

CARE INTERNATIONAL IN SOUTH SUDAN

TERMS OF REFERENCE

Development and Review of Strategic Plans and Relevant Policies of Women-Led Organizations (WLOs) in Juba, Bor, and Torit.

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| Organization | CARE International in South Sudan |
| Project Name | Strengthening Women’s Rights Organizations on Women, Peace, and Security Agenda in three fragile countries (SWOMO) - South Sudan Egypt, and Iraq |
| Sector(s) | Gender and Protection – Women, Peace, and Security |
| Assignment Task | Facilitate a training to a twelve selected WROs/WLOs in Juba, Torit and Bor through developing or strengthen Strategic Plans which represent the priorities of excluded groups of women and girls and review their policies. |
| Assignment Locations | Juba, Central Equatoria State; Torit, Eastern Equatoria State; and Bor, Jonglei State |
| Reporting To: | WPS Project Manager and WRO coordinator |
| Duration | 42 days. |
| Possible start date | 27 th 07 2023 |
| Possible end date | 15 th 09 2023 |

Background

CARE is a humanitarian and development non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

CARE’s operations in South Sudan date to the early 1980s, focusing on emergency and disaster relief to the conflict-affected populations. Currently, CARE South Sudan works in the six States of Unity, Jonglei, East Equatorial, Bahr el Ghazel, Central Equatorial, and Upper Nile States, addressing both humanitarian and recovery/development needs. In development/recovery programming, CARE South Sudan focuses on four broad areas namely Gender and Protection, Food Security and Livelihoods, Nutrition and Health, and Partnership and Advocacy.

With support from the German Federal Ministry of Economic Cooperation and Development (BMZ), CARE International in South Sudan is implementing the project of Strengthening Women’s Movements on Women, Peace, and Security Agenda in three fragile contexts (SWoMO) in Egypt, Iraq, and South Sudan. Women’s Rights Organizations and excluded groups of women and girls have increased their influence on the UNSCR 1325 agenda on Women, Peace, and Security (WPS) at the local, national, and

multi-country levels. In South Sudan, the project is implemented through three national Project Target (PT)-Women-Led Organizations (WLOs) and 12 ZG partners however the consultant will support 12 ZG partners In Juba Torit Bor and Juba. In Juba and with the support of PT WLO Young Women Christian Association (YWCA) consultant will work with 4 ZG partners namely (Women for Justice Equality WOJE, Action Girls Africa AGA, Women committee access for humanitarian Foundation WCHF and National women Empowerment and Rehabilitation Organization NWERO). And in Torit we have Women Agency for Progress Organization (WAPO) as a PT and the consultant will target four ZG WLOs namely /Skills for Peace and Development, Christian Vision Organization, Women with Impairment Organization and Omuk Women Organization In Jonglei we have n (WECSS) as PT WLOs and will support the consultant to support 4 ZG WLOs partners namely (Voice of Women VOW, Voice of Equality VOE, Leprosy and neglected diseases LANDO and Jonglei Inter school sports association JISSA).

CARE International in South Sudan under the SWOMO project wishes to offer capacity-building training for local WLO and WRO, through facilitating workshops to identify their capacity gaps, and rollout support to develop/review strategic plans and policies for the project's WLOs.

Overall, the Program's aims and objectives are to achieve the following outcomes:

- To ensure the selected WLOs have developed and strengthen strategic plan in place which represent the priorities of excluded groups of women and girls.
- To develop functional strategic plans and policies to be used as guidelines for their respective organizations.
- To ensure that both staff and board members are involved in the strategic plans and policy development processes.

Scope of consultancy

- To facilitate a workshop for 12 (four in Juba, four in Torit, and four in Bor and other WLO in Juba, Bor, and Torit including key stake holder are invited to participate in the strategic plan development of the 12 selected WRO/WLO.
- To develop training agenda, facilitate three days training in each project location for to a total of 12 different women led organizations.
- Offer training to 12 different women led organization to equip them with knowledge and skill and work with them to develop/review their strategic plan.
- The consultant is also expected to have one on one mentorship to each of the 12 organizations and submit all the final documents to partners for implementation once its finalize and the staff have contributed to finalize the documents.
- Develop the overall training indicating the different actions and policies finalized and submitted to the WLOs for implementation.

Location and Timeline

The workshop with WLO to identify the capacity gap and develop the capacity building, the development/review of strategies, and provide mentorship to review and develop WLO policies will take up to 42 days starting from 27th July – 15 September 2023.

Methodology

The consultant will offer one day workshop to WLO in each location, Bor, Torit, and Juba to identify their capacity Gap, spend and do mentorship to partners' offices to support them finalize review and their policies and finalize the development of a strategic plan that represent the needs of excluded groups of women and girls.

Deliverables.

