



**Chief Executives Board
for Coordination**

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HIGH-LEVEL COMMITTEE ON MANAGEMENT (HLCM)

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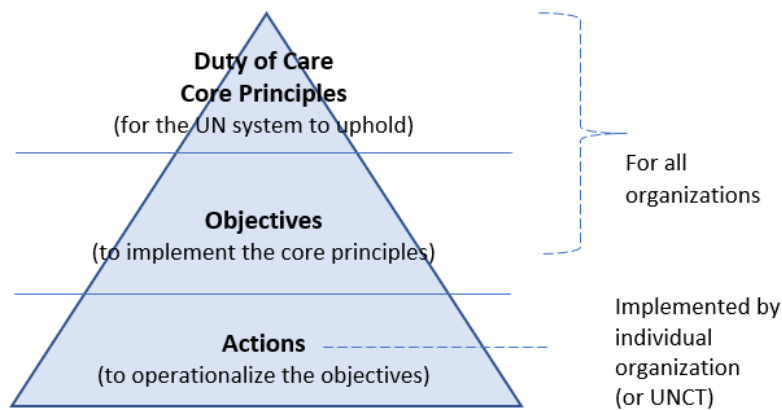
UN Volunteers, Bonn

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Annex 1. Duty of Care Core Draft Principles

Overarching objective: Creating a culture that is conducive to discharging Duty of Care



1. Risk awareness and transparency

The Organization is proactive in providing information and remains open to engagement, input and feedback from UN personnel.

Objective:

- Maintain a dynamic hazards and risks communication to personnel, their eligible dependents and management at all times, before and throughout the deployment.
- Ensure that personnel, their eligible dependents, where applicable, and management are fully aware of existing mitigating controls, level of effectiveness and any residual risks.
- Ensure personnel are informed of current and available information about the duty station (including medical and security situations) prior to, during and after the deployment.

Actions endorsed by HLCM under Duty of Care Task Force:

- Pre-deployment guide and resilience briefings
- Country specific factsheets are made available and easily accessible

Actions resulting from other HLCM mandated activities:

- Regularly updating and communicating the results of risk management processes (e.g. Enterprise Risk Management (ERM), Security Risk Management (SRM) and Occupational Safety and Health (OSH))

2. Safe and healthy working and living environment

Shared engagement and responsibility of the Organization and personnel to promote and sustain security, safety, health and wellbeing of UN personnel as far as it is reasonably practicable.

Objectives:

- Inform both personnel and management of their roles in the provision and maintenance of a safe, healthy and secured working and living environment

- Ensure that relevant health, safety and security provisions are made available and appropriately manage associated risks.
- Implement the HLCM-approved OSH framework, which includes developing an OSH Policy statement.
- Emergency response preparedness plans are developed periodically and reviewed and tested.

Actions endorsed by HLCM under Duty of Care Task Force:

- Duty Station health risk assessment and psychosocial health risk assessment
- Duty of Care risk management framework (under development)
- UN living and working standards
- Mental Health and Wellbeing Strategy

Actions resulting from other HLCM mandated activities:

- Road safety strategy
- Prevention of sexual exploitation and abuse and sexual harassment
- Security Risk Management process (SRM)
- Programme Criticality
- Occupational Safety and Health Framework (OSH)

3. Inclusion and respect for dignity

Organizations treat personnel in good faith, with due consideration for individual circumstances, respecting and preserving dignity.

Objectives:

- Individual circumstances are taken into due consideration, as far as reasonably practicable
- Create a work environment that is free from discrimination, sexual exploitation and abuse, sexual harassment, harassment and abuse of authority
- Measures are in place to discharge duty of care for different categories of personnel

Actions endorsed by the HLCM under the Duty of Care Task Force:

- Pre-deployment guide and resilience briefings
- UN living and working standards
- Measures for locally-recruited staff in high-risk environment
- Measures for affiliated workforce (under development)

Actions resulting from other HLCM initiatives and other UN bodies:

- Prevention of sexual exploitation and abuse
- Prevention of sexual harassment, harassment and abuse of authority
- Prevention of retaliation against whistleblowers
- Enabling workplace environment
- UN Convention on the Rights of Persons with Disability

4. Caring for consequences of risk

Caring for those who have been adversely affected or impacted by hazardous events associated with their work with the United Nations.

