Community measuring and reporting child health, and then trees? An example from Indonesia





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Presentation outline

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 - c. Perceived reasons to sustain the system
 - d. Actors' recommendations

5. Discussion:

- a. Lessons learned from the healthcare PMRV system
- b. Our recommendations





Introduction 1a. Objectives

 Learning from the healthcare system: possible participatory measurement, reporting and verification (MRV) in REDD+

Focus:

- 1. Village volunteers' motivations
- 2. Financial incentives for village volunteers who measure and report
- 3. Actors' perceptions of the reasons for the system's sustainability
- 4. Actors' recommendations to improve the system



Introduction

1b. A current world issue

- Deforestation is a major source of greenhouse gas emissions.
- REDD+ is a mechanism to reduce emissions from deforestation and forest degradation.
- MRV is needed in REDD+ to enable a country to measure the change in its forest carbon emissions.





Introduction 1c. Community or professionals to measure and report carbon? (previous research)





- **1. Accuracy** (Danielsen *et al* 2013, Skutch *et al* 2009)
- 2. Cost effective and possibility of additional direct income (Skutch *et al* 2009 and Graham and Thorpe 2009)
- **3. Community engagement** (Graham and Thorpe, 2009)

Community MRV is expected to be **more sustainable** than professional MRV (Palmer Fry 2011)



Introduction



1d. Why should we learn from other sectors' participatory MRV?

- REDD+ projects are mostly readiness and pilot activities (Danielsen 2013).
- Are there existing examples to avoid reinventing the wheel?
- We need to find an existing example of effective and sustainable participatory MRV.



Introduction

1e. Village healthcare post, an example of effective and sustainable participatory MRV





Village volunteers measure the weight and height of children and report their findings.

Data accuracy

Cost effective Engage the community

Reports flow from village \rightarrow healthcare worker \rightarrow sub-district \rightarrow district \rightarrow province \rightarrow the Indonesian Ministry of Health

Still functioning well after 30 years!



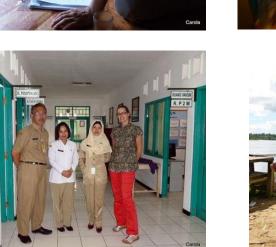
2. Research Sites Seven villages in total – in Papua, West Kalimantan and Central Java provinces





3. Methods











- Follow child nutrition data
- Open ended questionnaires
- Total informants: 70 informants involved in the system from village to national level

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4a. Village volunteers' motivation

- Strong interest in child and maternal health care
- A feeling of self-fulfillment
- Asked by a respected person in the village
- Religious values (i.e. Central Java)





4b. Financial incentives for village volunteers who measure and report

Incentive per activity/per month

- West Kalimantan (US\$ 2)
- Papua (US\$ 25)
- Central Java (US\$ 0.5 0.9)
- Causing suspiciousness among villagers, between villagers and village government regarding financial incentives (i.e. West Kalimantan and Papua)
- Volunteers in Central Java consider the fund distribution to be transparent.

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4c. Actors' perceptions of the reasons for the system's sustainability

- Volunteers' feelings of responsibility
- Assistance/supervision from healthcare workers or government officials
- Regulation at the national level
- Competition and pride (i.e. West Kalimantan Province)



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4d. Recommendations from the actors to improve the system

- Increase support or budget
- Closer collaboration across governance level
- Cross sector collaboration



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Discussion

5a. Lessons learned for participatory MRV in REDD+

We learned from the Indonesian healthcare system that **community** measuring and reporting **does exist**

and has proven to be effective

and sustainable,

despite the lack of financial incentives

for volunteers.

Under certain conditions as follows \rightarrow next slide







Discussion

5b. Lessons learned for participatory MRV in REDD+

Our recommendations for PMRV in REDD+ (1):

- Projects should engage the community so that they consider the issue important and they have control over it.
- At this point, community interest will sustain the system (even when there is a lack of financial incentives).
- Appreciate existing institutions in the village.



Dhanyevad!

Discussion

5c. Lessons learned for participatory MRV in REDD+

Our recommendations for PMRV in REDD+ (2):

- REDD+ needs multilevel and multi actors to succeed (Forsyth 2013), the same applies to the MRV system.
- Good governance within and across levels and actors is needed to ensure the PMRV system is effective and sustainable.

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Another presentation by Andhika Vega Praputra. The Governance and Management of Natural Resources Session – Monday, 29 Sept.



