



UNITED NATIONS DEVELOPMENT PROGRAMME

Terms of Reference

I. Job Details and Scope of Work

Job title: Legal Specialist to Review and Amend Draft Solid Waste Management Bill
Supervisor: Special Projects Officer
Type of contract: Individual Consultant
Duration: 15 working days (over a 6 weeks period. Expected commencement date 13 August 2018)
Duty Station: Guyana

II. Background

The Solid Waste Management Bill was developed in an effort to compile all waste related legislation in a single reference source with a body incorporated to have jurisdiction over these laws. Most of the laws related to the sector are outdated and where exists are not suited for present circumstances and practice. The current standards in the sector are also outdated and in most cases absent.

The Solid Waste Management Bill speaks to the creation of a Solid Waste Management Authority, a centralized corporate body having the authority for all solid waste management activities in Guyana.

This centralized approach for the management of this service is not in keeping with the philosophy/agenda of the Government of Guyana to have this and other services performed at the local level in the Guyanese society.

The Bill should therefore be reviewed and revised to support a decentralized management system which gives the Local Democratic Organs (LDOs - Municipalities & NDCs) the autonomy to provide an efficient and effective waste management service within their respective jurisdictions.

The role of the Ministry of Communities in this regard is to facilitate the Institutional Strengthening and Capacity Building of the LDOs to provide this service, which is already enshrined in their legislative framework.

The formation of a "special committee" with representation from entities associated with waste management may be necessary. This committee's function may be to formulate policies, regulations and standards for the management of waste across LDOs.

III. Specific Duties and Responsibilities

The consultant is required to

- Review and compile the legislation that deal with the issues of waste management
- Identify gaps in the pieces of legislation that should be included in a modern legislation that governs the management of waste.
- Liaise with the Technical Specialist in an effort to coordinate his input and other recommendations into the revised Solid Waste Management Bill.
- Review and revise the existing Bill to support a decentralized management system which gives the Local Democratic Organs (LDOs - Municipalities & NDCs) the autonomy to provide an efficient and effective waste management service within their respective jurisdictions.

IV. Deliverables

- A review of the pieces of legislation that addresses solid waste management
- A gap analysis of the waste management legislation
- A revised draft Solid Waste Management Bill

V. Payment Schedule of Deliverables

1. 40% on submission and acceptance of report on review of the pieces of legislation that addresses solid waste management and gap analysis of waste management legislation
2. 60% on submission and acceptance of the revised draft Solid Waste Management Bill

VI. Qualifications, skills and experience

- Post graduate qualifications in legislative drafting or equivalent professional experience in this field.
- Knowledge and experience in the legislative process in Guyana or other commonwealth countries.
- At least seven (7) years experience in policy, legislative review and drafting
- Working knowledge and policies and laws relating to waste management will be an asset.
- Language: English
- Skills: Excellent interpersonal and Communication skills.

VII. Competencies – Core and Functional

- Strives to build and support a diverse team and takes full advantage of the perspectives brought by people regardless of gender, culture or religion
- Works collaboratively with team members sharing information openly and displaying cultural awareness and sensitivity
- Ability to work with minimal supervision
- Plans, coordinates and organizes workload while remaining aware of priorities
- Adaptable to change of circumstances within the job environment

VIII. Submission of Application

Please complete and submit to procurement.gy@undp.org the P-II Personal History Form.
Deadline for submission of application is **9 July 2018**

IX. Criteria for Selection of the Best Offer

Lowest price method – where the award will be made to the qualified/responsive individual who offered the lowest price.

OFFEROR'S LETTER TO UNDP
CONFIRMING INTEREST AND AVAILABILITY
FOR THE INDIVIDUAL CONTRACTOR (IC) ASSIGNMENT

Date _____

Shabnam Mallick
Deputy Resident Representative
United Nations Development Programme
42 Brickdam
Stabroek
Georgetown

Dear Sir/Madam:

I hereby declare that:

- a) I have read, understood and hereby accept the Terms of Reference describing the duties and responsibilities of [*indicate title of assignment*] under the [*state project title*];
- b) I have also read, understood and hereby accept UNDP's General Conditions of Contract for the Services of the Individual Contractors;
- c) I hereby propose my services and I confirm my interest in performing the assignment through the submission of my CV or Personal History Form (PII) which I have duly signed and attached hereto as Annex I;
- d) In compliance with the requirements of the Terms of Reference, I hereby confirm that I am available for the entire duration of the assignment, and I shall perform the services in the manner described in my proposed approach/methodology which I have attached hereto as Annex 3 [*delete this item if the TOR does not require submission of this document*];
- e) I hereby propose to complete the services based on the following payment rate: [*pls. check the box corresponding to the preferred option*]:
 - ☐ An all-inclusive daily fee of [*state amount in words and in numbers indicating currency*]
 - ☐ A total lump sum of [*state amount in words and in numbers, indicating exact currency*], payable in the manner described in the Terms of Reference.
- f) For your evaluation, the breakdown of the abovementioned all-inclusive amount is attached hereto as Annex 2;
- g) I recognize that the payment of the abovementioned amounts due to me shall be based on my delivery of outputs within the timeframe specified in the TOR, which shall be subject to UNDP's review, acceptance and payment certification procedures;

- h) This offer shall remain valid for a total period of _____ days [*minimum of 90 days*] after the submission deadline;
- i) I confirm that I have no first degree relative (mother, father, son, daughter, spouse/partner, brother or sister) currently employed with any UN agency or office [*disclose the name of the relative, the UN office employing the relative, and the relationship if, any such relationship exists*];
- j) If I am selected for this assignment, I shall [*pls. check the appropriate box*]:

- ☐ Sign an Individual Contract with UNDP;
- ☐ Request my employer [*state name of company/organization/institution*] to sign with UNDP a Reimbursable Loan Agreement (RLA), for and on my behalf. The contact person and details of my employer for this purpose are as follows:

k) I hereby confirm that [*check all that applies*]:

- ☐ At the time of this submission, I have no active Individual Contract or any form of engagement with any Business Unit of UNDP;
- ☐ I am currently engaged with UNDP and/or other entities for the following work:

Assignment	Contract Type	UNDP Business Unit / Name of Institution/Company	Contract Duration	Contract Amount

- ☐ I am also anticipating conclusion of the following work from UNDP and/or other entities for which I have submitted a proposal:

Assignment	Contract Type	Name of Institution/Company	Contract Duration	Contract Amount

- l) I fully understand and recognize that UNDP is not bound to accept this proposal, and I also understand and accept that I shall bear all costs associated with its preparation and submission and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.
- m) *If you are a former staff member of the United Nations recently separated, pls. add this section to your letter.* I hereby confirm that I have complied with the minimum break in service required before I can be eligible for an Individual Contract.

- n) I also fully understand that, if I am engaged as an Individual Contractor, I have no expectations nor entitlements whatsoever to be re-instated or re-employed as a staff member.

Full Name and Signature:

Date Signed:

Annexes

- ✓ CV or Duly signed PII Form
- ✓ Breakdown of Costs Supporting the Final All-Inclusive Price as per Template
- ✓ Brief Description of Approach to Work (if required by the TOR)

BREAKDOWN OF COSTS SUPPORTING THE ALL-INCLUSIVE FINANCIAL PROPOSAL

A. **Breakdown of Cost by Components:**

Cost Components	Unit Cost	Quantity	Total Rate for the Contract Duration
I. Personnel Costs			
Professional Fees			
Life Insurance			
Medical Insurance			
Communications			
Land Transportation			
Others (pls. specify)			
II. Travel Expenses to Join duty station			
Round Trip Airfares to and from duty station			
Living Allowance			
Travel Insurance			
Terminal Expenses			
Others (pls. specify)			
III. Duty Travel			
Round Trip Airfares			
Living Allowance			
Travel Insurance			
Terminal Expenses			
Others (pls. specify)			

B. Breakdown of Cost by Deliverables*

Deliverables <i>[list them as referred to in the TOR]</i>	Percentage of Total Price (Weight for payment)	Amount
Deliverable 1		
Deliverable 2		
....		
Total	100%	USD