- Submit activities report to show the methodology and reaction of the participation including major input and comments categories per locations and conclusion or recommendation for each location.
- Submit final strategic plan developed or reviewed for each of the 12 partners as stated in the TOR, the strategic plan must bear a clear budget, action plan for implementation including the staff or department responsible.
- The consultant will be expected to offer three days training to 4 different women-led organizations in juba central equatorial state, four in Eastern Equatoria and four in Jonglei state within the duration of the consultant 2023.

Consultancy Competency

- Must have experience in facilitating training on identifying the capacity gap and developing an institutional capacity-building plan before.
- Must be a national consultant/firm.
- Must understand some of the gaps and challenges existing among WLO.
- Must be ready to deliver training develop partners' policies and provide mentorship until the result of functional policies.
- Must be in Position to pre finance all the services and get paid after submitting final reports.

Additional information

- Consultants shall abide by WHO and the Government of South Sudan's COVID-19 SOPs.
- Consultants shall be required to sign and abide by the CARE Safeguarding Policy (which includes prevention of sexual exploitation and abuse, and behavior protocols) Consultants shall abide by EU beneficiary data privacy/management policies.

Evaluation criteria for selection of the consultant:

- Qualifications 10%
- Service proposed (Methodology of work and expected results) 30%
- Experience relevant to the scope of the project and study (CV should be included)30%
- Timeframe & commitment 10%
- Financial Evaluation 20%

Payment schedule: -

- Payment will be done after completion of the work and confirmation by program team. The proposed financial budget must be inclusive of 20% government tax.

Table for detail budget breakdown:

| S. No | Description | Unit | Quantity | Rate | Total (USD) | Remarks |
|----------|---|----------|----------|------|-------------|---|
| 1 | Field trip by air (Torit, Bor) | Trip | 4 | | | This cost is reimbursable as per actual cost upon submission of original invoice |
| 2 | Local transportation in Torit , Juba and Bor | Lump sum | | | | This cost is reimbursable as per actual cost upon submission of original invoice |
| 3 | Accommodation in Torit | Night | 11 | | | This cost is reimbursable as per actual cost upon submission of original invoice |
| 4 | Accommodation in Bor | Night | 11 | | | This cost is reimbursable as per actual cost upon submission of original invoice. |
| 5 | Per diem | Day | | | | The consultant is not eligible for per diem |
| 6 | Communication and emergency | Lump sum | | | | This cost is reimbursable as per actual upon submission of original invoice |
| A | Total reimbursable cost | | | | | |
| 7. | Professional fees | Days | | | | This cost is inclusive of 20% government taxes |
| 7.1 | Juba | 11 | | | | |
| 7.2 | Torit | 11 | | | | |
| 7.3 | Juba | 11 | | | | |
| 7.4 | Reporting only excluding logistics cost. (Home based) | 9 | | | | |
| B | Total Professional fees | | | | | |

Submission

If you qualify, please send your CV, and Technical and financial proposals detailing the survey methodology, work plan, and budget. The Technical proposal with budget and CV should be sent to ssd.procurement@care.org Interested consultants should submit applications by **18th July 2023.**

Note: Complete/fill the vendor set up/payee set up form and vendor questionnaire and submit all relevant valid company documents as per the checklist herein attached along with your technical and financial proposal for this TOR by **18th July 2023.**



**CARE
Vendor/Payee Set-Up and Change Form**

Vendor ID:

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| Vendor/Payee Type | New | Change | Discontinue | Approval Responsibility |
|--------------------------|------------|---------------|--------------------|--------------------------------|
| Procurement Vendor | | | | Procurement Committee |
| Consultant | | | | Procurement Committee |
| Discontinue Vendor | | | | Procurement Committee |
| National Employee | | | | Human Resources |
| International Employee | | | | Human Resources |
| Sub-Grantee | | | | Program |
| Donor | | | | Program |
| Utility | | | | Administration |
| Landlord | | | | Administration |
| Bank | | | | Finance |

Vendor/Payee Details (note some information may not be applicable)

| | | |
|-----------------------------------|----------|----------|
| Vendor/Payee Name | | |
| Vendor/Payee Physical Address | | |
| Vendor/Payee e-mail Address | | |
| Vendor/Payee website | | |
| Vendor/Payee Phone/Fax | | |
| Vendor Short Name | | |
| Owner Name if Different | | |
| Trade Class (see list) | | |
| Vendor Nationality | | |
| Persistence | Regular | |
| Vendor Status | Approved | Inactive |
| Currency of Payment | | |
| Payment Method | | |
| Payment Terms | | |
| Vendor/Payee Bank Name | | |
| Vendor/Payee Bank Address | | |
| Bank Account Number | | |
| International Bank Account Number | | |
| Bank Code | | |
| Branch Name & Address | | |
| Swift Code | | |
| Tax ID Number, Sales Tax or VAT | | |
| Business Registration Number | | |



