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| **Purpose of Activity/Assignment:**  India was among 187 UN Member countries signing the Sendai framework on disaster risk reduction in March 2015. This Sendai framework (2015-2030) replacing the Hyogo Framework for Action 2005-2015 focuses on attainment of seven global targets over the next 15 years. It calls for a substantial reduction in global disaster mortality; a substantial reduction in number of people affected; a reduction in economic losses in relation to global GDP; substantial reduction in disaster damage to critical infrastructure & disruption of basic services including health & education facilities; an increase in the number of countries with national and local disaster risk reduction strategies by 2020; enhanced international cooperation; increased access to multi-hazard early warning systems; and disaster risk information and assessments.  Against this backdrop, priority for all national and state governments is on effective disaster risk reduction & preparedness and the principle of ‘build back better’ is to be embedded into ‘recovery, rehabilitation and reconstruction’. State disaster management plans now need to focus on risk assessments and update their plans to be better prepared to deal with disasters rather than merely responding when such calamities strike. The state of Rajasthan is no exception.  **Disaster Risk Reduction and strategic actions**  Undertaking a Gaps and Barriers / Bottlenecks (GBB) analysis based on the Theory of Change (TOC), it has been realized that the disaster management plans need to be revised/updated in order for them to be evidence based and child inclusive. Such plans now need to be action oriented with a focus on disaster risk information & assessments, disaster preparedness, risk reduction, &response mechanisms. The TOC / GBB identifies the bottlenecks and related strategic actions to accelerate the process of revision/ updation of disaster management plans in the state of Rajasthan.  The key objectives of the proposed assignment are to provide technical support for:   1. Effective use of multi hazard vulnerability mapping as a decision support tool by key stakeholders; 2. Assist in review of existing state/ district disaster management plans with a focus on the most vulnerable segments; 3. Assist in updation of existing state/ district disaster management plans with a focus on the most vulnerable segments. | | | | | |
| Budget Year | Requesting Section/Issuing Office: | | Key reasons why consultancy cannot be done by staff: | | |
| 2017 | Disaster Risk Reduction, Emergency | | Given the magnitude of the activities, as it spreads across 33 districts of Rajasthan, there is a need for more human resources. This would enable effective implementation of the activities outlined in partnership with the Government. | | |
| **Supervisor:**Emergency Officer, UNICEF Rajasthan | | **Proposed Start Date:** | | **Proposed End Date:** | **Number of Days/Months (working)** |
|  | | *March 15, 2017* | | *December 31 , 2017* | *9.5 months* |

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| **Work Assignment Overview** | | | | |
| **Tasks:** | **Deliverables/Outputs:** | **Date** | **Budget Amount**  **(estimated)** | |
| **Task 1:**   * Technical support for effective use of Multi hazard vulnerability mapping –Risk Informed Development Planning System by key stakeholders | * Updated data of relevant key line departments for integration in Multi hazard vulnerability mapping –Risk Informed Development Planning System | 1st week of May 2017 | 15% | |
| * Action reports from capacity building workshops on use of multi hazard vulnerability mapping by key stakeholders | End June 2017 | 15% | |
| * IEC materials on multi hazard vulnerability mapping for use by key stakeholders |
| **Task 2:**   * Assist in review of existing district disaster management plans with a focus on the most vulnerable segments | * Report on gap analysis of existing district disaster management plans in the light of the NDMA model framework for district disaster management plan | End August 2017 | 30% | |
| * Action reports of consultations with stakeholders / line departments |
| **Task 3:**   * Assist in updation of existing district disaster management plans with a focus on the most vulnerable segments | * Action reports from three (3) divisional workshops for updation of existing district disaster management plans | End November 2017 | 20% | |
| * Review and compilation of feedback from validation workshop prior to finalisation of the revised district disaster management plans | End December 2017 | 20% | |
| **Estimated Consultancy fee** |  |  | INR 617,500 | |
| Travel International (if applicable) | NA |  |  | |
| Travel Local (please include travel plan) | 50% of the consultant’s time for travel to divisions (Jaipur, Bharatpur, Bikaner) |  |  | |
| DSA (if applicable and on request outside ToR) | 50% of the consultant’s time for travel to afore-mentioned districts |  |  | |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | | |
| Bachelors  Masters  PhD  Other  Enter Disciplines  Social Sciences/ Disaster Management/ Development / Environmental Sciences or related technical field | **Work Experience:**   * At least three years of professional work experience on Disaster management; * Ability to use computer software i.e. Windows XP, MS Office, MS Excel, PowerPoint, GIS and Internet based programmes; * Previous experience working with UN or bilateral agency will be an advantage;   **Languages:** Fluency in English and Hindi.  **Critical Competencies:**  Technical   * Proven ability to conceptualize, innovate, plan and execute ideas and systems. * Ability to express clearly and concisely ideas and concepts convincingly in written and oral form. * Ability to plan, coordinate and manage multi activities and adjust to changing priorities. * Ability to organise, manage and participate within teams. * Ability to organize and implement training aimed to building capacity. * Ability to analyze data, identify bottlenecks to improve systems and provide recommendations * Good interpersonal skills to ensure effective working relationship with partners and colleagues. Sensitivity to partner’s needs and expectations, maintaining open communications. * Innovative, able to take risk and able to lead or participate in change to keep operations working. Practical solution oriented. | | | |
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**Financial Bid**

