

Risk management tool

DUTY OF CARE,  
OCCUPATIONAL  
HEALTH &  
SAFETY, AND  
SECURITY



## BACKGROUND AND PURPOSE

The Enterprise Risk Management (ERM) Service has developed this tool, in close consultation with other relevant headquarters divisions and entities, to assist field operations in ensuring that possible risks related to duty of care, occupational health and safety (OHS), and security have been adequately identified and analysed, and that relevant treatments – proactive and reactive – have been thoroughly considered and agreed upon within the operation. At the same time, it is also important to keep in mind that managing risks may also have a positive effect on operations’ objectives and help identify opportunities as we scan the horizon and analyse what is coming. The tool is purely an advisory resource: the authority to issue mandatory instructions and guidance rests with different divisions and entities whom ERM Service has consulted in the development of this tool:

- Advisory Committee on Occupational Health and Safety (ACOSH), [Division of Human Resources](#) (DHR), including the Staff Health & Wellbeing Service
- The [Ethics Office](#)
- [Field Security Service](#) (FSS), [Division of Emergency, Security and Supply](#)
- [Office of the Senior Coordinator on Prevention of and Response to Sexual Exploitation and Abuse and Sexual Harassment](#), including the [Victim Care Officer \(Sexual Misconduct\)](#)

The tool comprises of key risks linked to duty of care, OHS and security, with examples of causes, consequences and treatments that may apply in your operation. These risks and treatments are the result of an analysis of the operational risk register, relevant sectoral policies and guidelines and colleagues’ contributions. The Ethics and [Ombudsman’s](#) Offices, the Senior Coordinator on Prevention and Response to Sexual Exploitation and Abuse and Sexual Harassment and Division of Human Resources provide resources to treat some of the causes or consequences of these risks.

While we have attempted to be as comprehensive as possible, there may still be elements of risks and treatments that have not been captured. Operations are welcome to contribute by sending additional proposals and comments to [hgerm@unhcr.org](mailto:hgerm@unhcr.org), with subject: Tool – Duty of Care, Occupational Health & Safety, and Security. The tool is applicable to UNHCR personnel (colleagues holding UNHCR-issued contracts and all Affiliate Work Force).

## REMARKS

The United Nations High Level Committee on Management (HLCM) defines duty of care as “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”. Duty of care consists both of security management, to protect personnel from intentional, malicious acts, and also occupational health and safety. Occupational health and safety can be thought of as the discipline dealing with the prevention of work-related injuries and diseases as well as the protection and promotion of the health and safety of workers (including mental health). The UNHCR policy on security management defines roles and responsibilities for ensuring the security of UNHCR personnel, premises, assets and operations within the overall context of the United Nations Security Management System (UNSMS).

The UNHCR [policy on occupational health and safety](#) provides a framework for the establishment of a management system to be implemented in all premises. The OHS Policy is guided by applicable ILO conventions, WHO recommendations, and international standards on occupational health and safety, without prejudice to higher health and safety standards that might exist in any host country. In the UNHCR Code of Conduct, principle 5 is to promote the safety, health and welfare of all UNHCR staff as a necessary condition for effective and consistent performance. The role of a manager/supervisor to take steps to ensure that the health and well-being of personnel and their families are not subjected to undue risk is made explicit as is the commitment to promote a healthy work-life balance for personnel.

Other key elements of duty of care in UNHCR include disability inclusion and ensuring a victim centred approach. The UNHCR [policy on a Victim Centred Approach](#) sets out the key principles that UNHCR applies in sexual misconduct cases. When considering duty of care and OHS risks more broadly, specific attention should also be given to colleagues with disabilities. Even under normal circumstances, persons with disabilities face major health and safety and accessibility risks. This is further exacerbated for those living and working in humanitarian and fragile contexts. The COVID-19 pandemic has been intensifying these inequalities. It is therefore essential for UNHCR as part of the United Nations system to mainstream disability inclusion and to build and foster inclusive working environments and integrate disability inclusion as part of OHS. Doing so allows for equitable outcomes for all colleagues, particularly in terms of physical accessibility of all premises.

## HOW TO USE THE TOOL?

Your operation can select one or more risk event(s) that apply to your context, as well as the applicable causes, consequences and related treatments. Make the selections from the independent columns (not rows). Based on the selected relevant causes and consequences, select multiple corresponding proactive and reactive treatments. Some treatments may mitigate more than one cause / consequence. Please note that none of the proactive or reactive treatment “menu” are compartmentalised and that treatments can be applicable to one or several causes or consequences. All risk statements\* (causes, event and consequences) and treatments may not be applicable / relevant or possible in an operation and should be edited and adjusted to your specific operational context.

Key risks should be reflected in the operation’s overall online risk register. If multiple risks from this tool are relevant to your operation, we would suggest capturing them in one or two higher level risks to keep the overall risk register as a streamlined, prioritized management tool for the Representative and senior management team.

\*A risk statement consists of four parts, namely, an event, causes, consequences and a name. A risk may have multiple causes and consequences but has only one risk event. The risk name should be succinct and clearly identify the risk. Risk treatments are actions to reduce the likelihood and impact of the risk. Proactive risk treatment actions are implemented before a risk event occurs, based on identified causes of the risk event. Reactive risk treatments are executed after a risk event occurs, thus addressing the consequences of the risk event occurring.

## RESOURCE LINKS

[UNHCR/HCP/2021/2 Policy on Managing Occupational Health and Safety in UNHCR](#)

[Ethics Office](#)

[Field Security Service](#)

[Human Resource Policies](#)

[Staff Health & Wellbeing support](#)

[Ombudsman’s Office](#)

[Oversight](#)

[Office of the Senior Coordinator on Prevention of and Response to Sexual Exploitation, Abuse & Sexual Harassment](#)

[Chief Executive Board’s Task Force on Addressing Sexual Harassment within the organizations of the UN System](#)

[High Level Committee on Management \(Duty of Care and Addressing Sexual Harassment within the Organizations of the UN\)](#)



## Risk event | Threats to physical security occur (1/2)

### Causes

Armed conflict, civil unrest, terrorism or other kinds of crime in host country

Insufficient law and order in country with widespread criminal gangs, protection rackets, extortion, protests, or social unrest, etc.

