NETHERLANDS
BY THE GOVERNMENT OF THE NETHERLANDS
1. Resettlement Policy

For more than 30 years refugees have been resettled in the Netherlands. In 1986, following a request from UNHCR and discussions in the Dutch Lower House of Parliament, it was decided to handle an annual quota of 500 resettled refugees with effect from 1 January 1987.

In 1999, the Government of the Netherlands decided to discontinue the standard practice of selecting groups of refugees in the country of asylum. Until 2004, the intention was to fill the quota of 500 resettled refugees per year with resettlement requests submitted in writing by UNHCR Geneva, with assessment and selection taking place in the Netherlands (assessment on paper). However, it appeared to be difficult to fill the quota merely via dossier selection. In 2004 the Government decided to introduce a new policy that entered into force on 1 January 2005. This policy allows for approximately 4 selection missions per year to countries of asylum, as well as the submission of individual cases directly by UNHCR Headquarters in Geneva.

In 2017, the Government of the Netherlands increased the national resettlement quota to an annual quota of 750 resettled refugees with effect from 1 January 2018. Following developments such as the EU-Turkey Declaration of March 2016, besides the national quota, the Government of the Netherlands introduced a resettlement effort related to EU migration agreements with third countries. This effort is in principle conditional to the overall implementation of the respective migration agreement(s) and the numbers may vary...
accordingly. The current commitment for 2018 concerns resettlement in relation to the EU-Turkey Declaration, within the framework of the standard operating procedures that have been agreed upon by EU and Turkey (fast-track resettlement 1:1). Like the national quota, the resettlement effort in relation to European migration agreements is based on UNHCR submissions.

According to the current Dutch resettlement policy, the preferred durable solution for refugees is to return to their country of origin on a voluntary basis. If return is not possible, local integration is the second preferred durable solution. Only if both these durable solutions are not accessible or available in a reasonable timeframe, UNHCR can submit refugees for resettlement in the Netherlands. Resettlement should always be considered within the context of all three durable solutions. The Government of the Netherlands attaches importance to the strategic use of resettlement.

1.2 Ministry and Department responsible for resettlement policy

Within the Government of the Netherlands, the Ministry of Justice and Security is responsible for resettlement policy. The Ministry also coordinates the contact between the Government of the Netherlands and UNHCR.

The Immigration and Naturalization Service (IND) is responsible for the operation of the resettlement process and does this in cooperation with the Agency for the Reception of Asylum Seekers (COA) and the National Police (AVIM).

1.3 Process for deciding the annual resettlement quota and its composition

The Dutch national resettlement quota is established for a four-year period by the Government. The quota applies to refugees individually submitted by UNHCR either in connection with selection missions or on a dossier basis. The Netherlands reserves the right to assess all aspects of resettlement, including the determination of refugee status, on the basis of its national policies.

The effort in relation to European migration agreements is conditional to the existence of such agreements, their contents, and the overall implementation. Accordingly this number may vary.

2. Criteria for Recognition of Refugee Status Eligibility: Asylum and Resettlement

Asylum in the Netherlands is granted on the basis of the 2000 Aliens Act. Article 29 identifies grounds for admittance:

Paragraph 1

(a) 1951 Convention;
(b) European Convention on Human Rights;

Paragraph 2

The following family members of persons described in paragraph 1:
(a) the spouse or minor child
(b) the dependent partner or child in the age of majority (extended family reunification)
(c) Family reunification -of the parents- with a minor as mentioned in article 2f, of Directive 2003/86/EG of the European Parliament and the Council

In a policy context, the above criteria are expanded upon as follows:

Paragraph 1:
(a) This is applicable for individuals who have personal indications that they are persecuted because of one of the grounds of the 1951 Convention, including human rights advocates and pro-democracy campaigners who dared to stand up for human rights and whose role in society in their homeland has put them in danger. However, special attention is paid to the exclusion grounds laid down in article 1F.

(b) The principle of "non-refoulement" of article 3 of the European Convention on Human Rights is especially respected.

The assessment of whether return is possible according to Dutch law is always individual but in accordance with the Dutch country-based asylum criteria and the Dutch country of origin information. Because the country-based criteria and the Dutch country of origin information are updated regularly, we are unable to provide details in this Country Chapter. For further details Resettlement Officers are referred to the UNCHR Dutch Liaison Officer and/or to UNHCR Regional Office in Brussels.