Objectives:

- Demonstrate empathy in all administrative actions
- Where applicable, making every reasonable effort to accommodate those who had been adversely affected and/or impacted by hazardous events associated with working for the UN
- Where applicable, mitigation of any adverse impact associated with working for the UN

Actions endorsed by the HLCM under the Duty of Care Task Force:

- For eligible personnel, timeliness of delivery and clarity in the process related to compensation for service incurred injuries, illness and death (Appendix D or as per the relevant Staff Rules applicable for each organization)
- Measures for staff members who are no longer able to serve in high-risk environment
- Mental Health and Wellbeing Strategy
- Duty of Care Health Risk Assessment and Health Support Plans
- Training for managers who serve in high-risk environments (under development)

Actions resulting from other HLCM initiatives and other UN bodies:

- Critical Incident Response Service/OHR/UN Secretariat
- Ombudsman's office
- Healthcare Quality and Patient Safety (HQPS) standards

5. Accountability at all levels

Creating a just culture that supports effective leadership and individual accountability.

Objectives:

- All persons in the organization, regardless of the level, are empowered and involved in Duty of Care matters.
- Accountability framework for Duty of Care

Actions endorsed by the HLCM under the Duty of Care Task Force:

- Implementing/Utilizing Duty of Care risk management framework, which will define the accountability at all levels
- Holding accountability in instances where unsatisfactory conduct and misconduct that results in the commission of the individual commits illegal, abusive and/or intentionally unsafe actions
- Incorporation of Duty of Care responsibilities under the Mutual Accountability Framework for Resident Coordinators (under development)
- Training for managers who serve in high-risk environments (under development)

Actions resulting from other HLCM initiatives and other UN bodies:

- The Framework of Accountability for the United Nations Security Management System
- United Nations Leadership Framework

Annex 2 – Voluntary Guidelines: An example of how to operationalize the Draft Duty of Care Framework for Affiliate Workforce

Affiliate Workforce: Duty of care for individuals with direct contractual relationship with the organizations, including but not limited to consultants, individual contractors, holders of Service Contract, interns, UN volunteers, fellows, UNOPS contractors (e.g. LICAs and IICAs) etc.

Prior to deployment:

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
Provision of detailed information	Share a pre-deployment guide with the individual	Read and acknowledge the pre-deployment guide
	Share a country-specific fact sheet, if available, with the individual	Read and acknowledge the country-specific fact sheet
	Provide key information, if available, for individual to share with families, including key contacts in the organization and relevant instructions in case the individual is injured or otherwise affected	Read and acknowledge receipt of such information
	Provide standard information on the terms and conditions of the assignment (e.g. tax, insurance, visa etc.)	Read and acknowledge receipt of such information. Seek expert advice on such provisions (e.g. individual's obligations regarding tax, insurance, visa etc.).
	Provide a copy of code of conduct and undertaking to be signed at the beginning of the assignment and inform the individual that the affiliate workforce contract does not carry any expectations for being appointed as staff.	Read and acknowledge receipt of such information.
Medical certification	Verify that the individual is medically fit to work in the duty station	Provide the organization with a medical certification (from a licensed medical professional/ health care provider) that he/she is medically fit to work in the

