



## CONCEPT NOTE

### DUTY OF CARE WORKSHOP, 4-6 Dec. 2018, UNICEF House, New York

The Duty of Care Task Force Workshop provides an opportunity for the Task Force members to further refine the Duty of Care action points, as endorsed by the High-Level Committee on Management (HLCM) in April 2018, and to work on new items in the terms of reference of the Task Force in this phase of its work. In particular, the Task Force will review the Duty of Care measures that go beyond the initial focus on high-risk environments. The outcome of the workshop will be presented to the Task Force co-chairs on the last day of the workshop and, once endorsed by the co-chairs, will be integrated into the work plan of the Task Force.

All relevant working documents, including the workshop agenda are available on the [CEB website](#), for reference purposes only.

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## Introduction

As endorsed by the HLCM, 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*”. Thus, organizations have a duty to address foreseeable risks arising from the workplace.

Hence, the Duty of Care Task Force’s work between now and the completion of its mandate in Fall 2019 will focus on several interrelated pieces: Duty of Care in all environments and non-staff personnel, the continued development of a risk management framework, and the monitoring and evaluation of the implementation of the 13 deliverables for high-risk duty stations already endorsed by HLCM in April 2018. In short, the objective of the workshop is to develop, agree upon and unpack a concept for duty of care throughout the UN system based upon a risk management approach and without compromising the impact of the first phase of the task force’s work and its focus on high-risk duty stations.

The workshop is also set against the backdrop of several ongoing streams of reform within the UN system, including the redesign of the UN Resident Coordinator System. While recognizing this is an evolving process and many organizations are undertaking internal reforms in parallel, the Task Force assumes organizations are abreast of the most recent developments and intends to pitch discussions in a forward-looking manner to see how to best equip the system to discharge upon this duty in the future.

## Duty of Care in all environments (Day 1, 10:45AM – 5:30PM)

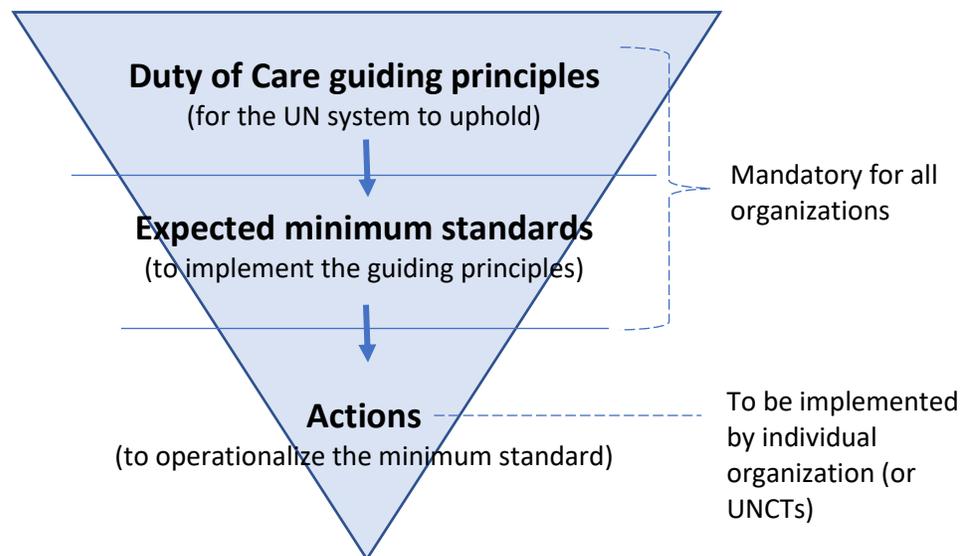
The Secretary-General is committed to discharge UN’s Duty of Care, not only to high-risk environments but to all environments and to all categories of personnel.

