Stichting Vluchteling
Renewal Audit – Summary Report – 2026/06/29

1. General information

1.1 Organisation

Type	Mandates	Verified
☒ International ☐ National ☐ Membership/Network ☒ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☐ Development ☒ Advocacy	☒ Humanitarian ☐ Development ☐ Advocacy
Legal registration	Stichting Vluchteling is a foundation legally registered in the Netherlands Chamber of Commerce, KVK (KVK 41149486)	
Head Office location	The Hague, Netherlands	
Total number of organisation staff	71	

1.2 Audit team

Lead auditor	Marie Grasmuck
Second auditor	Gertrude Dendere-Chibwe
Third auditor	--
Observer	--
Expert	--
Witness / other participants	--

1.3 Scope of the audit

CHS:2024 Verification Scheme	Independent Verification
Audit Cycle	Second cycle
Type of audit	Renewal Audit
Scope of audit	This audit covers Stichting Vluchteling's (SV) humanitarian work globally, which includes all humanitarian responses implemented directly or through partnerships.
Focus of the audit	--

1.4 Sampling*

Sampling unit	Country Programme
Total number of sampling units	24
Sample size	5
Total number of onsite visits	2
Total number of sampling units for remote assessment	3
Sampling Unit Selection	
Random Sampling — onsite/remote	**Purposive Sampling — onsite/remote**
Iraq – not selected	Turkey – onsite
Bangladesh – onsite	
DR Congo – remote	

South Sudan – remote	
Burkina Faso – remote	
Any other sampling considerations: --	
Sampling risks identified: No specific sampling risks identified. The auditor is confident in the findings and conclusions of this audit based on the sample.	

**It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Opening Meeting

Date	2026/03/23	**Number of participants**	23
Location	Remote	**Any substantive issues arising**	No

2.2 Locations Assessed

Locations	**Dates**	**Onsite or remote**
Head Office – The Hague	23 – 31 March 2026	Remote
Bangladesh – Cox's Bazar	19 – 23 April 2026	Onsite
Turkey – Gaziantep, Kilis and Hatay	26 – 30 April 2026	Onsite
DR Congo – North and South Kivu	20 – 24 April 2026	Remote
South Sudan – Jonglei	20 – 24 April 2026	Remote
Burkina Faso - Fada N'Gourma and Bogandé	20 – 24 April 2026	Remote

2.3 Interviews

Level / Position of interviewees	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
Head Office			
Senior Management	3	3	Remote
Staff	10	6	Remote
Country Programme			
Staff	0	3	Remote and onsite
Partner staff	5	13	Remote and onsite
Others	0	1	Onsite
Total number of interviewees	18	26	44

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Bangladesh			
Rohingya Refugees – Location 1	35	25	Onsite
Host Community – Location 1	16	10	Onsite
Clinic Staff - Location 2	3	6	Onsite
Community Volunteers – Location 1	4	9	Onsite
Clinic Staff – General – Location 1	3	3	Onsite
Local Representatives – Location 1	1	1	Onsite
Türkiye			
Children – Location 1	10	9	Onsite
Women community leaders - Location 1	13	0	Onsite
Refugee community members - Location 1	2	1	Onsite
Refugee community members - Location 2	2	1	Onsite
Host community members - Location 2	6	0	Onsite
Case management community member - Location 2	1	0	Onsite
Case management community member - Location 3	2	0	Onsite
Community members - Location 3	20	1	Onsite
Total number of participants	118	66	184

2.5 Closing Meeting

Date	2026/05/19	**Number of participants**	21
Location	Remote	**Any substantive issues arising**	No

3. Background information on the organisation

3.1 General information

Stichting Vluchteling, or Netherlands Refugee Foundation (referred to here as SV) is a Dutch emergency aid organisation founded in 1976 by Cees Brouwer. Prior to SV's inception, Brouwer led numerous ad hoc fundraising campaigns for refugees, which included mobilising churches, aid organisations, unions, and employer organisations. In 1976, he formalised his efforts and created SV to continue providing assistance to refugees, displaced persons, and returnees. SV's Head Office (HO) is in The Hague, Netherlands.SV's mission has remained the same since 1976: to provide assistance to refugees and displaced persons in acute need.