Paragraph 2:

If family members of a holder of an asylum residence permit submit an application for family reunification with the beneficiary of international protection within three months after the asylum residence permit has been granted, more favourable admission conditions apply than for regular family reunification (e.g. no income requirement, no fees). This applies for both refugees and beneficiaries of subsidiary protection.

Members of the nuclear family (partner and minor children), adult children and parents of adult children qualify for family reunification in the asylum context. Upon arrival in the Netherlands, the family member is granted so-called derived asylum status if he or she possesses the same nationality as the head of the family. The granting of derived asylum status is based on the principle of family unity, as laid down in Recommendation IV of the UN Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons, which adopted the text of the 1951 Convention relating to the Status of Refugees.

Note that no policy has been laid down in Dutch laws and regulations in respect of all other family members, such as grandparents, uncles and aunts. However, all family members of residence permit holders in the Netherlands may submit an application for family reunification by relying on the right to family life, as described in Article 8 ECHR.

There are no specific arrangements in law for people who are resettled in the Netherlands. Every asylum-seeker who meets one of the criteria of article 29 of the Aliens Act can receive a temporary residence permit for asylum. After five years, the holder of a temporary residence permit can apply for a permanent residence permit. If the circumstances in the country of origin and in the personal situation have not changed, a permanent residence permit can be granted.

If the situation in a country has improved significantly and the improvement is durable and the resettled refugee had a temporary residence permit, the cessation clause of the 1951 Refugee Convention is applicable and according to European law must be used. A full reassessment will take place before it is decided whether a withdrawal of the status will be conducted or that another status will be considered on a different ground.

3. Criteria for Resettlement

3.1 Refugee Resettlement Eligibility Criteria

In principle, refugee resettlement eligibility criteria correspond with the above criteria of article 29 of the 2000 Aliens Act.

In medical cases the Netherlands uses the following criteria:
the cases must fit in the medical category as laid down by UNHCR;

- the required medical treatment is not available in the country of asylum and non-treatment may eventually lead to serious physical or mental damage. The fact that medical treatment is not accessible in countries of asylum is not an argument for granting a permit, unless access is prohibited on grounds mentioned in the 1951 Convention (e.g. because of religion, race or nationality);

- the condition of the submitted persons should be such that their coming to the Netherlands for treatment and supervision can effect a substantial improvement.

### 3.2 Admissibility Criteria

Furthermore, the willingness and ability to integrate into Dutch society also plays a role in selecting refugees for resettlement. A submission by UNHCR can be rejected if there are indications from behaviour that this person will not integrate into Dutch society.

Persons will not be considered for resettlement:

- if they meet exclusion grounds laid down in article 1, notably 1F, of the Geneva Convention. If one member of a nuclear family meets the exclusion criteria of article 1F, present or not, the other members of this nuclear family are also excluded, unless it is evident that the person involved is not present and will not seek future family reunification;

- if they have a criminal background and/or pose a threat to public order in the Netherlands;

- if they can return to their country of origin according to an individual assessment based on the Dutch asylum criteria and country of origin information, or when there are prospects for local integration in the country of asylum.

On the basis of the 2000 Aliens Act an application for asylum can only be lodged in the Netherlands. Refugees must fill in an application form upon arrival in the Netherlands before a positive decision can be given and a temporary residence permit can be granted. This is a mere formality.

### 4. Resettlement Allocations/Processing Priorities

#### 4.1 Resettlement allocations including sub-quotas

From 2016 until 2019 the Dutch national quota is 2,500 individuals. To allow greater flexibility during this four-year period, the Netherlands is prepared to consider requests by UNHCR to accept more resettled refugees than the quota in a particular year, which will have to be compensated for in the next fiscal year. The fiscal year runs from 1 January until 31 December.

For the years 2016 through 2019, there is a sub-quota of approximately 30 cases per year for medical submissions of refugees who fulfil the criteria mentioned under section 3. Medical cases are preferably only to be submitted during selection missions. Furthermore, family reunification that takes place within three months after the moment of arrival or upon the date the residence permit is granted will also be accepted under the quota. Refugees will mainly be selected for resettlement in the country of asylum via in-country selection. Nonetheless, the quota includes those refugees and urgent cases that are individually referred by or through UNHCR.

