OIOS
Office of Internal Oversight Services

INTERNAL AUDIT DIVISION

REPORT 2019/065

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

While the Department for Safety and Security established mechanisms to support effective and efficient critical incident stress management, there was a need to strengthen coordination, planning, implementation and documentation of activities

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Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

EXECUTIVE SUMMARY

The Office of Internal Oversight Services (OIOS) conducted an audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York. The objectives of the audit were to assess whether critical incident stress management was effective and efficient, and whether information systems used were adequate. The audit covered the period from January 2017 to December 2018 and included: a) guidance on and coordination of critical incident stress management by the Critical Incident Stress Management Unit (CISMU) in the Department of Safety and Security (DSS); b) planning and implementation of CISMU activities; c) recruitment and training of counsellors; and d) information management systems.

CISMU finalized and circulated several guidance documents for managing critical incident stress but needed to complete others. CISMU chaired one inter-agency group and participated in another to coordinate critical incident stress management but there was little evidence of their activities during the audit period. While CISMU provided necessary support or sourced counsellors to provide psychosocial services, the process needed to be streamlined and better documented.

OIOS made 12 recommendations. To address issues identified in the audit, DSS needed to:

- Develop adequate guidance to support critical incident stress management;
- Ensure that the activities of the inter-agency coordination mechanisms on critical incident stress management are well-defined and contribute to the effective delivery of support;
- In consultation with the Department of Operational Support (DOS) and the Department of Management Strategy, Policy and Compliance (DMSPC), develop an action plan for joint activities to ensure efficient use of resources;
- Introduce more secure means of communication between counsellors and staff;
- Strengthen annual work plans to manage critical incident stress;
- Periodically assess the effectiveness of the coordination and support of critical incident stress management provided to stakeholders;
- In consultation with DMSPC, analyze data and develop criteria for the allocation of resources;
- Document and maintain adequate records on its activities relating to critical incident stress management;
- In consultation with DOS, formalize the involvement of CISMU in the recruitment and technical supervision of counsellors for the field;
- Develop an annual critical incident stress management training plan and monitor its implementation;
- Develop and maintain a global roster of qualified counsellors; and
- Update project documentation for the development of critical incidents stress management database, obtain necessary approval from the Office of Information and Communications Technology and develop a plan to secure the resources required to maintain it.

DSS accepted the recommendations and has initiated action to implement them.

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Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

I. BACKGROUND

1. The Office of Internal Oversight Services (OIOS) conducted an audit of the effectiveness and efficiency of critical incident stress management in the United Nations Secretariat in New York.

2. United Nations personnel in the field operate in higher-risk environments, exposing them to stress and critical incident stress. To address this, the General Assembly, in its resolution 55/238 in 2000, established the Critical Incident Stress Management Unit (CISMU) in the Field Support Service of the Department of Safety and Security (DSS). CISMU serves as the central body responsible for ensuring adequate and timely coordination and provision of psychosocial services in the field to those who are at risk of experiencing or are experiencing stress or critical incident stress. A 'critical incident' is defined by organizations participating in the United Nations Security Management System (UNSMS) as any sudden event or situation that involves actual, threatened, witnessed or perceived death, serious injury, or threat to the physical or psychological integrity of an individual or group.

3. The core functions of CISMU include: a) developing and implementing a comprehensive United Nations policy regarding the management of critical incident stress; b) coordinating inter-agency critical incident stress management; c) providing rapid professional response to critical incidents involving personnel in UNSMS organizations; d) training or facilitating the training of personnel in UNSMS organizations; e) maintaining a roster of stress counsellors available for rapid deployment to critical incidents; and f) researching, assessing and monitoring factors that may lead to stress-related problems in the field. Within the Secretariat, CISMU works with DSS stress counsellors in 25 countries and staff counsellors in 15 peacekeeping and special political missions. The titles of 'stress' and 'staff' counsellor is dependent upon the type of funding. CISMU intervenes in critical incidents, while the counsellors provide psychosocial support on an ongoing basis. CISMU also coordinates with critical stress management units in UNSMS organizations.

4. CISMU received notification of 145 and 101 incidents in 2017 and 2018, respectively, and provided direct response to 59 incidents. These incidents included a hostage situation, security threats such as civil and political unrest, natural disasters, work place harassment, and personal stress. CISMU is headed by a P-5 and is composed of five P-4s and two General Service staff members. Travel resources for the biennium 2017-2018 consisted of $423,000 and $340,000 for non-training and training-related travel, respectively.

5. According to CISMU, there were 14,035 counselling 'acts' in 2017 and 9,169 in the period from January to September 2018 that were performed by stress and staff counsellors. These 'acts' included responses to hostage incidents, assault and other hostile acts against United Nations personnel, as well as personal hardships including divorce, bereavement and depression. Counsellors were deployed to major crises in the Middle East, Latin America, Africa and Asia. CISMU coordinated its activities with various stakeholders, including the Staff Counsellor's Office (SCO) in the Medical Services Division (MSD)[1] in the former Office of Human Resources Management (OHRM) of the Department of Management (DM). The SCO mandate, among others, includes the provision of psychosocial support and health-related training at Headquarters and offices away from Headquarters. The Emergency Preparedness and Support Team

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[1] Currently the Division of Healthcare Management and Occupational Safety and Health in the Office of Support Operations, Department of Operational Support (DOS)

(EPST) [2] in OHRM, DM also supports staff and their families directly after malicious acts, natural disasters and other emergencies and provides training programmes to staff members to ensure they are equipped and prepared for emergencies.

6.   The UNSMS Security Policy Manual governs the coordination and provision of psychosocial support by all counsellors contracted or employed by UNSMS organizations.

