



# The Fourth Report By IGM Independent Monitor

## **PUBLIC REPORT**

**June 2025 (following site visit in May 2025)**

## **FOURTH INDEPENDENT MONITOR REPORT**

**Williamson Diamond Mine Independent Grievance Mechanism (IGM)**

**Reporting Period:** January – June 2025

**Site Visit Date:** May 2025

**Publication Date:** June 2025

## ABSTRACT

This is the Fourth Report by the Independent Monitor in relation to the Independent Grievance Mechanism (IGM) for the Williamson Diamond Mine. The aim of this report is to provide independent oversight, concerning the IGM's operations since the last report and overall; and as the IM sees its role, to offer guidance that enhances (i) the IGM's efficacy in respect of its adherence to the UNGPs effectiveness criteria; (ii) its ability to meet its obligations towards Complainant rights holders who access its services; and (iii) its ability to play an effective role in building/improving ongoing community relations concerning the Williamson Diamonds mining area. Given the IM's specific mandate<sup>1</sup> and the public nature of the report, the IM, as previously stated, sees its role as having a check and balance component to it.

A major development that warrants immediate acknowledgment relates to Williamson Diamond Mine's ownership. It is now in the public domain that Petra Diamonds Ltd (PDL) has divested its entire interest in the mine, having sold its remaining stake in the entity to Pink Diamonds Investments Ltd. PDL, however, has made it clear to the IGM organs, reiterated by its public pronouncements, that its continued commitments to the IGM process will continue. The IM is encouraged to have learnt of PDL stance and understands this as being fully consistent with PDL's continued legal obligations under the settlement agreement it entered with Leigh Day. We shall return to this issue within the body of the report.

As around the time of this site level visit (May 12-20, 2025), some of the key statistics regarding the grievances registered by Complainants are as follows:

CUMMULATIVE DESCRIPTION By 31 <sup>st</sup> 2025	
Complaints	
<b>1) Number of Complainants Contacted</b>	<b>5573</b>
• Number of Unreachable Complainants	2043
• Number of Complainants Registered at IGM	3530 <sup>2</sup>
Triage	
<b>2) Number of Cases that have been triage or are pending triage</b>	<b>3532</b>
• Number of Cases that are Out of Scope	635
• Number of Complainants Pending Triage	52
• Number of Cases Triaged-in and Submitted to FFT	2845

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<sup>1</sup> In summary, the Independent Monitor, comprising two independent individuals appointed by PDL, evaluates the IGM's implementation and functioning based on the UNGPs criteria. The IM's reports assess the process' accessibility, transparency, fairness, grievance outcomes, risk to effective implementation, and suggest improvements. The reports cover key aspects: fact-finding and assessment procedures; Independent Panel impartiality; grievance resolution; remedies; support and safeguard; effectiveness; review process evaluation; risks to IGM implementation; and recommendations for addressing root causes of grievances.

<sup>2</sup> This is to be distinguished from the total number of grievances that have been lodged with the IGM which stand at 5830, with the IGM closing to the lodging of new grievances on 31 January 2024

Fact Finding	
<b>3) Number of Cases Received from LOs</b>	<b>2845</b>
• Number of Cases Pending Investigation by FFT	567
• Number of Cases Investigated by FFT and Submitted to IPEs	2278
IPEs	
<b>4) Number of Cases Submitted for determination by the IPEs</b>	<b>2278</b>
• Number of Cases Pending Decision of the IPEs	518
• Number of Decisions Completed and Communicated by IPEs	1192
• Number of Decisions Completed but Pending Communication by IPEs	568
Review Panel	
<b>5) Number of Cases that have Applied for Review</b>	<b>297</b>
• Number of Cases Pending Review	72
• Number of Cases that have been Reviewed	225
Decisions of Cases	
<b>6) Total number of Decided cases</b>	<b>1760</b>
• Number of Cases that have Met Evidentiary Threshold	716
• Number of Cases that have not Met Evidentiary Threshold	1044
Remediation Status of Cases	
<b>7) Number of Settlement Agreements Signed</b>	<b>391</b>
• Number of Complainants Paid	214
• Number of Complainants Pending Payment	177

## PAST SITE VISIT SUMMARIES IN BRIEF

### IGM OPERATIONAL PROGRESS AND TRANSITION BEYOND PILOT PHASE

The IGM implemented its plan of action, which saw that from its launch in November 2022 to end of May 2023 it completed its pilot phase;<sup>3</sup> further, by the time of the Independent Monitor's first official site level visit, preceding its first public report, the IGM was able to test its operations and moved beyond its pilot phase, albeit with stringent recommendations, inter alia, that required it to review some of its grievance decisions in that initial period. The second report<sup>4</sup> (February / March 2024) highlighted positive refinements to the IGM process, the need to further enhance human rights

<sup>3</sup> page i Abstract - 1st Independent Monitor Report,

<sup>4</sup> [Second IM Report](https://wp-petra-diamonds-2023.s3.eu-west-2.amazonaws.com/media/2024/05/2nd-Independent-Monitor-Report-Public-Feb-Mar2024-IGM-Williamson-Diamond-Mine-May2024-1.pdf) - <https://wp-petra-diamonds-2023.s3.eu-west-2.amazonaws.com/media/2024/05/2nd-Independent-Monitor-Report-Public-Feb-Mar2024-IGM-Williamson-Diamond-Mine-May2024-1.pdf>

approaches, improved stakeholder engagement, however, with the caution for the need to accelerate toward providing actual remedy; and the third report<sup>5</sup> (December 2024) acknowledged IGM's the expanded work force, the resulting positives, such as specialist expertise and deployments in the form of the SHRCW and the Resident IPE; but also challenges brought about by these developments, such as new KPIs and misinterpreted messaging regarding institutional closure, resulting in an apparent focus on quantity over quality; there was the highlighting of the commencement of remedy outcomes and instances of certain remedy outcomes that in the IM's view did not reach the international standard of reparations in human rights cases, and therefore the need to ensure that all rights holders who evidentiary threshold are compensated in line with the agreed remedy principles, which have been designed to be consistent with international human rights laws and thus creating the obligation to meet the same. The IGM was commended for its proactivity, ability to self-correct and commitment to meetings its mandate.

## **INDEPENDENT MONITOR'S MANDATE AND REPORTING SCOPE**

Pursuant to the Independent Monitor's contractual obligations and mandate under the Manual, this report concerns the workings of the IGM, instituted to deal with severe human rights grievances / impacts connected to the security operations at the Williamson diamond mine for the period of February 2009 onwards.

## **ALIGNMENT WITH INTERNATIONAL STANDARDS AND CONTINUOUS IMPROVEMENT**

The report provides assessment, evaluation, and recommendations in respect of, *inter alia*, the IGM's implementation of the right to remedy obligation set out in the United Nations Guiding Principles on Business and Human Rights (UNGPs); and of the *Effectiveness Criteria*, which provides a breakdown of what the right to remedy ought to entail, as part of the UNGPs foundational global standard, expected of business enterprises wherever they operate<sup>6</sup>. In the commentary to the UNGPs, we are reminded that the principles themselves are not creating new international human rights obligations, nor are they limiting states or businesses from going beyond those obligations; it is within this context that the UNGPs<sup>7</sup> together with OECD Guideline for Multinational Enterprises are often referred to as providing "the International Minimum Standard for Responsible Business Conduct"<sup>8</sup> Thus, there are calls for continuous improvement and proactive measures to be implemented. The IM sees the addition of collective remedy, which the IGM is committed to apply, the notion of repairing harm perpetrated against communities, as a proper expansion of scope that borrows from the Africa Charter on Human and Peoples' Rights (ACHPRs), not expressly mentioned in the UNGPs, but a part of Tanzania's Treaty obligations. Additionally, the commentary to principle 31 includes that it "provide[s] a benchmark for designing, revising or assessing a non-judicial grievance mechanism to help ensure that it is effective in practice".

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<sup>5</sup> [Third IM Report](https://wp-petra-diamonds-2023.s3.eu-west-2.amazonaws.com/media/2024/12/3rd-IM-Public-IGM-Report-Dec-2024-IGM-Williamson-Diamond-Mine-FINAL.pdf) - <https://wp-petra-diamonds-2023.s3.eu-west-2.amazonaws.com/media/2024/12/3rd-IM-Public-IGM-Report-Dec-2024-IGM-Williamson-Diamond-Mine-FINAL.pdf>

<sup>6</sup> UNGPs principles 1, 11 17, 25, 29 and 31

page i Abstract - 1st Independent Monitor Report,

<sup>7</sup> Principle 11 *The responsibility of business enterprises to respect human rights refers to internationally recognized human rights – understood, at a minimum, as those expressed in the International Bill of Human Rights and the principles concerning fundamental rights set out in the International Labour Organization's Declaration on Fundamental Principles and Rights at Work. (also see the commentary that follows for a fuller explanation)*

<sup>8</sup> [https://www.ohchr.org/sites/default/files/documents/issues/business/workinggroupbusiness/wg-business-cfis/2023/investros-esg/business/WGBHR-CFI-Investors-Global\\_CSR\\_2.pdf](https://www.ohchr.org/sites/default/files/documents/issues/business/workinggroupbusiness/wg-business-cfis/2023/investros-esg/business/WGBHR-CFI-Investors-Global_CSR_2.pdf)

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## Disclaimer

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The following forth IM report is the result of an independent assessment/evaluation conducted by Frank Femi Omere and Advocate Harold Sungusia, who together form the appointed Independent Monitor (IM) to the Independent Grievance Mechanism concerning Williamson Diamond Mine. The Report is pursuant to the IM's contractual obligations which specifically limits the liability of the authors of this report. The IM has prepared the report exercising reasonable care and skill, in accordance with accepted professional industry standards and practices in the Contractor's profession. While the IM believes that the report is both accurate and reliable and that every effort has been made to ensure the accuracy of the information presented, the findings are based on information provided to the IM by the IGM, PDL, WDL and from sources available to the IM during the periods of assessment. The report does not purport to be an assessment of the overall performance of the IGM beyond the assessment periods.

The IM's conclusions are formed based on its professional judgement in assessing the materials as outlined and should be considered within the context of the assessment's limitations, potential future developments, and the inherent complexities of evaluating dynamic situations. The IM disclaims any responsibility and/or any liability to the client and others in respect of any matters outside the scope of the work. Although this report is public, the IM accepts no responsibility whatsoever to any and all third parties to whom this report, or any part thereof, is made known. Any such party relying on this report does so at their own risk. No part of this report may be reproduced without the prior written consent of Frank Femi Omere, Advocate Harold Sungusia, Petra Diamonds Ltd and Williamson Diamonds Ltd.

## List of abbreviations

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CLO	Community Liaison Officer
CGM	Community Grievance Mechanism
DC	District Commissioner
DED	District Executive Director
FFT	Fact Finding Team
FM	Fund Manager
GO	Grievance Officer
HoS	Head of Secretariat
IGM	Independent Grievance Mechanism
IM	Independent Monitor
IPE	Independent Panel of Experts
LAPs	Legal Aid Providers
LGAs	Local Government Authorities
LOs	Legal Officers
PDL	Petra Diamonds Ltd
PWC	Price Waterhouse Coopers
RP	Review Panel
SGBV	Sexual Gender Based Violence
SHRCW	Senior Human Rights Case Worker
SVDC	Surrounding Villages Development Committee
UNGPs	United Nations Guiding Principles on Business and Human Rights
WDL	Williamson Diamonds Ltd

## BACKGROUND AND MANDATE OVERVIEW/SUMMARY

### 1.1. ABOUT THE REPORT

This is the fourth Public Independent Monitor (IM) report evaluating the implementation of the Independent Grievance Mechanism (IGM) concerning Williamson Diamonds Limited's (WDL) operations in Mwadui, within the Shinyanga Region of Tanzania. WDL is a Tanzanian mining company. For the purposes of this report and for the duration of the IGM process, Petra Diamonds Ltd (PDL) continues to be the entity that is funding the IGM.