### 5. Submission and Processing via Dossier Selection

#### 5.1 Dossier submission policies and case documentation

Although the majority of cases are selected through the missions, the quota is also filled with individual resettlement requests submitted in writing (RRF) by UNHCR Headquarters
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and also the Regional Offices in Amman, Nairobi and Pretoria, with assessment and selection taking place in the Netherlands on the basis of the file. Field offices should refer cases for submission to the Netherlands either through UNHCR Headquarters or the relevant Regional Office in Amman, Nairobi or Pretoria.

UNHCR is invited to submit the following individual resettlement requests:

- asylum cases from **countries of asylum which are not visited** by any mission;
- **emergency (medical) cases**;
- cases with a **higher profile in the field of human rights** and pro-democracy movements. (Strictly speaking, these may not always be high profile cases as defined by UNHCR. Submissions might for example include people with an academic background who have played an active role in the strengthening of democratic institutions and/or civil society in their country.)

* Please keep in mind that the Netherlands prefers to assess medical cases only during missions, as these cases are very difficult to assess without conducting a medical examination face-to-face with the patient in question; however, **urgent medical individual cases can be submitted on a dossier basis.** Please keep in mind in these instances that:
  
  a) the dossier information should preferably be clear, complete, up-to-date and undisputable so that a rapid assessment can be made;
  b) acute life threatening medical emergencies are preferred to be treated in the region of the applicant and not far away; and
  c) medical information in the Medical Assessment Form (MAF) form should contain contact details (email address and/or telephone/fax number) of the doctor who filled in the MAF form and of the doctor who is currently providing medical care to the patient, in order to facilitate complementary questions about the current health status.

In order to make further inquiries the Netherlands will appreciate if the RRF is based on the latest information and is completed with the telephone number and/or email address of the handling Resettlement Officer of the UNHCR Field Office. In a situation where the IND contacts the Field Officer, the IND will keep UNHCR Headquarters informed.

5.2 Decision-making

The conclusion regarding individual resettlement requests will be communicated to UNHCR Headquarters. The conclusion is not subject to appeal.

6. Submissions and Processing via In Country Selection

6.1 Selection mission policies

As per 1 January 2005 it has become standard practice to fill the main part of the quota by means of missions to countries of asylum. An average of 4 selection missions per year is foreseen. The destinations of the selection missions are determined in co-operation with UNHCR. The Netherlands is also willing to resettle from the UNHCR Emergency Transit Centre in Timisoara, Romania. For each selection mission, the delegation is composed of representatives of the [Immigration and Naturalization Service](#) (IND), including a medical doctor and the Netherlands Agency for the Reception of Asylum-Seekers (COA). The IND is authorised to decide on individual submissions; if need be, the Ministry of Foreign Affairs (MFA) advises the IND. The IND decides after having received the advice of the MFA, the medical doctor and COA, on the submissions by UNHCR. The conclusion is not subject to appeal. At the end of a mission, the head of the delegation reports the results to the local UNHCR representative. UNHCR will communicate the conclusions to the refugees concerned.

The delegation’s medical doctor checks every person interviewed during the mission. The results of the examination do not influence the conclusion on the selection. The
examination is only for the benefit of the refugee in order to receive adequate care upon arrival in the Netherlands, to see whether measures in regard to the flight conditions are necessary, and to determine if a medical case (a.k.a. TOM) is at hand.

6.2 Documentation, priorities and decision-making process

The selection interviews are prepared in the office of the IND on the basis of the RRFs. In each case information about the refugee's family is welcome.

The Netherlands urges UNHCR to include in the submissions, as much as is possible, high profile cases for each selection mission in order to reach a good balance in each selected group. The IND will ask for these cases in the pre-mission questionnaire. Human rights is one of the pillars of the Government's foreign policy. Protection via the 1951 Convention is a valuable instrument in protecting those who are outside their country because they dared to stand up for human rights and whose role in society in their country of origin has put them in danger. Those among them who are under protection of UNHCR and who meet the criteria for resettlement are very welcome in the Netherlands. It is foreseen that these resettlement candidates can play a key role among the more vulnerable members of a resettled group, helping them to find their way in the Netherlands.

UNHCR is therefore encouraged to include refugees with a high profile for submission to the Netherlands. Strictly speaking, these may not always be high profile cases as defined by UNHCR. Submissions might for example include (besides journalists and leaders of political movements) persons with an academic background who have played an active role in the strengthening of democratic institutions and/or civil society in their country of origin, resulting in their justified fear for return.