7.   Comments provided by DSS are incorporated in italics.

II.   AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

8.   The objectives of the audit were to assess whether critical incident stress management was effective and efficient, and whether information systems used were adequate.

9.   This audit was included in the 2018 risk-based work plan of OIOS due to the importance of critical incident stress management.

10.   OIOS conducted this audit from October 2018 to May 2019. The audit covered the period from January 2017 to December 2018. Based on an activity-level risk assessment, the audit covered higher- and medium- risk areas in critical incident stress management, which included: a) guidance on and coordination of critical incident stress management; b) planning and implementation of CISMU activities; c) recruitment and training of counsellors; and d) information management systems.

11.   The audit methodology included: a) interviews of key personnel in DSS, MSD and EPST; b) reviews of relevant documentation; c) analytical reviews of data; d) sample testing of 20 out of 59 critical incidents responded to by CISMU in the period under review; and e) a survey of UNSMS members to assess their satisfaction with coordination and support services provided by CISMU. OIOS administered the survey to 301 individuals and received 117 responses.

12.   The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

III.   AUDIT RESULTS

A.   Guidance on critical incident stress management

DSS needed to develop and promulgate guidance for managing critical incident stress

13.   To ensure adequate and timely coordination and provision of psychosocial services across the Organization, CISMU developed 12 guidance documents related to critical incident stress management and the work of counsellors that were in various stages of completion. Five documents had been finalized, but there was no guidance on important elements of critical incident stress management identified in the UNSMS Security Policy Manual, including: a) needs assessments for psychosocial services; b) criteria on whether and how to set up a Critical Incident Stress Intervention Cell (CISIC), which is the mechanism used at the field level to coordinate psychosocial services; c) maintaining a functional network of peer helpers, peer support volunteers, and family focal points for relevant UNSMS counsellors; d) gathering,

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[2] Currently the Critical Incident Response Service in the Office of Human Resources, Department of Management Strategy, Policy and Compliance (DMSPC)

recording and reporting data for analysis and performance measurement; e) developing a psychosocial contingency plan; and f) criteria on when an individual should be referred for medical support. According to CISMU, a Field Manual for United Nations Counselling Services to address these gaps was being developed by the Working Group on Critical Incident Stress Management (CISWG).

14.   CISMU indicated that due to limited resources, it was unable to develop and issue guidance on other aspects of critical incident stress management and the following issues were identified.

   a.   Psychosocial contingency plans were not provided to CISMU

15.   During the audit period, only one United Nations entity shared its pre-incident preparedness plan with CISMU, and there was no evidence of follow-up with other organizations. Pre-incident preparedness plans, which incorporate psychosocial contingency plans, ensure that CISMU has information on available psychosocial resources and the number of staff in UNSMS organizations, to better plan the psychosocial response. In response to the OIOS survey, UNSMS organizations indicated that pre-incident preparedness plans had never been requested or required by CISMU. Without advance knowledge of these plans, CISMU may not have sufficient information to respond effectively to a critical incident.

   b.   Need to clarify criteria for reporting critical incidents to CISMU

16.   CISMU was partly dependent upon the Division of Regional Operations (DRO) in DSS to provide information on critical incidents and any changes occurring at a duty station that may endanger the well-being of UNSMS personnel and/or their eligible family members. However, there was no established mechanism for DRO to inform CISMU of incidents and critical incidents. For example, CISMU was notified of two hostage incidents by security offices of two United Nations entities instead of DRO. Since June 2018, CISMU had access to the Safety and Security Incident Reporting System daily reports that listed incidents in 124 countries, but this report was not designed as a referral mechanism to CISMU and was inadequate for this purpose.

17.   In addition, CISMU roles and responsibilities with respect to stress and critical incident stress were not clear. While the CISMU mandate indicates CISMU involvement only in 'critical incident stress' management, the UNSMS Security Policy Manual indicates their involvement in both stress and critical incident stress. This may be confusing to security staff in determining whether to refer incidents for CISMU consideration. CISMU needed to develop guidance, in coordination with DRO, on the criteria to determine when to inform CISMU of an incident that may require psychosocial support.

   c.   Inadequate guidance on when to refer cases to medical services

18.   CISMU (for field locations), SCO (for New York Headquarters and offices away from Headquarters) and individual counsellors determine whether individual cases should be referred for medical or counselling care; however, there were no defined criteria on how to make this determination. While professional judgement is used by counsellors for making referral decisions, without guidance, an individual who needs medical support may not be appropriately or timely referred.

   d.   Need to improve post-incident reporting and follow-up of recommendations

19.   Results of the OIOS survey indicated that only 28 per cent of respondents regularly documented and shared best practices and lessons learned with CISMU. In the 20 cases reviewed by OIOS, one post-incident report was prepared by a CISIC and six mission reports by counsellors. However, the information covered in the reports was inconsistent and none of the reports identified best practices or lessons learned.

This was because instructions on how to define and report on counsellors' activities were not provided to all counsellors.

20.   Additionally, although the mission reports reviewed included recommendations for local security advisors to implement, CISMU did not establish mechanisms to track the status of implementation. This may negatively impact the effectiveness of crisis incident stress management.

  e.   Need for continuous outreach on the availability of psychosocial support

21.   Information on who to contact when in need of psychosocial support was included in the BSAFE training (a new online security awareness course), mandatory for all United Nations staff, as well as in training to designated officials that included a general introduction to the DSS Stress Management System. CISMU indicated that information on their services was also communicated to those missions with stress counsellors through the security briefing upon the arrival of new staff.

