

OCHA Evaluation of Duty of Care

HLCM Duty of Care Task Force
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Context: Ongoing Processes

- OCHA change process
- OCHA People Strategy
- HLCCM Duty of Care Task Force
- SG management reform

Potential Scope

Duty of care – minimum standards

Transition

- Handover, exit interviews, learning for the next recruit
- Phased returns – sickness, leave, post critical incident support
- Termination of contracts
- Incident learning reviews
- Knowledge management

Performance, development

- Management support for performance
- Clear policy & practice on dealing with under performance
- Learning & development for the role and context
- Talent development & support
- Leadership development

Health, Safety, Security*

- Risk management framework
- Health, Safety & Security policy and practice, including:
 - local risk assessments & security plans
 - access to HR support
 - Access to health services - occupational health, counselling, Access to medical, travel, accident insurance
 - Resilience & stress management support – working hours, R&R, training
- Critical incident management & support
- Strong management responsibilities & support for health, safety & wellbeing
- Quality assurance, measurement & monitoring of HSS practices, incidents



Governance*

- Clearly communicated organisation mission, goals, values, strategy
- Effective organisation structure
- Fair, adequate pay & benefits
- Fair, consistent, legal contracts
- Systems, policy & practice to support an empowering & respectful atmosphere (culture)
 - Confidential, trusted channels for employees to raise concerns
 - No tolerance on bullying, harassment, exploitation (respect)
 - Seek to understand and consult employees on issues which concern them (trust)

Recruitment

- Clearly defined role, context
- Risk assessment of role and profile of individual
- Competency-based recruitment
- Background checks, verified references for internal & external recruitment
- Information pack on values, culture

Induction*

- Prepare for the role and environment
- Travel, health, contextual security brief & training
- Resilience assessments
- Informed consent:
 - Managers & employees know the risks, know OCHA's & their personal risk threshold, how OCHA mitigates risks, and where to go for further support when exposed to risk
 - Managers & employees have the competencies to understand and honour their duty of care responsibilities
 - Managers & employees have the right to opt out with no fear of retribution

