DUTY OF CARE

CONCEPT NOTE
DUTY OF CARE WORKSHOP, 4-6 Dec. 2018, UNICEF House, New York

The Duty of Care Task Force Workshop provides an opportunity for the Task Force members to further refine the Duty of Care action points, as endorsed by the High-Level Committee on Management (HLCM) in April 2018, and to work on new items in the terms of reference of the Task Force in this phase of its work. In particular, the Task Force will review the Duty of Care measures that go beyond the initial focus on high-risk environments. The outcome of the workshop will be presented to the Task Force co-chairs on the last day of the workshop and, once endorsed by the co-chairs, will be integrated into the work plan of the Task Force.

All relevant working documents, including the workshop agenda are available on the CEB website, for reference purposes only.
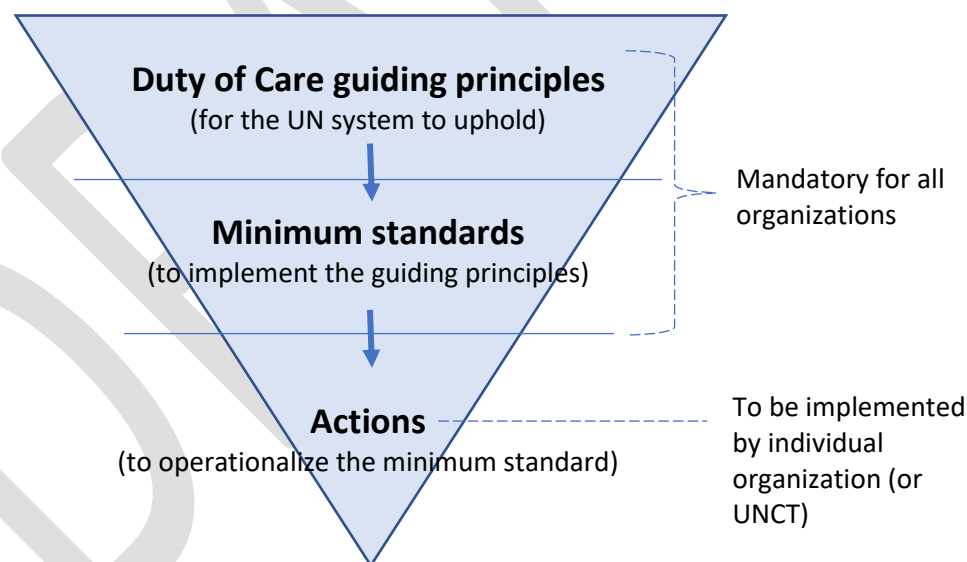
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Duty of Care in all environments

The Secretary-General is committed to discharge UN's Duty of Care, not only to high-risk environments but to all environments and to all categories of personnel.

As such, the Task Force will need to develop a cross-cutting Duty of Care approach that can be applied in all operations across the UN system and in a sustainable manner. As a result of research and surveys conducted with non-UN organizations, the **Task Force Secretariat proposes that the way forward to expand Duty of Care to all environments would be best achieved through the development of a set of Duty of Care guiding principles and minimum standards.**

- **Duty of Care guiding principles:** A number of guiding principles for the UN system to uphold when operating, in any types of environments by any categories of personnel. Examples of the Duty of Care guiding principles, currently operational in other entities, are available on the CEB website.

- **Duty of Care minimum standards:** The minimum requirements for organizations to adhere to, in order to apply the Duty of Care guiding principles. Individual organizations (or in certain cases UN Country Teams, if the actions should be developed at the inter-agency level) are to determine which actions would be appropriate to implement in order to operationalize the minimum standards.