22.   While CISMU took steps to provide information on the psychosocial support available to staff and/or eligible family members, there was no guidance to security staff and counsellors in the field to provide continuous outreach to ensure individuals are aware of stress counselling availability.

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(1) DSS should develop adequate guidance to support critical incident stress management, including guidance on: a) developing psychosocial contingency plans; b) criteria to determine when to inform the Critical Incident Stress Management Unit of incidents that may require psychosocial support; c) criteria for when individuals should be referred for medical support; d) post-incident reporting and follow-up of implementation of recommendations; and e) outreach to staff and eligible family members.

DSS accepted recommendation 1 and stated that the guidance would be included in the Field Manual that was under development within the CISWG. Recommendation 1 remains open pending receipt of the finalized Field Manual.

B.   Coordination of critical incident stress management

DSS needed to strengthen inter-agency coordination activities

23.   There are two main coordination mechanisms for critical incident stress management in the United Nations System: a) the CISWG; and b) the United Nations Stress/Staff Counsellors Group (UNSSCG). The CISWG was established in 2012 to evaluate issues and develop policies related to staff emergency psychosocial needs. Chaired by CISMU, members of the Group include the United Nations Medical Emergency Response Team, EPST, SCO, and counsellors from 12 United Nations agencies, funds and programmes[3] and the World Bank. The CISWG terms of reference states that it meets monthly.

24.   UNSSCG includes all staff and stress counsellors in the United Nations System. It is led by a Steering/Coordinating Committee that explores problems, develops and reviews guidance documents, and provides guidance and support to staff/stress counsellors. The Steering Committee should meet once a

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[3] United Nations International Children's Emergency Fund (UNICEF), World Food Programme (WFP), United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), Food and Agricultural Organization, International Organization for Migration (IOM), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization, International Atomic Energy Agency, United Nations Industrial Development Organization, and International Telecommunication Union, United Nations Development Programme (UNDP)

month and is composed of permanent members, counsellors from DSS, United Nations Secretariat, and from six other United Nations System organizations[4]; and four elected members from UNSSCG membership. It provides strategic direction on activities to address mental health and well-being related problems, through engagement with UNSSCG members and the Human Resources Network; Medical Directors Group; Network of United Nations Ombudsman; Ethics Directors Network; CISWG; Inter-Agency Security Management Network; and staff representatives. The terms of reference of the Steering Committee of UNSSCG were in the draft stage.

25.   However, OIOS was unable to conclude on the effectiveness of both the CISWG and UNSSCG during the audit period, as there was little evidence of their activities apart from a CISWG meeting in January 2019. The meeting was on the development of the Field Manual and concluded with an agreement on the direction, methodology, approach and outline of the Manual. A review of the terms of reference of CISWG and UNSSCG indicate that they may have overlapping activities related to staff psychosocial needs and improvement of mental health and well-being of personnel in the United Nations workplace.

> **(2) DSS should, in its capacity as Chair of the Working Group on Critical Incident Stress Management and member of the United Nations Stress/Staff Counsellors Group, ensure that the activities of these coordination mechanisms are well-defined and that they contribute to the effectiveness of the delivery of support to the mental health and well-being of United Nations staff and eligible family members.**
>
> *DSS accepted recommendation 2 and stated that the Field Manual under development would clarify the mandates and scope of activities of the different players.* Recommendation 2 remains open pending receipt of the finalized Field Manual.

<u>DSS needed to develop an action plan on joint activities within the Secretariat to ensure effective use of resources</u>

26.   CISMU and OHRM developed a Single Operational Response to Critical Incidents document to clarify the respective responsibilities of CISMU and SCO in MSD for critical incident stress management. It stipulates that SCO serves New York Headquarters and offices away from Headquarters, while CISMU supports all other duty stations. It also stated that CISMU, MSD and EPST would promote joint training related to crisis preparedness. As CISMU and SCO were tasked with similar functions, it was imperative that they coordinate their activities closely to prevent differences in methodologies, inefficient use of resources and/or gaps in coverage.

27.   The only evidence of coordination of CISMU and SCO that was observed during the audit period was in the development of the United Nations System Mental Health and Well-Being Strategy, which was produced collaboratively with representatives from all stakeholders. There was also a joint training provided by CISMU, MSD and EPST during the annual meeting of United Nations Secretariat counsellors in July 2018. Nonetheless, there was room to further improve coordination and joint training activities. For example, during the audit period, SCO developed and conducted numerous training sessions (including through video and teleconferences) to offices away from Headquarters in 2017 and 2018 on stress management, resilience, psychological stress and critical incident, self-care, and substance abuse. EPST also conducted training to staff that volunteer to become focal points for family members affected by tragic incidents. However, there was no evidence of coordination in identifying areas for training and jointly developing or sharing existing materials to improve effectiveness and efficient use of resources.

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[4] UNICEF, WFP, UNHCR, WHO, IOM, ILO and World Bank Group/IMF

> **(3) DSS should, in consultation with DOS and DMSPC, develop an action plan for joint activities in the areas of development of policy and guidelines, outreach, and training on psychosocial support to ensure efficient use of resources.**
>
> *DSS accepted recommendation 3 and stated that the action plan for joint activities would be formalized as the teams already work and deliver joint trainings.* Recommendation 3 remains open pending receipt of the action plan for joint activities to be conducted by DSS, DOS and DMSPC.

DSS needed to establish secure means of communication in the provision of psychosocial support

28.   CISMU is responsible for maintaining regular communication with UNSMS organizations to ensure efficient incident response and rapid reaction to any changes to the prevailing environment at the duty station. However, there was little evidence documenting the coordination with agencies, funds and programmes, counsellors in the field and external mental health professionals (EMHPs) in 13 of the 20 cases reviewed, in which CISMU coordinated the response and supplemented resources of the requesting duty station. In the remaining seven cases, individuals reached out directly to CISMU for support and response did not require coordination.