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
		<p>capacity contracted and in the specific duty station (as per the guidance set-out in Example 1).</p> <p>Alternatively, organizations may require that the individual completes a self-certification form.</p>
Security clearance	Verify that the individual has security clearance (from UNDSS) to travel to the duty station, including completion of the mandatory BSAFE, the new online security awareness training, and any other mandatory training that may be required specific to the duty station and/or organization.	Provide the organization with the security clearance as well as the certificate on successful completion of BSAFE and any other requisite training.
Secure travel and visa arrangements	Assistance (e.g. official letter or information) where necessary, with immigration and travel documents, including on arrival at the duty station. Any costs related to travel and visa are to be agreed between organization and individual prior to deployment and stated in the agreement.	Unless the contractual agreement specifies otherwise, the responsibility of obtaining the necessary visas and travel arrangements are the responsibility of the individual.
Reasonable accommodation of disability and other special needs	Where relevant, to ensure reasonable accommodation is provided. The Organization will assist the individual with information on any special needs.	Unless the contractual agreement specifies otherwise, to make the necessary accommodation arrangements and inform the organization of any special needs.
Ensuring appropriate insurance coverage	<p>If the Organization is not providing health insurance:</p> <ul style="list-style-type: none"> • inform the individual of the requisite insurance requirements 	<p>If health insurance is not provided by organization:</p> <ul style="list-style-type: none"> • To provide proof of health insurance, meeting the minimum requirement (see

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
	<ul style="list-style-type: none"> Verify that the individual has the appropriate insurance coverage (see Example 1) 	Example 1), which is valid for the duration of the assignment.
	<p>Medical evacuation insurance:</p> <ul style="list-style-type: none"> If not provided by the organization, but required under the terms of the contract, verify that individual has coverage for medical evacuation (see Example 2) 	If not provided by the organization but required under the terms of the contract, must provide proof of medical evacuation insurance (as per Example 2), which is valid for the duration of the assignment.
	Where appropriate, provide adequate compensation for service incurred injury, illness and death (see Example 3)	In accordance with the contractual agreement, the individual must comply with all security policies and procedures of the organization and take all necessary measures to avoid putting him/herself in harm's way.
Mutual accountability of the hiring manager, releasing organization (if applicable) and individual on proper preparation	Ensure that expected deliverables, delegated tasks and supervisory lines are clear to the individual prior to deployment, and for urgent deployment, immediately upon arrival at the duty station.	Ensure expected deliverables and delegated tasks are clear, and reporting lines are known.

During deployment:

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
Inclusion under the security system in place	Include the individual in the safety and security system in the duty station and provide any necessary security equipment	Comply with the instructions of the safety and security team
	Provide additional security measures (e.g. transport from	Comply with SMT's decision(s).

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
	residence to office) as approved by SMT.	
Accommodation, if provided, meets the minimum standards (as approved by HLCM)	If individuals are required to live in accommodation provided by the organization, ensure that the accommodation meets the minimum standard.	Comply with the provisions governing the administration of the organizational-provided accommodation
Network bandwidth	Ensure adequate bandwidth is provided to all personnel in the duty station (as per the requirement approved by HLCM).	Comply with organization's policy on the use of organization's bandwidth (e.g. do not use bandwidth to watch/download inappropriate contents)
Access to medical and psychosocial services, similar to those provided to staff	<ul style="list-style-type: none"> • Provide access to local medical services offered by the organization (e.g. UN/DPKO clinic) and information on other services available at the duty station. • Provide information on mental health services, locally or through remote consultation • Ensure access to first aid/medical essentials 	
Compensation commensurate with difficult working conditions	<ul style="list-style-type: none"> • Remunerate personnel in a manner that takes into account difficult working conditions. • Where applicable, the inclusion of a periodic time-off similar to R&R and well-being differential for internationally recruited personnel and UNVs (in accordance with the relevant agreements). 	
Inclusion in trainings and learning opportunities	<ul style="list-style-type: none"> • Ensure that the individual is provided with the opportunity to undertake all mandatory security and administrative training and learning 	<ul style="list-style-type: none"> • Attend and complete all mandatory and relevant training courses.

