Project-Framing Questions

Ending Harassment

Ending Harassment – Evidence into Action is an international, independent Governance project addressing sexual harassment, sexual exploitation, acid violence, institutional abuse and abuse of authority. Its scope encompasses NGOs, educational institutions, public bodies, employers and other institutions globally.

The project brings evidence, institutional responsibilities and proposed improvements into a central framework for governance review and action. It aims to examine how organisations prevent harm, respond to concerns, protect survivors and demonstrate accountability across countries and institutional settings.

Through the PHC Service, the project intends to record concerns, assess the quality and limitations of evidence, distinguish allegations from substantiated findings, identify weaknesses in safeguards and track corrective actions against defined responsibilities and review dates.

The intended operating model is subscription-funded, supporting independent research, structured review, monitoring and reporting. Subscription arrangements will need transparent terms and safeguards for independence and conflicts of interest. Payment will not confer a favourable assessment or influence findings.

Survivor dignity, confidentiality, informed participation, safeguarding and procedural fairness will guide the work. The programme and subscription arrangements are in development; the project makes no claim of existing subscribers or verified outcomes.

BUSINESS INFORMATION

BIQ01 - What is the official name of the governance, regulatory or monitoring project, which body sponsors or hosts it, and who is the accountable contact?

The public project name is Ending Harassment – Evidence into Action, PHC project P533, in the Governance category. The agreed direction is an international, independent project with a subscription-funded operating model. The legal operating or hosting body, accountable lead and authorised contact details have not been supplied and must be recorded before contracts or subscriptions are accepted. PHC is the intended governance service; its use does not establish legal sponsorship. In these answers, proposed arrangements are recommendations for adoption, not claims of existing controls, subscribers, partnerships or verified results.

BIQ02 - What public-interest, regulatory or oversight problem is the project intended to address?

The project addresses the gap between institutional commitments to prevent harm and evidence that safeguards operate effectively. Its focus covers sexual harassment, sexual exploitation, acid violence, institutional abuse and abuse of authority across NGOs and institutions globally. The public-interest purpose is to make evidence, responsibilities, responses and corrective actions reviewable, while protecting affected people and procedural fairness. It seeks to identify weaknesses in prevention, complaints handling, oversight and follow-through; it does not assume misconduct by any particular organisation.

BIQ03 - What mandate, legal authority, policy basis or community authorisation allows the project to monitor, regulate or coordinate activity?

The project is framed as independent monitoring, governance review and coordination, not a statutory regulator. No delegated public authority, compulsory inspection power or formal community mandate has been supplied. Proposed basis: an approved project charter, published review criteria, voluntary participation agreements and appropriately authorised use of information. Each review should state its scope, access permissions and limits. Any public-body delegation or community authorisation would require explicit documentation; project status, subscription payment or use of PHC alone confers no enforcement authority.

BIQ04 - Which sector, service or public function is within scope, and what is explicitly outside the project's authority?

Scope includes governance and safeguarding in NGOs, education, workplaces, public services and other institutions internationally, where relevant to sexual harassment, acid violence or institutional abuse. Proposed review areas are prevention, reporting, complaints handling, oversight, retaliation risk and corrective action. Outside the project's established authority are compulsory access, criminal investigation, adjudication of legal liability, statutory sanctions and direct emergency, clinical or legal services. Specialist referrals and any additional functions require explicit arrangements and suitable expertise; a governance review must not be presented as formal regulatory clearance.

BIQ05 - Which geographic area, institutions, participant groups or regulated entities will be covered at the start and over time?

The remit is international from the outset, with no country-specific starting mandate established. Initial operational coverage should be a manageable set of willing NGOs or institutions selected through readiness, relevance, safety and available expertise. Affected people, staff, community representatives and relevant specialists should inform each review. No participating institutions or regulated entities are confirmed. Expansion should depend on resources, suitable local knowledge, safe participation and lessons from early reviews, with the actual countries, sectors and exclusions published for each phase.

BIQ06 - What governance structure applies, including steering groups, public bodies, community representatives, decision rights and escalation routes?

Proposed structure: an accountable project lead, a small oversight group with independent challenge, an operations and records function, a finance custodian with separate review, and designated safeguarding and evidence-review leads. Affected-community input and specialist advice should inform decisions without exposing personal records unnecessarily. The oversight group would approve scope, standards, budgets and material publications; delegated staff would manage agreed work. Complaints about decision-makers should escalate to an unconflicted reviewer. Membership, appointments, decision rights and escalation contacts remain to be confirmed; public-body participation is not assumed.

BIQ07 - What does success look like in 6 months and 12 months in terms of compliance, transparency, service quality, public trust or risk reduction?

