POLICY PACKAGE | VERSION 1.2

Governance, Safeguarding & Website Policies

Responsible lead: Board of Directors | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

International Dreams for Human Rights, Inc.

Doing business as Human Rights Vision Group (HRVG)
Michigan, United States | International programs
Website: https://hrvgroup.org

Our commitment

Every person who comes to HRVG deserves dignity, care and honest treatment. These policies explain how we protect people, make responsible decisions and look after the resources entrusted to us. They cover the advocacy, education, humanitarian work, volunteering, recruitment, fundraising and partnerships described on our website.

About this draft

Prepared October 6, 2026, for Board review. These are proposed commitments, not a statement that every procedure is already in place. Board approval and practical implementation are still required. The package does not confer UN endorsement, certification or a funder rating.

Before we adopt and publish

We need to confirm our legal details, operating countries, data practices, reporting contacts and policy leads. The Board must approve the resources and procedures needed to carry out these commitments. Where local law or international work requires it, we will seek qualified advice. Our public policies must describe what we actually do.

Document and signature details

Document reference: HRVG-POL-20261006-001
Responsible person: Dr. Josephine Stegeman
President & Global Executive Director
Document date: October 6, 2026
Signed date: October 6, 2026
Board approval: pending; effective date to follow Board adoption
Next policy review: October 6, 2027, or sooner if needed



Dr. Josephine Stegeman | Signed October 6, 2026

NAVIGATION

Contents & How to Use These Policies

Responsible lead: Board Secretary | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Core policies

03 Governance and conflicts of interest
04 Code of conduct and ethical engagement
05 Safeguarding children and adults at risk
06 Protection from sexual exploitation and abuse (PSEA)
07 Complaints, whistleblowing and non-retaliation
08 Financial stewardship, donations and fraud prevention
09 Procurement and partner due diligence
10 Equality, accessibility and community accountability
11 Privacy and data security - internal controls
12 Records retention and legal holds
13 Ethical communications, research and impact reporting

Website policies

14 Website privacy notice - proposed public text
15 Cookies and digital tracking
16 Website terms of use and donation terms

Implementation and evidence

17 Reporting and response procedure
18 UN PSEA assessment evidence checklist
19 Adoption plan and board resolution
20 Required confirmations and publication checklist
21 References and policy acknowledgment

Who these policies cover

Once approved, these policies apply to our directors, officers, employees, volunteers, interns and consultants. Relevant requirements must also appear in partner and supplier agreements. Country teams must adapt procedures to local needs while maintaining these protections. Applicable law and binding award conditions take priority. If requirements conflict, management must seek Board and qualified advice, record the decision and preserve the strongest lawful protection.

Putting the policies into practice

The roles, deadlines and procedures in this draft are proposed commitments. One person may hold several roles in a small organization, but must never investigate their own conduct or approve or review their own transactions. An independent Board member or qualified outside professional must handle those matters.

Governance & Conflicts of Interest

Responsible lead: Board Chair and Board Secretary | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Who makes decisions

Our Board is responsible for HRVG's direction and accountability. It approves strategy, annual budgets, major commitments, executive pay and risk controls. At least quarterly, it reviews finances, safeguarding and program risks, records its decisions and follows up on agreed actions. A written delegation schedule sets out what management may approve. Claims about Board independence must be supported by current records.

Being open about conflicts

Directors, officers and key personnel must disclose interests when they join, every year and whenever something changes. This includes family relationships, business interests, outside roles and gifts that could affect, or appear to affect, a decision. The person may explain the facts, but must then leave the discussion and vote. They must not influence the decision behind the scenes.

Making a fair decision

Directors without a conflict decide whether the proposed arrangement is fair, supports our mission and serves HRVG's interests. They consider reasonable alternatives and record the evidence, who attended, who stepped aside and how the vote went. If too few independent decision-makers remain, the Board must follow the bylaws and seek advice before proceeding. Disclosure alone does not authorize a transaction.

Pay and purchases involving connected people

Executive pay must be approved by people without a conflict, using comparable pay information and minutes recorded at the time. HRVG prohibits excess benefits and use of its assets for private advantage. Purchases involving relatives or connected businesses need the same independent review and evidence of a fair price. Emergency exceptions must be explained and independently ratified.

Keeping the process honest

The Secretary maintains a restricted register of interests, annual declarations and unresolved concerns. Suspected concealment requires an independent review and appropriate disciplinary action. Public statements about audits, tax status and governance must match current records. [R4-R5]

Code of Conduct & Ethical Engagement

Responsible lead: Executive Director; Board Chair for executive concerns | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

How we treat people

Everyone representing HRVG must act honestly, respectfully and within their authority. We do not tolerate discrimination, harassment, intimidation, abusive language, coercion or misuse of power. We respect communities' choices, including the choice not to take part, and protect confidential information and organizational property.