**INDIVIDUAL CONSULTANT FOR DRR DIVISIONAL COORDINATOR 1 (2017)**

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| **Major Tasks** | **Deliverable (s)** | **UNICEF Estimate** | | **Consultant's Proposal** | |
| **Estimated deadline for completion of deliverable (please mention as days/months)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | **Complete timeframe for deliverable** | **Cost (INR)**  (All inclusive i.e. professional fee, travel, DSA, communication, etc.) |
| **Task 1:**  Technical support for effective use of Multi hazard vulnerability mapping –Risk Informed Development Planning System by key stakeholders | * Updated data of relevant key line departments for integration in Multi hazard vulnerability mapping –Risk Informed Development Planning System | 1.5 months | Divisions: Jaipur, BharatpurBikaner  15 days |  |  |
| * Action reports from capacity building workshops on use of multi hazard vulnerability mapping by key stakeholders * IEC materials on multi hazard vulnerability mapping for use by key stakeholders | 2 months | Divisions: Jaipur, BharatpurBikaner  15 days |  |  |
| **Task 2:**  Assist in review of existing district disaster management plans with a focus on the most vulnerable segments | * Report on gap analysis of existing district disaster management plans in the light of the NDMA model framework for district disaster management plan * Action reports of consultations with stakeholders / line departments | 2 months | Divisions: Jaipur, BharatpurBikaner  10 days |  |  |
| **Task 3:**  Assist in updation of existing district disaster management plans with a focus on the most vulnerable segments | * Action reports from three (3) divisional workshops for updation of existing district disaster management plans | 3 months | Divisions: Jaipur, BharatpurBikaner  20 days |  |  |
| * Review and compilation of feedback from validation workshop prior to finalisation of the revised district disaster management plans | 1 month | Divisions: Jaipur, BharatpurBikaner  5 days |  |  |
| * TOTAL AMOUNT IN RUPEES | | | | | |

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date :**

**TECHNICAL EVALUATION CRITERIA**

**Consultant DRR Divisional Coordinator 1**

1 | Educational Qualifications 10 Marks

2 | Relevant Experience 20 marks

3 | Expertise 20 Marks

4 | Language 10 Marks

5 | Experience in Bilateral/International/UN agencies 10 Marks

6. | Interview by UNICEF JFO panel of Experts 30 Marks

* Total Score should be 100.
* Minimum overall qualifying score should be 70.

