



PMRV: Governance of Healthcare and Forestry Sector

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Research Objectives

- Compare the system used for monitoring and information flow in the healthcare and forestry sectors,
- Identify lessons learned for future carbon data reporting.



Research Questions

- What are the strengths and weaknesses of the data collected in the forestry and healthcare sectors?
- What are the lessons learned from these systems that can be relevant to participatory MRV for carbon?
- How can the community monitor carbon and embed their results into the forestry information flow or into the national carbon system?
- How can we test the consistency of carbon data stored in the national database and at the local level?





Methods

- Healthcare sector
 - Literature review
 - Observed Posyandu activities
 - Key informant interviews
- Forestry sector
 - Literature review
 - Key informant interviews



Informants in the Healthcare Sector

 Officers in the provincial and district health services, Puskesmas, village midwives and Posyandu volunteers (17 in total)

July – August 2013, Central Java, Wonosobo District.



 Staff member of the Directorate General of Nutrition and Maternal and Child Health, Ministry of Health (1).

September 2013, Jakarta.



 Officers in the provincial and district health services, Puskesmas staff, village nurses, Posyandu volunteers, NGOs and villagers (20 in total).

September - October 2013, Papua, Mamberamo Raya District.



 Officers in provincial and district health services, Puskesmas staff, village midwives/nurses and Posyandu volunteers (15 in total).

November - December 2013, West Kalimantan, Kapuas Hulu District.



Informants in the Forestry Sector

- Forestry Extension Center, Ministry of Forestry.
- National Climate Change Council.
- Deputy of Environmental Destruction Control, Ministry of Environment.
- Perhutani Central Office.

- Forest Area Gazettement Service XI, Yogyakarta.
- Forestry Service, Central Java Province.
- Extension Agency, Central Java Province.
- Forestry and Estate Crop Service, Wonosobo District.
- Sub-district forestry extension officer.
- Perhutani Unit I Central Java, from resort up to provincial office and Village Community Forestry Institution (Lembaga Masyarakat Desa Hutan).

August-December 2013, Jakarta.



July - August 2013, Central Java.



Informants in the Forestry Sector (continued)

- Forest Area Gazettement Service X, Jayapura.
- Forestry and Conservation Service, Papua Province.
- Forestry Service, Mamberamo Raya District.
- Timber concession company: PT.
 Mamberamo Alas Mandiri, site office,
 Mamberamo.

September-October 2013, Papua.

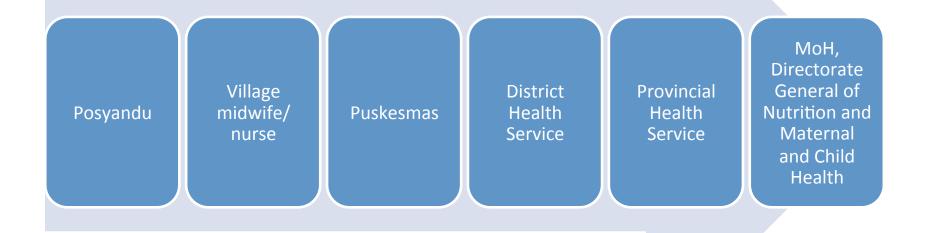


- Forest Area Gazettement Service III, Pontianak.
- Forestry Service, West Kalimantan Province.
- Food Security and Extension Agency,
 West Kalimantan Province.
- Forestry and Estate Crops Service,
 Kapuas Hulu District.
- Village forest management in Sriwangi and Nanga Jemah villages.

November-December 2013, West Kalimantan

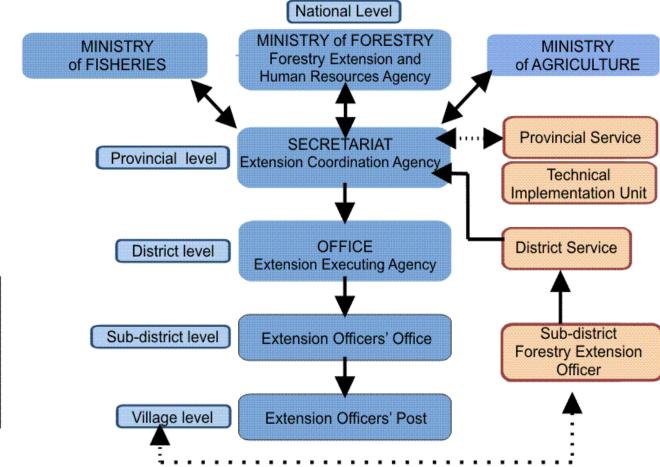


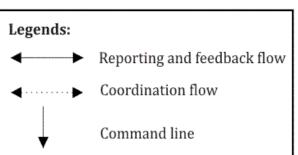
Initial findings on the health sector "PMRV" and the institutions or people through which information flows:





Initial idea for PMRV implementation: Forestry extension





Reporting and coordination flow of extension.

Adapted from Hand Book of Forestry Extension (Buku Kerja Penyuluh Kehutanan), 2013. and Law of Agriculture, Fisheries and Forestry Extension System (Undang Undang Sistem Penyuluhan Pertanjan, Perikanan dan Kehutanan), No. 16/2006





Village forest as an early recommendation for PMRV implementation



Village forests can be:

- Managed by a village institution, for the community economy.
- Empowered by a village regulation.
- Proposed inside protection and production forests (state forest area).



Strengths include:

- Community PARTICIPATION
- LEGAL CERTAINTY
- Management of timber and non-timber forest products, and ENVIRONMENTAL SERVICES



Weaknesses include:

- A complicated and long permit process
- If it is to be implemented, where and to whom the village forest manager should report to?



Initial Findings Lessons (and challenges) learned from both systems for a potential carbon PMRV system

	Healthcare (Posyandu)	Forestry-carbon PMRV
1	The Posyandu volunteers and their motivation.	Community monitoring does not exist.
2	The village midwife/nurse that lives in (or not) the village.	There is no extension officer/ forestry officer at the village level.
3	Posyandu has been in existence for 30 years.	A system for monitoring carbon in a participative way is still at the planning stage.
4	Clear dataflow.	Overlap in forestry dataflow.
5	Healthcare is a basic need and easy for the local community to understand and accept.	The concept of climate change is difficult for local communities to understand.