The Netherlands wishes to underline that vulnerable cases are still welcome for submission to the Netherlands. UNHCR is encouraged to submit a well balanced caseload consisting of both categories A and C of the Dutch Aliens Act as referred to above under section 2.

7. Emergency Cases/Urgent Cases

The Netherlands has no special routing of submissions for emergency and/or urgent cases. These cases follow the regular procedure as outlined under section 5 (dossier selection). The processing time will be as short as possible.

A medical emergency case (immediately life threatening conditions that should be treated within 4 weeks) is forwarded for advise to the medical unit of the IND. If the UNHCR dossier information is sufficient (see also under section 5) to make a conclusive assessment, the medical advisor can handle the case in a one week period. The advise is sent back to the IND, that decides on the case based upon the refugee claim and both medical and non-medical arguments.

8. Special Categories/Special Needs

The Netherlands only applies a sub-quota for medical cases. Please refer to sections 3 and 9 for more details. With regard to emergency resettlement procedures/dossier referrals and cases of unaccompanied children the Netherlands applies a maximum number for reasons of practicability.

9. Medical Requirements

9.1 Screening procedures and treatment

Individuals submitted as Medical Cases are assessed by the medical unit of the IND according to the criteria mentioned under section 3. All other individuals submitted on non-medical grounds undergo a medical check to document their health status.
During the medical check, special attention is paid to heart and lung conditions and to contagious diseases like active pulmonary tuberculosis (TB). According to the outcome of the medical check recommendations for further analysis may be done, in indicated cases, for instance to rule out an active pulmonary TB before travelling to the Netherlands. The same procedure will apply for indicated cases with regard to a (pre-departure) fit-to-fly assessment.

Medical follow-up, treatment or counseling will preferably be conducted in the Netherlands, except in determined cases of an active pulmonary TB and in emergency conditions.

9.2 Health criteria and exclusion factors

There are no exclusion factors concerning particular diseases.

10. Orientation (pre-departure)

Persons accepted for resettlement will be offered Cultural Orientation (CO) training prior to their departure. The CO is provided by the Netherlands Agency for the Reception of Asylum Seekers (COA).

With regard to resettlement under the national quota this concerns three trainings.

Each training has a duration of 3.5 days and the main goals are to start with Dutch language training and to improve the self-sufficiency of the refugees. COA is in close contact with the Dutch municipalities regarding the offering of suitable housing facilities and further support, both in case of group arrivals and in case of individual arrivals.

For dossier cases a tailor made Skype training is delivered by COA, with facilitation from UNHCR.

Furthermore, with regard to resettlement in relation to European migration agreements, the number and duration of CO trainings may vary.

11. Travel

As soon as the refugees have been accepted for resettlement in the Netherlands, travel and housing arrangements are made, in order to transfer them to the Netherlands within six months after the actual conclusion on resettlement.

Travel agreements are made between COA and IOM the Netherlands and include (if needed) a Pre Medical Departure Check (PMDC). Travel expenses, the costs of visas and, where necessary, laissez-passers, are covered by the Government of the Netherlands.

12. Status on Arrival and the Path to Citizenship

As mentioned above, resettled refugees must fill in an application form for asylum upon arrival in the Netherlands.

After arriving in the Netherlands, the refugees resettled under the national quota will stay no longer than 48 hours in an airport facility for the processing of the necessary formalities (the application and a medical examination, which consists of a medical screening and a check for TB). The IND will hand out the positive decisions and the temporary residence permits. Refugees will then be transferred to the municipality that is responsible for their reception.

The process for resettled refugees in relation to European migration agreements may vary dependent upon the respective agreement, and if applicable- standard operational procedures. In case of the (fast track) resettlement out of Turkey, after arriving in the Netherlands, the refugees will stay in a reception center; where afore mentioned formalities are processed, until they can be transferred to the municipality.
The temporary residence permit for asylum is valid for 5 years. After 5 years, holders of a temporary residence permit can apply for a permanent residence permit, which is granted provided the circumstances in the country of origin and in the personal situation have not changed. Holders of a temporary residence permit for asylum in the Netherlands have the same access to health care, social security and to the labour market as Dutch citizens. As is the case for all holders of a permit for asylum, refugees may apply for a Convention Travel Document, issued by the Ministry of Foreign Affairs to travel outside the Netherlands.

13. Domestic Settlement and Community Services

13.1 Overview of Services
Refugees are accommodated in houses provided by local authorities. There are no legal restrictions on freedom of movement within the country but the choice for domicile is not up to the asylum seeker: social housing will only be offered in one municipality.

13.2 Employment and language training
Refugees are allowed to work from the day of arrival. In practice, finding employment is difficult without knowledge of the Dutch language. All refugees must follow an introduction course, consisting of Dutch language classes and basic knowledge about the Netherlands. Local authorities will make offers towards the refugees for an introduction programme on which the refugee formally needs to decide. These programs provide Dutch language lessons, focussing on a minimum level of proficiency in the Dutch language (i.e. the level needed for unskilled or semi-skilled jobs), followed by vocational courses or participation in mainstream education. In most cases, local language training institutes provide the linguistic training. Since 2013 refugees have to pay for these courses. Loans will be available and at the moment the refugees pass the formal exam the loan will be turned into a gift. If the refugee does not pass the program the loan needs to be paid back (in terms).

13.3 Education and employment-related training
Education is compulsory for all children up to the age of 16. These children are enrolled in local schools and start school soon after arrival. Educational qualifications obtained by the refugees in their country of origin/asylum are assessed in the light of the standards that apply in the Netherlands. Sometimes a refugee will have to take an additional course or gain some practical work experience in order to have his/her qualifications recognized. This applies not only to refugees but to all foreigners who settle in the Netherlands.

13.4 Financial support
Until refugees find employment, they are entitled to social security allowance. Just like Dutch nationals, refugees have to use this monthly allowance to pay for the rent of the house, medical care, third party insurance, clothing, food, gas, electricity, water, etc. The municipalities will arrange for the obligatory health insurance.

13.5 Health
In principle, all refugees undergo a medical examination within two days after arrival in the Netherlands (see above section 12). During the follow-up phase at the municipal level (or in case of resettled refugees under the EU-Turkey Declaration in the reception center) refugees are provided with a comprehensive programme of preventive health care which includes health education, an extended immunisation programme and information about mother and child health care.
13.6 Reception and support
Several NGO's play an important role in the reception of refugees in the Netherlands. They advise local authorities and institutions and, perhaps more importantly, recruit and supervise professionals and Dutch volunteers who assist resettled refugees with reception and integration in the Netherlands. The Dutch Refugee Council and the Foundation for Refugee Students are important players. The Dutch Refugee Council, which also provides the Dutch public with information about refugees, receives financial assistance from the Government. In addition, refugees from various countries have organized their own voluntary associations, which hold meetings, publish magazines and provide advice. These associations, some of which are subsidized by the Government, can intercede with the Dutch authorities on the refugees' behalf.

14. Family Reunification of Refugees

14.1 Rights and restrictions to family reunification
Family members of a person who has been granted asylum can apply for family reunification within three months upon arrival in the Netherlands or upon the date the residence permit is granted.

The family members must actually belong to the family unit and this applies only to spouses and minor children under 18 and the family ties already existed abroad. Family reunification with non-marital partners, parents or adult children is also possible, but only if they are dependants of the person who was granted asylum. It is vital to list these family members in the documentation/files submitted to UNHCR. Relationships need to be proven either with documentary evidence of DNA-examination (children).

In 2008, and as a measure to prevent misuse of the limited places in the quota, it was decided that family reunification within the resettlement programme was limited to family members who were known at the moment of selection. In the case of a so far unmentioned and for the IND unknown family member, family reunion might still be possible if all doubts about the identity and family life are taken away and no indication of fraud is involved.

14.2 Other immigration channels available for family reunification
After three months, it is still possible to apply for family reunification but not within the resettlement program. After that period, the regular Dutch criteria for family reunification are applicable. This means that certain income criteria will have to be met. Practice shows that these are difficult to meet for most newly arrived refugees.

For example, to meet the criteria for income the person who was granted asylum must have sufficient and stable means of support, i.e. hold a contract for at least a year and have an income that equals 100% of the standard allowance for social security for married people. An application for family reunification must be submitted with an Embassy of the Netherlands or can be introduced by the sponsor with the Immigration and Naturalization Service in the Netherlands.

15. References/Resources