

Ukweli Kuhusu Chanjo za COVID-19

Re: Retranslation of Ukweli Kuhusu Chanjo za COVID-19

Jan. 23, 2021

The attached document is a retranslated version of a document titled, Ukweli Kuhusu Chanjo za COVID-19, or The Truth About COVID-19 Vaccines, which was originally produced and distributed by The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) on January 13, 2021 (<https://nrcrim.umn.edu/sites/nrcrim.umn.edu/files/2021-01/Swahili%20Vaccine%20Fact%20Sheet.pdf>)

Our multilingual (Swahili, Kinyarwanda, French, English) translation team at the University of South Florida (USF) has been working with Refugees from the Congo Wars (RFCWs) in the United States for six years.¹ While trying to turn the information sheet into a Swahili-language video, **we found numerous translation errors. While we appreciate the efforts to bring this critical information to the attention of refugee communities and service providers, doing so in the fashion of the Swahili version originally circulated could cause more harm than good.**

Specific to the original translation, many inappropriate or rarely used words were used in the translation (*kaya* rather than *nyumba* for “house”; *zana* rather than *njia* for “ways” to do things; *nadra* rather than *si kawaida* for “rare”; *miguu*, as in the human body parts, rather than the metric *mita mbili* or *futi sita* for the six-feet of social distancing).

Translated informational sheets for refugees must be in very simple language. While Swahili is a lingua franca for many RFCWs, Swahili has many dialects, and it is therefore essential to use the simplest and most universally used words and constructions.

The most egregious error in the original translation is the use of the word *risasi*, Swahili for lead or lead bullet, instead of the word *sindano* or *chanjo* to refer to an injection or “shot.” Indeed, Google Translate does not include an English definition for “shot” that refers to the medical shot or injection. One must be careful enough to read the definitions provided by Google, identify that the given word Google is providing has an incorrect definition, and scroll down to synonyms, where the translator can then choose injection and get the correct word (in the case of Swahili, *sindano*, an injection, rather than *risasi*, a lead bullet).

See: Mahoney, Dillon, Renice Obure, Krista Billingsley, Michaela Inks, Eugenie Umurutasate, and Roberta D. Baer. 2020. “Evaluating Understandings of State and Federal Pandemic Policies: The Situation of Refugees from the Congo Wars in Tampa, Florida.” *Human Organization*, 79(4).
Mahoney, Dillon, Roberta Baer, Oline Wani, Eka Anthony, and Carolyn Behrman. 2020. “Unique Issues for Resettling Refugees from the Congo Wars.” *Annals of Anthropological Practice*, 44(1): 77-90.

In the original document, it appears the translator neither back-translated nor had the translation reviewed by a native speaker, or these mistakes would have been caught. Indeed, when one types “The doctor will give me a shot” into Google Translate, the Swahili translation will read: “daktari atanipiga risasi,” which when back-translated using Google Translate from Swahili to English, will give you “the doctor will shoot me.” **In this case, NRC-RIM distributed a document meant to educate refugees on a new vaccine, but due to poor translation, found a way to mention lead bullets five times, and give the impression to Swahili readers that they will be shot twice, with lead bullets, by a doctor, to get vaccinated.**

The Centers for Disease Control and departments of health around the country increasingly call for more linguistically and culturally appropriate materials for outreach to our most vulnerable populations. It is imperative to ensure that all essential public health materials that are produced and distributed go through a validation process that at least includes back-translation and review by a native speaker. The distribution of the original document speaks to why translated public health materials should always be reviewed by people with training and experience working with the population in question.

Recommendations:

- 1. All informational sheets, English or translated, must be written at the simplest reading level possible.**
- 2. Documents are best translated by a team of individuals who speak different dialects of the language in question.**
- 3. Translated documents must be back-translated and verified by native speakers before circulation.**
- 4. Seek out alternative Swahili-language resources from African outlets, the WHO, or the BBC. The Washington State Department of Health also has an excellent Swahili language guide here:**

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/GettingVaccinated-Swahili.pdf>

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Ukweli Kuhusu Chanjo za COVID-19

Chanjo ni moja wapo ya njia tunayo tumia kupambana na janga la COVID-19



Ili kukomesha janga hili, tunahitaji kutumia njia zote za kuzuia. Chanjo ni moja wapo ya njia bora zaidi ya kulinda afya yako na kuzuia ugonjwa huu. Chanjo hufanya kazi na kinga asili ya mwili wako ili mwili wako uwe tayari kupambana na virusi ikiwa utaambukizwa. Hatua zingine kama kuvaa mask ama barakoa inayofunika pua na mdomo na kukaa angalau futi sita ama mita mbili kutoka kwa watu wengine ambao hauishi nao pia husaidia kuzuia kuenea kwa COVID-19.