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
	<p>opportunities as necessary to conduct their official duties.</p> <ul style="list-style-type: none"> • Ensure that the individual has access to and completes the mandatory and necessary training courses (see Example 4). 	
<p>Access to dispute resolution mechanism and protection against sexual harassment, harassment and abuse of authority and retaliation</p>	<p>Inform individuals of their rights to access dispute resolution mechanisms (e.g. access to the ombudsman and ethics office, etc.) and the policies with respect to protection against sexual harassment, harassment and abuse of authority and retaliation.</p>	<p>Proactively seek support and inform the organization of cases of harassment, etc. through the appropriate channels.</p> <p>Familiarize themselves with the relevant organization’s policies and procedures.</p>
<p>Appropriate on-going support and fair assessment of performance.</p>	<p>Ongoing support is provided to the individual, as needed, and that a fair assessment of performance is ensured.</p>	<p>Proactively participate in the performance management process, as per the organization’s policies and procedures.</p>

Post deployment:

Measures to be provided/actions to be taken	Actions by organization	Actions by the individual
Certificate of service/ successful performance	<ul style="list-style-type: none"> • Ensure an appropriate mechanism to trace performance reports and other relevant information/ references. • Establish an appropriate mechanism to track under-performers and disciplinary cases to ensure that other UN organization are appropriately informed (e.g. via the Clear Check database) and consider such information in their hiring decisions. 	Provide true statement with the application form
Timely settlement of final emoluments as provided in the contract (e.g. last pay, travel costs etc.)	Ensure that all outstanding payments are made within the next payment cycle or at least within 30 days of receipt of all documents.	Comply with all administrative requirements and check out formalities.
Follow-up mechanism/ compensation in case of long-term effects of occupational illnesses/accidents	<ul style="list-style-type: none"> • When compensation is provided by the organization, ensure that compensation for any occupational illness/accidents is paid within 60 days of receipt of the claim and all documents. • When compensation is provided by an insurance provider retained by the organization, ensure that the insurance contract requires the insurance provider to pay any required compensation within 60 days of receipt of the claim and all documents. 	

Example 1: Guidance for medical certificate and health insurance

- Medical certificate (obtained within the last 6 months) from a medical profession/health care provider confirming that the individual:
 - is medically fit to work in the designated duty station;
 - has up-to-date vaccination(s) as recommended by WHO for the duty station and if applicable, any other duty station(s) which the individual is expected to travel during the assignment; and
 - is in overall good health.

- Health Insurance:
 - Health insurance which is valid in the duty station and any other duty station(s) which the individual is expected to travel during the assignment;
 - Insured amount which is adequate as per the local context of the duty station(s)
 - Additional duty station specific coverage (e.g. if duty station is in an Ebola affected area, the insurance must cover for Ebola)

Example 2: Guidance on medical evacuation insurance (if required)

(For example, medical evacuation insurance may not be required if the individual is recruited locally)

- Duty station specific minimum requirement for medical evacuation, which is valid for the duration of the assignment.

- Amount of coverage depends on the local condition but must be sufficient to evacuate the individual from the duty station or another duty station while on official travel to the nearest international point of medical evacuation.

Example 3: Guidance on compensation for service incurred injury, illness and death

Provisions specific in the contract for compensation in the event of service incurred injury, illness or death. Organizations may opt to provide compensation similar to Appendix D of the United Nations Staff Regulations and Rules (Option 1) or provide a lump sum (Option 2).

Option 1: Compensation similar to Appendix D of the United Nations Staff Regulations and Rules or per relevant Staff Rules applicable for each agency – to be specified in the contract.

In the event of a service-incurred injury or illness:

- Expenses: all medical expenses which are: (i) Directly related to a service-incurred injury or illness; (ii) Reasonably medically necessary for the treatment or services provided; and (iii) At a reasonable cost for the treatment or services provided.
- Total disability: annual compensation equivalent to 66.66 per cent of his or her last take home pay or, if the individual has a dependent child, 75 per cent of the last take home pay. Such compensation shall be payable at periodic intervals for the duration of the disability.

