ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

# ASF Health Standards Version 11

## Standard 20: Health and Migration

Core standard · applicability by facility type shown for each criterion

| | |
|---|---|
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### APPROVAL



**Prof. Giorgi Pkhakadze, MD, MPH, PhD**
President, Accréditation Sans Frontières

**Date:** 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

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# 1 Introduction

This document is Standard 20 of ASF Health Standards. It sets out how a facility cares for migrants, refugees and displaced people in a way that respects their experience and rights: migration-informed and trauma-aware care, patient understanding, interpreters and mediators, collaboration with social services, surge capacity, evidence-informed care, staff reflective practice, portable health records, service model fit and recognition of legal status.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

**Purpose of this document.** Standard 20 protects people who have been displaced or who have moved across borders, who may have experienced trauma and who may face barriers because of their legal status. A facility that adapts care to their experience, explains care in a language they understand and keeps their health information with them protects both the patient and the continuity of their care.

**Who should read it.** Chief executives, managers, nurses, specialist physicians, the department secretary, interpreters and cultural mediators, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

# 2 About ASF and this standard

**Accréditation Sans Frontières (ASF)** is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

**Each standard is an independent document.** Standard 20 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

# 3 How to use this standard

**If you are a facility manager or a member of the facilities team,** read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 20.1 to 20.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

**If you are an assessor,** use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

**Reading a criterion.** Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

**Document codes.** Each document has a code made of a topic prefix, a type and a number, for example HMG-POL-001 (health and migration, policy, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

# 4 Scope

Standard 20 covers migration-informed care, patient understanding and agency, interpreters and cultural mediators, collaborative practice with social services, surge capacity, evidence-informed care, staff reflective practice and bias awareness, cross-border continuity of care, service model fit, and legal status diversity.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

### WHERE STANDARD 20 APPLIES

Standard 20 applies to facilities that serve migrants, refugees and displaced people. It is optional for every facility type. Every criterion applies to each facility type that adopts the standard.

| Criterion | Applies to |
|---|---|
| 20.1 People-Centred Care Adapted to Migration and Displacement Experience | all nine facility types |
| 20.2 Supporting Patient Agency Through Understanding of Care and the Health System | all nine facility types |
| 20.3 Language and Communication Aids: Interpreters and Cultural Mediators | all nine facility types |
| 20.4 Collaborative Practice Across Health and Social Services | all nine facility types |
| 20.5 Surge Capacity for Migration-Related Demand | all nine facility types |
| 20.6 Evidence-Informed Care for Refugee and Migrant Populations | all nine facility types |
| 20.7 Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts | all nine facility types |
| 20.8 Cross-Border Continuity of Care | all nine facility types |
| 20.9 Camp-Based and Non-Camp Service Model Fit | all nine facility types |
| 20.10 Legal Status Diversity Recognition | all nine facility types |

# 5 Ratings and colours

| Rating | Colour | Meaning |
|---|---|---|
| **Must** | | Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them. |
| **Medium** | | Required, adapted to what a transition setting can realistically do. |
| **Minimum** | | The lowest acceptable level in a humanitarian setting, where resources are very limited. |

In standard settings every criterion is Must.

### TRAINING LEVELS

| Level | Colour | Meaning |
|---|---|---|
| **Essential** | | Must be completed by the people named in the role table. |
| **Recommended** | | Good practice. Not checked as a requirement. |
| **Optional** | | May be used for development. |

# 6 Abbreviations

| Abbreviation | Meaning |
|---|---|
| ASF | Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body |
| FRM | Form. A record that is filled in and kept as evidence |
| GDL | Guide. Reference guidance for staff |
| POL | Policy. A written statement of what the facility will do and why |
| REG | Register. A running record of entries, such as referrals, drills or dates |
| SOP | Standard operating procedure. A step-by-step description of how a task is done |
| PLN | Plan. A written plan for a defined situation, such as a surge |

### DOCUMENT CODE PREFIXES

| Prefix | Topic |
|---|---|
| HMG | Health and migration |
| PHC | Primary health care records |

# 7 Terms and definitions

| Term | Definition |
|---|---|
| **Cultural mediator** | A trained person who helps bridge language and cultural differences between patients and health staff. |
| **Displacement** | Movement of people forced out of their home by conflict, violence or disaster, within or across borders. |
| **Surge capacity** | The ability of a service to increase its assessment and treatment capacity quickly in response to sudden demand. |
| **Teach-back** | A method in which the patient explains in their own words what they have been told, to check understanding. |
| **Trauma-informed practice** | Care designed to recognise and respond to the effects of trauma on a person's health and behaviour. |
| **Legal status** | The official status of a person in a country, such as asylum seeker, recognised refugee, stateless person or internally displaced person. |
| **Immediate fail** | One event that means a criterion is not met, whatever else is in place. |
| **Setting** | The context in which a facility works: humanitarian, transition and fragile, or standard. |

# 8 Standard 20 at a glance

**Standard 20: Health and Migration** is a standard of ASF Health Standards for facilities that serve migrants, refugees and displaced people. It is optional for every facility type, and each criterion shows the facility types it applies to. It covers how care is adapted to migration and displacement, and how patients are supported with understanding, language and continuity.

