Translation during the COVID-19 pandemic in Nepal: Performance without recognition

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Translation During the COVID-19 Pandemic in Nepal: Performance Without Recognition

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Abstract

As a means of overcoming language barriers, translation has the potential to communicate risk in multilingual crisis contexts. There are some studies related to crisis translation (Al-Shehari 2020, Drugan 2020, O’Brien and Cadwell 2017); however, there exists no comprehensive study that explores translation for risk communication in Nepal, which is the context of this study. The present study investigates the scope of translation in COVID-19 crisis management policies and its role in communicating risk information in health and education sectors. This qualitative case study examined policy documents and guidelines concerning health and education, analysed COVID-19-related documents (re)produced by different national and international organizations in Nepal, and interviewed four officials of such organizations and 10 end users. The findings indicate that translation plays an important, but an unacknowledged role in COVID-19 crisis communication in Nepal. Despite the lack of policy-level recognition, different forms of translation, viz. overt, covert and intersemiotic constitute an integral part of crisis communication. This study is expected to help policymakers and crisis translators understand the values of translation during crises so that the potentials of translation can be exploited while developing crisis-related documents.

1. Background

The COVID-19 pandemic has caused great loss of human life worldwide presenting a big challenge to public health (Chriscaden 2020). First detected in Wuhan City, China in December 2019 (WHO 2020), COVID-19 has morphed into a “global health crisis of our time and the greatest challenge we have faced since World War Two” (United Nations Development Programme [UNDP] n.d. para 1). Until 20 September 2021, the number of confirmed cases of COVID-19 worldwide is 228,394,572 including 4,690,186 deaths (WHO 2021). Several international and national stakeholders have made concerted attempts to address its impact on health, education and economy. Crisis communication is one such attempt to respond to this global crisis. Immediate and effective
communication has played a pivotal role in informing linguistically and culturally diverse populations about this disease and making them aware of its potential risk. Moreover, there are initiatives across the world to manage education and to address learning loss. In both cases, translation has a key role in the transfer of COVID-19 information in different languages worldwide. For example, 6,641,005 COVID-19-related terms have entered 106 languages through the translatorial route until 3 July 2021 (Translators without Borders [TWB] n.d.).

Translation is an inevitable means of overcoming communication barriers across and within languages. As a form of language support, translation complements, facilitates, and expedites crisis communication. It ensures linguistically diverse vulnerable populations’ accessibility to critical information and services in times of great need (TWB n.d.). Translation helps to communicate risk information about public health and safety and protects lives. Additionally, its role is crucial in the dissemination of the teaching-learning content generated during the crisis in different languages as well as rendering into different languages crisis-related educational terms. The role of translation in public health and safety, and education is unavoidable particularly in multilingual contexts like Nepal where 123 languages are spoken as mother tongues (Central Bureau of Statistics 2012). Translation matters most in the context of Nepal for the reason that these languages, including Nepali, the official language, rely on English for facts and information related to public health and education. In Nepal, the use of translation during the crisis is still a new and less studied area despite its involvement in crisis communication. In the following sections, this paper discusses crisis translation, translation in Nepal during the pandemic, the research design of this study and research findings.

2. Crisis Translation: Theoretical Base

The use of translation in crises is obviously not a new practice, but only recently has it been getting attention as an integral part of crisis communication. Crisis translation designates the use of translation as a means of helping people to cope with a crisis situation (O’Brien 2016). Defined as “a specific form of communication that overlaps with principles of risk communication as much as with principles of emergency planning and management” (O’Brien and Federici 2020, 130), crisis translation has emerged as a liminal space where principles and strategies of crisis communication and those of translation are in dynamic interaction. It is a point of contact between distinct yet interrelated disciplines such as disaster risk reduction, risk and crisis communication, and translation and interpreting studies (Federici and O’Brien 2020). Crisis translation is an interdisciplinary avatar of translation that calls for the engagement of policymakers, crisis managers, responders, and translators to address the immediate language needs of a crisis-hit community.
Crisis translation is enacted through all modes of communication – oral, written, signed and multimodal – to prepare and respond to crises (O’Brien and Federici 2019). This conceptualization of crisis translation echoes Jakobson’s (1959/2012) inclusive treatment of translation as a communicative activity that may take place within the same language (intralingual translation), between two languages (interlingual translation), and between two different systems of communication (intersemiotic translation). Since communication is the primary means of instigating action during the crisis (Alexander and Pescaroli 2019), the crisis situation often necessitates the exploitation of different modes of translation to communicate crisis information.