### 1.2. ABOUT THE IGM

The setting up of the IGM is integral to the settlement agreement that PDL entered into with Leigh Day (a UK Law Firm) in May 2021, in which PDL agreed, inter alia, to design and implement a grievance mechanism, to address grievances involving allegations of severe human rights impacts connected to the security operations at Williamson Diamond mine and to provide effective access to remedy for victims, in accordance with the United Nations Guiding Principles on Business and Human Rights (UNGPs)<sup>9</sup>. The work and outcomes of the IGM is envisaged to assist PDL and WDL to fulfil its human rights commitments emanating from the settlement agreement.

The IGM is a non-judicial mechanism that operates independently from PDL and WDL. The main components of the IGM, comprise the Secretariat, the Independent Panel of Experts (IPEs), the Fact-Finding Team (FFT) and the Review Panel (RP). The appointed IP Chair is tasked with overall management and administration of the IGM although the IP Chair does not have the ability to influence the RP's processes. The IGM is empowered to select and engage with external organisations and individual experts to provide safeguards for Complainants and to support the implementation of specific remedy programmes. Within this context it is for the IM to ensure independent oversight of the IGM<sup>10</sup>.

PDL appointed PricewaterhouseCoopers (PWC), as the Secretariat of the IGM. The Secretariat as part of its mandate has appointed the IP Chair and the remaining organs that comprise the IGM. The IPE, with the support of the Secretariat, is responsible for the operationalisation and administration of the IGM through the provisions of the IGM's manual and does so independently of PDL and WDL.<sup>11</sup>

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<sup>9</sup> IGM Manual Version 5 para 1.1

<sup>10</sup> *Ibid.*

<sup>11</sup> *Ibid.*



In December 2020, WDL established the Community Grievance Mechanism (CGM) which is not part of the IGM and which is designed to address the grievances raised by local stakeholders concerning the day-to-day operations of the Williamson Diamond mine. The CGM became operational in early 2021 and is governed by a Standard Operating Procedure (SOP). The WDL CGM aims to provide access to an effective process to resolve grievances for community members affected by WDL's mining activities and operations that fall outside the scope of the IGM. The WDL CGM should help manage social risks and ensure that grievances are effectively managed and understood before major incidents occur, whilst simultaneously ensuring that complaints are managed in a culturally sensitive, respectful, timely and consistent manner, fostering confidence and positive relationships between WDL and stakeholders<sup>12</sup>

### **1.3. INDEPENDENT MONITOR'S MANDATE**

The IM's reporting mandate is to review and evaluate the workings of the IGM and the IM makes specific reference to the following:

- (a) the IGM Manual, promulgated in November 2022 (which is now at Version 5 with a Version 6 in the process of being assessed and agreed;
- (b) the UNGPs, with a focus on the effectiveness criteria;
- (c) the body of learning around the subject matter; and
- (d) the relevant laws of Tanzania and the African Human and Peoples Rights protection frameworks, where they are compatible and/or provide nuances that reinforce one of the overriding objectives in this process, which is: -
  - (I) to provide an effective home-grown solution to resolving the outstanding allegations of severe human rights violations; and
  - (II) to building better long-term community relations.

In summary, the IM's report assesses the IGM in relation to:

accessibility, transparency, fairness, grievance outcomes, risks to effective implementation, and it may recommend improvements. The reports cover key aspects: fact-finding and assessment procedures; Independent Panel impartiality; grievance resolution; remedy processes and outcomes; support and safeguard; effectiveness; review process evaluation; risks to IGM implementation; and recommendations for addressing root causes of grievances.

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<sup>12</sup> *Ibid.*

## 2. SCOPE AND METHODOLOGY

### 2.1. STANDARDS

The report is guided by the UNGPs and the IGM Manual and is a compilation of the information collected and analysed by the IM to establish whether the IGM is aligned with the UNGPs and the effectiveness criteria. The Guiding Principles set out a list of effectiveness criteria for state- or company-based non-judicial grievance mechanisms. These criteria stipulate that effective grievance mechanisms should be:

1. Legitimate:	• enabling trust from the stakeholder groups for whose use they are intended, and being accountable for the fair conduct of grievance processes;
2. Accessible:	• being known to all stakeholder groups for whose use they are intended, and providing adequate assistance for those who may face particular barriers to access;
3. Predictable:	• providing a clear and known procedure with an indicative time-frame for each stage, and clarity on the types of process and outcome available and means of monitoring implementation;
4. Equitable:	• seeking to ensure that aggrieved parties have reasonable access to sources of information, advice and expertise necessary to engage in a grievance process on fair, informed and respectful terms;
5. Transparent:	• keeping parties to a grievance informed about its progress, and providing sufficient information about the mechanism's performance to build confidence in its effectiveness and meet any public interest at stake;
6. Rights-compatible:	• ensuring that outcomes and remedies accord with internationally recognised human rights;
7. A source of continuous learning:	• drawing on relevant measures to identify lessons for improving the mechanism and preventing future grievances and harms;
8. Based on engagement and dialogue:	• consulting the stakeholder groups for whose use they are intended on their design and performance and focusing on dialogue as the means to address and resolve grievances.

### 2.2. IM REPORTING PROCESS

*Formal request to the IP and the Secretariat for IGM information.*

The IM Report has abided with the requirements in the Manual which required the IM to undertake the following towards production of the report:

The IM made a request to the Head of the Secretariat (HoS) of the IGM with a comprehensive schedule of programmes. This report contains information garnered and analysed from the site visit undertaken between 12-20 May 2025 of which the prior requests were made to the HOS.

Further, the IM ensured that the Head of the Secretariat (HOS) and Grievance Officer (GO) were informed beforehand of the proposed stakeholders' engagement, review of files, and presentation of the IGM statistics. The information gathered from the stakeholders,

documentation and presentations are the core basis for the findings and recommendations made herein this report.

### **2.3. THE INDEPENDENT MONITOR'S SITE-LEVEL STAKEHOLDER ENGAGEMENT PROGRAMME AND ACTIVITIES**

The IM made site visits to the IGM as follows:

- a) Staff of the IGM [IPE, FFT, HoS, GO, LOs] – Shinyanga
- b) Complainants who had received decisions
- c) Legal Aid Providers (LAP)
- d) Health Officers and Medical Doctors from different hospitals/health centres in Kishapu and Shinyanga Districts
- e) Ward Councillors from Mining Surrounding Wards
- f) Surrounding Villages Development Committee
- g) Community Based Groups
- h) Community Animators
- i) Group of Journalist from Shinyanga
- j) Legal Aid Officers
- k) Live decision delivery to rights-holders/Complainant.
- l) Consortium of local Journalist

The IM's reporting phase, centres around the single site-level visit to the IGM and to the wider Shinyanga locality, undertaken in May 2025<sup>13</sup>. Aside from the site visit, the IGM sits in on monthly IGM Steering Committee meetings, where it listens to the updates from representatives of the IGM regarding operational and substantive matters; and on some occasions the IM receives ad hoc updates, for example, regarding prospective senior personnel recruitment.

This follows the previous visits to the locality: the first in June 2022, which comprised an orientation field trip to the mining area, the CGM where complaints were being lodged, and to the surrounding districts meeting local authority and community leaders and members of the community; the second visit in November 2022, comprised the IM's attendance of the official public opening of the IGM ceremony that took place in Shinyanga town, followed by a visit to the newly opened IGM building and further introductions to the IGM organs and their respective team members; the third site level visit in July 2023, saw the commencement of the official evaluation of the IGM, leading to the first public report;<sup>14</sup> and the February 2024 visit, which considered the IGM well into its operations cycle but not being in position to evaluate remedy decisions / settlements in any meaningful way; and the August 2024 visit which saw the commencements of remedy decisions and settlement out comes, providing the

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<sup>13</sup> Aside from the site visit, the IM sits in on monthly IGM Steering Committee meetings, where it listens to the updates from representatives of the IGM regarding operational and substantive matters; and on some occasions the IM receives ad hoc updates, for example, regarding prospective senior personnel recruitment.

<sup>14</sup> <https://petradiamonds.com/wp-content/uploads/2023/10/1st-Independent-Monitor-Public-Report-Aug-2023-IGM-Williamson-Diamonds-Mine-091023.pdf>

IM with an opportunity to consider the same and the overall context of the IGM as an expanding workforce with the challenges this engenders.

Consistent with the IM's previous site level engagements, the IM has been able to add to its understanding of the unfolding dynamics of the situation within the Mwadui mining area, but it should be noted that given the expansion of the IGM's operations in terms of personnel and our engagements thereto, the time we had on the ground was insufficient for the IM to complete the prospective programme. The IM was unable to interview with several important community stakeholder such as the Magistrates court, the police services and even the SVDC. Given that the IM's next site visit is likely to be the final one before the IM provides its closing report, it will be important that the planning allow for sufficient time to enable engagement with the breadth of community stakeholders appropriate for the concluding site visit.

The IM was provided with full access to engage with the IGM organs, including access to its offices, interviews with all the respective team members who were onsite during the visit period, which included Review Panel members, its newest member recently recruited, and a newly recruited IPE member. The IM was able to review documents, including Complainant forms, physical and electronic case files, written decisions, and engagement. In addition, the IM gained access to Complainants/rights holders, Legal Aid Providers, Community Based Groups, The Director of Her Dignity NGO, Community Animators and a consortium of journalists from Shinyanga. This continued ability to consult with groups of key stakeholders provided the IM with yet further insights into the unfolding historical and contemporary issues and situations, informing the IM in key aspects of its findings and recommendations.

### **3. THE IM'S OBSERVATIONS AND RECOMMENDATIONS**

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#### **3.1. GENERAL OBSERVATIONS**

##### **(a) IGM's Progress and Organisational Maturity**

The IGM is not only fully into its operational cycle there is now a clear focus on carefully managing the processes towards closure; and the IM acknowledges from the outset that what it encountered appears to be a mature methodical process in operation with very little if any detection of the anxiety and pressure that the IM saw during its last visit. Further, the IM believes it is fair to congratulate the IGM for a quite stunning turn-around in terms of the general atmosphere and the continued openness it has toward learning and adjusting for improved outcomes. These were sentiments expressed, and felt as genuine, by virtually all IGM and related personnel whom we engaged with.

## **(b) Remaining Challenges and Shared Commitment**

This by no means implies that all previous challenges have disappeared; however, they are being met with a certain calm and an acknowledgment that all concerned are in the process together, aiming to deliver just and timely outcomes for the recipients of its services.

## **(c) IGM's Service Journey and Feedback Sources**

The IM recalls that with respect to the IGM's service journey so far, the IGM has had the benefit of receiving:

- (i) a pilot sample of Complainant cases;
- (ii) the IM's internal and three public reports;
- (iii) additional public commentary from third parties that have given their own views of their own accord (e.g. the report from International Peace Information Service (IPIS)<sup>15</sup>; and
- (iv) feedback from a broad set of stakeholders who remain in dialogue with the IGM on an ad hoc and ongoing basis.

The IGM's context remains an ad hoc arrangement in nature, with a finite timeframe that is fast approaching its end point, and finite resources to operate within; further, that given the dynamic nature of the arrangement, as alluded to in previous reports, the IGM's processes are iterative, seeking to meet shifting real life demands and to improving its service delivery outcomes.

## **(d) UNGPs Evaluation within Real-Life Context**

The IM's evaluation of the implementation and functioning of the IGM based on the UNGPs is placed within this real-life context. This means that where there may be deficiencies in the implementation of the UNGPs, a key aspect of the IM's role is to determine how significant those deficiencies are as a risk to implementation *per se*, and to provide recommendations to assist in ameliorating the adverse situations identified; but also, to augment clear examples of positive practice that further the aims of effectiveness. Details on assessment of the UNGPs is presented in a table at the end of this document.