Uchunguzi unaonyesha kuwa chanjo hizi ni bora zaidi kwa kuzuia COVID-19. Wataalamu pia wanasema kuwa chanjo hizi za COVID-19 zitasaidia kuzuia kuwa mgonjwa zaidi hata ukiambukizwa. Chanjo hizi haziwezi kukupa ugonjwa wenyewe.



Chanjo ni salama. Shirika linalohusika na usalama wa chanjo Marekani limehakikisha kuwa chanjo hizi ni salama iwezekanavyo. Chanjo za COVID-19 zimepitia vipimo vya usalama sawa na chanjo zingine zote.



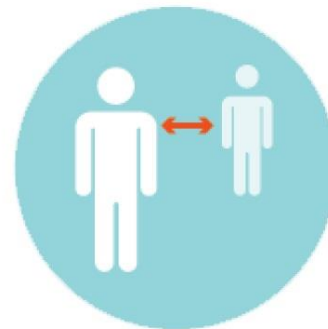
Aina tofauti za chanjo za COVID-19 zitapatikana. Chanjo nyingi zinahitaji kudungwa mara mbili, kila moja kwa wakati tofauti. Chanjo ya kwanza inatayarisha mwili wako. Utapewa chanjo ya pili angalau baada ya wiki tatu ili kuhakikisha una ulinzi kamili. Ikiwa umeambiwa unahitaji chanjo mbili, hakikisha kwamba unapata zote mbili.



Chanjo zinaweza kusababisha athari kwa watu wengine, kama misuli kuuma, uchovu, au homa kali. Athari hizi zinamaanisha chanjo inafanya kazi kusaidia kufundisha mwili wako jinsi ya kupambana na COVID-19. Kwa watu wengi, athari hizi hazitadumu zaidi ya siku moja au mbili. Kuwa na aina hizi za athari hazimaanishi kuwa una COVID-19. Ikiwa una maswali juu ya afya yako baada ya chanjo, piga simu kwa daktari wako au kliniki. Kama ilivyo na dawa yoyote, unaweza kupata athari mbaya kama vile kutoweza kupumua, lakini hii si kawaida. Ikiwa itafanyika, piga simu 911 au nenda kwenye hospitali.



Unapopata chanjo, hakikisha kuwa wewe na yule anayekuhudumia mumevaa mask ama barakoa.



Hata baada ya kupata chanjo yako, endelea kuvaa mask ama barakoa, kunawa mikono mara nyingi, na kukaa angalau futi sita mbali kutoka kwa watu wengine ambao hauishi nao.

Hivi sasa, haijulikani chanjo hizi zitakulinda kwa muda gani, kwa hivyo ni vizuri kuendelea kufuata maagizo kutoka kwa CDC na idara ya afya. **Sio kila mtu atapata chanjo kwa wakati moja, kwa hivyo bado ni muhimu kujilinda kutokana na wengine.**¹

¹ This information sheet, dated 1/23/2021, is a redraft and retranslation of a document dated 1/13/21 and originally prepared by The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM). This retranslation was completed by Dillon Mahoney, Renice Obure, Mathews Wakhungu, and Eugenie Umurutasate of the University of South Florida. For information, contact dmahoney1@usf.edu.

Kupata Chanjo ya COVID-19

**Vaccinate
WA** 

CovidVaccineWA.org

Kupigana na janga hili la tandavu kumeguwa ngumu, lakini sasa tuna chanjo mbili za kutulinda dhidi ya COVID-19.



Chanjo zote mbili zinatolewa bila malipo yoyote.

Serikali ya muungano itagharamia gharama ya chanjo yako. Watoaji wanaweza kukutoza ada ya kukupatia chanjo, lakini bima ya afya huenda itaigharamia. Watoaji wataondoa ada hiyo iwapo huwezi kuimudu.



Utahitaji kupata dozi mbili.

Utapata dozi mbili za chanjo, umbali wa wiki tatu hadi nne.



Chanjo zote mbili ni salama na zinafaa.

Chanjo hizo zinafaa kwa asilimia 94 hadi 95. Usimamizi wa Chakula na Dawa Marekani (FDA) uliidhinisha chanjo hizo kwa matumizi ya dharura na haukupata wasiwasi wowote wa usalama. Wataalamu huru walithibitisha kuwa ilitimiza viwango vya usalama na ufaafu.



Watu walio katika hatari ya juu watapata chanjo kwanza.

Kwa sasa hatuna chanjo ya kutosha kila mtu. Kutokana na hayo, Idara ya Afya ililazimika kufanya maamuzi kuhusu atakaye pata chanjo kwanza. Dozi za kwanza zitaenda kwa wafanyakazi walio katika mipangilio ya huduma ya afya na wakazi na wafanyakazi wa vituo vya utunzaji wa muda mrefu. Kila mtu ataweza kupata chanjo tukiwa na dozi za kutosha.