The standard has ten criteria. Each is shown below and explained on its own page in section 9.

## 8.1 CRITERIA AND RATINGS

| No. | Criterion | Humanitarian | Transition | Standard |
|---|---|---|---|---|
| 20.1 | People-Centred Care Adapted to Migration and Displacement Experience | Minimum | Must | Must |
| 20.2 | Supporting Patient Agency Through Understanding of Care and the Health System | Minimum | Must | Must |
| 20.3 | Language and Communication Aids: Interpreters and Cultural Mediators | Minimum | Must | Must |
| 20.4 | Collaborative Practice Across Health and Social Services | Minimum | Medium | Must |
| 20.5 | Surge Capacity for Migration-Related Demand | Must | Must | Must |
| 20.6 | Evidence-Informed Care for Refugee and Migrant Populations | Minimum | Medium | Must |
| 20.7 | Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts | Minimum | Must | Must |
| 20.8 | Cross-Border Continuity of Care | Minimum | Must | Must |
| 20.9 | Camp-Based and Non-Camp Service Model Fit | Minimum | Must | Must |
| 20.10 | Legal Status Diversity Recognition | Minimum | Must | Must |

## 8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 20.1 | People-Centred Care Adapted to Migration and Displacement Experience | Specialist physician (ISCO 2212) · Nurse (ISCO 2221) |
| 20.2 | Supporting Patient Agency Through Understanding of Care and the Health System | Nurse (ISCO 2221) · Manager (ISCO 1342) |
| 20.3 | Language and Communication Aids: Interpreters and Cultural Mediators | Manager (ISCO 1342) · Secretary (ISCO 3344) |

| No. | Criterion | Positions responsible or involved |
|---|---|---|
| 20.4 | Collaborative Practice Across Health and Social Services | Manager (ISCO 1342) · Secretary (ISCO 3344) |
| 20.5 | Surge Capacity for Migration-Related Demand | Chief executive (ISCO 1120) · Manager (ISCO 1342) |
| 20.6 | Evidence-Informed Care for Refugee and Migrant Populations | Specialist physician (ISCO 2212) · Manager (ISCO 1342) |
| 20.7 | Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts | Manager (ISCO 1342) · Specialist physician (ISCO 2212) |
| 20.8 | Cross-Border Continuity of Care | Nurse (ISCO 2221) · Secretary (ISCO 3344) |
| 20.9 | Camp-Based and Non-Camp Service Model Fit | Chief executive (ISCO 1120) · Manager (ISCO 1342) |
| 20.10 | Legal Status Diversity Recognition | Manager (ISCO 1342) · Nurse (ISCO 2221) |

**Reporting lines.** The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

| Role | Reports to | Supervises |
|---|---|---|
| Chief executive (ISCO 1120) | The board of directors. | Managers and the heads of department. |
| Manager (ISCO 1342) | The chief executive officer or chief operating officer. | Nurses and staff serving migrant and displaced patients. |
| Nurse (ISCO 2221) | The head nurse or ward manager. | No direct reports. |
| Secretary (ISCO 3344) | The head of department (per specialty). | No direct reports. |
| Specialist physician (ISCO 2212) | The head of department (per specialty). | Residents and trainees under supervision. |

### 8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

### 8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

| Course | Subject | Criteria | GMJ Academy course page |
|---|---|---|---|
| Refugee & Migrant Health — Endorsement Course (H-09) | Refugee and migrant health | 20.1 | English · Georgian |
| Emergency Preparedness and Fire Safety (T-10) | Emergency preparedness | 20.5 | English · Georgian |

# 20.1 People-Centred Care Adapted to Migration and Displacement Experience

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Care is adapted to a patient's migration and displacement experience, including trauma-informed practice, awareness of legal-status barriers to access, and support for continuity of care, not delivered identically regardless of that history.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: care is adapted to each patient's migration and displacement experience, including trauma-informed practice and barriers from legal status.

## GUIDANCE

People who have migrated or been displaced may carry trauma, separation and uncertainty about their status. Care is adapted to that history, and clinicians recognise the signs of trauma and do not treat them as a behaviour problem.

Legal status can decide whether a patient can register, pay or be referred. The facility identifies those barriers and works through them with the patient.

> **Good practice.** Care plans are reviewed with the patient at each visit, and a named clinician is responsible for adapting the plan to the patient's history.

> **Partial because.** Care is adapted at the first visit, but it is not reviewed when the patient's circumstances change.

## WHAT GOOD LOOKS LIKE

- Care plans are reviewed with the patient at each visit, and a named clinician is responsible for adapting the plan to the patient's history.

## COMMON MISTAKES

- A patient with signs of trauma treated as non-cooperative.
- A patient refused care because their status was not checked against the rules.

> **Why it matters.** A person who has fled war or been displaced often carries trauma and mistrust of institutions. Care that does not take this into account can be harmful even when it is technically correct.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review 10 patient records with a migration history, and the care adaptations recorded.