Crisis translation is instigated by urgent information needs of potentially vulnerable communities. Hence, Toury’s (1985) argument that the translation is the fact of the target community (Shuttleworth and Cowie 2014) serves as a guiding impetus for this type of translation. Ultimately driven by a utilitarian approach, crisis translation concerns the immediate consumption of risk information by the target population to prevent the crisis risk and mitigate its cascading effects. Appeal, credibility, and accessibility of the information (Arkin 1989, Federici and O'Brien 2020), therefore, lie at the heart of crisis translation.

Finally, who are crisis translators? In O'Brien and Federici’s (2020, 132) view, “any person who can mediate between two or more language and culture systems, without specific training or qualifications” can serve as a translator during the crisis. Crisis managers and responders, therefore, should judiciously and strategically engage any bilingual who can transfer crisis information across languages and serve as a cultural mediator to mitigate vulnerabilities of affected communities. Such linguistic and cultural mediators can be professional translators, trained or ad hoc linguists, bilingual volunteers, citizen translators, and community translators (Federici and O’Brien 2020, O’Brien and Federici 2020).

3. Translation during crises

Research on crisis translation is relatively limited at present (Federici 2016, O’Brein and Cadwell 2017). Recent studies in this area unanimously show how translation is and can be deployed in diverse crisis contexts, such as the health crisis (O'Brien and Cadwell 2017), the war-induced humanitarian crisis (Al-Shehari 2020), the human trafficking crisis (Drugan, 2020), and the migratory crisis (Filmer 2020).

O’Brien and Cadwell (2017) examine the efficacy of translated documents in the communication of health-crisis content during the Ebola crisis in Kenya in 2014. The study conducted with a cohort of participants from the general population asserts a positive contribution of translation to health-related crisis communication. Health-related posters translated into Kiswahili from English were reported to be more comprehensible to end users than their English counterparts. Citing the conflict-torn context of Yemen, Al-Shehari (2020) reports how volunteer crisis translators, with
little or no training, engage with local communities to connect them to the outside world. His study points out that translators can act as language mediators as well as activists, negotiators, and advocates while responding to crisis-induced information needs of communities. For want of qualified translators, the under-resourced and apparently untrained Yemeni translators are the only available human resources to facilitate communication between international humanitarian workers and representatives of local agencies. Likewise, Drugan’s study accentuates the pre-eminent role of language mediators in responding to the complex crisis of human trafficking. Despite this, translation, Drugan acutely observes, is overlooked, avoided or ignored “in multilingual communication in police settings” (2020, 14) and translators/interpreters are downplayed as “disposable tools” (Federici, and O’Brien 2020, 14). Filmer’s (2020) is another pertinent study that situates translation in a broader context of the humanitarian crisis resulting from the transcontinental migratory movement from Africa to Europe and recognizes translation/interpretation as a form of humanitarian aid. Most crucially, Filmer’s study reiterates how translation in the form of language support can be instrumental in mitigating gender-based violence in migratory flows.

Translation has a dual role to play in the ongoing COVID-19 crisis—to ensure the public’s access to reliable information about the disease, and to fight the spread of misinformation during the pandemic. The resources created by organizations such as WHO, TWB, and India COVID-19 SOS are not only disseminating COVID-19 information in different languages but also helping people fact-check the information. Citizens are yet to get sufficient reliable and timely information that they can comprehend and use to protect themselves; therefore, it is mandatory to have reliable COVID-19 information in a language and a format that the public understands (TWB, n.d.). Data and important information related to the pandemic could be rapidly distributed to universities, hospitals, and researchers worldwide by translating them accurately by medical interpreters and other translation services (Triosh 2020). The translation and dissemination of COVID-19 information in the languages of the affected communities is a must to be prepared for and respond to public health threats. In this respect, India COVID SOS (n.d.) has made a similar initiative by providing Guidance managing COVID-19 at home in 31 different languages. The role of translation in education during the pandemic also remains significant, as new terms are being regularly adopted in education policies framed during the crisis. There is also an attempt to translate the teaching-learning content into local languages during the pandemic, for instance, ‘I Learn at Home’ lessons designed to help learners in the pandemic in Peru were rendered to nine indigenous languages (Alcázar 2020).
4. Translation during the COVID-19 pandemic in Nepal

The role of translation during the COVID-19 pandemic in Nepal is a completely new area that requires to be studied. United Nations Nepal (2020, 17) argues that “common, accurate messages and diversity in content delivery is the central operational approach” to communicate risk in Nepal. One of the priority response activities of National Health Education Information and Communication Center (NHEIC) and Epidemiology and Disease Control Division (EDCD), Nepal is to explore ideas from third parties/private sectors to create a user-friendly Government COVID-19 portal and reinforce the existing UN websites with multi-language assets (United Nations Nepal 2020). However, the number of local languages into which the relevant UN websites have been rendered is not clear. It is found that India SOS provides guidance for managing COVID-19 at home in 31 languages, including five national languages of Nepal: Bhojpuri, Maithili, Nepali, Nepal Bhasa, and Tamang. NHEIC, UNDP Nepal, WHO Nepal, Nepal Red Cross Society (NRCS), Center for Education and Human Resource Development (CERID), among others, are engaged in producing documents to handle the COVID-19 crisis, which includes different forms of translations.

