



# **Reviewing High Conservation Value reports**

**HCV Resource Network guidance for peer reviews of HCV  
assessment reports - Version 1- October 2008**

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## Introduction

This document provides guidance and standard templates for conducting a peer review of an HCV assessment report, based on the guiding principles of the HCV Resource Network (HCV RN) as described in the Network's Charter. It also includes guidance on the review process.

The HCV RN Technical Panel (TP) offers a TP Peer Review service for anyone wishing to check the adequacy of an HCV assessment report, following these guidelines and reporting formats; this service will be particularly useful for large-scale or high-impact operations. The TP Peer Review process is attached (Annex 2).

The aim of a peer review is to provide a quality control function for HCV assessment reports, and specifically to establish whether adequate data and data collection methodologies have been used, whether the assessment team had the required expertise, and whether judgments on HCV status and extent are justified. Where applicable, the review should also assess whether decisions for management and monitoring HCVs are sufficient to ensure that HCVs are maintained or enhanced, as a result of proposed management plans.

The objectives of this document are:

- To provide HCV practitioners with a checklist of the key elements which should be covered in an HCV report,
- To support reviewers in assessing the key elements of an HCV report,
- To facilitate the discussion of key findings of an HCV report, and
- To ensure that reviews of HCV reports are consistent and comparable across different applications of the HCV approach.

The document is aimed at three main audiences:

- HCV practitioners involved in conducting an HCV assessment and reporting their findings.
- Members of the HCV Technical Panel conducting TP Peer Reviews of HCV reports on behalf of the HCV Resource Network.
- Other reviewers conducting independent peer reviews of HCV reports.

This document was developed by the HCV RN Technical Panel for peer reviewing HCV assessment reports either for certification purposes (e.g. FSC, RSPO) or as a stand-alone process. The document is based on recommendations of the "Good practice guidelines for HCV assessments" (Proforest 2008), and the full set of review criteria and the recommended review process were set out by the HCV RN Technical Panel during its first meeting in July 2008.

## **Outline of the peer review process:**

### ***Pre-evaluation – basic information and safeguards***

In order to determine how much time and what expertise will be needed for a peer review, the reviewer needs some basic information prior to agreeing the review. The basic data required covers the organisation and the scope of the review requested (i.e. location, ecosystem types present, area covered by assessment, land ownership, planned operations including plans for conversion, and known HCVs).

For a Technical Panel Peer Review, this information will be used to choose reviewers and to assign a category of review (see Annex 2 for the TP review categories): large, complex cases are likely to need more time to review, to discuss and to reach a consensus on key points.

In HCV assessments conducted for certification purposes, the certification process provides an assurance that important safeguards of sustainability are appropriately addressed. For HCV assessments undertaken outside of a certification process, there needs to be evidence that these safeguards are also in place. For all TP Peer Reviews, a statement is therefore required from the applicant confirming that basic safeguards exist for maintaining HCVs, i.e. legality of the operations and the presence of systems in place to deal with any customary tenure or land use rights issues, where applicable.

Annex 1 provides a template for submitting the basic information required for a TP Peer Review.

### ***Review process***

HCV peer reviewers should follow the guidance checklist described below to assess the HCV assessment report, and may use the templates provided in Annex 3 to complete a standard peer review report, which can be easily examined by the client, other reviewers and other stakeholders.

For TP Peer Reviews, the reviewers will record their findings for each section of the standard template in one of three categories:

- “No issues” indicates that the information provided is adequate;
- “Minor issues” indicates that the section topic has been addressed but that there is scope for improvement e.g. in the use or interpretation of data;
- “Major issues” indicates that there has been a systematic failure to address the topic, or that the use or interpretation of data is wholly inadequate or inappropriate.

Reviewers should comment on all minor or major issues identified. Where several subsections contribute to the overall finding (i.e. sections 4, 5, 6, 7 of the review template), the reviewer should assign the highest (most serious) category of findings in the subsections to the overall finding (e.g. if the issues for section 5 are assessed

as follows: 5.1: -none; 5.2: -major; 5.3: -minor, then the overall finding for section 5 is: -major).

For TP Peer Reviews, depending on the review category, comments provided by the reviewer may be transmitted directly to the review applicant, or may be collated or revised through a wider Technical Panel discussion, so that a consensus review can be issued. If the TP reviewer feels that particular topics or questions need to be highlighted for internal discussion within the Technical Panel, e.g. for reaching a consensus view on difficult issues, this should be clearly indicated in the introduction (evaluation of the document overall).