Today, SV is legally registered in the Netherlands Chamber of Commerce, has a Netherlands Fundraising Regulator (CBF) recognition passport. It receives funds from donors ranging from the public, institutional donors, foundations and private companies.

SV has had significant growth since the initial audit (IA, 2023). Its revenues have increased by 46% since 2021, accounting to €35.8 million in 2024. In 2024, SV reported supporting more than 1.2 million people across Africa, Asia, the Middle East, Latin America and Europe.

SV works across a range of humanitarian sectors, including health (with a focus on non-communicable diseases and mental health and psychosocial support), food security and nutrition, WASH, protection, economic well-being, and humanitarian access, often through integrated and multi-sectoral programming.

SV's Strategic Multi-Year Plan 2025-2029 reiterates SV's commitment to impartiality and independence. It also states its vision of providing international emergency aid to refugees and displaced persons in crisis situations and to bring the fate of refugees and displaced persons to the attention of the Dutch public. In terms of assistance, its strategic objectives are to :

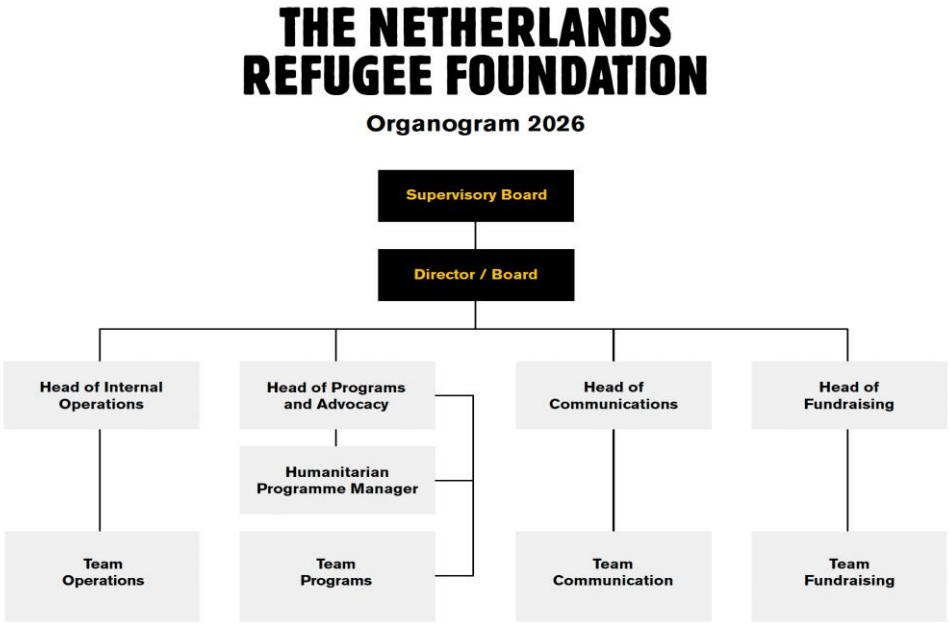
- provide quality humanitarian aid with a special focus on groups of refugees and displaced persons who are difficult to reach and/or have little attention;
- develop and share knowledge and expertise in humanitarian access, chronic diseases and psychosocial care;
- commit to localising aid and investing in fair and sustainable collaborations with national partners and through its international partners;
- advocate for improved humanitarian support for refugees.

3.2 Governance and management structure

SV's Supervisory Board (SB) consists of four Board Members who oversee the work that SV engages in. Under the responsibility of the SB, the Director is responsible for governance, policy, and the daily business of the organisation. The position is part of the SB as well as of the Management Team. The SB and the Director are regularly in contact, meeting once a quarter. The Director provides weekly email updates to the SB. Segregation of responsibilities and duties between the SB and the Director are laid out in the legal articles. Under the responsibility of the Director are four departments: Internal Operations, Programmes and Advocacy, Communications and Fundraising. The heads of departments, together with the Director, form SV's Management Team.