Unaweza kuhisi madhara.

Kama chanjo nyingine za kawaida, unaweza kupata uvimbe katika mkono, homa, maumivu ya kichwa, au uchovu baada ya kupewa chanjo. Hizi ni dalili kuwa chanjo inafanya kazi.



Kuwa salama.

Baada ya kupata chanjo, vaa barakoa yako, kaa futi sita (mita mbili) mbali na wenzako, na kuwa na mikutano ya watu wachache ambao hawajapewa chanjo.

Maswali? Tembelea: www.CovidVaccineWA.org

Kupata Chanjo ya COVID-19

Ni chanjo gani zinapatikana?

Kuna chanjo mbili zinazopatikana:

1. **Pfizer-BioNTech**
2. **Moderna**

Zote mbili ziliidhinishwa na FDA kwa matumizi ya dharura. Wataalamu wa matibabu kwenye Kamati ya Ushauri wa Matendo ya Chanjo na Kikundikazi cha Ukaguzi wa Usalama wa Kisayansi katika Majimbo ya Magharibi walithibitisha kuwa chanjo zilitimiza viwango vyetu vya usalama.

Ni nani anafaa kupata chanjo ya COVID-19?

Ni chaguo lako kupata chanjo hiyo. Ukiamua kuipata, unafaa kuambia mtoaji wako wa chanjo ikiwa:

- Una historia ya mizio mikali
- Una homa
- Una tatizo la kuvuja damu au unatumia dawa za kuzuia mgando wa damu.
- Una kingamaradhi iliyodhoofika au unatumia dawa ambayo inaathiri mfumo wa kingamaradhi
- Wewe ni mjamzito, unapanga kuwa mjamzito, au unanyonyesha
- Tayari umepokea chanjo nyingine ya COVID-19

Hufai kupata chanjo ikiwa umekuwa na mzio mkali kwa dozi iliyopita ya chanjo ya COVID-19 au kwa kiambato chochote katika chanjo hiyo.

Chanjo hizo zina kiambato amilifu, messenger RNA (mRNA), pamoja na mafuta, chumvi, na sukari ili kulinda mRNA na kuisaidia kufanya kazi vizuri kwa mwili.

Lazima uwe na angalau umri wa miaka 16 ili kupata chanjo ya Pfizer-BioNTech na miaka 18 ili kupata chanjo ya Moderna.

Kuna madhara gani?

Ni kawaida kuwa na madhara siku moja au tatu baada ya kupata chanjo. Madhara ya kawaida ni uchovu, maumivu ya misuli, maumivu katika mkono wako uliodungwa sindano, homa, maumivu ya kichwa, maumivu ya viungo, baridi, kichefuchefu, au kutapika. Dalili zako zisipopotea, wasiliana na daktari wako au kituo cha afya.

Unafaa kusubiri dakika 15 hadi 30 kabla ya kuondoka kwenye kituo cha chanjo ili mtoaji wa chanjo yako aweze kukusaidia ikiwa una mzio au madhara mengine. Huku ukisubiri, unaweza kujisajili kwa v-safe ili kuripoti madhara yoyote na kupata kikumbusho cha dozi yako ya pili: v-safe.cdc.gov (katika Kiingereza pekee).

Wewe au mtoaji wa chanjo yako pia anaweza kuripoti madhara kwenye Mfumo wa Kuripoti Tukio Hatari ya Chanjo (VAERS): vaers.hhs.gov/reportevent.html (katika Kiingereza pekee).

Piga simu kwa 911 ikiwa una mzio baada ya kuondoka kwenye kliniki.

Dalili za mzio zinajumuisha: ugumu wa kupumua, kuvimba kwa uso wako na koo yako, mdundo wa haraka wa moyo, upele mbaya mwilini wako wote, kizunguzungu na udhaifu.

Nini hufanyika baada ya kupata chanjo?

Panga miadi ya dozi yako ya pili. Utahitaji kurudi baada ya wiki tatu hadi nne ili kupata dozi yako ya pili. Itachukua hadi wiki mbili baada ya dozi yako ya pili ili kupata ulinzi kamili.

Watu wengi watalazimika kusubiri miezi ili kupata chanjo. Baada ya kupata chanjo, endelea kuvaa barakoa yako, kaa futi sita (mita mbili) mbali na wenzako, na kuwa na mikutano ya watu wachache ili kuwalinda wale ambao bado hawajapewa chanjo.



DOH 348-782 December 2020 Swahili

Ili kuomba waraka huu katika muundo mwingine, piga simu 1-800-525-0127. Wateja ambao ni viziwi au wasio na uwezo wa kuzungumza, tafadhali piga simu 711 ([Washington Relay](https://www.washington.gov)) au tuma barua pepe civil.rights@doh.wa.gov.