Policy · HUM-POL-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 39.3

At a glance

- All staff and volunteers are trained in protection from sexual exploitation and abuse before they work with beneficiaries.
- Community engagement is in place for each activity and recorded.
- Safe referral pathways are set up before activity starts (HMG-SOP-001).
- Any concern is reported at once through a route that protects the reporter.
- Stop and get help straight away if: a staff member or volunteer works with beneficiaries before training, or a concern is not reported.

1. Purpose

To make sure no activity causes harm, and that anyone who is harmed can report and be helped (39.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

In humanitarian settings, people who depend on aid are vulnerable to sexual exploitation and abuse by those who should protect them. Training, reporting routes and a do-no-harm approach protect them.

5. Responsibilities

Role	Responsibility	Competence
Deployment lead	Owns the protection standard and the referral pathways	Operations director
All staff and volunteers	Complete the training and report any concern	Deployment lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Train.

- Train every staff member and volunteer before they work with beneficiaries.

Key point: Trained.

Step 2. Engage.

- Engage the community in each activity and record the engagement.

Key point: Engaged.

Step 3. Refer.

- Set up and use safe referral pathways for each concern.

Key point: Referred.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Staff and volunteers trained before first contact	100%	Quarterly	Deployment lead	Escalate to the operations director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HMG-SOP-001	Referral and handover to social services (existing)	Procedure

17. Evidence

Reference	Note
E-009	Based on the Sphere Handbook (2018) minimum standards, the IASC Six Core Principles relating to sexual exploitation and abuse (2019), and the WHO Global Patient Safety Action Plan 2021–2030.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Refugee & Migrant Health — Endorsement Course** (H-09)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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