**1 Care is adapted to the patient's migration and displacement history.**

**Method.** Check each sampled record for the history and the adaptation made.

**Evidence to show.** Migration history and trauma-aware assessment record (HMG-FRM-001).

**Pass when.** Every record with a history shows the adaptation made.

**2 Trauma-informed practice is applied where signs are found.**

**Method.** Check each record with trauma signs for the trauma-informed step.

**Evidence to show.** Migration history and trauma-aware assessment record (HMG-FRM-001).

**Pass when.** Every record with trauma signs shows a trauma-informed step.

### 3 Barriers from legal status are identified and addressed.

**Method.** Check each record for the legal-status barrier recorded and the action.

**Evidence to show.** Migration history and trauma-aware assessment record (HMG-FRM-001).

**Pass when.** Every barrier found has an action recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A traumatised patient is examined in a way that repeats past harm. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-001 | Migration history and trauma-aware assessment record | Manager | Chief executive | Manager |
| HMG-POL-001 | Migration-informed, trauma-aware care | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Specialist physician (ISCO 2212) | Adapts care to the patient's history | — Must |
| Nurse (ISCO 2221) | Records the trauma-informed step | — Must |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- World Health Organization (2019). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0. Used for: mental health and substance use care for displaced people in non-specialised settings. https://news.gmj.ge/guideline/mhgap-intervention-guide-for-mental-neurological-and-substance-use-disorders-in-non-specialized-health-settings-bangladesh-version-2021/

# 20.2 Supporting Patient Agency Through Understanding of Care and the Health System

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Patients are supported to understand both their own care and how to navigate the health system itself, with understanding actively verified through methods like teach-back, in plain language, not assumed from silence or a nod.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: patients understand their own care and how to use the health system, with understanding checked by teach-back.

## GUIDANCE

A patient who does not understand their diagnosis, treatment or the health system cannot take part in decisions about their care. Information is given in plain language and in the patient's own language, and understanding is checked by asking the patient to explain it back.

The team also helps the patient find their way through the system: where to go, what to bring and what to expect.

> **Good practice.** Plain-language information is given in the patient's language, in both written and picture form, and is repeated at discharge.

> **Partial because.** Information is given, but only in writing and not in the patient's language.

## WHAT GOOD LOOKS LIKE

- Plain-language information is given in the patient's language, in both written and picture form, and is repeated at discharge.

## COMMON MISTAKES

- A discharge leaflet given only in the official language.
- A patient asked whether they understood and simply said yes.

> **Why it matters.** A migrant who does not know how the health system works, or how to book a visit, may give up on care. Helping them understand their own care and how to use the system keeps them engaged.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the information given and the understanding checks for 10 patients.

### 1 Each patient is given plain-language information on their care.

**Method.** Check each sampled record for the information given.

**Evidence to show.** Understanding check record (HMG-FRM-002).

**Pass when.** Every sampled patient has the information recorded.

### 2 Understanding is checked by teach-back.

**Method.** Check each record for the teach-back result.

**Evidence to show.** Understanding check record (HMG-FRM-002).

**Pass when.** At least 90% of records show teach-back checked.

### 3 Patients are supported to navigate the health system.

**Method.** Check each record for the health system steps explained.

**Evidence to show.** Understanding check record (HMG-FRM-002).

**Pass when.** At least 90% of records show the steps explained.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A patient does not return because no one explained the follow-up. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-002 | Understanding check record | Manager | Chief executive | Manager |
| HMG-POL-002 | Patient understanding and health system navigation | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Gives plain-language information and checks teach-back | — Must |
| Manager (ISCO 1342) | Keeps the understanding check record | — Must |

## REFERENCES FOR THIS CRITERION

# 20.3 Language and Communication Aids: Interpreters and Cultural Mediators

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Trained interpreters or cultural mediators are engaged for language-discordant consultations, never minor children, and only family members when no other option exists and the situation is not high-risk.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: trained interpreters or cultural mediators are used for language-discordant consultations, and children are never used to interpret.

## GUIDANCE

Language barriers are a major cause of errors and of poor care. A trained interpreter or cultural mediator is the right choice. Children are never used to interpret, and family members interpret only where no other option exists and the patient agrees.

The notes record who interpreted and in which language.

> **Good practice.** A trained interpreter is booked in advance for scheduled visits and is recorded in the notes, with a phone or video option for urgent cases.

> **Partial because.** Interpreters are used for consultations, but the interpreter's name and the language are not recorded.

## WHAT GOOD LOOKS LIKE

- A trained interpreter is booked in advance for scheduled visits and is recorded in the notes, with a phone or video option for urgent cases.

## COMMON MISTAKES

- A child used to interpret a consultation about a parent's diagnosis.
- A consent signed after a conversation in a language the patient does not speak.

> **Why it matters.** Children should never be asked to interpret for their parents, and a patient who cannot follow the conversation cannot consent. A trained interpreter or cultural mediator is needed for language barriers.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the interpreter and mediator use register for the last 6 months, and the policy.