### ***Structure of the peer review report***

The peer review report should include the following sections:

**a) Introduction:**

This is an evaluation of the document overall, clearly describing the strengths and weaknesses of the HCV assessment report, and highlighting any issues which need further investigation. For HCV TP Peer Reviews where a consensus view is sought, the reviewers will use the introductory section to highlight key issues which require resolution.

**b) Summary of findings:**

A table for rapid reference to issues identified in the full review should be included. A template for this summary table is included in Annex 3.

**c) Full review:**

Reviewers should use the checklist provided to assess whether the report is adequate. A template for the full review is provided in Annex 3.

**d) Disclaimer:**

The value of the peer review depends on the accuracy of the information submitted. All TP Peer Review reports therefore carry a disclaimer to this effect (see Annex 3)

### ***Public availability of the Peer Review:***

The Peer Review Report will normally be a public document, as will a summary of the HCV assessment report. For TP Peer Reviews, the process for making review findings public on the HCV RN website is described in Annex 2.

# Checklist for reviewing HCV assessment reports

## 1. Executive summary of the document

- a) Are the key findings clearly presented and summarised?
- b) Does the summary accurately reflect the findings and recommendations of the main document?
- c) If no summary exists, is it still possible to use the document easily?

## 2. Scope of the assessment

- a) Is the assessment area and surrounding landscape clearly defined?
- b) Is there a basic summary of the company and its operations in the area?
- c) Are the impact and scale of proposed operations adequately described?
- d) Did exploitation of any kind (especially clearance) take place prior to the assessment, and if so, how are such areas treated?
- e) Is the purpose of the HCV assessment clear?

## 3. Wider landscape context and significance of the assessed area

- a) Is the wider landscape convincingly and adequately described?
- b) Are the key social and biological features of the wider landscape clearly described? Such features include:
  - Protected areas (existing or in process of gazettelement)
  - Regional or sub-regional biogeography (is the assessment area part of a distinct and/or narrowly restricted biogeographic region?)
  - Location and status of areas of natural vegetation (including a description of ecosystem types, size, quality)
  - Occurrence of known populations of species of global concern
  - Major landforms, watersheds and rivers, geology and soils
  - Human settlements and infrastructure, agricultural areas
  - Social context (ethnicity, major social trends and land use activities)
  - History of land use and development trends, including future plans (e.g. spatial planning maps, development initiatives and existing/proposed commercial exploitation licenses)

## 4. HCV assessment process including consultation processes

For each of the sub-topics, was the process or effort proportionate and adequate relative to the likely impact and scale of operations?

### 4.1. *Composition and qualifications of the assessment team*

- a) Did the team include or have adequate access to relevant expertise to assess biological and social values?

### 4.2. *Data sources and data collection methodologies*

- a) Are data sources and data collection methodologies clearly described or referenced and summarised (and presented in annexes if appropriate), and are they adequate to identify HCVs? This section should cover:
  - Background and desk research
  - Field data collection, if any (including dates and itineraries). *NB: are aims of any fieldwork clearly stated relative to specific HCVs?*
- b) Were reasonable efforts made to fill gaps in the data, proportionate to the impact and scale of the operations?

### 4.3. *Consultation processes*

Was there an appropriate consultation process for:

- a) Identification of HCVs
- b) Management of HCVs
- c) Monitoring of HCVs,

In each case:

- Were relevant stakeholders appropriately consulted?
  - Is this documented in a verifiable manner?
  - Were their views or the information they provided incorporated into the relevant process?
  - Were conclusions fed back to consultees as appropriate?
- d) Were appropriate existing initiatives engaged wherever possible (including existing local or international social, ecological or biological conservation initiatives)?

## **5. Identification, location and status of each HCV**

For each HCV, are the following points addressed, and was the process or effort proportionate and adequate relative to the likely impact and scale of operations?

### ***5.1. Data quality***

- a) Are data detailed, recent and complete enough to make informed decisions on presence/status/location of the HCV? (*NB: particular care to be taken with quality, analysis and use of remote sensing data*)
- b) Is the precautionary principle appropriately invoked in the use of data?
- c) Were maps, reports and other previously existing data up to date and adequate?
- d) Is there an understanding of the spatial accuracy of the data used?
- e) Should further data be collected before decisions are made?

### ***5.2. Reference to HCV toolkits***

- a) Has a National Interpretation of HCVs been used, or (in the absence of a National Interpretation), have the generic HCVF Toolkit guidelines been appropriately interpreted?
- b) Are decisions to apply National Interpretation definitions/thresholds, or to deviate from its recommendations, adequately explained and justified?

