

Duty of Care to Aid Workers: Meeting the Core Humanitarian Standard

Terms of Reference · Scoping a CHS Duty of Care Index

Assignment: 9 November to 18 December 2026 · about 20 consultant days

1. Duty of Care: A chain of accountability

The Core Humanitarian Standard rests on a simple premise: organisations can only be accountable to people and communities if they are also accountable to the staff and volunteers who serve them. Commitment 8 makes this explicit: staff can only be respectful, competent and well-managed when they are safe, supported and treated fairly. Duty of care holds this chain of accountability together.

Across Commitment 8, and requirements in Commitments 4, 5 and 9, the CHS asks organisations to keep staff and volunteers safe, protect their wellbeing and dignity, support them, give them safe ways to speak up, act fairly on misconduct, and resource these commitments. An initial mapping identifies 23 measurable components that describe an organisation's duty of care to its people.

Why this matters now

- **Risks to aid workers are at unprecedented levels, and fall on frontline staff.** 2025 was the worst year on record: 1,187 aid workers were killed, injured, kidnapped or arbitrarily detained, and 97% of those killed, injured or abducted were national staff. The International Conference on the Protection of Humanitarian Aid Workers (Brussels, October 2026) centred local aid workers and made duty of care, from policy to practice, a core theme.
- **Duty of care is central to localisation.** As frontline delivery and risk shift to national and local organisations, duty of care must travel down the delivery chain with the funding. Local knowledge and community relationships cannot be assumed to remove risk or make up for gaps in resources: risks, responsibilities and resources need to be agreed openly with partners, protection measures funded, and insurance for local personnel improved.
- **Policy commitments now need to become practical requirements, guidance and funding.** States have committed to protect humanitarian personnel, the challenge now is putting those commitments into practice. Organisations need clear requirements on what duty of care involves, practical guidance on how to deliver it, and funding that recognises its cost.

A **CHS Duty of Care Index**, similar to the CHS PSEAH Index, would show organisations what meeting the CHS means for their own people, give verifiers a consistent lens, and offer donors and partners a shared benchmark that applies equally to international or national organisations.

2. Purpose and key questions

The scoping phase will establish what a CHS Duty of Care Index and supporting guidance could contain, produce a consultation draft of the Index, and set out a costed plan for full development in 2027 for further funding. It will answer five questions:

1. What does the CHS 2024 already require on duty of care to staff and volunteers, and how can it best be drawn together?
2. How do sector standards and donor requirements define duty of care, and how do they align with the CHS?
3. What do national and local organisations find hardest, and how should duty of care be agreed, shared and funded through partnerships so that it supports localisation?

4. What would donors and verifiers need to recognise the Index, so organisations meet one benchmark rather than many?
5. Which products are needed next, in what order, and at what cost?

3. Deliverables

Deliverable	Description
Inception note	Method, interview list, survey design, standards to map (2–3 pages)
Mapping report	CHS duty-of-care components mapped against sector standards and donor requirements, and where further guidance would help most (10–15 pages + annex)
Draft CHS Duty of Care Index	Verification table (requirement, measurable component, guidance, evidence) ready to publish for comment
Scoping report and roadmap	Findings; answers to the five questions; recommended products, governance, timeline and costed budget for 2027; short funding case

4. Approach

- **Desk review:** CHS 2024, Verification Framework and Guide, PSEAH Index, and the Alliance’s initial mapping.
- **Standards mapping:** for example ISO 45001 and ISO 31030, GISF guidance, Antares Foundation guidelines, IASC MHPSS guidance, ILO Convention 190, Ukraine’s Minimum Duty of Care Package, and major donor requirements.
- **Rapid consultation:** a short targeted online survey (two weeks) and 12–15 interviews.

The draft Index must follow CHS verification logic. Guidance beyond the CHS measurable components is presented as good practice, not new requirements.

5. Timeline and practitioner roundtable

Six weeks from contract signature on 9 November, with deliverables by the end of the 2026. In early December the CHS Alliance will convene a two-hour virtual roundtable of up to 20 practitioners (HR, staff care and security leads, national and local NGOs, a CHS verifier and interested donors) to test emerging findings and the draft Index. The consultant prepares a short discussion paper and co-facilitates. Full development is planned for 2027, subject to findings and funding.

6. Consultant profile

Essential: Expert in humanitarian HR, staff care, security risk management or organisational accountability; knowledge of duty of care in aid organisations; strong working knowledge of the CHS and standards-based verification; a record of practical guidance for diverse organisations, including national NGOs; excellent plain-English writing.

Desirable: experience with national staff in high-risk contexts; familiarity with ISO 45001, ISO 31030, GISF guidance or psychosocial support frameworks. Teams combining staff care and security expertise are welcome.

Level of effort: about 20 days: inception 1, desk review and mapping 6, consultation 7, draft Index 2, roundtable 1, scoping report 3.

7. How to apply

Send, in English, to recruitment@chsalliance.org by **3 November 2026**: a technical proposal of up to 3 pages; CVs of team members; a financial proposal in CHF (daily rates and days per person). Shortlisted applicants will be interviewed on 5–6 November.