Clear boundaries

• No one may ask for money, favors, political support, sex or personal services in return for assistance, employment, grants or opportunities.

• Expenses, qualifications, attendance, grant applications, partner relationships, beneficiary numbers and impact reports must be truthful.

• Gifts must never buy influence. Record gifts beyond a token value and seek independent approval. Decline cash, cash equivalents and gifts offered during purchasing or grant decisions.

• HRVG resources must not be used for personal gain, unlawful activity or partisan candidate support. Advocacy and lobbying need authorized oversight and must follow applicable charity restrictions.

Working relationships

Do not exploit authority over people receiving assistance, applicants or colleagues. Disclose personal relationships that could affect supervision or awards so another person can make the decision. Use approved communication channels and behave respectfully online. Private case details must never be posted on social media.

Speaking up

Report suspected misconduct promptly through an approved route. You do not need proof before raising a concern. Preserve relevant records and cooperate with a lawful review, but do not begin your own unauthorized investigation or promise complete confidentiality. A good-faith report is protected even if it cannot be substantiated. Deliberately fabricated allegations may lead to disciplinary action.

Putting the code into practice

Personnel must receive induction, sign an acknowledgment and complete annual refresher training. Breaches may lead to coaching, reassignment, suspension, dismissal, contract remedies or referral to authorities, with lawful and fair process. Leaders must respond to concerns and maintain a safe working environment.

Safeguarding Children & Adults at Risk

Responsible lead: Designated Safeguarding Lead; independent Board alternate | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Safety comes first

For this policy, a child is anyone under 18. Some adults face greater risks because of disability, dependence, crisis or other circumstances. We must protect people from physical, emotional and sexual abuse, neglect, exploitation, trafficking and online harm. Before direct-contact activities, travel, recruitment or new programs, the responsible lead must assess safeguarding risks.

Safe contact and supervision

Activities must suit the person's age and needs, with safe transport, appropriate supervision and clear rules about access. Avoid isolated, unobservable one-to-one contact with children. Use two authorized adults or an observable setting where feasible; assess and record any necessary exception. Physical punishment, humiliation and sexualized communication are prohibited. A child must never have to agree to publicity to receive support.

Choosing people carefully

Before someone works with people at risk, check their identity, relevant qualifications and references, ask safeguarding questions and carry out lawful screening suited to the role. Explain conduct boundaries and reporting duties before contact begins. These checks apply to volunteers and partners as well as employees. A background check does not replace supervision; new concerns require a review of the person's assignment.

When someone tells us they have been harmed

Listen calmly, without blame or leading questions. Record only necessary facts and the person's own words. Do not ask them to confront the alleged offender. Address immediate safety and offer appropriate health, psychosocial or protection referrals. Explain what information may need to be shared and seek informed consent where appropriate. For children, put their best interests first and do not involve a guardian who may be unsafe.

Reporting without delay

An internal report does not replace a legal duty to contact authorities. In Michigan, covered mandated reporters must report suspected child abuse or neglect immediately; a telephone report must be followed by a written report within 72 hours. Confirm the process with MDHHS. Each country team must keep verified local reporting and referral contacts. A legally required report must never wait for a manager's approval. [R6]

Learning and oversight

Keep case information restricted, record protection decisions and review risks after serious incidents. Share oversight information with the Board without identifying people unnecessarily. Country-specific procedures and referral arrangements must be approved before programs begin.

Protection from Sexual Exploitation & Abuse

Responsible lead: PSEA Focal Point; Board Safeguarding Sponsor | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Our commitment

When this policy is adopted, HRVG accepts the conduct standards in section 3 of UN Secretary-General Bulletin ST/SGB/2003/13. We will prevent abuse, support reporting, arrange appropriate investigations and act on findings. Sexual exploitation means using vulnerability, unequal power or trust for sexual purposes. Sexual abuse includes actual or threatened sexual intrusion through force or unequal or coercive conditions. [R1]

Rules everyone must follow

• Sexual exploitation and abuse are serious misconduct and may lead to dismissal, with applicable law and fair process.

• Sexual activity with anyone under 18 is prohibited. Mistaken belief about age is not a defense, and HRVG makes no marriage exception.

• No one may exchange money, jobs, aid, goods or services for sex or sexual favors, including humiliating or degrading sexual conduct.

• Personnel must not have sexual relationships with people receiving assistance where they can influence that assistance or access to services. Using a position of power for sexual purposes is prohibited.

• Personnel must promptly report concerns involving colleagues or other aid workers through an authorized route.

• Managers must prevent abuse and make it safe to speak up. Ignoring a concern is itself a serious matter.

Preventing harm

Personnel must complete induction before contact with people receiving assistance and refresher training every year. Completion must be recorded. Recruitment checks must be lawful and suited to the role. Partner and subcontractor agreements must require prevention, training, safe reporting, cooperation with investigations and corrective action. HRVG must budget for survivor support and qualified investigators.

Responding with care

We accept anonymous reports and reports from someone acting for another person. Reporting must be accessible in relevant languages and formats. Offer referrals with appropriate consent; support must not depend on cooperating with an investigation or on its outcome. Investigators must be trained and impartial, protect evidence and treat everyone fairly. Findings require prompt action. Notify UN partners or donors within agreement deadlines, sharing only necessary details. Protecting HRVG's reputation is never a reason to hide an allegation.

Showing that we follow through

Keep signed commitments, training records, referral arrangements, access to investigators and records of corrective action. The checklist on page 18 helps organize this evidence; the policy itself does not establish a UN score. [R2-R3]

Complaints, Whistleblowing & Non-Retaliation

Responsible lead: Complaints Lead; independent Board alternate | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Everyone has a right to be heard

People receiving services, community members, donors, applicants, personnel, partners and the public may raise concerns about our work or conduct. There is no fee, no need for unnecessary identity documents and no requirement to prove wrongdoing before reporting. Accept anonymous reports where feasible and explain when anonymity limits our ability to follow up.

A safe route to report

HRVG must provide monitored email or a secure form, a phone or in-person route, and an independent Board or external contact. Details must be tested, accessible and available in relevant languages. Anyone named in a complaint must not receive, investigate or decide it. Concerns about the Executive Director go to a Board contact without a conflict; concerns about the Board need an independent route.

What happens next

Acknowledge ordinary complaints within three working days and assess them within five. Act on immediate danger and safeguarding concerns without delay. Aim to resolve ordinary complaints within 30 calendar days. If we need longer, explain why and give a date for the next update, while protecting private information. Legal and donor deadlines take priority.

Protection and fairness

No one may threaten, dismiss, exclude from assistance, give an adverse reference to or otherwise punish someone for reporting in good faith or helping a review. Offer temporary safety measures and check for retaliation. Share information only with people who need it, explaining legal reporting duties and the limits of confidentiality. People accused of wrongdoing must have a fair chance to respond through an impartial process.

Reviewing decisions and improving

Offer a review by someone who was not involved in the first decision. Requests should normally be made within 30 days of notification, with flexibility where barriers prevented an earlier request. Keep a minimal case log and report patterns to the Board quarterly without unnecessary identifying details. No complainant may be asked to give up lawful reporting rights.

Before this policy goes public

The independent reporting contact still needs to be supplied and tested. A general website email or phone number is not a substitute for a verified confidential route.

Financial Stewardship, Donations & Fraud Prevention

Responsible lead: Finance Lead; Treasurer or unconflicted Board reviewer | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Using funds as promised

We must use Board-approved budgets and keep separate records for each fund. Record donor restrictions when money arrives and spend it only for the agreed purpose. Obtain written permission for material changes where required. Keep a grant register showing awards, balances, conditions, deadlines and reporting duties.

Checking payments

Where possible, different people request, approve, pay and reconcile transactions. No one may approve their own expenses. Payments need independent approval. New or changed bank details must be checked independently through a trusted contact method. If staffing is limited, a Board reviewer without a conflict must check bank activity and reconciliations every month. Bank access and spending authority must be clearly limited.

Keeping reliable accounts

Keep receipts, contracts, invoices and proof of delivery. Reconcile bank and restricted-fund balances monthly and report budget comparisons to the Board quarterly. Use receipts, two-person counts and prompt deposits for cash. Check payroll and consultant charges for authorization and accuracy. Arrange audits or reviews when required by law, an award or Board-approved risk thresholds.

Respecting donors

Appeals must be truthful about intended uses and restrictions, without pressure, misleading urgency or promised outcomes we cannot support. Respect communication and recognition preferences. Do not sell or rent donor contact information. Necessary sharing with providers, authorities or authorized partners needs safeguards and accurate disclosures. Do not promise that every gift is tax-deductible; that depends on law and the donor's circumstances.

Preventing fraud and bribery

Bribes, kickbacks, false invoices, theft, diversion and facilitation payments are prohibited. Escalate and record coercion or immediate threats to safety without treating a payment as authorized misconduct. Check suspicious donations and transactions in proportion to their risk. Preserve evidence, restrict compromised access and appoint an independent reviewer. Notify authorities and funders when required and pursue lawful recovery without endangering people.

Accepting and returning gifts

Review conditions attached to donations. Decline or return gifts when unlawful, discriminatory or inconsistent with our mission, as appropriate. Promptly investigate duplicate, mistaken or unauthorized payments with the processor and follow law and award terms. Confirm the actual refund process before promising a fixed entitlement.

Procurement & Partner Due Diligence

Responsible lead: Operations Lead; Finance Lead and program owner | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Buying what our work needs

Before a purchase, define the need, budget, selection criteria and approval authority. Seek competition suited to the value and risk, compare total cost and quality, and keep selection records. Never split purchases to avoid a threshold. The Board must approve a threshold schedule before adoption; stricter funder rules take priority.

Exceptions need an explanation

For an emergency or sole-source purchase, record why competition was impractical, how the price was checked and who approved it without a conflict. Review emergency purchases promptly afterward. Vendors must disclose conflicts and affected people must step aside. Check delivery and agreed milestones before payment, and independently verify changed bank details.

Knowing our partners

Before an award or partnership, verify the organization's identity, leadership, bank details, ability to deliver, references, financial controls, safeguarding and reputation. Use reliable evidence. Higher-risk locations, sensitive work, subgrants and larger transfers need closer checks. Record risks and how they will be managed. A logo, website statement or registration alone is not enough.

Sanctions and humanitarian access

Identify applicable U.S., UN, host-country and award requirements. Check relevant organizations, ownership and transactions before commitment, with further checks when risks change. Resolve possible matches before proceeding. Consider lawful exemptions and general or specific licenses. Screening must not indiscriminately exclude vulnerable communities. Seek specialist advice when a transaction is unclear. [R7]

Clear agreements

Agreements must set out scope, budget, outputs, reporting, permitted uses, audit access, privacy, safeguarding and PSEA duties, complaints routes and requirements passed to subcontractors. Include incident deadlines, investigation cooperation, remedies, termination and retention. Serious misconduct, including SEA, must lead to appropriate corrective action while protecting survivors' rights.

Following through

Use milestone payments where appropriate, check results and document reviews or visits. Track exceptions and corrective actions. Suspend unsafe or unsupported activity and investigate concerns. Close awards with financial reconciliation and complete records. If a partnership ends, plan for safe continuity of support to communities.

Equality, Accessibility & Community Accountability

Responsible lead: Program Lead and HR/Volunteer Lead | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Dignity and fair access

We must provide services and opportunities without unlawful discrimination based on race, color, ethnicity, nationality, religion, sex, sexual orientation, gender identity, disability, age or other protected status. Eligibility must be clear and related to our mission. Targeted programs may prioritize documented needs while respecting law and human dignity.

Making participation possible

Ask people about language, disability, literacy, transport and digital barriers. Provide reasonable accommodations, accessible venues and alternatives to online applications or reports. Website content should support keyboard use, clear labels and readable documents. When a barrier cannot immediately be removed, explain the limit and work toward a practical alternative.

Listening to communities

Involve communities in design, selection and evaluation, including people whose voices are often missed. Explain available support, eligibility, limits and timelines in language people understand. Assistance must never depend on political affiliation, religious conversion, publicity consent, a donation or a personal relationship.

Avoiding harm

Before activities begin, assess safety, protection, environmental and social risks. Make decisions based on need and protect details, including locations, that could expose people to harm. Adjust work when risks increase. Coordinate with other services to reduce avoidable duplication and gaps.

Responding to feedback

Offer accessible and confidential complaint routes. Explain expected staff behavior and that assistance must never involve sexual or financial demands. Invite feedback during delivery, respond to concerns and tell communities what changed. Measure satisfaction and outcomes without pressure or unnecessary collection of sensitive information.

Fair treatment at work

Advertise opportunities fairly, apply consistent selection criteria and offer accommodations. Prohibit harassment and retaliation. Confirm lawful employment, volunteer or contractor arrangements with written roles, supervision and training. Review pay and progression for bias and conflicts. These commitments draw on CHS 2024 accountability practices; they do not claim certification. [R8]

Privacy & Data Security: Internal Controls

Responsible lead: Designated Privacy Lead and website administrator | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Collect only what we need

The Privacy Lead must keep an inventory of information collected through forms, donations, applications, programs, complaints, research and website tools. Record why it is needed, where it is stored, who receives it, who can access it and when it will be deleted. Avoid collecting identity documents, precise locations, health details or abuse histories through ordinary web forms. Use a secure case process when sensitive information is necessary.

Explain what happens to information

Check the laws that apply to each country and activity. At collection, explain the purpose, sharing, rights and contact route. Keep permission for publicity and optional marketing separate from access to services. Record consent or another lawful basis where required. Check safeguards for providers and international transfers before sharing.

Keep information safe

Use individual accounts, access limited to each role and multifactor authentication for privileged or sensitive systems. Keep systems updated, protect stored information and use encrypted transmission. Back up important records and test recovery. Remove access promptly when roles end and review it quarterly. Do not send unprotected sensitive files by email or collect full card details or security codes through HRVG forms. Train everyone handling information. [R9]

Choose providers carefully

Review hosting, donation, analytics, email, application and case-management providers. Contracts must cover confidentiality, allowed uses, security, deletion, breaches and subcontractors. Check actual practices as well as promises. Keep an up-to-date provider register and describe sharing accurately in public notices.

Requests and data incidents

Check identity only as much as necessary, log privacy requests and meet applicable legal deadlines. Explain lawful exceptions and any required appeal route. Report suspected loss or exposure immediately to the Privacy Lead. Contain the incident, preserve logs, assess harm and legal notice duties, and document decisions. Notify people and regulators when required; never conceal a breach or promise one universal notification deadline.

Children and international work

Before offering child-facing online services, assess children's privacy and parental-consent duties. Determine whether HIPAA, GDPR or other laws apply to the actual work and information, rather than assuming coverage from our mission. Review local duties before collecting international beneficiary or personnel information.

Records Retention & Legal Holds

Responsible lead: Records Custodian with Finance and Privacy Leads | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Our retention schedule

Before adopting this schedule, check legal duties, award conditions, insurance and the needs of our work. These periods are proposed HRVG defaults, not legal rules for every situation. Keep records longer when an obligation or hold requires it and record why. Personal information must not be kept indefinitely without a reason.

Record class	How long to keep it / when to review
Formation, bylaws, Board minutes, tax determination and adopted policy history	Permanent organizational record; redact personal data from public copies.
Finance, tax, grants, procurement and donor transaction records	7 years after filing, award closeout or transaction, as appropriate; extend for required award or legal periods.
Unsuccessful employment and volunteer applications	Review for deletion 2 years after decision, subject to employment law and documented need.
Personnel and screening records	Review 7 years after separation; use separate legally reviewed schedules for screening, medical and payroll records.
Routine inquiries and mailing lists	Review after 2 years of inactivity; honor unsubscribe promptly and retain a minimal suppression record where necessary.
Safeguarding, SEA, litigation and serious incident files	No routine destruction until counsel approves a jurisdiction-specific schedule accounting for child protection, limitation periods and ongoing risk.
Website logs, cookies and research datasets	Set short, purpose-specific periods before deployment; publish material periods accurately.

When deletion must stop

Stop deletion immediately when litigation, an investigation, an audit or a credible claim is expected, or when a hold is issued. Preserve relevant emails, messages, files and backups. Tell the people holding those records and confirm they understand. Only the authorized hold lead may release the hold, with legal advice where appropriate. When deletion is allowed, use secure methods, record completion and check outside providers. Review this schedule every year. [R5]

Ethical Communications, Research & Impact Reporting

Responsible lead: Communications Lead and Program/Research Lead | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

People come before publicity

Tell people where their story, photo or recording may appear, who may see it and what can realistically be removed later. Use language they understand and ask for voluntary, specific permission. Keep publicity consent separate from service consent. For children, obtain appropriate guardian permission and the child's assent, while putting safety first.

Tell stories with care

Consider whether identification could expose someone to stigma, violence, prosecution or exploitation. Use a pseudonym or omit details when needed and explain material anonymization. Never publish case files, medical records, precise locations or complaint details. Do not stage distress or alter testimony. Declining publicity must never affect support.

Make claims we can support

Check registrations, accreditation, partnerships, Board independence, financial ratios and audit status before publishing them. Keep dated evidence and clearly distinguish achievements, projections, goals and examples. A transparency seal does not prove impact or UN approval. Use funder or UN names and logos only with appropriate permission, without implying an endorsement.

Research with respect

Before research involving people, assess risks, obtain appropriate ethical review and explain participation and consent. Obtain formal independent review when law, funders or institutions require it. People may decline without pressure. Protect sensitive information and provide a route for concerns. Do not describe advocacy or assistance as licensed medical or legal services unless authorized.

Report results honestly

Define indicators, baselines, methods and limitations before reporting. People reached and outcomes achieved are different measures. Avoid double counting and unsupported claims that HRVG caused a result. Independently check significant numbers and financial percentages. Correct material errors promptly and notify affected funders when necessary.

Moderate fairly

Apply consistent rules to website submissions. Remove threats, hate, spam and exposed private information while allowing legitimate criticism. Clearly identify contributors' views as their own. Check permission before publishing testimonials and provide a route to request correction or removal.

Website Privacy Notice

Responsible lead: Privacy Lead | Proposed public text | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

About this notice

Drafting note: confirm actual collection, providers and sharing before publication. Effective date: [insert approved date]. International Dreams for Human Rights, Inc., DBA Human Rights Vision Group (HRVG), based in Michigan, United States, is responsible for the information it handles through hrvgroup.org and the HRVG services covered by this notice.

What you share with us

When you contact us, donate, apply, volunteer, join our communications or send feedback, we collect the information needed to handle that request. This may include contact details, application information, donation records and the content you submit. We use it to respond, run programs, assess applications, keep records, protect people and meet our obligations. We explain additional requirements before asking for sensitive information.

Using our website or making a donation

Our website and providers may use basic device, browser and access-log information to operate and protect services. Optional analytics or advertising tools must be listed in our cookie notice. An external donation provider may have its own privacy notice. Please do not send full card details, health records or safeguarding case information through an ordinary contact form.

When information is shared

We do not sell or rent personal information. We may share what is necessary with authorized personnel and contracted providers for hosting, payments, communications and administration. We may also share with partners where needed and appropriately disclosed, or when required by law or necessary to address safety, fraud or legal claims. Providers must meet appropriate confidentiality and security requirements. Names, stories and testimonials are published only with suitable permission and a safety review.

Your choices

You can contact us to request access, correction or deletion, or to withdraw optional communications or publicity consent. Some requests may be limited by law or necessary recordkeeping; we will explain those limits. We keep information only as long as needed for the stated purpose and applicable obligations, under an approved schedule. We use safeguards appropriate to risk, though no system can guarantee complete security.

Children, international processing and questions

Adults should arrange children's participation through approved program procedures. Drafting note: confirm any child-facing online collection, processing countries, transfer safeguards and country-specific rights before publication. For privacy questions, email contact@hrvgroup.org with "Privacy request" in the subject or call +1 989 385 5534. Confirm that these contacts are monitored and add the legal mailing address before launch.

Cookies & Digital Tracking

Responsible lead: Website administrator and Privacy Lead | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Before publishing this notice

Check the live site and all embedded services first. A technical cookie scan has not been completed for this draft. We must not claim the site is cookie-free or uses only essential cookies until that has been verified.

What visitors should know

We use website technologies to provide and protect our online services. Necessary tools may support security, sessions and forms. If optional tools are enabled, they may measure use or display embedded content. Our final notice must identify the tools, who provides them, their purpose and how long they last. You can manage stored information through your browser settings, although blocking necessary tools may affect the site.

Giving people a real choice

Where the law requires consent first, optional analytics, advertising and similar tracking must stay off until the visitor agrees. Offer equally accessible accept and reject choices, settings for individual categories and an easy way to withdraw consent. Continued browsing must not count as consent where the law requires more. Keep only necessary consent records and honor applicable opt-out signals.

Know what the site uses

Record each cookie or similar tool's name, provider, purpose, category, duration, processing location, first- or third-party status and consent requirement. Include videos, maps, social widgets, donation tools and application portals. Review the inventory whenever the site or a provider changes.

Details to add after verification

Technology: [verified name]
Provider: [verified organization]
Purpose and category: [plain explanation]
Duration: [actual period]
Activation: [necessary / after consent where required]
Privacy information: [provider notice link]

Check that the controls work

The website administrator must test that optional tools stay blocked until consent where required and that withdrawal works. Keep the test results. The Privacy Lead checks that the notice matches actual behavior. Clear wording must be backed by working controls.

Website Terms & Donation Terms

Responsible lead: Executive Director with legal review | Proposed public text | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Welcome to HRVG

Effective date: [insert approved date]. Our website helps people learn about our work and take part in charitable activities. Please use it lawfully and respectfully. Do not disrupt systems, seek unauthorized access, send malicious content, impersonate others or disclose someone's private information without permission. We will provide any additional program or portal terms before participation.

Information and materials

Website information is general and is not personal legal, medical or financial advice. Seek qualified advice for decisions about your situation. HRVG or its licensors own or authorize the relevant content. You may view it, share links and use materials under their stated licenses; ask permission for other uses. Third-party rights still apply. Names and logos must not be used to suggest an endorsement.

What you submit

Please provide information that is accurate to the best of your knowledge and that you have a right to share. Publishing a testimonial or story requires separate, clear permission; submitting it does not grant unlimited rights. We may moderate unlawful, abusive, misleading or privacy-infringing content under our published rules. Our privacy and cookie notices explain how information is handled.

Making a donation

Check the amount, currency, purpose and any recurring schedule before donating. We honor accepted restrictions and applicable law. Contact contact@hrvgroup.org promptly about mistakes, unauthorized payments, refunds or stopping recurring gifts. Drafting note: confirm the processor's procedures and HRVG's refund and cancellation process before publication. Tax treatment depends on law and your circumstances; a receipt does not guarantee deductibility.

External links and site availability

Other services may have their own terms and privacy notices. We work to keep information accurate and may update or correct it, but cannot promise uninterrupted access. Disclaimers and limits apply only where lawful. These terms do not remove rights or responsibilities that cannot legally be excluded.

Law, updates and contact

Michigan law governs these terms, subject to mandatory applicable law. Publish material updates with a revised date and appropriate notice. Contact contact@hrvgroup.org or +1 989 385 5534; mailing address: [confirm before publication]. Drafting note: obtain review before adding exclusive courts, arbitration or liability exclusions. Do not assume that simply browsing creates enforceable agreement to every term.

Reporting & Response Procedure

Responsible lead: Safeguarding/PSEA Lead; Complaints Lead; Board alternate | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

1. Listen and address immediate safety

Use local emergency services where appropriate when someone is in immediate danger. Accept reports through approved routes, listen without blame and do not demand proof. Record the date, essential facts, a safe way to contact the person, immediate risks and consent or another lawful basis for referrals. Keep sensitive details out of an unsecured general inbox.

2. Get the right person involved

Refer SEA and child or adult safeguarding concerns to the trained lead immediately. The proposed internal target is within 24 hours, with immediate action for danger or mandatory reporting. Fraud goes to an independent financial reviewer and data incidents to the Privacy Lead. Check for conflicts and use an alternate when needed. Promptly assess legal, protection and award notification duties.

3. Offer support and protect records

Explain available medical, psychosocial, protection and legal referrals, consent and confidentiality limits. Support does not depend on a finding. Store records securely, log access and consider temporary safety measures without treating an allegation as proven. Protect everyone involved from intimidation.

4. Arrange a fair investigation

Choose a competent, impartial investigator and put the scope, safeguards and reporting arrangements in writing. Serious SEA cases need specialist expertise. Do not ask untrained people to investigate. Coordinate with authorities when required while considering survivor safety. Keep evidence records, allow a fair response and explain the basis of findings.

5. Make decisions and act

Authorized people without a conflict review the findings, standards and lawful remedies. Record disciplinary or contract action, protection measures and notices to funders or authorities. Tell the reporter what can appropriately be shared without exposing private information. Offer independent review and track unfinished actions.

6. Follow up and learn

Check ongoing safety and retaliation risks. Give each corrective action an owner and deadline. Keep records under the retention schedule or legal hold. Report serious risks and patterns to the Board without unnecessary identifiers, and update training and controls. A serious concern must not be closed simply because a reporter withdraws or the allegation is uncomfortable for HRVG.

UN PSEA Assessment Readiness

Responsible lead: Board Safeguarding Sponsor and PSEA Focal Point | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

How to use this checklist

The UN partner PSEA framework looks at eight core standards. To prepare, we need evidence that our commitments work in practice. This checklist helps HRVG gather that evidence; it is not an official assessment or rating. Use the agency's current tool to check applicability, scoring and corrective-action rules. The assessor decides whether the evidence meets the requirements. [R2-R3]

Core standard	Evidence HRVG should assemble
1. Organizational policy	Approved PSEA policy; written acceptance of UN conduct standards; signed acknowledgments and dissemination process.
2. Organizational management	Partner/subcontractor clauses requiring prevention and response; flow-down and monitoring records, or documented applicability.
3. Human resources systems	Lawful vetting, references, recruitment safeguards, declarations and response to past misconduct concerns.
4. Mandatory training	Induction and refresher materials, attendance/completion logs, coverage of all personnel and understanding checks.
5. Reporting	Tested safe, accessible community and personnel channels; independent escalation; confidential case-handling procedure.
6. Assistance and referrals	Verified local referral directory, consent procedure, support arrangements and resources for survivor assistance.
7. Investigations	Qualified internal or external investigator access; procedure, conflict checks, confidentiality and fair-process controls.
8. Corrective action	Documented responses and remediation where relevant; accountability and tracking of implemented corrective measures.

Keeping evidence together

For each standard, record the evidence title and date, who is responsible, where it is kept, what is working, any gaps, the action needed and its due date. Record independent checks too. A standard is not met simply because it appears in this PDF. Confirm any "not applicable" answer with the UN agency. This package assigns no current HRVG rating.

Board Adoption & Implementation

Responsible lead: Board Chair and Executive Director | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Before the approval meeting

Confirm legal identity and Board authority. Complete page 20, appoint policy leads and an independent complaints contact, and test reporting routes. Approve spending limits and resources for safeguarding and investigations. Check funder requirements and evidence for website claims.

The first 30 days

Share policies, collect acknowledgments and conflict disclosures, and provide safeguarding/PSEA induction. Establish secure records, test reporting routes and verify referrals. Complete the data and cookie inventory and provider review before publishing accurate, dated notices with verified contacts.

Days 60-90

Update agreements, complete risk-based partner checks, test financial and data-access controls, and close training gaps. Use the current official tool for a documented PSEA self-assessment. Independently review evidence before submitting it and describe remaining gaps honestly.

Regular checks

Quarterly, review incidents, finances, conflicts, partner risks and corrective actions. Annually, refresh training and declarations, review policies, test reporting and security, and verify public claims. Review sooner after serious incidents or changes in law or operations.

Proposed Board resolution

"Resolved: The Board of International Dreams for Human Rights, Inc., DBA Human Rights Vision Group, approves the final policy version identified below, with the recorded amendments. Management is directed to put the policies into practice, appoint responsible leads, provide the necessary resources and report gaps and serious risks to the Board. This approval does not confer UN certification or complete a funder assessment."

Executive sign-off and Board record

Reference: HRVG-POL-20261006-001 | Version 1.2
Responsible person: Dr. Josephine Stegeman
Document and signed date: October 6, 2026
Executive responsibility is recorded below; Board adoption is pending.
Board date / quorum / vote: _____
Board Chair and Secretary approval: _____
Effective date after adoption: _____



Dr. Josephine Stegeman | Signed October 6, 2026

Finalize Before Publication

Responsible lead: Board Secretary and policy owners | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

Our legal and organizational details

Check the registered legal name and DBA, entity status, mailing address, operating countries, Board membership and bylaws. The website describes work in Michigan and internationally, including Kenya. Registration and permission to operate in Kenya or other countries still need to be verified.

Responsible people and safe contacts

Name the Board Chair, Executive Director, Treasurer, Privacy Lead, Complaints Lead, Safeguarding/PSEA Lead and independent alternate. Test a reporting route that bypasses anyone named in a concern. Confirm secure case storage, monitoring hours and emergency instructions. The website email and phone are publicly listed, but their privacy and response arrangements still need checking.

How the website handles information

Confirm hosting, payment, email, forms, analytics, cookies, storage countries, retention and sharing. Check whether children use online services or whether health or abuse information is collected. Add any required local rights and transfer information. Review linked portals separately because they may handle information differently.

Financial and day-to-day procedures

Approve spending authority, purchasing thresholds, refund and recurring-gift processes, gift acceptance rules and retention exceptions. Record who requests, approves, pays and checks transactions, including any independent review needed when staffing is limited. Verify tax, registration, accreditation, audit and financial claims before publishing them.

Making safeguarding work

Check lawful recruitment screening, training completion, local reporting duties, survivor referral services and access to qualified investigators. Confirm funder incident deadlines. Translate community-facing information and test whether the intended users can safely access reporting routes.

Final checks

• Complete dates, addresses and responsible contacts, and remove drafting instructions from public notices.

• Record Board approval and evidence that procedures are in use. Keep the official final copy and a history of changes.

• Make the donor privacy promise accurate: explain necessary provider sharing instead of promising that information is never shared.

• Publish public policies and give internal procedures to the people who need them. Keep case records and personal declarations protected.

• Check the policies and evidence against each funder's actual requirements. Do not invent or publish a "UN score".

Sources & Personnel Acknowledgment

Responsible lead: Board Secretary | Review: yearly and after a serious incident

Overall responsibility: Dr. Josephine Stegeman | Document and signed date: October 6, 2026

About these sources

These sources were consulted on October 6, 2026. They helped shape this draft, but requirements vary by agency, award and country. The policies are proposed HRVG rules, not copies of an official UN policy. Information from our website provides context and still needs supporting records.

R1. UN Secretary-General, ST/SGB/2003/13, Special measures for protection from sexual exploitation and sexual abuse

R2. UN Partner Portal, Interagency PSEA IP Protocol Resource Package for Partners

R3. IASC, PSEA Core Indicators Guidance Note, second edition (2024)

R4. IRS, Form 1023: purpose of conflict of interest policy

R5. IRS, Instructions for Form 990 (2025), Part VI governance

R6. Michigan MDHHS, Mandated Reporters Are Required by Law to Report

R7. U.S. Treasury OFAC, humanitarian assistance licensing FAQ 59

R8. Core Humanitarian Standard (2024), Nine commitments

R9. FTC, Protecting Personal Information: A Guide for Business

Context. HRVG homepage, programs and transparency pages

Personnel acknowledgment

I have received and read the approved HRVG policies, understand the conduct and reporting requirements, and agree to comply with them. I will seek clarification when needed and report concerns through an approved route. This acknowledgment does not waive lawful rights or replace training.

Name / role: _____
Approved policy version: _____
Signature / date: _____
Training completion reference: _____