### ***5.3. Decision on HCV status***

- a) Is the HCV present, potentially present or absent in the assessed area?
- b) Has the presence of the HCV in the wider landscape and nationally, regionally or globally been addressed?
- c) Is the HCV (and its components) clearly defined and described?
- d) Is the description sufficient for responsible parties reliably to identify the HCV?
- e) Was the precautionary principle appropriately invoked in making the decision on HCV status?

### ***5.4. Mapping decisions***

- a) Are maps of HCV occurrence clear, accurate and useful?

## **6. Management of HCVs**

For each HCV, either individually or collectively, were the following points addressed?

## ***6.1. Assessment of threats or risks to each HCV within the landscape context***

- a) Are threats or risks from current or planned management activities to each HCV within the assessment area identified?
- b) Are threats from external factors to each HCV within the assessment area identified?
- c) Are aspects which might help to preserve the HCVs outside the assessment area identified (e.g. protected areas, inaccessible areas, favourable land use, active conservation programmes etc)?
- d) Are aspects which would tend to threaten the HCVs outside the assessment area identified (e.g. unfavourable land use, hunting pressures etc.)

## ***6.2. Do proposed management plans adequately maintain or enhance HCVs?***

- a) Are management objectives clearly described and appropriate?
- b) Are management prescriptions clearly described and appropriate to meet stated objectives?
  - Does management take into account the presence and status of HCVs?
  - Does management effectively mitigate threats or risks to HCVs?
  - Is the precautionary principle appropriately invoked in management prescriptions?
  - Have stakeholders been consulted on the proposed management and given the opportunity for direct input as appropriate?
  - Was the management plan developed in a consultative manner and/or endorsed by outside stakeholders?

## **7. Monitoring of HCVs**

For each HCV, either individually or collectively, were the following points addressed?

### ***7.1. Are monitoring plans clearly described?***

- a) Are monitoring objectives clearly described and appropriate?
- b) Are methodologies clearly described and appropriate to meet stated objectives?
  - Methodologies for data collection
  - Methodologies for data analysis

## ***7.2. Are monitoring plans adequate?***

- a) Does the monitoring plan adequately deal with significant changes arising from:
  - Proposed land management operations
  - Known or likely external threats/risks to HCVs

## ***7.3. Are plans for a regular review of data built in to the management and monitoring plan***

- a) Is there a clear line of responsibility
- b) Is the monitoring system review process adequate for capturing effects of likely threats/risks to HCVs?

## **Annex 1: Pre-evaluation - basic information for peer reviews of HCV assessments.**

The basic information needed prior to agreeing a peer review for HCV assessment reports has been developed into a standard form, below.

All organisations requesting a TP Peer Review will be required to submit this form to the HCV Resource Network Secretariat, [www.hcvnetwork.org](http://www.hcvnetwork.org)

### ***1. Organisation requesting peer review***

|  |  |
|--|--|
| Name   |  |
| Address  |  |
| Contact details  |  |
| Relationship with assessed organisation (e.g. Environmental Manager of Company, consultant undertaking HCV assessment) |  |

### ***2. Organisation assessed (if different from above)***

|                               |  |
|-------------------------------|--|
| Name                          |  |
| Address                       |  |
| Contact details (if relevant) |  |
|                               |  |

### ***3. Information about the area under assessment***

In order to identify the appropriate category of peer review (see Annex 2 for more information on peer review categories) and the most appropriate peer review team, please provide basic information on the assessment area below.

|  |  |
|--|--|
| Country and location within country (e.g. state, province or district)   |  |
| Type(s) of ecosystem within and around assessment area (e.g. natural forest, wetlands, grasslands, marine areas) |  |
| Size and configuration of area under assessment (e.g. one block of 10,000 ha, 100 blocks of 10 - 1000 ha)        |  |

|  |  |
|--|--|
| Type of ownership (e.g. private land, long-term concession on state land, community land)  |  |
| Description of planned use (e.g. natural forest management, mining, plantation, agriculture)   |  |
| Will planned use involve any conversion of natural ecosystems (intact or degraded) to other uses? Please provide information on the purpose and area of any conversion (e.g. conversion of 10,000 ha of degraded natural forest to agriculture). |  |
| How long is the document and what form will it be provided in (electronic, web-based etc)  |  |
| Which HCVs were found to be present?   |  |

