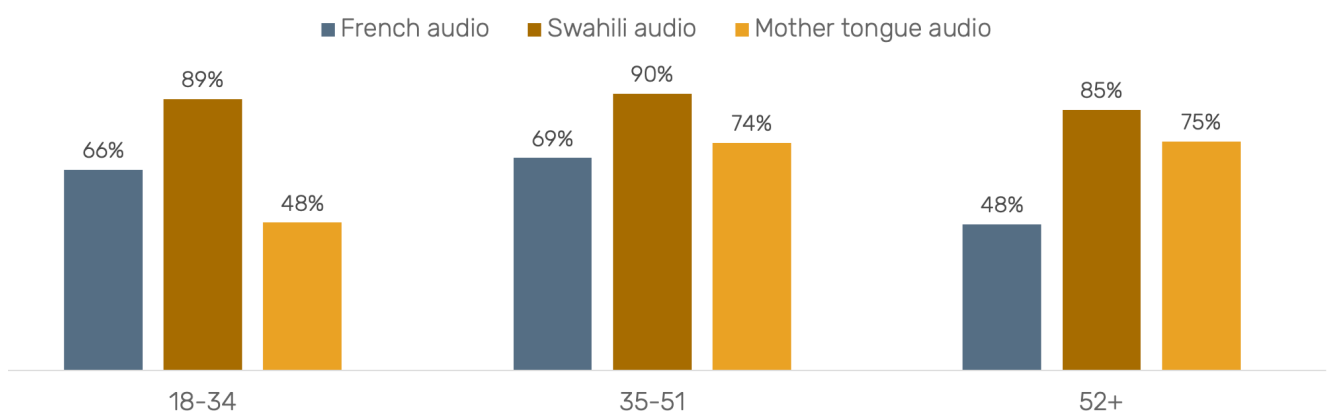


Figure 7. Congolese Swahili was the most understood spoken language across all age groups. Sixty-six percent of younger people (18-34) understood French, compared with only 48 percent of older people (52+).

Radio, word-of-mouth, and television are the preferred formats for receiving information about Ebola.

We asked respondents to rank up to three communication channels in order of preference. The response options included word-of-mouth, megaphone, community theater or mobile cinema, phone call, brochure or leaflet, poster or banner, health centers, radio, television, and SMS.

Respondents prefer to receive spoken information, as shown in Figure 8. The single most preferred channel is radio, followed by word-of-mouth, then television. However, 95 percent of respondents included television as one of their three preferred communication channels. Eighty-six percent named radio among their top three preferences.

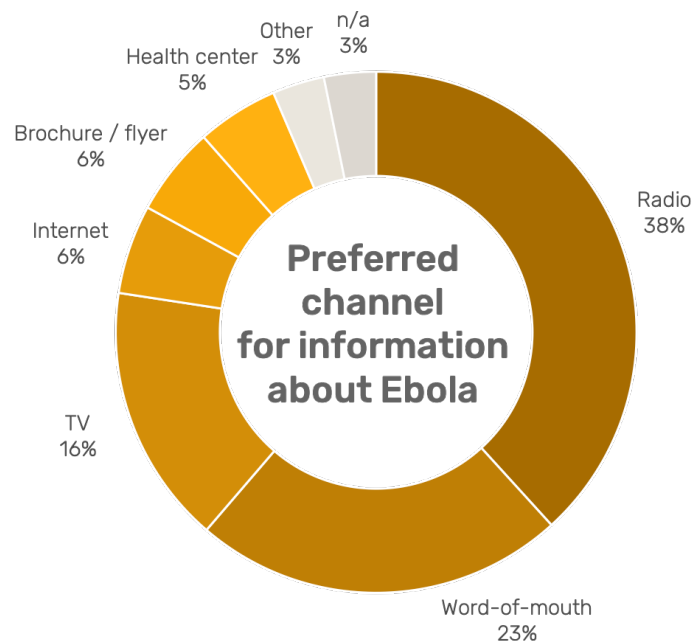


Figure 8. In line with listening comprehension findings, participants favored audio communication channels.

Enumerators who conducted interviews with respondents verified these findings. One enumerator said that “[Goma residents] believe that the radio never lies and on TV what we see is live, real...everything that comes from these two is real. The messages are trusted.” Another enumerator added, “Anything that is medical or related to disease will be believed. Politics is something else, of course.” This comment suggests that it would be prudent to avoid political overtones in messages and instead to emphasize health promotion.

However, several focus group participants said they did not believe in the existence of Ebola because they had never seen a case. One woman in the 18–34 age group said: “I don’t believe these messages because I’ve never seen even one case of Ebola so I’m not convinced

that it really exists.” Using photo images and video footage of Ebola symptoms and treatment may help to confront disbelief.

The preference for spoken information highlights the importance of community health workers in Goma being able to communicate in local Swahili.

While spoken communication is preferred, other channels can still be effective. For example, discussions with key informants suggest that community theater and mobile cinema are an entertaining format for bringing information to communities. Some humanitarian actors report women having less access than men and children to most of these events. So screening films in places where women tend to congregate, such as health clinics, could be effective.

Using accessible formats and media is key to ensure information reaches the most vulnerable and less literate groups.



Doctors and medical staff are the most trusted sources of information about Ebola.