29.   According to CISMU, most communication between CISMU and counsellors and staff was via WhatsApp Messenger (an application for sending text messages), email and phone. However, WhatsApp Messenger is not an official means of communication of confidential or sensitive information as nothing on social media is private, irrespective of the privacy settings. The use of WhatsApp Messenger by counsellors in CISMU and the field did not ensure the confidentiality and security of information shared. A mechanism that supports secure communication should be utilized instead.

> **(4) DSS should introduce more secure means of communication between counsellors and staff in the provision of psychosocial support and cease the use of the WhatsApp Messenger application.**
>
> *DSS accepted recommendation 4 and stated that it had issued instructions to CISMU counsellors to cease the use of WhatsApp. CISMU would use the secure communications application (Signal) recently approved by the Office of Information and Communications Technology (OICT).* Recommendation 4 remains open pending receipt of the communication issued to all counsellors and staff to cease the use of WhatsApp.

C.   Planning and implementation of CISMU activities

DSS needed to strengthen CISMU work planning and performance measurement system

30.   CISMU developed a two-year work plan for 2017 and 2018 that included CISMU's vision, outputs/objectives, operational requirements, and constraints. The work plan was revised in 2018 to incorporate CISMU's focus, strategic requirements, and key challenges. Areas of focus included: a) pilot and implement the Holistic Support Project; b) develop and implement a monitoring and evaluation platform; c) conduct Peer Helper training among DSS staff; and d) assess and monitor the psychosocial well-being of DSS staff and security advisors. However, CISMU did not assign responsibility for the activities or include milestones, targets, and resources required to carry them out. Adequate planning of CISMU activities and alignment of available resources were critical for identifying resource constraints and ensuring effective implementation of their mandate.

31.   CISMU indicators of achievement, as listed in the proposed programme budget for the biennium 2018-2019 (A/72/6 Sect. 34), were as follows: a) increasing the percentage of staff and their families in the high-risk duty stations in the field that receive stress-management training; b) increasing the number of United Nations and partner counsellors trained in critical-incident stress management in emergency settings; and c) increasing the percentage of affected United Nations staff who receive emotional first aid and psychologic damage control following reported critical incidents. Although CISMU reported that actual results met or exceeded targets for all three indicators, it did not provide portfolio of evidence to support the results. In addition, CISMU did not establish qualitative and quantitative indicators to measure effectiveness and efficiency of psychosocial support, such as response time to critical incidents involving personnel in UNSMS organizations and satisfaction with the psychosocial services received by these individuals. CISMU engaged a programme consultant in September 2018 to develop, among others, performance indicators, expected outputs, and subsequently integrate these indicators for monitoring. The programme consultant is also tasked to complete the development of a database to be used to maintain critical incident stress management records and counselling activities.

32.   CISMU also did not collect data to assess the effectiveness of its support to stakeholders (UNSMS members) and analyze their level of satisfaction, which may impede CISMU's ability to identify improvements needed and address them in subsequent work plans. In the absence of CISMU assessment of its effectiveness, the OIOS survey inquired about UNSMS members' satisfaction with coordination and support services received. About 43 per cent of respondents considered the overall support provided by CISMU as adequate; 32 per cent somewhat adequate; 5 per cent inadequate; and 20 per cent indicated that they did not receive support during the period under review.

33.   Specifically, 68 per cent of respondents were satisfied or very satisfied with the provision of locally-available resources; 61 per cent with timeliness of establishing or expanding a CISIC; 69 per cent with mobilization of relevant individuals, such as CISMU regional or field counsellors, the Department of Peacekeeping Operations staff counsellors or peer support volunteers; 70 per cent with the coordination with other relevant UNSMS counsellors and UNSMS security professionals to provide critical incident stress counselling support; 62 per cent with activation of a psychosocial contingency plan, if necessary; and 62 per cent with information sharing during all stages of crisis response. However, in the absence of specific targets, the implications of these results could not be determined.

> **(5) DSS should strengthen annual work plans to manage critical incident stress by specifying the responsible officials, timelines, targets/milestones, and resources for planned activities.**
>
> *DSS accepted recommendation 5 and stated that the 2019 CISMU work plan already specified more reliable indicators and timelines for implementation, which would be further refined in the 2020 work plan.* Recommendation 5 remains open pending receipt of the 2020 CISMU work plan, which specifies responsible officials, timelines, targets/milestones, and resources required.
>
> **(6) DSS should periodically assess the effectiveness of the coordination and support of critical incident stress management provided to stakeholders.**
>
> *DSS accepted recommendation 6 and stated that it would be addressed in the CISMU monitoring and evaluation platform that was being developed.* Recommendation 6 remains open pending receipt of evidence of periodic assessments of the effectiveness of the coordination and support provided to stakeholders.

DSS needed to analyze data and develop criteria for allocating resources

34.   Counselling resources should be allocated based on the needs of the duty station, to ensure effective psychosocial support and rapid response in times of critical incident. However, CISMU did not collect data or analyze information pertaining to: a) high-risk/hardship locations; b) number of staff in field missions; c) number of critical incidents by location; d) assessment of the level of need for psychosocial support; and e) other indicators that could be indicative of the stressful environment, such as high average number of certified sick leave in hardship locations. It also did not map existing resources, including resources from agencies, funds and programmes, EMHPs and counsellors available for surge, to ensure availability of psychosocial support where they are most needed.