In the event of the service-incurred death:

- Funeral costs: a reasonable amount for the preparation of the remains and for funeral expenses, but no more than three times the monthly G-2, step I, pensionable remuneration applicable at the time of death for the country where the funeral takes place, or, where there is no pensionable remuneration scale for the country where the funeral takes place, the pensionable remuneration scale for Headquarters in New York.
- Expenses: all medical expenses incurred prior to the date and time of a death which are: (i) Directly related to a service-incurred injury or illness; (ii) Reasonably medically necessary for the treatment or services provided; and (iii) At a reasonable cost for the treatment or services provided.
- Travel and repatriation costs: Expenses for the travel of an eligible family member to attend the funeral or for an eligible family member or other designated individual to accompany the remains of a deceased staff member as well as the costs for the repatriation of the remains.
- Compensation: the compensation provided below to the staff member's spouse or other eligible dependent(s), provided that the total annual compensation payable shall not exceed 75 per cent of the last take home pay of the deceased member of the affiliated workforce.
 - Spouse: A spouse shall receive annual compensation payments, payable at periodic intervals, equal to 50 per cent of the deceased member of the affiliated workforce last take-home pay.
 - Dependent child: Each dependent child shall receive annual compensation, payable at periodic intervals, equal to 12.5 per cent of the deceased member of the affiliated workforce last take-home pay.

Option 2: Example of a lump sum¹.

	Person engaged from outside of their home country (i.e. an international)	Person engaged from within commuting distance of the duty station (i.e. a local)	Retired UN staff engaged as a member of the affiliate workforce to work outside of their home country (i.e. an international)	Retired UN staff engaged as a member of the affiliate workforce from within commuting distance of the duty station (i.e. a local)
Maximum Compensation (per person)	USD 280,000	USD 160,000	USD 40,000	USD 20,000
Injury	<p><u>Death:</u> USD 180,000</p> <p><u>Permanent total Disablement:</u> USD 180,000</p> <p><u>Permanent Disablement:</u> A percentage of USD 180,000 relative to the degree of disability.</p>	<p><u>Death:</u> USD 80,000</p> <p><u>Permanent total Disablement:</u> USD 80,000</p> <p><u>Permanent Disablement:</u> A percentage of USD 80,000 relative to the degree of disability.</p> <p><u>Medical Expenses Extension:</u> USD 80,000</p>	<p><u>Death:</u> USD 20,000</p> <p><u>Permanent total Disablement:</u> USD 20,000</p> <p><u>Permanent Disablement:</u> A percentage of USD 20,000 relative to the degree of disability.</p>	<p><u>Death:</u> USD 20,000</p> <p><u>Permanent total Disablement:</u> USD 20,000</p> <p><u>Permanent Disablement:</u> A percentage of USD 20,000 relative to the degree of disability.</p> <p><u>Medical Expenses Extension:</u> USD 20,000</p>
Illness	<p><u>Death:</u> USD 180,000</p> <p><u>Permanent Total Disablement:</u> USD 180,000</p>	<p><u>Death:</u> No compensation</p> <p><u>Permanent Total Disablement:</u> No compensation</p>	<p><u>Death:</u> USD 20,000</p> <p><u>Permanent Total Disablement:</u> USD 20,000</p>	<p><u>Death:</u> No compensation</p> <p><u>Permanent Total Disablement:</u> No compensation</p>

¹ This example is from UNDP. Kindly note UNDP is currently reviewing the coverage.