Ninety-eight percent of respondents said that doctors and medical staff are the most trusted sources of information on Ebola. No other group of people comes close, although government officials and representatives of the Ministry of Health receive relatively high marks: 84 percent of respondents trust these institutions.

This data is in contrast to reported trust levels of these two groups in [other recent studies](#) among Goma residents. Further investigation is therefore advised to explore trust levels and perceptions of various categories of medical staff and government representatives.

Combining trusted sources of information and preferred formats could be an effective way to communicate with communities. Using film, drama, comedy, documentary, and music to convey complex concepts is likely to appeal to various gender and age groups.

Seven recommendations for more effective Ebola communication

These findings highlight ways in which responders can make Ebola communication as effective as possible.

1. Use local Swahili as the spoken and written language of risk communication on Ebola in Goma.

Local Swahili is the primary language of most Goma residents. It is critical that responders prioritize communication in this language to ensure key messages are understood. French alone is not effective and leads to confusion.

2. Test comprehension and communication preferences in other areas affected by or at risk of Ebola.

Education levels in Goma are relatively high and language diversity low compared to other affected areas. Similar research is needed to identify effective languages and formats for Ebola risk communication elsewhere.

3. Develop information materials in plain language.

Explain concepts using familiar words and clear sentence structure. Avoid technical jargon and words that are not commonly used, such as fomu ('form'), ridhaa ('consent'), and ukanda ('ring'). Ruhusa may be a more readily understood word for 'consent', and eneo for 'ring'. Ensure content is field-tested, appropriate, and addresses key community concerns.

4. Use terms consistently.

Responding agencies should coordinate and agree on words and phrases that best describe difficult

concepts. This means going beyond a static message bank and engaging in active quality control of risk communication efforts. Inconsistency leads to misunderstanding.

5. Localize Swahili at the micro level.

Congolese Swahili uses grammar, sentence structure, and loan words from several local, national, and foreign languages. It uses these to different degrees based on location. Responders should therefore develop and test materials as locally as possible to ensure clear communication.

6. Make audio formats central to communication strategies.

In addition to word-of-mouth communication, use loudspeakers and radio to relay spoken messages. This research suggests medical and Ministry of Health staff may be trusted spokespeople to convey audio information.

7. Use audiovisual formats to further aid comprehension.

Visual content should be simple and culturally relevant. Develop and pretest it with local residents to confirm that they understand the intended messages. Visual formats such as mobile cinema and community theater can also be valuable. Narration or subtitles can further expand comprehension.

These initial findings highlight the need for more research to improve **Ebola** communication in **DRC**

Our research shows that people who live in Goma do not fully understand current communication on Ebola. Further research is needed to clarify the situation in other parts of the country. However, our experience in other crises, confirmed by this study, highlight several factors to consider when adapting messaging to local contexts. These are:

Lower education levels in some affected areas

TWB's experience in other crises suggests that comprehension rates in French and Congolese Swahili will be even lower in rural areas and smaller towns. People in these areas, women especially, tend to be less educated and have less exposure to DRC's official languages. This highlights the importance of further research into language factors in other areas affected by, or at risk of, Ebola.

Urban and rural communication differences

Within eastern DRC, Congolese Swahili is spoken differently from city to city, territory to territory and between urban and rural areas. Further research into dialectical differences and the use of loan words from various local languages could support plain language efforts to simplify and hyperlocalize Ebola messages.

Communicating with women and older people

Given cultural constraints, women over 35 years of age and people over 51 are particularly vulnerable in relation to information access. More detailed research into comprehension and communication access for these groups is essential to meet their needs. This should include exploring alternative opportunities for engagement in places where women tend to congregate.

Radio, television and mobile cinema

Respondents generally prefer spoken communication channels, but understand visual cues at high rates. This can make video, mobile cinema and images effective media, but illustrations and icons do not carry universal meaning. Explore the effectiveness of photos compared to illustrations. Design and test communication tools with the community to ensure buy-in. Present products and performances in local Swahili and test them for local relevance.

Youth language and communication channels

Mabacrane is an emerging Swahili-based language spoken by young people in Goma, which draws from Lingala and French. It reflects a mix of trends in national and international entertainment, including from Kinshasa, France, Hollywood, and Nigeria (Nollywood). This language also reflects the local context of violence associated with the military, criminality, and youth gangs. Further research is needed to better understand the communication style, preferences, and trusted information sources of this group.

Annex

To access the dataset and questionnaire, visit the following link:

docs.google.com/spreadsheets/d/1NYNmKThHIIFdNSmrS5g89cfauTayoEFaD15xtUzfk5Y/edit?usp=sharing





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Visit www.elrha.org/hif for more information about the HIF and Elrha's work to improve humanitarian outcomes through research, innovation, and partnership.

Translators without Borders (TWB) envisions a world where knowledge knows no language barriers. The US-based nonprofit provides people access to vital knowledge in their language by connecting nonprofit organizations with a community of language professionals, building local language translation capacity, and raising awareness of language barriers. Originally founded in 1993 in France (as Traducteurs sans Frontières), TWB translates millions of words of lifesaving and life-changing information every year. In 2013, TWB created the first crisis relief translation service, Words of Relief, which has responded to crises every year since.



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