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| **AFRICAN UNION** | http://www.africa-union.org/AU symbols/logo.gif | **UNION AFRICAINE** |
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Department of Infrastructure and Energy

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| **GEOTHERMAL RISK MITIGATION FACILITY**  **FOR EASTERN AFRICA (GRMF)**  **Logo Layout-mit Karte innen-ohne Slogan** |
| **Environmental, Health, Safety & Social Monitoring Report**  Logo EU-Africa ITF ENProject funded by:  **bmz_c_mKfW_Logo_rgb_CODFID_branding** |
| **Technical Consultant** |

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| **Environmental, Health, Safety & Social Monitoring Report for GRMF / KfW** | | | |
| **Project Name and Location** |  | | |
| **Date** *(Day/Month/Year)***:** |  | **Reporting Period (***Month/Year – Month/Year):* |  |

*To be filled out by the responsible party for Environmental, Social, Health and Safety.****Please use as much space as you need, the field height should not be a limit. Please also add rows if needed.***

***Attach any relevant documents (incl. photos) to this questionnaire and indicate a cross reference.***

| **Details on the Project Developer** | | | |
| --- | --- | --- | --- |
| **Developer Name:** | | | |
| **Country:** | | | |
| **City/Location:** | | | |
| **Company authorized representative**  I certify that the data contained in this monitoring report completely and accurately represents the current status of knowledge of the investment.  **Name:**  **Signature:** | | | |
| Title: | | City/Date: | |
| **Contact details of responsible persons completing this monitoring report** | | | |
| **Position** | **Name** | **Telephone Number** | **Email Address** |
|  |  |  |  |

| **Project Description and Project Status** | | |
| --- | --- | --- |
| **Short Project Description:**   * Project phase (surface study/ exploration drilling): * Project location (please provide a topographic map): * Size/area (m², ha): * Expected capacity (MW): * Number of employees/ workers: * Any related project components/ developments: * Known sensitivities (e.g. located in a protected area, resettlement required, protests of local communities): | | |
| **Activities completed as part of exploration drilling and surface studies:** | | |
| **Activities planned next:** | | |
| **Envisaged start of generation/ operation:** | | |
| **Have there been any accidents or environmental or social incidents that have caused damage, brought about injuries or fatalities, affected project labour or local communities, affected cultural property, or created liabilities for the company?** | Yes ☐  No ☐ | **If yes, please describe, including details of actions to repair and prevent reoccurrence:** |
| **Changes in comparison to previous reporting period:** | | |

| **Regulatory Compliance** | | |
| --- | --- | --- |
| **Permits** | | |
| *List the permits that are needed and if they have been already granted or applied for:* | | |
| Permit: Granted ☐ Applied for ☐  Permit Conditions: | | |
| Permit: Granted ☐ Applied for ☐  Permit Conditions: | | |
| Permit: Granted ☐ Applied for ☐  Permit Conditions: | | |
| Permit: Granted ☐ Applied for ☐  Permit Conditions: | | |
| Permit: Granted ☐ Applied for ☐  Permit Conditions: | | |
| How many inspections did you receive from the local authorities during the reporting period (environmental/ health and safety/ labour)? | Number: | *Please provide details of these visits:* |
| Have these visits resulted in any penalties, fines and/or corrective action plans? | Yes ☐  No ☐ | *If yes, please describe:* |
| Is the project compliant with all applicable environmental and social **l**aws and regulations? | Yes ☐  No ☐ | *If no, please provide details of any material non-compliances:* |
| Have any operations been reduced, temporarily suspended or closed down due to environmental, health and safety or labour reasons? | Yes ☐  No ☐ | *If yes, please describe:* |
| Please describe any EHS or labour initiatives/trainings undertaken during the reporting period: | | |

| **Implementation Status of Environmental and Social Mitigation Measures** | |
| --- | --- |
| The following listed Environmental Management Plans are in place. Please attach all relevant plans with submission of the first Monitoring Report (one-time). | |
| **Document Name** | **Status of compliance with the mitigation measures outlined therein** |
|  | Fully compliant ☐ Partly compliant ☐ Not compliant ☐  Comment/ Corrective Action:  ­­­­­­­­­­­­­­­­­ |
|  | Fully compliant ☐ Partly compliant ☐ Not compliant ☐  Comment/ Corrective Action:  ­­­­­­­­­­­­­­­­­ |
|  | Fully compliant ☐ Partly compliant ☐ Not compliant ☐  Comment/ Corrective Action:  ­­­­­­­­­­­­­­­­­ |

| **Energy and Resource Usage** | |
| --- | --- |
| Source and volume of water needed (per month for the reporting period): | *Please provide numbers:* |
| Waste water volume (e.g, brine) (per month for the reporting period): | *Please provide numbers:*  *Was brine completely reinjected?* |
| Electricity use (per month for the reporting period): | *Please provide numbers:* |
| ***If applicable,*** use of hazardous chemicals for drilling (per month for the reporting period): | *Please provide name and amount of each chemical:* |
| Geothermal fluids (per month for the reporting period): | *Please provide chemical composition and volumes:* |