United Nations Nepal (2020) in its COVID-19 preparedness and response plan published in April claims that COVID-19-related messages have already reached over 15 million people in Nepal through digital platforms and multi-language radio announcements and television spots. TWB has included Nepali in its Glossary for COVID-19. As per TWB, 14,801 words have been translated into Nepali during the COVID-19 pandemic until 5 July 2021. Bhatt et al.’s (2020) study on perceptions and experiences of the public regarding the COVID-19 pandemic in Nepal highlights the confusion among the public about COVID-19 due to differences in public health messages that they got from different sources which the participants considered misleading. Their study, however, has not clearly stated the issue of translation in the communication of health messages.

The foregoing review reveals that there is a dearth of literature that uncovers the role of translation during the COVID-19 crisis in Nepal particularly in communicating risk to the public and in managing education. To fulfil this gap, this study explored the following research questions.

1. What place does translation have in policies and programmes of COVID-19 crisis communication in Nepal?
2. What role does translation play in the communication of COVID-19 crisis information?
3. How have end users interacted with COVID-19-related health and education documents?
5. **Methodology**

This research is a case study that combines document analysis with semi-structured interviews. The case study is a detailed and rich exploration that focuses on a specific context (Flyvbjerg 2011). Flyvbjerg asserts that each case is an individual unit of study determined by the drawing of a boundary. The present study treated COVID-19-related health and education documents (re)produced in Nepali as cases.

To examine the place and role of translation in policies and programmes of organizations involved directly or indirectly in COVID-19 crisis management and communication in Nepal, we purposively selected and analysed publicly available policy and programme documents of COVID-19 Crisis Management Center (CCMC) and NHEICC under Ministry of Health and Population, and other organizations, namely UNDP Nepal, WHO Nepal, NRCS, and organizations that work in the education sector, including Curriculum Development Centre (CDC), CERID and Room to Read Nepal. We further analysed health documents including guidelines for health workers, and posters, flyers, and flex boards conveying COVID-19 information and safety tips to the general public, as well as education-related documents such as Emergency Action Plan for School Education, 2020, Student Learning Facilitation Guidelines, 2020, Framework for School Operation, 2020, self-learning materials, and other notices/circulations issued from different government bodies to school managers. Furthermore, we conducted semi-structured interviews with 14 people in their first language (Nepali). The participants included four officials from health and education sectors, six general end users of health documents, and four school managers. Table 1 lists the categories of participants:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Functional proficiency in language(s)</th>
<th>Region</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 (a*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>CDC</td>
</tr>
<tr>
<td>P2 (a*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>Room to Read</td>
</tr>
<tr>
<td>P3 (a*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>NRCS</td>
</tr>
<tr>
<td>P4 (a*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>NRCS</td>
</tr>
<tr>
<td>P5 (b*)</td>
<td>Nepali-English</td>
<td>Rural</td>
<td>Community school</td>
</tr>
<tr>
<td>P6 (b*)</td>
<td>Nepali-English</td>
<td>Rural</td>
<td>Private school</td>
</tr>
<tr>
<td>P7 (b*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>Community school</td>
</tr>
<tr>
<td>P8 (b*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>Community school</td>
</tr>
<tr>
<td>P9 (b*)</td>
<td>Nepali</td>
<td>Rural</td>
<td>Housewife</td>
</tr>
<tr>
<td>P10 (b*)</td>
<td>Nepali</td>
<td>Urban</td>
<td>College teacher</td>
</tr>
<tr>
<td>P11 (b*)</td>
<td>Nepali</td>
<td>Rural</td>
<td>Shopkeeper</td>
</tr>
<tr>
<td>P12 (b*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>School student</td>
</tr>
<tr>
<td>P13 (b*)</td>
<td>Nepali-English</td>
<td>Urban</td>
<td>College student</td>
</tr>
<tr>
<td>P14 (b*)</td>
<td>Nepali</td>
<td>Urban</td>
<td>Shopkeeper</td>
</tr>
</tbody>
</table>

Table 1. Details of interview participants
(a* = officials engaged in production and/or dissemination of crisis information; b* = end users)

The selected policy documents related to health and education were analysed qualitatively. Bowen (2009, 33) formulates document analysis as a process of “evaluating documents in such a way that empirical knowledge is produced and understanding is developed”. We examined health and education documents at both textual and lexical levels. To do that, while going through the documents, we highlighted certain texts and/or lexemes bearing our research questions in mind. We coded themes within the content to create meaning around the assessment topic (Bowen 2009). Furthermore, interviews were recorded, transcribed, translated into English and coded for analysis. Through semi-structured interviews, we primarily examined how officials viewed translation in crisis communication and how end users interacted with the translations.