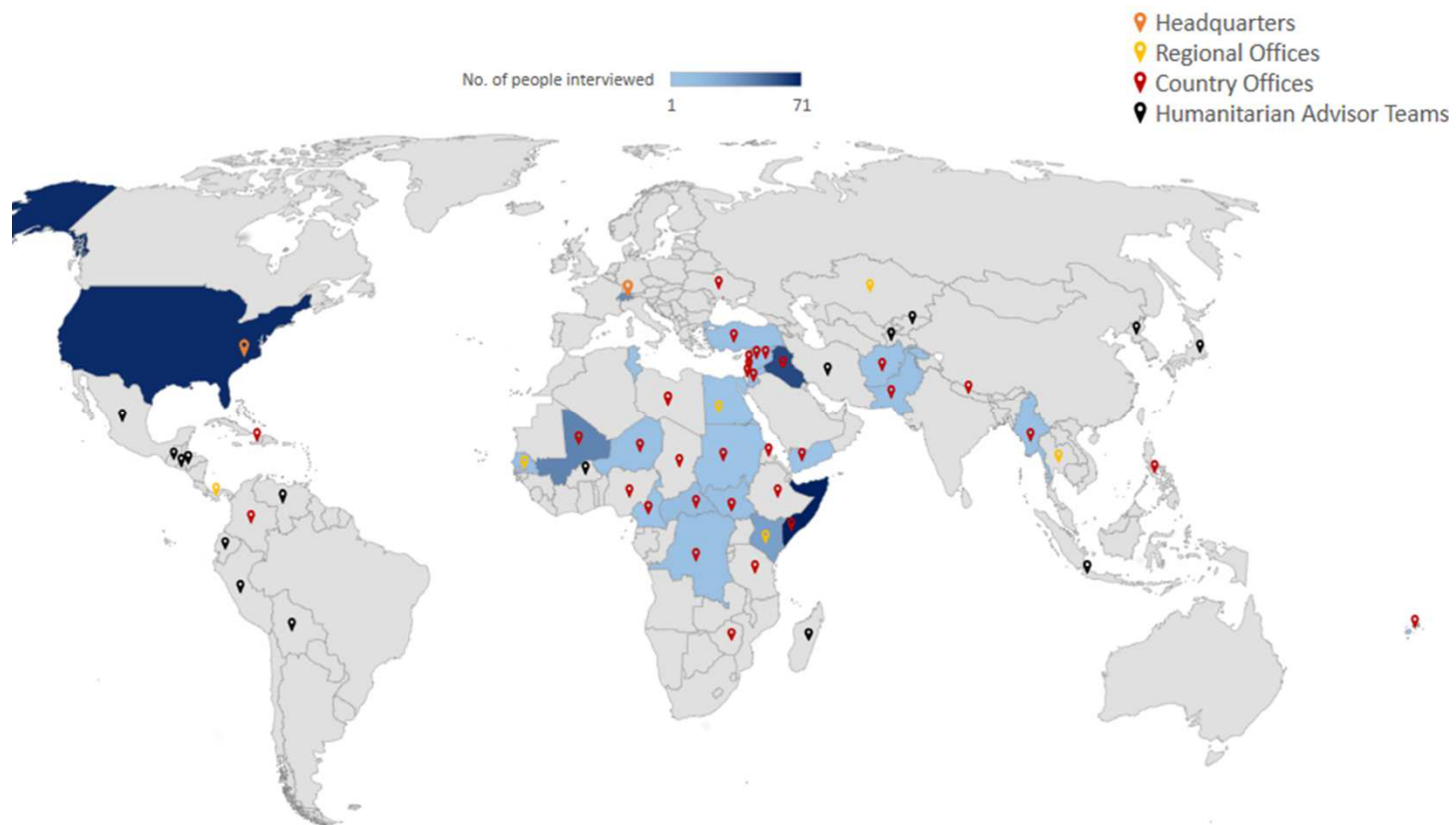
Focus on 3 dimensions



Methodology

1. **Document review** and data analysis
2. **Online survey** available to all OCHA personnel worldwide
3. **Individual and small group interviews**, in-person and remotely
4. **Field visits** to three country operations (Somalia, Iraq, Mali), one regional office (East Africa), New York, Geneva

People reached: Interviews and groups



Summary of Findings: Cross-Cutting

1. Currently **no UN system-wide duty of care definition** or legal framework
2. OCHA has evolved rapidly, **DoC systems have not evolved commensurately**
3. OCHA position **within the Secretariat** affects DoC considerations
4. OCHA guidance, system and standards of accountability are **minimal for supporting managers** to deliver DoC

Summary of Findings: Security

1. Security Risk Management documentation **more structured** than other dimensions under review
2. **65% of online survey** reported satisfied with security support (highest rating) but quality of SRM was **highly variable** among countries
3. Most commonly referenced **gaps in HREs** related to:
 - Risks to national staff
 - Gender considerations
 - UNDSS capabilities for support
4. **Procurement** issues frequently cited

Summary of Findings: Critical Incidents

1. **Low satisfaction** with procedures – especially **HR support and psychosocial** support
2. Resources for support **widely dispersed across systems** resulting in erratic responses
3. Lack of proactive system for **ongoing tracking of critical cases** (except security cases)

Summary of Findings: Staff Welfare

1. **Unhealthy stress coping mechanisms** including postponing leaves, or losing leave days and **rotation among HREs**
2. Benefits and entitlements are perceived **most problematic** among dimensions
3. **Weak mechanisms** for proactive case management
4. HR induction and ongoing support **processes viewed as inconsistent**
5. National staff face many of the **same difficulties** - but **without commensurate support**

Summary of Findings: Working Env't

1. **Significant minority** report stressful (45%) or harassment environment (35%)
2. **Reporting mechanisms** widely viewed as insufficient
3. Grievance mechanisms **not trusted for protection**
4. **Insufficient guidance** to staff on harassment, management, or protections
5. Current DOC practices **insufficiently gender sensitive** for HRE contexts

Summary of Recommendations (1/4)

Overall Approach: Establish in OCHA a systematic approach to duty of care: Including definition of ***standards***, clarification of ***roles and responsibilities*** and the establishment of ***accountability mechanisms***

3 recommendations: *Framework, workplans and guidance materials*

Summary of Recommendations (2/4)

Security: OCHA's role and work in HREs creates a different set of security requirements beyond the current capacity and resources of the Secretariat systems in UNDSS to support.

4 recommendations: *Dedicated support, additional national staff measures, procurement processes and contracts*

Summary of Recommendations (3/4)

Welfare: Recommendations emphasize establishing a case management process and a more proactive oversight for access to quality medical and psychosocial provision

7 recommendations: *Case management, review leave arrangements, property oversight, Cigna contract, psychosocial support, fast-track admin support*

Summary of Recommendations (4/4)

Working Environment: Currently, inadequate processes to deal with harassment issues arising from this internal and external culture. Recommendations relate to establishing or strengthening mechanisms for addressing and mitigating abuse

3 recommendations: *Promotion of respectful communication, internal guidance notes, gender-specific HRE issues*

Implementing the Recommendations

In Progress

1. Duty of Care framework
2. All 2019 workplans include DOC component
3. 2019 budget: \$820,000 for **security and psychosocial** support
4. New **critical incidents** policy
5. DOC included in 2018 Global Management Retreat
6. DOC to be integrated into guidance and training

Implementing the Recommendations

Planned for 2019

1. Staff **survey** on DOC
2. People Strategy Committee **dedicated meetings** on DOC
3. Security support for **national personnel**
4. Track periods of **duty and leave** arrangements
5. Strategic approach to **psychosocial support**
6. **Gender-specific** aspects of DOC in HREs

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