There have been some recent and important changes at the governance level: a new Chair of the Board has been named in 2025, and a new Director is in position since 1 October 2025. Furthermore, the former Head of Programmes & Policy has just been split into two positions: Head of Programmes and Advocacy and Humanitarian Programmes Manager.

Within the Programmes and Policies department sit the Head of Programmes and Advocacy, the Humanitarian Programmes Manager, the Technical Advisors (Medical, Policy and Advocacy, Humanitarian Access) and the Programme teams. The Humanitarian Programmes Manager manages the Programme Officers, organised by regions. ASPIRE and the Ukraine country office have dedicated teams, and, together with the technical advisors, fall under the line management of the Head of Programmes and Advocacy. The MEAL Advisor sits within the Humanitarian Programmes Manager Team.



3.3 Work with partner organisations

SV implements 83% of its activities through partners. SV cooperates with a broad variety of national partners, to which it currently commits 41% of its total operational funding and 31% of its total organisational funding (own funds). 42% of its total operational funding is committed through international partners.

SV's Strategic Multi-Year Plan 2025-2029 dedicates a stand-alone strategic goal to 'localising aid and investing in fair and sustainable collaborations with national partners and through its international partners'. Amongst other indicators for this goal, SV plans to allocate 50% of its unearmarked funding to national partners and commits a share of the partner budget to capacity strengthening of national partners.

SV has a tiered due diligence process aligned with its funding system. According to the tier in which the funding falls, the partner will go through a light due diligence system (tier 1, under €50,000), a moderate one (tier 2, under €250,000), or an in-depth one (tier 3, over €250,000). For partners classified in Tier 2 and Tier 3, the due diligence process includes vetting, an Organisational Capacity and Risk Assessment (OCRA), and a financial assessment. SV has mainstreamed the CHS within these tools.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

There have been changes since the last audit, both in terms of documented frameworks and in terms of capacity.

At governance level, the risk framework remains very similar. SV's Supervisory Board has, however, strengthened its oversight on SV's internal quality assurance and risk management mechanisms. Amongst other changes, SV has changed the organisation's statutes to set a term length for the Board of Directors.

At the strategic level, SV has a new Strategic Multi-Year Plan 2025-2029, which includes strategic objectives and performance indicators regarding the assistance it delivers, its organisational development, fundraising objectives and approaches, and communications. This Multi-Year Plan has led to an Annual Plan, and each department or relevant position has subsequently developed its annual workplan.

At the operational level, the finance department has seen the recruitment of several new staff. A new position has been created in the form of the Humanitarian Programme Finance Manager, which oversees a dedicated finance staff for each region. SV also created a position of Human Resources Manager. SV is also in the progress of setting up a Work Council.

At the programme level, the Monitoring Policy, Evaluation Policy, Data Protection Policy for Humanitarian Projects, and Knowledge Management Policy are being developed or are at the stage of implementation. These policies mostly formalise SV's approach to quality management, which has been further structured and rolled out through SV's project management system, MALJA.

SV has made significant improvements in its policies and processes regarding its commitment to Protection against Sexual Exploitation Abuse and Harassment (PSEAH). This includes integrating PSEAH requirements in its partner recruiting and management processes and development of appropriate PSEAH guidelines and communication materials with partners, thereby increasing their capacity to comply with SV's PSEAH requirements.

SV mainstreams two main quality assurance frameworks in its work: the Core Humanitarian Standard and ISO 9001:2015. Since the last audit, SV has integrated the CHS deeper into its tools and guidelines, and especially at the level of the MALJA and of the partner's OCRA. Furthermore, SV has set-up an internal quality working group, aimed at finding efficiencies in procedures and practices while maintaining a high-quality humanitarian delivery. The terms of reference of the group also include aspects of learning, organisational development and relationship with partners.

