**6th Meeting of the Compliance Committee (CC6)**

**Reunion Island, 29 June – 1 July 2022**

**CC-06-09 rev2**

**Template for CCP Compliance Report Questionnaire**

SIOFA Secretariat

Submitted 04/06/2022

|  |  |
| --- | --- |
| **Document type** | working paper  information paper |
| **Distribution** | Public  Restricted [[1]](#footnote-1)  Confidential [[2]](#footnote-2) |
| **Abstract** | |
| In line with paragraph 10 of CMM 2020/11 (Compliance Monitoring Scheme), “*the Secretariat has the function of developing and maintaining a CCR template, which shall be reviewed annually taking into account new and amended CMMs or obligations and the requirements of Articles 10(2) and 11(3)(c) of the Agreement”.*  The Secretariat aims to develop first a new CCR template to be used during the next compliance assessment period. Preliminary changes are proposed for CMM 2020/01 only. Based on feedback received on this template, the Secretariat will proceed to expand the template for all relevant CMMs. | |

|  |
| --- |
| **Recommendations** |
| * To use the template drafted for CMM 2020/01 to provide feedback that will be used to guide the development of the new CCR questionnaire * To recruit a short-term Compliance Expert to develop a template that incorporates all the relevant CMMs |

**Introduction and rationale**

In line with paragraph 10 of CMM 2020/11 (Compliance Monitoring Scheme), “*the Secretariat has the function of developing and maintaining a CCR template, which shall be reviewed annually taking into account new and amended CMMs or obligations and the requirements of Articles 10(2) and 11(3)(c) of the Agreement”.*

Based on feedback received from CCPs during the Compliance Assessment Procedure, and in recognition of the limitations of the current system, the Secretariat is in the process of developing a new template. The aim of the updated template is to create a more efficient process for both CCPs and for the Secretariat.

For this paper the Secretariat have prepared an updated version of the CCR template for CMM 2020/01 (Interim management of bottom fishing) to act as an example of the layout of the new template. Feedback received on this template, will be used by the Secretariat to devise an improved template for all relevant CCMs.

### EXAMPLE: CMM 2020/01 (Interim Management of Bottom Fishing)

**General**

|  |  |
| --- | --- |
| **2** | Did vessels flying your flag engage (or intend to engage) in “bottom fishing” activities in the Convention Area?  *Please note that in accordance with para 3(a) ‘bottom fishing’ refers to fishing using any gear type likely to come in contact with seafloor or benthic organisms during the normal course of operations* |
| **Answer:**  YES  *If YES, continue to complete the questions in this section*  NO  *If NO, skip to CMM 2021/02* |

**Interim bottom fishing measures – effort limitation and general measures**

10 (1) (a) For CCPs that have fished more than 40 days in a single year in the Agreement Area at the time this CMM was adopted (2016) please answer questions.

Other CCPs may skip to 10(1)(b).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10 (1) (a)**  **(i)** | Have you taken the necessary measures to limit your bottom fishing effort and/or catch? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |
| **10 (1) (a)**  **(ii)** | Have you taken measures to constrain the spatial distribution of your bottom fishing effort, excluding line and trap methods, to recently fished areas to prevent any expansion of such fishing activities? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |
| **10 (1) (a)**  **(iii)** | Have you taken measures to ensure that bottom fishing does not have significant adverse impacts on VMEs? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |
| **10 (1) (a)**  **(iv)** | Have you taken measures to ensure that vessels flying your flag are not authorised to fish in any areas that the MoP has closed to fishing? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**10(1)(b)**For CCPs that have not fished more than 40 days in a single year in the Agreement Area at the time this CMM was adopted (2016)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **10 (1) (b)**  **(i)** | | Have you taken the necessary measures to limit your bottom fishing effort and/or catch? | | | | | |
| YES  NO | | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | | |
| **Compliant** | | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  | |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | | |
| **10 (1) (b)**  **(ii)** | | Have you taken measures to ensure that bottom fishing does not have significant adverse impacts on VMEs? | | | | | |
| YES  NO | | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | | |
| **Compliant** | | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  | |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | | | |
| **10 (1) (b)**  **(ii)** | Have you taken measures to ensure that vessels flying your flag are not authorised to fish in any areas that the MoP has closed to fishing? | | | | | | |
| YES  NO | | | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | | | |
| **Compliant** | | **Non-Compliant** | | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  | |  | |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | | | |

**For all CCPs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |
| **10 (2)** | Have the established measures been disclosed to the Meeting of the Parties ? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10 (3)** | Have you revised or amended the measures established and notified the Secretariat within 30 days? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**Vulnerable Marine Ecosystems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **12** | Have you established the following thresholds for encounters with VMEs:   1. For longline gears: the catch/recovery of 10 or more VME-indicator units of species listed in Annex 1 in a single line segment 2. For trawls: more than 60kg of live corals and/or 300kg of sponges in any tow | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13** | In the event of VME encounter, have you required that vessels flying your flag cease bottom fishing activities within:   1. For bottom or mid-water trawling, or fishing with any other net: two nautical miles either side of a trawl track extended by two nautical miles at each end 2. For longline and trap activities: a radius of one nautical mile from the midpoint of the line segment 3. For all other bottom fishing gear types: a radius of one nautical mile from the midpoint of the operation | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13** | If the threshold levels established under para 12 have been exceeded during the course of operations, did you report such encounter in your National Reports? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
| if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **15** | On reception of bottom fishing suspension notification from the Secretariat , have you taken arrangements and measures to ensure that vessels flying your flag did not undertake bottom fishing in the notified encounter area? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**Provision of Data by CCPs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **20** | Did you submit to the Secretariat the spatial extent of historic bottom fishing effort expressed as grid blocks of at least 20 minutes resolution? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **21-22** | Did you submit a Bottom Fishing Impact Assessment for your bottom fishing activities? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**Provision of data by and interim bottom fishing measures for, new CCPs**

**Only for States or fishing entities that become a CCP after the Meeting of the Parties in 2017.**

**Other CCPs may leave this section blank and move to para 33.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **27 (a)** | Did you advise the MoP of the measures you intended to take pursuant to paragraph 10(1)(a)(i)-(iv)? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |
| **27 (b)** | Did you submit the data referred to in paragraph 20 and a BFIA as outlined in para 21 30 days prior to the Scientific Committee? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**General management and conditions for bottom fishing in the Agreement Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **33-36** | Have you taken all measures to ensure that vessels were only authorised to bottom fish in the Agreement Area in accordance with the provisions of the Agreement, this CMM, and all other applicable CMMS , and ensured that vessels did not engage in any activity which undermines the effectiveness of these measures? | | | | |
| YES  NO | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**Scientific observer coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **39 (a)** | Did you ensure that any vessel flying your flag and undertaking bottom fishing in the Agreement Area using trawl gear has 100 percent scientific observer coverage for the duration of the trip? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **39 (b)** | Did you ensure that any vessel flying your flag and undertaking bottom fishing in the Agreement Area using any other bottom fishing gear type has 20 percent scientific coverage? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

**Interim Protected Area Designation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **45 (a)** | Did you prohibit vessels flying your flag from engaging in bottom fishing, excluding line and trap methods, in the areas listed in Annex 3? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **45 (b)** | For all gears other than lines and traps, did you ensure that all vessels had a scientific observer onboard at all times when fishing within the areas listed in Annex 3? | | | | |
| YES  NO  NOT APPLICABLE | | | | |
| Preliminary CCP self-assessment (indicate status with ‘**X**’).  Please leave **blank** if not applicable. | | | | |
| **Compliant** | **Non-Compliant** | **Critically Non-Compliant** | **Not Assessed** | **No compliance status assigned** |
|  |  |  |  |  |
|  | if your assessment is different than compliant, please provide explanations and what is planned to improve compliance in the future: | | | | |

1. Restricted documents may contain confidential information. Please do not distribute restricted documents in any form without the explicit permission of the SIOFA Secretariat and the data owner(s)/provider(s). [↑](#footnote-ref-1)
2. Documents available only to members invited to closed sessions as per SIOFA RoP 20. [↑](#footnote-ref-2)