

# Duty of Care Task Force: Status Update on 13 Recommendations

Task Force Secretariat

Recommendations	What was there before	Major improvements	How	When
<p><b>Recommendations 1 and 2:</b> Development of a comprehensive pre-deployment management package for staff and their families including a system-wide resilience briefing.</p>	<p>Pre-deployment related information and/or training vary across different UN organizations.</p> <p>The only systematic training provided to deployed personnel system-wide are Basic Security in the Field, Advanced Security in the Field and the Safe and Secure Approaches in Field Environments (SSAFE).</p>	<p>Deliverable: A comprehensive and standardized pre-deployment guide, including the resilience briefing, with technical input from the relevant experts (medical, security, psychosocial and human resources) that is available and provided to personnel and families.</p> <p>Benefits: Personnel now have access to up-to-date information, which helps them to make informed decision about their deployment.</p>	<p>UN organizations are expected to take ownership of the comprehensive pre-deployment guide and embed it in their own induction process, fulfilling their duty to inform.</p> <p>Country Teams, through the Resident Coordinators (RC), are expected to update the factsheets with country-specific information, annually (or more frequently if the risk environment changes).</p>	<p>Some organizations have already started; All other UN organizations are expected to start implementation by May 2018.</p> <p>If the format of the guide is approved by the HLCM, the Country Teams are expected to update the information within the next 3 months following the HLCM Session in April (by 15 July 2018) and then annually thereafter.</p>
<p><b>Recommendations 3 and 11:</b> Development of specific training for managers operating in high risk environments and building support for managers while operating in high risk environments.</p>	<p>While managers are selected for technical competence and managerial skills, feedback from the fact-finding missions (in Phase 1 of the Duty of Care work) showed that some managers were poorly prepared in their people management skills in high risk environment, especially during crisis.</p>	<p>Deliverable: Training package with curriculum and guidelines for each organization to include in their existing materials for training managers, so as to better prepare and support managers.</p> <p>Benefits: The added support provides protective measures for psychosocial health of the managers and personnel, thus creating positive team spirit and relationships with the managers.</p>	<p>Work has started on identifying key content for managers. The development of the training program will continue in the next phase of the Task Force.</p> <p>Once the program becomes available, UN organizations are expected to integrate the deliverable in their own training program for managers.</p>	<p>UN organizations are expected to integrate the deliverable in their existing training program.</p> <p>In addition, Staff College will include this in their training by for the target group humanitarian leadership program.</p>
<p><b>Recommendation 4:</b> Identification of consistent standards on working and living conditions for staff deployed in high risk environments.</p>	<p>There is a wide disparity among the UN organizations with regards to working and living conditions/facilities.</p> <p>In many locations, poor living and working conditions add to the</p>	<p>Deliverable: Minimum working and living conditions that are applied consistently system-wide.</p> <p>Benefits: Personnel are able to benefit from decent working and living conditions, as this is especially</p>	<p>All new accommodation and office premises are to be built based on these minimum standards; Headquarter locations for each UN organization are to regularly monitor</p>	<p>Effective 1 May 2018 and organizations (who can) are encouraged to retro-fit/renovate accordingly as best practice.</p>

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	stress of serving in high-risk environments. E.g. there is lack of privacy from sharing rooms in some locations whereas in other locations, the lack of common space prevents the teams from bonding. In certain locations, there are also no place to eat.	important in high-risk locations where freedom is restricted; Such conditions contribute to the resilience and psychosocial well-being of personnel, hence leading to better-functioning teams.	compliance with the standards.	
<b>Recommendation 5:</b> Development of a Health Risk analysis and mapping methodology.	Wide disparity among UN Medical directors on assessing health risk in a given duty station: some focus on needs for trauma, while others may focus on infectious diseases, or the needs of families. Hence it was difficult to come to common description of the problem to solve.	Deliverable: Agreed upon tool to systematically measure the hazards, their likelihood and impact, therefore defining the risk. It also has a standardized measure for prevention and mitigation mechanisms and how effective these are at controlling the identified risks, determining the residual risks.  Benefits: both personnel and managers can have better understanding of the inherent risks of a duty station.	UN Medical Directors together across different organizations conduct this risk assessment in conjunction with the Country Teams.	Tool and methodology have been approved by HLCM. Implementation ongoing as per recommendation 6 below.
<b>Recommendation 6:</b> Implementation of a systematic health support planning.	Mismatch of the need and resources. E.g. Some duty stations with no local medical facilities and no UN clinics and whereas other duty stations with adequate local medical facilities have UN clinics. In addition, a UN clinic was seen as the only solution for mitigating risk.	Deliverable and benefits: Based on the above health risk assessment, it becomes easier to judge what are the needed solutions from wide-range of possible solutions, leading to better risk mitigation and cost effectiveness.	The abovementioned health risk assessment leads to a proposed health support plan, along with an implementation timeline, that is agreed upon with the Country Teams.	Pilots started in March 2017, and is on-going.  Organizations should make resources available to ensure that measures are fully implemented within the duration as stated in the health support plan.
<b>Recommendation 7:</b> Establishing an overarching UN Psychosocial and	Staff surveys showed that UN staff suffer from a wide-range of mental health conditions.	Deliverable and benefits: A system-wide 5-year action plan with 11 strategic objectives that are translated into 7 priorities actions, including e.g.	The General Assembly, in December 2017, approved a P-5 post, to be situated in UN Medical Services Division,	Mental Health Strategy was approved by the HLCM in September 2017.