As such, the Task Force will need to develop a comprehensive Duty of Care approach that can be applied across the UN system<sup>1</sup> and in a sustainable manner. As a result of research and surveys conducted with non-UN organizations, the **Task Force Secretariat proposes that the way forward to expand Duty of Care to all environments would be best achieved through the development of a set of Duty of Care guiding principles and expected minimum standards.**

- **Duty of Care guiding principles:** A set of guiding principles for the UN system to uphold when operating, in any types of environments by any categories of personnel. Examples of the Duty of Care guiding principles, currently operational in other entities, are available on the [CEB website](#).
- **Duty of Care expected minimum standards:** The expected minimum requirements for organizations to adhere to, in order to apply the Duty of Care guiding principles. Individual organizations (or in certain cases UN Country Teams, if the actions should be developed at the inter-agency level) are to determine which actions would be appropriate to implement in order to operationalize the expected minimum standards.

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<sup>1</sup> For the purpose of the work of the Task Force, UN system organizations refers to HLCM member organizations.



**EXAMPLES OF GUIDING PRINCIPLES AND EXPECTED MINIMUM STANDARDS**

Duty of Care Guiding Principles	Expected minimum standards	Associated actions
<b>Principle 1 Openness and Transparency</b>	Ensure personnel are informed of current and available information about the duty station (including medical and security situations) before and throughout the deployment	<ul style="list-style-type: none"> <li>• Pre-deployment guide and country-specific factsheet are provided</li> <li>• Security updates are provided during deployment</li> <li>• Conduct duty station health risk assessment</li> <li>• .....</li> </ul>
<b>Principle 2 Safe and healthy working and living environment</b>	Example: HLCM framework on Occupational Safety and Health (OSH), UN living and working conditions, UN Mental Health Strategy, Duty Station Health Risk Assessment, MOSS, Aviation Safety Guidelines, UN standards for road safety etc.	<ul style="list-style-type: none"> <li>• Assess, retro-fit and monitor against the standards</li> <li>• .....</li> </ul>
<b>Principle 3 Non-discrimination and respect for personal dignity</b>	UN organizations shall treat the workforce in good faith, with due consideration, with no discrimination, to preserve their dignity. Example: Convention on the Rights of Persons with Disabilities, UN code of conduct, UN policies on harassment, sexual exploitation and abuse etc.	<ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul>

<p><b>Principle 4: Prevention and Intervention</b></p>	<p>Example: Take reasonable measures to ensure career continuity for personnel who are harmed from undertaking the mandated operation, prioritize placement of people who are harmed during service, fair and appropriate compensation scheme for personnel who are harmed during service, reporting on the incidents etc.</p>	<ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul>
<p><b>Principle 5 Support from management</b></p>	<p>UN organizations shall ensure appropriate training is provided for line managers as well as personnel on things to consider in their day-to-day operation in order to discharge duty of care for personnel and for themselves, e.g. managers should not put staff in convoy without escorts, or have someone work for extensive hours etc.</p>	<ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul>
<p><b>Principle 6 Culture that is conducive to discharging Duty of Care</b></p>	<p>Example: Creating an environment that supports the implementation of Duty of Care guiding principles, creating an environment that encourages managers and senior management to be responsible for enabling safe, healthy and enabling workplace, identifying the owners of Duty of Care risks etc.</p>	<ul style="list-style-type: none"> <li>• Implementation of Occupational Safety and Health Framework etc.</li> </ul>



**PANEL DISCUSSION (1h 30m)**

- There will be a panel discussion with those organizations that have made headway in embedding guiding principles of Duty of Care in their organizations and how they have done so. There will be a Q&A session after the panel discussion.
- *Panel members: TBC*

**PLENARY SESSION**

- The Task Force will agree on the approach for Duty of Care in all environments (i.e. establishing Duty of Care guiding principles and expected minimum standards).
- The Task Force will agree on the proposed guiding principles and identify any additional ones (ref: guiding principles from other organizations, CEB webpage).