Failure to implement existing security risk management measures and follow Standard Operating Procedures (SOPs)

Host community or persons of concern (PoCs) protest against UN, UNHCR, or partners

Rumours, miscommunication, false media reporting or xenophobia triggering animosity between PoCs and host communities or the UN

Neutrality, impartiality or independence of UN is perceived as compromised or UN or partner personnel are perceived as guilty of misconduct

PoCs who disagree with decisions or actions by UNHCR, including individual decisions on assistance, protection and solutions as well as broader targeting criteria, may become deeply aggrieved, emotional or self-destructive and verbally or physically aggressive towards UNHCR personnel

Culturally or politically sensitive programmes (e.g. GBV / LGBTI campaigns) increase tensions and therefore security risks

Presence or transportation of physical cash at UNHCR or partner premises or distribution sites increases security risks

### Proactive treatments

Take active part in UNSMS processes, including through the Security Management Team (SMT) or Areas SMT, to ensure measures are sound, comprehensive, and meet UNHCR's needs

Ensure updated Security Risk Management process is undertaken and Security Risk Management Measures (SRMM), including SOPs and security plans, are available and known by all personnel ([Security Policies & Guidelines](#))

Strengthen security protocols, coordinate and share relevant security information regularly between UNHCR, partners, host government, UNDSS, Designated Official (DO), national security authorities and other stakeholders

Complete mandatory security training (all personnel) and ensure managers are properly trained and complete Security Management Learning Programme and SMT training

Perform drills and rehearsals to ensure understanding of SOPs and actions to take in case of various security incidents

Monitor and analyze security incidents – table these and fully engage in decision making at SMTs

Encourage and enable information flow on security matters among all staff members

Participate in Interagency Programme Criticality process for high-risk locations (where determined)

Ensure Business Continuity Plan (BCP) is up-to-date and understood - consider alternate modalities to work where UNHCR may be directly targeted

Conduct security assessment of facilities and ensure office and residences are compliant with all relevant security risk management measures (e.g. panic buttons, access controls, emergency exits etc.)

Enhance communication and inform PoCs of changes in assistance, engage in communication strategies with communities ([Manual on Security of Persons of Concern](#))

### Consequences

Critical incident occurs resulting in fatality, injury, abduction or detention of personnel

UNHCR and partners have challenges filling positions leading to increased stress, overburdened staff, reduction in staff morale

Failure of UNHCR to implement or monitor programmes due to lack of secure access to implementation sites – leading to increased operational, financial and reputational risks

Loss or damage to UNHCR and partner personnel's personal property

Disruption in service delivery to PoCs

Increased insecurity for PoCs, exacerbating protection challenges

UNHCR can suffer reputational risk, if the organization fails to fulfil duty of care towards personnel and this may impact morale negatively

UNHCR undertakes different measures than other UN organizations, such as relocating or evacuating personnel, and may face challenges to re-engage or re-establish presence, thus losing operational space

### Reactive treatments

Activate respective security SOPs or contingency plan and report security incident ([report](#)) immediately after occurrence

Activate BCP / Evacuation Plan with alternative work modalities / relocation and evacuation (in consultation with DO/SMT and Regional Bureau as per policies of the UNSMS and UNHCR)

Have appropriate mass casualty and medical evacuation plans, implement treatment or medical evacuation for injured personnel ([FAQ](#))

Provide support to affected personnel (medical, psychosocial) as well as others if required, as per the [UNHCR SOP on supporting staff following critical incidents](#)

Regularly test communications tree, equipment and systems used to ensure headcount and alert systems work and can be activated when needed

Where appropriate, conduct a Personal Security Risk Assessment to determine specific threats to individual so that other options such as relocation and evacuation may be further reviewed

Engage a third party to monitor programme implementation e.g., civil society, faith-based organization etc.

Alert and seek support of local authorities, security services, should personnel or office assets and operations come under imminent threat

## Risk event | Threats to physical security occur (2/2)

### Causes

Personnel are not sufficiently trained and briefed on the security situation and instructions at the duty station and/or do not adhere to security advice and SOPs

Lack of appropriate security and / or communications equipment available

Office accommodation and onsite working conditions do not comply with UN Security Management System (UNSMS) [policy](#) and guidelines "Security of United Nations Premises"

Personnel residencies do not comply with Residential Security Measures (RSM)

UNSMS is not functioning and does not have adequate resources

The capacity of the host country to afford security and protection to UN is limited

### Proactive treatments

Ensure reliable communication options are available to personnel to communicate internally, to UNDSS / Security Operations Centre in line with SRMM and that personnel have access to the required communications equipment (cell phones, internet connectivity, radios, Sat phones, HF/VHF radio as applicable) and personal protective equipment

Monitor media reports and respond as needed and establish clear and regular communication lines with PoCs to explain operational decisions. Ensure regular counselling with all necessary safety measures in place (e.g. panic button, video surveillance, access protocols etc.)

Consider alternative modalities to physical cash payments to reduce risks associated with the presence and transportation of cash, and if not possible, secure the area before and during cash distribution

Explain the importance of UNHCR's neutrality, independence and impartiality to all personnel as well as partners, local authorities, militaries, PoCs and corporate partners, as needed

Ensure personnel conduct is in line with [Code of Conduct](#)

Consider security risks and mitigations as part of strategic planning including their impacts on programmes (and conversely, how our activities may impact the risk), and ensure adequate resources are allocated for needed measures

Consider how threats and risks might impact different members of the team due to their individual profiles (gender, nationality and ethnicity, contractual category, sexual orientation and other aspects); ensure measures that are responsive to this

Foster a strong culture of security: reward security-conscious behavior, address non-compliance, and ensure manager and leaders in particular set a good personal example

### Consequences

### Reactive treatments

Develop and use approved "if-asked" lines for responding to questions by donors, media and other stakeholders

Revise objectives, budget and implementation modalities to match changed circumstances

Contact and cooperate with regional or country Security Officer, FSS, UNSMS organizations, UNDSS and relevant host government authorities to take appropriate action

Provide administrative support to complete inventory of personal assets in order to effect malicious act insurance later if needed

Encourage personnel to obtain private insurance for personal effects. Provide a list of local insurance companies (or international companies if not locally available)

Record and analyse incidents, and breaches of security rules to learn lessons to prevent reoccurrence of breaches or improve responses to critical incidents

Report security incidents to all necessary managers and services at HQ who can provide the necessary support in line with SOPs and Administrative Instructions

Monitor feedback mechanisms and complaints for any trends and/or threats of major PoC dissatisfaction that could trigger anger or protests etc.

