



TERMS OF REFERENCE

Consultancy to carry out Translation of Focused Group and Key informative scripts interviews from Arabic and Balanda to English language.

Organizational Background:

The South Sudan Red Cross (SSRC) is one of the 193 National Societies worldwide and was founded on the eve of South Sudan independence in 2011. The SSRC is a volunteer-based humanitarian society and works as auxiliary to the public authorities in the humanitarian field. Based on the Statutes of the International Red Cross and Red Crescent Movement, the SSRC was established through an Act of Parliament on 9th March 2012.

SSRC was formally recognized by the International Committee of the Red Cross (ICRC) on 18 June 2013 and in November 2013 the SSRC was admitted into the International Federation of Red Cross and Red Crescent Societies. SSRC's headquarters is based in Juba with a total of (21) branches and a growing network of units. There are currently over 230 SSRC staff members across the country and approximately 14,000 volunteers across the country.

The Society's work is guided by the Seven Fundamental Principles (humanity, impartiality, neutrality, independence, voluntary service, unity, and universality) and by the IFRC Strategy 2020 and South Sudan Red Cross Strategic plan 2018-2021, which voices our collective vision and determination to move forward in tackling the major challenges that confront humanity in the present decade. All our staff MUST abide by and work in accordance with the Red Cross and Red Crescent Principles.

Study Rational

Delivery of health services in conflict settings is fraught with challenges due to inability of health systems to cope with the needs of its population and the additional burden of continued destruction of infrastructure and diminution of support needed to sustain a working mechanism to deliver health care services.^{1,2,3} The challenges in delivery of health services is

¹ Debarre, Alice. Hard to reach: Providing health care in armed conflict. International Peace Institution. December 2018. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/1812_Hard-to-Reach.pdf

² Engaging with People Affected by Armed Conflicts and Other Situations of Violence. Harvard Humanitarian Initiative and International Committee of Red Cross. June 2020.

³ DEBARRE, ALICE. *Gaps in International Health Policy and Its Implementation in Armed Conflict*. International Peace Institute, 2018, pp. 17–30, *Hard to Reach: Providing Healthcare in Armed Conflict*, www.jstor.org/stable/resrep19633.7. Accessed 4 Mar. 2021.



compounded by lack of evidence from conflict settings that could help better understand the processes of delivery of health services in these contexts. Additionally, most of the data coming for conflict settings focuses on post conflict contexts and majority of the literature in recent years has been generated through work in the Middle East.⁴ This study will focus on the generation of evidence related to process of delivery of RMNCAH services through implementation of APIH pilot projects in two contexts in Africa mired in active conflict.

The International Committee of the Red Cross (ICRC) and Canadian Red Cross (CRC) jointly signed a pledge on “Partnering to Address Reproductive Maternal Newborn Child and Adolescent Health in Conflict-affected Communities” during the 33rd International conference in December 2019. The pledge included an action plan to develop a proof-of-concept for ICRC operations in Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH). The Partnership in Health (APIH) Framework Agreement, between ICRC and CRC, was signed in June 2019. The framework aims *“to establish a multi-year, renewable, collaboration between the CRC and the ICRC which is globally applicable and based on co-creation, adaptation or adoption of technical standards in community- based Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH); to: impact effectively and positively the continuum of care for women and children from household and community level to primary, secondary and, when relevant, tertiary level health care through joint service-delivery where and when possible.”*

Two pilot countries were identified by the ICRC to implement the framework, South Sudan and the Central African Republic (CAR). Agreements were signed with South Sudan in June 2019 and with CAR in Feb 2020. The South Sudan and CAR agreements called for expanding ICRC’s reach to women, newborns, children and adolescents by offering lifesaving services and utilizing the expertise from ICRC and CRC to implement a comprehensive primary health care (PHC) intervention with community health components focusing on RMNCAH. Furthermore, CRC is seeking to improve its (RMNCAH) technical expertise in the field in conflict settings.

⁴ Sarah Jamali, Tim Martineau, Fadi El-Jardali, Elie A. Ak. Health care workers in conflict and post-conflict settings: Systematic mapping of the evidence. PLOS ONE. May 2020. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0233757>



The purpose of this study is to produce systematic learning from the two pilot projects (in South Sudan and CAR) to inform implementation modalities, and/or develop a model of intervention for scale-up of this partnership in RMNCAH through a joint collaborative effort between CRC and ICRC.

Study Area and Data collection.

The focused discussion and the key informative interview were conducted in the Wau Western Bahr el Ghazal, particularly in Nguku and Ngudakala Boma, the qualitative data was recorded and stored in an audio recorders. The volunteers and staff *Conducted and completed 12 focused Group discussion interviews with target groups, which is broken down into the following per the locations, Nguku (6) CHW/volunteers(1) Boys(1) Girls(1) Community leaders/elders(1) women(1) Men(1) Ngudakala (6) CHW/volunteers (1) Boys (1) Girls (1) Community leaders/elders (1) women (1) Men (1).*

Study purpose and Aim of the Assignment.

The aim of this study is to provide proof-of-the concept for community-based health service delivery in conflict settings by identifying opportunities for, key challenges and solutions to, the delivery of these services.

