

# Applying HCV Approach at Landscape Scale: From Screening to Protection Webinar

## Questions & Answers

15<sup>th</sup> December 2022

Question	Answer
General Questions	
Which Jurisdictions are leading the way, so to speak?	<p>Sabah, Seruyan and Ecuador for RSPO.</p> <p><i>Additional written answer:</i> However, many other areas have developed screening for spatial planning, risk management in commodity supply chains, and other certification standards. The HCVN website has examples of where screening has been done but this is by no means exhaustive.</p>
Who can do this will the mechanism be the same, with the ASL mechanism, whereby it is the person who has to have an official license to identify HCV?	<p>Anyone can do it at the moment.</p> <p><i>Additional written answer:</i> HCVN is NOT envisaging an ALS type registered assessor approach at the moment but will be delivering a quality assurance process in the future especially for cases where claims are being made.</p>
In the presentations, the screening is done mostly for HCV. Are we assuming that HCV areas will overlap with HCS as now for the oil palm commodity requirements, an integrated approach is required?	<p>Yes, there is a lot of overlap. The screening Guidance does include a section on incorporating HCS. Work with RSPO at the moment will incorporate HCV and HCS for jurisdictional certification.</p>
How do you engage and get prior consent with the communities and different stakeholder that you work with? do you have a set protocol?	<p>The Screening is usually done with secondary data.</p> <p><i>Additional written answer:</i> Where resources allow, field data can be carried out with sample communities to fill HCV 5 and 6 data gaps. It should be noted that Screening is not a substitute for gaining FPIC from communities for spatial planning, defining commodity go/no-go zones. HCV Screening should always be used as a prioritization tool to indicate areas where more detailed assessments or follow up work is warranted. The highest level of detailed follow up work is warranted in high-risk areas, with preventative or prescriptive responses for medium risk and low priority follow up work or investigation in low risk areas.</p>

With a lot of landscape approaches, I think determining or having macro level information related to HCV 1-4 and 6 are easier as it can be mapped. However, it is difficult to do so for HCV 5. Where do you start and how detailed should one go for?	<p>Very good point. Macro data is often not available for community level HCV 4, 5, or 6.</p> <p><i>Additional written answer:</i> HCVN would always advise a precautionary approach where data is not available (i.e. assume values to be present until data is collected). Screening can differentiate what data for specific HCVs need to be collected. High risk for HCV 1-3 is not necessarily high risk for HCV 4-6 and follow-on assessments can be tailored to fit data needs and hopefully reduce redundancies in assessments.</p>
I am wondering about detail spatial/GIS methods used to map HCV 1-4 at jurisdictional/landscape level?	<p><i>Additional written answer:</i> Please see our screening guidance available in 5 languages - <a href="https://www.hcvnetwork.org/library/hcv-screening-guide">https://www.hcvnetwork.org/library/hcv-screening-guide</a></p>
Question regarding the position of HCV Screening. How do we differentiate the process of HCV Screening and the Scoping Study stage within HCV Assessment?	<p><i>Additional written answer:</i> Screening is a large scale and produce intelligence about the probability of HCV presence, likely threats to those values and areas of highest risk / priority for follow-up activities (such as site level assessments or immediate conservation action planning etc). HCV Assessments can therefore be directed by screening to areas where it is critical. HCVN see screening as a risk-based initial investigation or decision-making tool in a landscape to prioritize actions where most needed.</p>
Will the HCV screening results - incl probability/threats be publicly available as digital mapping for the use in risk assessments of commodity traders?	<p><i>Additional written answer:</i> HCVN is currently engaged in developing a coalition with ZSL WWF and Proforest - one of the objectives will be to publish peer reviewed screening maps on a publicly accessible platform. We envisage screening results for all HCVs 1-6 (with a precautionary approach taken where data is not available) and threat maps to cover commodities-based threats as well as other threats to HCV beyond commodities so that the public can select HCVs and specific threats of interest. This will hopefully come into fruition in late 2023.</p>
Is there any HCVN conducting HCV-HCS studies on the island of Papua?	<p><i>Additional written answer:</i> Many HCV-HCS studies have been conducted in Papua, Papua Barat and PNG but many different assessors. Where assessments have been conducted for oil palm and RSPO certification they may be available on the HCVN website. Some Screening has been conducted in Papua for spatial planning. See HCV Screening guidance.</p>
Question for long term monitoring of HCV. How do we managed an HCV that have been lost due to community's will? For example, an HCV 5 of	<p><i>Additional written answer:</i> IHMO, modern HCV thinking should acknowledge that social values change over time. This needs to be embedded within monitoring of HCVs.</p>

community needs in the past 10 years, but due to modernization the community doesn't need to forest anymore to fulfil their basic necessities.	No specific guidance that is currently being develop regarding HCV lost due to diminishing value. But we have a working paper discussing the issue and long-term protection of HCV. Kindly visit this link <a href="https://www.hcvnetwork.org/library/adaptive-management-protecting-hcvs-in-the-long-term">https://www.hcvnetwork.org/library/adaptive-management-protecting-hcvs-in-the-long-term</a> .
Is there any available data for HCV 4-6 Probability Map? Like the one (HCV 1-3 Probability Map) published by RSPO	<i>Additional written answer:</i> The 'probability maps' published by RSPO should only be used in independent smallholder (ISH) certification and determines the level of HCV assessment required (i.e with ALS assessors or through self-assessment by the ISH). There is actually a lot of similarity between these RSPO 'probability maps' for ISH and what screening produces, but screening looks deeper at threats and can show areas of priority for follow-up actions - what we have termed 'responses'. When screening results become published in the future, I see the RSPO probability maps being replace by more accurate screening maps where HCV-HCS assessment by ALS licensed assessors would only be needed in high-risk areas. However, we are not there yet, and work needed to be done t develop maps and coordinate with RSPO to show how the screening maps could be used.
How can we align the HCV requirements with emerging regulations such as HREDD for supply chains such as cocoa?	<i>Additional written answer:</i> HCV Screening is designed to areas of priority for follow-up actions. Screening could show areas with HCV (usually forested) that are under threat - and therefore showing where REDD projects could / should be targeted (i.e. where there is additionality). HCVN and partners are current working with several certification standards in a similar fashion to RSPO and we hope that they recognize the utility of HCV screening.
Questions on Mbangassina Screening	
What is the commodity concerned by your HCV work on the Asunafo-Asufiti area in Ghana? Is it Palm Oil?	The main commodity in Asunafo-Asutifi is cocoa.
How long did it take to create Map Zero with HCV 1 to 6?	In the case of Mbangassina, the whole process took about 6 months. From setting objectives and first mappings about 2 months and then after the first mapping of HCVs, we went to the field for consultations and then refined maps after new information given. So yes. About 6 months total.
How challenging was carrying mapping out HCV 5 in Cameroon?	That is a good question. As another participant also highlighted. Usually, we are more confident and have more 'reliable' and available

	<p>environmental data for HCV1-4. For HCV5, we, in this case, tried to use some proxy of possible areas that community were using based on the landscape: Forest for NTFPs, Community forests (from national datasets), water bodies. BUT we are conscious and aware these were proxies and limitations, and this is why we had to integrate them as part of the wider municipality management plan, so this plan also integrates more in-depth socio-economic data and hopefully have more information on community needs and areas. So, this is a limitation we are aware from this secondary/remote assessment, and I believe as Nev is mentioning, being transparent on caveats and limitations is necessary and using a precautionary approach is still encouraged. Ultimately, for HCV5 and 6, consulting communities and doing actual participatory mapping is the best to do for full integration of these HCVs.</p>
What communities did you consult and work with in Cameroon? How did you do this?	<i>This question was answered live.</i>
Questions on Kapuas Hulu Screening	
What was the reaction of the policy makers to your assessment?	<i>This question was answered live.</i>
How many FGD were carried out in which communities to determine the appropriateness of the HCV-HCS assessment? What exactly did the communities consent to, when they made an FPIC-based agreement? Who represented the communities in these FPIC agreements?	<i>Additional written answer:</i> Sampling was done in 16 villages, spread over 10 sub-districts. FGDs were used to carry out FPIC, where the purpose and output of this activity were explained. Then permission to collect data from the stakeholders was obtained. In these FGDs relevant baseline information was compiled. In each sampling village there was one FGD, followed by several interviews (village council, civil society, and village elders).
Kapuas Hulu situated in many rivers and connected with lakes. How do you determine the buffers as HCV 4 or 5? Seems only the lakes in the picture categorized as HCVs, CMIIW.	<i>Additional written answer:</i> For HCV 4, in accordance with the width of the river - normally 50 meters were applied. With the exception of the Kapuas River where 100 meters were applied. For HCV 5 a buffer of 100m was applied.
What communities did you consult and work with in Indonesia? How did you do this?	<i>This question was answered live.</i>