#### ***4. Information on basic safeguards***

Outside of the context of certification, certain basic safeguards need to be in place to support the use of the HCV process as a tool for ensuring that critical values are maintained. While these are outside the scope of a technical review, the HCV Resource Network only accepts assessments for peer review where confirmation is provided that the required safeguards are in place.

|   |  |
|---|--|
| Do all current and planned activities meet applicable legal requirements?   |  |
| Are there any unresolved issues or disputes relating to legal or customary tenure or use rights? If so is there an adequate process in place to resolve the issues? |  |

## Annex 2: The HCV Resource Network TP Peer Review Process

This is the process agreed by the HCV RN Technical Panel (TP), at its first meeting in July 2008, for all TP Peer Reviews of HCV assessment reports. The process will be revised based on experience at the next TP annual meeting.

1. The working language of the TP is English. Requests to review documents in other languages will be accommodated where possible but cannot be guaranteed.
2. Peer reviews will be based entirely on assessment reports submitted. Additional material or field visits will not normally be part of the review. The resulting peer review will therefore be a review of the information provided, not the operation or location assessed.
3. Requests for peer reviews must be submitted by the review applicant to the HCV RN Secretariat. All applications must be accompanied by a completed copy of the 'Basic Information for HCV Peer Review' (see Annex 1 for a copy of this document).
4. Based on the type of review requested (i.e. likely HCV issues, scale, and likely impact of operations) the Secretariat will advise on the Category of peer review which is appropriate (see Box1 for the guidance for defining different categories):
  - Category 1: Review undertaken by a minimum of three TP reviewers. Three reviewers identify key issues and questions. All members of the TP review and discuss these issues and questions and agree a TP Peer Review Report. Individual reviewers anonymous.
  - Category 2: Review undertaken by a minimum of three TP reviewers. All reviewers consider each others' findings and agree a TP Peer Review Report. Individual reviewers anonymous.
  - Category 3: Review undertaken by two or more TP reviewers. Reviewers discuss findings to identify and resolve any major inconsistencies. Findings from each reviewer kept separate and reviewers named.

Note: Members of the TP may undertake peer reviews as individuals or on behalf of their organisations independently of the HCV Resource Network. However, in this case there must be a disclaimer in the final report which makes clear that although the peer reviewer is a member of the HCV TP and followed TP methodology (if this is the case) the review was not done on behalf of the HCV Resource Network but as an individual or organisation (see "Terms of Reference for TP, Version 1, October 2008 - Annex 3).

5. Based on the type of review and the category the Secretariat will select peer reviewers from among the TP membership. The process for doing this will be:

- All members of the TP will be informed about the peer review including a copy of the basic information. Any member available and interested in undertaking the review will inform the Secretariat.
  - From among the potential reviewers the Secretariat will seek to find, as a minimum:
    - One reviewer from the region
    - One reviewer from outside the region
    - One person familiar with the biome/ ecosystems being assessed
    - One person familiar with the social situation being assessed.
- NB: One person may fill two of these roles (eg: be from the region and familiar with the biome/ ecosystems)
- The number of TP members for each review is likely to range from 3-5 individuals (the Primary Reviewers).
  - For Category 1 and 2 reviews, one of the Primary Reviewers will volunteer or be nominated by consensus, to act as a Lead Reviewer. Their additional role will be to coordinate the internal discussion, collate other Primary Reviewers' and/or TP member comments, and draft the final TP Peer Review Report.
  - All TP members will have access to the report being peer reviewed by secure email or internet access.
6. Reviewers must declare any Conflict of Interest to the Secretariat prior to commencing the review or submit a statement of no Conflict of Interest if this be the case.
  7. Where TP members do not have adequate expertise, or have a conflict of interest, subcontractors may be used. The process for using subcontractors will be the following:
    - a. Appropriate experts will be identified by the Secretariat in consultation with the Technical Panel. Names will be submitted to the HCV RN Quality Control sub-committee, to submit any objections within 3 days.
    - b. Subcontractors will be required to sign up to the HCV Network Charter, declare any potential conflicts of interest, and sign a confidentiality agreement covering the Peer Review.
    - c. Subcontractors will review documents according to the guidance set out by the Technical Panel.
    - d. Subcontractors will normally be paid the same fee rate as TP members, unless this precludes their participation.
    - e. Subcontractors may not be Lead Reviewers.
  8. All members of the TP and the Quality Control Sub-committee of the Steering Group will be informed which TP members are Primary Reviewers for a specific assessment.