4.2 Level of application of the CHS

SV remains strong in its willingness and approaches regarding the establishment of equitable partnerships and the access to coordinated and complementary support; notably SV exemplifies and is pictured as a flexible, timely and adaptable funding and operational partner, who thrives in finding ways to localise the assistance they provide. SV is still strong in ensuring its assistance remains impartial and is based on needs and focused on resilience.

SV has improved how it manages risks, and notably how it ensures an effective management of fraud and corruption (see also 4.1 above). SV has also progressed in making sure it has the capacity and resources to fulfil its organisational commitments, namely by hiring a Human Resources Manager, hiring financial staff, and launching human resources initiatives aimed at managing staff workload and maintaining a dialogue on the topic.

SV's main areas of improvement are around informing communities and sharing learning with communities. There are gaps in how SV ensures communities can safely report concerns and complaints; although this audit notes a significant improvement from the initial audit.

This audit notes no major weakness, 9 minor weaknesses and 11 observations.

4.3 PSEAH

SV has made notable progress in this area and demonstrates strong commitment to Protection against Sexual Exploitation Abuse and Harassment (PSEAH), this is highlighted by the organisation's key policy documents, partner management processes, guidelines and project documents.

SV staff are trained on the Code of Conduct and PSEAH policy documents and required to sign these upon recruitment and periodically. They can articulate the organisation's commitment regarding PSEAH and its zero tolerance towards exploitation, abuse and harassment including SEAH. The organisation also has PSEAH focal points that employees are aware of. SV systematically shares its commitment to PSEAH with its partners in various ways and provides support to ensure they can execute their roles and responsibilities regarding PSEAH.

Areas for improvement include strengthening SV's accountability to ensure that its partner organisations systematically share information with communities on PSEAH related commitments, in line with its partner engagement model. This includes information sharing on organisational commitments and expected staff behaviour on PSEAH. The organisation does not ensure that communities have access to safe, confidential and alternative methods of reporting sensitive complaints, including information on how sensitive complaints would be managed and addressed by the organisation.

4.4 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.	2.0
SV has strong systems in place to ensure that Diversity, Equity, and Inclusion considerations are integrated into its programmes. The organisation and its partners work closely with communities, enabling inclusion of the most marginalised in its projects. Programmes promote meaningful community participation, and communications are generally accurate, respectful, ethical, dignity-preserving, and based on informed consent. While the organisation ensures partners regularly share general project information with communities, it lacks effective mechanisms to consistently ensure that partners communicate information related to its PSEAH commitments and expected staff behaviours is communicated with communities and in languages and formats that are easily accessible, understandable, respectful and contextually appropriate (Minor Weaknesses 2026-1.2 and 2026-1.3). SV does not have a coherent organisational approach to ensure partners share transparent information on PSEAH (Minor Weakness 2026-1.6).	
Feedback from communities: Communities confirm that Diversity, Equity, and Inclusion considerations are integrated into the organisation's projects and that marginalised groups can participate meaningfully with ease. Community members were able to describe how they participate in project activities and indicated that the approaches used reflect their preferred methods of participation. Communities also confirmed that informed consent is sought before photographs or videos are taken for communication purposes, and that they are informed about how such materials will be used. While communities generally understood information shared verbally by the organisation and its partners, they did not recall receiving information about the organisation's PSEAH commitments or expected staff behaviours related to PSEAH. In addition, communities reported limited exposure to PSEAH-related information through different communication methods or formats.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	2.8
SV has systems in place to ensure the programmes it implements respect and build upon local knowledge and capacities. Notably, SV has several workstreams aimed at developing and formalising its localisation agenda. SV ensures it uses fair, impartial and transparent criteria to define its programmes and the groups it supports. However, this transparency does not always reach communities. SV monitors and adjust programmes according to needs and is perceived as a particularly timely partner in that area. SV has systems in place to ensure the technical quality of programmes and to refer priority needs to relevant partners. Overall, SV ensures that it has a coherent organisational approach to meet commitment 2.	
Feedback from communities: Communities confirm that their knowledge and capacities are considered by the programmes. They perceive the support provided as impartial and needs-based, although they do not understand or do not recall having received any information regarding the selection criteria for the programme. The communities generally confirm that their feedback is requested, and that this feedback has often resulted in changes in the programme. They confirm that the support is of quality and that SV supports them when it comes to referring priority needs.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	2.8
SV integrates sustainability in its strategy and project designs, staff and partners can articulate how the projects will result in long-term impacts on lives, livelihoods and the local economy, however there is limited evidence of how projects contribute to environmental sustainability. Regular engagement of partners and communities during all project stages ensures local ownership of resources and decision making is supported from the outset of work with communities. Project designs and activities include informal community leadership and locally led efforts to reinforce the resilience of people and communities. The organisation supports local capacities to anticipate and reduce risks of potential crises or disasters and partners can articulate how SV contributes towards their sustainability and resilience. Overall, SV ensures that it has a coherent organisational approach to meet commitment 3.	

