



HIGH-LEVEL COMMITTEE ON MANAGEMENT (HLCM)

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Cross-functional Task Force on Duty of Care for personnel in high risk environment Report, October 2018

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Executive Summary

1. The HLCM Cross-Functional Inter-Agency Task Force on Duty of Care in high-risk environments (hereinafter called Task Force) was initially established in March 2016 to further the work that emerged from the Working Group on “Reconciling the duty of care for UN personnel while operating in high risk environments” (2014-2015). The Task Force works cross-functionally with participants from different members from the United Nations system technical networks and agency representation: HR, finance, staff counsellors, medical directors, facilities management, and security. The objective of the Task Force is to enhance guidance and strengthen actions in the functional areas of psychosocial, health and medical, human resources administration and safety and security during the preparatory, incumbency, and post assignment phases of assignment or deployment.
2. In its April 2018 report on Duty of Care, the Task Force proposed a number of action points for implementation in the above-mentioned areas for adoption by the HLCM in its 35th session. In its decisions, the HLCM adopted all of the new measures and tools proposed by the Task Force as outlined in the document CEB/2018/HLCM/5/Rev.1. In addition, the HLCM mandated the Task Force to continue its work, with a focus on expanding Duty of Care to all environments and to all personnel, with an emphasis on non-staff personnel and locally-recruited staff and psychosocial welfare. At the same time, the Task Force was requested to monitor and evaluate the Duty of Care action points already endorsed by the HLCM in April 2018, using a robust monitoring and evaluation framework.
3. This report presents and describes the deliverables of the Task Force and the status and impact of key Duty of Care action points. Examples of implementing Duty of Care action points in UN organizations are provided in Annex 1.
4. The Task Force will provide regular updates on organisations’ implementation status of Duty of Care action points, using the monitoring and evaluation framework, at each HLCM session.

Continued commitment to provide Duty of Care to our people

“The United Nations continues its commitment to the duty of care for its people. ... United Nations personnel work in increasingly challenging and dangerous situations. Protecting them is my top priority and I have enacted the[se] reforms to strengthen the capacity of the Organization to meet that goal while carrying out the mandates enshrined in the Charter.”

The Secretary-General’s Report on the Work of the Organization
June 2018.

5. As the Secretary-General advances the ambitious reform agenda for the United Nations, he has reconfirmed his continued commitment to provide Duty of Care to our people, in all environments where the United Nations is present.
6. The HLCM Cross-Functional Inter-Agency Task Force on Duty of Care in high-risk environments (hereinafter called the Task Force), chaired by Ms. Kelly Clements, Deputy High Commissioner for Refugees, with Ms. Fatoumata Ndiaye, Deputy Executive Director of UNICEF as co-chair, was initially established in March 2016 to further the work that emerged from the Working Group on “Reconciling the duty of care for UN personnel while operating in high risk environments” (2014-2015). The Task Force represents a new approach to the HLCM’s work. For one of the first times, elements are not being looked at in isolation, but from a multi-disciplinary perspective. Both in terms of composition and style of integrated cooperation, the Task Force is made up of different members from the United Nations system technical networks and agency representation across the areas of human resources, finance, staff counsellors, medical directors, facilities management and security. This facilitates concurrent rather than sequential methods of working.
7. The objective of the HLCM Task Force is to enhance guidance and strengthen actions in the functional areas of psychosocial, health and medical, human resources administration and safety and security during the preparatory, incumbency, and post assignment phases of assignment or deployment.
8. Following the United Nations Senior Management Group meeting of 12 July 2017, the SG requested the Task Force expanded work to duty of care for all staff, including a special focus on national staff and on psychosocial welfare.
9. In its April 2018 report on Duty of Care, the Task Force proposed a number of action points for implementation in the above-mentioned areas for adoption by the HLCM in its 35th session. In its decisions, the HLCM adopted all of the new measures and tools proposed by the Task Force as outlined in its report¹. In addition, the HLCM mandated the Task Force to

¹ Cross-functional Task Force on Duty of Care for personnel in high risk environment, Report, April 2018, CEB/2018/HLCM/5/Rev.1.

continue its work, with a focus on expanding Duty of Care to all environments and to all personnel, with an emphasis on non-staff personnel and locally-recruited staff. At the same time, the Task Force was requested to monitor and evaluate the Duty of Care action points already endorsed by the HLCM in April, using a robust monitoring and evaluation framework (see Annex 2). The revised terms of reference of the Task Force are attached in Annex 3.

Definitions

10. For the purpose of the Task Force and this report:

- a. **Duty of care** constitutes “*a non-waivable duty on the part of the organizations to mitigate or otherwise address foreseeable risks that may harm or injure its personnel and their eligible family members.*” The Task Force views the Duty of Care as employer’s Duty of Care to address foreseeable risks arising from the workplace.
- b. **High-risk environments** refer to duty stations eligible for danger pay, as determined by the International Civil Service Commission (ICSC)² and the countries declared by the Inter-Agency Standing Committee (IASC) as Level 3 health emergency locations³.
- c. **Staff members** refer to all individuals holding letters of appointment in accordance with staff regulations and rules of the UN organizations (including both international and locally-recruited staff), regardless of their types of appointment (fixed term, continuing/permanent, temporary appointment).
- d. **Personnel** refer to all staff, as defined above, and other individuals with a contractual relationship with the Organizations (e.g. consultants, individual contractors, interns, UN Volunteers), in line with the definition used in the United Nations Security Management System.

The report refers to personnel or staff, depending on the context.

- e. **Stand-by partners** refer to individuals deployed to the UN by external entities (e.g. the Stabilisation Unit of the United Kingdom, the Expert Pool for Civilian Peacebuilding (SEP) of the Swiss Directorate of Political Affairs, the Centre for International Peace Operations of Germany (ZIF), International Civilian Response Corps (CANADEM)).
- f. **Locally-recruited staff members** refer to staff members in the General Service and National Professional Officer categories.

² International Civil Service Commission, Danger Pay, <https://icsc.un.org/secretariat/hrpd.asp?include=dp>.

³ IASC Transformative Agenda, <https://interagencystandingcommittee.org/iasc-transformative-agenda>.

Progress on Key Deliverables

A. Expanding Duty of Care in all environments

11. While the initial focus of the Task Force's activities has been on high-risk duty stations, it is recognised that the definition as enshrined in the April 2018 HLCM report that Duty of Care constitutes "*a non-waivable duty on the part of the organizations to mitigate or other address foreseeable risks that may harm or injure its personnel and their eligible family members*" is also applicable in any duty station, whether it be in a capital city, regional office or field location. Therefore, extending the applicability of Duty of Care activities to all environments is necessary in the current geopolitical context where risks to personnel do not only exist in high-risk duty stations.
12. As directed by the Secretary-General and mandated in the revised terms of reference, the Task Force is now focused on expanding Duty of Care to all environments and enhancing Duty of Care to all personnel, including non-staff and locally-recruited staff, while at the same time, monitoring and evaluating the implementation of HLCM-endorsed Duty of Care action points. The aim will be to establish the parameters, e.g. minimum standards and guiding principles, for the UN on its Duty of Care responsibilities for all UN personnel regardless of contractual status or location, while taking into account the HLCM-approved Occupational Safety and Health (OSH) Framework. This will include analysing aspects that may not have been addressed when reviewing conditions in high-risk environments during the first phase of the Task Force.
13. As a first step towards expanding the scope of the Task Force and developing a broader framework for Duty of Care in all environments the application of action points which have already been endorsed by HLCM for high-risk duty stations have been considered. To that end, the Task Force notes that the following deliverables could already, and in some cases, have already been extended to all environments: pre-deployment guide, health risk assessment, streamlining insurance processing mechanism, minimum working and living standards and mental health strategy. As a next step, there will be a three-day workshop in November 2018 with Task Force members and technical networks to further develop concrete action plans to integrate these additional elements into the work of the Task Force.
14. Specific examples of progress already made on expanding Duty of Care to all environments include:
 - a. **Health Risk Assessments:** The United Nations Medical Director's Network (UNMD) conducted a Duty Station Health Risk Assessment (DS-HRA) in Kathmandu, Nepal, which is not a danger pay duty station, in March 2017. The conclusions of the assessment, including the findings from reviewing the mandatory health support elements, external healthcare providers, local OSH capability and UN clinic operations, led to a list of

recommendations, of which, the concrete impact was to close the UN clinic as UNMD found the clinic was not delivering any services different than those which are also available at an acceptable quality through external providers. The UNMD recommended the diversion of resources freed up by clinic closure to other elements of Duty of Care through implementation of OSH programs.

| MHSE Gap Analysis, Kathmandu, Nepal | | | Recommended risk controls (joint recommendations from HRA and MSD) | Local Provider available and accessible as needed? | If not/partially covered, can current UN capacity compensate? | Describe basis for rating | MHSE appropriately addressed? | Actions needed to fully implement Mandatory Health Support Elements | Projected RR Score | Risk Controller |
|------------------------------------------|----------------------------|-----|--------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Element Description | Residual Risk Score | | | | | | | | | |
| Mandatory Health Support Elements (MHSE) | Primary Care | n/a | n/a | Yes | n/a | | yes | | n/a, mandatory | RC & MSD |
| | Hospital Care | n/a | n/a | Yes | n/a | 2 identified hospitals-Grande and Norvik- are suitable for this Health Support Element | partial | Procurement & RC to take action to finalize MOU with the 2 hospital providers identified as suitable | n/a, mandatory | RC & Procurement |
| | Mental Health Services | n/a | n/a | no | No | Appropriate inpatient care is not available and would need evacuation; Outpatient services are very limited and confidentiality is a significant issue (admittedly so by MH professionals locally). | No | Identify nearest med eval centres for MH inpatient needs; Confidential MH services are also a challenge in this culture so online resources such as telepsychiatry would be a | n/a, mandatory | RC and Country Team HR leads. |
| | Mass Casualty Plan | n/a | n/a | Partial | yes | MCP should be built according to the available resources | partial | UNMERT can assist in draft of medical component of the MCIP | n/a, mandatory | Chief Security Advisor |
| | Medical Emergency Response | n/a | n/a | Partial | No | External providers available and suitable, but currently no contractual relationship with UN. | No | MOU with ambulance companies with skilled paramedics | n/a, mandatory | RC & Procurement |
| | Access to pharmaceuticals | n/a | n/a | Partial | Yes | External providers available and suitable, but currently no contractual relationship with Cigna/UN insurance | No | Health Insurance Company to visit Nepal and set up proper service agreements | n/a, mandatory | RC |
| | PEP | n/a | n/a | Yes | n/a | PEP activities in place | yes | Continue with PEP and assure that any onboarded UNEPs are fully trained. | n/a, mandatory | RC |

Figure 1. MHSE chart for Nepal

- b. **Support to staff in hardship duty stations which are not eligible for danger pay:** The Human Resources Network (HRN) continues to engage with the ICSC to reiterate the responsibility of UN organizations as employers with regards to the Duty of Care for staff and their families in all duty stations. In particular, the HRN emphasized that accurately informing staff members of the conditions in a duty station so that they can make informed decisions prior to their assignments, such as whether it is suitable to install family, and offering alternative arrangements that support the well-being of staff and their families are important elements of the Duty of Care. This duty to inform is particularly important when assigning staff to extremely difficult duty stations (i.e. duty stations with hardship classifications of D and E) but are not high (security) risks, and therefore not designated as non-family duty stations. In such duty stations, the staff members are expected to install their families even though the duty stations lack suitable housing, medical and education facilities, poor local conditions etc. Staff who do not install their families because of the poor local conditions are not compensated for maintaining a dual household. Consequently, the HRN has requested that the ICSC allow organizations to pay the non-family service allowance to staff members serving in such

duty stations. This issue was discussed in two sessions of the ICSC (in March and July 2018) and is awaiting decision by the General Assembly in its 73rd session, Fall 2018.