	Person engaged from outside of their home country (i.e. an international)	Person engaged from within commuting distance of the duty station (i.e. a local)	Retired UN staff engaged as a member of the affiliate workforce to work outside of their home country (i.e. an international)	Retired UN staff engaged as a member of the affiliate workforce from within commuting distance of the duty station (i.e. a local)
Medical Expenses	<u>Medical Expenses:</u> USD 100,000	<u>Medical Expenses:</u> No compensation	<u>Medical Expenses:</u> USD 20,000	<u>Medical Expenses:</u> No compensation

Example 4: Suggested mandatory training courses

- BSAFE training: UNDSS training course.
- Prevention against Workplace Harassment, Sexual Harassment and Abuse of Authority.
- Prevention against Sexual Exploitation and Abuse.
- Ethics course(s).

Annex 3 - Duty of Care: Monitoring and Evaluation

Organization	IAEA	IFAD	ILO	IOM	UN Women	UNAIDS	UNDP	UNEP	UNFCCC	UNFPA	UN-Habitat	UNHCR	UNICEF	UNOPS	UN Secretariat	WFP	WHO	WTO
Do you provide a pre-deployment guide as part of your induction programme to staff deployed to high-risk locations?	Yes	No	In progress	In progress	In progress	No	In progress	No	No	In progress	In progress	In progress	Yes	In progress	Yes	In progress	In progress	No
Have you embedded the pre-deployment guide, developed by the Task Force, into your induction programme?	No	In progress	No	No	No	In progress	In progress	In progress	No	In progress	In progress	In progress	Yes	In progress	In progress	In progress	No	In progress
Do you provide resilience briefings to all staff deployed to high-risk locations?	In Progress	Yes	In Progress	In Progress	In Progress	No	Yes	No	No	In Progress	In Progress	Yes	Yes	No	Yes	Yes	No	No
Do you have country-specific factsheets for all high-risk locations?	Some	Yes	No	No	Yes	Some	Some	Yes	No	Some	Some	Yes	Some	No	Yes	Yes	Yes	No
Do you provide specific managerial training to your staff (including locally-recruited staff) in high-risk locations?	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	Yes	Yes	In progress	No	Yes	No	Yes	No
Do you provide or plan to extend the managerial training to all other personnel?	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	In Progress	No	Yes	Yes	No	In Progress	No	Yes	Yes
Do you have a mechanism to provide continuous support to managers who are serving in high-risk locations?	No	No	Yes	In Progress	Yes	Yes	Yes	Yes	No	In Progress	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Do you have a process for Country Offices to request and receive support to implement health support plans, following Duty Station Health Risk Assessments?	No	Yes	Yes	In Progress	In Progress	No	Yes	Yes	No	No	No	Yes	In Progress	No	Yes	Yes	Yes	No
Have you implemented online claiming for medical insurance for staff?	Yes	Yes	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Have you implemented online claiming for medical insurance for all other personnel?	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	In Progress	In Progress	Not applicable	Yes	Yes	Yes	Yes	Yes
Have you made information on Appendix D (service incurred illness, injuries or death), manager's guide and online forms available on your intranet?	Yes	Yes	No	No	In Progress	In Progress	Yes	Yes	Yes	In Progress	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	In Progress
Have you appointed a focal point to manage cases related to Appendix D (service incurred illness, injuries or death) and made their contact information available on your intranet?	Yes	Yes	No	No	Yes	Yes	Yes	No	No	In Progress	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What percentage of payments are paid to beneficiaries within 60 days of the receipt of all documents?	90	100	0	95	100	3	100	0	1	100	50	50	50	0	100	75	100	0
Do you have administrative measures to allow all personnel to receive the necessary medical services from any type of UN clinics, including DPKO clinics?	No	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	In Progress	In Progress	No	In Progress	In Progress	Yes	No
Have you developed measures and/or communication efforts to assist staff to update their beneficiaries forms?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do you have an internal processes for claiming Malicious Acts Insurance Policy (MAIP) compensation?	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	In Progress	Yes	Yes	Yes	Yes	Yes	Yes	No

