

Quarterly Monitoring Tool for Implementation of Forest Governance Agreements and Plans



Introduction:

The monitoring tool for implementation of forest governing agreements plans is designed and developed by the NUCFMB as a useful guide to monitor forest agreements in accordance with the Community Rights Law (CRL) and the Community Forest Management Agreements (CFMA).

The tool specifies a number of practices and procedures that the CFMBs should carry out to improve community forest governance.

COMMUNITY FOREST MANAGEMENT BODY (CFMB) INFORMATION

Regional Coordinators should complete this section before they hand the checklist to each forest community in their area. The community can then update edit any changes.

Name of Chief Officer:		
Contact phone:		
Contact email (if available):		
Name of Community Forest:		
Number of hectares:		
Office Location:		
District:		
County:		
Period covered by this report:	Start (day – month – year):	End (day – month – year):

COMMUNITY FORE	ST MA	NAGE	MENT ST	RUCTURE		
Does the Authorised Forest Community have a written and approved by-laws and a constitution?					Yes□	No□
Does the CFMB meet as provided for	or in th	ne by-la	aws and c	onstitution?	Yes□	No□
When was the most recent meeting?		(day –	month – ye	ar)	l	l
Is the agenda for meetings develope CFMB at the start of each meeting?	d and s	shared	with men	nbers of the	Yes□	No□
What were some of the decisions a • • •	nd reso	olution	s from th	e most recent	meeting	ζ:
Are the minutes of each meeting p	orepare	ed after	the mee	ting?	Yes□	No□
If yes, have you provided the latest I	meetii	ng mii	nutes to	NUCFMB?	Yes□	No□
If not, can you provide them to NUCFMB now?						No□
Does the CFMB have five members on its leadership structure?						No□
If yes, are all five CFMB members active?					Yes□	No□
If not, explain why some are inactive:						
Are there females on the CFMB leadership?					Yes□	No□
If yes, how many?		If no, a	ny reasoi	ns why?		
Do you have a Community Forestry Management Plan (CFMP)?					Yes□	No□
If yes, what date was it finalised? (day – month – year)						
Have you provided a copy of the CFMP to NUCFMB? If not, can you provide one now?	Yes□	No□	If no, why	not?		
					T	
Has the CFMB established a community forest fund?					Yes□	No□

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CONSI	ERVATI	ON AC	CTIONS					
Is this a Conservation (and/or Carb	Yes□	No□						
If not, do you have any conservation	n zones	in the	forest?	Yes□	No□			
If yes, do you have any support or i Carbon)?	ncome	from o	conservation (and/or	Yes□	No□			
If yes, please provide the name of the support or income source:	ne				l			
THIRD F	PARTY	CONT	RACTING					
Is there an existing contract with an	ny loggi	ng ope	rators?	Yes□	No□			
If no, are there plans to enter into a If you answered 'no' to these to	Yes□	No□						
If yes, there is a contract, what is the logging company's name?	ie							
8			What date is it due for review? (day – month – year)					
Was the contract approved by the Executive Committee?	Yes□	No□	If no, why not?					
Have you provided a copy of the contract to NUCFMB? If not, can you provide one now?	Yes□	□ No□ If no, why not?						
Were you ever given a copy of the	ESIA	(Env. &	Social Impact Assmnt)?	Yes□	No□			
If yes, what date was the ESIA com	pleted?	(day –	month – year)		1			
Is the logging operation active?	Yes□	No□	If no, why not?					
Were you ever given a copy of the annual harvesting certificate?	Yes□	No□						

BENEFITS PROVIDED

Is the CFMB receiving benefits – either from the Contractor or from a	Y05□	ΝοП
conservation supporter – on behalf of the community?	1631	INOL

If you have a conservation CFMA, please skip the questions that do not apply.

BENEFIT TYPE	Total amount due: (years x area x 1.25 x 55%)		Amount received to date:		Amount currently owed:	
Land rental fees	\$	\$		\$		
Cubic meter fees	\$	\$		\$		
	Total volume harvested to date:	Date of m	erations:	Have you received harvest data?		
Volume harvested	m ³	(day – mon	th – year)	Yes □	No □	
TYPE OF PROJECT	Give details about wanything) was prom	`	What has	What has been delivered?		
Workers' housing						
Road construction						
Bridge construction						
Schools (e.g. buildings, equipment, teachers)						
Health care (e.g. clinics, drugs, medical staff)						
Latrines						
Hand pumps						
Other structures						
Human resources (jobs)						
Forest Guards						
Scholarships						
Other						
					-	

COMMUNITY PROJECTS

Apart from projects built by	the lo	gging co	ompany	or	conser	vation	supporte	r (above)	
Does the community have ann work plan?	nual	Yes□	No□	lf r	10, Wł	ny not	:?		
Has the community started or	comp	oleted	any pro	oje	cts of	its ov	wn?	Yes□	No□
Please provide the following details hall, palaver hut, hand pumps, latrin					nple, s	chool,	clinic, gu	iest house	e, town
Name of first project:									
Did the Community Assembly disbursement?	(CA)	pass a	resolu	utic	n to	appro	ve	Yes□	No□
If yes, how much did the CA ap	pprov	e?	If no, v	why	/ not?				
Date approved:			Date v	WO	rk sta	rted:			
Has this project been complet If no, what stage has it reached	= -	yes, wh	nat dat	e v	vas it	finish	ed?	Yes□	No□
If yes, what was the actual final cost? Was the final cost the same as the budget? If not, why not?									
Name of second project:									
Did the Community Assembly disbursement?	(CA)	pass a	resolu	utic	n to	appro	ve	Yes□	No□
If yes, how much did the CA ap	pprov	e?	If no, v	why	y not				
Date approved: Date work started:									
Has this project been complet If no, what stage has it reached	-	yes, wl	nat dat	e v	vas it	finish	ed?	Yes□	No□
If yes, what was the actual final \$	cost?		Was t budge				he same not?	as the	
If you have mo	re than	two pro	ojects, p	olea	se use	extra p	ages.		

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INTER	RNAL	FINA	NCIAL	CONTROL			
Name (s) of signatory (ies) to community account:		1. 2.					
			3.				
Name of banking institution:							
How many dollars has the community withdrawn in the last 3 months?		\$					
Do you have register for cash flow?		∕es□	No□	If no, why not?			
Do you have request voucher?		∕es□	No□	If no, why not?			
Do you have place for keeping all documents safely?		∕es□	No□	If no, why not?			
Do you have valid bank statements?		∕es□	No□	If no, why not?			
WHO CO	OMPLE	ETED	THIS	CHECKLIST?			
Name:							
Position:							
Contact phone (if different from Page 1):							
Contact email (if different from Page 1):							
Date today:							
Signature:							