Feedback from communities: Communities confirm that the organisation supports local ownership of resources, and they can generally indicate how projects will have long-term effects on their lives, livelihoods and local economy, however they had limited understanding about the projects' long-term impacts on their environment. Communities confirm that projects support them to anticipate and reduce risks of potential crises and disaster.	
Commitment 4: People and communities access support that does not cause harm to people or the environment.	2.4
SV demonstrates a strong commitment to do no harm to people and the environment through its risk management processes and established PSEAH policies, practices and ways of working. The organisation ensures safe, ethical and effective management of data and information and manages the safety and security of communities at project level. However, there is room to improve its approach to integrating environmental risks into programme implementation. Overall, SV ensures that it has a coherent organisational approach to meet commitment 4.	
Feedback from communities: Communities confirm that they have not experienced any negative impacts from SV projects and that the organisation handles their data safely and ethically. However, they have limited information regarding potential project-related risks on the environment and were not aware of environmentally responsible practices promoted by partners to prevent harm to the environment. However, communities explained that they perceived the organisation as environmentally conscious.	
Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	1.7
SV has safe, accessible and appropriate approaches for all community members to provide feedback and report concerns and complaints; however, the organisation does not ensure that its partners put these in place for SEAH related complaints (Minor Weakness 5.1). SV does not yet systematically ensure that its partners monitor community awareness and understanding of expected staff behaviours related to PSEAH nor whether communities understand how to report SEAH related complaints and how these complaints will be addressed (Minor Weaknesses 5.2 and 5.3). Partners are aware of SV's complaints mechanism and confirm this is adequately communicated. This audit find, however, that SV does not have a systematic approach to ensure that its partners welcome and appropriately respond to SEAH related concerns (Minor Weaknesses 2026-5.6).	
Feedback from communities: Communities generally know of safe, accessible and appropriate ways to raise feedback and complaints. Most were, however, unaware of alternative complaints reporting channels, especially safe and appropriate ways for reporting sensitive complaints. Communities had limited knowledge of how staff are expected to behave in ways that prevent and protect them from SEAH, and were mostly not aware of how complaints, particularly SEAH-related complaints would be managed or addressed. Communities however trusted that SV would welcome and manage their complaints confidentially and in ways that protected them.	
Commitment 6: People and communities access coordinated and complementary support.	2.5
SV works extensively through partners and stakeholders, and its work is coordinated and complementary to locally led and community-based actions. The organisation has strong systems and processes to continuously support partners to apply commitments to quality and accountability. SV demonstrates a strong commitment to continuously strengthening the quality and effectiveness of its partnerships, including taking timely corrective action where needed and developing innovative ways to support its partners. Partners describe SV as a supportive partner committed to quality and effective partnerships, with examples of timely and constructive corrective actions taken to strengthen collaboration where necessary. However, SV does not have a coherent organisational approach that ensures the roles, responsibilities, and capacities to prevent SEAH at the partner level are fully in place (Minor Weakness 2026-6.4).	
Feedback from communities:	