6. Findings and discussions

6.1 An unacknowledged role of translation in policies

The review of the documents available on official websites of key national bodies such as NHEIC, CCMC, EDCD, CEHRD, and CDC, and international partner organizations, including UNDP Nepal, UN Risk Communications for COVID-19 Nepal, and NRCS reveals the unacknowledged role of translation in COVID-19 crisis communication. Interviews conducted with the officials of NRCS, CDC, and Room to Read further affirm the virtual absence of translation in crisis management and communication policies and programmes.

Despite their involvement in the dissemination of COVID-19 crisis information, none of these organizations mention translation even fleetingly in their programmes and strategy documents. UNDP Nepal (n.d.) can be a case in point. Appealing to solidarity to defeat the coronavirus, the organization underscores the role of communication to enhance public awareness on the pandemic. However, it is silent about how pandemic information is developed and made available to culturally and linguistically diverse communities of Nepal. It is virtually impossible for international organizations like UNDP to inform the public about the pandemic without translating into or rewriting at least in Nepali, the language of the majority, the information available almost exclusively in English. The pivotal role of translation, however, seems to have been taken for granted at the policy level.

Translation likewise fulfils an unacknowledged role in NRCS, one of the leading crisis management partners of the Ministry of Health and Population. The survey of COVID-19 documents, including guidelines for health workers, and posters, flyers, and flex boards for the general public (re)produced by this organization shows its extensive reliance on
translation from English into Nepali. Despite this reality, translation finds no mention in the organization’s vision, mission, and strategies.

Interviews with NRCS officials further affirms the organization’s dependency on translation in crisis communication. The health programme coordinator (P3) described the process of producing COVID-19 crisis documents as, “After identifying the needs of our health workers, and communities, we explore the potential sources of information, mostly ICRC and WHO. Then, we produce documents in Nepali from these sources”. During the early phase of the pandemic, he recounted, WHO’s website served as the sole source of information for them, which clearly indicates English documents serving as the de facto primary source of crisis information disseminated through Nepali. Translation is hence a key route through which COVID-19 crisis information available in English reaches the local population in Nepal. However, translation is not counted as a serious issue to be addressed in policy documents, as reflected in this official’s view,

*Who translates is not so important. Our technical team itself translates most of the general documents, while we hire translators in the case of more technical documents.* (P3)

This official does not see the need for a special team of translators within the organization for at least two reasons. First, most of the documents, in his view, can be translated by Nepali-English bilinguals in the team. Second, having a permanent team of translators places an extra financial burden on the organization.

Another official (P4) also pointed out the relegation of translation in policy and programme documents. Signalling a gap between the pivotal role of translation in practice and its virtual absence in policy and programmes, he said,

*My department produces health documents for health workers and the public through translation and writing. We don’t have a separate team of translators. We mostly translate ourselves. To my knowledge, this is the reality of almost all government and non-government organizations in Nepal.*

Citing his experience of working with other organizations involved in crisis management in Nepal, this interviewee further pointed out a common (mis)conception about translation among policymakers. For them, he noted, any educated bilingual can work as a translator. This in part reflects policymakers’ translation illiteracy and the reality of crisis translation. The way policymakers equate a bilingual with a translator suggests an inadequate understanding of translation, since bilingual competence is only one of several competencies of a qualified translator (Campbell 1998, PACTE Group 2005). Their view also aligns with the reality that given the urgency of the situation, any bilingual with little or
no training in translation is required to take up the role of the language mediators during the crisis (Al-Shehari 2020; O’Brien and Federici 2019).

In the wake of the COVID-19 pandemic, CDC, following the decision of the Ministry of Education and Population, made it mandatory for publishers to include COVID-19 safety tips in school textbooks. Accordingly, the inner front and inner back covers of the textbook feature COVID-19 safety tips for students. As per the CDC official (P1), the message prepared and endorsed by the Ministry of Health and Population is available only in Nepali. This institutional move in crisis communication signals two facets of crisis translation. First, even a cursory glance shows that these safety tips are translated from English, further indicating the inevitability of the translational route that Nepali has to take to access health-related crisis information. Second, the availability of safety tips only in Nepali suggests the monolingual practice in the multilingual context. Referring to the Constitution, the official remarked, "Nepali is the official language, so even non-native Nepali speaking students can understand this language". He also pointed out a constraint imposed by multilingualism on crisis communication that there are as many as 123 languages in Nepal, and the translation of COVID-19-related information even into four or five major languages is practically challenging in terms of financial and human resources.

