69th Meeting of the Standing Committee

21-22 September 2017

Agenda Item: 2. (C.) (i) Human resources, including staff welfare (EC/68/SC/CRP.26)

Madam Chairperson, Distinguished Delegates,

The women and men who work for UNHCR are at the heart of our ability to bring life-saving protection to people in need. The majority (87%) of our staff are in the field, and close to half work and live in hardship duty stations, isolated from their families. A fifth of our staff (21%) currently operate in locations classified as dangerous. Some 80% of these are national colleagues. Ensuring the wellbeing of our national teams is paramount. They form the backbone of our operations, and are frequently on the frontline. They and their families may live through war and conflict in contexts such as Northern Nigeria, Northern Mali and Iraq. For them, there is no escape from the devastating and traumatic impacts. We need to provide the maximum support possible under the UN staff rules and regulations which are not always well adapted to today's realities. The Secretary General's call to review these is a most welcome step.

Our Division is here to provide Human Resource systems that enable maximum flexibility and agility in responding to the most complex operational needs, while motivating international and national colleagues through support for and recognition of the critical work they undertake in delivering UNHCR's mandate. With this in mind, and following the decision by the High Commissioner in October 2016 to move to a rank-in-job system, DHRM reached out to colleagues in the field and Headquarters to seek their views on what the future recruitment and assignments policy should contain. This is a key step in an ongoing dialogue between the organization and our colleagues across the globe.

Some 4,000 colleagues contributed. Measures they called for included greater transparency and consistency in decision making in assignment procedures; timely and constructive feedback on job applications; greater accountability by managers and DHRM; information on career opportunities; a more meaningful performance management system; support to retain staff, women in particular, which is even more critical in light of recent surveys on harassment of female colleagues in humanitarian settings; increased opportunities for national staff and affiliate workforce; clear criteria for accessing higher-level positions; and that candidates for managerial positions should demonstrate the necessary people management skills prior to appointment.

Released in August, the new recruitment and assignments policy has brought some key changes in follow up to the consultations. These include managerial and functional career tracks; clear criteria for upward and/or lateral career moves supported by proactive communication on career options; mandatory interviews when considering a staff member for a higher-level position; and a systematic approach to management development according to grade with assessments to ensure that aspiring managers possess the requisite skills and competencies. Managers, DHRM and oversight bodies are now accountable for systematically considering gender and diversity at the various stages of the selection process, based on HR data analysis. Oversight bodies and DHRM staff are to receive training on unconscious bias. Shortlists and manager's preferences must include two thirds female candidates in line with the Secretary General's strategy on gender parity. National colleagues and international affiliate workforce members now have expanded opportunities to access internal vacancies.

We are strengthening support to staff in between assignments for long periods. At the same time, those who remain nine cumulative months without a regular assignment and/or temporary placement will now be placed on special leave without pay. Finally, given our

structure, not all colleagues will have the opportunity to move to a higher level position, especially after the P4 grade, so we are looking at **alternative ways to recognize** performance and service through study leave and other schemes.

UNHCR's affiliate personnel represent an estimated one third of our workforce. Last year the organization reviewed its approach and is now including the profile of each colleague and his/her education and work experience in its human resource data system. We have also expanded insurance coverage levels, improved medical evacuation procedures and offered career guidance. A policy is under development on the hiring of affiliate personnel.

Colleagues posted to high risk duty stations require careful selection, close support and recognition of the impact such assignments have on the individual and their families. We are piloting approaches to provide additional support such as shortened assignments, and time off to recuperate with friends and family from the stress of living under such conditions.

Support for national staff is also critical as over the years they may experience various forms of pressure due to local dynamics and tensions, or from persons of concern themselves, and exposure to conflict situations in frontline field positions sometimes far from their families. They also face problems accessing medical and psychological care at their duty station. To mitigate this, we have developed specific support measures, for example compressed work schedules to enable time for rest and travel home.