9. The review team will be asked to review the HCV assessment and provide a TP Peer Review Report or individual reviews, as appropriate, to the HCV RN Secretariat within an agreed timeframe (usually 2-4 weeks). TP Peer Review Reports will follow the format agreed by the TP.
10. For all review categories, a mechanism is needed for discussion of the major findings.
  - a. For Category 1:
    - i. The Primary Reviewers will consider each others' findings, using the HCV assessment peer review template to facilitate reference, and will agree and clearly set out a list of key issues needing consultation or validation within the TP.
    - ii. The TP as a whole (excepting any members with declared conflicts of interest) will receive all the Primary Reviewers' comments and provide input on the highlighted key issues, using the assessment review template.
    - iii. The Lead Reviewer will collate the TP input, facilitate discussion of outstanding issues as appropriate with TP colleagues, and draft a consensus TP Peer Review Report, which will be approved by the TP on a no-objections basis.
  - b. For Categories 2 and 3, Primary Reviewers will consider each others' findings using the HCV assessment review template, and identify, discuss and resolve any major inconsistencies. For Category 2, the collated input will be drafted into an agreed TP Peer Review Report by the Lead Reviewer.
11. Peer reviewers will not normally have any direct contact with the organisation seeking the peer review. In the first instance, and during the active period of the review, all contact will be via the Secretariat. If after the review is complete, the applicant requires further clarification on specific issues, direct contact with individual peer reviewers may be negotiated via the Secretariat.
12. The TP Peer Review Report or individual reviews will be sent to the Quality Control Sub-committee of the Steering Group for review.
13. The final outcome of review will be sent to the individual or organisation which made the request.
14. All **requests** for TP Peer Reviews will be posted on the HCV RN website; a copy of the review will also normally be posted. However, where the review findings are that the assessment was inadequate and, as a result, the review applicant decides that the assessment itself is not made public, the review will not be posted or made public. In this case, the individual or organisation requesting the review **will not** be entitled to claim that the report was reviewed by the TP. The HCV RN will reserve the right to make the review public if the assessment report is made public and any claim is made implying review and endorsement by the TP.

## **Box 1: Guidance on criteria defining categories of TP Peer Reviews**

### **Category 1:**

Large-scale land-use planning (e.g. regional or national level); very high impact operations, involving complete, irreversible alteration of ecosystems/natural vegetation, and potentially very severe impacts to, or even elimination of, any HCVs in the area, e.g.:

- Large-scale conversion of natural ecosystems to agriculture or plantations
- Large scale operations in highly sensitive/vulnerable ecosystems (e.g. peat swamps)
- Operations likely to have an irreversible and damaging impact on vulnerable communities

### **Category 2:**

High impact operations, involving extensive alterations of the ecosystem or potentially severe impacts on HCVs, which are reversible in the medium to long term and can be mitigated by good management, e.g.:

- Small to medium scale conversion of semi-natural/highly degraded ecosystems to agriculture or plantations
- Large-scale forest management
- Medium-large scale plantations operations in largely agricultural landscapes
- Operations likely to affect substantially the livelihoods of communities.

### **Category 3**

Medium or low impact operations, where alterations to the ecosystems are likely to be minimal, or moderate and localised, and reversible in the medium to short term, e.g.:

- Small to medium scale forestry operations in resilient/common forest ecosystems
- Small-scale and low intensity community forestry operations
- Small scale changes in crops in largely agricultural landscapes

**Note:** these examples are not exhaustive and are intended to provide an indication of the likely category of review. Each case will be considered on its individual characteristics.

## Annex 3: Templates for peer review reports

### 1. Summary table for peer review findings

| Document name:  | Reviewer: (TP use only)       | Date of review:                |                                |  |
|---|-------------------------------|--------------------------------|--------------------------------|--|
| Description of document content   |                               | Issues identified              |                                |  |
| <b>1. Executive summary of the document</b>                             |                               |                                |                                |  |
| Overall - executive summary   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>2. Scope of the assessment</b>                                       |                               |                                |                                |  |
| Overall - scope   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>3. Wider landscape context and significance of the assessed area</b> |                               |                                |                                |  |
| Overall - landscape context   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>4. HCV assessment process including consultation process</b>         |                               |                                |                                |  |
| Overall -HCV assessment process   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 4.1. Composition and qualifications of the assessment team              | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 4.2. Data sources and data collection methodologies                     | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 4.3. Consultation processes   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>5. Identification, location and status of each HCV</b>               |                               |                                |                                |  |
| Overall - HCV identification  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 5.1. Data quality   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 5.2. Reference to HCV toolkits  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 5.3. Decision on HCV status   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 5.4. Mapping decisions  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>6. Management of HCVs</b>  |                               |                                |                                |  |
| Overall - HCV management  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 6.1. Assessment of threats or risks to each HCV                         | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 6.2. Are HCV management plans adequate?                                 | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| <b>7. Monitoring of HCVs</b>  |                               |                                |                                |  |
| Overall - HCV monitoring  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 7.1. Are monitoring plans clearly described?                            | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 7.2. Are monitoring plans adequate?                                     | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |
| 7.3. Are there plans for a regular review of data?                      | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |  |