| **Environmental Monitoring Program and Results of Ambient Monitoring** | | |
| --- | --- | --- |
| Have there been any spill cases or pollution of water, soil or air? | Yes ☐  No ☐ | *If yes, please give details including emergency response. Please provide incidence log.* |
| Are materials and equipment for clean-up of spills and emergency response available onsite? | Yes ☐  No ☐ | *If yes, please give details and describe emergency response:* |
| Has there been any event of fire, sediment loads, storm water, a flood or an earthquake? | Yes ☐  No ☐ | *If yes, please give details and describe emergency response, if applicable:* |
| Has there been any improvement in process efficiency, waste minimization or other schemes (energy savings, ISO certification)? | Yes ☐  No ☐ | *If yes, please elaborate:* |
| Has there been any vegetation clearing during the breeding season during this reporting period? | Yes ☐  No ☐ | *If yes, please give details:* |
| ***If applicable****,* please summarize status of renaturation and replanting of vegetation (plant status, progress in plant growth): | | |
| Has there been any habitat loss or direct mortality of wildlife species due to project activities (please also consider traffic routes)? | Yes ☐  No ☐ | *If yes, please give details:* |
| Has there been any topsoil removal (please also consider project infrastructure)? | Yes ☐  No ☐ | *If yes, please give details:* |
| Is soil erosion or landslides visible within the project area? | Yes ☐  No ☐ | *If yes, please give details:* |
| Has there been any potential degradation of surface and groundwater quality due to accidental spills/releases or geothermal fluids? | Yes ☐  No ☐ | *If yes, please give details and mitigation measures applied:* |
| Has there been any damage, disturbance, or removal of known or previously undiscovered cultural heritage resources, particularly archaeological sites? | Yes ☐  No ☐ | *If yes, please give details.* |
| Has there been any chance find of cultural heritage during the report period? | Yes ☐  No ☐ | *If yes, please give details. Please provide reports/records and follow on actions.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Environmental Monitoring Program and Results of Ambient Monitoring** | | | | | |
| **Environmental Monitoring Data -** *please attach data sheets as required for the items below. Please provide data of the analysed parameters as needed according ESIA/ESMP and obligations from the Competent Authority. Please add rows as necessary.* | | | | | |
| **Parameter[[1]](#footnote-2)** | **Value[[2]](#footnote-3)** | **Unit** | **Legislative limit and/ or IFC EHS guideline limit** | **Compliance Status[[3]](#footnote-4)** | **Comments[[4]](#footnote-5)** |
| **Waste Water** |  |  | *List here name of applicable legislation (eg WHO/Water Quality Regulations)* |  |  |
| Parameter 1 |  |  |  |  |  |
| **Air Emissions** |  |  | *List here name of applicable legislation/Air Quality Standard* |  |  |
| Parameter 1 |  |  |  |  |  |
| **Solid Waste** |  |  |  |  |  |
| Please provide volume of waste generated from drilling muds and cuttings during the reporting period. Attach the Waste Management Plan if available. Please provide details of the types and amounts of solid wastes generated by the project. Indicate where wastes are classified as hazardous. Indicate the final re-use, recycle or disposal method for each waste type. | | | | | |
| ***If applicable***, is waste management in compliance with national requirements? | | Yes ☐  No ☐ | If no, please give details: | | |
| **Other Parameters** |  |  | *List here name of applicable national law / EHS Guideline* |  |  |
| Noise - at the project fence line |  |  |  |  |  |
| Noise - at the closest sensitive receptor |  |  |  |  |  |
| [Other] |  |  |  |  |  |

| **Human Resources Management status** | | |
| --- | --- | --- |
| How many permanent workers are engaged at the site? | Number: |  |
| How many temporary workers are engaged at the site? | Number: |  |
| Did numbers change in comparison to previous reporting period? | Number: |  |
| Have there been any changes to policies or terms and conditions concerning non-discrimination and equal opportunity during the reporting period? | Yes ☐  No ☐ | If yes, please give details: |
| Have there been any changes to policies or terms and conditions concerning under age (18) employment during the reporting period? | Yes ☐  No ☐ | If yes, please give details: |
| Have there been any changes to policies or terms and conditions concerning wages (wage level, normal, overtime etc.) or working hours during the reporting period? | Yes ☐  No ☐ | If yes, please give details: |
| Have there been any changes to policies or terms and conditions concerning union recognition or negotiation during the reporting period? | Yes ☐  No ☐ | If yes, please give details: |
| Were there any collective redundancies during the reporting period? | Yes ☐  No ☐ | If yes, please describe including number of workers involved, reasons, consultation undertaken and how they were selected: |
| Are there any planned redundancies or additions to the workforce in the next year? | Yes ☐  No ☐ | If yes, please provide redundancy plan, including number of workers involved and consultation process: |
| Please provide any details on staff training and include training records if available. | | |