## **(e) Stakeholder/Community Engagement, Consultation Methods, Perceptions and Positive Impact**

The IM's stakeholder engagement activities on this site visit included, the interviewing of:

- (i) IGM staff member across all its organs;
- (ii) rights holders / Complainant;
- (iii) Senior Medical Officers;

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<sup>15</sup> <https://ipisresearch.be/publication/petra-diamonds-attempts-to-come-clean-with-its-tarnished-past-in-tanzania/>

- (iv) Community Leaders;
- (v) Legal Aid Providers;
- (vi) Community Based Groups;
- (vii) Grassroots Community Animators;
- (viii) Consortium of Journalist from the Shinyanga region; and,
- (ix) Questionnaires completed by IGM and on-site related service personnel.

In line with the IM's previous site level visits, the engagements conducted provided valuable insights into how the IGM was performing, from a range of perspectives, and this was now being received within the context of a consistent flow of remedy and Review Panel decisions that the IGM is fully engaged in delivering. The level of candour from the engagement, identifying positive and negative aspects regarding the IGM's performance, remained at high level experienced on previous site visits; and importantly, they provided what the IM regards as genuinely held beliefs regarding the overall impact that the IGM is having on the community. As said earlier in the report, the IM was unable to conduct return meetings with the District Magistrate Judge, Senior Police Force Officers and the SVDC, which, to date have been important sources for the IM to gauge how community relations are unfolding; we expect to engage with them on next visit, and whilst their absence was not ideal, the IM believes that the feedback sample remains a legitimate barometer for what is happening on the ground.

#### **(f) Concerns About IGM's Legacy and Future Ownership**

In this section of the report the IM continues its focus on themes that have consistently been the key areas of importance, and which require continued scrutiny. We shall start with the issues of remedy and review panel decisions given how urgent these issues have been and that now there is a flow of activity for the IM to assess; the section shall then follow on as set out in the list below:

- i).Remedy Outcomes
- ii).Review Panel Decisions
- iii).Collective Remedy Update
- iv).Stakeholders and Community engagement
- v).Fact finding processes and application of the evidential threshold
- vi).Independence and integrity of the IGM
- vii).Human rights centred approaches
- viii).Gender and vulnerable based sensitivities and responses
- ix).Access to Legal representation

Absent the expected engagements mentioned above, the IM is, nonetheless, able to report on the improved situation regarding adverse human rights situations occurring in the Mwadui mining area. The consensus remains steadfast since our last visit with all the stakeholders we engaged with agreeing that the incidents of alleged human rights abuses carried out by security and/or police action at the Mwadui Mining area was minimal, if at all.

This improved situation continues to be welcomed by the range of stakeholders that the IM engaged with, and whilst not seen as addressing some of the underlying issues driving pervasive small scale artisanal mining activity, the improved community relations was seen as a continued sign that the integrity of the person was now better respected and that security / police personnel better understood their civic obligations and accountability thereto. Most stakeholders formed the view that these positive developments were largely to do with the presence of the IGM within the area and there is now some concern regarding what will happen at the end of the IGM process, exacerbated by the shift in ownership given PDL's exit from the company and the reality of there being new owners. The repeated question asked of the IM at external stakeholder meetings was whether the new owners will continue the process of redressing the historical challenges, beyond the IGM process, and whether investments into the community in real terms, would remain its priority as part of its community engagement endeavours. These are legitimate concerns albeit that there is no immediate answer to these questions and to some extent, they are beyond the ambit of this report. That said, such questions do tie into the issue of what legacy the IGM shall leave behind and are matters that the IM shall reflect on in its concluding report.

Turning to the issue that the IM identified on its previous visit, referred to as "heightened urgency", which was having a negative impact on the IGM as a whole, – this has all but vanished and there is an impressive calm and *roll the sleeves up* type energy, throughout the IGM premises. And whilst all efforts are focused on reaching the finishing line of completing the IGM process, the IM did not detect the anxiety that was palpable on the last visit. The assurances provided by Synergy and by PDL that the IGM's budgetary resources would continue in line with what is expressly provided for within the IGM Manual is being lived out. More personnel have been recruited to assist in the processing of complaints; additional vehicles have been procured to assist the process of the FFT field work (albeit not the off roader type vehicles needed), each of the 8 FFT members now have work mobile phones with sufficient data bundles, and to a certain extent, the IGM's working environment has been upgraded. All of these efforts we understand and see as focusing on the IGM's goal and mandate to *continue its work until all grievances registered with the IGM by 31 January 2024*<sup>16</sup> *have been investigated and determined by the IPE*; reminding all concerned that any extension of the IPE's mandate and that of the organs of the IGM may be extended in consultation with PDL and the IM<sup>17</sup> (please also see the important qualification on the issues of registration and access to the IGM in the following footnote<sup>18</sup>).

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<sup>16</sup> This is an extension of the 1 December 2023 cut-off date, which is set out in the Manual

<sup>17</sup> IGM Manual

<sup>18</sup> The IGM's structure expressly provides for those who have already registered their grievances with WDL as part of the pre IGM registration process, who will be invited back by the IPEs to pursue the same. There is an additional set of Complainants who were provided with the

#### g) **Revised KPIs and Human Rights Focused Delivery**

To put some perspective on the IGM's current workforce size, at the start of the process in 2023, beyond the IGM's pilot phase, its internal and related service providers numbered 26; that number now stands at 55, up from 50 since the IM's last site visit. The IM believes this is a clear indication of the commitment to resource the IGM to meet the demands that present themselves in this phase of the process. Could there be criticism levelled at this situation, regarding why it has taken this long to provide the current staffing / resource levels; the reality, as stated earlier, is that the process is dynamic and there are inbuilt learning and action mechanisms that detect and guide the IGM toward appropriate responses. To that extent, the IGM system appears to be working as intended.

The KPIs that were in place during the last site visit have been reviewed and re-casted with a more qualitative approach to meeting the UNGPs and it is the IM's understanding that all organs of the IGM were again included in the process to establish the new KPIs. The *quantity versus quality* issue raised in the last report; appear to have dissipated. The emphasis and focus now seems to be on fine tuning current processes to further enhance human rights centred outcomes for Complainants. This is not a suggestion that all claims succeed, which would not necessarily be a true indicator of improvement, rather that the processes deployed focus on being human rights centred from start to finish, providing fair and just outcomes in context.

#### **Role of Resident IPE and Improved Case Processing**

The IM has now had the benefit of engaging with the Resident IPE, and to assess the efficiencies that he has brought to both the triage process and to the communication of decisions to Complainants daily; and where applicable, to the Remedy Dialogue sessions that take place once a Complainant has met the evidential threshold. We shall deal with this latter part in the remedy section, but suffice to say that from a volume perspective, the numbers speak for themselves. The imposition of the Resident IPE and the manner of his deployment has affected

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opportunity to register their complaints after the implementation phase of the IGM, which technically speaking, lapsed on 1 December 2023, extended to end of January 2024. This is an important distinction to make in respect of the registration of complaints and access to the IGM, as for those who registered with WDL during the pre IGM process, there is a requirement for them to be invited back to the IGM to pursue their grievances, which is a process that continues, and which is well after the closure date for registering a complaint at the IGM. However, it follows from the IGM's current practice, that for those who registered their complaints with WDL, as set out above, who are being invited back (by way of active attempts by the IGM to make contact), that access to the IGM remains open to them to pursue their grievances. It is unclear whether there is either an express or implied cut off point for such Complainants other than when the IGM ceases to exist; however, the IM is aware that the practicalities toward closure is being worked on by the IGM.



the administrative and substantive processes in a profound way. Many more cases are now being processed, and the IM's understanding is that currently, on average, ten decisions are being communicated to Complainants daily.

**i) Ongoing Importance of the SHRCW's Role and Continuous Learning**

Regarding the continued impact of the SHRCW, her role and influence is cemented and appears to run throughout the organs of the IGM. The IM was encouraged to see how well aligned and closely the Chair of the IPE and the SHRCW work together. It is to the chair's credit and to the leadership and personnel of the organisation more generally that they have collectively created space and agency for the SHRCW's role and works to flourish. Moreover, there is evidently a co-created approach to the human rights processes that are being owned across the board; to add to the items identified in the previous report<sup>19</sup>, we saw the SHRCW being present at all steps of the IGM process engaged in sampling, assessing and providing feedback across the entire IGM value chain. This extends to offering feedback and being in the field to witness how the FFT process is being undertaken. Whilst her impact remains a work in progress, it is clear that her role is highly valued and the IGM organs appear to be glad to have this resource at its disposal daily.

The IM reiterates that the SHRCW role is a crucial one for this segment of the IGM's operations, *which is focussed on remedy outcomes, and progression toward closure*. There should be no let up on continuing to amplify and leverage the SHRCW's position in the organisation. And in light of the broad acceptance of the IM's recommendations in this regard, the IM shall ensure that its earmarked quarterly meetings with the SHRCW take place to include supportive updating sessions on the implementation of the IM's recommendations and related issues specific to the SHRCW role; this shall dovetail equally important meetings with IPEs, HOS, FFT and PDL along the similar lines after having had the feedback session with the SHRCW.

**j) Strengthening Human Rights Culture and Addressing Corruption Risks**

The IM in the previous report spoke of the gaps in inculcating the desired human rights culture that [it] deems to be necessary to increase the IGM's abilities to execute on the UNGPs. Whilst the IM is unable to say that those gaps have been filled, it is able to say, in clear terms, that the human rights culture is on a steep rise

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<sup>19</sup> (a) From the improved state of and access to the IGM toilets for Complainants (the SHRCW was passionate about Complainant toilets being of the same standard as IGM staff toilets);  
(b) The improved seating and waiting areas for Complainants;  
(c) The introduction of a large wide screen information system at the waiting area, providing those waiting with information about the IGM process; and  
(d) The provision of interspersed, appropriate screen entertainment for Complainants awaiting being called to meet with their LAP representatives and /or to engage with the IGM evidence and decision communication processes.

and feels much more vivid. There is a deeper human rights normalisation in language and action toward Complainants. Whilst some departmental scepticism remains present, its focus is more on the blatant attempts at corruption that the IM has come to understand is a growing problem since the dispensation of financial remedy has become routine. This specific issue shall be dealt with in the section relating to the integrity of the IGM process.

### **3.2. REMEDY OUTCOMES**

It will be recalled that the last IM report paid particular attention to the issue of remedy and expressed its disquiet regarding the level of financial remedy being provided to Complainants who were found to have suffered severe human rights impacts; the type that would properly [be] categorised as revealing gross violation[s] of human rights, which in international law requires remedy to be full and effective.

As set out in that report we were encouraged to learn that even before the IM had made its observations that a review of such decisions was underway, either by virtue of PDL raising them as Review Panel applications or by the IGM on its own motion, aided by the SHRCW's task to identify, review and provide a recommendation for adjustment.

#### **a) Concerns on Financial Remedy Adequacy**

The statistical data on remedy amounts are more readily available this time around and highlight, in the IM's view, the notable improvement, in the financial remediation levels that are now being provided for the types of violations that were identified in the last report, referred to above, for example financial remedy for rape victims starts at TZS 40m. It is the IM's understanding that the IPEs have created financial remedy ranges for bands of violations, which creates appropriateness and consistency with enough flexibility to enable the IPEs to treat each case on its own merits, applying reasoned findings that may justify why Complainants are remediated differently. By in large, the IM sees this development and the data relating to the same as positive. However, the IM in its sample of cases considered, still came across Complainants whose cases were being labelled as beatings, when in fact serious GBH or even attempted murder would have been more apt to describe the treatment endured. The labelling may have been an error of how such complaints were categorised at an earlier stage of the process, including how a Complainant's matter may have been documented at the pre IGM stage at WDL. That said, the IM sees no reason for such errors to carry over at the decision stage, where the facts of the case speak for themselves and ought to be the trigger to correct the categorisation, especially in so far as the remedy amount is concerned.