Annex 3 - Duty of Care: Monitoring and Evaluation

Organization	IAEA	IFAD	ILO	IOM	UN Women	UNAIDS	UNDP	UNEP	UNFCCC	UNFPA	UN-Habitat	UNHCR	UNICEF	UNOPS	UN Secretariat	WFP	WHO	WTO
Do you have a process to verify that non-staff personnel have appropriate insurance coverage prior to deployment to high-risk locations?	No	Yes	Yes	In Progress	No	In Progress	In Progress	Yes	No	In Progress	In Progress	In Progress	Yes	Yes	Yes	Yes	Yes	Yes
Do you have or plan to have a process to verify that non-staff personnel have appropriate insurance coverage in all other (non-high risk) locations?	Yes	Yes	No	In Progress	No	In Progress	In Progress	Yes	No	No	In Progress	In Progress	In Progress	Yes	Yes	Yes	Yes	Yes
Do you have policies, procedures or guidance reflecting the HLCM-endorsed "UN minimum living and working standards in high-risk environments"?	No	No	Yes	In Progress	Yes	Yes	No	Yes	No	In Progress	No	Yes	In Progress	Yes	In Progress	Yes	No	No
Are you implementing "UN minimum living and working standards" for your new accommodations and office premises in high-risk environments?	Yes	No	In Progress	No	In Progress	In Progress	No	Yes	No	Yes	In Progress	Yes	In Progress	Yes	In Progress	Yes	No	No
Have you established a plan to renovate existing accommodations/office premises to bring into compliance with "UN minimum living and working standards"?	No	Yes	No	No	Yes	In Progress	No	Yes	No	No	In Progress	In Progress	In Progress	Yes	In Progress	Yes	No	In Progress
Are you monitoring the status of living and working conditions in high-risk duty stations on at least an annual basis?	No	No	No	In Progress	Yes	Yes	No	Yes	No	In Progress	No	Yes	Yes	Yes	In Progress	Yes	In Progress	No
Are you applying or do you plan to apply the "UN minimum living and working standards in high-risk environments" in all other (non-high risk) locations?	Yes	No	No	No	Yes	In Progress	No	Yes	No	No	In Progress	Yes	Yes	Yes	In Progress	In Progress	No	In Progress
Have you established a plan to bring existing accommodations/office premises in compliance with bandwidth requirements for all personnel?	Yes	Yes	In Progress	In Progress	In Progress	In Progress	In Progress	Yes	Yes	In Progress	No	Yes	Yes	No	Yes	Yes	Yes	In Progress
Are you monitoring the status of bandwidth in the duty station for personal and tele-health services on at least an annual basis?	Yes	Yes	No	No	In Progress	No	In Progress	Yes	Yes	In Progress	No	Yes	Yes	No	Yes	No	Yes	No
Have you adopted and begun implementation of the Mental Health Strategy?	In Progress	Yes	In Progress	Yes	In Progress	In Progress	In Progress	In Progress	No	In Progress	No	Yes	Yes	No	Yes	Yes	Yes	In Progress
Have you conducted the necessary actuarial studies to make decisions regarding medical travel for eligible staff and families to secure essential medical care for chronic medical conditions requiring medical intervention that is unavailable or inadequate in the duty station?	No	No	Yes	No	No	No	No	In Progress	No	No	No	Yes	In Progress	No	No	In Progress	Yes	No
Have you established or revised policies regarding medical travel for eligible staff and families to secure essential medical care for chronic medical conditions requiring medical intervention that is unavailable or inadequate in the duty station?	No	In Progress	Yes	No	No	No	In Progress	Yes	No	No	No	Yes	In Progress	No	In Progress	In Progress	Yes	No