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<p>Healthcare Policy Framework.</p> <p>(Recommendation 9 on periodic visits to staff counsellors and developing anti-stigma awareness campaigns is subsumed under this recommendation)</p>	<p>There are wide disparities among UN organizations on how they provide psychosocial support with some organizations having no in-house staff counsellors and others having multiple country-level presence. In addition, there is also a lack of clarity in defining the purpose of the staff counsellors and how they are supposed to work.</p>	<p>Improved and equitable access to health care, review of the various health insurance programs, improved understanding of mental health challenges and reduced stigma, improved medical counselling experience for staff etc.</p>	<p>New York, to coordinate the work on Mental Health Strategy.</p> <p>The implementation plan and coordination among the existing resources within the UN organizations are yet to be defined.</p>	<p>The implementation plan will be presented at the next HLCM session.</p>
<p><b>Recommendation 8:</b> Addressing the issue of increasing bandwidth to ensure robust internal and external communication links in all UN locations and establishing global platform enabling access to existing cross-cutting policies and procedures and training programmes.</p>	<p>Limited bandwidth impedes the ability of personnel in high-risk locations to connect with their families; and impedes the medical services and personnel counsellors in providing tele-health services.</p> <p>It is noted that the lack of, or limited bandwidth depends also on the managers' knowledge about procurement (e.g. not knowing how much to procure in relation to the number of personnel members).</p>	<p>Deliverable: A technical document indicating graduated bandwidth needs in relation to the number of personnel, referencing the existing procurement agreement that organizations can reflect.</p> <p>Benefits: Personnel in high-risk locations are able to stay connected with colleagues and families, enhancing their abilities to better perform their functions while also benefitting from tele-services, as applicable.</p>	<p>Managers in high risk environments have reliable reference documents when procuring IT services.</p>	<p>Effective 1 May 2018, based on the proposed requirements.</p>
<p><b>Recommendation 10:</b> Development of policies, procedures and pre-screening/risk assessment methodologies to address the needs of staff who feel they can no longer serve in high-risk environments.</p>	<p>Some staff wished for a defined way to leave high risk environments before finishing their assignments, when they could no longer cope.</p>	<p>Deliverables and benefits: A collection of current and best practices for organizations to consider. It is noted that because of the different rotational policies and the funding situations in each organization, the adopted solutions may vary.</p>	<p>Organizations will adapt those practices that are possible within their entity.</p>	<p>The consideration and implementation of best practices are expected to commence in May 2018.</p>

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<p><b>Recommendation 12:</b> Reviewing insurance processing mechanisms.</p>	<p>Personnel and managers expressed inconvenience experienced and time taken in submitting insurance claims in paper format through a pouch system.</p>	<p><b>(A) Health Insurance</b> Since the recommendation was approved by HLCM in March 2016, most organizations have already instituted online claiming for medical insurance.</p> <p><b>(B) Appendix D</b> On 1 January 2017, the first complete revision of Appendix D since 1966 was promulgated by the General Assembly and went into effect.</p> <p>The revision allows for e.g. shortened timeline, increased efficiency of the Sectorian and ensures there are no backlogs and undue delays.</p> <p><b>(C) MAIP</b> Clear communications with regards to what documents are needed from personnel members, who the focal points are for queries, and how to process the requests for reimbursement.</p> <p>Benefits: Insurance processing mechanism is streamlined making it easier and more efficient for personnel to make claims; Information about the process, relevant documentation and regular updates are provided to personnel members to keep them abreast of the changes/revisions.</p>	<p>Organizations which have yet to introduce online claiming for medical insurance should review the feasibility to do in their new insurance contract (e.g. to include in their next tender).</p> <p>Organizations governed by the UN Staff Regulations and Rules should communicate to personnel about the revision and appoint an Appendix D focal point in the respective organization.</p> <p>Organizations are encouraged to provide communication to keep personnel and officers processing the insurance informed of the process, and any changes to the procedure.</p>	<p>UN Organizations are to implement online claiming for medical insurance in e.g. next tender; or upon expiration of the current contracts; or service becomes available to use, whichever is earlier.</p> <p>Organizations should inform their personnel (e.g. by publishing relevant documents on the intranet) of the revised Appendix D and managers' guide and appoint an Appendix D focal point by 1 May 2018.</p> <p>All communications efforts to be planned and launched accordingly.</p>

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<p><b>Recommendation 13:</b> Review of compensation, benefits and entitlements for locally recruited staff serving in high risk environments from a duty of care perspective.</p>	<p>Locally recruited staff members continuously highlighted the ‘discrepancy’ in the benefits and entitlements across different categories of staff (i.e. with Professional staff category).</p>	<p>Deliverable: List of measures for locally recruited staff that do not fall within the purview of the International Civil Services Commission (ICSC) are collected for organizations to consider.</p>	<p>Organizations to adopt and implement the measures as and when deemed fit.</p>	<p>ICSC will look at local salary methodology at their session in July 2018 (subject to change).</p> <p>Organizations to commence implementing the best practices, as applicable, in May 2018.</p>