

Terms of Reference

Cross-functional Task Force on Duty of Care: Continued

Background

During its 31st session in March 2016, HLCM established a cross-functional inter-agency Task Force (hereafter ‘the Task Force’), chaired by Ms. Kelly T. Clements, the Deputy High Commissioner for Refugees (UNHCR) and co-chaired by Ms. Fatoumata Ndiaye, Deputy Executive Director of Management (UNICEF) to develop implementation plans for the 13 recommendations that had emerged from the two-year work of the Working Group on “Reconciling the duty of care for UN personnel while operating in high risk environments” (2014-2015).

HLCM members expressed strong appreciation and support for this work, and during its 34th session in September 2017, adopted the Secretary-General António Guterres’ recommendation to:

1. Continue the implementation phase with robust monitoring and evaluation;
2. Continue the development of a risk management framework for Duty of Care;
3. Review and extend the applicability of the deliverables in all environment; and
4. Develop implementation plans for providing Duty of Care to non-staff personnel.

Therefore, the Task Force Secretariat presents the below revised Terms of Reference for the Task Force to incorporate the new tasks and timeline.

Purpose

The Task Force is responsible for conducting work on multi-disciplinary and cross-functional matters related to Duty of Care including the areas of psychosocial, medical, human resources, administration and safety and security, which features prominently in the new HLCM Strategic Plan (2017-2020), has high visibility among Member States and enjoys strong support from the Central Executive Board (CEB).

Going forward, the Task Force will be responsible for monitoring and evaluating the implementation of the action plans presented in its Final Report (“Duty of Care Task Force Final Report”) and for developing follow up actions for the new tasks which will focus on providing Duty of Care in all duty stations, and to non-staff personnel. Task Force members and Secretariat will continue to assist the Task Force Chair in presenting consolidated proposals to the HLCM.

Expected Deliverables

While the Task Force has addressed all of the initial 13 deliverables, key work on implementing the deliverables within the organizations as per the Action Points of the Final Report remains to be done. The Task Force, in particular, will:

- Continue the implementation phase and present the implementation status using a monitoring and evaluation mechanism with a list of pre-determined Key Performance Indicators;
- Continue the development of a risk management framework for Duty of Care, by focusing on life-threatening issues and building on the Health Risk Assessment methodology to assess whether the Duty of Care for personnel has been fulfilled in a given location. The risk management needs to be reviewed given due consideration to and coordination with the Occupational Safety and Health (OSH) Framework.
- Review the deliverables for the 13 recommendations contained in document CEB/2016/HLCM/11 and extend their applicability for all environments. The following deliverables can be considered: Mental Health Strategy,

Health Risk Assessment, UN working and living conditions. The curriculum/tool for training managers need further work in order to capture additional key management principles required in high-risk environments.

- Develop measures in order to enhance Duty of Care to non-staff personnel. This work will be conducted in collaboration with the standby partners and any other external entities to the UN that deploy their personnel.
- Establish a plan that clearly outlines how the implementation of these deliverables can be sustained using the newly developed UN coordinator system and with the Country Teams.

Methodology

The Task Force will carry out its work in a holistic, systematic manner. Follow up action on the recommendations will be approached from a Duty of Care risk management framework perspective and embedded in existing enterprise risk management and security risk management frameworks.

- A. Risk assessments: Carry out systematic, multi-disciplinary risk assessments using standardized tools (e.g. Health Risk Assessment methodology).
- B. Mitigation measures: Define applicable mitigation measures to reduce likelihood and impact of identified risks.
- C. Monitoring and Evaluation: Set up a monitoring and evaluation framework, including yearly reporting to HLCM.
- D. Accountability: The accountability framework will remain within each agency.

Duration and Timeline

The Task Force, with the extended scope and additional expected deliverables, will continue throughout until the end of 2019.

February 2017 – March 2018	Task Force identifies and develops measures, tools and best practices for UN organizations to implement the recommendations.
April 2018	Report to HLCM; submit the Final report with action plans organizations to adopt; submit the revised ToR for the continuation of the implementation phase.
April 2018 – May 2018	Members of the Task Force are nominated (existing and new).
May 2018 – October 2019	Implementation phase continues within organizations.
Fall 2018	Regular updates to HLCM with focus on the role of the UN coordinator.
Spring 2019	Monitoring and evaluation status of implementation of the 13 deliverables. Update on decision making/risk management framework
Fall 2019	Report on Duty of Care in all environments and for non-staff personnel.