*Basis for payment tranches

PII – Personal History Form

INSTRUCTIONS Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.		UNITED NATIONS DEVELOPMENT PROGRAMME PERSONAL HISTORY FORM (for Service Contracts and Individual Contracts)						
I. Family Name		First Name		Middle name		Maiden name, if any		
2. Date of Birth	Da Mo Yr	3. Place of Birth	4. Nationality (ies) at birth		5. Present nationality (ies)	6. Sexe		
7. Height	8. Weight	9. Marital status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>						
10. Permanent address		11. Present Address (if different)		12. Office Telephone No.				
Telephone No. Fax No.		Telephone No. Fax No.		Office Fax No. Office E-mail No.				
13. Do you have a spouse and/or child? YES <input type="checkbox"/> NO <input type="checkbox"/> if the answer is "yes", give the following information:								
NAME		Date of birth		Relationship		NAME		
14. Have you taken up any legal permanent status in any country other than that of your nationality? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "yes", which country?								
15. Have you taken any legal steps towards changing your present nationality? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is "yes", explain fully:								
16. Are any of your relatives employed by UNDP, any other UN organization or any other public international organization? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "yes", give the following information:								
NAME		Relationship		Name of International Organization				
17. What is your preferred field of work?								
18. KNOWLEDGE OF LANGUAGES. What is your mother tongue?								
OTHER LANGUAGES	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Fluently	Not Fluently	Easily	Not Easily
19. For clerical grades only Indicate speed in words per minute					List any office machines or equipment you can use			
Typing Shorthand	English	French	Other languages					

20. EDUCATIONAL. Give full details - N.B. Please give exact titles or degree 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 DISTINCTIONS OBTAINED	MAIN COURSE OF STUDY
	Mo./Year	Mo./Year		
B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship)				
NAME, PLACE AND COUNTRY	TYPE	ATTENDED FROM/TO		CERTIFICATES OR DIPLOMAS OBTAINED
		Mo./Year	Mo./Year	
21. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS				
22. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (Do not attach)				
23. EMPLOYMENT RECORD: Starting with your present function, list in reverse order every employment you have had. Use a separate block for each FUNCTION. 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 and present FUNCTION.				
A. PRESENT FUNCTION (LAST FUNCTION, IF NOT PRESENTLY IN EMPLOYMENT)				
FROM	TO	SALARY PER ANNUM		EXACT TITLE OF YOUR FUNCTION:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

B. PREVIOUS FUNCTION (*IN REVERSE ORDER*)

FROM MONTH/YEAR	TO MONTH/YEAR	SALARY PER ANNUM STARTING FINAL		EXACT TITLE OF YOUR FUNCTION:
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM MONTH/YEAR	TO MONTH/YEAR	SALARY PER ANNUM STARTING FINAL		EXACT TITLE OF YOUR FUNCTION:
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM MONTH/YEAR	TO MONTH/YEAR	SALARY PER ANNUM STARTING FINAL		EXACT TITLE OF YOUR FUNCTION:
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM MONTH/YEAR	TO MONTH/YEAR	SALARY PER ANNUM STARTING FINAL		EXACT TITLE OF YOUR FUNCTION:
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

FROM	TO	SALARY PER ANNUM		EXACT TITLE OF YOUR FUNCTION:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARY PER ANNUM		EXACT TITLE OF YOUR FUNCTION:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARY PER ANNUM		EXACT TITLE OF YOUR FUNCTION:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				
FROM	TO	SALARY PER ANNUM		EXACT TITLE OF YOUR FUNCTION:
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	
NAME OF EMPLOYER:				TYPE OF BUSINESS:
ADDRESS OF EMPLOYER:				NAME OF SUPERVISOR:
				NO AND KIND OF EMPLOYEES SUPERVISED BY YOU:
DESCRIPTION OF YOUR DUTIES				

24. DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
25. ARE YOU NOW, OR HAVE YOU EVER BEEN A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer if "yes", WHEN?		
26. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. <i>Do not repeat names of supervisors listed in item 24.</i>		
FULL NAME	FULL ADDRESS	BUSINESS OR OCCUPATION
27. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.		
28. HAVE YOU 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 <input type="checkbox"/> NO <input type="checkbox"/> If "yes", give full particulars of each case in an attached statement.		
29. 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 may result in the termination of the service contract or special services agreement without notice.		
<div style="display: flex; justify-content: space-between;"> <div>DATE: _____</div> <div>SIGNATURE: _____</div> </div>		
NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of UNDP.		