The institutional predilection for monolingualism at once contradicts the principle of rights-based access to languages (Federici and O’Brien 2020) and accentuates the reality of crisis communication in the multilingual situation (O’Brien and Cadwell 2017). It undermines potentially vulnerable groups’ right to life-saving information in their own languages. However, it at the same time indicates the impossibility of communicating crisis information in several of the country’s languages, further restricting crisis communication to one or two of the major languages (O’Brien and Cadwell 2017).

6.2 Translation in COVID-19 crisis communication

This section discusses the reliance of COVID-19 crisis communication on different modes of translation from English into Nepali. The analysis of the sampled health and education documents reveals how translation, albeit not formally recognized in policies, has served communicative needs during the pandemic in Nepal.

a. Through the direct route of translation

The analysis shows the heavy reliance of COVID-19 crisis communication on direct translation of English documents into Nepali. Several COVID-19-related health documents are found to be translated directly into Nepali to meet immediate health and safety information needs of health workers and the general public. A directly translated text sticks to the explicit content of the source text (ST) (Gutt 1991) and is the
outcome of the relatively straightforward re-coding of the ST in the target language (TL) (Cowie and Shuttleworth 2014). Since direct translation allows material developers to work on the existing materials, it tends to be less time-consuming and more straightforward than the creation of new documents from the scratch. The institutional experience of NRCS also substantiates this observation, as one of its officials (P4) deemed the translation of relevant health documents from English into Nepali quicker and more cost-effective than their original composition in Nepali.

Document analysis further revealed two types of directly translated COVID-19 documents: Nepali monolingual documents and English-Nepali bilingual documents. Most of the documents belong to the first category, targeted at Nepali monolingual end users. The following awareness poster by NRCS illustrates this mode of direct translation:

![Figure 1. Directly translated monolingual Nepali awareness poster](image)

The following English poster serves as the source for the Nepali poster:

![Figure 2. The source, English awareness poster](image)

The comparison shows the adherence of the Nepali document to the content of the original. For instance, the key message हिंसा समाधान होइन (himsā
samādhān hoina is the direct translation of *Violence is not solution*. Though seemingly monolingual, this type of document has its origin in another language (i.e. English) and reaches a different audience via the translational route.

Some flex boards, flyers, and pamphlets in public spaces carry both Nepali and English texts, communicating the same message in two languages simultaneously. Such bilingual documents differ regarding “code preference” (Scollon and Scollon 2003, 158). When a document involves two languages, Scollon and Scollon observe, the preferred language is positioned uppermost or leftmost. As regards code preference, three types of overtly bilingual documents are discernible: Nepali preferred over English, English preferred over Nepali, and without any fixed order of preference. Of them, Nepali preceding English is found to be the preferred mode of communication of COVID-19 information, as exemplified by the following:

![Figure 3. Nepali text preceding English text in a flex board](image)

By positioning Nepali before English, this document gives the impression of the Nepali text being the source of the English. However, in practice, this document, like most of the other COVID-19 documents in Nepali, is translated from English. As a source, English is supposed to precede Nepali, the receiving language. However, this conventional source-receiving order is reversed principally for making the Nepali text more salient than the English text.

The second type of bilingual documents, on the other hand, conveys the message in the reverse order, i.e., English preceding Nepali.

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1 The transliteration convention of this study is based on ISO 15919 ([https://scriptsource.org/cms/scripts/page.php?item_id=entry_detail&uid=g8w4snzcy5](https://scriptsource.org/cms/scripts/page.php?item_id=entry_detail&uid=g8w4snzcy5)).
Some documents are also noted for the lack of specific code preference. The following extract from a flex board set up on the roadside represents this category of document:

Figure 5. Flex board having a content without code preference

This public notice lacks a fixed order of languages. It begins with the information about the symptoms of COVID-19 in English followed by its Nepali translation. On the other hand, the notice presents symptoms ज्वरो (jwaro), स्वास्थ्यसम्बन्धी अत्याधिक समस्या (swāsparśwā-s-mā atyādhik samasyā), and रुघा र खोकी (rughā ra khoki) in Nepali first, followed by their English translations fever, difficulty in breathing, and cough respectively.