### BREAK OUT SESSION

- The Task Force will break out into groups to further develop expected minimum standards and associated actions for each guiding principle.
- The groups will report back to plenary and the Task Force will agree on how to continue the work after the workshop.

**EXPECTED OUTCOME 1: Establish initial Duty of Care guiding principles, expected minimum standards and associated actions. Develop a concrete action plan to finalize this work.**

## Duty of Care for non-staff personnel (Day 2, 9 – 10:45AM)

The Task Force is mandated to review the UN's Duty of Care for its non-staff personnel. For the purpose of this workshop and the work of the Task Force, non-staff personnel refer to individuals with a contractual relationship with the organization, *whether individually or through their employer*, including but not limited to consultants, individual contractors, interns, UN volunteers as well as personnel deployed from entities in standby partnership arrangements with UN organizations.

**The emphasis is on establishing recommended minimum standards and actions for non-staff personnel based on the Duty of Care guiding principles.**

The Task Force Secretariat believes that the work on non-staff personnel is three-fold:

1. Identify steps/actions to take to ensure that those duty of care deliverables which can already apply directly to non-staff (i.e. pre-deployment guide, country specific factsheets, resilience briefing, training for managers, duty station health risk assessment and health support plan) are in fact extended to them;
2. Identify what steps/actions need to be taken in order for those deliverables which do not yet extend to non-staff (i.e. access to UN clinics, insurance coverage before deployment, UN living and working conditions, mental health strategy, medical evacuation/travel and compensation for service incurred injury, illness or death) are able to be extended, and identify Key Performance Indicators in order to monitor their implementation; and
3. Identify new deliverables which will enhance Duty of Care to non-staff to propose to the Duty of Care Task Force which will in turn submit to the HLCM for endorsement.

Hence, the Task Force will develop what are the expected minimum standards and actions for non-staff personnel so that the appropriate working groups can develop the details. The non-staff personnel can be divided into three categories below, based on the contractual modalities:

### PRESENTATION BY THE WORKING GROUPS

#### A. INDIVIDUAL NON-STAFF, HUMAN RESOURCES NETWORK (HRN)

*Presenter: TBC, Representative from Human Resources Network*

HRN will lead the work on developing measures for individual non-staff personnel. Individual non-staff personnel refer to individuals who have direct contract with a UN organization (e.g. consultants, individual contractors, interns, UN volunteers). Below is the preliminary finding, conducted by the HRN Secretariat, on the applicability of HLCM-endorsed Duty of Care action points for individual non-staff personnel:

Directly applicable	Not applicable	Needs further discussion
<ul style="list-style-type: none"> <li>• Pre-deployment guide</li> <li>• Country-specific factsheet</li> <li>• Resilience briefing</li> <li>• Training for managers</li> <li>• Duty station health risk assessment and health support plan</li> </ul>	<ul style="list-style-type: none"> <li>• Appendix D</li> <li>• MAIP insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Access to UN clinics</li> <li>• Verification of insurance coverage before deployment</li> <li>• UN living and working conditions</li> <li>• Mental health strategy</li> <li>• Medical travel</li> <li>• Compensation for service incurred injury, illness or death</li> </ul>

HRN will continue the work to identify what steps need to be taken in order to extend the above measures that are not yet applicable to individual non-staff personnel, and to come up with new measures to enhance Duty of Care to individual non-staff personnel.

**B. STANDBY PERSONNEL, DUTY OF CARE WORKING GROUP**

*Presenter: TBC, Representative from Standby Partners Duty of Care Working Group*

Standby Partner is an organization or entity that, after having signed an agreement with a UN organization, maintains a standby capacity (of standby personnel and/or equipment), which can be rapidly deployed upon request, to enhance our response to humanitarian crises. Standby Partner organizations can range from NGOs, to Governmental agencies, to private companies.