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| **INSTRUCTIONS**  Please answer each question clearly and completely. **Type or print in ink.** Read carefully and follow all directions. | | | | | | | | | | | **UNITED**  **NATIONS**  **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Do Not Write in This Space** | | | | | | | | | | |
| **1.** Family name | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | | Middle name | | | | | | | | | | | | Maiden name, if any | | | | | | | | | | | | |
| **2.** Date  of  Birth | | Day | | Mo. | | | Yr. | | | **3.** Place of birth | | | | | | | | | | | **4.** Nationality (ies) at birth | | | | | | | | | | | | | | | | **5.** Present nationality (ies) | | | | | | | | | | | | | | | **6.** Sex | |
| **7.** Height | | | **8.** Weight | | | | **9.** Marital status:  Single | | | | | | | | | | Married | | | | | | | Separated | | | | | | | | | | | | Widow(er) | | | | | | | | | | | Divorced | | | | | |
| **10.** | Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? YES  NO If “yes”, please describe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** Permanent address | | | | | | | | | | | | | | | | | | **12.** Present address (if different) | | | | | | | | | | | | | | | | | | | | **13.** Office Telephone No. | | | | | | | | | | | | | | | |
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| Telephone No. | | | | | |  | | | | | | | | | | | | Telephone/Fax No. | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **15.** Have you any dependents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | YES NO  If the answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | Date of Birth | | | | | | | | Relationship | | | | | | NAME | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | Relationship | | | |
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| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  If answer is “yes”, which country? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
| **17.** Have you taken any legal steps towards changing your present nationality?  If answer is “yes”, explain fully: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | |  | | | | |
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| **18.** Are any of your relatives employed by a public international organization?  If answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | Name of International Organization | | | | | | | | | | | | | | | | | | | | | | | |
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| **19.** What is your preferred field of work? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.** Would you accept employment for less | | | | | | | | | | | | | | | | | | | | | | **21.** Have you previously submitted an application for employment with U.N.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| than six months | | | | | | | YES  NO | | | | | | | | | | | | | | | if so when? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **22.** KNOWLEDGE OF LANGUAGES. What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OTHER LANGUAGES | | | | | | | | Easily | | | | | | | Easily | | | | Easily | | | | | | | Easily | | | | | | | | Easily | | | | | Easily | | | | | | Easily | | | | | | Easily | | |
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| **23.** For clerical grades only  *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | | | | | | | | | *List any office machines or equipment*  *you can use* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Typing | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Shorthand | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **24.** EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.  A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | | | ATTENDED FROM/TO | | | | | | | | | | | DEGREES and ACADEMIC | | | | | | | | | | | | | | | | | MAIN COURSE OF STUDY | | | | | | | | | |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | | | TYPE | | | | | | | | | | | | ATTEND FROM/TO | | | | | | | | | | | | | | CERTIFICATES OR | | | | | | | | | | | |
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| **25.** LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26.** LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27.** | EMPLOYMENT RECORD: **Starting with your present post, list in reverse order every employment you have had.** Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.  A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH/YEAR | | | | | MONTH/YEAR | | | | | | | STARTING | | | | | | | | FINAL | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. PREVIOUS POSTS *(IN REVERSE ORDER)* | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
|  | | | |  | | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | | | | TO | | SALARIES PER ANNUM | | | | EXACT TITLE OF YOUR POST: | | | |
| MONTH/YEAR | | | | MONTH/YEAR | | STARTING | | FINAL | |  | | | |
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| NAME OF EMPLOYER: | | | | | | | | | | TYPE OF BUSINESS: | | | |
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| ADDRESS OF EMPLOYER: | | | | | | | | | | NAME OF SUPERVISOR: | | | |
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|  | | | | | | | | | | NO. AND KIND OF EMPLOYEES | | REASON FOR LEAVING | |
|  | | | | | | | | | | SUPERVISED BY YOU: | |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | |
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| 28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO | | | | | | | | | | | | | |
| 29. ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES  NO | | | | | | | | | | | | | |
| If answer is “yes”, WHEN? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 30. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  Do not repeat names of supervisors listed under item 27. | | | | | | | | | | | | | |
| FULL NAME | | | | | | FULL ADDRESS | | | | | | | | BUSINESS OR OCCUPATION | |
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| **31.** STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY | | | | | | | | | | | | | | | |
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| **32..** | HAVE YOUR EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES  NO  If “yes”, give full particulars of each case in an attached statement. | | | | | | | | | | | | | | |
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| **33**. Please specify from where you came to know about the job advertisement. | | | | | | | | | | | | | | | |
| **34.** | I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal. | | | | | | | | | | | | | | |
|  | DATE: | | | |  | | |  | | SIGNATURE : | |  | | | |
|  | | | | | | | | | | | | | | | |
| **N.B.** | | You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization. | | | | | | | | | | | | | |
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