Regarding efficacy, end users deemed Nepali-English bilingual messages more effective and inclusive than Nepali monolingual messages. One Nepali-English bilingual (P13) shared his experience as, “When the message is in both English and Nepali, I often read the Nepali first. I read English words when the Nepali message is not clear”. This lack of clarity of information could be attributed to the poor quality of Nepali translations carried out by English-Nepali bilinguals with little or no understanding of translation as discussed above in 6.1. This further points to the need to involve professional translators in communicating information about crises like COVID-19. Other bilingual users also underscored complementary
functions of bilingual documents, thus indicating their preference for the bilingual representation of public messages. Despite their potential to serve at once monolingual and bilingual users, Nepali-English bilingual documents communicating COVID-19 information were found far less than Nepali monolingual documents. For instance, only two out of 45 COVID-19-related documents produced and disseminated by Nepal Red Cross Society and five out of 25 documents displayed in public spaces, including flex boards, flyers, and pamphlets contained COVID-19 information in both English and Nepali. This further indicates the monolingual tendency in the communication of COVID-19 pandemic information to the public.

b. Content modification in directly translated texts

The comparison of Nepali and English documents displays a significant level of content modifications through expansion and reduction (Neather 2008). Concerning expansion, we find significant portions of words/phrases added in the Nepali version as in the following example:

**English:** COVID-19 Safety Measures for Managing the Dead

**Nepali:** कोहिड-१९बाट मृत्यु भएका व्यक्तिको शब्द व्यवस्थापन गर्दै ध्यान दिनुपर्ने कुराहु

**Transliteration:** koviḍ-19 bāṭa mrityu bhaekā byākti-ko shab byabāsthāpan gardā dhyān dinu-parne kūraharu

**Back translation into English:** The things that should be considered while managing the corpse of the person died of COVID-19.

These English and Nepali chunks are extracted respectively from English guidelines prepared by ICRC and their Nepali translations by NRCS. The Nepali text elaborates English information through paraphrasing, addition, and simplification. For instance, the literal translation of **COVID-19 Safety Measures for Managing the Dead** into Nepali would be as short and precise as its English version with almost the same number of words (sab byābasthāpan-kā lāgi koviḍ-19 surakshyā upāya-haru: six words). However, the Nepali version (re)produced by NRCS is lengthier (ten words), simpler, and more elaborate than the original. The translation of **the dead as koviḍ-19 bāṭa mrityu bhaekā byākti-ko shab** (Back translation: the corpse of the person died of COVID-19) typifies the expansion of the source content through paraphrasing.

Content is also expanded through simplification. One such example comes from the guidelines for health workers:
Ensure staff managing the dead are knowledgeable about COVID-19, qualified and trained

The Nepali text elaborates English content through the addition of contextually relevant information. Length-wise, the Nepali text has two times more words than its English source (N = 12:24). The English text mentions only qualified and trained staff, with an assumption that guidelines users understand what they are required to be qualified and trained in. In the Nepali text, this assumption is explicitly spelled out with the additional information byaktigat surakchyā sāmāgri (PPE) lagāune ra phukāle tarikā tathā shab byabastāpan sambandhi bishesh tālim-prāpta gare-ko hunuparcha.

Red Cross officials (P3 and P4) stressed the necessity of elaboration of English source information in Nepali. In their view, the information related to the crisis should be simple, clear, and easy for target users to follow. This view echoes Arkin’s (1989) that clarity of information is a defining feature of effective crisis communication. Conversely, some health documents in Nepali evidence content reduction through omission. One such example is the guideline entitled ‘koviśh-19 sab byabastāpan-mā samlagna byakti-haru-le apanāunu-pante kura-haru’, the Nepali translation of ‘Guideline for 1st Responders for the Management of Covid-19 Dead’ issued by Nepal Red Cross Society. The following representative example illustrates the omission of certain information in from the translated document:

ICRC Regional Delegation to Indonesia and Timor-LESTE

This is the heading of the English guideline which does not appear in the Nepali translation. The whole chunk that gives the information about
the context of the English document is absent in its Nepali version. Regarding the omission of certain information from Nepali documents, an official (P4) involved in the (re-)production of COVID-19-related documents reiterated that they prioritize target users’ information needs over the content of source documents. Accordingly, material developers, in his view, are free to remove any information that looks irrelevant to target users. This practice concurs with Baker (2018) who suggests removing the expression that does not contribute to the communication of the message to the target audience.

Content modification in the translation of COVID-19 documents is fundamentally guided by the functionalist approach that permits translators to make necessary adjustments to texts by addition or omission in the interest of clarity of messages (Bassnett 2014). The ST content is maneuvered to suit the specific context in and for which it is (re)produced (Shuttleworth and Cowie 2014). The documents thus translated often read “smoother, simpler, clearer, more direct” (Munday 2016, 72) than their sources.

c. Through the indirect route of translation

The analysis shows the employment of indirect translation in the production of COVID-19-related education documents in Nepali. Outwardly, indirectly or covertly (re)produced documents do not look like translations at all, thereby enjoying the status of original documents (House 1994). Nevertheless, close observation of such seemingly monolingual documents depicts several instances of translation at the lexical level enacted mainly through literal translation, borrowing, and hybrid formation. Literal translation is the most commonly employed strategy in the rendition of COVID-19 English terms into Nepali. Consider the following examples from education documents:

A. social distance : सामाजिक दूरी (sāmājik duri)
B. communication network procedure: सञ्चार सञ्चालनकरण कार्यविधि (sañchār sañjālikaran kāryabidhi)
C. lockdown- बन्दाबन्दी: (bandābandi)
D. epidemic: महामारी: (mahāmāri)

In most cases, the literal reproduction of English terms has yielded new Nepali terms such as sāmājik duri and sañjālikaran. Both common users and school managers reported the experience of difficulty in understanding some of such terms. In this respect, one school manager (P6) said that he did not understand Nepali terms sañchār sañjālikaran kāryabidhi and bandābandi when he first time encountered them in the circulation issued by the CEHRD. “Then I”, the manager recounted, “mentally translated them back into English and speculated their meanings”. His experience signals the potential comprehension problem associated with literally rendered technical terms. To address the problem, English counterparts of some of such Nepali terms are supplied in the
parenthesis in the documents. This practice abides by a principle of translation of technical terms which suggests using source terms side by side with newly formed terms (Adhikari 2004) to facilitate their comprehension.

Health and education documents in Nepali are also characterized by the frequent use of COVID-19 terms borrowed from English. As a translation strategy, borrowing transfers SL terms to the TT to overcome lexical lacunae in the TL (Palumbo 2009, Cowie and Shuttleworth 2014). Several COVID-19 English terms whose Nepali equivalents are not readily available are borrowed and used in Nepali documents, as evident in the following excerpt from the circulation issued by the CEHRD.

Our Translation

As it is known that schools are shut down due to the COVID-19 pandemic and during this period some the schools are used as quarantine/holding/isolation centers.

Figure 6. Extract from a circulation issued by CEHRD on sending details about disinfection and resuming schools

The first sentence alone contains three English COVID-19 terms: *quarantine*, *holding*, and *isolation centers* transliterated into Devanagari as क्वारेक्तिन (kwārenṭin), होल्डिंग (holdiṅ) and आइसोलेसन सेंटर (ā Islesan senter) respectively. Nepali documents also contain several English terms without Devanagari transliteration. The following serves as a typical example:
This extract concerns the process of uploading school data onto IEMIS. This single instruction contains five computer-related English terms: IEMIS, update, add, Web portal, and upload.

Borrowing new terms might be safer and communicatively more efficient than coining terms to replace them. It is not worth coining new terms particularly for those which have already entered the everyday discourse of the target community. On this point, an official of NRCS (P3) clarified that they do not translate English terms such as hotline, help desk, and sanitizer that have already reached common users through different communication media. Avoiding such English terms, he asserted, is to impose unfamiliar Nepali terms (if they are coined) on users, which is not worth the effort. It seems that the issue is not so much about adopting English terms or translating them, but more about their efficacy in the communication of information. Hence, the choice of terms seems to be pragmatically motivated, i.e., the selected terms should convey precise, clear, and trustworthy information to avoid confusion among target groups (Alexander and Pescaroli 2019). School managers, however,
criticized the institution’s tendency to use English terms in Roman script in Nepali documents. For them, the use of borrowed English terms without being transliterated into Devanagari is indicative of document developers’ “carelessness”, “linguistic incompetence” and “lack of translational awareness”. In their view, borrowed terms should be transliterated into Devanagari to avoid the forceful juxtaposition of two scripts in a single document. Their view concurs with one of the principles of term planning that strongly recommends the transliteration of borrowed terms into the borrowing language (Commission for Scientific and Technical Terminology n.d.).

COVID-19-related educational documents also contain a significant number of English-Nepali hybrid forms. Hybrid formation combines borrowing and literal translation to form new terms. By this, one lexical item is borrowed from the SL, while the other is rendered literally as in:

A. COVID-19: कोहिड-१९ (kovid-unnāis)
B. COVID pandemic: कोहिड महामारी (kovid mahāmāri)
C. Online class अनलाइन कक्षा (anlāin kakchyā)
D. Online source: अनलाइन स्रोत (anlāin shrot)

The translation of COVID-19 into Nepali serves as an interesting case of hybrid formation. COVID, the universally accepted acronym, is borrowed and transliterated as कोहिड (koviḍ), whereas the number 19 is literally rendered as १९ (unnāis), yielding a hybrid form कोहिड-१९ (kovid-unnāis). The same process applies to other English-Nepali hybrid forms. The parts of terms such as COVID, online, and video conferencing which are accepted almost globally without any significant change and lack their equivalents in Nepali are borrowed. On the other hand, the parts of terms such as 19, pandemic, class, and system are translated literally into Nepali. Singh (2011) recognizes hybrid terms as normal and natural linguistic phenomena in informative documents. Hybrid forms result from bilinguals’ tendency to creatively exploit lexical resources from different languages to fill lexical lacunae in their language and to meet the changing communicative needs during the crisis.