## Risk event | The physical working environment and/or personnel accommodation provided become inadequate (1/2)

### Causes

Office space or accommodation may not provide an inclusive environment for all personnel, or those with disabilities ([UN disability inclusion strategy](#) and [accessibility](#)); Office, guesthouse, country evacuation plans might not include persons with disabilities

Public services (airlines, road maintenance, water, electricity, internet, security etc.) and infrastructure (commercial centres, businesses, private housing, medical facilities, etc.) in the country are unavailable, unsuitable, unreachable or deteriorate rapidly

Insufficient funds and commitment to prioritise the implementation of occupational health and safety measures

Occupational hazards go unresolved in offices or accommodation or other work areas outside offices such as: slippery surfaces, uneven ground, working at height, poor ergonomics, faulty electrical installations, poorly ventilated and lighted workspaces, faulty plumbing or unsafe structures, blocked emergency exits, or manual handling of heavy items

Disasters or extreme weather events, such as floods, earthquakes, or volcanic eruptions, could lead directly to injuries or increase the risk of future injuries by causing or exacerbating the above-mentioned hazards

Fire and/or explosion (linked to the amount and nature of flammable material), exposure to harmful energy sources such as electricity, radiation, noise, or unsuitable thermal environment, which can lead to hypothermia or heat stress

### Proactive treatments

Implementation of [UNHCR/HCP/2021/2 Policy on Managing Occupational Health and Safety in UNHCR](#)

Systematically review and manage implementation of occupational health and safety standards and instructions. Refer to [UNSMS Guidance and OSH](#) explained

Review required field presence (need for field office in certain high-risk areas)

Share information and guidance on safety measures and health, and with all personnel, conduct related training and fire and evacuation drills

Manage implementation of [UNHCR/AI/2019/8 Administrative Instruction on UNHCR-provided Accommodation in the Field](#) ensuring that minimum standards are met

Consult UN Medical Doctor Network guidance on [air pollution risks](#) and implemented recommended mitigations

Procure first-aid kits and medicines and regularly provide first aid training to all personnel. Where required, ensure Individual First Aid Kits (IFAK), Emergency Trauma Bag (ETB) kits are provided, and related training is conducted

Provide generators at affected residences in operation, on a cost-sharing basis

Develop and implement occupational health and safety Requirements for Contractors (performing construction work for UNHCR)

Conduct regular occupational health and safety inspections for offices and staff accommodation

### Consequences

Increased likelihood of a serious accident leading to injury for personnel

Difficulty to attract qualified applicants to duty stations facing challenges with occupational health and safety implementation

High turnover of personnel

UNHCR may suffer reputational damage and be seen to not look after personnel – making attracting and retaining talent harder

Mistrust of the workforce in UNHCR's duty of care commitment, negatively impacting their physical and psychosocial wellbeing

Reduction of personnel's health and wellbeing subsequently negatively impacting performance, morale and absences

Qualified colleagues with disabilities might not apply to some duty stations without the appropriate office infrastructure

### Reactive treatments

Reshare information and guidance on health and safety measures with all personnel at duty station

Management and other personnel to reach out to available resources i.e., [staff counsellor](#), [peer advisor](#) etc.

Implement procedures within UNCT to request review category of duty station

Sensitize and escalate risk to regional bureau or HQ for support to implement applicable policies

Encourage personnel to obtain private insurance for personal effects. Complete inventory of personal assets. Provide a list of local insurance companies (or international companies if not locally available)

Develop an action plan to address the personnel and organization consequences identified within the broader HR strategy of the operation

## Risk event | The physical working environment and/or personnel accommodation provided become inadequate (2/2)

### Causes

Presence of chemical hazards or other substances hazardous to health that could be inhaled, absorbed or ingested in the workplace and accommodation

Poor or deteriorating air quality due to pollution

Inadequate or unsafe preparation or storage of food in the kitchens of offices and accommodation

### Proactive treatments

Promote incident reporting and root cause analysis using Cority Occupational Safety Module (all UNHCR personnel shall have access to the online reporting system)  
<https://unhcr.my.cority.com>

Enrol colleagues in occupational health and safety trainings being rolled out by the Staff Health and Wellbeing Service: i.e. Institution of Occupational Safety and Health (IOSH) Managing Safely course, or Basic OHS training

Establish Regional or Local Occupational Health and Safety Committees to have oversight on implementation of activities in line with duty of care

### Consequences

### Reactive treatments

## Risk event | A road crash involving UNHCR personnel and/or vehicles occurs

### Causes

Poor road conditions, inadequate vehicle characteristics, and risky driving behaviours

Speeding, distracted driving or inappropriate care is taken to adjust speed for the road, weather and / or road users

Use of substances, such as alcohol, medication, intoxicants which can impair driving

Poor vehicle maintenance

Personnel pressure drivers to reach destinations faster

Drivers lack the skills and training required to drive safely in the relevant environments

Insufficient number of drivers who are not equipped to work in unfamiliar environments

Road missions are undertaken without proper planning and scheduling, increasing the likelihood of over-tired drivers and of key supplies or equipment, such as first aid kits not being in the vehicle, and of speed limits being broken

Safety instructions and rules are not followed by all passengers (e.g. safety belts not used by all)

Lack of oversight or guidance over partner organization drivers

### Proactive treatments

Promote safe driving and implement precautionary measures to avoid or reduce security risks during travel

Conduct journey planning which includes analysis of road characteristics, ensuring sufficient travel time to reach destinations at a safe speed and to avoid driver over-tiredness

Ensure vehicle tracking systems (VTS) are installed and monitored and that speeding or other breaches are actioned by management

Sensitize drivers on safe driving, defensive driving and local traffic laws (strict implementation of safe-driving bonus) - regular driving training and all personnel undertake road safety awareness training