- c. **UN living and working standards:** The World Food Programme (WFP) has developed an innovative digital accommodation platform to facilitate the process for UN personnel to reserve accommodations in the field through digital access to UN corporate guesthouses. This will also ensure a modern and accurate management system for administrators. In the spirit of UN reform, WFP is pioneering digital transformation and inter-agency collaboration by offering as a common service to all UN organizations providing guesthouses in the deep field. UNHCR has already joined and UNICEF is reviewing to pilot the service. The platform currently serves 150+ guesthouses in the majority of the most remote locations of the world through one single entry point. To further improve the humanitarian travel experience, the hub is the one single digital gateway to book field accommodations, UN Humanitarian Air Service (UNHAS) humanitarian flights, airstrip driver pick up, consultations in UN clinics and with psychologists.

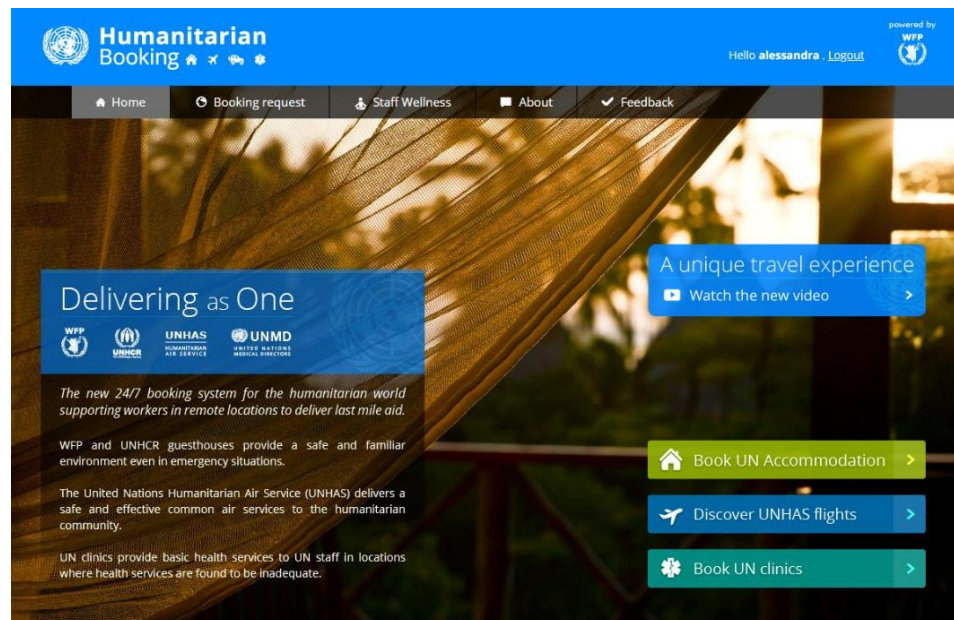


Figure 2. WFP Accommodation digital platform

B. Fulfilling Duty of Care for all personnel (including national and non-staff)

- 15. In the 37th session of the Human Resources Network (HRN) held in July 2018, the HRN agreed to set up a working group to review the contractual modality of non-staff (including, but not limited to, consultants, individual contractors and volunteers) and Duty of Care measures for such personnel. In preparation for the Working Group, HRN has conducted a preliminary review of which Duty of Care action points adopted by HLCM in its 35th session are applicable to non-staff personnel. In general, most of the action points can be directly applied to non-

staff personnel. These action points include providing a pre-deployment guide, sharing the country-specific factsheets, applying UN minimum working and living standards, and providing medical essential kits. Other action points, such as implementing measures as a result of DS-HRA, applying streamlined online insurance claims processes, providing access or extending the applicability of mental health strategy, will require further discussion and work.

16. Highlights on efforts to enhance support to locally-recruited staff and their families include the following:

- a. **Terms of Reference and Standard Operating Procedure for Regional areas of care (RAC):** This action point is specifically oriented towards supporting locally-recruited staff and their families to access essential medical services that are not available in the duty station. The Task Force confirms that the Medical Insurance Plan (MIP) Committee has developed the Terms of Reference (ToR) and Standard Operating Procedures (SOP) for Regional Areas of Care⁴ (see Annex 4). The developed ToR and SOP will further enhance organizations' ability to have a standardized method to approve RACs in areas where needs for medical services are inadequately addressed in the local environment.
- b. **Medical evacuation:** The Task Force notes that a number of organizations are currently revising their policies on medical evacuation travel to enable access to essential health services for UN staff and their families. The UN Secretariat is finalizing its review of the draft ST/AI on medical evacuation, based on the input received during the wide consultation conducted within the organization, with staff representatives and the UN Funds and Programmes. The final draft will incorporate the HLCM decision (ref: CEB/2018/HLCM/5/Rev.1), extending the applicability of non-emergency medical evacuation to both international and locally-recruited staff members and their eligible family members.

17. Additional measures for to enhance Duty of Care to all personnel, including non-staff and locally-recruited personnel, will be integrated in the Duty of Care parameters for all environments which will be developed during the November 2018 workshop of the Task Force (see paragraph 13).

⁴ Regional Areas of Care (RAC) was established under the insurance plan for countries where the quality and breadth of medical facilities prevent the local staff and/or covered family members from accessing quality and adequate health care without the need for a UN-approved medical evacuation. The approved Regional Area of Care allows reimbursement under the MIP based on the reasonable and customary costs in the designated country where the service is provided and not on the country of the staff member's duty station.

C. Developing a Risk Management Framework for Duty of Care

18. The Task Force recalls that in 2015 the HLCM endorsed an Occupational Safety and Health (OSH) Framework. That framework contemplated a phased implementation of a comprehensive system for assessing, monitoring and managing risks to health, safety and wellbeing in UN workplaces. One of the phases of the OSH framework is risk mapping. The results from the DS-HRA are being used to contribute to this risk mapping and the results of the proposed MHSE self-reporting tool (see details in paragraph 31.b below) can also be used, both of which in turn can be integrated into a Duty of Care Risk Management Framework. Other elements of the framework are progressing at variable degrees in different organisations, but across the UN system, progress is being made on each element of the framework, including establishment of OSH committees, development of policy, risk mapping, assessment and mitigation, incident reporting, and capacity building. The OSH framework is an essential part of the future Duty of Care risk management framework, which will include other risks.
19. In July 2018, the Secretary General published a Secretary-General's Bulletin on Occupational Safety and Health (ref: ST/SGB/2018/5), which sets out the organisation's intent with regards to managing risks to the physical and psychological safety, health and wellbeing of its personnel⁵. It positions OSH as one of the key vehicles for discharging organisations' Duty of Care to personnel.
20. One of the elements envisaged by the OSH framework was the establishment of local OSH committees. Based on observations during the DS-HRAs carried out to date, UNMD notes that local OSH committees within UN country teams would be best placed to:
 - a. Provide a multidisciplinary forum for self-assessment of the MHSE and health support planning;
 - b. Promote the development of a culture of risk-based safe and health awareness and work processes within the local environment or department;
 - c. Provide a mechanism by which safety and health issues affecting the workforce can be effectively addressed in a collaborative, multi-disciplinary manner; and
 - d. Provide a technical resource for advice on safety and health matters, standards and risk management for staff and managers.
21. Such local OSH committees could be instrumental in supporting the implementation of the Duty of Care action points in all environments. Local OSH committees could serve as an implementation arm of the duty of care actions, and thus support country teams, field duty stations and shared offices across the UN system organizations. A sample terms of reference for a local UN OSH committee is attached in Annex 5.

⁵ ST/SGB/2018/5, paragraph 1.2 (b) reads: "To improve the physical and mental well-being of staff members".

D. Driving the Mental Health Strategy Implementation

22. At its 34th session in September 2017, the HLCM approved the UN Mental Health and Well-Being Strategy (hereinafter “Mental Health Strategy”), a five-year action plan which would ensure services and support for mental health and well-being for all staff members, including locally-recruited staff. In this current phase of the Task Force’s work, the focus is now on implementing the strategy throughout the UN system.
23. While discussing the Mental Health Strategy at the September 2018 United Nations Senior Management Group (SMG) meeting, the Secretary-General highlighted his personal interest in the mental health and well-being of staff and stressed the need for all SMG members to increase their attention to this crucial element of Duty of Care. SMG members referred to UN Cares as a programme model that could be used for this purpose, proposing an expansion of its mandate to cover mental health. It was agreed for this option to be reviewed by the HLCM in the context of the Duty of Care. A proposal for the re-purposing of a component of the UN Cares Programme under the umbrella of Duty of Care to strengthen system-wide efforts to improve staff psychological welfare is presented in document CEB/2018/HLCM/17/Add.1.
24. Under the Mental Health and Well-Being Strategy, the relevant priority actions are:
- Action 2: Implement stigma reduction and health promotion approaches over the five-year period, to strengthen the knowledge, skill and behavior of all United Nations staff members with regard to staying psychologically fit and health to ensure that concerns about stigma, anticipated and/or experienced, are not a barrier to achieving good mental health and well-being.*
- Action 4: Establish a workplace well-being programme, with an agreed charter, practical support, training and recognition awards for teams and managers that enables the achievement of respectful, resilient, psychologically safe and healthy United Nations workplaces over a five-year timescale.*
25. The next step in bringing the Mental Health Strategy to UN personnel on the ground would be roll out its implementation plan. The implementation plan for the Mental Health Strategy was presented to the HRN in July 2018. The presentation described the findings of the survey conducted on the need versus utilization of mental health services in the UN and the request to HRN to endorse the implementation model.
26. The implementation plan foremost focuses on three priority actions: i) resource and distribute psychosocial supports and mental health services, ii) implement stigma reduction, mental health promotion and wellbeing approaches, and iii) create systems to enable and oversee the safety and quality of psychosocial support programs:

- a. The practical implementation will start in October/November 2018 with the first theme from October strategic theme “Welcome and support staff who live with mental health diagnoses and challenges”, related to priority Action 2 on Reducing stigma and mental health promotion.
 - b. In November/December, the implementation of the next strategic theme “Develop, deliver and evaluation high quality services everywhere that UN staff work” will take place. This will relate to Priority Action 1 “Resource and distribute mental health services and psychosocial supports” and Priority Action 6 “Create systems to enable and oversee the safety and quality of psychosocial support programs”.
27. The implementation of the Mental Health Strategy will be led by the Global Lead at the P5 level, based in New York within the UN Secretariat, for which the selection process is ongoing. Resource generation (financial or in-kind contribution) for implementation of the strategy is currently underway. As for the next steps, a call for nominations for the implementation board went out to all HLCM members in August 2018. There will be a two-day workshop in October 2018 to agree on further details of implementation.
28. Nevertheless, organisations are already implementing priority actions within the Mental Health Strategy as evidenced by the progress reported “Key implementation of Duty of Care Action Points in UN Organisations” (Annex 1).