35.   OIOS analysis showed that there was no local psychosocial expertise in many of the highest-rated hardship duty stations. OIOS analyzed Umoja data pertaining to sick leave on the premise that a high number of sick leave days could be indicative of the stressful environment requiring availability of counselling support. The analysis indicated that as the hardship rating increased from A to E (according to hardship rating established by the International Civil Service Commission), the average number of certified sick leave days per person increased. For example, in 2017 and 2018, the average number of certified sick leave per person was 4 days for duty stations in category A as compared to 11 days for those in category E. Of the 16 duty stations with an average certified sick leave per person of 16-20 days only one had a counsellor. Of the seven duty stations with an average certified sick leave per person of 21 days or greater, there was only one duty station that had a counsellor.

36.   In addition, while CISMU was responsible for ensuring the capacity to respond to critical incidents, it did not have authority over the resources of agencies, funds and programmes and field missions. As such, CISMU may only make recommendations on the level of resources required for the provision of psychosocial support to implement any approved pre-incident preparedness plan.

37.   Without availability of adequate psychosocial support, staff and/or eligible family members may be adversely affected and unable to cope with the demands of the job.

> **(7) DSS should, in consultation with DMSPC, analyze data and develop criteria for the allocation of resources to ensure appropriate psychosocial support and incident preparedness in all locations.**
>
> *DSS accepted recommendation 7 and stated that it would strengthen coordination with DMSPC and establish criteria to allocate resources with the provision that CISMU is appropriately resourced to conduct periodic research, assessment, survey and monitoring, and to run statistical analyses and inferences.* Recommendation 7 remains open pending receipt of the established criteria.

CISMU adequately identified counsellors for individual cases

38.   Upon notification of an incident, CISMU is responsible to ensure effective crisis incident management by: a) mapping locally-available resources, including EMHPs; and b) establishing or expanding a CISIC at the duty station in a timely manner, if necessary. In the cases reviewed, CISMU made appropriate decisions on how to best source a counsellor for psychosocial support. Counselling resources were sourced as follows: a) CISMU responded to seven of the cases remotely or face-to-face in New York; b) EMHPs were used in six cases; c) counsellors from a different duty station provided surge support in five cases; d) a CISIC was established that included CISMU in one case; and e) in one case, a staff member was referred to a counselling resource directly.

<u>CISMU needed to maintain adequate records on its activities</u>

39.   CISMU needs to ensure official records pertaining to psychosocial support activities are maintained in accordance the Secretary-General's bulletin on record-keeping and the management of United Nations archives (ST/SGB/2007/5).

40.   In 15 of the 20 cases reviewed, OIOS was unable to conclude on whether the needs of UNSMS personnel and their eligible family members were rapidly assessed due to inadequate supporting documentation. Information such as emails and case notes documenting actions taken and their timelines were not available for review. Four of the remaining cases were responded to within two days, although in one case, a counsellor was not available for 14 days after the incident mainly because the first counsellor identified did not have a United Nations Laissez-Passer required for entry to the country. This exemplifies the need to strengthen deployment readiness in the pre-incident preparedness phase.

41.   In the absence of adequate case file documentation and analysis of data, CISMU was unable to monitor and analyze its response time to identify areas for improvement.

> **(8) DSS should implement procedures to document and maintain adequate records on its activities relating to critical incident stress management to ensure completeness and availability of records.**
>
> *DSS accepted recommendation 8 and stated that it would be addressed by the CISMU monitoring and evaluation platform under development.* Recommendation 8 remains open pending receipt of procedures for documentation and maintenance of records on critical incident stress management activities.

D.   Recruitment and training of counsellors

<u>DSS needed to ensure that qualified professionals are recruited, technically supervised and trained</u>

42.   CISMU did not establish a formal mechanism to ensure that qualified professionals were recruited, technically supervised and trained as summarized below.

    a. There was no requirement to involve CISMU in the recruitment and technical supervision of counsellors

43.   CISMU, as an expert in the area, is usually requested by peacekeeping missions and DFS to participate in and/or lead recruitment exercises for stress counsellors to be posted in the field. However, the participation of CISMU in this process had not been formalized. In addition, many security advisers in non-peacekeeping duty stations did not request CISMU to, at a minimum, technically review candidates for counselling positions. This was at variance with one of MSD's core functions per the Secretary-General's bulletin on the organization of OHRM (ST/SGB/2011/4), which is to technically clear and participate in interviews for the appointment of United Nations physicians and other medical staff.

44.   In addition, the Guidelines for Locally-Based Counsellors and for Psychosocial Care in Crisis Settings both state that the locally-based counsellors work 'under the administrative supervision of the Chief/Security Advisor and the technical supervision of the CISMU Headquarter Regional Stress Counsellor'. This role was not included in either the CISMU mandate or the UNSMS Security Policy Manual. Also, evidence of technical supervision of counsellors was not systematically documented.

