



United Nations  
UNMD SOP  
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# Standing Operating Procedure

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## Duty Station Health Risk Assessment (DS-HRA)

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Approved by: UNMD  
Effective date: 16 February 2018  
Contact: *UNMD Secretariat (unmd@un.org)*

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## Standing Operating Procedure (SOP)

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# Duty Station Health Risk Assessment (DS – HRA)

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### A. Purpose

1. This SOP sets out the steps and requirements for a UNMD Duty Station Health Risk assessment to be conducted by and on behalf of the UNMD,
  2. The purpose of a DS-HRA is to provide system recommendations for health risk management and health support in a specific duty station.
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### B. Scope and Applicability



3. This SOP applies to all DS-HRAs conducted on an inter-agency basis on behalf of the UNMD.
4. This SOP is to be read in conjunction with the DS-HRA Guide published by the UNMD.

### **C. Methodology**

5. The methodology to be applied for the DS-HRA is to be consistent with the DS-HRA guide and the UN Enterprise Risk Management System.

### **D. Roles and Responsibilities**

6. UNMD – The UN Medical Directors' network:
  - a. Identifies the need for a DS-HRA
  - b. defines the relevant tools, templates and methods for conducting the DS-HRA, and delivers training for assessors.
  - c. Determines the Team composition for conducting a DS-HRA
  - d. Determines the composition of a UNMD representative Steering committee to oversee the conduct of the assessment and the production of the report.
  - e. Individual medical directors liaise with their own country representatives to inform the DS-HRA and to support its implementation.
7. DS-HRA Steering Committee:
  - a. Supervises the conduct of assessment and validates the finalization of the report
  - b. Engages with the country team regarding the findings and recommendations
  - c. Communicates with other members of the UNMD regarding progress and findings of the DS-HRA.
8. Assessors:
  - a. Liaise with the UNMD appointed Steering committee.
  - b. Undertake desk review and information gathering
  - c. Travel to duty station as required
  - d. Engage with personnel in the duty station, including staff representatives and managers.
  - e. Complete the Risk Assessment tools in accordance with the Guide
  - f. Compile a report in accordance with the approved template.
  - g. Submit the report for quality review to the Steering Committee
  - h. Undertake edits and revisions as requested by the Steering Committee
  - i. The assessors shall not pre-empt the final recommendations of the UNMD, which will represent the inter-agency consensus rather than the view of individuals.

### **E. Procedures**



9. Determining the need for a DS-HRA:
  - a. A Steering Committee comprising representatives of the Medical Directors of those organizations with the largest footprint (or anticipated footprint) and including at least one staff counsellor will consider requests/recommendations for DS-HRA
  - b. Such a Steering Committee will be convened in the following circumstances:
    - i. If a country team request a duty station assessment,
    - ii. If a country team requests advice on operation (opening/closing/continuing a UN clinic),
    - iii. The Medical Director of an individual entity may request the UNMD to consider a DS-HRA.
10. Once it is determined to proceed, the Steering Committee will identify suitable assessors amongst the combined workforce of the relevant entities, and, subject to the approval of their Director, will appoint them to the DS-HRA team. Wherever possible a counsellor should be included in the assessor team.
11. The Steering Committee will convene a VTC with the Assessors for an initial briefing and scoping of assessment. The Country team can be invited to participate in this initial briefing.
12. The Assessors will complete the assessment in accordance with the DS-HRA guide and the P-HRA guide respectively.
13. The Steering Committee will provide support to the Assessors in the technical aspects of the DS-HRA and P-HRA to ensure consistent quality of assessments, and inter-rater reliability.
14. Once the risk assessment tool and the report are completed, it will be circulated to the Steering Committee for preliminary endorsement.
15. Once preliminary endorsement is received, a VTC to discuss with the Country team will be convened. The risk assessment and report should be provided to the country team at least one week before the VTC.
16. On receipt of feedback from the country team, the Steering Committee and Assessors will finalize a report, and circulate it for endorsement and for signature to the UNMD members with staffing footprint in the duty station.
17. Once endorsed, the final report will be provided to the Country Team via the Resident Co-Ordinator.



18. The UNMD will engage periodically with the Country Team to support implementation of agreed measures.

#### **F. Health and Safety Warnings**

19. Supervisors of assessors should ensure that assessors are provided with sufficient time and resource to complete this activity.
20. Planning for the safety, security and wellbeing of assessors should be incorporated into mobilizing the DS-HRA, including liaison with local security personnel.

#### **G. Cautions and interferences.**

21. If an assessment team is comprised only of individuals from a single agency, this may result in an uni - organizational focus, rather than the holistic system-level approach required by DS-HRA. Good engagement of the Steering Committee will control this risk.

#### **H. References**

22. DS-HRA Guide 2018
23. P-HRA Methodology- 2018

#### **I. Monitoring and Evaluation**

24. This SOP is maintained by UNMD. The UNMD secretariat is responsible for reporting on all aspects of (SOP/Procedure).

#### **J. Contact**

25. The contact for this SOP is the UNMD secretariat – UNMD@un.org

#### **K. History**

26. This SOP is the first issue and has not been amended. This SOP is to be implemented upon approval of the UN Medical Directors Network (UNMD) with signature of its chair, Dr Farmer.
27. This SOP will be reviewed no later than 28 Feb 2020

#### **APPROVAL SIGNATURE:**

**UNMD Chair: Dr Jillann Farmer, MSD New York**

**Date: 9. March 2018**

**Signature: \_\_\_\_\_**