Sub-Recipient Information

Employer Identification Number (EIN)
DUNS Number
PADOR Number

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Vendor/Payee Selection Criteria

Vendor/Payee Anti-Terror Check Completed (note this is done through the Vendor Set-Up in PeopleSoft)
Vendor/Payee has the Necessary Goods and/or Services
Vendor/Payee Credit and Payment Terms
Vendor/Payee costs and prices are reasonable and competitive

| Yes |
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Procurement Committee Approval (Procurement Vendors and Consultants Only)

| Name | Title | Signature | Date |
|------|-------|-----------|------|
| | | | |
| | | | |
| | | | |

Human Resources, Program, Administration or Finance Approval (As Appropriate)

| Name | Title | Signature | Date |
|------|-------|-----------|------|
| | | | |

Revised 1 July, 2015



VENDOR QUESTIONNAIRE (Confidential)

Note: CARE Standard Payment Terms are 30 days from receipt of goods or service and a CARE approved invoice.

I. REQUIRED INFORMATION (Please Print Clearly)

| | | | |
|---------------------------------------|--|-----------------------|--|
| CARE Contact Name: | | | |
| Company/Individual Name: | | | |
| Owner Name (if different from above): | | Nationality of Owner: | |
| Contact Person: | | | |
| Full Address (Street/City, etc): | | | |
| Phone No: | | Fax No: | |
| E-mail: | | Website: | |

II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

| | | | | |
|---|--|--|--------|--|
| 1 | Name of Organization/Business | | | |
| | Name of Contact Person | | Title | |
| | E-mail: | | Phone: | |
| | Type of product / service provided to client | | | |
| 2 | Name of Organization/Business | | | |
| | Name of Contact Person | | Title | |
| | E-mail: | | Phone: | |
| | Type of product / service provided to client | | | |
| 3 | Name of Organization/Business | | | |
| | Name of Contact Person | | Title | |

| | | | |
|--|--|--------|--|
| E-mail: | | Phone: | |
| Type of product / service provided to client | | | |

III. Indicate below the products or services sold or provided by you

| | |
|-----|-----|
| [a] | [b] |
| [c] | [d] |
| [e] | [f] |
| [g] | [h] |

IV. Registration of Business

| | | |
|---|------------------------------|-----------------------------|
| 1. Is your firm registered as a business entity with the government? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. If YES, please provide your business registration number | | |
| 3. If applicable, please provide Sales Tax Registration Number | | |
| 4. Please provide Tax ID number | | |
| 5. Indicate how long have you been in this type of business | | |
| 6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Are you related to any person currently employed with CARE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



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|---|--|
| 8. If YES, please provide name and position | |
| 9. Provide here, any additional information regarding your business | |
| NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor. | |

V. Certification

| | | |
|--|-------------------|--------------|
| <p>I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.</p> <p><i>CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.</i></p> <p>Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from CARE's database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.</p> | | |
| Name of Person Completing Form (Please print clearly) | | |
| Title: | Signature: | Date: |

| FOR PROCUREMENT USE ONLY | |
|---|--|
| <input type="checkbox"/> Anti-Terrorism Check Completed | |
| <input type="checkbox"/> Customer References Verified | |

Checklist of documents required for Vendor Entry in PeopleSoft

| S/No | Documents included for vendor set up as a <u>COMPANY</u> | Put √ if included | Put x (if not applicable) |
|--|--|--------------------------|----------------------------------|
| 1. | The company profile | | |
| 2. | Letter of recommendations | | |
| 3. | Tax identification number | | |
| 4. | Tax clearance certificate | | |
| 5. | Membership certificate from the responsible body where the company operates in. | | |
| 6. | Registration certificate from the Ministry of Justice | | |
| 7. | Operation license | | |
| 8. | Trade license for specialized services like hotels, aviation, pharmaceuticals etc. in case. | | |
| 9. | A filled vendor setup form (attached in this email, fill all the areas marked x with the relevant company information) | | |
| 10. | Vendor's questionnaire | | |
| 11. | First page of memorandum and articles of association and the page with shares allocation/board of directors. | | |
| 12. | Passports or national IDs for each of the company board of directors as the shareholders. NB: The details of the IDs should be clearly readable. | | |
| 13. | A copy of void cheque of the bank account provided to CARE South Sudan | | |
| S/No | Documents included for vendor set up as an <u>INDIVIDUAL</u> | Put √ if included | Put x (if not applicable) |
| 1. | Nationality or a valid passport copy for the individual | | |
| 2. | Trader's license | | |
| 3. | Operation license | | |
| 4. | Past work experience letter recommendations | | |
| 5. | A copy of void cheque of the bank account provided to CARE South Sudan | | |
| COMMENTS: (Please put additional remarks if any of the documents are not available) | | | |