Duty of Care guiding principles
(for the UN system to uphold)

Minimum standards
(to implement the guiding principles)

Mandatory for all organizations

Actions
(to operationalize the minimum standard)

To be implemented by individual organization (or UNCT)

EXAMPLE

Duty of Care guiding principles	Minimum standards	Associated actions
Principle 1: Duty to inform	Ensure personnel are informed of current and available information about the duty station (including medical and security situations) before and throughout the deployment	- Pre-deployment guide and country-specific factsheet are provided - Security updates are provided during deployment - Conduct duty station health risk assessment

		• ……
Principle 2: **Duty to provide safe and healthy working and living environment**	Example: HLCM framework on Occupational Safety and Health (OSH), UN living and working conditions, Duty Station Health Risk Assessment, MOSS, Aviation Safety Guidelines, UN standards for road safety etc.	• Assess, retro-fit and monitor against the standards • ……
Principle 3: **Duty to ensure non-discrimination and respect for personal dignity**	UN organizations shall treat the workforce in good faith, with due consideration, with no discrimination, to preserve their dignity. Example: Convention on the Rights of Persons with Disabilities, UN code of conduct, UN policies on harassment, sexual exploitation and abuse etc.	• …… • …… • ……

PANEL DISCUSSION

There will be a panel discussion with those organizations that have made headway in embedding guiding principles of Duty of Care in their organizations and how they have done so.

- *Panel members: TBC*
- *Facilitator for the panel discussion: TBC*

PLENARY SESSION
- The Task Force will establish some Duty of Care guiding principles.

BREAK OUT SESSION
- The Task Force will break out into groups to develop some minimum standards according to the guiding principles and specific actions to implement the minimum standards.

EXPECTED OUTCOME 1: Establish a number of guiding principles, minimum standards and proposed actions for Duty of Care in all environments and an action plan for the Task Force to further this work.

Duty of Care for non-staff personnel

The Task Force is mandated to review the UN's Duty of Care for its non-staff personnel. For the purpose of this workshop and the work of the Task Force, non-staff personnel refers to individuals with a contractual relationship with the organization, including but not limited to consultants, individual

contractors, interns, UN volunteers as well as personnel deployed from entities in standby partnership arrangement with UN organizations.

The emphasis is on establishing minimum standards and actions for non-staff personnel based on the Duty of Care guiding principles. The Task Force Secretariat notes that the minimum standards and actions for non-staff may be different from minimum standards and actions for staff in certain areas.

The Task Force Secretariat believes that the work on non-staff personnel is three-fold:

1. Identify steps/actions to take to ensure that those duty of care deliverables which can already apply directly to non-staff (i.e. pre-deployment guide, country specific factsheets, resilience briefing, training for managers, duty station health risk assessment and health support plan) are in fact extended to them;

2. Identify what steps/actions need to be taken in order for those deliverables which do not yet extend to non-staff (i.e. access to UN clinics, insurance coverage before deployment, UN living and working conditions, mental health strategy, medical evacuation/travel and compensation for service incurred injury, illness or death) are able to be extended, and identify Key Performance Indicators in order to monitor their implementation; and

3. Identify new deliverables which will enhance Duty of Care to non-staff to propose to the Duty of Care Task Force which will in turn submit to the HLCM for endorsement.

Hence, the Task Force will develop what are the minimum standards and actions for non-staff personnel so that the appropriate working groups can develop the details. The non-staff personnel can be divided into three categories below, based on the contractual modalities:

A. INDIVIDUAL NON-STAFF, HUMAN RESOURCES NETWORK (HRN)
Speaker: TBC, Representative from Human Resources Network

HRN will lead the work on developing measures for individual non-staff personnel (e.g. consultants, individual contractors, interns, UN volunteers). Below is the preliminary finding, conducted by the HRN Secretariat, on the applicability of HLCM-endorsed Duty of Care action points for individual non-staff personnel:

Directly applicable	Not applicable	Needs further discussion
• Pre-deployment guide • Country-specific factsheet • Resilience briefing • Training for managers • Duty station health risk assessment and health support plan	• Appendix D • MAIP insurance	• Access to UN clinics • Verification of insurance coverage before deployment • UN living and working conditions • Mental health strategy • Medical travel • Compensation for service incurred injury, illness or death

HRN will continue the work to identify what steps need to be taken in order to extend the above measures that are not yet applicable to individual non-staff personnel, and to come up with new measures to enhance Duty of Care to individual non-staff personnel.

B. STANDBY PERSONNEL, DUTY OF CARE WORKING GROUP
Speaker: TBC, Representative from Standby Partners Duty of Care Working Group

The Standby personnel working group on Duty of Care will develop a set of guidelines for all UN organizations that participate in a Standby Partnership. Using the guidelines,

Prior to deployment, all parties:
- Agree and understand the conditions of service (including, but not limited to, the Standby deployees are medically cleared to perform the functions in the designated location, conducted trainings as provided, etc.).
- Informed of and agree to the terms of liabilities including mitigation measures in cases of emergencies.
- Have adequate medical insurance (including medical evacuation) to cover the Standby deployees for the duration of the deployment at the duty station.