Note: The summary table should be included in an **introduction to the review findings** which covers the major strengths and weaknesses of the HCV assessment report and highlights key issues.

## 2. Full reporting table, peer review findings

### NB: How to use this form

Please insert all relevant comments first, before recording findings in the boxes. To insert crosses in the boxes (none, minor, major) in MS Word, the table must be locked: In the Toolbar, open View – Toolbars – Forms, and click on the padlock. In order to alter comments, unlock the form in the same way.

| Project name:   | Reviewer: <i>(TP use only)</i> | Date of review:               |                                |                                |
|---|--------------------------------|-------------------------------|--------------------------------|--------------------------------|
| Description of document content:  |                                | Issues identified             |                                |                                |
| <b>1. Executive summary of the document</b>   |                                |                               |                                |                                |
| Overall – executive summary   |                                | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Guidance:   |                                |                               |                                |                                |
| a) Are the key findings clearly presented and summarised?   |                                |                               |                                |                                |
| b) Does the summary accurately reflect the findings and recommendations of the main document?                                     |                                |                               |                                |                                |
| c) If no summary exists, is it still possible to use the document easily?   |                                |                               |                                |                                |
| <b>1. Reviewer comments:</b>  |                                |                               |                                |                                |
| <b>2. Scope of the assessment</b>   |                                |                               |                                |                                |
| Overall – scope   |                                | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Guidance:   |                                |                               |                                |                                |
| a) Is the assessment area and surrounding landscape clearly defined?  |                                |                               |                                |                                |
| b) Is there a basic summary of the company and its operations in the area?  |                                |                               |                                |                                |
| c) Are the impact and scale of proposed operations adequately described?  |                                |                               |                                |                                |
| d) Did exploitation of any kind (especially clearance) take place prior to the assessment, and if so, how are such areas treated? |                                |                               |                                |                                |
| e) Is the purpose of the HCV assessment clear?  |                                |                               |                                |                                |
| <b>2. Reviewer comments:</b>  |                                |                               |                                |                                |
| <b>3. Wider landscape context and significance of the assessed area</b>   |                                |                               |                                |                                |
| Overall – landscape context   |                                | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |

Guidance:

- a) Is the wider landscape convincingly and adequately described?
- b) Are the key social and biological features of the wider landscape clearly described? Such features include:
- Protected areas (existing or in process of gazettelement)
  - Regional or sub-regional biogeography (is the assessment area part of a distinct and/or narrowly restricted biogeographic region?)
  - Location and status of areas of natural vegetation (including a description of ecosystem types, size, quality)
  - Occurrence of known populations of species of global concern
  - Major landforms, watersheds and rivers, geology and soils
  - Human settlements and infrastructure, agricultural areas
  - Social context (ethnicity, major social trends and land use activities)
  - History of land use and development trends, including future plans (e.g. spatial planning maps, development initiatives and existing/proposed commercial exploitation licenses)

### 3. Reviewer comments:

### 4. HCV assessment process including consultation process

|                                 |                               |                                |                                |
|---------------------------------|-------------------------------|--------------------------------|--------------------------------|
| Overall –HCV assessment process | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---------------------------------|-------------------------------|--------------------------------|--------------------------------|

For *each* of the sub-topics, was the process or effort proportionate and adequate relative to the likely impact and scale of operations?

|   |                               |                                |                                |
|---|-------------------------------|--------------------------------|--------------------------------|
| 4.1.Composition and qualifications of the assessment team | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---|-------------------------------|--------------------------------|--------------------------------|

Guidance:

Did the team include or have adequate access to relevant expertise to assess biological and social values?