The Standby personnel working group on Duty of Care will develop a set of guidelines for all UN organizations that participate in a Standby Partnership. Using the guidelines,

Prior to deployment, all parties:

- Agree and understand the conditions of service (including, but not limited to, the Standby employees are medically cleared to perform the functions in the designated location, conducted trainings as provided, etc.).
- Informed of and agree to the terms of liabilities including mitigation measures in cases of emergencies.
- Have adequate medical insurance (including medical evacuation) to cover the Standby employees for the duration of the deployment at the duty station.

During deployment, all parties:

- Agree and understand the mechanism in place to inform Standby employees of security and medical situations in the locations and any other pertinent information.

Post-deployment, all parties:

- Agree to share their experience and to provide feedback should there be any areas for improvement (and vice-versa).

**C. INSTITUTIONAL CONTRACTORS AND THIRD-PARTY PROVIDERS**

*Presenter: TBC.*

A Third Party Contractor (“TPC”) is an agency for profit (e.g. company) duly registered to carry out the business of providing personnel to perform the activities required by another entity (ex: IOM) and receive service fees for such personnel services provided based on the terms and conditions agreed in a written agreement (“TPC Service Agreement”). A TPC may also provide various ancillary services, such as provision of accommodation, transportation and security services for this entity.

Don’t we want to say anything about what Yuichi has already developed, based on the IOM guidelines? And the need to have inputs from other agencies also hiring TPC?

**D. DURATION AND TIMELINE (TBC)**

Oct 2018 – Aug 2019	Provide progress update to the HLCM Duty of Care Task Force at its monthly Task Force meetings.
December 2018	Participation in the Duty of Care Task Force workshop in session on enhancing Duty of Care to non-staff personnel (chair or designate).
Spring 2019	Present the draft deliverable for review at the Spring HLCM.
Fall 2019	Present the final version of the deliverable, as part of the Duty of Care Task Force report, to the HLCM for their endorsement at its 38th session.

**DISCUSSION SESSION**

- Q&A to the working groups for each non-staff personnel.
- Agree on an action plan to finalize the measures for the different categories of non-staff personnel, which will include a consolidation of all the measures in one reference guide.

**EXPECTED OUTCOME 2: Agree on an action plan to finalize the measures for non-staff personnel, which will include a consolidation of all the measures in one reference guide.**

**Duty of Care risk management framework (Day 2, 11AM – 5:30PM)**

The HLCM instructed the Task Force to “continue the development of a risk management framework for Duty of Care, by focusing on life-threatening issues and building on the Health Risk Assessment methodology to assess whether the Duty of Care for personnel has been fulfilled in a given location. This risk management framework needs to be reviewed given due consideration to and coordination with the Occupational Safety and Health (OSH) Framework.”

**The Task Force intends to use the guiding principles and expected minimum standards already identified as a first step towards developing an overarching Duty of Care risk management framework.**

**PRESENTATIONS**

- Enterprise Risk Management: Speaker, TBC

- Life-threatening risks: Speaker, TBC
- Risk management framework: external speaker, TBC

As a key example, the Duty Station Health Risk Assessments are the standard to identify health/medical related risks in a given duty station. The results of these assessments using the six mandatory health support elements (MHSE) namely, Primary Care, Hospital Care, Mental Health Services, Mass Casualty Plan, Medical Emergency response and Access to Pharmaceuticals, including PEP<sup>2</sup>, will serve as indicators to inform senior management where the health risks reside, enabling them to make decisions to mitigate these risks.

### **BREAK OUT SESSION (1h 30m): LINKING RISKS WITH DUTY OF CARE GUIDING PRINCIPLES**

The Task Force will break out into groups to identify risks associated with the Duty of Care guiding principles and come up with a list of associated actions (i.e. mitigation measures).