During deployment, all parties:
- Agree and understand the mechanism in place to inform Standby deployees of security and medical situations in the locations and any other pertinent information.

Post-deployment, all parties:
- Agree to share their experience and to provide feedback should there be any areas for improvement (and vice-versa).

C. INSTITUTIONAL CONTRACTORS, PROCUREMENT NETWORK
[Place holder, pending discussion with the Procurement Network]

D. DURATION AND TIMELINE (TBC)

Oct 2018 – Aug 2019	Provide progress update to the HLCM Duty of Care Task Force at its monthly Task Force meetings.
December 2018	Participation in the Duty of Care Task Force workshop in session on enhancing Duty of Care to non-staff personnel (chair or designate).
Spring 2019	Report on progress to Spring HLCM
Fall 2019	Present the deliverable, as part of the Duty of Care Task Force report, to the HLCM for their endorsement at its 38th session.

DISCUSSION SESSION
- Develop a comprehensive action plan with the representatives from HRN, Standby personnel working group and Procurement Network to establish some minimum standards for non-staff personnel.

EXPECTED OUTCOME 2: Develop a comprehensive action plan for HRN, Standby personnel working group and Procurement Network which will identify some minimum standards and specific actions for non-staff personnel.

Duty of Care risk management framework

The HLCM instructed the Task Force to "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. This risk management framework needs to be reviewed given due consideration to and coordination with the Occupational Safety and Health (OSH) Framework."

The Task Force intends to use the guiding principles and minimum standards already identified as a first step for developing a Duty of Care risk management framework.

Speaker: TBC

LIFE-THREATENING RISKS
Speaker: TBC

As a key example, the Duty Station Health Risk Assessments are the standard to identify health/medical related risks in a given duty station The results of these assessments using the six mandatory health support elements (MHSE) namely, Primary Care, Hospital Care, Mental Health Services, Mass Casualty Plan, Medical Emergency response and Access to Pharmaceuticals, including PEP[1], will serve as indicators to inform senior management where the health risks reside, enabling them to make decisions to mitigate these risks.

LINKING RISKS WITH DUTY OF CARE PRINCIPLES
The Task Force will break out into groups to identify risks associated with the Duty of Care guiding principles and come up with a list of associated actions (i.e. mitigation measures).

EXAMPLE

Duty of Care guiding principles	Risks	Associated actions
Principle 1: Duty to inform Minimum standard: ensure personnel are informed of current and available information about the duty station before deployment (including medical and security situations) and throughout deployment	Personnel are not informed of the situation at hand and are thus not appropriately prepared for incidents impacting on their health, welfare or security. ….	1) pre-deployment guide and country-specific factsheet are provided 2) security updates are provided during deployment 3) conduct duty station health risk assessment 4) ….
Principle 2: Duty to provide safe and healthy working and living environment	….	1) …. 2) …. 3) ….

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[1] For definition, please refer to CEB/2018/HLCM/5, pg. 15.

Minimum standard: Example. HLCM framework on Occupational Safety and Health (OSH), UN living and working conditions, Duty Station Health Risk Assessment, MOSS, Aviation Safety Guidelines, UN standards for road safety etc.		
Principle 3: Duty to ensure non-discrimination and respect for personal dignity Minimum standard: UN organizations shall treat the workforce in good faith, with due consideration, with no discrimination, to preserve their dignity. Example: Convention on the Rights of Persons with Disabilities, UN code of conduct, UN policies on harassment, sexual exploitation and abuse etc.	….	1) …. 2) …. 3) ….

The Task Force acknowledges that UN Department of Safety and Security (UNDSS) provides various services including Security Risk Management (SRM) to identify, analyze and manage safety and security risks to the UN personnel, assets and operations, and utilizes a fully mature Security Risk Management (SRM) Framework to support its work.

DISCUSSION SESSION
- Identify the risks related to not adhering to the Duty of Care guiding principles and possible mitigation measures/associated actions which will address those risks.