**1 A trained interpreter or cultural mediator is used for language-discordant consultations.**

**Method.** Check each language-discordant consultation for the interpreter recorded.

**Evidence to show.** Interpreter and mediator use register (HMG-REG-001).

**Pass when.** Every language-discordant consultation has a trained interpreter or mediator recorded.

**2 No child is used to interpret.**

**Method.** Check the register for any child used.

**Evidence to show.** Interpreter and mediator use register (HMG-REG-001).

**Pass when.** No child is recorded as interpreter.

**3 A family member interprets only where permitted.**

**Method.** Check each family member use for the reason and the risk level.

**Evidence to show.** Interpreter and mediator use register (HMG-REG-001).

**Pass when.** Every family member use has a recorded reason and is not high-risk.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A child interprets a diagnosis for their parent. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-REG-001 | Interpreter and mediator use register | Secretary | Chief executive | Manager |
| HMG-POL-003 | Interpreters and cultural mediators | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Books a trained interpreter or mediator | — Must |
| Secretary (ISCO 3344) | Keeps the interpreter use register | — Must |

## REFERENCES FOR THIS CRITERION

- What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region? (WHO Regional Office for Europe, 2019) https://www.who.int/europe/publications/i/item/9789289053501
- Refugee and migrant health: Global Competency Standards for health workers (World Health Organization, 2021) https://www.who.int/publications/i/item/9789240030626

# 20.4 Collaborative Practice Across Health and Social Services

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** The facility actively engages with legal, education, employment, housing, and other social support services relevant to refugee and migrant patients, and conducts effective handover of care that includes migration- and displacement-related context.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the facility works with legal, education, employment, housing and other social services, and tracks each referral to a result.

## GUIDANCE

Many of the factors that affect a migrant's health sit outside the clinic: housing, work, school and legal advice. The facility refers patients to these services, follows the referrals to a result, and passes on the migration context at handover.

Each referral has an owner, and open referrals are reviewed each month.

> **Good practice.** A social-services liaison meets the team each month to review open referrals and closes any that have not reached a result.

> **Partial because.** Referrals are made and tracked, but handover notes do not include the migration context.

## WHAT GOOD LOOKS LIKE

- A social-services liaison meets the team each month to review open referrals and closes any that have not reached a result.

## COMMON MISTAKES

- A housing referral made and never followed up.
- A handover that does not mention the patient was displaced.

> **Why it matters.** Health problems in migrant and displaced people are often driven by housing, work, legal status and schooling. A clinic that works with those services can address the cause, not only the symptom.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the referral tracking register for the last 12 months, with the handover records for 5 patients.

**1 Relevant legal, education, employment, housing and social services are engaged.**

**Method.** Check the register for referrals to each relevant service.

**Evidence to show.** Referral tracking register (PHC-REG-002).

**Pass when.** Referrals are made to the relevant services where needed.

**2 Each referral is tracked to a result.**

**Method.** Check each referral for the result recorded.

**Evidence to show.** Referral tracking register (PHC-REG-002).

**Pass when.** At least 90% of referrals have a result recorded.

**3** **Handover includes migration and displacement context.**

**Method.** Check each sampled handover for the context included.

**Evidence to show.** Referral tracking register (PHC-REG-002).

**Pass when.** At least 90% of handovers include the context.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A patient with no housing returns to the same clinic with the same problem. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-SOP-001 | Referral and handover to social services | Manager | Chief executive | Chief executive |

**Other records in the criterion:** PHC-REG-002 (name to be confirmed)

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Makes referrals to social services | — Medium |
| Secretary (ISCO 3344) | Tracks each referral to a result | — Medium |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/

# 20.5 Surge Capacity for Migration-Related Demand

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Must** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** The facility has an activatable plan for responding flexibly to sudden increases in demand from migration or displacement events, including expansion of assessment points, treatment distribution, and focus on critical needs.

**Rating rule.** Must in every setting: the facility has a surge plan for sudden increases in demand from migration or displacement, and tests it each year.

## GUIDANCE

A sudden arrival of people, such as after a conflict or a border crossing, can overwhelm a clinic within days. A written surge plan, with extra assessment points and a distribution of treatment, lets the facility respond without delay.

The plan is tested each year so that it works when it is needed.

> **Good practice.** The surge plan is tested in a drill each year with the local authority and partners, and the results are used to update the plan.

> **Partial because.** A surge plan exists, but it has not been tested in the last two years.

## WHAT GOOD LOOKS LIKE

- The surge plan is tested in a drill each year with the local authority and partners, and the results are used to update the plan.

## COMMON MISTAKES

- A sudden arrival of 300 people with no extra assessment points set up.
- A surge plan that nobody has read in two years.

> **Why it matters.** A sudden arrival of many displaced people, such as after a border opens, can overwhelm a clinic within days. A plan that can be activated quickly keeps care running for everyone.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the surge response plan, and its last test record.