E. Advancing Duty Station Health Risk Assessments (DS-HRA)

29. DS-HRA has been conducted in the following high-priority duty stations in six countries: North Korea, Nepal, Bangladesh, Kenya, South Sudan and Yemen. Findings were shared with North Korea, Nepal, Yemen and Bangladesh country teams, in preparation are Kenya and South Sudan.
30. One consistent finding of these risk assessments was that the majority of identified risks are largely addressed by implementing the mandatory health support elements (MHSE), and that a limited number of additional actions have been recommended. Establishment of local Occupational Safety and Health (OSH) committees provides a vehicle for addressing those risks that are not specifically managed through the mandatory health support elements. For example, recommendations pertaining to infectious disease management such as food hygiene and vector control for risks of malaria, zika, dengue and chikungunya could be addressed through such local committees.

31. To continue the implementation, UNMD proposes the following actions:

- a. **Prioritization:** UNMD is currently developing a prioritization methodology to concentrate on high-risk duty stations that have large numbers of UN staff. This will require UNMD to have access to verifiable monthly staffing counts of UN personnel per duty station in order to accurately process data and conduct cost-benefit analysis.
- b. **Self-reporting tool for MHSE:** Because of the effectiveness observed to date of the mandatory health support elements in addressing key risks, the large number of duty stations already regarded as “high risk”, and the limited resourcing available to undertake the full DS-HRA, the UNMD is proposing a second stream of work, to support country teams to undertake their own assessment of mandatory health support elements. UNMD proposes development of tools, templates and guidelines to support consistent, reproducible and transparent self-assessment and health support planning. It is further proposed that such self-assessments and health support plans would be endorsed by the local OSH committee and country team leadership, and submitted to the UNMD for technical approval. Funding is available to commence a short project to develop the methodology and test in a small number of duty stations for validation purposes. Subsequently, UNMD will formally present this self-reporting MHSE methodology, tools and guidelines at the Spring 2019 HLCM session for endorsement.

F. Improving access to UN clinics, including Department of Peacekeeping Operations (DPKO) clinics

32. Where there are existing UN healthcare facilities on the ground, there is not a guarantee of universal access for UN personnel or their eligible dependents. This is attributable to the lack of agreements between clinics and organizations on administrative and financial arrangements as well as the challenge of multiple insurance mechanisms and processes for different categories of UN personnel. In addition, for DPKO facilities, the very specific requirements of the Support Account budget and use of funds necessitate clarity and proportionality of contribution from non-DPKO clients. Pilots were launched in Kabul, Afghanistan and Juba, South Sudan, to have direct arrangements with DPKO clinics, the results of which should help guide the Task Force on the best way forward.

G. Situating Duty of Care in the reinvigorated UN Resident Coordinator (RC) system

33. The Task Force notes that there are Duty of Care adoption and action points that should be 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 Task Force Secretariat has held initial consultations with members of the UN Development System (UNDS) Transition Team in the UN Secretariat that is currently developing high-level policies, strategies, accountability framework and training materials for the reconfigured RC system in order to discuss ways to integrate Duty of Care within the portfolio of the RC.

H. Reporting on implementation of Duty of Care in UN Organizations: Results of the M&E framework

34. The Task Force, in consultation with the Chief Executives Board (CEB) Secretariat, developed a monitoring and evaluation framework listing the HLCM-endorsed Duty of Care adoption and action points along with Key Performance Indicators, to demonstrate the progress and any constraints in the implementation of the deliverables in different UN entities (see Annex 2).

35. An update on implementation will be requested of the HLCM members and relevant technical networks on a regular basis and will be submitted to the HLCM sessions to keep the HLCM representatives abreast of the implementation status.

36. For the first request (August 2018) to provide response to the Duty of Care monitoring and evaluation framework with updates on the implementation of the Duty of Care action points, 20 out of a total of 31 HLCM organizations (65 percent response rate) and 2 technical networks (UNMD and HRN) have responded thus far and provided their inputs.

37. The responses to the monitoring and evaluation framework demonstrate that organizations are at various stages of implementing Duty of Care action points. Key Duty of Care action points that have been, or in the progress of being, implemented are: pre-deployment guides, resilience briefings, revision to medical evacuation policies, online medical insurance claims process and making information related to insurance readily available for personnel. In order to ensure lasting impact of the Duty of Care action points, some organizations are developing policies and standards for Duty of Care, in general, or for specific Duty of Care action points within the organizations, reassuring their commitments to embrace Duty of Care action points as endorsed by the HLCM in its 35th session.

38. Examples of implementation include, in August 2018, UNHCR issued an Administrative Instruction (AI) on “Measures in Support of Personnel in High Risk Duty Stations”. The AI focuses on providing improved support and entitlements to UNHCR personnel working in high-risk duty stations pre, during and post deployment. UNHCR piloted most of the measures proposed in the AI in Afghanistan during the year preceding the issuance of the AI with successful results. IOM has also informed Task Force Secretariat of its plan to issue a new policy on accommodation standards, in compliance with the UN minimum working and living standards developed by the Task Force in 2019.

Comments from UNHCR staff in Iraq

“It is a pleasure to read this AI, which is to the point, practical and presents a great step forward within UNHCR and the provision of duty of care for our staff”.

“I have been waiting for the issuance of this AI for months hoping to have the benefit while serving in this hardship duty station: it makes my life easier and it really feels like the organisation cares”.

39. Additional implementation examples from the 20 organizations that have responded to the monitoring and evaluation framework to date are provided in Annex 1.

40. In addition, the Task Force observes that the measures to enhance Duty of Care in various organizations are expanding beyond the scope of the original HLCM-endorsed action points, in terms of the types of measures, their applicable locations and categories of personnel and updating information provided. For example, certain organizations already have put in place post-deployment debriefings to learn from the deployment experiences, provided staff counselling support regardless of their duty stations and have extended some of these materials to affiliated workforce. One organization is planning to conduct a survey to determine the usefulness and effectiveness of the information provided in the pre-deployment guide and to update it, if necessary. The Task Force will continue to collaborate to benchmark the best practices as it moves towards setting the new parameters for Duty of Care in all environments and for all personnel.

41. The Task Force notes that the monitoring and evaluation framework may be revised or updated going forward to better reflect and to incorporate any additional Duty of Care activities that are identified. The Task Force will provide updates on the implementation status of Duty of Care action points in organizations as well as the revision to the monitoring and evaluation framework to the HLCM on a regular basis.

42. Organizations have repeatedly noted that prior to implementing the Duty of Care adoption and action points, it is important to review what budgetary provisions might be required at organisational/technical network levels to support the sustainable implementation of the action points. Implementation requires resources and this may not be readily available, given the budget cycles and the context of different organizations. This has also been highlighted by UNMD in the context of implementing the Duty Station Health Risk Assessments which are currently being conducted without any additional budgetary or staffing provisions, resulting in significant delays in completion of reports.

Conclusions

43. Task Force continues its work and will present updates on the implementation status of the Duty of Care action points in organizations and the risk management framework at the next HLCM session. The Task Force will deliver a framework for Duty of Care in all environments and for non-staff personnel at the Fall 2019 HLCM session.

Annexes

Annex 1. Key implementation of Duty of Care action points in Organizations⁶

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| <p>FAO</p> | <p>FAO has taken note of the pre-deployment guide and training materials for managers and has decided to include these materials in FAO's introduction package and manager briefings. As for insurance claims, FAO has recently appointed a focal point for claims related work and confirms that the online forms are available on the intranet. In addition, FAO has recently conducted a preliminary review of the policy on medical evacuation and the policy is to be finalized.</p> <p>Examples of measures for locally-recruited staff:</p> <ul style="list-style-type: none"> • Residential safety and security: Last year, a local staff and his family was temporarily relocated inside Afghanistan for security reasons. • Safe transportation: A staff located in Kabul, Afghanistan has been granted with ad-hoc transportation from home to office for security reasons. |
| <p>IAEA</p> | <p>Noting IAEA does not have any staff in high-risk environments, key Duty of Care related activities ongoing at IAEA are as follows:</p> <ul style="list-style-type: none"> • IAEA will start a stepwise implementation of the UN Mental Health Strategy (in cooperation with other agencies developing specific key messages). • IAEA has an Appendix D claim submission system in place, including a focal point (secretariat). • IAEA would support the motion to include the OSH Framework (roadmap) endorsed by CEB as a key reference document, as the core mission of occupational Health and Safety is to "prevent harm to staff". • Online claiming for medical insurance is available through CIGNA website. |
| <p>ICAO</p> | <p>Field Operations Department at ICAO finds the pre-deployment package useful and is currently working towards customising the interagency guide to meet the specific needs of ICAO.</p> |
| <p>IFAD</p> | <p>IFAD provides pre-deployment health briefing and support for all employees (and their recognized spouses) deployed to the field. This includes:</p> <ul style="list-style-type: none"> • Reassignment medical clearance (for only staff). • Travel health assessment and support (including risk-based briefing, vaccinations, malaria prophylaxis and medical travel kit). • Psychological resilience counselling and support – (before, during and after deployment). A psychological resilience assessment tool has been developed and being used by the IFAD staff counsellor for the psychological assessment. Through this assessment, staff members are categorized based on vulnerabilities/personal risks and appropriate support. • Follow-up in the field including psychological counselling support via teleconferencing facilities. • Post-deployment debriefing. |

⁶ The organizations are listed in alphabetical order.

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| | <p>As part of the pre-deployment travel health briefing for all staff being deployed to the field, IFAD systematically provides a travel medical kit to all employees and ensure that they are covered by all relevant vaccinations required. Those going to malaria endemic regions are provided with malaria prophylaxis and educated on relevant vector-borne diseases. Other preventable communicable diseases are also discussed.</p> |
| <p>ILO</p> | <p>Pre-deployment guide: Specific pre-deployment briefings and support was introduced on ad-hoc basis. Individual and confidential sessions (face to face or remotely) with the Staff Welfare Officer are offered to ILO officials assigned to high risk locations. The content of the sessions is consistent with the resilience briefing standards recommended in the pre-deployment guide.</p> <p>Training for Managers: Relevant training material will be included in the ILO on boarding platform for newly recruited officials/transferred staff (on-going). Specific components included in the annual training for ILO Office Directors. Other support initiatives to be further developed.</p> <p>Health Risk Assessment and Health Support Planning:</p> <ul style="list-style-type: none"> • Each ILO country office has a Committee of OSH, which may link directly with ILO-MEDSERV and the OSH Coordinator at HQ, Geneva for assistance and advice. • In addition, ILO has renewed the ILO medical evacuation policy/coverage and has extended some benefits to all categories of staff, depending on the circumstances. <p>Mental Health Strategy: ILO has started (Nov. 2017) establishing its Peer Support Volunteers network as a preventative organizational intervention to support mental health and wellbeing in the workplace.</p> <p>Other on-going implementation:</p> <ul style="list-style-type: none"> • Medical travel: ILO has just renewed the ILO medical evacuation policy/coverage and has extended some benefits to all categories of staff, depending on the circumstances, through the SHIF. • Staff who can no longer cope: Ongoing. ILO addresses specific cases through internal mobility mechanism. • Streamlining insurance processing mechanism: Ongoing. The ILO SHIF will implement e-claims in 2019. • Ensuring adequate bandwidth: Ongoing. Global bandwidth survey undertaken for 95% of ILO offices. |
| <p>IMF</p> | <p>IMF provides briefings provided to all staff going to high-risk locations. In addition, managers deployed to high-risk locations receive a range of training including security/emergency response and attend semi-annual training sessions. IMF also confirmed that there is a mechanism for country offices to request support from HQ.</p> |