Communities confirm that the organisation's work compliments and is coordinated with locally led and community-based actions and that they do not experience any duplication with other stakeholders.	
Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	2.2
SV regularly listens and responds to feedback and inputs from communities, and this audit notes several instances where SV has adapted its programmes based on feedback from its partners and communities, or from monitoring and complaints. SV regularly shares its analysis and learning internally and with external stakeholders; although there is no evidence that it is shared with communities (Minor Weakness 7.4). Notably, SV organises regular cross-learning sessions between its partners. SV collect disaggregated data which reflect the diversity of people and according to what is relevant to the programme, and partners confirm they are encouraged to use secondary data when possible and relevant, and that the data collection requested by SV is at a minimum. SV's organisational culture is oriented towards learning, and starts to be formalised through its MALJA architecture, although not all policies pertaining to learning are known by staff. Overall, SV ensures that it has a coherent organisational approach to meet commitment 7.	
Feedback from communities: Communities confirm that SV listens and responds to their feedback and inputs. Although communities always know some channels that they can reach to share their feedback, the channels they cite are usually informal rather than formal. Communities perceive that the data collected by SV is necessary, and that it does not represent an extra burden to them. Communities generally confirm that they have witnessed improvements in programmes following their feedback. However, there is no evidence that analysis and learning from feedback and monitoring is shared with communities.	
Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well managed.	2.6
SV's leadership, staff and volunteers promote and demonstrate a culture of quality and accountability, which is confirmed by staff and by external stakeholders. SV ensures a safe, and inclusive working environment, and has notably launched several workstreams dedicated to managing individual workloads and to well-being. Staff confirmed they feel they are treated with dignity. SV has resources to ensure that all staff and volunteers have the necessary support, skills and competencies to fulfil their roles; although not all staff have the time to access training specific to their position. SV ensures that all staff and volunteers adhere to and understand its Code of Conduct, although the Code of Conduct could be more specific in relation to PSEAH. SV ensures that there are safe, confidential and accessible ways for all staff and volunteers to raise concerns. Notably, SV staff has access to appointed confidential counsellors inside and outside the organisation, on top of the whistleblowing mechanism itself. Staff confirm that they are confident in the capacity of the organisation to address misconduct in line with recognised good practice. Overall, SV ensures that it has a coherent organisational approach to meet commitment 8.	
Feedback from communities: Communities confirm that the behaviour of staff and volunteers is appropriate and respectful and perceive the person they interact with as very competent. Communities highlighted numerous times that their experience with SV and its partners is very positive and that they have no concerns about their behaviours.	
Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	2.8
SV ensures that it has the adequate capacity and resources to meet the organisation's commitments, internally through multi-year, yearly and departmental planning, and in their programmes through its processes for elaborating and reviewing project proposals and subsequent disbursement. The partners interviewed also confirmed that they could discuss the topic of capacity with SV and that positive changes often resulted from these conversations. SV manages its financial resources responsibly and in line with good practice. It also ensures that its fundraising, resource mobilisation and fund allocation is ethical. Notably, SV has joined a fundraising cooperative with other organisations, which cooperatively tries to redefine and implement ethical fundraising practices. SV manages and uses resources in a way that minimises waste and is also in the process of better defining its approach to minimising its impact on the environment as an organisation. SV has systems in place to prevent risks,	

including risks of misuse of resources, and has considerably reinforced its internal controls in this area. Overall, SV ensures that it has a coherent organisational approach to meet commitment 9.
Feedback from communities: Communities confirm that SV and partners mobilise resources to respond to their needs, although they note that resources continue to be scarce compared to overall needs. The communities confirm that they perceive SV and its partners to be using the funds in an appropriate way and that no resources are wasted.