**1 A surge plan exists and can be activated.**

**Method.** Check the plan for the activation route and the staff named.

**Evidence to show.** Surge response plan for migration-related demand (HMG-PLN-001).

**Pass when.** The plan names the activation route and the staff on call.

**2 The plan sets the extra assessment points and the treatment distribution.**

**Method.** Check the plan for the two elements.

**Evidence to show.** Surge response plan for migration-related demand (HMG-PLN-001).

**Pass when.** The plan sets both elements.

**3** **The plan is tested each year.**

**Method.** Check the test record for the year.

**Evidence to show.** Surge response plan for migration-related demand (HMG-PLN-001).

**Pass when.** The plan was tested in the year.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A clinic is overwhelmed with no plan and no staff on call. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-PLN-001 | Surge response plan for migration-related demand | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Chief executive (ISCO 1120) | Activates the surge plan | — Must |
| Manager (ISCO 1342) | Runs the annual test of the plan | — Must |

## REFERENCES FOR THIS CRITERION

# 20.6 Evidence-Informed Care for Refugee and Migrant Populations

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Medium** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Staff use evidence-informed guidelines specific to refugee and migrant health where they exist, recognise where evidence gaps remain, and adapt practice accordingly, not applying general population guidelines uncritically.

**Rating rule.** Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff use migrant-specific evidence where it exists, recognise evidence gaps, and adapt practice accordingly.

## GUIDANCE

Evidence for migrant and refugee health is uneven. Where migrant-specific guidance exists it should be used. Where it does not, staff should say so and adapt their practice with care, rather than assume the general guidance fits.

Screening is applied as the guidance requires for each population.

> **Good practice.** Staff join a monthly journal club on migrant health, and each guideline adopted is recorded with the date it was reviewed.

> **Partial because.** Guidance is used, but gaps in the evidence are not written down or shared with staff.

## WHAT GOOD LOOKS LIKE

- Staff join a monthly journal club on migrant health, and each guideline adopted is recorded with the date it was reviewed.

## COMMON MISTAKES

- A general guideline applied to a refugee population without checking for specific guidance.
- Screening skipped because the patient is assumed to be low risk.

> **Why it matters.** Some health problems in migrant and refugee populations need specific guidance, such as TB screening or mental health after displacement. Using that guidance where it exists, and saying where it does not, keeps the care evidence-based.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the guidance list and 10 records from patients from high-burden countries.

### 1 Migrant-specific guidance is used where it exists.

**Method.** Check the guidance list for migrant-specific guidance per condition.

**Evidence to show.** Evidence for refugee and migrant health (HMG-POL-004).

**Pass when.** Migrant-specific guidance is used where it exists.

### 2 Gaps in the evidence are recognised.

**Method.** Check the list for the gaps recorded.

**Evidence to show.** Evidence for refugee and migrant health (HMG-POL-004).

**Pass when.** Every gap found is recorded.

**3** **Screening is applied as the guidance requires for each population.**

**Method.** Check each sampled record from a high-burden country for the screening.

**Evidence to show.** Evidence for refugee and migrant health (HMG-POL-004).

**Pass when.** Every sampled patient from a high-burden country is screened.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . TB screening is skipped for a patient from a high-burden country. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-POL-004 | Evidence for refugee and migrant health | Chief executive | Governing body members | Chief executive |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Specialist physician (ISCO 2212) | Applies migrant-specific guidance | — Medium |
| Manager (ISCO 1342) | Records evidence gaps | — Medium |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- Pan American Health Organization (2020). Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. Used for: non-pharmacological public health measures for people in vulnerable situations, including migrants and displaced people. https://news.gmj.ge/guideline/guidance-for-implementing-non-pharmacological-public-health-measures-in-populations-in-situations-of-vulnerability-in-the-context-of-covid-19/

# 20.7 Staff Reflective Practice, Bias Awareness, and Self-Care in Migration Contexts

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Staff maintain active awareness of their own culture, beliefs, and potential biases through structured reflective practice, and the facility fosters a supportive team environment with access to psychological support.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: staff practise structured reflection on their own culture and bias, and have support for their own wellbeing.

## GUIDANCE

Staff who work with people in crisis or on the move carry a heavy load, and their own beliefs and experiences can shape care. Structured reflection helps them notice bias, and support helps them stay well.

Each issue raised in reflective practice leads to an action, and psychological support is available to every member of staff.

> **Good practice.** Reflective practice sessions are led by a trained facilitator, and staff have access to confidential counselling outside line management.

> **Partial because.** Reflective practice is held, but the issues raised are not followed up with an action.

## WHAT GOOD LOOKS LIKE

- Reflective practice sessions are led by a trained facilitator, and staff have access to confidential counselling outside line management.

## COMMON MISTAKES

- A staff member working on an emergency response for months with no support.
- A reflection session with no action recorded.

> **Why it matters.** Staff bring their own beliefs and sometimes bias into care for migrants and displaced people. Regular reflection and support help staff notice this, and look after themselves in hard work.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the reflective practice records and the support offered to staff for the last 12 months.