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| IOM | <ul style="list-style-type: none">• Pre-deployment guide and resilience briefings: The interagency guide will be implemented by March 2019. As for the briefings, individual briefing is not systematically provided, but staff are encouraged, as part of their orientation, to complete a personal action plan and are able to contact the staff welfare officers to have further discussions. IOM is considering developing an online course for staff who are being deployed (pre, mid and post).• Health Risk Assessment: IOM occupational health doctors are currently being trained to participate in the collective interagency bank of HRA. It is noted that IOM has been conducting its own health risk assessments through the OH unit where medical doctor(s) and a counsellor visit country offices and make recommendations and action points related to the working conditions (e.g. physical, mental and social hazards that may affect the wellbeing of staff); the environmental risks; the understanding of health insurance; the quality of available healthcare services locally and access to these structures; medical evacuation plans. These are reported both to the Chief of Mission of the office and to IOM senior management in HQ. Examples of the recommendations include: identifying hospitals with which agreements with IOM are in place in order to avoid down payments and facilitate admission; extension of health insurance coverage to staff who meet criteria and were not enrolled; support to the staff's wellbeing in closed secure compounds by encouraging recreational activities within the compound.• Reimbursement of insurance claims: Any claim for which the original receipts are received by the claim processing unit by the end of a calendar month is reimbursed by the end of the following month, provided all documentations are in order.• UN living and working conditions: A new policy on accommodation, including minimum standards for bandwidth, will be published by 2019. In addition, IOM has initiated the internal process for assessing the compliance to the UN minimum living and working standards at the existing accommodations/ offices. The compliance assessment is planned to be an annual exercise.• Medical travel: In-country travel allowed for national staff and covered by insurance, if authorized by an IOM doctor. |
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| UN Secretariat | <p>The Office of Human Resources Management provides a number of pre-deployment measures as well as health-related services:</p> <ul style="list-style-type: none">• Medical Evacuation: OHRM is finalizing its review of the draft ST/AI on medical evacuation. The finalized draft will incorporate the HLCM decision to extend the applicability of non-emergency medical evacuation to both international and locally-recruited staff members and their eligible family members.• Global Induction Platform: OHRM offers an online Global Induction Platform for new staff joining the UN Secretariat and those relocating to new duty stations, allowing staff the use of tailored menu of activities to familiarize themselves with their new roles, functions and the duty station. The content includes information on the Organization’s culture, learning as well as mandatory training programmes, performance management and other relevant tasks. In addition, staff are provided with a library of recommended readings, including key administrative issuances. The Platform also provides a Manager’s. Since its launch in 2016, over 24,502 staff have registered on the Global Induction Platform. <p>Young Professionals: Twice a year, OHRM offers a five-day face-to-face career development programme for new recruits joining the UN Secretariat through the Young Professionals Programme (YPP) at the P2 level. The programme is an opportunity for these staff to establish a network and obtain a broader understanding and integration into the UN system. It also provides them key skills such as written and verbal communication, collaborative negotiations and support for professional development. The programme is followed up with a one-year-long mentoring programme for all participants.</p> <p>UN Medical Services Division:</p> <ul style="list-style-type: none">• Healthcare safety and quality standards have been developed and endorsed. In particular, the “Vaccination and Malaria Prophylaxis Guidelines for all United Nations personnel on official travel and health care workers” have been instrumental in providing clear guidelines on travel vaccinations and prophylaxis required and recommended for their travel destination.• Risk mitigation plans (in English and French) were developed for: Zika (April 2017), Cholera (June 2017), Lassa fever (Feb 2018), Malaria (draft), and Plague in Madagascar (Nov 2017).• Specific health-related web pages were created on the UN HR portal including a number of disease-specific pages and a travel health information page.• A new function in the medical record system allows work absence due to sick leave to be identified as work-related or not.• Staff counselling is being implemented in innovative ways to deliver services and to reach more UN personnel at Headquarters and globally. Initiatives include online training on resilience building, sleep hygiene and stress management.• In partnership with the UNSSCG, developed, tested and promulgated a Psychosocial Health Risk Assessment Methodology. |
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Occupational Safety and Health management system:

- Secretary-General promulgated ST/SGB/2018/5 on the Introduction of an occupational safety and health management system, and it is noted that training in occupational safety and health has been delivered to over 100 personnel.
- Occupational safety and health teams were externally accredited through the training of 115 staff members, including medical personnel, from different duty stations on occupational safety and health principles to raise the awareness and the profile of occupational safety and health matters at the workplace.

The Integrated Training Service of DPET, **DPKO-DFS** offers a series of programs to prepare staff and managers for their missions:

- **Senior Leadership Programme (SLP):** DPKO-DFS offers a Senior Leadership Programme, a mandatory five-day course, to newly appointed senior leaders in field missions. The main objective of the programme is to focus on key strategic challenges that senior leaders confront in their missions and the tools to address such challenges. The target audience is Senior UN peacekeeping civilian and uniformed field managers, at the D-2 levels and above, within first 6 months of their appointment. The main themes of SLP include, leadership challenges, human rights, crisis management, financial management and personnel and human resources.
- **Senior Mission Leaders' (SML) Course:** DPKO-DFS also offers a ten-day non-mandatory course, conducted twice a year with a host Member State, to prepare participants to learn about the roles and responsibilities associated with serving on a mission's leadership team, including undertaking the role as Special Representative of the Secretary-General (SRSG), Deputy SRSG, Force Commander, Police Commissioner, Director of Mission Support, or Chief of Staff. The main themes of SML include, strategic leadership, legal and political frameworks, conflict analysis, mediation and negotiation, mission support, conduct and discipline.
- **Pre-Deployment Training for Civilian Personnel (in Regional Service Center in Entebbe):** DPKO-DFS offers Civilian Pre-Deployment Training (CPT) to eligible civilian personnel (who are new to UN-PKO or have not been employed in a UN-PKO in the past three years) selected for service in UN peacekeeping operations. The CPT is one of the primary tools used by DPKO-DFS to improve preparedness, effectiveness and productivity of civilian peacekeepers, serving in dangerous and complex peacekeeping environments.

DSS would like to highlight the following cross-cutting security-related initiatives:

- In 2017-2018 DSS initiated a New York SSAFE (in addition to the mandatory SSAFE for high-risk environments that has been in place for 10+ years) in order to prepare personnel for the possibility of rapid deployment when required for emergencies. Previously, when surge was required, deployment was either delayed to enable personnel to take the course, or waivers were provided thereby depriving deployed personnel of the risk-mitigation benefits of the SSAFE. The SSAFE course depends upon a Training of Trainers (ToT) model that includes certification of trainers after a course (5-day in-person) supplemented by co-training with an experienced trainer.

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| | <ul style="list-style-type: none">• In addition, the BSAFE course will be rolled out in October 2018 to replace the existing Basic Security in the Field (BSITF) and Advanced Security in the Field (ASITF) courses. The new course is a significant update and change in methodology that is more interactive and scenario based than BSITF and ASITF.• Other initiatives to note are: Women Security in the Field (WSAT) course offered through many organizations and the in-country security briefing at each location upon arrival of new staff. <p>In addition, within DSS, a physical security programme for UN installations is provided. A new mobile tool was developed in 2017-2018 and is currently being used. In addition, DSS is rolling out Crisis Management training for DOs and DO a.i, with extra-budgetary funds, for which six training programmes will be held from January to June 2019. Other initiatives include CISMU's review of its model and progress towards a data-driven approach to the prevention of and response to critical incident stress and the review of the function of aviation safety in the selection of commercial air carriers for duty travel, to take account of lessons learned.</p> <p>OCHA has recently published its report on OCHA Internal Evaluation of Duty of Care. The report can be found on OCHA's website: http://www.unocha.org/themes/evaluations-and-reviews/reports.</p> |
| UNDP | <ul style="list-style-type: none">• Pre- and post-deployment guides and briefings: UNDP is currently updating the common pre-deployment guide with UNDP information to include it into the UNDP onboarding process. In addition, since May 2017, UNDP has been providing mandatory pre- and post-deployment briefings to all staff deployed to hardship (D&E) duty stations. The purpose of such briefings is offer a facilitated reflection designed to help staff transition from the high-risk field assignment.• Streamlining insurance processing mechanism: The UNDP Medical Insurance Plan (MIP) claims for locally recruited staff members and the Cigna World-wide Plan for international staff are processed online. As for locally recruited SCs, they are covered by medical insurance is paid by UNDP. For other types of personnel (i.e. internships and NRLAs), the policy provides that they have to be covered by insurance and this is verified in every case.• Ensuring adequate bandwidth: UNDP provides guidance to its country offices for the appropriate bandwidth requirements. Currently 10 out of 18 high risk locations meet the standards as outlined in the April 2018 Task Force report to the HLCM.• Mental health strategy: UNDP has engaged an external independent entity to provide psychosocial support to UNDP personnel, including mandatory briefings and ad-hoc counselling support. As of mid-2018, counselling support to victims of sexual harassment is also available. Other measures, as, per the Strategy, are pending and will be implemented within the available resource package. |

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| | <ul style="list-style-type: none"> • Residential safety and security for locally-recruited staff: UNDP security office is re-invigorating the Agency Country Security Focal Point (ACSFP) structure, which will provide additional security support to locally-recruited personnel. The policy and training for this is being funded from within existing resources and the UNDP Security Reserve budget. |
| UNESCO | <ul style="list-style-type: none"> • Streamlining insurance processing mechanism: There is a dedicated focal point for Staff Compensation and all regular MBF, Pension and Compensation Payments are made within 30 days. In addition, update of beneficiaries is systematically required on each reassignment. Effective 2019, the update of beneficiaries will be incorporated in the annual review on allowances addressed to all staff. This will be implemented from the next review (1st Q 2019). It is also noted that insurances for non-staff personnel are automatically covered from the start date of their contract. • Safe and secure transportation for locally-recruited staff: Provisions have been made in certain high risk duty stations to provide safe and secure transport for local staff e.g. in Kabul, Juba and Port-au-Prince. |
| UNFPA | <ul style="list-style-type: none"> • Duty of Care for surge deployees and improved pre-deployment: Country offices receiving surge deployees are provided with a pre-deployment checklist to help on board and integrate surge. Surge deployees also have access to a deployee website that contains both technical and Duty of Care resources. UNFPA also organises surge assessment and simulation workshops to prepare for future surge for deployment. The workshop includes learning regarding staff and UNFPA responsibilities, security and safety, wellbeing and self-care and how to adapt and integrate to normal life when returning from the field. In addition, regardless of contract modality, all surge deployees receive pre-and post-mission debriefings. These briefings allow UNFPA to identify concerns and proactively address issues that may impact Duty of Care. • Bringing staff care and support to our health workers in Bangladesh: As part of its response efforts to the violence against Rohingya communities in Rakhine State, Myanmar, UNFPA is supporting Women Friendly Spaces (WFS) and Women Led Community Centres (WLCC) in the Rohingya Refugee Camp and adjacent host community. At the WFS, case workers and case managers are trained to offer specialized case management and other services for survivors of gender based violence (GBV). The GBV Staff CARE specialist conducts consultation with UNFPA staff and partners to identify current staff and self-care practices and priorities and develop robust self-care tools and techniques. • Staff Wellbeing Site: The new UNFPA staff wellbeing website boasts numerous resources to guide all personnel to a fruitful professional and personal life. Practical advice to navigating various workplace situations can be found. The website also has numerous resources for counselling and other support. |