### **EXAMPLES**

<b>Duty of Care Guiding Principles</b>	<b>Risks</b>	<b>Associated actions</b>
<p><b>Principle 1: Openness and Transparency</b></p> <p>Rec. minimum standard: ensure personnel are informed of current and available information about the duty station before deployment (including medical and security situations) and throughout deployment</p>	<p>Personnel are not informed of the situation at hand and are thus not appropriately prepared for incidents impacting on their health, welfare or security.</p> <p>....</p>	<p>1) pre-deployment guide and country-specific factsheet are provided</p> <p>2) security updates are provided during deployment</p> <p>3) conduct duty station health risk assessment</p> <p>....</p>
<p><b>Principle 2: Safe and healthy working and living environment</b></p> <p>Rec. minimum standard: Example. HLCM framework on Occupational Safety and Health (OSH), UN living and working conditions, UN Mental Health Strategy, Duty Station Health Risk Assessment, MOSS, Aviation Safety Guidelines, UN standards for road safety etc.</p>	<p>Stressful working conditions and service-incurred depression and anxiety.</p> <p>Insufficient resources at country level to meet the organizations' Duty of Care.</p> <p>....</p>	<p>1) ....</p> <p>2) ....</p> <p>3) ....</p>
<p><b>Principle 3: Non-discrimination and respect for personal dignity</b></p> <p>Rec. minimum standard: UN organizations shall treat the workforce in good faith, with due consideration, with no discrimination, to preserve their dignity. Example: Convention on the Rights of Persons with Disabilities, UN code of</p>	<p>....</p>	<p>1) ....</p> <p>2) ....</p> <p>3) ....</p>

<sup>2</sup> For definition, please refer to CEB/2018/HLCM/5, pg. 15.

conduct, UN policies on harassment, sexual exploitation and abuse etc.		
<p><b>Principle 4: Prevention and intervention</b></p> <p>Rec. minimum standard: Example: Take reasonable measures to ensure career continuity for personnel who are harmed from undertaking the mandated operation, prioritize placement of people who are harmed during service, fair and appropriate compensation scheme for personnel who are harmed during service, reporting on the incidents etc.</p>	....	<p>1) ....</p> <p>2) ....</p> <p>3) ....</p>
<p><b>Principle 5: Support from management</b></p> <p>Rec. minimum standard: UN organizations shall ensure appropriate training is provided for line managers as well as personnel on things to consider in their day-to-day operation in order to discharge duty of care for personnel and for themselves, e.g. managers should not put staff in convoy without escorts, or have someone work for extensive hours etc.</p>	....	<p>1) ....</p> <p>2) ....</p> <p>3) ....</p>
<p><b>Principle 6: Culture that is conducive to discharging Duty of Care</b></p> <p>Rec. minimum standard: Example: Creating an environment that supports the implementation of Duty of Care guiding principles, creating an environment that encourages managers and senior management to be responsible for enabling safe, healthy and enabling workplace, identifying owners of Duty of Care risks etc.</p>	....	<p>1) ....</p> <p>2) ....</p> <p>3) ....</p>



The Task Force acknowledges that UN Department of Safety and Security (UNDSS) provides various services including Security Risk Management (SRM) to identify, analyze and manage safety and security risks to the UN personnel, assets and operations, and utilizes a fully mature Security Risk Management (SRM) Framework to support its work.

**PLENARY (1h 30m)**

- The groups will report back to plenary to present their work and to have a Q&A session. Subsequently, the Task Force members will develop an action plan for finalizing the work.

**EXPECTED OUTCOME 3: Start populating the Duty of Care risk management framework and develop an action plan for finalizing this work.**

## Monitoring and evaluation: Implementation (Day 3, 9 – 10AM)

### KEY IMPLEMENTATION: AT THE INTERAGENCY LEVEL

Mental Health Strategy	Living and Working conditions	Medical Evacuation
<ul style="list-style-type: none"> <li>Official launch: 16 October 2018</li> <li>Implementation Board: 18-19 October 2018</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF and UNHCR joined WFP's platform</li> <li>IOM's policy in progress</li> </ul>	<ul style="list-style-type: none"> <li>Extending eligibility to locally recruited staff and their eligible family members (ST/AI pending review by Office of Legal Affairs, UN Secretariat)</li> </ul>

### MONITORING AND EVALUATING IMPLEMENTATION IN ORGANIZATIONS

The Duty of Care monitoring and evaluation framework lists HLCM-endorsed Duty of Care adoption and action points along with Key Performance Indicators, for organizations to indicate progress made and any constraints found in the implementation of the Duty of Care adoption and action points.