** Note: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).*

5. Summary of open weaknesses

Weaknesses	**Type**	**Status**	**Resolution timeframe**
2026-1.2: SV does not ensure that partners share information regarding organisational commitments and obligations or on staff expected behaviours in relation to PSEAH.	Minor	New	By the 2029 Renewal Audit
2026-1.3: SV does not ensure that partners communicate PSEAH related information with people and communities in formats that are easily understandable.	Minor	New	By the 2029 Renewal Audit
2026-1.6: SV does not have a coherent organisational approach to ensure transparent information sharing on PSEAH related information by partners.	Minor	New	By the 2029 Renewal Audit
2026-5.1: SV does not ensure partners have safe, accessible and appropriate ways for communities to report concerns and complaints related to SEAH.	Minor	New	By the 2029 Renewal Audit
2026-5.2 SV does not systematically monitor communities understanding of how partner staff are expected to act to prevent and protect people from SEAH.	Minor	New	By the 2029 Renewal Audit
2026-5.3: SV does not regularly monitor communities' understanding of how to report concerns and complaints related to SEAH and how these will be addressed.	Minor	New	By the 2029 Renewal Audit
2026-5.6 SV does not have a systematic approach to ensure that SEAH related concerns and complaints are welcomed and acted on in a timely and appropriate manner by partners	Minor	New	By the 2029 Renewal Audit
2026-6.4: SV does not have a coherent organisational approach that ensures the roles, responsibilities and capacities of partners to prevent SEAH are in place.	Minor	New	By the 2029 Renewal Audit
2026-7.4: SV does not ensure that partners share the analysis and learning from feedback and monitoring with people and communities.	Minor	New	By the 2029 Renewal Audit
Total Number of open Weaknesses	**9**		

6. Claims Review

Claims Review conducted	☒ Yes ☐ No	**Follow-up required**	☐ Yes ☒ No

7. Lead auditor recommendation

INDEPENDENT VERIFICATION

In my opinion, Stichting Vluchteling demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its continued inclusion in the Independent Verification scheme is justified.

Name and signature of lead auditor: Marie Grasmuck	**Date and place:** Metz (FR), 25 June 2026

8. HQAI decision

Registration in the Independent Verification Scheme maintained:	☒ Accepted ☐ Refused

Start date of the current Certification cycle: 2026/07/18
Next Renewal Audit to be completed by: 2029/07/18

Name and signature of Head of quality assurance: Victoria Lyon Dean	**Date and place:** 29/06/2026

9. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: *If yes, please give details:*	☐ Yes ☑ No

Acknowledgement and Acceptance of Findings:	
I acknowledge and understand the findings of the audit	☑ Yes ☐ No
I accept the findings of the audit	☑ Yes ☐ No
Name and signature of the organisation's representative: Renske Boetje, Head Operations STICHTING VLUCHTELING 999 Laan van Nieuw Oost-Indië 131 M 2593 BM Den Haag IBAN 999	**Date and place:** The Haque, 09-07-2026

Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

The details of the Appeals Procedure can be found in document PRO049 – Appeals Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning for all verification scheme options, including self-assessment and third-party audits	Guidance for scoring requirements
0	Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised. **For third-party auditing schemes:** Independent verification: A major weakness. Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).	To give a score 0, **not all** of the measurable components of the requirement are verified to be in place **and** the issue(s) identified are so significant that the organisation's ability to meet the **commitment** is compromised.
1	Your organisation does not currently meet the requirement. **For third-party auditing schemes:** Independent verification: A minor weakness. Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).	To give a score 1, **not all** of the measurable components of the requirement are verified to be in place.
2	Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future. **For third-party auditing schemes:** Independent verification: Requirement is met with an observation. Certification: Conformity with an observation.	To give a score 2, **all measurable components** of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.

3	Your organisation meets the requirement,-with organisational systems ensuring it is being met consistently throughout the organisation. **For third-party auditing schemes:** Independent verification: Requirement is met. Certification: Conformity.	To give a score 3, **all measurable components** of a requirement are verified to be in place.
4	Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation. **For third-party auditing schemes:** Independent verification: Requirement is met in an exemplary way. Certification: Conformity in an exemplary way.	To give a score 4, **all measurable components** of a requirement are verified to be in place. **In addition**, the following must be verified: • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. and/or • The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	Guidance notes for scoring commitments: • Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. • Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0.	

* Scoring Scale from the CHSA Verification Framework 2024