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
• HLCM 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

- Security
- Staff Welfare
- Working Env’t
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