To illustrate this point, The IM interviewed a Complainant who confirmed that he was still receiving medical treatment for injuries sustained many years ago perpetrated by security guards at WDL mining area, an accepted fact in the positive decision he received from the IPE. He went on to describe being beaten so severely that he sustained long term physical injury, was left unconscious and

was thought to have died; that he was taken to the morgue and left there from whence he became conscious and was found by a hospital staff member. To date he is well known at the hospital given his circumstances, where he continues to attend for treatment. This individual received TZS 5m, his matter ostensibly treated as a beatings case, when on the facts, clearly this was at best a case of what might, in the IM's view, be described as GBH, at worse again in the IM's view, attempted murder, therefore a gross human rights violation. Unfortunately, this was not an isolated example, as in the IM's sample of cases, 15 in number, which were expressly provided as an indicative sample, , 4 male cases categorised as beatings, involved injuries ranging from being shot, sustaining a dislocated shoulder and sustaining a broken bone; such injuries resulted in those complainants receiving between Tzs 3-5m financial remediation. Such remediation does not in the IM's view attain the compensation level matching the severity of the violation and (ii) that the aggregated data highlights that, some of the cases involving severe beatings (which on their facts, in the IM's view, as set out above, appear to be GBH level offences) or shootings, receive considerably less than for example, rape cases. To be clear, the issue is not simply receiving less, it is the disparity between the levels that is of concern, that we saw from a proportion of severe violent cases that we assessed. Bearing in mind the indicative sample provided to the IM, it is therefore not feasible for the IM at this stage to declare that the 4 out of 15 cases referred are merely outlier cases.

The IM is encouraged, however, that the IGM, on its own motion had already decided to review the complainant's cases that we set out in detail above and shall also, through the SHRCW, be reviewing the three other matters that the IM refers to above in the report. To that extent, the IM may qualify aspects of its assessment of the factual understanding it has reached on the matters in its next report, where it shall revisit this theme to assess the progress. The IM considered whether in these circumstances it was appropriate to stand out its recommendations on these points pending the SHRCW's review of the three cases; however, given that IGM process is at an advanced stage, the IM does not deem holding off on these points as advantageous. The points being raised are of general importance on the issue as the IM has assessed it, this stands regardless of whether on a deeper review it is found that on one or other of the complaints that the IM refers to above was on the facts appropriately remediated.

The IM recommends that the IPEs review the financial remediation range for cases **involving severe beatings and shootings**; focusing on substance of all decisions meeting the evidential threshold, whereas, the IM recommends that reference to the remedy range being applied, be set out in the decision; the hope being that this will focus attention on ensuring that each case, turning on the facts, is then expressly aligned to the appropriate remedy band. This should be applied to all cases going forward; however, in the context of the active review of cases by the SHRCW, to an extent this includes both a forward as well as retroactive quality. To this end and in respect of all relevant cases, which we

shall qualify, in this severe beating / shooting category that have received less than Tzs 20m, the IM recommends that in so far as remedy amounts are concerned, that they are assessed within the SHRCW case reviewing process. We take note that there may already be cases that are undergoing review before the Review Panel on this issue, or that are going or have gone through the SHRCW outlier process. The IM makes it plain that such cases should continue to their conclusion in those processes and are not required to fall within the recommendation being made here.

The Tzs 20m threshold is referred to on the basis that the IM's understanding from the IPEs is that financial remedy for severe beatings / violence (including shootings) start at that minimum Tzs 20m level. The IM emphasises the importance of the IPEs' independence, which, a priori, extends to its findings of fact. However, for the avoidance of doubt, the IM reiterates its position following its assessment of factual findings within the sample of cases it was provided with to assess; and that the issue here, is the quantum amount that is being applied to the facts found by IPEs. The IM does not dispute the findings of fact regarding the injuries sustained, but insists that the quantum awarded following such findings be re-assessed accordingly. The IM is aware that the CMIS system will be critical in being able to pinpoint such cases and it is the hope that it can do this or that work arounds can be found. For example, word searches across the database that can pull out matters that have such references therein. This may not be a perfect process; however, given the importance of the subject matter, the effort ought to be made.

## **b) Improvements in Remedy Levels and Categorisation Challenges**

The IM approach to this issue remains that where it is found that a Complainant has received a remedy level far beneath what is to be expected, within the context of the violation suffered and the remedy ranges that have been agreed, the recommendation is that an adjustment be made whether the decision was challenged or not.

It seems plain that this would apply to any Complainant whose matter was treated as a beating when in fact it involved more severe forms of violence, tantamount, in the IM's view, to GBH and attempted murder and /or shooting. Further, where such a case is established by either a Review Panel matter or by an internal review process, a post remedy dispensation adjustment will have to be made. This is not ideal and causes tensions for community members who become aware of such adjustments, leading some to ask why that person and not themselves. Be that as it may, the priority in such cases is to reach full remediation, given the absolute non derogable obligation that applies, explained in our last report, which is adopted here in full<sup>20</sup>

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<sup>20</sup> see 3<sup>rd</sup> IM Public Report Dec 2024 - Paragraph 3.2 - Pages 20-22

### **c) Remedy outcomes and its interconnection with the Remedy Dialogue process**

The IM refers to the passages in the last report on remedy outcomes and its interconnection with the Remedy Dialogue process as still be being instructive here<sup>21</sup> The IM was keen to witness some of the Remedy Dialogue sessions to gauge the extent to which its recommendations from the last report had been implemented. There were certain improvements to the process, the LAPs received the IPE decisions prior to the communication session, though they explained that this was the first time this had happened that normally, decisions were provided to them on the morning of the day when communication of decisions was to take place (ordinarily in the afternoons). The IM cannot stress enough how important it is to the process that LAPs have sufficient time with the decision and with the Complainant rights holder, so that they are able to advise on whether such a settlement would be fair to agree to.

The session format we encountered was the IPE sat behind a rectangular desk directly facing the Complainant, who in turn had the LAP on one side and the interpreter on the other. The IM remains of the view that a circular table with all concerned sat around it, would be a more appropriate format for a Remedy Dialogue of this nature. In essence, the Remedy Dialogue is an informal human right centred negotiation forum to reach settlement. The actual format we encountered appeared far too judicial and the recommendation is that it be changed to reflect the nature of the exchange.

After the formal introductions from the IPE, which appeared courteous enough, the entire decision was then read out to the Complainant, this being the first time the Complainant becomes aware of the substantive decision and rationale. The IM is of the view that if the LAP is able to receive the decision prior to the Remedy Dialogue session and also able to take the Complainant through the same, then the decision at the session could be summarised, saving the time it would have taken to read it and thus enabling the saved time to be allocated got Remedy Dialogue itself.

It was also observed that the interpreter was very passive in the session, n that they were silent whilst the entire decision was being read out, after which the Complainant was asked if they understood it, at which point the interpreter was on hand to summarise. The impression that the IM had was that the Complainants were conversant in Swahili, the language the decision was being delivered in, but not as their first language; and in which case, the IM expected to see a section-by-section interpretation, if indeed the whole decision was to be read out. In other words, the process needs to be broken down in a more effective way to ensure Complainants are fully understanding the process.

### **d) Role, Mandate and Effectiveness of the LAPs**

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<sup>21</sup> see 3<sup>rd</sup> IM Public Report Dec 2024 - Paragraph 3.2 - Pages 22-23

The LAP in session appeared not to have had sufficient time or space with the Complainant to take them through the decision, to seek their response to the same and then to advise them on the implications; all of which they are under a duty to perform. The LAP was effectively having a conference with the Complainant in front of the IPE, after the decision was read out, asking if they understood and accepted the decision and the remedy level that was communicated. The IM found the manner of the exchanges between LAP and Complainant in the session, to be problematic, as it put the Complainant on the spot without any form of prior private consultation, which in the IM's view did not demonstrate the level of professionalism to be expected in the circumstances. The IM was caught between not understanding why the LAP did not request to be given more time with the Complainant, and why they were in that position in the first place. The IM's observation was that the LAP did not have sufficient confidence/authority and /or agency to request more time. This was pointed out to the WiLDAF coordinator and at the IGM wrap up session during the IM's site visit given how important this issue is and the inevitable lapse of time that occurs for all concerned before receiving the IM report and its observations / recommendations thereto.

#### **e) Recommendations to Improve Remedy Processes**

The IM acknowledges, however, that certain aspects of the Remedy Dialogue process have improved, but it requires further adjustments for it to adequately meet the expectations set out in the IGM Manual and by the UNGPs that relate to the subject matter. In terms of the current scheme, there exists a form that sets out remedy options that on its face does not focus on financial remedy only. However, we asked each of the 15 Complainants interviewed, each of whom had received remedy, whether the issue of an apology was important to them, they all said yes. The follow up question was whether the issue was brought up when going through the form, or at any stage prior to the session and each said no that the focus of the session was on the financial aspects and whether there were additional needs such as medical injuries that needed attending to. Whilst the IM accepts that these are probably the more immediate issues to be addressed at the Remedy Dialogue, opportunities to address matters that may advance the issue of closure more effectively than financial recompense and/or medical assistance alone, ought not be lost. The IM reiterates the importance of the issue of apology borne out by the Complainants we interviewed and the overwhelming response that an apology would have meant a lot to them.

To a large extent the IM repeats its recommendations advanced in the last report with a few adjustments taking on board some of the logistical and risk factors involved in dealing with remedy decision making; and it is appropriate here to emphasis these recommendations here given the importance of this area:

- i. Efforts are to be made to Transform the Remedy Dialogue into a genuinely participatory forum by granting LAPs access to full case files, ensuring Complainant briefing, and shifting to range-based remedy proposals.

- ii. Remedy Dialogue Format – a circular table setting, or something comparable, with all concerned sat around it, is recommended over the observed judicial desk format, to foster a more informal and collaborative atmosphere.
- iii. Remedy decisions should ideally be finalised during the dialogue session through a range-based negotiation model that explores the full ambit of the remedy options, including issues regarding how best to effect closure, receiving an apology being indicative.
- iv. The final settlement document should be signed as soon as is practicable bearing in mind the 21 days allowed to seek review open to either side. However, the IM urges all sides to act swiftly where there is agreement on the remedy.

#### **f) Non-financial remedy in the form of medical assistance and Unresolved Questions**

The IM is pleased to hear that non-financial remedy in the form of medical assistance is now supported by an insurance backed scheme, that is in an advance stage nearing agreement, with a pilot phase to start imminently. Whilst the IM has seen some details regarding coverage, these are not formalised and thus it is best that we await the final package before disclosing any details. That said, the IM is encouraged that a longstanding issue will be addressed. During the IM's engagements with stakeholders, medical coverage for those tending to long term injuries, accepted by the IGM, was a constant theme. And there are numerous cases of Complainants using their remedy money to finance ongoing medical treatment, that the non-financial medical assistance is intended to cover, where that non-financial medical assistance treatment has been included in their remedy outcome, but was not available under the yet to be agreed insurance scheme. It begs the question whether such individuals will be recompensed for such expenditure. This is not intended to open a can of worms, but it is worth the IGM understanding what the circumstances are and how they will be addressed. To be clear, these are Complainants who reached the evidential threshold, received a remedial package that comprised financial and additional medical treatment support, but where the latter has not been forthcoming.

### **3.3. REVIEW PANEL**

#### **a) Progress and updates on the review panel processes**

Since the IM's last visit the Review Panel has been actively making its way through the applications lodged by Complainants and by PDL. The IM was able to meet with members of the Review Panel, three 3 of the four 4 members in person at the IGM itself and one member virtually on a video call.