Informal involvement of CISMU in counsellor recruitment and their technical supervision may reduce the effectiveness of psychosocial response.

   b. No evidence of vetting of external mental health professionals

45.   CISMU established professional and academic requirements (master's degree in psychology or certified psychiatrist) for EMHPs, that are in line with similar generic United Nations job openings. EMHPs are initially vetted by medical officers of the WHO or the UNDP) at the location they are to serve, and subsequently by CISMU upon receipt of information from the security advisor in the country. Once vetted, UNDP signs a limited-term agreement or an individual contractor contract with the EMHP, in consultation with the chief security advisor/security advisor, on behalf of DSS. CISMU indicated that there were over 300 pre-vetted EMHP counsellors that could be used across all duty stations. OIOS sampled 20 EMHP recruitment to review documents supporting the CISMU vetting process; however, these documents were not maintained.

   c. Lack of a training plan and mechanism to monitor its implementation and impact

46.   CISMU is required to provide mandatory certification and training courses to UNSMS counsellors, EMHPs, and human resources, medical and security professionals on critical incident stress management. CISMU maintained a list of training activities and participants for the period under review. However, there was no evidence of how CISMU: a) assessed training needs to prioritize limited resources; b) developed a training plan with defined topics, timelines, expected participants and overall training goals; and c) monitored implementation of the training plan. All training activities were in-person, instructor led, and CISMU did not consider methods of training delivery that did not require travel. Additionally, hostage incident management training was not provided during the period under review. The two staff in DSS (including one in CISMU) that had completed this training in 2007 and were to deliver this training under a 'train the trainer concept' are due to retire from the United Nations.

47.   Furthermore, CISMU did not assess the impact of training provided as training evaluations were conducted on an ad-hoc basis using inconsistent attributes. In the survey conducted, OIOS inquired on the level of satisfaction with the quality of training provided or facilitated by CISMU in the past two years. Seventeen per cent of respondents indicated they were very satisfied; 26 per cent were satisfied; 22 per cent neither satisfied nor dissatisfied; 9 per cent dissatisfied or very dissatisfied; and 24 per cent were not invited for training.

48.   CISMU established a certification training programme for EMHPs that included three levels: Level I builds the operational capacities of the trainees, Level II builds psychosocial programming and management skills within the United Nations context, and Level III provides skills to train the trainers. However, only 8 of the 332 EMHP counsellors had attended all three levels of certification training, 44 attended two levels, and 280 attended only one level. Forty-nine of these counsellors had not been trained since 2009. CISMU did not conduct an analysis to determine whether the EMHP training programme was an effective use of resources given that in some duty stations, EMHP were not used and/or were no longer available when needed. In addition, data on the use of EMHPs was not maintained.

49.   CISMU indicated they did not have the time or resources to manage these training activities. Inadequate training for counsellors, security officers, and staff members may result in the ineffective management of critical incident stress cases.

> **(9) DSS should, in consultation with DOS, formalize the involvement of the Critical Incident Stress Management Unit in the recruitment and technical supervision of counsellors for the field.**
>
> *DSS accepted recommendation 9 and stated that it would engage DOS to formalize CISMU's role in supervision of field counsellors.* Recommendation 9 remains open pending receipt of the updated core functions of CISMU that defines its role in the recruitment and technical supervision of field counsellors.
>
> **(10) DSS should: a) develop an annual critical incident stress management training plan and monitor its implementation; b) consider using alternative methods of delivering training that do not require travel; and c) require completion of training evaluations to assess impact.**
>
> *DSS accepted recommendation 10 and stated that it would integrate these activities in its 2020 work plan, and a training assessment in the monitoring and evaluation platform under development.* Recommendation 10 remains open pending receipt of CISMU annual training plan outlining delivery methods; and results of the training evaluations that assess impact.

DSS needed to develop and maintain a global roster of counsellors to ensure rapid psychosocial response

50.   CISMU was required to maintain a roster of stress counsellors available for rapid deployment on the occurrence of a critical incident to the affected duty station. The review of the 20 sampled cases indicated that there was no prioritization of the availability of counsellors to effectively support incident pre-preparedness. There was also no consolidated roster of trained and available EMHPs or any other type of counsellors. The quality of location-based rosters was largely dependent on local security advisors who identified potential counsellors for WHO and CISMU vetting and inclusion in the EMHP roster. In addition, EMHPs previously identified were not always available when needed. As a result, EMHPs and other counsellors may not be available for rapid response to critical incidents, which may lead to ineffective critical incident stress management.

> **(11) DSS should develop and maintain a global roster of qualified counsellors to ensure rapid psychosocial response in the event of a critical incident.**
>
> *DSS accepted recommendation 11 and stated that the existing rosters of counsellors and external mental health professionals would be incorporated in the CISMU database and monitoring and evaluation platform under development.* Recommendation 11 remains open pending receipt of the evidence that the roster of qualified counsellors is maintained in the monitoring and evaluation platform.

E.   Information management systems

DSS needed to finalize project documentation for development of database and obtain OICT approval

51.   Although the Confidentiality Guidelines for United Nations System Counsellors were developed by UNSSCG in April 2010, CISMU did not have a secure and protected mechanism to maintain records such as client contacts and counsellor activities. In September 2018, CISMU hired a programme consultant to develop a database that would facilitate detailed recording and reporting of interventions taken by counsellors, while maintaining confidentiality of the data. However, the project document for the database

included minimal information on acquisition options and expected benefits. Such information needed to be well defined to ensure the database meets user requirements and expected outputs.

52.   OIOS review of the database under development and noted that it will allow different levels of access to users, including regional stress counsellors; stress/staff counsellors; counsellors from United Nations agencies, funds and programmes; and EMHPs. However, certain functionalities were not available, such as 'library' to share guidance, best practices and templates. Although new standard operating procedures by type of incident were planned for development, these 'types' had not been incorporated into the system.

53.   Furthermore, CISMU had not requested the Enterprise Portfolio Management Office in OICT to review the project document for the new database development, which was expected to cost $54,000 in development fees and $20,000 in migration fees. The Information and Communications Technology Framework requires all project briefs for projects costing $200,000 or less to be submitted to the Office for review. Also, resources to maintain the database had not yet been secured.