Conduct periodic medical assessments of drivers to ensure they have valid medical clearance to work

Ensure sufficient numbers of drivers familiar with operational environment

Monitor and where necessary, limit the frequency that individuals travel by road to reduce health impacted by poor roads

Ensure vehicles are in a good working condition and regularly maintained

Place first aid kits in vehicles and conduct regular replenishments and checks to ensure the kits remain complete

Provide first aid training for drivers and personnel

### Consequences

Serious injury, or trauma or death caused by road crashes for UNHCR personnel, UNHCR vehicle passengers, partner organization staff and third parties

Potential longer-term disabilities due to excessive exposure to poor road conditions

Reduced ability to conduct field-missions and deliver protection and assistance to PoCs

Reduced community trust and reputational damage for UNHCR where UNHCR vehicles cause accidents involving PoCs or host communities

Potential financial losses and increased costs

Damage on the reputation of the organization

### Reactive treatments

Promptly report any road crashes

Secure the scene of the road traffic crash, and provide first aids when possible and necessary

Call emergency/breakdown services where possible

Provide medical evacuation of affected personnel if required

Implement trauma care centres in remote areas if possible

Conduct a root cause analysis of the accident to see if lessons can be learnt to prevent similar future incidents

Where UNHCR is at fault for a road crash involving affected populations, ensure robust follow up communication with communities

If appropriate, initiate disciplinary action against negligent personnel

In case of road accidents and loss of life, involve Legal Affairs Service (LAS) for guidance in case of indemnities or compensation, but also if a driver and / or other UNHCR personnel are arrested or vehicle is seized



## Risk event | A disaster or disease outbreak harms personnel and dependents

### Causes

Office or UNHCR-provided accommodation is not in line with relevant seismic building standards

Personnel is not properly trained on disease prevention and recommended behaviour in case of a natural disaster

Infectious disease prevention measures fail or are not prioritised by host government ([disease outbreak](#))

Duty station is frequently subject to disasters, such as earthquakes, floods, volcanic eruptions and hurricanes/cyclones

An infectious disease outbreak occurs (epidemic or pandemic)

In the workplace biological hazards, agents, allergens, or pathogens (such as bacteria or viruses), may be inhaled or transmitted via contact or ingested (e.g. via contaminated food products)

Underlying health conditions exist and increase health risks if infected with COVID-19 or other diseases

Those infected with communicable diseases are not isolated and treated effectively; basic medicine is not available

Limited health services in country and personnel regularly operating in locations lacking primary health care mean that UNHCR is unable to respond to medical emergencies in a timely and appropriate manner

Relevant required personal protective equipment for health is unavailable to personnel

Country does not have sufficient mental health capacities to respond to the psychological consequences of a disaster or disease outbreak

Stigma of mental health problems is widespread in the country and/or information about available mental health resources is not easily accessible

### Proactive treatments

Establish and keep up-to-date medical evacuation plans and associated SOPs

Complete a duty station level health risk assessment

Ensure Business Continuity Plans are in place and regularly updated

Pre-position appropriate personal protective equipment to UNHCR & partner personnel: face masks, air purifiers, sanitizer, water, hygiene items, etc.

Ensure access to UN clinics and medical facilities for UNHCR personnel and dependents if applicable

Identify providers of staple food and medicine abroad and stockpile emergency rations of essential supplies where required by the UN-wide Security Risk Management Measures

In coordination with the UNCT, assess the presence or otherwise of the Mandatory Health Support Elements in country, namely, Primary Care, Hospital Care, Mental Health Services, Mass Casualty Plan, Medical Emergency response and Access to Pharmaceuticals; for more details consult pages 14 and 15 of [CEB/2018/HLCM/5/Rev.1](#)

Prepare Peer Adviser Network members for their role in either a disease outbreak or disaster

Train where appropriate personnel on disease prevention and required behaviour in natural disasters

### Consequences

UNHCR personnel and their dependents may suffer injury, loss of life or illness

Our ability to operate in the location may be impaired, undermining protection and assistance for persons of concern

UNHCR may suffer reputational damage and be seen to not look after personnel – making attracting and retaining talent harder

Mistrust of the workforce in UNHCR's duty of care commitment, negatively impacting on their physical and psychosocial wellbeing

Reduction of personnel's health and wellbeing, subsequently negatively impacting performance, morale and absences

### Reactive treatments

Evacuate personnel as required as per policy and relevant SOPs

Activate Business Continuity Plans and required responses, including potential ordering and distribution of personal protective equipment

Share updated information regularly on how to deal with the disease outbreak or disaster, and ensure appropriate information resources available to personnel

Review [programme criticality](#) criteria and implement Business Continuity Plan if required, regularly monitor environment and implement changes as needed

Ensure intervention protocols for psychosocial response to such events are ready and everybody's role is clear

## Risk event | Sexual harassment<sup>[1]</sup> by or of UNHCR personnel occurs (1/2)

### Causes

If there is a risk of Sexual Exploitation and Abuse (SEA), or SEA occurs in an operation, there may be a higher risk for Sexual Harassment (SH) in same operation and vice versa

Lack of gender balance in the office overall or in areas or functions of work and management

Weak leadership in establishing safe, open, inclusive and respectful working culture

Strong power differentials (e.g. hierarchical culture) among personnel without checks and balances

High use of short-term contracts and affiliated workforce arrangements with increased vulnerability to SH because of job insecurity

Working environment does not allow for safe reporting of SH or does not provide space to speak up

Low trust in reporting mechanisms and follow-up actions exists or lack of awareness of reporting and redress mechanism

Managers and personnel are unaware of desired behaviour, policies, guidance and training materials, or who to turn to if they have questions about sexual harassment

### Proactive treatments

Create a safe, respectful, open, inclusive atmosphere in the office, talk regularly about sexual harassment in staff meetings and include information about with whom concerns could be raised

Leadership (Representatives and Heads of Offices) model inclusive, respectful behaviour and take action to create safe, open, inclusive and respectful working environments. For example, managers to hold a session on attitudes, values and organizational culture in relation to prevention on sexual misconduct, using the [Facilitator's Guide](#)