From the outset we highlight that the Review Panel has a new member who will be focusing squarely on assessing whether an application has merit for full assessment or falls for want of the application revealing an identifiable ground of appeal. The phrase identifiable is chosen carefully and contextually given that

whilst the ambit of the Review Panel is to assess whether an applicant for review raises proper grounds, following the human rights approach, and the wording of the manual, there is no impediment for the Review Panel to entertain a ground that was not raised if to do so would advance the IGM's effectiveness in dispensing just outcomes.

### **b) Challenges at the review stage**

This latter point is instructive given the situation that has emerged, relating to the dearth of quality of the applications by Complainants that were being submitted to the Review Panel. The challenge for the RPs has been that the grounds for review, generally speaking, have been very thin, seeming to rely on what the Complainant says of the situation, as opposed to being based on the broader factual matrix set out in the case files.

This was very worrying to hear and yet there is an explanation for this to some degree that has already been identified and has been acted on with immediate effect, which the IM endorses emphatically. That until March of 2025, it had been the case that LAPs in drafting applications for review at the request of Complainants, were doing so without the full access to the case files. This is problematic, it is known and such cases that have suffered this deficiency are under active review.

### **c) Role of LAPs at the review stage – challenges and prospects**

Again, the IM has been caught between why LAPs were not empowered enough to demand the files as is to be expected of lawyers acting on behalf of clients, and why were the LAPs in this position in the first place.

It is within this context that the identifiable ground of appeal must be understood. And having considered the IGM Manual, there is nothing within the relevant section to prevent this approach, which provides a practical way to deal with any deficiencies without delaying the process yet further.

There is also the issue of the approach to take when an application has been successful because the basis of the decision lacked sufficient reasoning. A good example of this is where the financial remedy amount is been challenged by PDL as inappropriate and where a it is found that decision suffered from a lack of factual basis. The IM's view which has been respectfully shared with the experienced Review Panel members, is that such cases ought to be returned to the IPE with a direction to determine the relevant facts and redetermine the financial amount on that basis, as opposed to the decision immediately being reduced. The IM believes that such a direction including the request for a de novo decision to be made is consistent with the human rights/ public law principles upon which the Review Panel section in the manual have been drafted, which also sets out guidance on the rare occasion where the review panel may substitute its own decision for that reached by the IPE. That said, where there are sufficient facts



available. the Review Panel are at liberty to set out a direction indicating the range within which a financial remedy ought to be made.

#### **d) Expert evidence considerations**

One area of particular concern raised by the Review Panel was the manner in which expert evidence was being adduced by the IGM as part of the fact finding assessment, the observation being that, often times the assessments were very brief and did not come across as official and yet they were being relied upon to demonstrate that an alleged abuse did not happen or that the issue complained about was inconsistent with their assessment. An example was given where a Complainant's case involved an allegation that he suffered hearing loss due to an injury sustained during a beating by security guards. Whilst the evidence from the IGM procured medical services expert denied that such an injury was present, there was no reference to the type of medical examination that would be used to determine whether hearing was present or not. In other words, such an examination could not have taken place at the IGM premises, and yet it did, and it was relied on. The IM recalls its recommendation on expert medical evidence it gave in its second report<sup>22</sup> adopted it again here. The expectation is that the medical report be rigorous and take the format of an expert report that the IM is aware is also expected of institutions within Tanzania and especially those performing a quasi-judicial function.

Regarding assessment of the Review Panel decisions, the IM has now had an opportunity to consider a sample, including successful and unsuccessful applications on the side of Complainants and PDL. The approach we see is solid and applies the Manual accurately, fairly as well as adhering to the important evidential threshold issue demonstrating that their assessment aligns with what is to be expected when dealing with human rights matters. We saw a more flexible approach in the Review Panel's assessment to the issues of discrepancy, citing aspects of the passage of time and at times demonstrating that discrepancy findings were ill-founded.

#### **e) Suggestions by IM on the review process**

There is one area that the IM recommends that the Review Panel revisit and that is its approach to the technicality where a Complainant raises incorrect remedy as a ground. It is correct that such a ground is not open to a Complainant to raise, as it is open to PDL only in certain circumstance and only when remedy exceeds

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<sup>22</sup> 2<sup>nd</sup> Independent Monitor Report Feb-March 2024 paragraph 4.6 pages 22-23

*There is plainly a requirement for the expert's assessment to be reliable and it is recommended that the IGM explain the role of the professional service providers, where they are being relied on to provide expert evidence, more explicitly highlighting the need for the following: i. Objectivity. ii. Accuracy and Thoroughness. iii. Clarity and Understandability. iv. Professional Integrity. v. Evidence based Conclusions. vi. Duty to Update. These are the types of generally accepted principles that inform how experts ought to approach their report writing. Once the role of the expert is understood and executed, the IPEs may more consistently receive reports that they are better able to rely on; aiding the fact-finding process and hopefully speeding it up.*

a certain amount. To refuse an application on that technicality is not in itself wrong; however, if in the RP's assessment of the facts the substance lends itself to an arguable ground under the unreasonableness limb, then the IM sees nothing within the Manual that prevents the Review Panel from considering the application under the ground that ought to have been taken. It follows that if a finding of unreasonableness would be justified on the facts, then the Review Panel ought to make such a finding. This goes to the identifiable ground point referred to earlier in this section and to some degree, it also serves as assisting the situation whereby it may be difficult to know which of the applications that come before the RPs suffered from the LAPs not having had access to the case files prior to drafting the grounds for review.

Regarding the pilot phase cases that the IM recommended be reviewed and which were before the SHRCW to assess - we were provided with 2 such cases and are unable to form a view with such a small sample. Between now and the next site visit, we shall be requesting to see more of those cases and will take a proactive approach to provide the IM's views on the same to the IGM, which shall be included in the next report.

### **3.4. COLLECTIVE REMEDY UPDATES**

The IM sought an update about the proposed collective remedy that is to be provided to the community in the form of a girls' school dormitory. The feedback received from the IGM was that the plans were progressing well and have been endorsed not only by the community leadership, but also at the community's grassroots level, who have fully bought into the scheme. The IM was furnished with a summary document outlining the extent of the engagements efforts on the collective remedy issue, which indicated all 12 relevant villages were engaged by way of an in-person sensitisation session, whereby each session comprised 7 Ward / Division leaders, additional village leaders between 2 to 4 per session, and with each session having community members present from between 21 to 50 persons (see table below that more accurately sets out the numbers attending per session).

	Village	Participants		
		Ward/Division leaders	Village leaders	Community Members
1.	Songwa	7	3	21
2.	Ikonongo	7	3	37
3.	Maganzo	7	3	38
4.	Masagala	7	2	44

5.	Wizunza	7	3	25
6.	Utemini	7	3	41
7.	Nyenze	7	3	41
8.	Ng'wanholo	7	3	41
9.	Idukilo	7	4	42
10.	Buchambi	7	3	45
11.	Buganika	7	2	44
12.	Igumangobo	7	3	50
<b>Total</b>	<b>12</b>	<b>7</b>	<b>35</b>	<b>469</b>

This on its face is very positive; however, during our engagements with the Community Based Groups and the community based Animators, none of the participants seemed to be aware of the said plans; this was a surprise, particularly in relation to the former group, who we understand are very connected at the grassroots level, and who also work within the formal local leadership structures. It is for these precise reasons that the IGM earmarked the Community Based Groups as an important strategic community engagement partner. And to clarify, there was some awareness about the prospect of a collective remedy project, but little if any knowledge of the actual plans that have been highlighted to the IM.

Understandably, the IGM speaks of the girl's school dormitory project with much pride and conviction, and the IM does not doubt the big effort that has gone into achieving the current situation; however, it remains imperative that grassroots level awareness and engagement on this issue is substantial. The IM expected the well informed / connected Community Based Groups and Animators that were interviewed to have known about the plans. That they did not, may point to gaps in how well the knowledge of the girls' school dormitory project has filtered through to the community. The recommendation here is to increase engagement in the local communities about the project, ensuring awareness and inviting buy-in.

### **3.5. STAKEHOLDER AND COMMUNITY ENGAGEMENT**

Community engagement remains a pivotal area for the performance of the IGM and plenty of effort is being applied to this area, and across the various organs. Our interviews with each of the teams, revealed that there were community

engagement activities beyond their regular tasks. Community engagement certainly came across as a high priority area.

The IM recognises that in an election year such engagements can come with certain challenges, from the dissolution of political stations pending election, to issues of access either too little or at times, unwanted access. The IGM leadership and spearheaded by HoS has sought to navigate this tricky terrain / period. And to this end, a new and important relationship is forming with the area's official Community Based Groups, who have an extensive network that flows from their current work within the community, that covers the IGM's catchment area; the IGM hopes to leverage this network and to work collaboratively with the group in disseminating information about the continued developments at the IGM but also to receive valuable feedback emanating from the community about the IGM.

The IM met 25 representatives of the Community Based Groups. From the engagement, it was apparent how well organised these groups are both in relation to their individual communities, but also as a collective network. They were very well versed in the issues and dynamics of the area and had good awareness of the presence of the IGM and its impact within those communities. One of the big attractions of this group to the IGM is that the engagement comes with very few, if any, strings attached, which makes it far easier for the IGM to build a relationship. The IM sees this developing relationship as strategically important to the IGM at this stage.

This is in contrast with the relationship that has been unfolding with the community Animator group. From what we understand, there is no longer any engagement between the Animators and the IGM, and without going into to unnecessary detail, it appears that the political situation, and with some Animators themselves being complainants, has at times made engagement extremely difficult, including conflict of interest issues arising with specific Animators. The challenge, however, is that the Animator group is extremely well connected at the grassroots level, an area where the IGM needs to improve its engagement at this crucial phase of its work. The societal status of Animators was brought home to the IM during its session with the Community Based Groups, whom the IGM were very keen for the IM to meet. These groups were also very aware of the Animators and collaborate with them on many community engagement projects and confirmed how effective they are as societal voice boxes, carrying messages and information deep into communities. Though their sessions with the IM were quite a few hours apart, there was a time when Animators were awaiting their engagement session and upon meeting with the Community Based Groups personnel the connection was very clear, given how cordially and naturally they interacted with one another.

To the IM's mind, there will inevitably be some cross over between the IGM's relationship with the Community Based Group and what from there spills over to the Animators. The IM understands that this spill over will not be by the IGM's

design, to think however, that it will not happen is unrealistic in the IM's view. And to this point the recommendation is that the IGM's engagement with the Animators focus on maintaining cordial relations, with clear and respectful messaging regarding its position of working with the Community Based Group that in all the circumstances is highly representative of the surrounding community stakeholders, including the Animators themselves. Whilst such an approach does not establish any on-going direct engagement, it does signify the reality of the Animators' continued relevance, the IM believes this to be an important gesture to make.

The IM did not see specific evidence that the IGM has created and shared a tracking table with relevant stakeholders to keep abreast of where agreed actions were at. This does not negate the obvious hard work that remains on going; however, as recommended previously, such a tracking table is likely to aid transparency, clarity and accountability, as has been requested of the IM too and which we set out towards the end of the report, in terms of the recommendations.

### **3.6. EVIDENTIAL THRESHOLD**

This substantive area will no doubt remain a key issue and focus, to ensure that decisions are reached in a manner that reflect the correct human rights approaches to evidential matters; and that refrain from adopting rigid interpretations of the burden and standard of proof to be applied to the factual scenarios put by Complainants. IM repeats much of what it highlighted in its last report, that generally there is an improved appreciation of the evidential burden to be applied to the assessment of grievances, and the continued encouragement we derive from the SHRCW being on the ground. That *additional everyday presence of someone who deeply understands this area and is on hand to guide and to challenge decision making, on a sampled basis, where necessary* that we spoke of, is even deeper with the IGM's operations. And from what the IM sees, the SHRCW's inputs are having a positive effective of refining processes and decision making.