The main purpose of this assignment is to listen carefully, attentively, understand and transcribe what exactly has been spoken audio in the FGD interviews and KII digitalized voices into clearly meaningful information in English in a report.

Objectives:

This final evaluation exercise will seek to achieve the following objectives:

- Carefully listens and understand pieces of the recorded voices of the participants.
- Understanding the FGD and KII guide questions and relate to the response of the respondents.
- Verbatim transcription of the audio recordings. Which means word for word translation of what is being said translated into English.

Methodology:



The consultancy will use qualitative approach with key understanding of the responses of the focused groups and Key informants mainly as well as apply content and common theme analysis including others that will be conducted by an external consultant who will also be expected to come up with a detailed methodology to execute the work.

The consultant will develop appropriate tool for capturing the audio information in paper document by paying attention to demographic characteristics especially sex and occupation.

Scope of Work:

The Organisational department and PMER unit will supervise the Consultant work by providing inputs and overall guidelines in order to successful complete the assignment.

Sample Size.

The Consultancy is expected to complete all the script translations by looking at all the 12 FGD and KII audios recorded.

The consultant will write down the details of the transcription without altering any words from the recording and will reference using 1, 2, 3 etc.

Key Deliverables:

Well and to date transcribed report in English, stating if the translation was from local language or Arabic.

Final Report Requirements:

The Consultant is accountable to maintain the requirements for the content, overall report quality and agreed timelines. The Consultant will produce a comprehensive report that defines the purpose of the assignment.

Data Disclosure:

- The Consultant should deliver, at minimum, all files including: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions and labeling.
- Data must be disaggregated by gender and other relevant diversity, etc.
- Datasets must be anonymized with all identifying information removed. Each individual should be assigned a unique identifier to be determined together with OD/PMER



- Stakeholders with access to this data will be limited and defined in collaboration with SSRC. The Consultant is not allowed to share data, findings,
- The consultant will sign a confidentiality agreement and destroy any records of the audio or transcripts after the task is completed and handed over to the Red Cross team.

Administrative Arrangement:

SSRC Responsibility:

- Supervise the work of the Consultant under the responsibility of the SSRC OD manager or PMER Coordinator and project team. All communications should be addressed to the SSRC OD/PMER unit.
- Ensure that the views/response of the respondents is treated with care and confidential.
- All necessary documents will be provided in soft copy by SSRC.

Consultant Responsibility:

- Ensure the assignment conducted as per the TOR
- Ensure that the time scheduled is adhered to.
- Design methodology for the approach to qualitative data transcription.
- Revise and understand all the tools used in the data collection.
- Develop the data entry template and ensures data entry is free from errors.
- Based upon a reading of the programme documents, propose any additional topics or issues for analysis.
- Analyze and interpret data to develop a comprehensive.
- Share key findings and insights from the FGD/KII with relevant staff through consultations.
- Responsible for his or her stationaries and other items needed for Transcribing.
- Consultancy fee is expected to cover the Consultant's transport, subsistence needs etc.

Work Plan:

The entire duration for this assignment will be **2 weeks** over the period **04/8/2021**

No.	Deliverable	Who	Duration
1.	Meeting with OD/PMER briefing, sharing of document/audio recorders	Consultant	1 day
2.	Review of all documents/SCRIPTS	Consultant	1 day



3.	Transcription	Consultant	5days
4.	Writing draft transcribed report	Consultant	1
5.	Sharing with SSRC staff	Consultant	1
6.	Finalize report	Consultant	1

Budget:

N o.	Description	Unity Type	Quantity	Unit Cost US\$	Frequency	Total Cost US\$
1.	Consultant cost					
Total						

Qualification Requirements:

Education:

Diploma/Certificate in Linguistics, Language translations and Communications or other relevant field.

Work Experience:

- Over 3 years of experience in translations, transcribing scripts from Classical Arabic, Balanda to English with NGO or UN
- Proven knowledge and practical experience in qualitative research.
- Well versed and through understanding both written and spoken fluent Arabic, English and Balanda.

Technical Competencies:

- Critical and high understanding capacity and interpretation skills
- Analytical and attention to detail capability.
- Planning and organization abilities
- Reporting writing skills on qualitative research.
- Active listener and team work

Payment Modalities:

The Consultant will have to provide the following documents before payment is effected, and it should be noted that the payment will be 100% at the completion of the work.

- Final report for the assignment/ transcription



- The contents of the report will be analyzed, and final payment will only be made upon agreement on the final report from South Sudan Red Cross.

Submission Deadline:

Interested applicants/ firms are expected to submit **hard copies (hand delivered)** of their detailed CVs showing previous similar experiences and a detailed technical narrative and financial proposal of not more than five pages (excluding annexes and past performance references), illustrating their competencies and clearly articulating the strategies they would use, to the SSRC offices, Tongpiny Area, Ministries Block, Juba, South Sudan. Please include the name and telephone number of the contact person for the application or soft copies sent to **vacancy@ssdredcross.org or tender@ssdredcross.org**

Deadline for expression of interest is 18th/08/2021.