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| UNHCR | <p>Has a dedicated Duty of Care coordinator to structurally improve Duty of Care for UNHCR personnel and mainstream it into UNHCR.</p> <p>Key work includes:</p> <ul style="list-style-type: none">• Development of a UNHCR Administrative Instruction which includes a number of support measures and entitlements for UNHCR personnel working in High Risk Duty Stations (HRDS). (see more below)• Development of a communications strategy on Duty of Care including information pamphlets, posters and development of intranet site.• Inclusion of Duty of Care in UNHCR's risk management framework, and the development of an accountability/M&E framework on Duty of Care.• Duty of Care pilot missions to HRDS where focus group discussions are held and surveys conducted with all personnel on key Duty of Care issues. The missions aim at informing staff about Duty of Care issues and standards, obtain baseline data, make recommendations and provide support. <p>Pre-deployment guide: UNHCR is working on adapting the pre-deployment guide to UNHCR's realities. Staff welfare and security webinars have now been developed and made available to improve pre-deployment information provision to staff. Detailed country profiles have been developed in 15 HRDS.</p> <p>Mandatory health checks and information sessions are provided before departure and mandatory security briefings upon arrival. Induction sessions to be made available in first days of arrival.</p> <p>Training: UNHCR has provided training on Duty of Care to over 150 senior managers and security personnel heading to and/or working in HRDS. It has assessed its own trainings and several key management trainings and certification programmes already contain key elements of Duty of Care (security, resilience training, etc.). The Security Management Learning Programme on risk and security management has now been made mandatory to all senior managers in HRDS. UNHCR is working with WFP and UNICEF on developing further DoC modules which can be easily integrated in trainings.</p> <p>Resilience: UNHCR has made resilience and welfare briefings mandatory for any staff being deployed to HRDS. Psychological preparedness tools are also made available, the results of which can be further discussed with staff welfare staff. UNHCR has also added the possibility for senior managers in HRDS to receive 5-10 hours coaching, if and when required.</p> <p>Mandatory debriefing: UNHCR has made debriefings with staff welfare mandatory for any staff leaving HRDS. Once the debriefing has been completed and after leaving the HRDS, staff must take mandatory leave (equalling one day per month served in the HRDS) which is with full pay.</p> <p>Measures for locally-recruited staff:</p> <ul style="list-style-type: none">• Residential safety and security: depending on the duty station and security needs, staff can receive additional support to improve residential security. In South Sudan, |
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as another example, national staff in most field locations live in the UNHCR compound, side by side with international staff.

- Safe transportation from home to the office is provided to staff in all HRDS where recommended.
- Compressed time-off with pay: Each locally-recruited staff member working in HRDS is now required to take mandatory leave of five days after ten weeks of work.

Streamlining insurance processing mechanism: Both the insurance providers for internationally and locally recruited staff now allow for online submission of claims. An appendix D focal point has been appointed and updated information on revisions to appendix D have been duly conveyed to all UNHCR staff. Processing time for insurance claims received with complete documentation is in general within 30 days for locally-recruited staff and within a week for international staff. The variance in processing time is due to a difference in insurance coverage and the fact that insurance claims for international staff are processed centrally, while insurance claims for locally-recruited staff are processed in each office.

Adequate bandwidth: UNHCR has developed an action plan and M&E framework to ensure all UNHCR offices have adequate bandwidth. Over 50% are currently “bandwidth compliant” but challenges remain in some HRDS. Work is ongoing.

Working and living conditions: UNHCR is updating its policy on living and working accommodations as per UN standards which will be issued end 2018. UNHCR has a dedicated global accommodation unit which maps and monitors compliance, and has in recent years provided much needed support to several high-risk locations. It has also been an active member of the Working Group and contributed to the development of the accommodation tool. A Global Occupational Safety and Health (OSH) Officer and Committee on OSH will assist and ensure monitoring of minimum standards.

Health risk assessment: The assessment tool is being integrated into UNHCR’s work and UNHCR plays an active part in UNMD missions, assessments and training of new assessors.

Mental health strategy: UNHCR has integrated the global mental health strategy in its work. Mapping has been done on what is in place, and what is missing and an action plan developed beyond 2018. This includes further implementation of measures from the Administration Instruction on support to HRDS, development of an on-line wellbeing platform, strengthening support to staff, establishing a benchmark towards mental health, training in psycho social assessment tools and much more.

Affiliate Workforce: AWF receive the same services and support as staff, between the moment of arrival and departure (including the end of assignment debriefing). AWF can benefit from medevac through UNHCR, but, within the provisions of the MoU, sending agencies must confirm that deployees have obtained adequate medevac insurance prior to deployment. UNHCR is working on improving pre-departure support further. UNHCR is also part of the Working Group with Standby Partners on improving Duty of Care.

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| <p>UNICEF</p> | <p>Pre-deployment guide:</p> <ul style="list-style-type: none"> • An updated pre-deployment guide is now available to all UNICEF personnel in English, Arabic and Spanish (French version is under translation). The guide is provided as part of their onboarding process. <p>Resilience briefings and other staff well-being:</p> <ul style="list-style-type: none"> • Resilience briefing with staff counsellor for staff deployed to high risk duty stations is now a mandatory pre-deployment step. • The number of IP staff counsellor posts also increased, from 10 in 2016 to 16 in 2018. • The wellbeing 'toolbox' was expanded with the improvement and standardization of wellbeing material, programmes and services to all staff. • A dedicated Staff Counsellor and Peer Support Volunteer SharePoint site, with online reporting capability to improve data analytics, global collaboration and knowledge transfer was launched. <p>Safe and secure transportation for locally-recruited staff: UNICEF already provides transportation to the nearest urban town or capital city for locally-recruited staff members in L3 duty stations. The transportation is arranged at the country level.</p> <p>Streamlining insurance processing mechanism: The UNICEF Medical Insurance Plan (MIP) claims for locally recruited staff members and the Cigna World-wide Plan for international staff are processed online. For other types of personnel (i.e. consultants and individual contractors), the policy provides that they have to be covered by insurance and this is verified in every case.</p> <p>Adequate bandwidth: UNICEF provides guidance to its country offices for the appropriate bandwidth requirements and monitors compliance by country offices via a dashboard that is also accessible by Field IT Officers.</p> |
| <p>UNIDO</p> | <p>Process in place to support country offices: UNIDO already has in place, a process for the Country Offices to request support from HQs on special and additional requirements, e.g. with regard to MOSS and MORSS standards. Such processes can be used to implement Duty of Care action points e.g. health support plans.</p> <p>Streamlined insurance processing mechanism:</p> <ul style="list-style-type: none"> • Online claims process, including application for mobiles phones, is already introduced in UNIDO in partnership with Allianz (a limit of 1,000 EUR for submitting claims online using the mobile apps). • Updating list of beneficiaries: Conducted annually as part of the Dependency Status Review. Staff members are expected to update them whenever necessary on an ad hoc basis. • Coverage for non-staff personnel: For local non-staff holding regular contracts, UNIDO provides health insurance, which includes a disability and death benefit and it is free of charge. |

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| | <p>Residential safety for locally-recruited staff: In UNIDO such support is provided on a case by case basis on the ground and decisions of SMT and/or UNRC. The most recent example is the smog in Beijing, which was recognized by local UNCT as a health hazard and as a result, staff was authorized to procure air filters for home and office, which were reimbursed.</p> <p>UNIDO policy on medical and security evacuation also applies to locally recruited staff members and their eligible family members.</p> <p>UNIDO has designated the Appendix D Focal Point whose contact details are available online in the intranet.</p> <p>Several years ago, UNIDO implemented an online Administrative Handbook with key information about various administrative issues and procedures, including staff entitlements, health insurance, medical evacuation, medical check-up, Appendix D, attendance and leave, emergency phone numbers, etc. To facilitate the search, the handbook is provided with three indexes: alphabetical, by category, and by branch. The Handbook is regularly updated and allows easy access to the relevant policy or administrative issuances, forms, etc. It is very popular with the staff and as of today, it has been accessed almost 24,500 times.</p> |
| UNOPS | <ul style="list-style-type: none">• Pre-deployment guide: Conducting a mapping exercise at the moment to find out what the local HR in high risk duty stations provide, and to build on it, as some duty stations already have this in place (e.g. Afghanistan).• Working and living conditions: All new accommodations/office premises go through review at HQ level prior to initiation of the works. UNOPS is planning to do a gap analysis of the current standards with the intention of ensuring that the minimum standards are covered. In addition, all offices are required to do self-assessments twice a year on health and safety requirements. Monitoring of the status of working and living conditions in high-risk duty stations, as per the Duty of Care M&E framework will be included.• In addition, UNOPS is also currently reviewing its policy on medical evacuation and the possibilities for carrying out a more in-depth study. |

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| <p>UNV</p> | <ul style="list-style-type: none"> • UNV uses its e-Campus modules to provide pre-deployment information and supervisors' training to UN Volunteers (training completion is monitored). • As for insurance, UN Volunteers may file their medical claims via Cigna online and UNV confirmed that it makes payments to beneficiaries within 60 days of receipt of all documents. It is also noted that UN Volunteer health insurance provides for mental health services and coverage. • While UNV discontinued central provision of first-aid kits to UN Volunteers, the funds for medical kits are provided in the pre-departure expenses. • Any measures for non-staff personnel, developed by the HRN in conjunction with the Task Force will be reviewed for adoption in the next review of UN Volunteer Conditions of Service in 2018-2019. |
| <p>UN Women</p> | <p>The applicable Duty of Care action points are currently under consideration for UN Women. It is noted that UN Women collaborates with other organizations, e.g.:</p> <ul style="list-style-type: none"> • UN Women is exploring options to partner with UNDP as outsourced service provider, for providing the pre-deployment guide. • UN Women relies on UNDP for insurance services. • UN Women relies primarily on Common Premises practices and engaged in leases with other UN agencies. • UN Women follows the UN policy on medical evacuation, which is currently under review. |
| <p>WFP</p> | <p>Pre-deployment guide: An online platform has been developed to support staff joining WFP as part of their on-boarding process, and since May 2018 WFP has provided a guide to support staff deploying, during and after an emergency deployment is available.</p> <p>Training for Managers: WFP is actively participating in the Working Group as has provided relevant content to managers through its internal knowledge-sharing platform (WeLearn).</p> <p>Health Risk Assessment and Health Support Planning: WFP has actively participated with UNMD and led the production of the DS-HRA in Cox's Bazar and South Sudan.</p> <p>Streamlining insurance processing mechanism: WFP is implementing online claiming in all staff medical insurance plans, including the one for non-staff personnel.</p> <p>UN standards on working and living conditions</p> <ul style="list-style-type: none"> • WFP values the wellbeing of its staff in field operations and endeavours to provide high quality working and living conditions, even in difficult environments. To achieve this, in October 2015, WFP issued quality standards for living conditions in the field and completed the quality assessment of the guesthouse network. • As a result, Upgrade Plans for 16 Country Offices were developed providing guidance on what needed to be improved, at what cost and when. The projects catalysed 16 million USD in total upgrade investments to boost major improvements. A corporate product catalogue has been developed to support single countries in preparing their own upgrade plans; WFP upgraded 48 guesthouses, 350 rooms/prefabs, 90 en-suite |

