

Discussion notes for NDTF#5's Call

Venue: RSPO, KL Office

Time: 9.30am – 10.30pm (MYT)

Attendance:

1. Lee Kuan Yee (KLK)
2. Lim Sian Choo (Bumitama),
3. Gwendelyne Bulan Tanil (Genting),
4. Lee Kuan Chun (P&G)
5. Geetha Govindan (ANJ Group)
6. Amir (RSPO)
7. Devala (RSPO)

Discussion

1. It was agreed that no decision will be made during the meeting as quorum was not met. The meeting was continued for the purpose of updating members on meeting agenda items.
2. Task Force (TF) members agreed to time the call around 2pm – 2.30pm (MYT) for future calls to accommodate for European members.
3. Original meeting agenda was as below:

No	Agenda Item
1	Legacy cases: Scenarios & definitions
2	HCSA Standalone checklist
3	Capacity & availability of assessors

1. Legacy Cases: Scenarios & definitions

- Secretariat gave a brief on update from NDJSG discussion. NDJSG would like to know RSPO's definition for legacy before matching/adopting the definition for legacy for HFCC. This was discussed and agreed during NDJSG since NDTF is comprised of RSPO representation. So NDTF will look into definition and scenarios while NDJSG will be coming up with the methodology to look into legacy issues specifically for HFCL and HFCC.
- The flow chart on scenarios in the interpretation document currently defines to an extend legacy cases in terms of HCV/HCV-HCSA assessments. The definition for legacy cases also needs to be extended to include social aspects and other scenarios such as war-torn countries. Secretariat added that once the definition of legacy cases has been identified, NDJSG will develop a specific methodology for HFCL within HFCCs, what about HFCLs which are outside of HFCCs (e.g. Papua)? Another TF member also raised concern on how we want to fit legacy cases and these scenarios to the methodology that will be used for HFCL and HFCC.

- TF member suggested maybe to use case study done by Sime Darby (Liberia) and Olam (Gabon) to potentially draw the definition from here. Secretariat will contact both Simon Lord and Audrey whether possible to obtain the case study paper and summarise for discussion of the NDTF.
- NDTF to discuss this in the upcoming calls & meetings where NDTF members also in the NDJSG are present.

2. HCSA Standalone Checklist

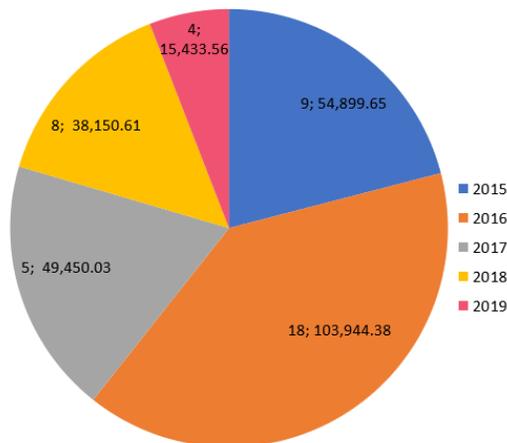
- This item was not discussed as the group agreed that it would be more appropriate to be done in a meeting with a larger number of members present.

3. Capacity & availability of assessors (refer attached slides)

NPP Stats

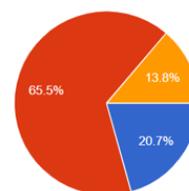


Total NPP Submissions & Area (Ha) by year



NPP 2015-2019 = 44 NPPs
Average of 10 NPP submissions/year

Case register (total: 58 cases)