**1 Staff hold structured reflective practice on culture, beliefs and biases.**

**Method.** Check the record for each staff member at the set interval.

**Evidence to show.** Staff reflective practice record (HMG-FRM-003).

**Pass when.** Every staff member has the reflective practice recorded at the set interval.

**2 Each issue raised has an action.**

**Method.** Check each record for the action agreed.

**Evidence to show.** Staff reflective practice record (HMG-FRM-003).

**Pass when.** Every issue raised has an action recorded.

**3 Psychological support is available to staff.**

**Method.** Check each record for the support offered.

**Evidence to show.** Staff reflective practice record (HMG-FRM-003).

**Pass when.** Psychological support is offered and recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A staff member consistently refuses to treat a particular group. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-003 | Staff reflective practice record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Runs reflective practice sessions | — Must |
| Specialist physician (ISCO 2212) | Arranges psychological support for staff | — Must |

## REFERENCES FOR THIS CRITERION

- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007) https://www.afro.who.int/sites/default/files/2017-06/guidelines_iasc_mental_health_psychosocial.pdf

# 20.8 Cross-Border Continuity of Care

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** Patients are supported to hold their own health information and documentation in a portable form, paper or electronic, that functions when they move across a border or between health systems.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: patients hold their own health information in a portable form that works when they move across a border or between clinics.

## GUIDANCE

Patients on the move often lose their records. A portable summary of diagnosis and treatment, in the patient's hands, lets the next clinic continue the care without repeating tests.

The patient is shown how to use the summary at another clinic.

> **Good practice.** Patients receive a portable health summary in their own language, and a copy is offered with each referral to another clinic.

> **Partial because.** A summary is given on discharge, but it does not include the treatment given.

## WHAT GOOD LOOKS LIKE

- Patients receive a portable health summary in their own language, and a copy is offered with each referral to another clinic.

## COMMON MISTAKES

- A patient with a chronic condition has to repeat every test at a new clinic.
- A discharge summary that does not list the treatment given.

> **Why it matters.** Migrants and displaced people often move between countries and services, and cannot carry their records with them. A record the patient can keep and show, in paper or electronic form, keeps care continuous.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review 10 patient records for the portable health record given.

**1 The patient holds their own health information in a portable form.**

**Method.** Check each sampled record for the portable copy given.

**Evidence to show.** Portable health record (HMG-FRM-004).

**Pass when.** Every sampled patient has a portable copy recorded.

**2 The portable record includes the diagnosis and treatment.**

**Method.** Check each copy for the diagnosis and treatment.

**Evidence to show.** Portable health record (HMG-FRM-004).

**Pass when.** Every copy includes the diagnosis and treatment.

**3 The patient is shown how to use it at another clinic.**

**Method.** Check each record for the explanation.

**Evidence to show.** Portable health record (HMG-FRM-004).

**Pass when.** At least 90% of records show the explanation.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A patient cannot show their diagnosis at a new clinic. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-004 | Portable health record | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Nurse (ISCO 2221) | Gives the portable record to the patient | — Must |
| Secretary (ISCO 3344) | Keeps the portable record copy | — Must |

## REFERENCES FOR THIS CRITERION


- Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/
- European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: patient rights for people receiving care in another country. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/

# 20.9 Camp-Based and Non-Camp Service Model Fit

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** The facility explicitly identifies which service model it operates under, such as a formal camp, informal urban settlement, reception or transit centre, or established resettlement context, and demonstrates its practices are fit for that specific context.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the facility states which service model it operates under, such as a camp, informal settlement or transit centre, and its practices fit it.

## GUIDANCE

A camp, an informal urban settlement and an established clinic have different needs, supplies and risks. The facility names the model it works under, and its practices should be set for that model.

The declaration is reviewed each year.

> **Good practice.** The service model is written in the facility's annual plan, and the infection control and water practices are checked for that setting.

> **Partial because.** The service model is named, but the practices are the same as for a standard clinic.

## WHAT GOOD LOOKS LIKE

- The service model is written in the facility's annual plan, and the infection control and water practices are checked for that setting.

## COMMON MISTAKES

- A camp clinic using the same procedures as a hospital ward with no adaptation.
- A transit centre with no water supply plan.

> **Why it matters.** A clinic for displaced people in a formal camp works very differently from one in an urban settlement. Naming the model the facility runs under makes the services fit the population it actually serves.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the service model declaration and the practices adapted to it.

### 1 The facility names its service model.

**Method.** Check the declaration for the model named.

**Evidence to show.** Service model declaration (HMG-FRM-005).

**Pass when.** The declaration names one service model.

### 2 The practices are fit for that specific context.

**Method.** Check the adapted practices against the model.

**Evidence to show.** Service model declaration (HMG-FRM-005).

**Pass when.** The practices listed match the model.

**3 The declaration is reviewed each year.**

**Method.** Check the review date.

**Evidence to show.** Service model declaration (HMG-FRM-005).

**Pass when.** The declaration was reviewed in the year.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A clinic in an urban area plans services for a camp it does not serve. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-FRM-005 | Service model declaration | Manager | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Chief executive (ISCO 1120) | Declares the service model | — Must |
| Manager (ISCO 1342) | Reviews the declaration each year | — Must |