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| | <p>rooms, and provided 30 water purifiers, 260 pieces of gym equipment, 290 mattresses and 75 TV sets.</p> <ul style="list-style-type: none"> • Today, 60% of the WFP guesthouse network is already up to corporate quality standards; another 25% is currently ongoing renovations upgrades. This makes WFP largely compliant with newly published UN standards produced by the Duty of Care Task Force and actively working to fulfil the gaps not only in high risk duty stations. <p>Ensuring adequate bandwidth: WFP provides accommodation in line with adequate bandwidth and in compliance with standard requirements.</p> <p>Mental Health Strategy</p> <ul style="list-style-type: none"> • WFP recognizes psychosocial health of personnel as one of the main pillars of the agency OSH framework and corporate Wellness Strategy. In line with this, WFP has already in place a number of services/initiatives addressing the MHS 7 priorities. In particular: 1) Wellness Committees in 27 country offices with clear terms of reference ranging from occupational health and safety to personnel wellbeing supported from a regional and HQ multifunctional community of practice including HR, Administration, Security, Medical and Counselling Services; 2) Regional and special operations counselling outreach to enhance personnel access to services; 3) Mandatory psychosocial preparation to deployment to D-E duty stations and L3 emergencies; 4) up-coming staff resilience program as well as counsellors minimum training and licensing standards. <p>Locally-recruited staff: Compressed time-off: WFP has initiated a policy change to extend Flexible Work Arrangements to all modalities under authority delegated to the Country Director – in response to security situations.</p> |
| <p>WHO</p> | <ul style="list-style-type: none"> • Health Risk Assessment and Health Support Planning: WHO actively contributes to the Steering Committee. • Insurance for non-staff personnel: WHO automatically provides a non-staff insurance program currently underwritten by CIGNA. • Medical evacuation and travel: WHO has recently revised and implemented policies with regards to medical evacuation and medical travel. The policies include, medical evacuation of WHO staff and eligible consultants and SSA holders deployed to response to emergencies and suspected public health events under investigation and travel for medical reasons for international and locally recruited staff members and their eligible families. WHO conducts regular tender to identify the medical evacuation provider. • Safe and secure transportation for locally-recruited staff: WHO already provides transportation to the nearest urban town or capital city for locally-recruited staff members in high risk environments. The transportation is arranged at the country level. |

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| | <ul style="list-style-type: none"> • Minimum living and working standards: When new offices are built, WHO ensures that the offices meet the minimum building and security standards, established by UN DSS. WHO is currently undergoing full building assessments of current premises to ensure buildings are constructed and maintained appropriately. |
| <p>FAO</p> | <p>FAO has taken note of the pre-deployment guide and training materials for managers and has decided to include these materials in FAO's introduction package and manager briefings. As for insurance claims, FAO has recently appointed a focal point for claims related work and confirms that the online forms are available on the intranet. In addition, FAO has recently conducted a preliminary review of the policy on medical evacuation and the policy is to be finalized.</p> <p>Examples of measures for locally-recruited staff:</p> <ul style="list-style-type: none"> • Residential safety and security: Last year, a local staff and his family was temporarily relocated inside Afghanistan for security reasons. • Safe transportation: A staff located in Kabul, Afghanistan has been granted with ad-hoc transportation from home to office for security reasons. |
| <p>IAEA</p> | <p>Noting IAEA does not have any staff in high-risk environments, key Duty of Care related activities ongoing at IAEA are as follows:</p> <ul style="list-style-type: none"> • IAEA will start a stepwise implementation of the UN Mental Health Strategy (in cooperation with other agencies developing specific key messages). • IAEA has an Appendix D claim submission system in place, including a focal point (secretariat). • IAEA would support the motion to include the OSH Framework (roadmap) endorsed by CEB as a key reference document, as the core mission of occupational Health and Safety is to "prevent harm to staff". • Online claiming for medical insurance is available through CIGNA website. |
| <p>ICAO</p> | <p>Field Operations Department at ICAO finds the pre-deployment package useful and is currently working towards customising the interagency guide to meet the specific needs of ICAO.</p> |
| <p>IFAD</p> | <p>IFAD provides pre-deployment health briefing and support for all employees (and their recognized spouses) deployed to the field. This includes:</p> <ul style="list-style-type: none"> • Reassignment medical clearance (for only staff). • Travel health assessment and support (including risk-based briefing, vaccinations, malaria prophylaxis and medical travel kit). • Psychological resilience counselling and support – (before, during and after deployment). A psychological resilience assessment tool has been developed and being used by the IFAD staff counsellor for the psychological assessment. Through this assessment, staff members are categorized based on vulnerabilities/personal risks and appropriate support. • Follow-up in the field including psychological counselling support via teleconferencing facilities. • Post-deployment debriefing. |

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| | <p>As part of the pre-deployment travel health briefing for all staff being deployed to the field, IFAD systematically provides a travel medical kit to all employees and ensure that they are covered by all relevant vaccinations required. Those going to malaria endemic regions are provided with malaria prophylaxis and educated on relevant vector-borne diseases. Other preventable communicable diseases are also discussed.</p> |
| <p>ILO</p> | <p>Pre-deployment guide: Specific pre-deployment briefings and support was introduced on ad-hoc basis. Individual and confidential sessions (face to face or remotely) with the Staff Welfare Officer are offered to ILO officials assigned to high risk locations. The content of the sessions is consistent with the resilience briefing standards recommended in the pre-deployment guide.</p> <p>Training for Managers: Relevant training material will be included in the ILO on boarding platform for newly recruited officials/transferred staff (on-going). Specific components included in the annual training for ILO Office Directors. Other support initiatives to be further developed.</p> <p>Health Risk Assessment and Health Support Planning:</p> <ul style="list-style-type: none"> • Each ILO country office has a Committee of OSH, which may link directly with ILO-MEDSERV and the OSH Coordinator at HQ, Geneva for assistance and advice. • In addition, ILO has renewed the ILO medical evacuation policy/coverage and has extended some benefits to all categories of staff, depending on the circumstances. <p>Mental Health Strategy: ILO has started (Nov. 2017) establishing its Peer Support Volunteers network as a preventative organizational intervention to support mental health and wellbeing in the workplace.</p> <p>Other on-going implementation:</p> <ul style="list-style-type: none"> • Medical travel: ILO has just renewed the ILO medical evacuation policy/coverage and has extended some benefits to all categories of staff, depending on the circumstances, through the SHIF. • Staff who can no longer cope: Ongoing. ILO addresses specific cases through internal mobility mechanism. • Streamlining insurance processing mechanism: Ongoing. The ILO SHIF will implement e-claims in 2019. • Ensuring adequate bandwidth: Ongoing. Global bandwidth survey undertaken for 95% of ILO offices. |
| <p>IMF</p> | <p>IMF provides briefings provided to all staff going to high-risk locations. In addition, managers deployed to high-risk locations receive a range of training including security/emergency response and attend semi-annual training sessions. IMF also confirmed that there is a mechanism for country offices to request support from HQ.</p> |

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| <p>IOM</p> | <ul style="list-style-type: none"> • Pre-deployment guide and resilience briefings: The interagency guide will be implemented by March 2019. As for the briefings, individual briefing is not systematically provided, but staff are encouraged, as part of their orientation, to complete a personal action plan and are able to contact the staff welfare officers to have further discussions. IOM is considering developing an online course for staff who are being deployed (pre, mid and post). • Health Risk Assessment: IOM occupational health doctors are currently being trained to participate in the collective interagency bank of HRA. It is noted that IOM has been conducting its own health risk assessments through the OH unit where medical doctor(s) and a counsellor visit country offices and make recommendations and action points related to the working conditions (e.g. physical, mental and social hazards that may affect the wellbeing of staff); the environmental risks; the understanding of health insurance; the quality of available healthcare services locally and access to these structures; medical evacuation plans. These are reported both to the Chief of Mission of the office and to IOM senior management in HQ. Examples of the recommendations include: identifying hospitals with which agreements with IOM are in place in order to avoid down payments and facilitate admission; extension of health insurance coverage to staff who meet criteria and were not enrolled; support to the staff's wellbeing in closed secure compounds by encouraging recreational activities within the compound. • Reimbursement of insurance claims: Any claim for which the original receipts are received by the claim processing unit by the end of a calendar month is reimbursed by the end of the following month, provided all documentations are in order. • UN living and working conditions: A new policy on accommodation, including minimum standards for bandwidth, will be published by 2019. In addition, IOM has initiated the internal process for assessing the compliance to the UN minimum living and working standards at the existing accommodations/ offices. The compliance assessment is planned to be an annual exercise. • Medical travel: In-country travel allowed for national staff and covered by insurance, if authorized by an IOM doctor. |
| <p>UN Secretariat</p> | <p>The Office of Human Resources Management provides a number of pre-deployment measures as well as health related services:</p> <ul style="list-style-type: none"> • Global Induction Platform: OHRM offers an online Global Induction Platform for new staff joining the UN Secretariat and those relocating to new duty stations, allowing staff the use of tailored menu of activities to familiarize themselves with their new roles, functions and the duty station. The content includes information on the Organization's culture, learning as well as mandatory training programmes, performance management and other relevant tasks. In addition, staff are provided with a library of recommended readings, including key administrative issuances. The Platform also provides a Manager's. Since its launch in 2016, over 24,502 staff have registered on the Global Induction Platform. |

- **Young Professionals:** Twice a year, OHRM offers a five-day face-to-face career development programme for new recruits joining the UN Secretariat through the Young Professionals Programme (YPP) at the P2 level. The programme is an opportunity for these staff to establish a network and obtain a broader understanding and integration into the UN system. It also provides them key skills such as written and verbal communication, collaborative negotiations and support for professional development. The programme is followed up with a one-year-long mentoring programme for all participants.

The Integrated Training Service of DPET, **DPKO-DFS** offers a series of programs to prepare staff and managers for their missions:

- **Senior Leadership Programme (SLP):** DPKO-DFS offers a Senior Leadership Programme, a mandatory five-day course, to newly appointed senior leaders in field missions. The main objective of the programme is to focus on key strategic challenges that senior leaders confront in their missions and the tools to address such challenges. The target audience is Senior UN peacekeeping civilian and uniformed field managers, at the D-2 levels and above, within first 6 months of their appointment. The main themes of SLP include, leadership challenges, human rights, crisis management, financial management and personnel and human resources.
- **Senior Mission Leaders' (SML) Course:** DPKO-DFS also offers a ten-day non-mandatory course, conducted twice a year with a host Member State, to prepare participants to learn about the roles and responsibilities associated with serving on a mission's leadership team, including undertaking the role as Special Representative of the Secretary-General (SRSG), Deputy SRSG, Force Commander, Police Commissioner, Director of Mission Support, or Chief of Staff. The main themes of SML include, strategic leadership, legal and political frameworks, conflict analysis, mediation and negotiation, mission support, conduct and discipline.
- **Pre-Deployment Training for Civilian Personnel (in Regional Service Center in Entebbe):** DPKO-DFS offers Civilian Pre-Deployment Training (CPT) to eligible civilian personnel (who are new to UN-PKO or have not been employed in a UN-PKO in the past three years) selected for service in UN peacekeeping operations. The CPT is one of the primary tools used by DPKO-DFS to improve preparedness, effectiveness and productivity of civilian peacekeepers, serving in dangerous and complex peacekeeping environments.