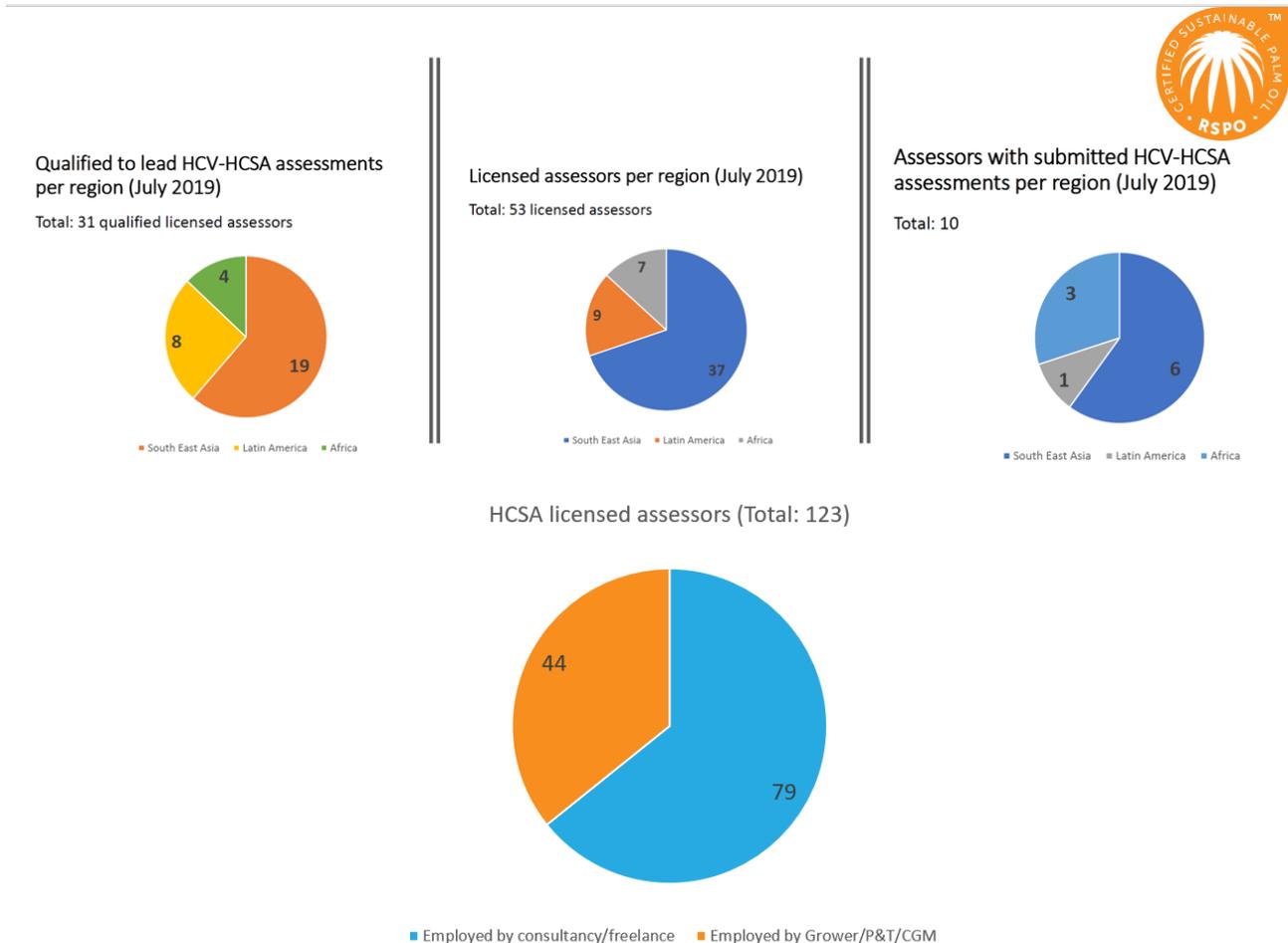
- ALS HCV assessment ongoing before 15 Nov 2018 which are yet to be completed
- Completed ALS-HCV assessments (started before 15 November 2018) not yet submitted to ALS for Quality review by 15 November 2018
- Approved NPP with Pre-ALS HCV assessment (Ongoing development after 15 Nov 2018)

Total Approved NPPs progress

Uncleared	No.
<20%	44
21-40%	48
41-60%	25
61-80%	13
81-100%	15
Total	145

- Secretariat presented on NPP stats.
 - Total of 44 NPPs submitted from 2015-2019 (as at June 2019) with an average of 10 NPP submissions/year.
 - 58 cases were registered in the RSPO case register. 86% are for completed & on-going assessments not yet submitted to HCVRN ALS. 8 Cases of pre-ALS HCVs for older approved NPPs.
 - There is a total of 145 NPPs (which includes those not requiring registration in the case register) which have been approved with various percentages of land clearing completion based on NPP submissions (% excludes HCV areas identified).
- Secretariat raised concern specifically for the older NPPs with non-ALS HCVs it is believed that there are more cases that have not registered from the 145 NPPs. There was a suggestion to have

a 'pre-registration list' of the 145 cases and continuously remind them on the requirement for the case register. Decision for registration (or not) will be at the respective company's discretion. – **Secretariat to send targeted email blast to the companies identified above with weekly reminders till the deadline.**



- Secretariat presented on the number of HCV-HCSA, HCV and HCSA licensed assessors which can lead each respective assessment.
- Concern was raised on the availability of both HCV-HCSA and HCSA assessors as the case register shows a high number of cases requiring standalone HCSA assessments (50 cases to date).
- Questions on HCSA and HCVRNs plans to increase the number of assessors, availability of training and time taken to qualify an assessor was raised.
- TF member reminded that we need to get assessors as soon as possible while maintaining the quality. It was also raised that another important item to discuss was the availability of reviewers, specifically ones able to review reports in Bahasa Indonesia. It was brought up that a large amount of delays in the review process stemmed from language issues.

-Meeting Adjourned -