### 4.1. Reviewer comments:

|   |                               |                                |                                |
|---|-------------------------------|--------------------------------|--------------------------------|
| 4.2. Data sources and data collection methodologies | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---|-------------------------------|--------------------------------|--------------------------------|

Guidance:

- a) Are data sources and data collection methodologies clearly described or referenced and summarised (and presented in annexes if appropriate), and are they adequate to identify HCVs? This section should cover:
- Background and desk research
  - Field data collection, if any (including dates and itineraries). *NB: are aims of any fieldwork clearly stated relative to specific HCVs?*

b) Were reasonable efforts made to fill gaps in the data, proportionate to the impact and scale of the operations?

**4.2. Reviewer comments:**

|                                    |                               |                                |                                |
|------------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <b>4.3. Consultation processes</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|------------------------------------|-------------------------------|--------------------------------|--------------------------------|

Guidance:

Was there an appropriate consultation process for

a) Identification of HCVs

b) Management of HCVs

c) Monitoring of HCVs,

In each case:

- Were relevant stakeholders appropriately consulted?
- Is this documented in a verifiable manner?
- Were their views or the information they provided incorporated into the relevant process?
- Were conclusions fed back to consultees as appropriate?

d) Were appropriate existing initiatives engaged wherever possible (including existing local or international social, ecological or biological conservation initiatives)?

**4.3. Reviewer comments:**

**5. Identification, location and status of each HCV**

|                                     |                               |                                |                                |
|-------------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <b>Overall – HCV identification</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|-------------------------------------|-------------------------------|--------------------------------|--------------------------------|

For *each* HCV, are the following points addressed, and was the process or effort proportionate and adequate relative to the likely impact and scale of operations?

|                          |                               |                                |                                |
|--------------------------|-------------------------------|--------------------------------|--------------------------------|
| <b>5.1. Data quality</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|--------------------------|-------------------------------|--------------------------------|--------------------------------|

Guidance:

a) Are data detailed, recent and complete enough to make informed decisions on presence/status/location of the HCV? (*NB: particular care to be taken with quality, analysis and use of remote sensing data*)

b) Is the precautionary principle appropriately invoked in the use of data?

c) Were maps, reports and other previously existing data up to date and adequate?

d) Is there an understanding of the spatial accuracy of the data used?

e) Should further data be collected before decisions are made?

**5.1. Reviewer comments:**

|  |                               |                                |                                |
|--|-------------------------------|--------------------------------|--------------------------------|
| HCV1:  |                               |                                |                                |
| HCV2:  |                               |                                |                                |
| HCV3:  |                               |                                |                                |
| HCV4:  |                               |                                |                                |
| HCV5:  |                               |                                |                                |
| HCV6:  |                               |                                |                                |
| 5.2. Reference to HCV toolkits   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| <p>Guidance:</p> <p>a) Has a National Interpretation of HCVs been used, or (in the absence of a National Interpretation), have the generic HCVF Toolkit guidelines been appropriately interpreted?</p> <p>b) Are decisions to apply National Interpretation definitions/thresholds, or to deviate from its recommendations, adequately explained and justified?</p>  |                               |                                |                                |
| <b>5.2. Reviewer comments:</b>   |                               |                                |                                |
| HCV1:  |                               |                                |                                |
| HCV2:  |                               |                                |                                |
| HCV3:  |                               |                                |                                |
| HCV4:  |                               |                                |                                |
| HCV5:  |                               |                                |                                |
| HCV6:  |                               |                                |                                |
| 5.3. Decision on HCV status  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| <p>a) Is the HCV present, potentially present or absent in the assessed area?</p> <p>b) Has the presence of the HCV in the wider landscape and nationally, regionally or globally been addressed?</p> <p>c) Is the HCV (and its components) clearly defined and described?</p> <p>d) Is the description sufficient for responsible parties reliably to identify the HCV?</p> <p>e) Was the precautionary principle appropriately invoked in making the decision on HCV status?</p> |                               |                                |                                |
| <b>5.3. Reviewer comments:</b>   |                               |                                |                                |
| HCV1:  |                               |                                |                                |
| HCV2:  |                               |                                |                                |
| HCV3:  |                               |                                |                                |
| HCV4:  |                               |                                |                                |

|  |                               |                                |                                |
|--|-------------------------------|--------------------------------|--------------------------------|
| <b>HCV5:</b>   |                               |                                |                                |
| <b>HCV6:</b>   |                               |                                |                                |
| <b>5.4. Mapping decisions</b>  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Guidance:  |                               |                                |                                |
| a) Are maps of HCV occurrence clear, accurate and useful?  |                               |                                |                                |
| <b>5.4 Reviewer comments:</b>  |                               |                                |                                |
| <b>HCV1:</b>   |                               |                                |                                |
| <b>HCV2:</b>   |                               |                                |                                |
| <b>HCV3:</b>   |                               |                                |                                |
| <b>HCV4:</b>   |                               |                                |                                |
| <b>HCV5:</b>   |                               |                                |                                |
| <b>HCV6:</b>   |                               |                                |                                |
| <b>6. Management of HCVs</b>   |                               |                                |                                |
| <b>Overall – HCV management</b>  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| For each HCV, <i>either</i> individually <i>or</i> collectively, were the following points addressed?  |                               |                                |                                |
| <b>6.1 Assessment of threats or risks to each HCV within the landscape context</b>   | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Guidance:  |                               |                                |                                |
| a) Are threats or risks from current or planned management activities to each HCV within the assessment area identified?   |                               |                                |                                |
| b) Are threats from external factors to each HCV within the assessment area identified?  |                               |                                |                                |
| c) Are aspects which might help to preserve the HCVs outside the assessment area identified (e.g. protected areas, inaccessible areas, favourable land use, active conservation programmes etc)? |                               |                                |                                |
| d) Are aspects which would tend to threaten the HCVs outside the assessment area identified (e.g. unfavourable land use, hunting pressures etc.)   |                               |                                |                                |
| <b>6.1 Reviewer comments:</b>  |                               |                                |                                |
| <b>6.2 Are HCV management plans adequate?</b>  | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
| Guidance:  |                               |                                |                                |
| a) Are management objectives clearly described and appropriate?  |                               |                                |                                |
| b) Are management prescriptions clearly described and appropriate to meet stated objectives?   |                               |                                |                                |
| <ul style="list-style-type: none"> <li>Does management take into account the presence and status of HCVs?</li> </ul>   |                               |                                |                                |

- Does management effectively mitigate threats or risks to HCVs?
- Is the precautionary principle appropriately invoked in management prescriptions?
- Have stakeholders been consulted on the proposed management and given the opportunity for direct input as appropriate?
- Was the management plan developed in a consultative manner and/or endorsed by outside stakeholders?

**6.2 Reviewer comments:**

**7. Monitoring of HCVs**

|                                 |                               |                                |                                |
|---------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <b>Overall - HCV monitoring</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---------------------------------|-------------------------------|--------------------------------|--------------------------------|

For each HCV, *either* individually *or* collectively, were the following points addressed?

|  |                               |                                |                                |
|--|-------------------------------|--------------------------------|--------------------------------|
| <b>7.1 Are monitoring plans clearly described?</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|--|-------------------------------|--------------------------------|--------------------------------|

Guidance:

- Are monitoring objectives clearly described and appropriate?
- Are methodologies clearly described and appropriate to meet stated objectives?
  - Methodologies for data collection
  - Methodologies for data analysis

**7.1 Reviewer comments:**

|   |                               |                                |                                |
|---|-------------------------------|--------------------------------|--------------------------------|
| <b>7.2 Are monitoring plans adequate?</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---|-------------------------------|--------------------------------|--------------------------------|

Guidance:

Does the monitoring plan adequately deal with significant changes arising from:

- Proposed land management operations
- Known or likely external threats/risks to HCVs

**7.2 Reviewer comments:**

|   |                               |                                |                                |
|---|-------------------------------|--------------------------------|--------------------------------|
| <b>7.3 Are plans for a regular review of data built in to the management and monitoring plan?</b> | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|---|-------------------------------|--------------------------------|--------------------------------|

Guidance:

- Is there a clear line of responsibility
- Is the monitoring system review process adequate for capturing effects of likely threats/risks to HCVs?

**7.3 Reviewer comments:**

### **3. Disclaimer:**

All reviews conducted by the HCV RN Technical Panel will bear a disclaimer as follows:

“This review was conducted by the HCV Resource Network (HCV RN) Technical Panel, according to the guidelines set out and approved by the HCV RN, in line with the HCV RN Charter, and is conducted in good faith on the basis of information provided by [*the reviewee*]. The HCV RN Technical Panel and the HCV RN can take no responsibility for the accuracy of information provided by [*the reviewee*] and cannot be held liable in any way for any damage or loss resulting from the use or interpretation of this review by [*the reviewee*] or any third party. The opinions expressed in this review are those of the HCV RN Technical Panel and do not necessarily represent the views of the HCV RN or its Steering Group members.”