## REFERENCES FOR THIS CRITERION


- World Health Organization (2025). Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response. Used for: infection prevention and WASH in refugee and displaced settings and camps. https://news.gmj.ge/guideline/strategic-actions-for-infection-prevention-and-control-and-water-sanitation-and-hygiene-during-mpox-outbreak-response-2/
- World Health Organization (2025). Malaria control in emergencies: field manual. Used for: malaria control, including displaced populations and camp-based services. https://news.gmj.ge/guideline/malaria-control-in-emergencies-field-manual/

# 20.10 Legal Status Diversity Recognition

| HUMANITARIAN SETTINGS | TRANSITION AND FRAGILE SETTINGS | STANDARD SETTINGS |
|---|---|---|
| **Minimum** | **Must** | **Must** |

**Applies to:** all nine facility types. Each setting shows its rating above.

> **Criterion.** The facility can name which legal status categories it serves, such as asylum seeker, recognised refugee, stateless person or internally displaced person, and does not apply a single, uniform assumption about access rights across them.

**Rating rule.** Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the facility names the legal status categories it serves, and applies access rights per category rather than uniformly.

## GUIDANCE

Refugees, asylum seekers, stateless people and internally displaced people have different rights to care. Applying one rule to all of them can deny care to people who are entitled to it.

Staff are briefed on the rights attached to each category.

> **Good practice.** Staff can explain to a patient the rights attached to their legal status, and the information is given in writing in the patient's language.

> **Partial because.** Legal status categories are named, but access is applied the same way to every category.

## WHAT GOOD LOOKS LIKE

- Staff can explain to a patient the rights attached to their legal status, and the information is given in writing in the patient's language.

## COMMON MISTAKES

- An asylum seeker turned away because the clinic only accepts registered residents.
- Every patient charged the same fee regardless of their status.

> **Why it matters.** Asylum seekers, recognised refugees and stateless people have different rights to care and different paperwork. A clinic that does not know which group a patient belongs to can refuse care it must give, or give care it cannot.

## WHAT THE ASSESSOR CHECKS

**Sample.** Review the legal status and access rights register.

### 1 The legal status categories served are named.

**Method.** Check the register for each category served.

**Evidence to show.** Legal status and access rights register (HMG-REG-004).

**Pass when.** Every category served is named.

### 2 Access rights are applied per category, not uniformly.

**Method.** Check the access rights listed for each category.

**Evidence to show.** Legal status and access rights register (HMG-REG-004).

**Pass when.** Each category has its own access rights recorded.

**3** **Staff are briefed on the rights.**

**Method.** Check the briefing record.

**Evidence to show.** Legal status and access rights register (HMG-REG-004).

**Pass when.** Staff briefing is recorded.

**Pass.** The criterion is met when every check above is passed.

**Immediate fail.** . A stateless person is turned away because staff do not know their rights. This fails the criterion on its own, whatever else is in place.

## EVIDENCE AND DOCUMENTS

| Code | Document | Writes | Approves | Checks |
|---|---|---|---|---|
| HMG-REG-004 | Legal status and access rights register | Secretary | Chief executive | Manager |

## POSITIONS RESPONSIBLE

| Position | Why it applies | Training |
|---|---|---|
| Manager (ISCO 1342) | Maintains the legal status register | — Must |
| Nurse (ISCO 2221) | Briefs staff on access rights | — Must |

## REFERENCES FOR THIS CRITERION

# 10 Questions and answers

**Who does Standard 20 apply to?**
It applies to facilities that serve migrants, refugees and displaced people. It is optional for every facility type. Section 4 shows the detail.

**What do the colours mean for this standard?**
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a transition setting can realistically do. Green means Minimum, the lowest acceptable level in a humanitarian setting.

**Does a facility that serves only local patients need this standard?**
No. It is optional. A facility that serves migrants, refugees or displaced people applies the criteria.

**Can a child interpret for a patient?**
No. Criterion 20.3 rules out the use of a child as an interpreter.

**Can a family member interpret?**
Only where the policy permits it. A trained interpreter or cultural mediator is used in all other cases (criterion 20.3).

**How is understanding of care checked?**
Each patient is given plain-language information, and understanding is checked by teach-back, where the patient explains their care in their own words (criterion 20.2).

**Is a surge plan required?**
Yes. Criterion 20.5 requires a surge plan that can be activated, sets the extra assessment points and treatment capacity, and is tested each year.

**Does the patient keep their health information?**
Yes. The patient holds a portable health record that includes the diagnosis and treatment, and is shown how to use it at another clinic (criterion 20.8).

**Do staff need support?**
Yes. Staff hold structured reflective practice, each issue raised has an action, and psychological support is available to them (criterion 20.7).

**Are access rights the same for every patient?**
No. Access rights are applied per legal status category, not uniformly, and staff are briefed on the rights (criterion 20.10).

**Which e-learning courses are required?**
Refugee and Migrant Health: Endorsement Course (H-09) is required for the manager, nurse and specialist physician. Emergency Preparedness and Fire Safety (T-10) is required for the manager and nurse for the surge plan (criterion 20.5).