| **Occupational Health and Safety** | | |
| --- | --- | --- |
| In addition to the data filled in below, please provide H&S incidence log, including follow up investigations and corrective action implementation. | | |
| Fatalities[[5]](#footnote-6): | | Total Lost Time Accidents (including vehicular)[[6]](#footnote-7): |
| Total number of lost workdays[[7]](#footnote-8) resulting from incidents: | | Total man-hours worked this reporting period: |
| Incidences[[8]](#footnote-9) during this reporting period: | | Incidences during the previous reporting period: |
| Have there been any changes to the health and safety policies during the reporting period? | Yes ☐  No ☐ | If yes, please give details: |
| Has there been any work or traffic at night? | Yes ☐  No ☐ | If yes, please give details: |
| Have there been any traffic incidents involving project vehicles outside of the site? | Yes ☐  No ☐ | If yes, please summarize and provide traffic incident log, |

| **Stakeholder Engagement and CSR/Community Development Activities** | | |
| --- | --- | --- |
| **Please provide the name and contact details for your external relations or community engagement manager:** | | |
| Have there been any changes to the Stakeholder Engagement Plan (SEP)? | Yes ☐  No ☐ | If yes, please provide SEP change log and copy of new SEP. Please also provide updated stakeholder list, if applicable. |
| Please summarise meetings held with members of the public or public organisations during the reporting period. Please provide meeting minutes. | | |
| Please summarise any information provided to members of the public and other stakeholders during the report period relating to environmental, social or safety issues. Please provide copies of disclosure notices and other correspondence with stakeholders. | | |
| Please summarise any on-going social or community development initiatives undertaken during the reporting period. Please provide details on spending during the reporting period and a copy of the updated Community Development Plan or similar documentation. | | |

| **Land Acquisition and Involuntary Resettlement (If Applicable)** | | |
| --- | --- | --- |
| Please summarize any progress made during the reporting period in the implementation of the Resettlement Action Plan (RAP) or Livelihood Restoration Framework (LRF). Please provide copy of updated RAF/LRF. | | |
| Have all the affected persons been fully compensated for their physical displacement and, if applicable, any economic losses resulting from the project? | Yes ☐  No ☐ | If no, specify how many compensation payments are still outstanding (in terms of number and percentage of recipients and payment amounts) and state when these payment will be made: |
| Please provide a status update of the implementation of livelihood restoration activities as stipulated within the RAP. | | |
| Has there been any new land acquired during the reporting period for this project? | Yes ☐  No ☐ | If yes, explain the extent of the land acquisition and any due diligence conducted.  Please provide copy of RAF/LRF, including compensation summary and details on compensation rates. |

| **Indigenous Peoples (If Applicable)** | | |
| --- | --- | --- |
| Have there been any changes to the Indigenous Peoples Plan (IPP) or Framework (IPF)? | Yes ☐  No ☐  N/A ☐ | If yes, please summarize and provide a copy of the updated IPP or IPF. |
| Please highlight which stakeholder engagement activities detailed above related specifically to indigenous peoples. | | |

| **Grievances and Conflict Resolution** | | |
| --- | --- | --- |
| *Community* | | |
| How many complaints or grievances did the project receive from members of the public or civil society organisations during the reporting period? Please split by stakeholder group. Summarise any issues raised in the complaints or grievances and explain how they were resolved. Please also provide copies of the grievance log and received grievances. | | |
| *Workforce* | | |
| How many complaints or grievances did the project receive from workers during the reporting period? Summarise any issues raised in the complaints or grievances and explain how they were resolved. Please also provide copies of the grievance log and received grievances. | | |
| Have there been any disputes related to labour and working conditions in the reporting period? | Yes ☐  No ☐ | If yes, please summarize below and provide copies of lodged disputes. |
| Have there been any other significant labour issues or grievances raised during the reporting period (including court cases or complaints from trade unions or non-governmental organizations)? | Yes ☐  No ☐ | If yes, please describe: |

1. Not all parameters will necessarily apply. Please complete those rows that are most relevant to the industry sector. Additional parameters can be added as necessary. [↑](#footnote-ref-2)
2. Please ensure that the units of measurement are clearly stated. [↑](#footnote-ref-3)
3. Please report on compliance against the standards agreed with GRMF for this project (i.e. national, World Bank Group, IFC): compliant / slightly over the limit / unknown / exceeding the limit. [↑](#footnote-ref-4)
4. In addition to any other relevant comments, please indicate whether the measurements reported apply to all or only some process operations at the facility. [↑](#footnote-ref-5)
5. If you have not already done so, please provide a separate report detailing the circumstances of each fatality. [↑](#footnote-ref-6)
6. Incapacity to work for at least one full workday beyond the day on which the accident or illness occurred. [↑](#footnote-ref-7)
7. Lost workdays are the number of workdays (consecutive or not) beyond the date of injury or onset of illness that the employee was away from work or limited to restricted work activity because of an occupational injury or illness. [↑](#footnote-ref-8)
8. Incidence = total lost workdays / total hours worked [↑](#footnote-ref-9)