> **(12) DSS should: a) include defined objectives, functionalities and expected benefits of the proposed critical incidents database in the project document; b) submit the project document to OICT for review and approval; and c) develop a plan to secure the resources required to maintain the database.**
>
> *DSS accepted recommendation 12 and stated that a consultant on board since June 2019 would develop the project document.* Recommendation 12 remains open pending evidence of OICT approval of the project document for database development, and the plan to secure resources required to maintain the database.

IV.   ACKNOWLEDGEMENT

54.   OIOS wishes to express its appreciation to the management and staff of DSS, DMSPC and DOS for the assistance and cooperation extended to the auditors during this assignment.

(*Signed*) Eleanor T. Burns
Director, Internal Audit Division
Office of Internal Oversight Services

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

Rec. no.	Recommendation	Critical[5]/ Important[6]	C/ O[7]	Actions needed to close recommendation	Implementation date[8]
1	DSS should develop adequate guidance to support critical incident stress management, including guidance on: a) developing psychosocial contingency plans; b) criteria to determine when to inform the Critical Incident Stress Management Unit of incidents that may require psychosocial support; c) criteria for when individuals should be referred for medical support; d) post-incident reporting and follow-up of implementation of recommendations; and e) outreach to staff and eligible family members.	Important	O	Receipt of the finalized Field Manual.	30 April 2020
2	DSS should, in its capacity as Chair of the Working Group on Critical Incident Stress Management and member of the United Nations Stress/Staff Counsellors Group, ensure that the activities of these coordination mechanisms are well-defined and that they contribute to the effectiveness of the delivery of support to the mental health and well-being of United Nations staff and eligible family members.	Important	O	Receipt of the finalized Field Manual.	30 April 2020
3	DSS should, in consultation with DOS and DMSPC, develop an action plan for joint activities in the areas of development of policy and guidelines, outreach, and training on psychosocial support to ensure efficient use of resources.	Important	O	Receipt of the action plan for joint activities to be conducted by DSS, DOS and DMSPC.	31 July 2020

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[5] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.
[6] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.
[7] C = closed, O = open
[8] Date provided by DSS in response to recommendations.

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

Rec. no.	Recommendation	Critical[5]/ Important[6]	C/ O[7]	Actions needed to close recommendation	Implementation date[8]
4	DSS should introduce more secure means of communication between counsellors and staff in the provision of psychosocial support and cease the use of the WhatsApp Messenger application.	Important	O	Receipt of the communication issued to all counsellors and staff to cease the use of WhatsApp.	31 December 2019
5	DSS should strengthen annual work plans to manage critical incident stress by specifying the responsible officials, timelines, targets/ milestones, and resources for planned activities.	Important	O	Receipt of the 2020 CISMU work plan, which specifies responsible officials, timelines, targets/milestones, and resources required.	29 February 2020
6	DSS should periodically assess the effectiveness of the coordination and support of critical incident stress management provided to stakeholders.	Important	O	Receipt of evidence of periodic assessments of the effectiveness of the coordination and support provided to stakeholders.	29 February 2020
7	DSS should, in consultation with DMSPC, analyze data and develop criteria for the allocation of resources to ensure appropriate psychosocial support and incident preparedness in all locations.	Important	O	Receipt of the established criteria to allocate resources to ensure that CISMU is appropriately resourced.	31 July 2020
8	DSS should implement procedures to document and maintain adequate records on its activities relating to critical incident stress management to ensure completeness and availability of records.	Important	O	Receipt of procedures for documentation and maintenance of records on critical incident stress management activities.	31 January 2020
9	DSS should, in consultation with DOS, formalize the involvement of the Critical Incident Stress Management Unit in the recruitment and technical supervision of counsellors for the field.	Important	O	Receipt of the updated core functions of CISMU that defines its role in the recruitment and technical supervision of field counsellors.	31 March 2020
10	DSS should: a) develop an annual critical incident stress management training plan and monitor its implementation; b) consider using alternative methods of delivering training that do not require travel; and c) require completion of training evaluations to assess impact.	Important	O	Receipt of CISMU annual training plan outlining delivery methods; and results of the training evaluations that assess impact.	29 February 2020
11	DSS should develop and maintain a global roster of qualified counsellors to ensure rapid psychosocial response in the event of a critical incident.	Important	O	Receipt of the evidence that the roster of qualified counsellors is maintained in the monitoring and evaluation platform.	31 December 2019

**Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations
Secretariat in New York**

Rec. no.	Recommendation	Critical[5]/ Important[6]	C/ O[7]	Actions needed to close recommendation	Implementation date[8]
12	DSS should: a) include defined objectives, functionalities and expected benefits of the proposed critical incidents database in the project document; b) submit the project document to OICT for review and approval; and c) develop a plan to secure the resources required to maintain the database.	Important	O	Receipt of evidence of OICT approval of the project document for database development, and the plan to secure resources required to maintain the database.	31 August 2019

APPENDIX I

Management Response

United Nations ⬤ Nations Unies

DEPARTMENT OF SAFETY AND SECURITY

OFFICE OF THE UNDER-SECRETARY-GENERAL

INTEROFFICE MEMORANDUM   MEMORANDUM INTERIEUR

DATE: 17 July 2019

TO: Ms. Muriette Lawrence-Hume, Chief
A: New York Audit Service
Internal Audit Division, OIOS

THROUGH:
S/C DE:

FROM: Gilles Michaud
DE: Under-Secretary-General

SUBJECT: **Draft report of an audit of the effectives and efficiency of the critical**
OBJET: **incident management in the United Nations Secretariat in New York**
(Assignment No. AH2018/500/01)

1. In reference to your memo dated 20 June 2019 regarding the above, please see attached Appendix I – "Management Response - Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York."