**What does In development mean?**
The course is named in the criteria and may still be in preparation. Where a course is published, the English or Georgian version is linked.

**Who is responsible for each criterion?**
The criteria assign responsibility to the chief executive, the manager, the nurse, the secretary and the specialist physician. Each record should show who wrote and who reviewed it.

**Are the e-learning courses compulsory?**
Only the courses in the e-learning table marked as must take are required, for the roles named. Other courses are recommended.

**How is evidence shown to the surveyor?**
The records named in each criterion's documents table, covering the period stated in the criterion.

**Is the reference cited in a criterion mandatory?**
No. A cited guideline is a reference for the criterion, not a requirement. A facility may use other guidance that meets the same criterion.

**Do I have to use the forms on this page?**
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

# 11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

| Course | Essential for | Recommended for | Criteria | GMJ Academy course page |
|---|---|---|---|---|
| Refugee and Migrant Health: Endorsement Course (H-09) (H-09-EN) | Manager, Nurse, Specialist physician | None | 20.1, 20.2, 20.3, 20.4, 20.6, 20.7, 20.8, 20.9, 20.10 | English · Georgian |
| Emergency Preparedness and Fire Safety (T-10) (T-10-EN) | Manager, Nurse | None | 20.5 | English · Georgian |

# 12 References

## CITED FOR CRITERIA


1. Pan American Health Organization (2021). Proposal for Increasing Health Care Coverage for Venezuelan Refugees and Migrants Living with HIV. Update in Response to the COVID-19 Pandemic. Used for: cross-border continuity and migrant-focused care. https://news.gmj.ge/guideline/proposal-for-increasing-health-care-coverage-for-venezuelan-refugees-and-migrants-living-with-hiv-update-in-response-to-the-covid-19-pandemic/ (criterion 20.1, 20.4, 20.6, 20.8)
2. World Health Organization (2019). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0. Used for: mental health and substance use care for displaced people in non-specialised settings. https://news.gmj.ge/guideline/mhgap-intervention-guide-for-mental-neurological-and-substance-use-disorders-in-non-specialized-health-settings-bangladesh-version-2021/ (criterion 20.1)
3. What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region? (WHO Regional Office for Europe, 2019) https://www.who.int/europe/publications/i/item/9789289053501 (criterion 20.3)
4. Refugee and migrant health: Global Competency Standards for health workers (World Health Organization, 2021) https://www.who.int/publications/i/item/9789240030626 (criterion 20.3)
5. Pan American Health Organization (2020). Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. Used for: non-pharmacological public health measures for people in vulnerable situations, including migrants and displaced people. https://news.gmj.ge/guideline/guidance-for-implementing-non-pharmacological-public-health-measures-in-populations-in-situations-of-vulnerability-in-the-context-of-covid-19/ (criterion 20.6)
6. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007) https://www.afro.who.int/sites/default/files/2017-06/guidelines_iasc_mental_health_psychosocial.pdf (criterion 20.7)
7. European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: patient rights for people receiving care in another country. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/ (criterion 20.8)
8. World Health Organization (2025). Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response. Used for: infection prevention and WASH in refugee and displaced settings and camps. https://news.gmj.ge/guideline/strategic-actions-for-infection-prevention-and-control-and-water-sanitation-and-hygiene-during-mpox-outbreak-response-2/ (criterion 20.9)
9. World Health Organization (2025). Malaria control in emergencies: field manual. Used for: malaria control, including displaced populations and camp-based services. https://news.gmj.ge/guideline/malaria-control-in-emergencies-field-manual/ (criterion 20.9)


## INTERNATIONAL STANDARDS CITED


1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

# 13 Document register

Every document code used in Standard 20, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

| Code | Document | Type | What it is for | Criteria |
|---|---|---|---|---|
| HMG-FRM-001 | Migration history and trauma-aware assessment record | Form (record) | | 20.1 |
| HMG-FRM-002 | Understanding check record | Form (record) | | 20.2 |
| HMG-FRM-003 | Staff reflective practice record | Form (record) | | 20.7 |
| HMG-FRM-004 | Portable health record | Form (record) | | 20.8 |
| HMG-FRM-005 | Service model declaration | Form (record) | | 20.9 |
| HMG-PLN-001 | Surge response plan for migration-related demand | Plan | | 20.5 |
| HMG-POL-001 | Migration-informed, trauma-aware care | Policy | | 20.1 |
| HMG-POL-002 | Patient understanding and health system navigation | Policy | | 20.2 |
| HMG-POL-003 | Interpreters and cultural mediators | Policy | | 20.3 |
| HMG-POL-004 | Evidence for refugee and migrant health | Policy | | 20.6 |
| HMG-REG-001 | Interpreter and mediator use register | Register | | 20.3 |
| HMG-REG-004 | Legal status and access rights register | Register | | 20.10 |
| HMG-SOP-001 | Referral and handover to social services | Procedure (SOP) | | 20.4 |
| PHC-REG-002 | (name to be confirmed) | Register | | 20.4 |