Publicise the SpeakUp helpline and the services of the [Victim Care Officer](#) (Sexual Misconduct) to deter sexual harassment and increase the likelihood of it being reported

Share information on the [policy on a Victim Centred Approach for Victims of Sexual Misconduct](#) and Strategy and Action Plan on Prevention of Sexual Abuse & Harassment ([Plan](#))

Colleagues, supervisor, or peer advisor to reach out to the Victim Care Officer (Sexual Misconduct) for advice and guidance on prevention of SH and the services provided for victims and on how to handle an incident of sexual harassment in accordance with the [policy on a Victim-Centred Approach for Victims of Sexual Misconduct](#)

Embed contextualised SH information into psychological preparation for high-risk duty stations and into security briefings on arrival at duty station

Ensure relevant posters and leaflets on available resources are visible and available in workplaces and compounds, in relevant languages

### Consequences

Victim's physical health, psychosocial wellbeing, productivity, motivation and personal life is negatively impacted

Unwanted pregnancy

Reduced productivity and effectiveness in operation, impact on morale of colleagues who may know about the sexual harassment

De-motivated personnel

Increase in workforce turnover (i.e. victim's resignations / non-renewal of victim's employment contracts) and higher vacancy rates if the operation develops a bad reputation and attracts fewer applications

Unaddressed sexual harassment resulting in multiple victims

Unaddressed sexual harassment making way for sexual exploitation and abuse of persons of concern

UNHCR's reputation and credibility negatively impacted

### Reactive treatments

Ensure anyone who has experienced sexual harassment is referred to the [Victim Care Officer](#) (Sexual Misconduct) unless they decline. The Victim Care Officer offers confidential psychosocial support, advice, guidance on all the options, including the formal and informal process, and provides accompaniment throughout the process

Encourage colleagues, supervisor or peer advisor to reach out to the [Victim Care Officer](#) (Sexual Misconduct) for confidential advice and guidance on how to handle an incident of sexual harassment in accordance with the policy on a Victim-Centred Approach for Victims of Sexual Harassment ([VCA](#))

Ensure implementation of the [policy on a Victim-Centred Approach](#) for Victims of Sexual Harassment and in particular that support and assistance to victims is provided in accordance with a victim-centred approach as outlined in that policy

Immediately implement a traumatic incident [protocol in cases of sexual assault or rape](#)

Ensure that victims of sexual harassment are protected against retaliation in accordance with the [AI](#) on protection against retaliation and the [policy on a Victim-Centred Approach](#)

[1] **Sexual harassment (SH)** is defined the [UN System Model Policy on Sexual Harassment](#): "Sexual harassment is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered." For more information visit [SEA/SH](#)

## Risk event | Sexual harassment by or of UNHCR personnel occurs (2/2)

### Causes

Victims do not know what support structures are available to them, and in particular do not know about the Victim Care Officer who is available to provide support to them

Colleagues are unaware of action which they might take when they witness sexual harassment, or what they might do to mitigate the risk of and prevent sexual harassment from occurring in their workplaces

Inappropriate living arrangements in UNHCR compounds, where privacy is compromised

Lone female UNHCR workers in remote locations, or minority female UNHCR workers in majority male teams in remote locations

### Proactive treatments

Representatives to ensure the roll-out to all staff of the [learning package on prevention and response to sexual harassment](#), complemented by the [learning package on sexual exploitation and abuse](#)

Representatives to monitor the completion rates of the [SH learning package](#) and ensure colleagues take all relevant [mandatory e-learning](#)

Ensure SH is included in trainings on misconduct, i.e., Code of Conduct Dialogue discussions and required refreshers and in all relevant trainings (security, risk management, human resources, ethical behaviour/integrity etc.)

Provide the Women's Security Awareness Training - which includes a dedicated session on sexual harassment

Managers and Peer Advisors to raise awareness of sexual harassment in the operation, look for changes in behaviour in possible victims for intervention and referral

Carry out proper vetting and reference checking of all recruitments, including checking against ClearCheck

Operational management to circulate the annual broadcast on Decisions on disciplinary matters and cases of criminal behavior within the operation, to demonstrate accountability in action and ensure all colleagues are aware of the consequences of misconduct

Provide safe and separate spaces for female and male colleagues to come together and discuss issues of gender dynamics and sexual harassment complemented by safe spaces for them to do so together

Review and monitor HR data on team composition, including the impact of workforce decisions on gender and diversity, and address gaps

Conduct exit interviews with all personnel who resign or whose contracts are not extended, to identify possible reasons, which may include occurrence of SH

Ensure that living arrangements in workforce compounds are safe, appropriate and culturally sensitive

### Consequences

### Reactive treatments

Operational management to re-circulate the annual broadcast on Decisions on disciplinary matters and cases of criminal behaviour within the operation, to demonstrate accountability in action and ensure all colleagues are aware of the consequences of misconduct

Ensure strong engagement at leadership level (Representatives / Heads of Offices), including initiating all personnel dialogues on how to strengthen safe, open, respectful and inclusive working environments including through holding a session on values, attitudes and organizational culture to prevent sexual misconduct, using the [Facilitator's Guide](#)

Refer to the Inspector General's Office (IGO) when the victim wants to make formal complaint. The Victim Care Officer can also offer support during this process

Refer to the Office of the Ombudsman and Mediation Service at [ombuds@unhcr.org](mailto:ombuds@unhcr.org) if the victim wishes to resolve this using the informal process. The Victim Care Officer can offer support during this process

Representatives to ensure the roll-out to all staff of the [learning package on prevention and response to sexual harassment](#), complemented by the [learning package on sexual exploitation and abuse](#), if not already done

## Risk event | Psychosocial pressures and challenges inherent to delivering UNHCR's core work remain unidentified and/or unaddressed (1/2)

### Causes

Personnel do not have coping mechanisms for prolonged difficult working and living conditions and are unaware of the various available support structures

Managers and personnel may be unable to detect in themselves and colleagues signs that they are affected by stress, overwork, burnout or trauma and may not know how to handle the situation

Personnel are repeatedly exposed to traumatic stories during protection counselling, interviews or case processing activities

