

# Tearfund Netherlands (TF NL)

## Maintenance Audit 2 – Report – 2025/07/16

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Joanne O’Flannagan	
<b>Audit cycle</b>	First cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	10 June 2025 / 6	None
<b>Closing Meeting</b>	25 June 2025 / 6	None
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Senior Management	1
	Staff	4

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since the previous audit

Since the Maintenance Audit 1 (MA1) in 2024, Tearfund Netherlands (TF NL) continues to make progress against the identified areas of weakness and take action to address the five open CARs. A Corrective Action Plan was developed after the Initial Audit (2023) setting out planned corrective measures to address the open CARs.

A CHS Project Team is responsible for overseeing implementation of the CHS Improvement Plan and meets monthly to review progress; a budget is in place to support project delivery. The team comprises the Quality Officer (temporarily acting as project lead), the Impact and Learning Coordinator (temporarily replaced as project lead by the Quality Officer) and the Research and Advocacy Officer; a Senior International Programme Officer has recently joined the team. The Project Team is supported by a Steering Group, comprising two senior managers (members of the Executive Team), which oversees delivery and provides strategic guidance, meeting with the project lead on a quarterly basis and providing updates to the Executive Team. Reporting on progress is included in the Management Review which provides an overview of organisational quality management and is prepared annually by the CEO, with support from the Quality Officer, for review by the Supervisory Board. No major changes have taken place in TF NL since the MA1.

Since MA1, TF NL has updated its Community Accountability – Operational Policy which outlines seven minimum commitments on Community Accountability for partners with a focus on improving elements in relation to feedback and complaints. TF NL continues to ensure its policy framework is updated in accordance with the policy review schedule.

With a view to achieving greater efficiency and cost effectiveness in the audit process, TF NL and TF UK have agreed to align their audit cycles. For this reason, TF UK which underwent a Renewal Audit (RA) in 2024 did not undertake a Maintenance Audit 1 and moved directly to a Maintenance Audit 2 (MA2) in 2025 to align with the TF NL audit cycle, in preparation for the Renewal Audit (RA) in 2026. TF NL and TF UK are both members of the Tearfund Family, a broader group of agencies that hold a common set of values and ways of working, and while each organisation is a fully independent and separate entity, TF NL and TF UK intentionally work in close collaboration, sharing a common portfolio of partners at around 70-80% indicating a high degree of overlap in their programmatic work. TF UK is a major partner of TF NL and the organisations share a common strategy in a number of countries where they operate. The organisations coordinate closely across a range of strategic areas including in relation to assurance of the CHS.

## 2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2023-2.3 TF NL does not have procedures in place to identify, document and refer, or advocate for, unmet needs.	Minor / By 2026 (RA)	<p>TF NL demonstrates progress to address this CAR:</p> <p>At MA1, TF NL had updated its Design, Monitoring and Evaluation (DME) procedures to include a guideline on referring unmet needs (April 2024) and informed staff of this update.</p> <p>Since then, TF NL has:</p> <ol style="list-style-type: none"> <li>1. Updated its Project Approval Checklist which is used at the start of a project to include checking whether needs identified during planning and implementation, are addressed by either the proposed project or referred to other stakeholders.</li> <li>2. Communicated with relevant staff about the changes to the Project Checklist.</li> <li>3. Added a section to the Emergency Response Procedures (ERP5 on Programme Design and Management in Emergencies) on the referral of unmet needs, requiring partners to explain how needs mentioned in the problem analysis are addressed by either the project itself or by referral to other actors. This information is then checked in the Project Approval Checklist (see point 1 above).</li> </ol> <p>Over the coming period, TF NL plans to include the issue of unmet needs in internal memos and reporting to ensure that staff are aware of requirements around referral of unmet needs and to facilitate discussions with partners. TF NL also plans to assess whether the topic of unmet needs is addressed in partner progress reports in order to see the impact of improvements.</p>	ORG223 ORG228 ORG237 ORG256
2023-4.1 TF NL does not provide information to communities in all programmes and projects about how it expects TF NL and partner staff to behave.	Minor / By 2026 (RA)	<p>Given the close subject matter of CARs 2023-4.1 and 2023-5.6, Tearfund NL has chosen to address them through a common action plan.</p> <p>TF NL demonstrates progress to address these two CARs:</p> <p>At MA1, TF NL had updated its Project Visit Report Template to include a section on community accountability, which included a review of how partners communicate with communities, with an additional focus on communicating on expected staff behaviour. TF NL had also modified the General Conditions to the Project Agreement to better reflect its expectations towards partners on communicating with communities on the expected behaviour of staff.</p> <p>Since then, TF NL has:</p> <p>Developed visual materials to share information with communities and project participants about expected</p>	ORG239 ORG240 ORG241 ORG242 ORG243 ORG244 ORG254 ORG255
2023-5.6 Communities and people affected by crisis are not aware of the expected behaviour of TF NL and partner staff, including commitments made on the prevention of sexual exploitation and abuse.	Minor / By 2026 (RA)	<p>Since then, TF NL has:</p> <p>Developed visual materials to share information with communities and project participants about expected</p>	

