

## KENYA URBAN SUPPORT PROGRAM (KUSP)

### A. Status of Environmental and Social Safeguards Implementation – as at 31<sup>st</sup> December, 2023

COUNTY:.....MUNICIPALITY:.....

**Safeguards Personnel Details:**

1. Environment Officer: Name.....Tel.....

2. Social Officer: Name.....Tel.....

Project Description <i>[Name of project/contract in full]</i>	Environmental & Social Screening			Preparation and Approval of Safeguards instruments				Contract and Safeguards Implementation			
	Screening Checklists Prepared <i>[as per POM Vol. II Annex 16]</i>	Environmental risk category (High, Medium or Low) <i>[as per L.N. no. 31 of 30<sup>th</sup> April, 2019]</i>	Required Safeguards Documents (SPR/ESIA, RAP) <i>[As per nature of works and anticipated negative impacts]</i>	Date of Preparation		Public Disclosure		NEMA Approval <i>[Licence number and date of issuance. Or ref number and date of acknowledgement letter where applicable]</i>	Contract Implementation Status <i>[Physical implementation status of project as a percentage]</i>	RAP Implementation Status <i>[List specific RAP implementation activities undertaken for period]</i>	Remarks <i>[Explanatory notes, observations etc.]</i>
				SPR/ ESIA <i>[Date of preparation]</i>	RAP <i>[Date of preparation]</i>	SPR/ESIA <i>[Date of public disclosure]</i>	RAP <i>[Date of public disclosure]</i>				
<b>FY2018/19</b>											
<b>FY2019/20</b>											
<b>FY2020/21</b>											

**NOTES ON OUTSTANDING ENVIRONMENTAL & SOCIAL SAFEGUARDS ISSUES**

**1.0 Environmental risks**

**2.0 Social risks**

**3.0 Recommendations & Action plan**

**B. Grievances Redress Matrix – Up to 31<sup>st</sup> December, 2023**

COUNTY:.....MUNICIPALITY:.....

Date received	Name & contact of complainant	Investment/Project name	Nature/Details of complaint	Status of complaint <i>(Resolved/Pending/ Referred)</i>	Date of resolution	Remarks

*Note: Attach documentary evidence related to resolution and closure of reported cases.*

**C. Site Accidents/Incidents Matrix – Up to 31<sup>st</sup> December, 2023**

COUNTY:.....MUNICIPALITY:.....

Project Name	Name & contact of victim	Date & Time of Accident/Incident	Nature/Details of Accident/Incident	Action(s) taken	Date of Action

**D. Summary of Grievances and Site Accidents/Incidents – Cumulative up to 31<sup>st</sup> December, 2023**

County	Municipality	Grievances			Site Accidents/Incidents		
		Total no. registered <i>(Cumulative for ALL sub-projects)</i>	Number Resolved & Closed	Number Referred	Total no. registered <i>(Cumulative for ALL sub-projects)</i>	Number Fatal	Number Minor