These activities form part of the **organization's duty of care to our colleagues at large**, but priority is given to non-family, hardship and insecure environments and emergencies. When responding to full scale emergencies as in Uganda and the Democratic Republic of Congo, we send in large teams to respond without their basic eating, sleeping and medical needs covered. Our teams are prepared and trained specifically for these conditions, but it is incumbent upon us to raise the standards as quickly as possible by ensuring adequate adequate working and

living conditions, including separate sanitation facilities for men and women, and regular provision of fresh food. This is no easy task and we still face gaps.

UNHCR is a strong member of the UN task force on duty of care and in addition to accommodation, focuses in particular on the following areas:

- 1) Health support, in particular medical facilities and evacuation capacity, is a priority to save lives. Adequate facilities enable staff (and their loved ones at home) to be worry free and focus on the job at hand. In some high-risk or remote duty stations these fall below minimum standards and we strive to address the gaps jointly with other agencies. Our medical and staff welfare teams work hand in hand with security to lay the ground work in terms of prevention and risk mitigation from the early phases of operational planning. On average 220 medical evacuations are carried out each year entailing critical and intensive life-saving interventions for 24 to 48 hours. In some cases, support may continue for months or even years after.
- 2) Psychosocial support for staff at large is essential as our work can be extremely challenging mentally and emotionally. For example delivering cross line assistance in Syria, wondering if you will return home in the evening; not sharing with friends or family in Somalia and Afghanistan the fact that you work for the UN, or receiving in Northern Angola survivors of sexual and gender based violence and grave physical injuries.

Deploying to such critical operations requires the preparation of our colleagues and their families, so that what they can understand the support and security provisions and help their families, especially their children, to worry a little less, if possible, when seeing the news. To this end, we have systematic **pre-deployment psychological preparation to enable informed decision making on assignments, including from a security perspective, and end-of assignment debriefings** for all colleagues assigned to hardship duty stations.

Psychosocial support is offered throughout the assignment. There are monitoring procedures in place to ensure colleagues can cope including assessing for depression, anxiety, post-traumatic stress disorder, burn-out and hazardous alcohol drinking. We also follow those who carry out individual case management and work directly with traumatized populations, especially refugee status determination and resettlement, with incidents such as self-immolation, which can lead to secondary trauma and burnout. Results from pilots in Indonesia and Jordan will be used to establish minimum standards of Duty of Care for case workers.

Addressing mental stress requires good management culture. A recent staff survey indicated that managers' attitudes and reputation are among the top 5 reasons influencing decision-making on one's next assignment. Deep field dynamics require managers to be fully aware of the diverse needs colleagues in the team and to lead in creating the right attitude, tone and environment. The concerns of lesbian, gay, bi-sexual, transgender and inter-sex (LGBTI) have yet to be placed firmly on the agenda of managers as a human resource issue requiring understanding, and sensitivity. Senior managers will now be assessed on people management, including an understanding of inclusion and zero tolerance for sexual harassment or violence. In support of our efforts to build an inclusive working environment, the revamped Code of Conduct sessions are focusing on inclusion and diversity led by our specialist advisor and the ethics office. These efforts will help us build an inclusive and gender sensitive organizational environment, respectful of diversity in all its forms.

Finally, we must **continue to improve our human resources systems, processes and structure with an emphasis on strengthened workforce planning,** which is now underway with a demand and supply analysis of key functional areas with the Divisions. The recent Headquarters review also called for a review of the Division of Human Resources, so we have just **embarked on a holistic external review** of HR. The outcomes will pave the way for more

effective and streamlined HR processes, guide our workforce planning, and assist DHRM in

becoming a strong strategic business partner for our operations so that we are well positioned

to implement an updated People Strategy in full support of the High Commissioner's strategic

vision.

We count on your continued support to enable us to uphold the highest standards of care and

support for our colleagues in increasingly challenging operational contexts which bring such a

variety of risks.

Thank you

Check against delivery

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