EXPECTED OUTCOME 3: Initiate the development of a Duty of Care risk management framework and an action plan for completing the framework.

Reinvigorated UN Resident Coordinator System

There are Duty of Care adoption and action points under the purview of UN RCs and Country Teams. These action points include, but are not limited to, developing and keeping up-to-date country-specific factsheets, implementing health support plans and providing measures for locally-recruited staff. The UN Development System (UNDS) Transition Team in the UN Secretariat is currently developing high-level policies, strategies, accountability framework and training materials for the reconfigured RC system. Duty of Care guiding principles should be embedded in the RC training and apply to the operations in the field.

The Task Force Secretariat has had contact with the UN Transition Team in New York, as well as the Resident Coordinator's office in Afghanistan so that we can work from bottom up as well as top down to implement those deliverables under the purview of UNCT. The Task Force Secretariat notes, with the on-

going reform, the implementation of Duty of Care action points will need to be addressed in the existing structure.

Speaker: TBC

> **EXPECTED OUTCOME 4: Task Force members are updated on the on-going Resident Coordinator system reform and the Duty of Care issues are brought up with the key stakeholders in the process.**

Monitoring and evaluation: Implementation

KEY IMPLEMENTATION: AT THE INTERAGENCY LEVEL

Mental Health Strategy	**Living and Working conditions**	**Medical Evacuation**
• Official launch: 16 October 2018 • Implementation Board: 18-19 October 2018	• UNICEF and UNHCR joined WFP's platform • IOM's policy in progress	• Extending eligibility to locally recruited staff and their eligible family members (ST/AI pending review by Office of Legal Affairs, UN Secretariat)

MONITORING AND EVALUATING IMPLEMENTATION IN ORGANIZATIONS

The Duty of Care monitoring and evaluation framework lists HLCM-endorsed Duty of Care adoption and action points along with Key Performance Indicators, for organizations to indicate progress made and any constraints found in the implementation of the Duty of Care adoption and action points.

The next update on the implementation status will be submitted to the HLCM for its Spring 2019 session. The progress, based on the organizations' responses to the Duty of Care monitoring and evaluation framework could be presented in a dashboard format for easy and quick review.

Example

A	Action required	[description of the indicator]
L	Limited action required/action initiated	[description of the indicator]
O	No action required	[description of the indicator]
N	No action foreseen/intended	[description of the indicator]

	AfDB	FAO	IFAD	ILO	ITU	PAHO	UNAIDS	UNDP	UNESCO	UNFPA	UNHCR	UNICEF	UNOPS	UNRWA	UN Sec	UN Women	WFP	WHO	WIPO	WMO	UNIDO
1	L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	L	0	0	0
2	0	0	0	0	N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

* Kindly note the organization names are shown as an example.

DISCUSSION SESSION
- Identify key areas in the monitoring and evaluation framework where more work needs to be done on implementation and ways forward.
- Formulate any recommendations to the HLCM, as appropriate.

EXPECTED OUTCOME 5: The Task Force shares best practices, formulates any recommendations to the HLCM and understands the next steps for reporting on the implementation status.

To report back to the Co-Chairs of the Task Force

At the end of the workshop, the Task Force will report to the Co-Chairs of the Task Force and present ("Expected Outcome" from each session) on:

1) Duty of Care guiding principles, minimum standards and associated actions for Duty of Care in all environments and an action plan for the Task Force to further this work.

2) A comprehensive action plan for HRN, Standby personnel working group and Procurement Network which will identify some minimum standards and specific actions for non-staff personnel.

3) Draft model for a Duty of Care risk management framework and an action plan for completing the framework.

4) Update regarding the Resident Coordinator system reform and how to address Duty of Care issues in the context of the reform.

5) The 'dashboard' to present implementation status of Duty of Care action points in individual organizations.

Ms. Fatoumata Ndiaye, Deputy Executive Director for Management, UNICEF will be present in person. Ms. Kelly Clements, Deputy High Commissioner for Refugees, UNHCR will be connected via video-teleconference.

EXPECTED OUTCOME 6: The Duty of Care guiding principles, minimum standards and the draft plan of action for each outcome are reviewed by the Co-Chairs of the Task Force, and either endorsed or recommendations provided for further work to be done by the Task Force.