Proposed six-month milestones, measured from an agreed resourced start: approve the charter and operating responsibilities, establish safe information handling, define review criteria and baselines, approve subscription terms and initiate reviews within demonstrated capacity. By twelve months, aim to complete documented review and follow-up cycles, publish appropriately redacted progress and finance summaries, and obtain independent challenge of a sample of assessments. Dates, volumes and service targets need approval. Success should concern evidenced changes in practice and fair treatment, not subscriber numbers, policy publication or an assumed reduction in harm.

BIQ08 - What are the most important assumptions, constraints and external dependencies, including political, legal, technical and participation risks?

Key assumptions are willing participation, access to relevant evidence, suitable expertise and subscriptions sufficient to support a manageable programme. Constraints and dependencies include differing institutional and country contexts, access permissions, political pressure, retaliation risks, information security, translation, remote connectivity and the cost of independent review. Subscriber influence, selective disclosure and concentration of income could weaken credibility. Proposed response: maintain a risk and dependency register, assess readiness before accepting work, publish material limitations and reduce or defer activity where independence, capacity or safe participation cannot be maintained.

BIQ09 - What baseline information currently exists for rules, standards, participants, service levels, incidents, complaints, risks and funding?

The supplied materials establish the P533 identity, Governance questions and revised project direction. They do not provide a verified operational baseline for participating institutions, adopted standards, review performance, complaints, incidents, income or subscriptions. Missing records should be recorded as unknown, not zero. Proposed baseline work: inventory applicable institutional rules, current safeguards, reporting routes, open actions, evidence availability, service capacity and financial commitments. Record source, date, scope, reliability and access limits for each item, distinguishing self-reported information from independently checked evidence.

BIQ10 - What are the three most important governance decisions or control improvements required in the next 90 days?

Three proposed priorities for the next 90 days are: (1) approve the charter, accountable operating body, named decision-makers, independence rules and limits of authority; (2) approve evidence, safeguarding, confidentiality, complaints and publication controls, including a tested escalation route; (3) approve a costed initial review programme and subscription model with transparent terms, capacity limits and cash-flow triggers. Assign an owner, due date and acceptance evidence to each decision in the PHC action register. These are planning priorities, not scheduled or completed activities.

PRODUCTS AND SERVICES

PSQ01 - What regulatory, monitoring, assurance or coordination services will the project provide, and who will use each service?

Proposed services are institutional governance and safeguarding reviews for participating NGOs and institutions; evidence and action tracking for responsible officers and oversight groups; periodic monitoring and independent challenge of agreed improvements; and appropriately redacted public-interest reporting for affected communities and other stakeholders. Subscription support would fund the agreed programme and defined access or support arrangements. The project would provide monitoring and assurance within stated limits, not statutory regulation, guaranteed certification or emergency casework. Service scope, users, availability and referral arrangements remain to be approved.

PSQ02 - What rules, standards, service levels or performance indicators will be monitored, and who approves changes to them?

Proposed monitoring covers the existence and implementation of prevention policies, reporting access, fair complaints handling, safeguarding, retaliation controls, decision transparency and completion of corrective actions. Indicators should define response timeliness, overdue actions, evidence completeness and voluntary feedback, with baselines and denominators. Each review must identify the relevant institutional commitments and any separately assessed external requirements. The oversight group should approve criteria and changes after consultation and specialist input, publish versions and effective dates, and explain comparability limits. No adopted standards or regulatory compliance findings are asserted.

PSQ03 - What is the oversight cycle from registration or onboarding through monitoring, reporting, review, corrective action and follow-up?

Proposed cycle: assess eligibility, independence and safety; agree scope and participation terms; onboard authorised contacts; establish criteria and a baseline; collect and assess evidence; invite responses and resolve factual issues; issue a reviewed assessment; agree corrective actions with owners and dates; monitor progress; and close actions only against stated evidence requirements. Record disputes, limitations and unresolved risks throughout. Set review intervals according to risk and capacity. Subscription renewal should be managed separately from assessment conclusions, and withdrawal must not automatically erase an existing evidence or decision record.

PSQ04 - What evidence will be collected to assess compliance, quality, safety, fairness, delivery progress or public benefit?

Proposed evidence includes versioned policies, governance minutes, role delegations, training records, reporting procedures, anonymised complaints data, investigation-process records where authorised, action logs, institutional responses and voluntary stakeholder feedback. Financial and subscription records would support assessment of the project's own sustainability and independence. Collect only information needed for the agreed question, with source, date, provenance, permissions and reliability recorded. Test implementation rather than infer it from written policy. Personal testimony is evidence requiring careful assessment, not automatic proof of liability; missing information and conflicting accounts must remain visible.