Employment insecurity because of uncertain resources and future priorities of UNHCR leads to stress

Unreliable and/or expensive internet and phone lines make it harder for personnel to stay connected with their support network of family and friends

Confinement or work from home is implemented for long periods of time leading to isolation, especially at hardship duty stations

Both national or international personnel are unable to visit family resulting in long separation from family members, due to travel restrictions or security at destination (no UNDSS security clearance is obtained) or cost of family visits

Cumulative effect of frequent rotation, stressful working environments (both internal and external), frequent and long-term separation from family

Personnel are continuously assigned to high risk, non-family duty stations

### Proactive treatments

Refer to a staff counsellor to provide counselling sessions on self-care, stress management and coping mechanisms and available resources ([Staff Health & Wellbeing Service](#))

Establish a "buddy" system to provide support and address fear and uncertainties regarding living conditions; support or establish Peer Advisor Network ([PAN](#))

Ensure psychosocial preparation prior to assumption of duties ([changing assignment](#)) and implement assignment debriefings

Increased use of flexible working arrangement where appropriate

Implement or upgrade workforce recreational facilities in remote locations

Ensure potential future personnel are accurately informed about conditions in the duty station

Implement programmatic induction by protection team and psychosocial briefing on impact of work to frontline workers

Provide reinforced counselling and psychosocial support to frontline workers i.e., registration, refugee status determination, resettlement, case workers and partner personnel

Proactively approach staff counsellor, to provide counselling sessions on self-care, [stress management](#) and coping mechanisms and available resources on the [Staff Health & Wellbeing Service platform](#)

### Consequences

Individual's physical and psychosocial wellbeing may be negatively impacted leading to fatigue, stress, depression, burnout, vicarious trauma, negative coping mechanisms or in extreme cases violence, homicide or suicide

Increased levels of absenteeism and sick leave, personnel turnover and difficulty in attracting personnel to the duty station

Reduced morale, motivation and productivity of UNHCR and partner personnel, impacting UNHCR's overall effectiveness and its ability to implement projects for affected populations

UNHCR may suffer reputational damage and be seen as to not look after personnel – making attracting and retaining talent harder

Conflict within the operation between personnel may increase, leading to a negative working environment

Personnel with disabilities could face graver mental health issues especially in emergency contexts

Personnel with disabilities might be given negative performance reviews

### Reactive treatments

Reach out to [psychosocial wellbeing section](#) for assistance in implementing reactive strategies such as supervision, group sessions for frontline workers after (vicarious) trauma or critical incidents, or individual counselling

Refer personnel to staff counsellor to provide resources on self-care, stress management, coping mechanisms, internal/external resources available and appoint Peer Advisor ([PAN](#))

Improve communications on staff wellbeing

Implement recommendations from missions by accommodation unit, staff councillor, Evaluation Service, Audit and IGO to address circumstances in which personnel work or live

Utilise external local resources for health or psychosocial support

Contact the Ombudsman's Office [ombuds@unhcr.org](mailto:ombuds@unhcr.org) for advice and guidance on how to deal with conflict

Establish a referral mechanism to refer colleagues to staff welfare through the disability resource group for those facing issues

Seek advice and support from the Ethics Office on matters of workplace ethical behaviour



## Risk event | Psychosocial pressures and challenges inherent to delivering UNHCR's core work remain unidentified and/or unaddressed (2/2)

### Causes

UNHCR adopts a “stay and deliver” approach to a crisis but with insufficient attention paid to the increased risks and demands on personnel with core functions, especially on national personnel

Personnel not adequately informed or aware about conditions on the ground before joining the duty station

Personnel with disabilities may be exposed to a negative work culture where misperceptions, prejudice and stigma could lead to them being treated unfairly

Above causes could be exacerbated in instances where personnel face isolation from colleagues due to domestic abuse, caring for dependents with disabilities, divorce, death in family, or face discrimination or prejudice and there is a lack of awareness or understanding for individual circumstances

### Proactive treatments

Encourage good physical and psychosocial wellbeing practices to be disseminated and practiced, as well as teambuilding activities

Ensure that the office's ICT infrastructure is fit for purpose; supports the implementation of business continuity plan; provides internet access to personnel; and is resilient to blackouts so that colleagues can remain in touch with family and friends and their own private support networks

Share more information about the available mental health resource to persons with disabilities, foster and bring more visibility to the disability resource group

Sensitize peer support and other local staff welfare resources on how to best support colleagues with disabilities

Establish guidelines for managers on how to ensure personnel with disabilities are not excluded

### Consequences

### Reactive treatments

## Risk event | Psychosocial wellbeing of personnel is negatively impacted by inter-personal tensions and conflict (1/2)

### Causes

Leaders and managers are insufficiently skilled in approaches such as inclusivity, reflective people management, best HR practices, determining priorities jointly, problem-solving, etc.

The structure of the operation may be inadequate with too many direct reports per manager, or too many reporting layers leading to inefficient and frustrating working practices

Managers may have unrealistic expectations of their supervisees or may fail to communicate their expectations; relationships between supervisors and supervisees may be overly hierarchical and top-down

Lack of cohesive, cooperative working relationships between national and international personnel

Lack of long-term planning or resources for staffing

Managers do not model ethical behaviour with people, in employment contract management, ethical and value-based decision-making, or open, honest dialogue and consultation

Personnel, including managers, are unaware of desired and undesired behaviour, including definitions of misconduct, how to implement good preventive practices, how to respond to misconduct (including the obligation to report, and mechanisms for reporting and protection against retaliation)

Personnel perceive that there are no actions, solutions or sanctions against perpetrators of misconduct, therefore deterring them from reporting misconduct

### Proactive treatments

Ensure completion of [mandatory training](#) by all personnel, specifically i) Prevention of Harassment, Sexual Harassment and Abuse of Authority, and ii) Prevention of Sexual Exploitation and Abuse

Support managers to model inclusive leadership, transparent decision-making, human centred management of employment contracts / assignments, joined prioritization and problem solving, through coaching, facilitated 360 feedback, reflective learning, etc.