We are also encouraged by the consistency of the SHRCW who has not let up on continuing to highlight evidential burden as an issue that requires constant scrutiny, and to ensure that the issue of seriousness relating threshold, is assessed in a way that takes into account the Complainant's full set of circumstances and that Complainants access the medical or psycho social support that is on offer at the IGM, which may be able to support their case.

The IM was pleased to learn the consultative approach that has developed concerning the triage process whereby the SHRCW the LOs and LAPs are able to discuss Triage cases with the IPE and have been able to provide representations relating to evidential matters at the triage process to the IPE resulting in negative decisions on triage being reversed. This is a welcomed highlight in circumstances whereby a Complainant who is triaged out of the process does not have any review rights and thus special care must be taken in at this early stage of the assessment.

### **3.7. INDEPENDENCE AND INTEGRITY OF THE IGM**

An emerging issue of concern under this section of the report is the apparent rise in corruption attempts, not only anecdotal references, but also firsthand experiences voiced by the IGM personnel. This is to some extent expected given that the current IGM phase involves financial remedy being dispensed. From the IM's perspective this is an issue that has been gaining volume especially the allegation that there are known factions within several of the catchment areas where bribery is taking place in the form of persons offering to provide a cut of the financial remedy dispensed if individuals support their cases. As worrying, if not more, were the reports that from within the IGM itself, individuals have approached even the IPE level to request favours in return of receiving a cut of financial remedy if they can rig the decision in their favour. The feedback the IM received was that such attempts are met with short shrift, with the IM's understanding that the IGM continually articulates its Zero tolerance policy toward any form of corruption. This is perhaps an important time for the IGM to reiterate this stance, leveraging all the channels it has at its disposal to reinforce this zero-tolerance message.

In the spirit of openness and being balanced about this subject, the IM has also been informed by the IGM that allegations of corruption have been levelled against certain individuals within the IGM itself, IM understands that the IGM is currently undertaking inquiries in relation to this matter, which will be covered in our next report.

From the IM's observations during its engagements, some of the community stakeholders interviewed were aware of certain allegations, but only in broad terms, with minimal details, and which they brought up during the engagement sessions. Further, we did not receive any feedback that seemed to suggest that corruption from within the IGM was an issue. We await further details and in the meantime are pleased to see the concern and efforts underway at the IGM to ensure that it remains a corruption free zone; this includes daily briefings to Complainants attending the IGM, community engagement sessions at all levels, whereby the issues of anti-corruption practices are discussed, addressed and emphasised.

There was however, one example that was brought to the IM's attention of a Complainant who was successful in his claim and who immediately upon receiving his remedy payment attended the IGM and proceeded to mock the IGM personnel about his ability to deceive the institution. This the IM understands was carried out in broad daylight and in front of many witnesses, including Complainants awaiting to have their matters processed. The IM is of the view that such acts should be called out in the strongest of terms as they undermine and tarnish the integrity / image of the IGM. In addition to calling out such acts, the IM is of the view that anti-corruption measures cut both ways, the IGM institution and for the recipients of its services. In circumstances, where cogent evidence exists about blatant abuses of the system, the IM sees it as appropriate for the relevant authorities to be informed and for the usual state apparatus regarding corruption

to take its course. The IM sees nothing misplaced about doing this in appropriate cases. It sends a strong message to all concerned that zero tolerance means just that.

### 3.8. GENDER AND VULNERABILITY RESPONSIVENESS

Unfortunately, our site visit arrangements did not allow time for us to meet with the medical and psychosocial experts providing services to Complainants at the IGM. We were, however, able to discuss matters with the director of Her Dignity NGO, who perform the post decision support mechanism targeting vulnerable women and families (Gender Safeguarding). The IM has previously commented on the impactful work that Her Dignity carries out, requesting that the approaches seep further into the IGM's value chain and not just at the post decision phase.

We are aware that Her Dignity has had input into the triage and interview processes especially in relation to practical steps required to accommodate and to support vulnerable persons, women in particular. However, the IM's view remains that Her Dignity's influence could be even more meaningful if it started earlier, for example, and particularly at the Remedy Dialogue stage. In addition to the LAP's presence, support from Her Dignity is likely to completely transform the tenor of such sessions. And it is the IM's recommendation that in cases involving women and/or those earmarked as vulnerable that Her Dignity should have a presence of support at such Remedy Dialogue sessions.

Those who have been provided with medical and/or psychosocial services at the IGM are as follows:

Year	Medical	Psychosocial	Total
2024	154 Complainants	56 Complainants	<b>210</b>
2025	132 Complainants	49 Complainants	<b>181</b>
	<b><u>286</u></b>	<b><u>105</u></b>	<b><u>391</u></b>

The IM has not specifically asked the question, but the numbers look to be far lower than what would be expected given the numbers of individuals

However, in so far as those who achieve remedy are concerned, Her Dignity's support mechanism is tasked with assessing needs and providing focussed support for women and their families. The IM's early assessment of their work is that it is much needed and very welcomed by the recipients of the same. The IM, is aware that Her Dignity has also provided the IGM with guidance relating to its grievance process, helping to structure the safeguarding assessment forms in a way that better captures / signals the need for psycho-social / medical services intervention. The IM commends this and understands that Her Dignity's input, together with those of the SHRCW, and the fund manager, is part of a concerted effort to support the complaints process across the IGM value chain, thus assisting in needs assessments at earlier stages of the IGM process. This also connects to the issue of triage and to the issue of remedy. The body of the report

amplifies why this improving assessment process, which now appears to be joining up crucial areas the Complainants IGM service experience, is likely to significantly enhance human rights-oriented outputs. This reads as a much more holistic arrangement and the hope is that the IM will see the fruits of this labour filter through into the decisions at all levels.

Turning to the sensitivities concerning gender related issues; with the SHRCW on board, there appears to be even more appreciation of the needs that are specific to women Complainants and those with disabilities. This in no way negates the need for gender rights awareness, merely it reinforces the need for carefully worked out institutional practices that are nuanced and specific to actual needs. The issue of ratio of men to women at the IGM level also has a part to play in how well gender issues may be addressed and it is encouraging that the new recruits to the IGM are creating institutional gender balance, and the IM expects the IGM to reap the rewards of this situation over the forthcoming reporting cycles.

### **3.9. ACCESS TO LEGAL REPRESENTATION**

The position of the LAP, in line with the congratulatory comments the IM started with in this report, is much improved compared to the last site visit. Taking on board feedback from the IGM members including the Review Panel and the recipients of their services, the main items this time around involve how best to bolster their performance and agency so that they can truly perform the legal advisory and representatives' roles that they are obligated to provide the Complainants.

As stated in the body of the report, there were certain times in our site visit where we were surprised by the LAP's seemingly timid response to areas of practice that demanded more authority. Such as demanding for case files before drafting review applications and if refused that itself being the first review ground (abuse of process/ unfair hearing), in addition to grounds they would have been able to make in view of the paucity of information. Further, in the Remedy Dialogue sessions that the IM observed, the IM could not help thinking why the LAP did not request extra time to have a conference with the Complainant, to go over the decision given that there had clearly been insufficient time to discuss the findings beforehand. Instead, the LAP asked the Complainant whether he accepted the remedy proposal in front of the IPE, instead of having the freedom and space to advise him as to whether in their view it was something the Complainant ought to accept. At that stage the role and legal obligation of the LAP is to advise the Complainant. The IM did not see this taking place in any of the three communication hearings that it observed.

The IM was also cognisant of the gulf in experience and stature between the senior members of the IGM, particularly the IPEs and the LAPs generally which is a plainly a feature when it comes to the Remedy Dialogue sessions. The IGM sees the seniority dynamic playing a role here, which is even more reason why the Complainant and their LAP should have privacy to discuss the circumstances of the decisions and the space to provide / receive advice on settlement, prior to



entering the Remedy Dialogue; and it is also within this context that Her Dignity having a supportive presence in appropriate cases, will not only assist those specific cases, but is likely to reinforce the shift toward a genuinely participatory forum, where in addition to the LAPs having access to full case files, Complainants receiving decision briefings and advice, the range-based remedy proposals becomes the norm and the atmosphere becomes conducive to having a meaningful dialogue.

The LAPs have voiced their frustrations with the situation of been seen as a weak link in circumstances that at times are not completely their doing. For instance, the issue of advancing grounds that are found to be baseless. Putting aside the applications for review prior to March 2025, where LAPs were not being provided with case files before applying for review, their argument is that they nonetheless feel duty bound to put forward whatever the Complainant wants to advance. The IM does not agree with such an approach, however, understands that it is a difficult set of circumstances to navigate. The position now, however, is that where the LAP advises a Complainant that there are no realistic prospects of success in lodging grounds to the Review Panel, that they will be entitled to confirm the same on a form, and yet proceed to assist the Complainant as best they can to complete the review application. As a cautionary note, it is recommended that the signed form not to be shown to the Review Panel until after their assessment as to merits, in order not to prejudice the application; at the same time, it provides an avenue for the LAPs to preserve their professional integrity in the event that the RPs wish to know why a certain case was lodged in the first place, when it clearly had no merit.

#### **4. SPECIFIC ASSESSMENTS OF THE UNGPS**

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This section presents the Independent Monitor's comprehensive assessment of the Independent Grievance Mechanism (IGM) in Shinyanga, Tanzania, evaluated against the eight core principles of the UN Guiding Principles on Business and Human Rights (UNGPs).

The evaluation reveals significant progress in several areas, particularly with the introduction of the Permanent Resident IPE (PRIPE) who now "communicates 10-15 decisions per day, reducing case backlog." However, substantial challenges persist, including at some level community perceptions. For example, Councillor submissions to the IM and Community Based Group feedback, advance that "all 12 villages are doubtful if IGM will do justice and be fair to claimants" and serious concerns about independence as "WDL opposes/appeals against IGM decisions/awards."

The human impact of these challenges is evident in claimant testimonies. As one awardee, explained during Remedy Dialogue: *"siku ya maamuzi -- walisema kwamba maamuzi ya fidia yako tukiyasoma hakuna cha kukataa... tulikuwa shingo upande- tuliogopa"* (on decision day, they said when we read your

compensation decision there's nothing to refuse... we were scared and kept our heads down).

This assessment is significantly informed by community letters and statements received during the field visit period. Local leaders and Councillors from the affected wards have provided written documentation of their experiences and concerns, offering critical insights into the mechanism's performance from a grassroots perspective. These documents, including formal statements from ward Councillors and community meeting minutes, reveal both appreciation for IGM efforts and persistent challenges that require urgent attention. The IM stresses that the negative perceptions expressed do not denote a total view and / or total reality of the situation; however, to ignore such perceptions even if not fully representative of the situation would be irresponsible. Getting to the root causes of how some individuals are experiencing the IGM is vital to its ultimate success. The IM sees that the IGM is capable and willing to meet the challenges that are being presented, within the context of its continual progress.