UN Medical Services Division, OHRM:

- Healthcare safety and quality standards have been developed and endorsed. In particular, the "Vaccination and Malaria Prophylaxis Guidelines for all United Nations personnel on official travel and health care workers" have been instrumental in providing clear guidelines on travel vaccinations and prophylaxis required and recommended for their travel destination.
- Risk mitigation plans (in English and French) were developed for: Zika (April 2017), Cholera (June 2017), Lassa fever (Feb 2018), Malaria (draft), and Plague in Madagascar (Nov 2017).

- Specific health-related web pages were created on the UN HR portal including a number of disease-specific pages and a travel health information page.
- A new function in the medical record system allows work absence due to sick leave to be identified as work-related or not.
- Staff counselling is being implemented in innovative ways to deliver services and to reach more UN personnel at Headquarters and globally. Initiatives include online training on resilience building, sleep hygiene and stress management.
- In partnership with the UNSSCG, developed, tested and promulgated a Psychosocial Health Risk Assessment Methodology.

Occupational Safety and Health management system:

- Secretary-General promulgated ST/SGB/2018/5 on the Introduction of an occupational safety and health management system, and it is noted that training in occupational safety and health has been delivered to over 100 personnel.
- Occupational safety and health teams were externally accredited through the training of 115 staff members, including medical personnel, from different duty stations on occupational safety and health principles to raise the awareness and the profile of occupational safety and health matters at the workplace.

DSS would like to highlight cross-cutting security related initiatives:

- In 2017-2018 DSS initiated a New York SSAFE (in addition to the mandatory SSAFE for high-risk environments that has been in place for 10+ years) in order to prepare personnel for the possibility of rapid deployment when required for emergencies. Previously, when surge was required, deployment was either delayed to enable personnel to take the course, or waivers were provided thereby depriving deployed personnel of the risk-mitigation benefits of the SSAFE. The SSAFE course depends upon a ToT model that includes certification of trainers after a course (5-day in-person) supplemented by co-training with an experienced trainer.
- In addition, the BSAFE course will be rolled out in October 2018 to replace the existing BSITF and ASITF courses. The new course is a significant update and change in methodology that is more interactive and scenario based than BSITF and ASITF.
- Other initiatives to note are: Women Security in the Field (WSAT) course offered through many organizations and the in-country security briefing at each location upon arrival of new staff.

In addition, within DSS, a physical security programme for UN installations is provided. A new mobile tool was developed in 2017-2018 and is currently being used. In addition, DSS is rolling out Crisis Management training for Dos and DO ai, with XB funds, for which six training programmes will be held from January to June 2019. Other initiatives include CISMU's review of its model and progress towards a data-driven approach to the prevention of and response to critical incident stress and the review of the function of aviation safety in the selection of commercial air carriers for duty travel, to take account of lessons learned.

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| | <p>OCHA has recently published its report on OCHA Internal Evaluation of Duty of Care. The report can be found on OCHA’s website: http://www.unocha.org/themes/evaluations-and-reviews/reports.</p> |
| <p>UNDP</p> | <ul style="list-style-type: none"> • Pre- and post-deployment guides and briefings: UNDP is currently updating the common pre-deployment guide with UNDP information to include it into the UNDP on-boarding process. In addition, since May 2017, UNDP has been providing mandatory pre- and post-deployment briefings to all staff deployed to hardship (D&E) duty stations. The purpose of such briefings is offer a facilitated reflection designed to help staff transition from the high-risk field assignment. • Streamlining insurance processing mechanism: The UNDP Medical Insurance Plan (MIP) claims for locally recruited staff members and the Cigna World-wide Plan for international staff are processed online. As for locally recruited SCs, they are covered by medical insurance is paid by UNDP. For other types of personnel (i.e. internships and NRLAs), the policy provides that they have to be covered by insurance and this is verified in every case. • Ensuring adequate bandwidth: UNDP provides guidance to its country offices for the appropriate bandwidth requirements. Currently 10 out of 18 high risk locations meet the standards as outlined in the April 2018 Task Force report to the HLCM. • Mental health strategy: UNDP has engaged an external independent entity to provide psychosocial support to UNDP personnel, including mandatory briefings and ad-hoc counselling support. As of mid-2018, counselling support to victims of sexual harassment is also available. Other measures, as, per the Strategy, are pending and will be implemented within the available resource package. • Residential safety and security for locally-recruited staff: UNDP security office is re-invigorating the Agency Country Security Focal Point (ACSFP) structure, which will provide additional security support to locally-recruited personnel. The policy and training for this is being funded from within existing resources and the UNDP Security Reserve budget. |
| <p>UNESCO</p> | <ul style="list-style-type: none"> • Streamlining insurance processing mechanism: There is a dedicated focal point for Staff Compensation and all regular MBF, Pension and Compensation Payments are made within 30 days. In addition, update of beneficiaries is systematically required on each reassignment. Effective 2019, the update of beneficiaries will be incorporated in the annual review on allowances addressed to all staff. This will be implemented from the next review (1st Q 2019). It is also noted that insurances for non-staff personnel are automatically covered from the start date of their contract. • Safe and secure transportation for locally-recruited staff: Provisions have been made in certain high risk duty stations to provide safe and secure transport for local staff e.g. in Kabul, Juba and Port-au-Prince. |

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| <p>UNFPA</p> | <ul style="list-style-type: none"> • Duty of Care for surge deployees and improved pre-deployment: Country offices receiving surge deployees are provided with a pre-deployment checklist to help on board and integrate surge. Surge deployees also have access to a deployee website that contains both technical and Duty of Care resources. UNFPA also organises surge assessment and simulation workshops to prepare for future surge for deployment. The workshop includes learning regarding staff and UNFPA responsibilities, security and safety, wellbeing and self-care and how to adapt and integrate to normal life when returning from the field. In addition, regardless of contract modality, all surge deployees receive pre-and post-mission debriefings. These briefings allow UNFPA to identify concerns and proactively address issues that may impact Duty of Care. • Bringing staff care and support to our health workers in Bangladesh: As part of its response efforts to the violence against Rohingya communities in Rakhine State, Myanmar, UNFPA is supporting Women Friendly Spaces (WFS) and Women Led Community Centres (WLCC) in the Rohingya Refugee Camp and adjacent host community. At the WFS, case workers and case managers are trained to offer specialized case management and other services for survivors of gender based violence (GBV). The GBV Staff CARE specialist conducts consultation with UNFPA staff and partners to identify current staff and self-care practices and priorities and develop robust self-care tools and techniques. • Staff Wellbeing Site: The new UNFPA staff wellbeing website boasts numerous resources to guide all personnel to a fruitful professional and personal life. Practical advice to navigating various workplace situations can be found. The website also has numerous resources for counselling and other support. |
| <p>UNHCR</p> | <p>Has a dedicated Duty of Care coordinator to structurally improve Duty of Care for UNHCR personnel and mainstream it into UNHCR.</p> <p>Key work includes:</p> <ul style="list-style-type: none"> • Development of a UNHCR Administrative Instruction which includes a number of support measures and entitlements for UNHCR personnel working in High Risk Duty Stations (HRDS). (see more below) • Development of a communications strategy on Duty of Care including information pamphlets, posters and development of intranet site. • Inclusion of Duty of Care in UNHCR’s risk management framework, and the development of an accountability/M&E framework on Duty of Care. • Duty of Care pilot missions to HRDS where focus group discussions are held and surveys conducted with all personnel on key Duty of Care issues. The missions aim at informing staff about Duty of Care issues and standards, obtain baseline data, make recommendations and provide support. <p>Pre-deployment guide: UNHCR is working on adapting the pre-deployment guide to UNHCR’s realities. Staff welfare and security webinars have now been developed and made available to improve pre-deployment information provision to staff. Detailed country profiles have been developed in 15 HRDS.</p> |

Mandatory health checks and information sessions are provided before departure and **mandatory security briefings** upon arrival. Induction sessions to be made available in first days of arrival.

Training: UNHCR has provided training on Duty of Care to over 150 senior managers and security personnel heading to and/or working in HRDS. It has assessed its own trainings and several key management trainings and certification programmes already contain key elements of Duty of Care (security, resilience training, etc.). The Security Management Learning Programme on risk and security management has now been made mandatory to all senior managers in HRDS. UNHCR is working with WFP and UNICEF on developing further DoC modules which can be easily integrated in trainings.

Resilience: UNHCR has made resilience and welfare briefings **mandatory** for any staff being deployed to HRDS. Psychological preparedness tools are also made available, the results of which can be further discussed with staff welfare staff. UNHCR has also added the possibility for senior managers in HRDS to receive 5-10 hours coaching, if and when required.

Mandatory debriefing: UNHCR has made debriefings with staff welfare mandatory for any staff leaving HRDS. Once the debriefing has been completed and after leaving the HRDS, staff must take mandatory leave (equalling one day per month served in the HRDS) which is with full pay.

Measures for locally-recruited staff:

- Residential safety and security: depending on the duty station and security needs, staff can receive additional support to improve residential security. In South Sudan, as another example, national staff in most field locations live in the UNHCR compound, side by side with international staff.
- Safe transportation from home to the office is provided to staff in all HRDS where recommended.
- Compressed time-off with pay: Each locally-recruited staff member working in HRDS is now required to take mandatory leave of five days after ten weeks of work.

Streamlining insurance processing mechanism: Both the insurance providers for internationally and locally recruited staff now allow for online submission of claims. An appendix D focal point has been appointed and updated information on revisions to appendix D have been duly conveyed to all UNHCR staff. Processing time for insurance claims received with complete documentation is in general within 30 days for locally-recruited staff and within a week for international staff. The variance in processing time is due to a difference in insurance coverage and the fact that insurance claims for international staff are processed centrally, while insurance claims for locally-recruited staff are processed in each office.

Adequate bandwidth: UNHCR has developed an action plan and M&E framework to ensure all UNHCR offices have adequate bandwidth. Over 50% are currently “bandwidth compliant” but challenges remain in some HRDS. Work is ongoing.