PSQ05 - How will inspections, reviews, audits, data checks or field visits be planned, prioritised, recorded and closed?

Proposed review planning should prioritise severity of potential harm, recurring weaknesses, overdue actions, evidence gaps and readiness for safe participation. Agree a written scope, criteria, reviewers, access permissions and timetable before a document review or field visit. Record sampling choices, evidence, observations, institutional responses and limitations in a review file. Require unconflicted quality review for significant findings, assign corrective actions and verify completion before closure. Visits require explicit permission and a safety assessment; neither inspections nor audits should imply powers, qualifications or assurance levels the project does not hold.

PSQ06 - How will complaints, incidents, breaches, disputes or non-compliance be received, assessed, escalated and resolved?

Proposed process: receive concerns through a verified confidential channel; acknowledge within published service hours; assess immediate safety, scope, conflicts and information-handling needs; assign an unconflicted reviewer; gather proportionate evidence and invite a fair response; record the decision, reasons, actions and review route. Urgent risks should follow the approved safeguarding and specialist-referral procedure. Complaints about P533 or its leadership require a route independent of the subject. A complaint is not a finding, confidentiality has stated limits, and emergency response coverage is not established.

PSQ07 - What corrective actions, sanctions, incentives, support measures or referrals can the project recommend or require?

The project can propose policy changes, clearer responsibilities, staff training, safer reporting routes, independent specialist review, protection against retaliation and time-bound corrective action. Recommendations become contractual requirements only where explicitly agreed within valid participation terms; no statutory sanctioning power is established. Proposed project-level measures include pausing unsafe work or suspending subscription services for contractual breaches after fair notice and review. Recognition should reflect published evidence criteria, never payment. Referrals require suitable providers and appropriate permissions; neither legal outcomes nor specialist support can be guaranteed.

PSQ08 - How will independence, impartiality and conflict-of-interest controls be protected during monitoring and decision-making?

Proposed controls include a public independence statement, declared interests, review-specific conflict checks, documented recusals and separation of subscription sales from findings and publication approval. Assessors should not evaluate work for which they were responsible without independent challenge. Subscriber contracts should state that payment buys defined services, not favourable conclusions or suppression of evidence. Disclose material funding concentration and restrict gifts or benefits. Maintain an unconflicted complaints and appeal route, and record any attempt to influence evidence, timing or conclusions for oversight review.

PSQ09 - What assurance reviews, public reporting checks or independent challenges are needed to confirm the project is operating fairly?

Proposed assurance checks include peer review of significant assessments, sampled source and action-closure checks, safeguarding and information-access reviews, financial reconciliations and independent examination proportionate to scale. Public reports should undergo factual, confidentiality, fairness and methodology checks, with an opportunity to respond to material adverse findings before publication. Review complaints and correction decisions for consistency. The oversight group should commission periodic unconflicted challenge of whether subscriber relationships affect decisions. Reviewer competence, scope, frequency and resources must be agreed; no external audit or assurance opinion is currently evidenced.

PSQ10 - How will lessons learned and operating experience be converted into improved rules, guidance, training or service standards?

Proposed learning cycle: record lessons after reviews, complaints, incidents and corrective actions; identify whether the cause concerns criteria, training, systems or governance; and assign a change owner. Consult affected groups and assess potential unintended effects before approving revised guidance or standards. Version changes, explain their rationale, train relevant people and check application in later reviews. Preserve earlier assessment criteria so changes do not silently alter historical findings. Use aggregate learning without exposing personal accounts, and distinguish an improved procedure from evidence that harm has reduced.

PREMISES AND EQUIPMENT

PEQ01 - Which systems are the authoritative sources for participant records, standards, monitoring results, incidents, actions, decisions, subscriptions and evidence?

Proposed authoritative records are a PHC governance register for institutions, criteria, reviews, actions and decisions; a separate restricted evidence repository for sensitive source material; and a controlled finance and subscription ledger for invoices, receipts and account status. Use shared reference identifiers and named record owners to connect records without duplicating sensitive content. Final approvals and publications should have a controlled document register. Actual PHC functions, hosting, permissions and integration suitability must be checked before designation; no live system or subscriber register has been verified.

PEQ02 - How are documents, standards, minutes, decisions, evidence files and published reports numbered, approved, revised, distributed and retained?

Proposed document control assigns a unique P533 reference, owner, version, status, approval date and review date to each standard, minute, assessment and report. Retain a change history and link decisions to supporting evidence and authorised approvals. Distribute approved copies through a controlled location, mark superseded versions and record material corrections to published reports. Apply a documented retention and disposal schedule by record type, subject to assessed obligations and preservation needs. Restricted source material should have separate access controls and must not be distributed with public report packs.

PEQ03 - What data-quality rules apply for completeness, consistency, timeliness, accuracy, source verification and correction of records?

Proposed data-quality rules require mandatory identifiers, dates, sources, evidence status, owners and review dates; consistent definitions and controlled status values; and checks for duplicates, contradictions and missing fields. Set submission and update deadlines appropriate to each record type. Verify material claims against sources and record uncertainty or disagreement explicitly. Corrections should preserve the previous entry, reason, author and approval trail rather than silently overwrite it. Periodic samples should test accuracy and timeliness; records without sufficient support must remain unverified or qualified.

PEQ04 - How will sensitive personal, institutional, commercial, security or whistleblower information be protected and access-controlled?

Proposed protections include data minimisation, separation of identifiers from review summaries, role-based access, multi-factor authentication where supported, encryption, secure transfer and access logging. Restrict whistleblower identities and sensitive testimony to specifically authorised personnel, with agreed safe contact methods. Review access regularly and remove it when roles end. Assess suppliers, hosting and cross-border handling before use, and establish incident response, retention and secure disposal procedures. Public and subscriber access must exclude restricted evidence unless specifically authorised; operational suitability of the selected systems remains to be verified.

PEQ05 - What consent, notification or lawful-basis requirements apply when collecting, storing, analysing or publishing monitoring data?

Proposed approach: before collection, document the purpose, necessary data, relevant jurisdictions, proposed processing basis, access, retention and disclosure arrangements, obtaining qualified advice where required. Give accessible notices explaining choices and confidentiality limits. Where consent is relied on, record its scope and any withdrawal arrangements; obtain separate permission for identifiable publicity or voluntary testimony. Public availability does not by itself establish permission for every reuse. Assess additional protections for children and high-risk participants. Specific legal requirements cannot be determined until locations, activities and data flows are established.

PEQ06 - What equipment and connectivity are needed for field monitoring, evidence capture, secure storage, public reporting and remote participation?

Proposed essentials are securely configured computers, protected accounts, reliable internet, approved evidence-capture and conferencing tools, encrypted storage and tested backups. Field work may require an authorised mobile device, power backup, secure offline capture and a controlled upload process. Plan accessible remote participation, translation and low-bandwidth alternatives where needed. Avoid unnecessary collection of location or device metadata that could identify participants. An inventory, security assessment and costed procurement plan should establish what is already available and what needs purchase; no equipment ownership or field capacity is confirmed.

PEQ07 - How are paper records, digital files, photos, signatures, forms and audit trails backed up and protected from loss or tampering?

Proposed controls include scheduled encrypted backups, a separately protected recovery copy, restricted administration and periodic restoration tests. Preserve original digital files with provenance and change logs; use integrity checks where appropriate and record transfers of sensitive evidence. Number necessary paper records, restrict physical access and keep a controlled scan where justified. Record signatures and approvals with a traceable link to the relevant document version. Set retention and disposal rules and preserve material subject to an authorised hold. Backup success alone is insufficient without a demonstrated ability to restore usable records.

PEQ08 - What reporting cycle is used, which dashboards or reports are produced, and who relies on each output for decisions or oversight?

Proposed rhythm: weekly internal action and risk checks, monthly operational and subscription-finance summaries, quarterly oversight review and a periodic independent challenge appropriate to scale. Outputs should include review coverage, evidence gaps, overdue actions, safeguarding issues in protected form, income and expenditure, cash runway and funding concentration. Staff use detailed records for delivery; oversight members use controlled decision packs; participating institutions receive their own assessments; public users receive redacted summaries. Define each output's owner, cut-off date and verification status. These cycles are proposed, not established reporting practice.

PEQ09 - How will public transparency be balanced with privacy, legal sensitivity, security, commercial confidentiality and due process?

Proposed publication rules favour transparency about mandate, methods, funding, interests, aggregate activity and substantiated progress while restricting identities, raw testimony, security details and justified confidential material. Assess re-identification risk even in aggregated data. An unconflicted publication approver, advised by safeguarding, evidence and relevant specialists, should document disclosure decisions and reasons for withholding information. Provide fair response opportunities and a correction route. Subscriber status should not create preferential access to protected records or permit suppression of justified reporting; sensitive disclosure questions require case-specific assessment.

PEQ10 - What current information gaps, duplicated records or manual workarounds create the greatest governance or accountability risk?

The supplied records do not establish an authoritative operational register, named record owners, approved criteria, a verified baseline, subscription records or a tested secure repository. These are information gaps, not evidence that no such arrangements exist. Risks to test include duplicate institutional records, evidence scattered across messages, inconsistent action statuses, outdated reports and finance records disconnected from service commitments. Proposed priority: inventory existing sources, reconcile identifiers and ownership, designate controlled records and close material security or provenance gaps before accepting sensitive evidence or publishing assessments.

PEOPLE

PQ01 - Who holds the principal accountable roles for oversight, administration, technical assessment, finance, public reporting and escalation?

Proposed accountable roles are a project lead for scope and delivery; an oversight group for standards, independence and material decisions; an administrator for records and scheduling; an evidence lead for assessment quality; a safeguarding lead for safety and protected escalation; a finance custodian with separate reviewer; and an authorised publication approver. Independent review is needed for complaints involving leadership or conflicts. Names, credentials, appointments, capacity and contact routes remain to be confirmed. Combining roles should not remove essential separation between financial influence, evidence assessment and approval.

PQ02 - Which public bodies, participant representatives, community voices, technical advisers or independent members should be represented in the governance structure?

Proposed representation combines independent governance expertise, affected-community and survivor perspectives, NGO and institutional knowledge, safeguarding, evidence assessment, finance and information security. Relevant local expertise should be added for each country's work. Public bodies, professional advisers and participating institutions may contribute through clearly defined advisory or consultation roles; no appointments or endorsements are assumed. Set membership criteria, terms, conflict rules and accessible participation arrangements. No organisation should dominate decisions about itself, and community representatives should not be expected to disclose personal experiences to establish legitimacy.

PQ03 - What responsibilities, delegated authorities and decision thresholds apply to each role, committee or working group?

Proposed delegations reserve the charter, standards, material budget changes, subscription policy and high-risk publications to the oversight group. The project lead manages approved work within documented limits; evidence reviewers assess sources and recommend findings; safeguarding personnel can pause unsafe activity; finance staff process authorised transactions subject to separate review. Define monetary limits, publication-risk thresholds, quorum and emergency powers in a written authority schedule before operation. Appeals and decisions concerning a conflicted member must go to an unconflicted person or panel, with reasons recorded.

PQ04 - What capabilities and experience are essential for credible monitoring, including legal, technical, audit, data, community engagement and safeguarding skills?

Credible monitoring requires governance and safeguarding experience, disciplined evidence assessment, fair complaints handling, information security, financial control and clear public reporting. Country-specific legal and institutional knowledge, language skills and trauma-informed community engagement may be needed for particular reviews. Independent audit or technical opinions require suitable competence for the stated scope. Proposed recruitment and commissioning should verify relevant experience, qualifications where applicable, independence and supervision needs. General advocacy or use of a software platform does not by itself establish assessment competence; a skills and capacity review remains necessary.

PQ05 - What training is needed for assessors, administrators, committee members and community representatives to apply standards consistently?

Proposed induction covers the project mandate and authority limits, criteria and evidence status, consistent assessment, confidentiality, safeguarding, retaliation risks, conflicts, complaints and correction procedures. Role-specific training should cover PHC records, secure evidence handling, subscription administration, financial approvals and publication checks. Use calibration exercises so different assessors apply criteria consistently, followed by supervised practice and competency review. Community representatives should receive accessible orientation and safe participation support. Record completion, refresher dates and any restrictions on unsupervised duties; training providers and actual completion remain to be confirmed.

PQ06 - How will conflicts of interest, political pressure, personal relationships, gifts or undue influence be declared and managed?

Proposed controls require interests to be declared on appointment, periodically and before each relevant decision, covering employment, subscriptions, consultancy, personal relationships and political or financial connections. Record gifts and hospitality, restrict inappropriate benefits and require recusal or replacement where impartiality is compromised. Maintain a protected route to report pressure and a register of attempts to influence findings or publication. An unconflicted oversight member should review significant cases and disclosure needs. Subscription income or a powerful stakeholder's preference must not determine evidence status, findings or access to complaint review.

PQ07 - What is the formal meeting, review and decision-making rhythm, and how are actions, votes, dissent and decisions recorded?

Proposed rhythm is weekly operational coordination, monthly review of actions, risks and finance, and quarterly oversight meetings, with urgent sessions when defined escalation thresholds are met. Circulate controlled papers, check quorum and interests, record attendance, decisions, reasons, votes where taken, material dissent, owners and deadlines. Distinguish recommendations from approved decisions and retain versioned minutes and action logs. Publish suitably redacted summaries when appropriate. Exact membership, quorum, voting arrangements and meeting dates need approval; no existing committee or decision history is asserted.

PQ08 - What escalation routes and thresholds apply when public safety, legality, service failure, corruption, non-payment or reputational risk is identified?

Proposed thresholds distinguish immediate safety or serious data risks, material evidence or independence concerns, service failures and financial problems. Safeguarding concerns go promptly to the designated lead and suitable external channels where assessed as appropriate; conflicted leadership is bypassed. Suspend unsafe processing or publication when needed. Suspected misuse of funds or corruption goes to unconflicted oversight and appropriate specialist review. Non-payment follows a separate contractual notice and service-review process. Define contacts, response times and out-of-hours limits before launch; reputational discomfort must not justify suppressing substantiated concerns.

PQ09 - What continuity, succession, workload or key-person risks could weaken monitoring, independence or public confidence?

Potential risks include dependence on one founder, assessor, administrator, subscriber or system account; insufficient cover; unpaid workload; distress from sensitive material; and loss of expertise or records when people leave. Proposed controls are documented responsibilities and handovers, trained deputies, controlled shared organisational access, realistic workload limits, supervision, a capacity-based review pipeline and succession arrangements. Maintain contingency funding and an orderly service-reduction plan. Test continuity periodically and reassess funding concentration. No current team size, individual availability or demonstrated resilience has been supplied.

PQ10 - What behaviours, incentives or cultural factors may discourage challenge, delay reporting, distort evidence or silence affected communities?

Factors to examine include fear of retaliation, stigma, deference to authority, dependence on employment or funding, inaccessible language, distrust of complaints routes and pressure to protect institutional reputation. Within P533, sales targets, founder dominance, selective publication or payment-linked recognition could discourage challenge and distort evidence. Proposed responses include protected reporting, fair response procedures, accessible consultation, conflict controls and explicit acceptance of uncertainty and dissent. Measure reporting access and experience rather than reward low complaint counts; fewer reports alone do not establish less harm.

FINANCE

FQ01 - What funding sources will support the governance project, including subscriptions, regulatory contributions, grants, donations or public funds?

The intended core funding source is subscriptions supporting independent governance review, research, action monitoring and reporting. Subscriber categories, prices and commitments remain to be agreed; no existing subscribers or secured income are evidenced. Any grants, donations or other support should be accepted only under an approved policy consistent with independence, recorded separately with restrictions disclosed. No compulsory regulatory contribution or public funding entitlement is established. Maintain an income register distinguishing receipts, contracted commitments, unpaid invoices and forecasts, and disclose material funding concentration.

FQ02 - How is the subscription or contribution model calculated, approved, invoiced, collected and reviewed for fairness and affordability?

Proposed pricing should start from the cost of a defined service offer, staff and review capacity, secure systems, independent challenge and a prudent contingency. Consider transparent tiers reflecting service scope and organisational capacity, with clear currency, billing period and any separately assessed taxes. Unconflicted oversight should approve prices, discounts and revisions after affordability review. Use authorised contracts, numbered invoices, traceable collection and regular reconciliation. Publish renewal, cancellation and non-payment terms. Subscriber payment must never determine findings or recognition; no rate card or collection process is yet approved.

FQ03 - Which participants are expected to contribute, what exemptions or discounts may apply, and how will non-payment be handled?

Proposed contributors are organisations or individuals choosing a clearly defined subscription offer; participation in a consultation or a complaint should not itself create a payment obligation. Consider published concessions for smaller or resource-constrained organisations and a fair process for access support. Approve exceptions independently and record their rationale. Non-payment should trigger agreed reminders, discussion and possible prospective reduction or suspension of paid services under the contract. It must not alter findings, erase records or make safe complaints conditional on payment. Subscriber categories and exemptions remain to be approved.

FQ04 - What are the fixed monthly costs needed to keep the monitoring and governance process running reliably?

A recurring cost baseline should cover essential coordination, administration, PHC and other agreed system charges, secure hosting and storage, communications, finance oversight, safeguarding supervision and a minimum provision for independent quality review. Some personnel or support costs may be fixed retainers while others vary with activity; classify them accordingly to avoid double counting. Obtain actual terms and quotations, identify in-kind support, choose a reporting currency and approve a monthly minimum operating budget. No verified monthly cost total, salary level or provider charge has been supplied.

FQ05 - What variable or event-driven costs may arise, such as field visits, investigations, public meetings, independent reviews or urgent escalations?

Potential variable costs include additional institutional reviews, authorised field visits, translation, accessible consultation, specialist advice, evidence verification, independent challenge, public meetings and incident response. Urgent safeguarding or information-security escalation may need separately approved specialist support. Cost each activity by scope, expected effort, travel, provider fees and contingency before commitment; record which costs are included in subscriptions and which require a separate agreement. Apply approval limits and evidence of delivery. No project emergency fund, investigation capacity or entitlement to direct survivor assistance is established.

FQ06 - How are PHC Consultant time, discounted or full-rate support, expenses and third-party costs budgeted, approved and reported?

Proposed arrangements should define the PHC Consultant's scope, estimated hours, agreed full or discounted rate, deliverables, expenses and treatment of third-party costs in a written engagement. Record the value and duration of any concession separately from cash charges. Require approval of a work order and ceiling before work, timesheets or equivalent delivery evidence, and separate authorisation of overruns and reimbursable expenses. Report actual, committed and forecast costs against budget. Any consultant involved in design or delivery should not independently assure their own work. No rates or contract are confirmed.

FQ07 - What financial controls, segregation of duties, audit rights, receipt records and public-accountability requirements apply?

Proposed controls include an approved budget, authorised project or host accounts, documented signatory and spending limits, separation of ordering, approval and reconciliation, numbered invoices, receipts and a traceable transaction ledger. Record conflicts, exceptions and restricted funds, and reconcile accounts regularly with independent review. Establish proportionate inspection or audit rights in relevant agreements and publish finance summaries with appropriate confidentiality. The operating body's actual reporting and legal obligations need assessment once established; no existing account, signatories, audit arrangement or financial control implementation is evidenced.

FQ08 - What level of reserve or contingency is needed to maintain independence and continuity if subscription income falls or political support changes?

Proposed starting policy: assess a reserve sufficient for at least three months of essential operating costs plus identified unavoidable commitments and orderly wind-down costs, adjusting for income volatility and concentration. This is a planning option, not an approved requirement or funded reserve. Separate unrestricted reserves from restricted funds and activity contingencies. Review coverage monthly against realistic collection scenarios and loss of a major subscriber. Oversight should approve permitted reserve use and replenishment actions; determine the actual target only after the essential-cost baseline and contractual liabilities are known.

FQ09 - How will value for money be demonstrated to contributors, regulators, donors and the public without compromising independence?

Proposed value-for-money reporting should compare resources with completed review work, evidence quality, timeliness, justified action closures and independently checked changes in institutional practice. Explain scope, denominators, limitations and relevant comparisons, avoiding misleading comparisons across unlike institutions. Report actual and committed costs, material procurement decisions and any discounted support. Contributor feedback can inform service quality without controlling findings. Publish proportionate aggregate information and commission independent checks when justified. Low cost, subscriber satisfaction or activity volume alone does not prove reduced harm or effective safeguarding.

FQ10 - What affordability, cash-flow, non-payment or funding-dependency thresholds could require service reduction, rephasing or governance intervention?

Proposed triggers for oversight approval are: fewer than three months of essential-cost cover prompts a recovery plan and review of new commitments; fewer than two months prompts rephasing of discretionary work; and insufficient cover for the next month's essential obligations prompts an urgent decision on a safe service reduction or funded continuation. Treat these as draft thresholds pending a verified budget. Review overdue invoices under agreed terms and any single-source income loss that materially threatens independence or continuity. Record decisions, affected commitments and communication plans; do not change findings to retain revenue.

MARKETING

MQ01 - Who are the principal stakeholders, including regulators, government bodies, participants, service users, communities, donors and oversight authorities?

Principal stakeholder groups are people affected by harassment, acid violence or institutional abuse; participating and potentially participating NGOs and institutions; staff and community representatives; subscribers; specialist support and research organisations; independent reviewers; and relevant public authorities and professional bodies. The public may rely on published governance information. Map actual stakeholders for each review, distinguishing affected groups, service users, funders and bodies with formal authority. No specific organisation, government body, partner or subscriber is confirmed as participating or endorsing P533.

MQ02 - What authority, influence, exposure, expectations or concerns does each stakeholder group have?

Affected people have direct exposure to harm and may prioritise safety, dignity and fair treatment; institutions control relevant procedures and may be concerned about feasibility, confidentiality and reputation. Subscribers can support continuity but must have no purchased influence over findings. Public authorities may hold powers within their own remit, which P533 does not inherit. Specialists contribute expertise; independent reviewers challenge methods and conclusions; communities seek accessible accountability. Record each group's actual role, decision rights, influence and risks for the review rather than assume a shared interest or mandate.

MQ03 - What communication and engagement channels will be used for official notices, consultation, feedback, complaints and public updates?

Proposed channels are an approved project information page for official notices and updates; accessible consultation meetings or secure remote sessions; a controlled project email for routine enquiries; a distinct confidential route for complaints; and direct authorised communication for sensitive review correspondence. Publish service hours, scope, response expectations and confidentiality limits once operational. Offer language and low-bandwidth alternatives where feasible. Social media may share approved public summaries but should not solicit sensitive disclosures. No live channel, contact address or emergency availability has been verified.

MQ04 - How will consultation be conducted so affected communities and regulated participants can influence standards, priorities and corrective actions?

Proposed consultation should identify affected groups early, offer accessible and confidential participation options, explain scope and intended use, and avoid requiring personal testimony. Seek views on criteria, risks, priorities and practical remedies, alongside fair input from participating institutions. Record themes and dissent without exposing identities, publish a response explaining what changed and why, and provide feedback on agreed actions. Address power imbalances, safe participation costs and retaliation risks. Oversight retains independent responsibility for standards and findings; payment or institutional status should not determine whose concerns are considered.

MQ05 - What public reports, dashboards, meeting summaries or evidence-based updates should be published regularly?

Proposed public outputs are a monthly concise progress and finance summary, quarterly redacted oversight and action updates, and a periodic methodology and learning report appropriate to the project's scale. A public dashboard could show scope, review stages, action status, evidence status and material limitations if the systems support safe publication. Publish criteria versions, independence arrangements, funding concentration and corrections where appropriate. Protect identities and avoid misleading institution rankings or unsubstantiated compliance labels. Frequency, ownership and readiness must be agreed; these outputs are not evidence of existing monitoring activity.

MQ06 - What information should be transparent, what should be restricted, and who decides when disclosure would be harmful or unfair?

Proposed transparent information includes the mandate, authority limits, criteria, governance roles, material interests, subscription terms, aggregate finances and supported findings or action progress cleared for publication. Restrict identities, raw testimony, security details, sensitive complaint files and justified commercial information. An unconflicted publication approver should decide with evidence, safeguarding and specialist input, recording reasons and review dates for restrictions. Apply fair response and correction procedures. Neither a claim of commercial sensitivity nor subscriber pressure should automatically suppress material public-interest information; each disclosure requires proportionate assessment.

MQ07 - What reputational risks, misinformation, political sensitivities or unresolved public concerns could undermine confidence in the governance process?

Risks include implying regulatory authority, presenting allegations as findings, suggesting personal or organisational endorsements, overstating subscriber numbers or impact, and allowing payment to appear to purchase favourable treatment. Other risks are selective reporting, political pressure, unsafe disclosure, unexplained delays and inconsistent standards across countries. Proposed controls are clear scope statements, evidence labels, declared interests, fair response opportunities, independent challenge and visible corrections. Publish relevant limitations and unresolved issues. No specific allegation, political interference or current institutional dispute is being asserted.

MQ08 - What partnerships would strengthen legitimacy, such as local government, professional bodies, civil society, technical experts, schools, clinics or community leaders?

Potential partnerships include independent governance and audit specialists, survivor-informed civil society organisations, safeguarding and information-security experts, researchers, professional bodies and qualified local support providers. Schools, clinics, community representatives and relevant public authorities may contribute context, consultation or referrals where suitable. Select partners for competence, independence, accessibility and safety; document responsibilities, permissions, costs and conflicts. A partner subject to review should not control its own assessment. No partnership is presumed, and public references or shared aims do not establish endorsement or affiliation.

MQ09 - How will commitments, undertakings, stakeholder promises and agreed corrective actions be tracked and publicly followed up where appropriate?

Proposed PHC tracking should give each commitment a unique reference, source, responsible person or body, agreed deliverable, due date, evidence requirement and review status. Distinguish a public promise from an accepted action and from verified completion. Record changes, explanations for delay, disputes and escalation decisions. Close actions only after evidence is checked at the required level, and reopen them if implementation proves ineffective. Publish safe summaries of material commitments and follow-up where justified, retaining restricted detail separately. Subscription expiry must not automatically rewrite the historical record.

MQ10 - What concise evidence-based update could be issued monthly to show the health of the governance process without overstating certainty?

Proposed monthly update format: reporting period and scope; reviews planned, started and completed; actions due, evidenced complete and overdue; material risks and evidence gaps; complaints-handling information safe to disclose; income received, expenditure, unpaid invoices and essential-cost cover; independence issues; and next decisions with owners and dates. State definitions, data cut-off, missing information and verification level. Use unknown where no baseline exists and omit identifying small counts. During setup, report approved preparations and unresolved dependencies; do not imply subscribers, operational reviews or verified reductions in harm without supporting records.