[Attachment: Appendix I]

Management Response

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

Rec. no.	Recommendation	Critical[1]/ Important[2]	Accepted? (Yes/No)	Title of responsible individual	Implementation date	Client comments
1	DSS should develop adequate guidance to support critical incident stress management, including guidance on: a) developing psychosocial contingency plans; b) criteria to determine when to inform the Critical Incident Stress Management Unit of incidents that may require psychosocial support; c) criteria for when individuals should be referred for medical support; d) post-incident reporting and follow-up of implementation of recommendations; and e) outreach to staff and eligible family members.	Important	Yes	CISMU	April 2020	This will be addressed in the Field Manual that is being developed within the CISWG, expected to be finished by March 2020.
2	DSS should, in its capacity as Chair of the Working Group on Critical Incident Stress Management and member of the United Nations Stress/Staff Counsellors Group, ensure that the activities of these coordination mechanisms are well-defined and that they contribute to the effectiveness of the delivery of support to the mental health and well-being of United Nations staff and eligible family members.	Important	Yes	CISMU	April 2020	This will continue to be addressed at CISWG and UNSSCG meetings. One chapter of the Field Manual that is being drafted will address the issue of mandates and scope of activities of the different players.

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[1] Critical recommendations address critical and/or pervasive deficiencies in governance, risk management or control processes, such that reasonable assurance cannot be provided with regard to the achievement of control and/or business objectives under review.

[2] Important recommendations address important (but not critical or pervasive) deficiencies in governance, risk management or control processes, such that reasonable assurance may be at risk regarding the achievement of control and/or business objectives under review.

Management Response

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

3	DSS should, in consultation with DOS and DMSPC, develop an action plan for joint activities in the areas of development of policy and guidelines, outreach, and training on psychosocial support to ensure efficient use of resources.	Important	Yes	DSS CISMU, DOS SCO and C4S (Client Support in Special Situation Section) DMSPC CIRS (Critical Incident Response Service)	March 2020	Action Plan will be formalized as the teams already work and deliver joint trainings. Formal discussions and consultation will begin immediately. Full implementation by July 2020.
4	DSS should introduce more secure means of communication between counsellors and staff in the provision of psychosocial support and cease the use of the WhatsApp Messenger application.	Important	Yes	CISMU	Immediate	Implemented - Instructions were already given to CISMU counsellors to stop using WhatsApp immediately. OICT recently announced an approved secure communications app (Signal) which will be introduced at CISMU. Skype business is only available to staff with a un.org email while the majority of the CISMU clients are not Secretariat staff.
5	DSS should strengthen annual work plans to manage critical incident stress by specifying the responsible officials, timelines, targets/ milestones, and resources for planned activities.	Important	Yes	CISMU	February 2020	Will be implemented in the 2020 workplan. The 2019 workplan already specifies more reliable indicators, timeline etc.
6	DSS should periodically assess the effectiveness of the coordination and support of critical incident stress management provided to stakeholders.	Important	Yes	CISMU	From February 2020 and ongoing	Recommendation will be addressed in the CISMU monitoring evaluation platform that is being developed. This function is expected be finalized and effectively running by December 31st, 2019.
7	DSS should, in consultation with DMSPC, **analyze** data and develop criteria for the allocation of resources to ensure	Important	Yes	CISMU and OUSG	July 2020	DSS/DSOS/CISMU will strengthen coordination with DMSPC and establish criteria to allocate resources

Management Response

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

	appropriate psychosocial support and incident preparedness in all locations.					to ensure appropriate psychosocial support and incident preparedness in all locations with the provision being that CISMU going forward is internally more appropriately resourced to conduct the periodic research, (assessment, surveys) and monitoring and run statistical analysis and inferences.
8	DSS should implement procedures to document and maintain adequate records on its activities relating to critical incident stress management to ensure completeness and availability of records.	Important	Yes	CISMU	January 2020	This recommendation will be addressed in the CISMU monitoring evaluation platform that is being designed. It should be effective by December 2019.
9	DSS should, in consultation with DOS, formalize the involvement of the Critical Incident Stress Management Unit in the recruitment and technical supervision of counsellors for the field.	Important	Yes	OUSG	March 2020	DSS will engage DOS to get the formalization of the CISMU supervision of the field counsellors.
10	DSS should: a) develop an annual critical incident stress management training plan and monitor its implementation; b) consider using alternative methods of delivering training that do not require travel; and c) require completion of training evaluations to assess impact.	Important	Yes	CISMU	February 2020	The CISMU skills development training (Peer Helper, Counsellors Certification training and table top exercises) cannot be delivered online. However, Stress Management and related training can be delivered online. CISMU has already introduced a stress management training in the BSAFE. CISMU will work with TDS to see to the implementation of 10 b) by December 2019. Recommendation 10 a and c) will be implemented in the CISMU workplan of 2020. Training Assessment will be integrated in the M&E platform under development.

Management Response

Audit of the effectiveness and efficiency of the critical incident stress management in the United Nations Secretariat in New York

11	DSS should develop and maintain a global roster of qualified counsellors to ensure rapid psychosocial response in the event of a critical incident.	Important	Yes	CISMU	December 31st, 2019 and ongoing	Recommendation will be addressed in the CISMU database and monitoring evaluation platform that is being designed and will be effective by December 31st 2019. A roster of 120 counsellors and 300 external mental professionals do already exist.
12	DSS should: a) include defined objectives, functionalities and expected benefits of the proposed critical incidents database in the project document; b) submit the project document to OICT for review and approval; and c) develop a plan to secure the resources required to maintain the database.	Important	Yes	CISMU	August 2019	A consultant is hired and on board since June 3 2019 working on this recommendation.