## 5. RECOMMENDATIONS TRACKER

Area	Relevant UNGP principle(s)	Selected Issues from the IM report	Description of the Recommended Intervention(s)	Recommendation
<b>1. IGM Independence and Credibility</b>	<b>UNGP 14:</b> Business responsibility to respect human rights applies universally; <b>UNGP 16:</b> Conduct human rights due diligence; <b>UNGP 25:</b> States ensure access to effective remedy; <b>UNGP 26:</b> Ensure effectiveness of judicial mechanisms; <b>UNGP 29:</b> Establish effective operational grievance mechanisms; <b>UNGP 31(a):</b> Grievance mechanisms must be legitimate	<b>(Para 3.7)</b> Incidences of corruption attempts including bribery offers from external parties and approaches to IGM personnel threaten institutional integrity. Community stakeholders' express concerns about external interference in IGM decisions, with formal documentation from ward councillors noting transparency and independence concerns.	<ul style="list-style-type: none"> <li>• Anti-Corruption Measures</li> <li>• Community Engagement</li> <li>• Operational Independence</li> </ul>	<b>1. Strengthen IGM Independence and Credibility</b> <ul style="list-style-type: none"> <li>• Establish anonymous whistleblower hotline and secure reporting mechanisms for corruption allegations.</li> <li>• Create community oversight committee including ward councillors to monitor IGM independence</li> <li>• Strengthen protocols for reporting suspected corruption to relevant Tanzanian authorities</li> </ul>
<b>2. Fraud Prevention and Quality Control</b>	<b>UNGP 26:</b> Ensure effectiveness of mechanisms; <b>UNGP 29:</b> Establish effective grievance mechanisms; <b>UNGP</b>	<b>(Para 3.7)</b> Despite zero-tolerance policies and daily briefings, increasing reports of bribery attempts from both	Verification Process Enhancement	<b>Establish Fraud Prevention and Quality Control Systems</b>

	<p><b>31(a):</b> Must be legitimate; <b>UNGP 31(g):</b> Source of continuous learning</p>	<p>external parties offering remedy cuts and direct approaches to IGM personnel require systematic response. One documented case of a complainant publicly boasting about deceiving the institution undermines IGM integrity.</p>	<p>Medical Examination Protocol</p> <p>Quality Audits Implementation</p>	<ul style="list-style-type: none"> <li>• Conduct random quality audits of 10% of decisions monthly with external oversight</li> <li>• Ensure that the CMIS cross-referencing system is not only able to detect duplicate or false claims across databases but actively flags the same in a highly visible way, inclusive of notifications</li> <li>• Create incident response protocol for addressing public undermining of IGM integrity</li> </ul>
<p><b>3. Financial Remediation Standards</b></p>	<p><b>UNGP 22:</b> Provide remediation for adverse impacts; <b>UNGP 25:</b> Ensure access to effective remedy; <b>UNGP 31(c):</b> Must be predictable; <b>UNGP 31(f):</b> Must be rights-compatible</p>	<p><b>(Para 3.2(a))</b> With reference to the indicative sample of cases provided to the IM, where severe injuries (including beating leading to unconsciousness and hospitalization received under the TZS 20m starting point threshold, when categorized as "beatings" rather than</p>	<ul style="list-style-type: none"> <li>• Remedy Categorization Review Process</li> <li>• IPE Remedy Ranges Requirements</li> <li>• Post-Remedy Adjustment protocols</li> </ul>	<p><b>Review and adjust Financial Remediation Range and Standards</b></p> <ul style="list-style-type: none"> <li>• Mandate IPEs to explicitly state remedy range category and justification in all positive decisions</li> <li>• Establish medical severity assessment protocol</li> </ul>

		<p>reflecting actual severity. Remedy ranges exist but categorization errors at earlier stages carry through to decisions, risking inadequate compensation for gross violations.</p>		<p>using standardized injury classification system</p> <ul style="list-style-type: none"> <li>• With the exception of all cases that are before the Review Panel on the issue or that have gone, or are going through the SHRCW outlier process, carry out a targeted post-decision review exercise, leveraging the existing duties carried out by the SHRCW, and the CMIS system for the class of cases identified in the body of this report (namely those cases that have involved severe forms of violence and where the financial remedy amount has been under the TZS 20m threshold referred to by the IPEs as being an appropriate starting point for such matters. This is to act retroactively.</li> </ul>
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				<ul style="list-style-type: none"> <li>• Develop clear criteria for remedy adjustments when categorization errors are identified</li> </ul>
<b>4. Enhanced Operational Capacity and Infrastructure</b>	<b>UNGP 26:</b> Ensure effectiveness of mechanisms; <b>UNGP 31(b):</b> Must be accessible	<b>(Para 3.1(f))</b> Building on successful workforce expansion to 55 personnel and vehicle procurement, remaining accessibility gaps include interview space limitations and communication equipment needs for LAPs to effectively serve complainants across the catchment area.	<ul style="list-style-type: none"> <li>• Operational Capacity Enhancement</li> <li>• Infrastructure Improvement</li> <li>• Equipment Replacement</li> </ul>	<b>Upgrade Infrastructure and Replace Equipment</b> <ul style="list-style-type: none"> <li>• Replace the current torn/dilapidated tents with better facilities to provide safe and private interview rooms</li> <li>• Provide mobile phones and data packages to all LAPs for client communication</li> <li>• Acquire or exchange current 4x4 vehicles with off roader versions specifically for rainy season field access</li> <li>• Install signature pads and fingerprint scanners for efficient document processing</li> </ul>

<b>5. CMIS Technology Enhancement</b>	<p><b>UNGP 21:</b> Provide/co-operate in remediation;  <b>UNGP 26:</b> Ensure effectiveness; <b>UNGP 31(e):</b> Must be transparent;  <b>UNGP 31(g):</b> Source of continuous learning</p>	<p><b>(General observation)</b>  Current CMIS supports case management but enhanced data capture including gender, witness information, and comprehensive grievance status tracking would improve transparency and evidence collection capabilities.</p>	<ul style="list-style-type: none"> <li>• CMIS Enhancement Goal</li> <li>• Proposed CMIS Upgrades</li> <li>• Real-time Data Integration</li> </ul>	<p><b>Comprehensively Upgrade CMIS Technology</b></p> <ul style="list-style-type: none"> <li>• Integrate gender, age, disability status, and geographic data fields into all case records</li> <li>• Consider digital audio recording system for all interviews with secure storage and ethical protocols on personal data protection.</li> <li>• If possible- for real time consistent data - create real-time dashboard showing case status, demographics, and processing timelines</li> <li>• Ensure that analysed/synthesised reports can be extracted from the CMIS without difficulties</li> </ul>
<b>6. Legal Representation Effectiveness</b>	<p><b>UNGP 18:</b> Track effectiveness of responses;  <b>UNGP 26:</b> Ensure</p>	<p><b>(Para 3.2(d) &amp; 3.9)</b> LAPs receive decisions on the morning of communication sessions (normally afternoons). That is</p>	<ul style="list-style-type: none"> <li>• IGM Decision Handover Timeframe for LAPs</li> <li>• Accommodating / facilitating LAP /</li> </ul>	<p><b>Enhance Legal Representation Effectiveness and Accessibility</b></p>

	effectiveness; <b>UNGP 31(d)</b> : Must be equitable	insufficient for proper client consultation. During observed remedy sessions, LAPs conducted conferences with complainants in front of IPEs rather than having private consultation time, undermining effective representation.	<p>Complainant professional engagements</p> <ul style="list-style-type: none"> <li>• Facilitate / encourage LAP Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Establish 2-day minimum period between decision delivery to LAPs and remedy sessions</li> <li>• Create dedicated private consultation rooms for LAP-complainant meetings</li> <li>• Develop standard protocol allowing LAPs to request session postponements for additional preparation</li> <li>• Provide LAPs with complete case files including FFT reports prior to remedy sessions</li> </ul>
<b>7. Medical Examination Standards</b>	<b>UNGP 19</b> : Communicate on human rights impacts; <b>UNGP 20</b> : Communicate when concerns raised; <b>UNGP 26</b> : Ensure effectiveness; <b>UNGP 31(d)</b> : Must be equitable; <b>UNGP</b>	<b>(Para 3.3(d))</b> Review Panel identified perfunctory medical assessments including hearing loss examinations conducted at IGM premises without proper equipment. Brief, unofficial medical reports are being relied upon in	<ul style="list-style-type: none"> <li>• Data Requirements</li> <li>• Medical Examination Standards</li> </ul>	<p><b>Establish Medical Examination Standards</b></p> <ul style="list-style-type: none"> <li>• Adopt Ministry of Health standard medical report formats for all examinations, requiring complete patient information, diagnosis, treatment</li> </ul>



	<b>31(f):</b> Must be rights-compatible	decisions without meeting expert evidence standards required for quasi-judicial functions.		<p>details, and practitioner credentials and request the deployment of specialist equipment for specific assessments e.g. audiometry for hearing loss claims. (The IM is aware that such equipment may not always be available; however, efforts should be made to include their deployment wherever possible).</p> <ul style="list-style-type: none"> <li>• Mandate detailed practitioner credentials and examination methodology in all reports</li> <li>• Establish external medical review panel for complex or disputed medical evidence</li> </ul>
<b>8. Community Engagement Optimization</b>	<b>UNGP 18:</b> Track effectiveness; <b>UNGP 27:</b> Provide effective non-judicial mechanisms; <b>UNGP 31(b):</b> Must be	<b>(Para 3.5)</b> Successful relationship development with Community-Based Groups but election year challenges have limited traditional stakeholder	<ul style="list-style-type: none"> <li>• Engagement Strategy</li> <li>• Local Leadership Development</li> </ul>	<p><b>Optimize Community Engagement</b></p> <ul style="list-style-type: none"> <li>• Accept the obvious /natural connection that exists between</li> </ul>

	accessible; <b>UNGP 31(e)</b> : Must be transparent	access. Strained relationship with Community Animators creates grassroots engagement gaps despite their effectiveness as "societal voice boxes" carrying messages deep into communities.	<ul style="list-style-type: none"> <li>• Stakeholder Consultation</li> </ul>	<p>Community-Based Groups and Community Animators without being a part of that dynamic, to maintain cordial relations • Organize orientation sessions for newly elected ward councillors and local leaders</p> <ul style="list-style-type: none"> <li>• Establish monthly community feedback sessions in each catchment ward</li> <li>• Create standardized and simplified information packages for systematic dissemination through all community networks</li> </ul>
<b>9. Remedy Dialogue Process Transformation</b>	<b>UNGP 29</b> : Establish effective grievance mechanisms; <b>UNGP 31(d)</b> : Must be equitable; <b>UNGP 31(h)</b> : Based on engagement and dialogue	<b>(Para 3.2(c))</b> Current judicial format (rectangular desk, IPE facing complainant) contradicts remedy dialogue purpose. All 15 interviewed complainants expressed importance of apologies, yet remedy forms don't	<ul style="list-style-type: none"> <li>• Remedy Session Format:</li> <li>• Remedy Component</li> <li>• Decision-Making Process</li> </ul>	<p><b>Transform Remedy Dialogue Process</b></p> <ul style="list-style-type: none"> <li>• Replace rectangular desk setup with circular table arrangement for all remedy sessions</li> </ul>

		systematically address this. Sessions focus primarily on financial aspects rather than exploring full remedy options for effective closure.		<ul style="list-style-type: none"> <li>• Integrate formal apology component into standard remedy dialogue protocol</li> <li>• Develop structured format exploring financial, medical, and symbolic remedy options</li> <li>• Train/Remind the IPEs in facilitative dialogue techniques rather than judicial decision delivery</li> </ul>
<b>10. Communication Accessibility</b>	<b>UNGP 26:</b> Ensure effectiveness; <b>UNGP 31(b):</b> Must be accessible; <b>UNGP 31(c):</b> Must be predictable	<p><b>(Para 3.2(c))</b> Interpreters remain silent during entire decision reading, only summarizing afterward. Complainants conversant in Swahili but not as first language need section-by-section interpretation. Late decision provision to LAPs prevents adequate client preparation and consultation.</p> <p>IM observed that communication gaps exist</p>	<ul style="list-style-type: none"> <li>• Decision Communication</li> <li>• Review Process Communication</li> <li>• Legitimacy Enhancement</li> </ul>	<b>Improve Communication Accessibility</b> <ul style="list-style-type: none"> <li>• Implement paragraph-by-paragraph interpretation during all decision communications</li> <li>• Provide decision summaries in local languages (<i>Sukuma, Sumbwa</i>) in addition to Swahili</li> <li>• Establish fixed weekly schedule for remedy</li> </ul>