Annex 3 - Duty of Care: Monitoring and Evaluation

Organization	IAEA	IFAD	ILO	IOM	UN Women	UNAIDS	UNDP	UNEP	UNFCCC	UNFPA	UN-Habitat	UNHCR	UNICEF	UNOPS	UN Secretariat	WFP	WHO	WTO
Have you established a mechanism to provide administrative and financial support to Country Representatives to provide additional residential safety and security measures for locally-recruited staff upon SMT recommendation?	No	No	Yes	No	Yes	No	Yes	Yes	No	Yes	In Progress	Yes	In Progress	Yes	No	Yes	Yes	No
Have you established a mechanism to provide administrative and financial support to Country Representatives to enable them to provide additional measures to ensure safe transportation for locally-recruited staff upon SMT recommendation?	No	No	No	No	Yes	No	Yes	Yes	No	Yes	In Progress	Yes	In Progress	Yes	In Progress	Yes	Yes	No
Do you provide first-aid and medical essential kits in high-risk environments as per Medical Services and/or SMT recommendation?	No	Yes	In Progress	Yes	Yes	In Progress	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Do you provide or plan to provide first-aid and medical essential kits in all other (non-high risk) locations as per Medical Services and/or SMT recommendation?	No	Yes	In Progress	Yes	Yes	In Progress	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Have you developed a mechanism to address the needs of staff who can no longer serve in high-risk environments?	No	Yes	Yes	No	Yes	Yes	In Progress	No	Not applicable	In Progress	No	Yes	Yes	No	Yes	Yes	Yes	No
Have you developed a mechanism to address the needs of staff who can no longer serve in all other (non-high risk) locations?	Yes	Yes	In Progress	No	Yes	Yes	No	No	Not applicable	In Progress	In Progress	Yes	Yes	No	Yes	Yes	Yes	Yes
Do you provide transportation for locally-recruited staff based in field offices to the nearest urban town or capital city to allow these staff members to spend their time-off at a location where basic services are available?	No	No	No	No	No	No	In Progress	Yes	Not applicable	In Progress	In Progress	Yes	Yes	No	In Progress	In Progress	Yes	No
Do you have flexible solutions to provide basic essential and standby supplies to personnel that are difficult to obtain in high-risk environments?	No	No	No	No	No	No	In Progress	Yes	Not applicable	No	No	In Progress	In Progress	No	Yes	No	Yes	No
Do you have or plan to have flexible solutions to provide basic essential and standby supplies to personnel that are difficult to obtain in all other (non-high risk) locations?	Yes	No	No	No	No	No	No	Yes	Not applicable	No	No	Yes	In Progress	No	Yes	No	Yes	No

Annex 4.

Road to Change: Duty of Care in the UN system

OUR DRAFT VISION: *The United Nations, in fulfilling its organizational mandates, aims to provide a healthy, safe and respectful working environment that promotes greater accountability, efficiency and commitment of its workforce.*

OUR VALUES:

Duty of Care Core *Draft* Principles

1. Risk awareness and transparency.
2. Safe and healthy working and living environment.
3. Inclusion and respect for dignity.
4. Caring for consequences of risk.
5. Accountability at all levels.

OUR GOALS:

By 2018:

Measures developed with a focus on UN staff in high-risk duty stations. All organisations have started the implementation phase using a robust monitoring and evaluation framework.

By 2019:

Duty of Care Core Principles endorsed for the UN system. Applicability of the measures expanded to all environments and to all personnel. A Duty of Care risk register developed and integrated into enterprise risk management (ERM). Duty of Care incorporated into the accountability framework for Resident Coordinators.

2020 and beyond:

UN organizations and Resident Coordinators regularly review and report on Duty of Care risks as part of their ERM and PC processes. Duty of Care Core Principles are applied in all UN operations. Robust communications on the UN's commitment to Duty of Care.

Our success will depend on:

- Organizational commitment to mobilize its own resources to implement actions.
- Expectations of and support from High Level Committee for Management.
- Linkages and coordination with other inter-agency work streams and networks.
- Progress in UN reform process and accountability mechanism for Duty of Care.