Seek advice and support from Ethics Office (workplace ethical behavior), Ombudsman's Office (conflict resolution) and/or Staff counsellors and Psychosocial Wellbeing Section on selfcare

Have Code of Conduct dialogues (CoCD) with personnel and partners aimed to build trust and collaboration, raise awareness about the CoCD principles, ethical and value-based decision-making and how to deal with and report concerns, as well as to address specific integrity related risks ([CoCD](#))

Appoint peer advisors, CoCD facilitation teams and work proactively to address issues, ensuring dialogue and open, trusted communication

Ensure all managers affirm ethical norms, model ethical behaviour and address interpersonal misconduct timely, respectfully but firmly

Hold managers to account regarding their management skills using performance management channels, supported by effective performance dialogue

### Consequences

Unpleasant workplace culture causing unwanted behaviour, leading to increased workforce turnover, fewer applications, and ultimately weakening operation's ability to deliver on mandate

UNHCR's capacity, credibility and reputation may be negatively impacted

Weakened decision-making and increasing ethical blindness as leaders / teams are less likely to invite or benefit from varied perspectives and expertise within the team

Individual's physical or psychosocial wellbeing is negatively impacted, which may manifest in increased absenteeism and a loss of productivity, performance, motivation or morale of victim

Ability of individuals and teams to work with trust and collaboration required to achieve results is diminished, interpersonal relations deteriorate, while conflict and the risk of misconduct increase

Operation may face increased organizational challenges, such as increased conflict, exclusion, mobbing, discrimination, etc.

Retaliation against personnel who report misconduct or persons seeking informal conflict resolution may take place

Loss of sense of purpose in life and pride in work, loss of respect for and trust in manager leading to negative working environment, increased conflict

### Reactive treatments

Refer personnel to staff counsellor to provide resources on self-care, stress management, coping mechanisms and/or external resources available

Managers to facilitate the use of R&R and annual leave per staff rules and encourage a healthy work-life balance

Seek advice and support from Peer Advisor (if in place), Ethics Office (workplace ethical behaviour), Ombudsman's Office (confidential, informal conflict resolution) and/or staff counsellors of Psychosocial Wellbeing Section on selfcare

Report allegations of misconduct to [IGO](#) or the [SpeakUp Helpline](#) and cooperate with investigations

Take into account appropriate disciplinary measures for unethical behaviours and implement them in a timely manner

Intervene and follow-up on allegations and complaints about non-inclusive or abusive leadership and management and engage senior level managers proactively to address possible continuation and repetition

Look out for behavioural changes, be aware of symptoms of trauma victims, reach out and provide support to potential victims and refer them to colleagues with specific expertise such as Psychosocial Wellbeing Section / Staff Counsellors and Peer Advisors

Ensure [policy on Protection against Retaliation](#) is known and implemented

Train and support managers with soft skills to deal with teams, difficult circumstances / conflict etc.

## Risk event | Psychosocial wellbeing of personnel is negatively impacted by inter-personal tensions and conflict (2/2)

### Causes

Lack of or inadequate supervision and communication within the operation including between the country office and sub/field offices

Personnel or partner personnel do not speak up against or report misconduct, as insecurity regarding employment contracts makes workforce more vulnerable to power abuse

A poor or toxic working environment allows stigmatisation, mobbing, discrimination or other types of misconduct to occur

Actual or perceived unfair treatment of Affiliated Work Force

Unfair implementation of telework / telecommute arrangements at duty station

Perception of inadequate recognition of work and a lack of support from managers and colleagues along with low job satisfaction and a lack of faith that the situation will improve

### Proactive treatments

Roll-out and increase visibility regarding different measures to address concerns, including: engaging the [Ombudsman](#) when there is conflict; [reporting](#) misconduct to the IGO or through the [SpeakUp Helpline](#); and implementation of the AI on [Protection against Retaliation](#) (under the purview of the Ethics Office)

Observe and look out for possible signs of victimisation and build trust amongst colleagues, contact [Psychosocial Wellness Section \(wellbeing\)](#)

Encourage bystanders to speak up if misconduct takes place in their presence as per the [Stand Up & Support active bystander campaign](#)

Review and monitor HR data on absenteeism, early rotation, vacancy duration, difficulty to attract competent candidates at correct level

Utilise staff surveys, dialogue and other feedback initiatives to obtain information on the ethics and integrity culture and practices, including how to improve / prevent misconduct, respond to queries / grievances / concerns

Encourage managers to observe and look for possible signs of victimisation and build trust amongst colleagues and victims to contact [Psychosocial Wellbeing Section](#)

### Consequences

### Reactive treatments

## Risk event | Failure to secure a sustainable and healthy work-life balance for personnel (1/2)

### Causes

An emergency situation requires personnel to work excessive and continuous long hours to fulfil the humanitarian imperative

Upscaling of an operation without required increase in resources arriving in a timely manner

Downscaling of an operation or closure of offices without appropriate resources to responsibly implement the downsizing

Vacancies are not filled quickly enough due either to difficulties in recruiting suitable candidates or in bringing selected candidates onboard due to visa/travel challenges or delays from the releasing operation

Staff turnover increases and knowledge management and handovers are not effective resulting in increased knowledge gaps and weakened institutional memory

Public health issues lead to high numbers of personnel being sick or self-isolating or unable to assume their duties, increasing workload for remaining personnel

Multiple, uncoordinated additional or ad hoc requests with short deadlines from outside the operation

Poorly planned and uncoordinated leave and R&R absences lead to temporary gaps in core functions and management

R&R or annual leave is not respected or postponed

Time differences, holiday periods and different UN observed holidays and working days of country offices and regions are not adequately respected

### Proactive treatments

Ensure effective vacancy management to have all key staff positions filled as quickly as possible and personnel informed about their future employment

Submit timely request for staff on mission, Temporary Assignment (TA), Affiliated Work Force (AWF) and other interim arrangements to ensure there is no / limited staffing gap

Improve communication on staff wellbeing, implement recommendations of relevant reviews, reports and missions etc.