d. Intersemiotic communication of COVID-19 crisis information

COVID-19 health documents, translated directly and indirectly, exhibit a combination of text and image to ensure better and more effective communication of information. Take, for example, the following cut-out from a poster by Save the Children that combines text and image to tell and show handwashing steps:
Nepali instructions are translations of handwashing steps *wet your hands with water, apply enough soap to all parts of your hands, and rub your hands together* endorsed by WHO (2009). Each instruction is substantially supported by pictures. The same applies to other COVID-19 safety guidelines and awareness posters prepared by Save the Children, UNICEF, UNDP, and NRCS.

The integration of verbal and visual signs is a prototypical case of intersemiotic translation which, according to Jakobson (1959/2012), involves the transfer of information between verbal sign and nonverbal sign systems. Such documents require users to constantly shuttle between two semiotic systems to comprehend the intended meaning. The use of two mutually enhancing modes of communication increases the repetition of risk information and improves the chance of users absorbing and remembering it (Arkin 1989).

We can discern two dominant strategies of intersemiotic translation employed in the communication of COVID-19 information. The first is what Pereira (2008) terms literal intersemiotic translation, as evidenced in the following extract from a poster concerning the symptoms of COVID-19 issued by USAID, WHO, and Handicap International.
This extract tells and shows two of the symptoms of COVID-19: coughing (to the left), and difficulty in breathing (to the right). Each picture closely reproduces the accompanying textual information, exhibiting a close correspondence between verbal and visual signs. Most of the COVID-19 documents analyzed in this study are literally reproduced in visual form, which conforms to Pereira’s (2008) observation that literal reproduction is the most commonly adopted strategy in the translation of textual elements into visual elements.

The second strategy involves the visual elaboration of textual elements, whereby one piece of information is represented through a series of two or more pictures. One such example is the extract telling and demonstrating handwashing steps presented above (Figure 8). The single instruction apply enough soap to all parts of your hands, for instance, is visually elaborated by means of a series of three pictures. The same applies to other instructions too.

The dominance of pictures over words is a salient feature of COVID-19 health documents (re)produced in Nepali. This dominance seems reasonable and justifiable, as visual elements have greater salience (Kress and Van Leeuwen 2006) than textual elements. Moreover, visual signs bear a closer resemblance to the object, person, or event to which they refer than spoken or written signs (Hall 1997), and accordingly, they are less complex and more straightforward to comprehend. The officials (P2, P3 and P4) involved in crisis communication also underscored the importance of “the verbal-visual ensemble” (Neather 2008, 226), particularly in COVID-19-related documents prepared for the general public. This is understandable because pictures simplify and concretize verbal messages, which in turn ensure their greater accessibility. Even though illustrations are often derived from the text and are supposed to be a secondary communication system (Pereira, 2008), they seem to occupy a primary position in crisis communication.

7. Conclusion

This study set out to examine the place and role of translation in COVID-19 crisis communication in Nepal. Findings show that translation despite being unacknowledged in policies of crisis communication plays an undeniable role in the (re)production of COVID-19 crisis information in the Nepali language. Thus, this study is expected to mitigate the existing gap between crisis communication policies and practice, thereby indicating the need of the future policy to incorporate translation in crisis communication. Informed by the findings of this study, policymakers working on crisis management can develop policies and guidelines for the inclusion of translation in communicating crisis information as well as adapt the existing policies or form new policies. This research also indicates that crisis translation practitioners can engage in their work informed by the translation approaches, namely direct, indirect and intersemiotic translation, and the strategies, including content
modification, literal translation, hybrid formation, and literal intersemiotic translation identified in this paper. Their informed engagement in crisis translation can ensure wider accessibility of crisis information to the concerned stakeholders including the general public, serving the immediate information needs during crises. The findings also have a broader implication specifically in the contexts of developing countries where crisis management agencies and stakeholders rely on English documents which serve as the major source for the re(production) of crisis information in local languages.

Our analysis was limited to the policy and programme documents available in public domains, as we did not have access to the possible internal policy documents formulated by the concerned bodies involved in COVID-19 crisis communication. Moreover, we only focused on textual and visual modes of crisis translation, whereas the oral mode and the combination of multiple modes such as audio-visual and textual through digital artifacts are also available to disseminate crisis information in Nepal. A further study could explore crisis translation through a lens of multisemiotic or multimodal communication, as technology these days is omnipresent and encroaching on public crisis communication space.

References:


