

## **High Conservation Value (HCV) Assessor Licensing Scheme (ALS) Progress Report for the RSPO Assurance Taskforce (Resolution 6H)**

### **Introduction**

#### **Background to this report**

The High Conservation Value (HCV) Assessor Licensing Scheme (ALS) was launched in October 2014 to increase the competence of HCV assessors and improve the quality of HCV assessments. By fulfilling these two objectives, the ALS also supports the implementation of RSPO Resolution 6H Proposal 1, namely the development of clear and mandatory guidelines on the minimum acceptable quality of HCV assessments. This report has been prepared for the RSPO Assurance Taskforce, which is responsible for implementing Resolution 6H, and provides an update on the progress of the ALS in supporting the establishment of a minimum acceptable quality for HCV assessments.

#### **Overview of the ALS**

The ALS was designed to increase the competence of HCV assessors and improve the quality of HCV assessments by:

- 1) Issuing licences to HCV assessors with relevant qualifications and experience;
- 2) Providing normative guidance on HCV assessments, such as the [HCV Assessment Manual](#) and reporting templates; and
- 3) Evaluating HCV assessment reports submitted by licensed HCV assessors.

The ALS consists of licensed HCV assessors who lead HCV assessments; an Expert Registry of potential HCV assessment team members (this is accessible only to licensed assessors); the Quality Panel; a pool of peer reviewers; and the Quality Manager, who runs the ALS.

Since January 2015, the RSPO has required ALS-licensed HCV assessors to be used for all HCV assessments conducted for new plantings in areas larger than 500 hectares. Since November 2015, the RSPO has required ALS-licensed HCV assessors to be used for all new plantings, irrespective of size, as part of the New Planting Procedure (NPP). HCV assessment reports must successfully pass ALS quality control (i.e., with satisfactory status) before being submitted to the RSPO as part of the NPP documentation and HCV assessors must hold an active ALS licence at the time of the assessment.

## ALS Impacts: What have we achieved so far?

From October 2014 to October 2016, the HCV Resource Network Secretariat gathered important information from HCV assessment reports submitted to the ALS for evaluation.

### Guidance and training

The ALS provides numerous guidance materials and tools to support licensed HCV assessors in conducting better-quality HCV assessments. The **HCV Assessment Manual**, **HCV Assessment Planning Checklist**, **HCV Assessment Information Needs Checklist** and the **HCV ALS and RSPO New Planting Procedures leaflet** provide clear guidelines for HCV assessments in the context of RSPO and other sustainability standards. As such, these materials directly support the fulfilment of Resolution 6H. Other tools to support HCV assessors include the **HCV Assessment Report Template** and the **HCV Assessment Public Summary Template**. All guidance materials and tools are available on the ALS website ([www.hcvnetwork.org/als](http://www.hcvnetwork.org/als)) in several languages.

The ALS also provides an **HCV Assessor Training Syllabus** which specifies the minimum content requirements for **HCV Assessor Training Courses** delivered by registered training organisations. Training helps to ensure that prospective licensed assessors have a good understanding of best practice for HCV assessments and the mandatory requirements of ALS procedures before they apply for a licence. Trainings are also open to licensed assessors who would like to refresh their knowledge on HCV assessment best practice.

Since January 2015, 198 trainees have participated in 14 training courses run in 11 countries by eight registered training organisations. In addition, 24 webinars have been run by the HCV Resource Network Secretariat with over 164 participants.

### HCV assessor licences

The ALS has enjoyed strong uptake since its launch in October 2014 (**Table 1**).

**Table 1.** Summary of HCV assessor licences issued between October 2014 – December 2016.

<b>Applications</b>	<ul style="list-style-type: none"> <li>• 90 applications received               <ul style="list-style-type: none"> <li>– 6 rejected</li> <li>– 5 on hold</li> </ul> </li> </ul>
<b>Provisional licences issued</b>	<ul style="list-style-type: none"> <li>• 79 provisional licenses issued               <ul style="list-style-type: none"> <li>– 70 renewed</li> <li>– 9 not renewed</li> </ul> </li> </ul>
<b>Full licences issued</b>	<ul style="list-style-type: none"> <li>• 8 full licences</li> </ul>
<b>Licence revocations</b>	<ul style="list-style-type: none"> <li>• 1 provisional licence</li> <li>• 1 full licence</li> </ul>
<b>Inactive assessors</b>	<ul style="list-style-type: none"> <li>• 60 licensed assessors did not submit any reports for evaluation (76%)</li> </ul>

To obtain a full licence, provisionally-licensed assessors must deliver at least two satisfactory assessment reports (out of a maximum of three) in the 3-year period following the attainment of their provisional licence. The small number of fully-licensed HCV assessors reflects the low activity level of many assessors, with a large number having submitted just one assessment report or fewer. Only the most active assessors are reaching fully-licensed status.

### HCV assessment reports

Since becoming a mandatory part of the RSPO's NPP, the ALS has had a considerable impact on conservation in new oil palm plantations. Licensed assessors have been hired by 30 different companies, leading to the submission of 35 HCV assessment reports to the ALS in total (both satisfactory and unsatisfactory) and the protection of 88,055 ha of HCV management areas (24% of the total area assessed). **Table 2** shows the key impacts of the ALS since it was launched in October 2014. All HCV assessment reports submitted to the ALS from January 2015 to December 2016 were commissioned for oil palm plantations.

**Table 2.** Summary statistics for HCV assessment reports submitted to the ALS.

Report submission statistics	
HCV assessment reports received January 2015 – December 2016	35
– Reviewed and passed as satisfactory	28
– Reviewed and deemed unsatisfactory	5
– Under review	2
Satisfactory report statistics (n=28)	
Total area assessed (ha)	361,468
Total HCV management area identified for conservation (ha)	88,055
Proportion of assessed areas identified as HCV	24.36%
Countries where assessments have taken place (n)	11

The largest number of HCV assessment reports submitted to the ALS has taken place in Southeast Asia (46%, n=13). **Table 3** (overleaf) summarises key data for HCV assessments submitted to the ALS by region.

**Table 3.** Summary statistics for HCV assessment reports submitted to the ALS and passed as satisfactory.

Region	Report review status	Total satisfactory reports (n)	Total area assessed (ha)	HCV area identified (ha)	Most- and least-frequently identified HCVs
SE Asia	<ul style="list-style-type: none"> <li>5 satisfactory at first submission</li> <li>8 satisfactory after resubmission</li> </ul>	13	172,927	20,892	Most frequent: HCVs 1, 3 and 4  Least frequent: HCV 2
Africa	<ul style="list-style-type: none"> <li>4 satisfactory at first submission</li> <li>4 satisfactory after resubmission</li> </ul>	8	146,278	56,366	Most frequent: HCVs 4, 5 and 6  Least frequent: HCV 2
S America and Mexico	<ul style="list-style-type: none"> <li>5 satisfactory at first submission</li> <li>2 satisfactory after resubmission</li> </ul>	7	42,263	10,798	Most frequent: HCVs 1 and 5  Least frequent: HCV 6
<b>Totals</b>		<b>28</b>	<b>361,468</b>	<b>88,055</b>	

## Monitoring the performance of the ALS

### The ALS Review

The HCV Resource Network Secretariat conducted a review of the ALS between January and December 2016 to evaluate the performance of licensed assessors and improve the effectiveness of the scheme. The ALS Review revealed a number of weaknesses commonly found in HCV assessments, including (but not limited to):

- Inadequate stakeholder consultation and/or participatory mapping, leading to weak identification of social HCVs (HCVs 5 and 6);
- Poor quality maps of HCV identification and HCV management areas (variability observed in consistency of inclusion and legibility or appropriateness of legends, captions, scales, etc.); and
- Information missing due to reports not following ALS templates.

The ALS Review also included a consultation which gathered feedback from more than 80 stakeholders on how the ALS could be improved. The consultation revealed a number of perceived challenges and issues associated with the ALS, including (but not limited to):

- Loopholes in the ALS Assessor Code of Conduct;
- Variable performance by peer reviewers and the Quality Panel; and
- Limited means to address poor assessor performance and ensure that assessors undertake continuing professional development.

As a result of the ALS Review, measures are being implemented in the first half of 2017 to improve the functioning of the ALS and address some of the weaknesses commonly found in HCV assessment reports. These include, among others:

- Revising to the ALS Assessor Code of Conduct to make it clearer and more stringent;

- Merging the peer review and Quality Panel review processes into a single quality control procedure to improve the efficiency and quality of HCV assessment report reviews; and
- Introducing more stringent requirements and a points-based incentive system for assessors to retain their licences and become more involved in the ALS.

For more information about the ALS Review and planned improvements, contact [ruth@hcvnetwork.org](mailto:ruth@hcvnetwork.org).

## Looking to the future

### Supporting RSPO certification bodies (CBs) and auditors

The ALS has made great strides towards promoting consistency in the quality of HCV assessments and the overall performance of HCV assessors. However, more work must be done to fulfil the requirements of RSPO Resolution 6H, which seeks to ensure the quality, oversight and credibility of RSPO assessments in their entirety. This means going beyond raising the quality of HCV assessments alone. Specific guidance on the purpose and functions of the ALS, as well as best-practice for implementation of the HCV Approach, must also be provided for CBs and auditors.

More **user-friendly** guidance and tools on the ALS and the HCV Approach could be provided for auditors by the HCV Resource Network Secretariat. For example, there is currently no specific guidance for auditors about the purpose of the ALS and how it contributes to the auditing process. Meanwhile, the RSPO Generic Checklist for Audits features no mention of the ALS and is outdated. Because of this lack of guidance, some auditors perform poorly when evaluating company compliance with HCV requirements in the RSPO Principles & Criteria.

**Training for CBs and auditors** also needs to be improved and formalised. The HCV Resource Network Secretariat has occasionally participated in CB and auditor trainings but we see a need to institutionalise HCV training courses for all CBs and auditors that evaluate RSPO compliance. At present, no regular communications are undertaken by either the HCV Resource Network or the RSPO Secretariat to inform auditors about changes or updates to the ALS.

### HCV management and monitoring: making sure HCVs are protected in the long-term

To ensure compliance with RSPO Principles 5.2 and 7.3 for established and new oil palm plantings, respectively, CBs and auditors must be sufficiently equipped to ensure that HCVs are being effectively managed and monitored in the post-HCV identification phase.

In partnership with Daemeter, Forest Peoples' Programme (FPP), Proforest and the Zoological Society of London (ZSL), the HCV Resource Network Secretariat is undertaking a project to **assess the common barriers to HCV management and monitoring**. It is proposed that this project should lay the foundations for future guidance on best practice. This guidance may in turn support CBs and auditors by providing a checklist of best management practices against which to assess certification performance.

The HCV Resource Network Secretariat is also developing a proposal in partnership with Daemeter and WRI to **map HCV areas identified in NPP HCV assessments on Global Forest Watch (GFW)**. This proposal is due to be submitted to the RSPO Secretariat in early March 2017. If the proposal is approved, the tool will be launched in Q4 2017 and will provide RSPO CBs and auditors with a supplementary tool for evaluating the management and monitoring of HCV areas during audits. Tree cover loss and fire events in HCV areas – potentially indicating damage or destruction of HCVs 2 (landscape-level ecosystems) or 3 (habitats) – will be signalled using the established Global Land Analysis & Discovery (GLAD) and Forest Monitoring for Action (FORMA) alert systems on GFW.

### **Formally evaluating the impact of the ALS**

A formal impact evaluation will be needed to assess the impact of the ALS against the counterfactual scenario (i.e., had the ALS not been created). The HCV Resource Network Secretariat is investigating the possibility of commissioning a Master's or Doctoral student to undertake this research in the future. Support for this work will be needed.

### **Further information**

For more information, please visit the ALS website at [www.hcvnetwork.org/als](http://www.hcvnetwork.org/als) or contact the ALS Quality Manager at [ruth@hcvnetwork.org](mailto:ruth@hcvnetwork.org).

*This report was prepared by the HCV Resource Network Secretariat for the RSPO Assurance Taskforce.*