

Self-Assessment on Safety, Security and related Health issues

| | 1. Vulnerable Poor | 2. Reactive Fragile | 3. Compliant Basic | 4. Proactive Adequate | 5. Resilient Professional |
|---|---|--|---|--|---|
| A. Overall approach | <i>Accept or ignore that Safety & Security incidents happen</i> | <i>Prevent similar incidents</i> | <i>Prevent incidents before they occur</i> | <i>Systematically improve systems</i> | <i>Safety & Security is integrated: the way we are organized</i> |
| B. Duty of Care Policy | A policy is absent | We have some policies and principles on paper | Policy, principles and responsibilities are clear and agreed upon | We have a clear and adequate duty of care policy, accessible to everyone | Staff is concerned with duty of care policies & participates in updating |
| C. Risk assessment | No risk assessment | Ad-hoc, reactive risk assessment | Risk assessment, but not in all process steps: call for proposals, program identification, program selection, etc | Pro-active formal risk assessment | Risk assessment integrated in all systems |
| D. Crisis Management | A crisis plan is absent | We have a written crisis plan | Crisis plan is updated on a regular basis | Crisis plan is updated on a regular basis and our crisis team is trained | Meetings are organised on a regular basis to develop specific scenarios |
| E. Safety & Security budget | A duty of care budget is absent | Budget is not available on a regular basis | Budget is available for basic insurance cover, support and training | Budget for duty of care is available for all insurances, support and training | Budget is integrated in all programs |
| F. Country specific Safety & Security policies | We do not have country specific policies | We have some active policies on paper | Some active policies are in place for every country where we have representation | We have a policy for every country where we have representation, which is updated on a regular basis | Every member of our staff is familiar with clear and accessible country specific policies and complies with these |
| G. Safety & Security training | We do not train our staff on security and psychosocial care | Only security training for some international staff | All international staff is trained on security and psychosocial care | All staff and managers are trained on security and psycho social care | All staff and managers are continuously trained on security and psycho social care |
| H. Safety & security briefing | Staff is not briefed | Some staff is briefed by HQ | All staff is briefed by HQ before departure | All staff is briefed by HQ and upon arrival in the field | All staff is briefed and debriefed before and after every trip and upon arrival in the field |
| I. Health | Health check and medical insurance are absent | Health check is absent and only basic medical insurance is available for international staff | There is a health check, vaccination program and international medical insurance program for international staff | There is a health check, vaccination program and international medical insurance for international and local medical insurance for national staff | There is a pre- and post health check, vaccination program and international medical insurance for international and national staff |
| J. Staff monitoring | Staff is monitored and supported by family and friends | Staff is monitored and supported by a fellow colleague (informally or buddy system) | Staff is monitored and supported by a manager responsible for security and/or HRM | Staff is monitored and supported on a regular basis by a manager with ad hoc professional service providers | Staff is monitored and supported 24/7 worldwide, integrated with professional service providers |
| K. System monitoring | No Safety & Security monitoring and audits | Ad-hoc monitoring and audits | Planned monitoring and audits | Regular internal audits | System enhancement through external audits and ISO certification |
| L. Incident follow-up | No or limited reporting. Poor investigation | Some reporting and investigation. Limited analysis | Incident analysis leading to reduced likelihood of incidents | Incident learning shared with all levels | Eliminate incidents before they occur |
| M. Culture of care | Duty of care for staff does not exist within our organization | There is a temporary response concerning duty of care after a serious incident in our organization | Basic organizational conditions for Duty of Care are clear and agreed upon | Duty of care is part of the decision making process | Duty of care is seen as a pre-condition to operate |
| N. Organizational risks | Awareness of organizational risks is absent | Organizational risks are focusing on liability issues | There is a liability cover and an identified need for a code of conduct | Values and culture, awareness cyber security, data protection and media image are identified and counter measures taken, including a code of conduct | Values and culture, awareness cyber security, data protection and media image are identified and counter measures taken: CoC and annual update with an accountability system. |