The next update on the implementation status will be submitted to the HLCM for its Spring 2019 session. The progress, based on the organizations' responses to the Duty of Care monitoring and evaluation framework could be presented in a dashboard format for easy and quick review.

The Task Force members are requested to fill in the pre-populated dashboard and submit prior to the workshop and share any valuable experiences in implementing the Duty of Care deliverables.

#### Example

NO	Not implemented
IP	Implementation in progress
YES	Implemented
NA	No action foreseen/intended

	AfDB	FAO	IFAD	ILO	ITU	PAHO	UNAIDS	UNDP	UNESCO	UNFPA	UNHCR	UNICEF	UNOPS	UNRWA	UN Sec	UN Women	WFP	WHO	WIPO	WMO	UNIDO	
1	L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	L	0	0	0	0
2	0	0	0	0	N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

\* Kindly note the organization names are shown as an example.

### DISCUSSION SESSION

- Identify key areas in the monitoring and evaluation framework where more work needs to be done on implementation and ways forward.
- Formulate any recommendations to the HLCM, as appropriate.

**EXPECTED OUTCOME 4:** Task Force are aware of what specific actions are needed for them to take in order to fully implement the deliverables. Prepare any proposed recommendations to the HLCM.

## Reinvigorated UN Resident Coordinator System

There are Duty of Care adoption and action points 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 UN Development System (UNDS) Transition Team in the UN Secretariat is currently developing high-level policies, strategies, accountability framework and training materials for the reconfigured RC system. Duty of Care guiding principles should be embedded in the RC training and apply to the operations in the field.

The Task Force Secretariat has had contact with the UN Transition Team in New York, as well as the Resident Coordinator's office in Afghanistan so that we can work from bottom up as well as top down to implement those deliverables under the purview of UNCT. The Task Force Secretariat notes, with the on-going reform, the implementation of Duty of Care action points will need to be addressed in the existing structure.

*Speaker: TBC*

### DISCUSSION

- Identify ways for organizations to coordinate Duty of Care activities in field locations. One of the ways to coordinate could be to utilize the Resident Coordinator system and harmonize efforts at the Country Team level.

**EXPECTED OUTCOME 5:** Task Force members are updated on the on-going Resident Coordinator system reform and the Duty of Care issues are brought up with the key stakeholders in the process.

## To report back to the Co-Chairs of the Task Force

At the end of the workshop, the Task Force will report to the Co-Chairs of the Task Force and present ("Expected Outcome" from each session) on:

- 1) Draft Duty of Care guiding principles, expected minimum standards and associated actions for Duty of Care in all environments and an action plan for the Task Force to further this work.

- 2) A comprehensive action plan for HRN, Standby personnel working group and Procurement Network which will identify some expected minimum standards and specific actions for non-staff personnel.
- 3) Draft model for a Duty of Care risk management framework and an action plan for completing the framework.
- 4) Any recommendations to the HLCM.

Ms. Fatoumata Ndiaye, Deputy Executive Director for Management, UNICEF will be present in person. Ms. Kelly Clements, Deputy High Commissioner for Refugees, UNHCR will be connected via video-teleconference.

**EXPECTED OUTCOME 6: The Duty of Care guiding principles, expected minimum standards and the draft plan of action for each outcome are reviewed by the Co-Chairs of the Task Force, and either endorsed or recommendations provided for further work to be done by the Task Force.**