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| | <p>Working and living conditions: UNHCR is updating its policy on living and working accommodations as per UN standards which will be issued end 2018. UNHCR has a dedicated global accommodation unit which maps and monitors compliance, and has in recent years provided much needed support to several high-risk locations. It has also been an active member of the Working Group and contributed to the development of the accommodation tool. A Global Occupational Safety and Health (OSH) Officer and Committee on OSH will assist and ensure monitoring of minimum standards.</p> <p>Health risk assessment: The assessment tool is being integrated into UNHCR’s work and UNHCR plays an active part in UNMD missions, assessments and training of new assessors.</p> <p>Mental health strategy: UNHCR has integrated the global mental health strategy in its work. Mapping has been done on what is in place, and what is missing and an action plan developed beyond 2018. This includes further implementation of measures from the Administration Instruction on support to HRDS, development of an on-line wellbeing platform, strengthening support to staff, establishing a benchmark towards mental health, training in psycho social assessment tools and much more.</p> <p>Affiliate Workforce: AWF receive the same services and support as staff, between the moment of arrival and departure (including the end of assignment debriefing). AWF can benefit from medevac through UNHCR, but, within the provisions of the MoU, sending agencies must confirm that deployees have obtained adequate medevac insurance prior to deployment. UNHCR is working on improving pre-departure support further. UNHCR is also part of the Working Group with Standby Partners on improving Duty of Care.</p> |
| <p>UNICEF</p> | <p>Pre-deployment guide:</p> <ul style="list-style-type: none"> • An updated pre-deployment guide is now available to all UNICEF personnel in English, Arabic and Spanish (French version is under translation). The guide is provided as part of their on-boarding process. <p>Resilience briefings and other staff well-being:</p> <ul style="list-style-type: none"> • Resilience briefing with staff counsellor for staff deployed to high risk duty stations is now a mandatory pre-deployment step. • The number of IP staff counsellor posts also increased, from 10 in 2016 to 16 in 2018. • The wellbeing ‘toolbox’ was expanded with the improvement and standardization of wellbeing material, programmes and services to all staff. • A dedicated Staff Counsellor and Peer Support Volunteer SharePoint site, with online reporting capability to improve data analytics, global collaboration and knowledge transfer was launched. <p>Safe and secure transportation for locally-recruited staff: UNICEF already provides transportation to the nearest urban town or capital city for locally-recruited staff members in L3 duty stations. The transportation is arranged at the country level.</p> <p>Streamlining insurance processing mechanism: The UNICEF Medical Insurance Plan (MIP) claims for locally recruited staff members and the Cigna World-wide Plan for international staff are processed online. For other types of personnel (i.e. consultants</p> |

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| | <p>and individual contractors), the policy provides that they have to be covered by insurance and this is verified in every case.</p> <p>Adequate bandwidth: UNICEF provides guidance to its country offices for the appropriate bandwidth requirements and monitors compliance by country offices via a dashboard that is also accessible by Field IT Officers.</p> |
| <p>UNIDO</p> | <p>Process in place to support country offices: UNIDO already has in place, a process for the Country Offices to request support from HQs on special and additional requirements, e.g. with regard to MOSS and MORSS standards. Such processes can be used to implement Duty of Care action points e.g. health support plans.</p> <p>Streamlined insurance processing mechanism:</p> <ul style="list-style-type: none"> • Online claims process, including application for mobiles phones, is already introduced in UNIDO in partnership with Allianz (a limit of 1,000 EUR for submitting claims online using the mobile apps). • Updating list of beneficiaries: Conducted annually as part of the Dependency Status Review. Staff members are expected to update them whenever necessary on an ad hoc basis. • Coverage for non-staff personnel: For local non-staff holding regular contracts, UNIDO provides health insurance, which includes a disability and death benefit and it is free of charge. <p>Residential safety for locally-recruited staff: In UNIDO such support is provided on a case by case basis on the ground and decisions of SMT and/or UNRC. The most recent example is the smog in Beijing, which was recognized by local UNCT as a health hazard and as a result, staff was authorized to procure air filters for home and office, which were reimbursed.</p> <p>UNIDO policy on medical and security evacuation also applies to locally recruited staff members and their eligible family members.</p> <p>UNIDO has designated the Appendix D Focal Point whose contact details are available online in the intranet.</p> <p>Several years ago, UNIDO implemented an online Administrative Handbook with key information about various administrative issues and procedures, including staff entitlements, health insurance, medical evacuation, medical check-up, Appendix D, attendance and leave, emergency phone numbers, etc. To facilitate the search, the handbook is provided with three indexes: alphabetical, by category, and by branch. The Handbook is regularly updated and allows easy access to the relevant policy or administrative issuances, forms, etc. It is very popular with the staff and as of today, it has been accessed almost 24,500 times.</p> |

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| <p>UNOPS</p> | <ul style="list-style-type: none"> • Pre-deployment guide: Conducting a mapping exercise at the moment to find out what the local HR in high risk duty stations provide, and to build on it, as some duty stations already have this in place (e.g. Afghanistan). • Working and living conditions: All new accommodations/office premises go through review at HQ level prior to initiation of the works. UNOPS is planning to do a gap analysis of the current standards with the intention of ensuring that the minimum standards are covered. In addition, all offices are required to do self-assessments twice a year on health and safety requirements. Monitoring of the status of working and living conditions in high-risk duty stations, as per the Duty of Care M&E framework will be included. • In addition, UNOPS is also currently reviewing its policy on medical evacuation and the possibilities for carrying out a more in-depth study. |
| <p>UNV</p> | <ul style="list-style-type: none"> • UNV uses its e-Campus modules to provide pre-deployment information and supervisors' training to UN Volunteers (training completion is monitored). • As for insurance, UN Volunteers may file their medical claims via Cigna online and UNV confirmed that it makes payments to beneficiaries within 60 days of receipt of all documents. It is also noted that UN Volunteer health insurance provides for mental health services and coverage. • While UNV discontinued central provision of first-aid kits to UN Volunteers, the funds for medical kits are provided in the pre-departure expenses. • Any measures for non-staff personnel, developed by the HRN in conjunction with the Task Force will be reviewed for adoption in the next review of UN Volunteer Conditions of Service in 2018-2019. |
| <p>UN Women</p> | <p>The applicable Duty of Care action points are currently under consideration for UN Women. It is noted that UN Women collaborates with other organizations, e.g.:</p> <ul style="list-style-type: none"> • UN Women is exploring options to partner with UNDP as outsourced service provider, for providing the pre-deployment guide. • UN Women relies on UNDP for insurance services. • UN Women relies primarily on Common Premises practices and engaged in leases with other UN agencies. • UN Women follows the UN policy on medical evacuation, which is currently under review. |
| <p>WFP</p> | <p>Pre-deployment guide: An online platform has been developed to support staff joining WFP as part of their on-boarding process, and since May 2018 WFP has provided a guide to support staff deploying, during and after an emergency deployment is available.</p> <p>Training for Managers: WFP is actively participating in the Working Group as has provided relevant content to managers through its internal knowledge-sharing platform (WeLearn).</p> <p>Health Risk Assessment and Health Support Planning: WFP has actively participated with UNMD and led the production of the DS-HRA in Cox's Bazar and South Sudan.</p> |

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| | <p>Streamlining insurance processing mechanism: WFP is implementing online claiming in all staff medical insurance plans, including the one for non-staff personnel.</p> <p>UN standards on working and living conditions</p> <ul style="list-style-type: none"> • WFP values the wellbeing of its staff in field operations and endeavours to provide high quality working and living conditions, even in difficult environments. To achieve this, in October 2015, WFP issued quality standards for living conditions in the field and completed the quality assessment of the guesthouse network. • As a result, Upgrade Plans for 16 Country Offices were developed providing guidance on what needed to be improved, at what cost and when. The projects catalysed 16 million USD in total upgrade investments to boost major improvements. A corporate product catalogue has been developed to support single countries in preparing their own upgrade plans; WFP upgraded 48 guesthouses, 350 rooms/prefabs, 90 en-suite rooms, and provided 30 water purifiers, 260 pieces of gym equipment, 290 mattresses and 75 TV sets. • Today, 60% of the WFP guesthouse network is already up to corporate quality standards; another 25% is currently ongoing renovations upgrades. This makes WFP largely compliant with newly published UN standards produced by the Duty of Care Task Force and actively working to fulfil the gaps not only in high risk duty stations. <p>Ensuring adequate bandwidth: WFP provides accommodation in line with adequate bandwidth and in compliance with standard requirements.</p> <p>Mental Health Strategy</p> <ul style="list-style-type: none"> • WFP recognizes psychosocial health of personnel as one of the main pillars of the agency OSH framework and corporate Wellness Strategy. In line with this, WFP has already in place a number of services/initiatives addressing the MHS 7 priorities. In particular: 1) Wellness Committees in 27 country offices with clear terms of reference ranging from occupational health and safety to personnel wellbeing supported from a regional and HQ multifunctional community of practice including HR, Administration, Security, Medical and Counselling Services; 2) Regional and special operations counselling outreach to enhance personnel access to services; 3) Mandatory psychosocial preparation to deployment to D-E duty stations and L3 emergencies; 4) up-coming staff resilience program as well as counsellors minimum training and licensing standards. <p>Locally-recruited staff: Compressed time-off: WFP has initiated a policy change to extend Flexible Work Arrangements to all modalities under authority delegated to the Country Director – in response to security situations.</p> |
| <p>WHO</p> | <ul style="list-style-type: none"> • Health Risk Assessment and Health Support Planning: WHO actively contributes to the Steering Committee. • Insurance for non-staff personnel: WHO automatically provides a non-staff insurance program currently underwritten by CIGNA. • Medical evacuation and travel: WHO has recently revised and implemented policies with regards to medical evacuation and medical travel. The policies include, medical evacuation of WHO staff and eligible consultants and SSA holders deployed to |

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| | <p>response to emergencies and suspected public health events under investigation and travel for medical reasons for international and locally recruited staff members and their eligible families. WHO conducts regular tender to identify the medical evacuation provider.</p> <ul style="list-style-type: none"> • Safe and secure transportation for locally-recruited staff: WHO already provides transportation to the nearest urban town or capital city for locally-recruited staff members in high risk environments. The transportation is arranged at the country level. • Minimum living and working standards: When new offices are built, WHO ensures that the offices meet the minimum building and security standards, established by UN DSS. WHO is currently undergoing full building assessments of current premises to ensure buildings are constructed and maintained appropriately. |
| <p>World Bank Group</p> | <p>A number of health-related services are provided at the World Bank Group to enhance Duty of Care for its staff and personnel:</p> <ul style="list-style-type: none"> • Supplementing its existing health services, the WBG has initiated a formal Occupational Health and Safety program, overseen by a Senior Management led OHS Committee, with activities guided by the UN Framework CEB/2015/HLCM/7/Rev.2, ISO45001, and in accordance with ST /SGB/2018/5 on OSH Management. • A new outsourced onsite HQ clinic provides full primary health care services to staff, dependents, and retirees. • A health and wellness support program is available to all staff, enabling personal health risk identification and management, individual health coaching programs, and chronic disease management support. • Online learning programs have been developed covering health and resilience for travel and relocation, and essential Occupational Health and Safety principles for all staff and supervisors. Personal health and resilience briefings are also provided to staff relocating to locations affected by fragility, conflict, and violence. • Health Service counsellors and physicians prioritize high-risk duty stations for regular support and assessment visits. • an enhanced psychosocial support program was developed for staff in Afghanistan, serving as a pilot for duplication in other high-risk locations. • An expanded “Out of Country Care” benefit has been provided to country office staff as part of the health benefits insurance package. • A global Automatic External Defibrillator program is being rolled out, providing AED devices and training for all WBG workplaces. |

The following annexes can be found at document: **CEB/2018/HLCM/17/Ann.2-5**

- Annex 2. Duty of Care Monitoring and Evaluation Framework
- Annex 3. Terms of Reference, cross-functional interagency Task Force on Duty of Care
- Annex 4. Terms of Reference for UN OSH Committee
- Annex 5. Terms of Reference and Standard Operating Procedures for Regional Areas of Care