		<p>standards of staff behaviour including the prohibition of acts of sexual exploitation, abuse and harassment and encouraging the reporting of such acts. Draft posters were developed in collaboration with TF UK and shared with partners in a number of contexts to gather feedback on the materials. TF NL is planning to continue to test the materials over the coming year and gather further feedback from partners on the extent to which the posters are used and are considered contextually appropriate and effective. TF NL has also developed guidance for partners to provide further explanation on the purpose of the posters and how to use them effectively, e.g. using those posters that are considered most appropriate for the context and how to effectively translate written content.</p> <p>Additionally, discussions with partners about staff behaviour has been included in monitoring trips and is reported on in visit reports.</p>	
2023-5.1 TF NL does not systematically ensure that partners consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor / By 2026 (RA)	<p>Given the close subject matter of CARs 2023-5.1 and 2023-5.4, Tearfund NL has chosen to address them through a common action plan.</p> <p>TF NL demonstrates progress to address these two CARs:</p> <p>At MA1, TF NL had modified the General Conditions to the Project Agreement to better reflect its expectations of partners regarding the establishment of accessible feedback and complaints mechanisms. TF NL communicated these changes to staff and partners.</p>	ORG246 ORG247 ORG248 ORG251 ORG252
2023-5.4. A complaint handling process for communities and people affected by the crisis is not in place in all projects and programmes.	Minor / By 2026 (RA)	<p>TF NL also updated its Project Approval Checklist for Country Leads to assess the availability of feedback and complaints mechanisms at partner level, including verifying whether communities had been consulted on the design of the mechanism.</p> <p>Additionally, TF NL added a complaint reporting pathway on its English language website.</p> <p>Since then, TF NL has:</p> <p>Continued to provide regular information and updates to staff and on requirements for feedback and complaints mechanisms as well as updates on complaints and feedback received in its international projects, including statistics related to where feedback and complaints are generated and the categories of complaints and feedback have been received.</p> <p>With the modification of the General Conditions to the Project Agreement, partners are required to share a complaints and feedback log with TF NL on a biannual basis; TF NL has shared a template with partners that they can use for this purpose. Information generated from this process is used to inform updates to staff and management.</p> <p>Over the coming period, TF NL plans to include checks on feedback and complaint reporting as part of internal audit processes and is reviewing options to implement this this in a timely and effective way.</p>	

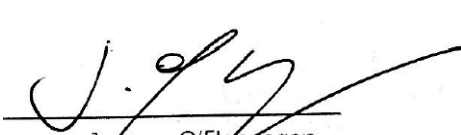
### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2023-2.3 TF NL does not have procedures in place to identify, document and refer, or advocate for, unmet needs.	Minor	Open	By 2026 (RA)
2023-4.1 TF NL does not provide information to communities in all programmes and projects about how it expects TF NL and partner staff to behave.	Minor	Open	By 2026 (RA)
2023-5.1 TF NL does not systematically ensure that partners consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	By 2026 (RA)
2023-5.4 A complaint handling process for communities and people affected by the crisis is not in place in all projects and programmes.	Minor	Open	By 2026 (RA)
2023-5.6 Communities and people affected by crisis are not aware of the expected behaviour of TF NL and partner staff, including commitments made on the prevention of sexual exploitation and abuse.	Minor	Open	By 2026 (RA)
<b>Total Number of open CARs</b>		<b>5</b>	

### 4. Claims Review


<b>Claims Review conducted</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Follow-up required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### 5. Lead auditor recommendation



In my opinion, Tearfund Netherlands has demonstrated that it is taking necessary steps to address the CARs identified in previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.  I recommend maintenance of certification.	
<b>Name and signature of lead auditor:</b>   Joanne O'Flannagan	<b>Date and place:</b>  3 <sup>rd</sup> July 2025  Belfast, Northern Ireland

### 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<b>Renewal audit before:</b> 2026/08/06	

<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva, 16 July 2025
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## 7. Acknowledgement of the report by the organisation

<b>Space reserved for the organisation</b>	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:  If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Acknowledgement and Acceptance of Findings:</b>  I acknowledge and understand the findings of the audit  I accept the findings of the audit	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name and signature of the organisation's representative:</b> Guido de Vries - Tearfund Chief Executive Officer  	<b>Date and place:</b> 16 July 2025

## 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	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p><b>Score 0:</b> indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification: major weakness.</li> <li><b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification: minor weakness.</li> <li><b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: observation.</li> </ul>
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: conformity.</li> </ul>
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.	<p><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020