Ensure periodical and proactive dialogue with Peer Advisor Network, Code of Conduct Dialogue facilitators and Staff Association to identify and resolve concerns and issues

Provide timely feedback for effective performance management to all personnel, including AWF, on performance to allow time for improvement if required

Support supervisors and hold them accountable for establishing individual and team workplans, for periodical review, assesses personnel workload, find solutions and give guidance on priority setting through inclusive dialogue

Promote dialogue between personnel, break down silos, build team and have at least one annual retreat to improve working environment

Provide training on resilience building, self-care ([Psychosocial Wellbeing Section](#)), communication, building trust, conflict management, teambuilding activities, fostering an ethical culture, etc, ([Ethics Office](#)) and conflict resolution ([Ombudsman's Office](#))

### Consequences

Increased risk of burnout, leading to reduced morale, motivation and productivity of personnel impacting overall UNHCR effectiveness

UNHCR objectives and priorities may not be achieved, leading to reputational risk in the eyes of PoCs, donors, host governments, host communities, or other external stakeholders

Reduced performance and controls because of insufficient personnel to ensure segregation of duties, leading to increased risk of non-compliance, human errors, fraud or delays, increasing stress for remaining personnel

Increased risk of core functions being de facto delegated to AWF (deployees, UNVs), increasing contractual disparity, potentially leading to tensions and conflicts

Personnel do not have time for learning and development activities, negatively impacting career advancement and their effectiveness

Effective handovers and saving of documentation is not done and information is lost, increasing knowledge gaps and weakening institutional memory

Conflict between personnel will increase and create a negative working environment

Reflects poorly on the people management of UNHCR which may demoralize the workforce

### Reactive treatments

Refer personnel to staff counsellor / Psychosocial Wellbeing Section to provide resources on self-care, stress management, coping mechanisms and/or external resources available

Ensure utilisation of annual leave allocation as well as mandatory time off after emergency missions and hardship assignments

Enhance organizational structure and overall HR strategy, to ensure that staffing is fit for purpose and workload distribution is appropriate for level of post

Revise organizational structure and overall HR strategy, to ensure that staffing is fit for purpose and workload distribution is appropriate for level of post

Managers to prioritise HR recruitment / reassignment processes, consider AWF arrangements, emergency response team deployments, staff in between assignments (SIBAs) etc.

Refer personnel to the Ombudsman's Office for conflict resolution, if it cannot be addressed locally by management

Seek advice and support from the Ethics Office (workplace ethical behaviour) and/or Peer Network Advisor if in place



## Risk event | Failure to secure a sustainable and healthy work-life balance for personnel (2/2)

### Causes

Insufficient resources are allocated to support UNHCR's operation with continuously decreasing budget and reduction in personnel coinciding with increasing caseloads and work demands

Staffing needs in specific functions are not adequately resourced given the volume of work envisaged in the strategic plan

Personnel lack the capacity, skills or guidance materials needed to perform new tasks required of them by changed processes arising from in country changes or new HQ led initiatives or policies

High-level of employment insecurity and lack of good people management lead personnel to exert themselves

Insufficient time set aside for people management, building trust and ensuring inclusion and collaboration

Lack of proper on-boarding

Lack of proactive planning when individual circumstances warrant supervisory accommodation

### Proactive treatments

Institutionalize and clearly define the scope and roles and responsibilities of Local Staff Association, Regional Staff Association and HQ [Staff Council](#)

Provide support to personnel impacted with post reduction with career counselling, training, reach out to other agencies

Implement [AI](#) on Managing Affiliate Workforce for effective management of and support to the affiliate workforce

Strategically plan R&R cycles, annual leave, etc.

Ensure knowledge management i.e., shared documentation, handover notes, archiving, briefing kit, etc.

Where relevant, obtain medical clearance for applicable work modality of individual personnel

### Consequences

### Reactive treatments

## Opportunity | Opportunity to increase personnel satisfaction through flexible and new ways of working without compromising effectiveness and efficiency

### Causes

Where COVID-19-related experiences have enabled personnel to increase their effectiveness whilst working remotely

Following COVID-19 experience, where HQ and bureaux functions have gained experience in providing time/cost-efficient and effective support remotely rather than through face-to-face missions

Where short periods of telecommuting can be combined with R&R to give personnel longer breaks from hardship duty stations without impacting their effectiveness

Where increased remote working can be implemented without impacting effectiveness through enhanced technology

Where Business Continuity Plan exercises and remote working during COVID-19 have clearly demonstrated which activities are essential to perform in-situ, which are desirable to perform in-situ, and which can be done as or more effectively remotely

Where team dynamics are positive, and a strong bond of trust exists across the team

Where flexible working can accommodate improved management of disability related questions and integrating the needs of persons with disabilities and their dependents into new ways of working

### Proactive treatments

Exercise flexibility in approving requests for remote working where there is a strong business case and in line with overall organizational policies and fair treatment of personnel

Ensure ICT infrastructure is sufficient to enable remote working

Explore the possibility of some functions being delivered fully remotely from cheaper locations, in discussion with the relevant bureau and divisions

In line with overall organizational policies, offer teleworking to personnel working in duty stations where office accommodation is overcrowded / not meeting minimum standards to work from alternative locations

Undertake team building activities and communicate regularly, constructively, honestly and clearly to build trust within the team

Bring visibility to disability inclusion by including the topic in various internal (i.e. senior management meetings, emergency programming discussions) and external fora (those convened with other stakeholders under the auspices of UNHCR as the responsible agency partnership agreements, etc.)

Develop or acquire the right tools to ensure persons with disabilities can access ICT tools and equipment

### Consequences

We can remain present in the field and in direct contact with persons of concern while allowing personnel more flexibility in how this is achieved with a view to improved work-life balance

We can maintain or build effective team spirit and team dynamics whilst still allowing for partial remote working

We can increase personnel satisfaction and engagement and with-it retention rates, morale and effectiveness

We could achieve staffing cost savings from fewer missions

We can attract more applications of qualified candidates and be seen as an employer of choice

UNHCR can lead and inspire other humanitarian global, regional, and local organizations and partners to ensure disability inclusive through flexible working

### Reactive treatments

Regularly review remote working arrangements to ensure that they remain appropriate and value adding, as well as in compliance with overall organizational policies – and amend or end if required

Regularly seek feedback from personnel on flexible working arrangements and overall team dynamics

Share lessons learnt and good practices with partners and other agencies

Notes:



# Enterprise Risk Management

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