		regarding review process availability and procedures. While right to review is entrenched in Manual and conducted by eminent Tanzanian jurists, community understanding remains limited. Individual complainant experiences suggesting "nothing to refuse" represent exceptions requiring contextual explanation		<p>sessions with 7-day advance notice</p> <ul style="list-style-type: none"> <li>• Create audio recordings of decisions in appropriate languages for complainant reference.</li> <li>• Provide systematic education about review rights and procedures to all complainants</li> <li>• enhance the regular community information sessions explaining IGM processes including review mechanisms</li> </ul>
<b>11. Community Partnerships</b>	<p><b>UNGP 18:</b> Track effectiveness; <b>UNGP 31(a):</b> Must be legitimate; <b>UNGP 31(h):</b> Based on engagement and dialogue</p>	<p><b>(Para 3.5)</b> Community-Based Groups confirm Community Animators' effectiveness and maintain collaborative relationships with them. However, IGM-Animator relationship has become untenable for a variety of reasons notwithstanding the Animator's proven</p>	<ul style="list-style-type: none"> <li>• Relationship with Community-Based Groups</li> <li>• Leveraging Existing Collaborations</li> <li>• Community Mobilization and Engagement</li> </ul>	<p><b>Adopting Arm's length approach, acknowledge, and maintain cordial relations with Community Animators.</b></p> <p><b>Continue with the positive relationship building efforts with the Community Based Groups.</b></p>

		grassroots connectivity and message-carrying capacity throughout the catchment area.		IGM should accept / acknowledge the Community Animators separate relations that it has with the Community-Based Groups, allowing the latter to leverage its existing collaborative relationship with the Animators, where appropriate, and with other community stakeholders for the effective enhancement of community mobilization and inclusive engagement.
<b>12. LAP Professional Standards</b>	<b>UNGP 29:</b> Establish effective grievance mechanisms; <b>UNGP 31:</b> Effectiveness criteria (general)	<b>(Para 3.9)</b> LAPs express frustration about presenting applications that lack merit, particularly pre-March 2025 cases where they lacked case file access. Need clarity on professional obligations when clients insist on pursuing cases with limited prospects while preserving professional integrity.	<ul style="list-style-type: none"> <li>• Likelihood-of-Success Assessments</li> <li>• Reason for Separate Documentation</li> </ul>	<b>Allow the LAP to fully apply their Professional Standards</b> <ul style="list-style-type: none"> <li>• Formalize existing protocol allowing LAPs to document prospects assessment separate from Review Panel</li> <li>• Provide continuing legal education sessions on professional ethics in grievance mechanisms</li> </ul>

				<ul style="list-style-type: none"> <li>• Create peer support network for LAPs to discuss challenging professional situations</li> <li>• Establish clear guidelines on when LAPs may withdraw from cases with no merit</li> </ul>
<b>13. Review Panel Process Refinement</b>	<p><b>UNGP 19:</b> Communicate on impacts; <b>UNGP 20:</b> Communicate when concerns raised; <b>UNGP 31:</b> Effectiveness criteria (general)</p>	<p><b>(Para 3.3(c))</b> Review Panel demonstrates solid Manual application but faces challenges from applications lacking factual basis due to historical LAP file access limitations. Opportunity exists for more flexible consideration of arguable grounds even when technically incorrect grounds are cited.</p>	<ul style="list-style-type: none"> <li>• Review Panel Flexibility</li> <li>• Medical Evidence Requirements</li> </ul>	<p><b>Perfect the Review Panel Processes</b></p> <ul style="list-style-type: none"> <li>• Develop protocol for Review Panel to consider arguable grounds regardless of technical ground cited</li> <li>• Create guidance for when cases should be returned to IPE for additional fact-finding</li> <li>• Establish quality standards for medical evidence acceptable in Review Panel proceedings</li> <li>• Configure the case management system to</li> </ul>

				track Review Panel decision patterns and consistency
<b>14. Comprehensive Remedy Implementation</b>	<b>UNGP 22:</b> Provide remediation for adverse impacts; <b>UNGP 25:</b> Ensure access to effective remedy; <b>UNGP 31(f):</b> Must be rights-compatible	<b>(Para 3.2(f))</b> Medical insurance scheme deliberately designed as robust system covering both future ailments and pre-existing conditions connected to human rights violations. However, qualifying complainants have used financial remedies for medical treatment during scheme development, creating questions about interim medical expenditure coverage; and about recompense for such expenditures by those who met evidential threshold.	<ul style="list-style-type: none"> <li>• Remedy Implementation</li> <li>• Medical Insurance Scheme</li> <li>• Interim Coverage and Recompense</li> </ul>	<b>Enhance Remedy Quality, Standards and Outcomes Comprehensively</b> <ul style="list-style-type: none"> <li>• Accelerate full implementation of the medical insurance scheme covering both future and pre-existing conditions</li> <li>• Establish clear protocol for addressing interim medical expenses incurred by qualifying complainants</li> <li>• Create and implement transparent communication about insurance coverage scope including pre-existing conditions</li> <li>• Develop partnership agreements with</li> </ul>

				<p>healthcare providers for seamless service delivery</p> <ul style="list-style-type: none"> <li>• Give proper weight to non-financial remedies</li> </ul>
<b>15. Community Awareness Enhancement</b>	<p><b>UNGP 25:</b> Ensure access to effective remedy; <b>UNGP 31(b):</b> Must be accessible</p>	<p><b>(Para 3.4)</b> Ward councillors specifically recommend enhanced education programs. Community-Based Groups and Animators interviewed lacked awareness of collective remedy plans despite IGM reports of community endorsement, indicating grassroots communication gaps.</p>	<ul style="list-style-type: none"> <li>• Community Awareness Enhancement</li> <li>• IGM Education Programs</li> <li>• Community Outreach</li> </ul>	<p><b>Implement Enhanced Public Awareness Campaigns</b></p> <ul style="list-style-type: none"> <li>• Develop comprehensive IGM education curriculum based on ward councillor recommendations</li> <li>• Create visual aids and materials in local languages explaining IGM processes and timelines</li> <li>• Organize community meetings specifically focused on collective remedy project updates</li> <li>• Establish and air regular radio programs in local languages broadcasting IGM information and updates</li> </ul>



<b>16. Vulnerable Groups Safeguarding</b>	<b>UNGP 12:</b> Business enterprises should respect human rights; <b>UNGP 31:</b> Effectiveness criteria (general)	<b>(Para 3.8)</b> <i>Her Dignity's</i> post-decision support proves impactful with input into triage and interview processes. However, extending support to Remedy Dialogue stage could transform session dynamics for women and vulnerable complainants, building on successful safeguarding assessment form implementation.	<ul style="list-style-type: none"> <li>• Vulnerable Groups Safeguarding Mechanisms</li> <li>• Her Dignity Support Model Extension</li> </ul>	<b>Embed Vulnerable Groups Safeguarding Mechanisms</b> <ul style="list-style-type: none"> <li>• Include <i>Her Dignity</i> representative in all remedy sessions involving women or vulnerable persons</li> <li>• Expand safeguarding assessment forms to cover entire IGM process from triage to closure</li> <li>• Provide specialized training for IGM staff on disability accommodation and gender sensitivity</li> <li>• Create dedicated support pathways for survivors of gender-based violence through the IGM process</li> </ul>
<b>17. SHRCW Role Amplification</b>	<b>UNGP 23:</b> Comply with laws and respect human rights; <b>UNGP 25:</b> Ensure access to effective remedy	<b>(Para 3.1(i))</b> SHRCW influence embedded throughout IGM operations with positive effects on decision quality and human rights	<ul style="list-style-type: none"> <li>• SHRCW Role Amplification</li> <li>• Formalizing SHRCW's Role</li> </ul>	<b>Intensify the SHRCW Role</b> <ul style="list-style-type: none"> <li>• Formalize SHRCW's sampling and assessment role across all IGM decision-making stages</li> </ul>

		normalization. Collaborative approach between IPE Chair and SHRCW creates space for human rights processes, with sampling and assessment work across entire value chain demonstrating continuous impact.	<ul style="list-style-type: none"> <li>• Expanding SHRCW's Presence</li> </ul>	<ul style="list-style-type: none"> <li>• Establish regular SHRCW-IPE Chair consultation meetings to maintain collaborative approach</li> <li>• Expand SHRCW field presence to witness and provide feedback on FFT processes</li> <li>• Create systematic mechanism for SHRCW recommendations to be incorporated into IGM improvements</li> </ul>
<b>18. Stakeholder Tracking System</b>	<b>UNGP 21:</b> Provide/co-operate in remediation; <b>UNGP 31:</b> Effectiveness criteria (general)	<b>(Para 3.5)</b> No evidence of shared tracking table with stakeholders for monitoring agreed actions despite obvious hard work in implementation. Enhanced transparency, clarity, and accountability would strengthen stakeholder confidence in process.	<ul style="list-style-type: none"> <li>• Stakeholder Tracking System Implementation</li> <li>• Tracking System Features</li> <li>• Stakeholder System Benefits</li> </ul>	<b>Implement Stakeholder Tracking</b> <ul style="list-style-type: none"> <li>• Create publicly accessible online dashboard tracking IGM performance against all commitments</li> <li>• Develop quarterly stakeholder reports &amp; feedback <b>(Tracker)</b> showing progress on agreed actions and timelines</li> </ul>

				<ul style="list-style-type: none"> <li>• Establish regular stakeholder feedback sessions to review tracking data and adjust priorities</li> <li>• Implement mobile SMS updates to stakeholders on key milestones and developments</li> </ul>
<b>19. Human Rights-Centered Approach Maintenance</b>	<p><b>UNGP 20:</b> Communicate when concerns raised by stakeholders;</p> <p><b>UNGP 31(g):</b> Source of continuous learning</p>	<p><b>(Para 3.1(g))</b> Successful transition from quantitative to qualitative KPIs with quantity versus quality issues dissipated. Deeper human rights normalization in language and action represents positive cultural shift requiring maintenance and continued development.</p>	<ul style="list-style-type: none"> <li>• Human Rights-Centered Approach Maintenance</li> <li>• Qualitative KPI Assessment</li> <li>• Human Rights Training and Learning</li> </ul>	<p><b>Maintain Human Rights-Centered Approach</b></p> <ul style="list-style-type: none"> <li>• Continue monthly assessment of qualitative KPIs focusing on complainant experience and rights realization</li> <li>• Maintain regular human rights training and refresher sessions for all IGM personnel</li> <li>• Establish peer learning sessions where IGM staff share human rights-centered practices and innovations</li> </ul>

				<ul style="list-style-type: none"> <li>• Document and disseminate successful human rights normalization practices for potential replication</li> </ul>
<b>20. Operational Continuity Assurance</b>	<b>UNGP 14:</b> Business responsibility applies universally; <b>UNGP 29:</b> Establish effective grievance mechanisms	<b>(Para 3.1(f))</b> PDL and Synergy assurances provided with successful workforce expansion and equipment procurement demonstrating adequate resourcing. However, stakeholder concerns about continuity persist given PDL divestment and the new mine ownership.	<ul style="list-style-type: none"> <li>• Operational Continuity Assurance</li> <li>• Grievance Mechanism Implementation/ budgetary assurances</li> <li>• Continuity Assurance Measures</li> </ul>	<b>Ensure Operational Continuity</b> <ul style="list-style-type: none"> <li>• Publish regular financial reports showing budget utilization and remaining resources</li> <li>• Establish clear communication protocol regarding any ownership transition impacts on IGM funding</li> <li>• Create contingency planning process for maintaining operations through ownership changes</li> <li>• Provide quarterly assurance statements to stakeholders about</li> </ul>

				continued operational capacity
<b>21. Best Practice Replication</b>	<p><b>UNGP 31:</b> Effectiveness criteria (general).</p> <p><b>UNGP 31(g):</b> Source of continuous learning</p>	<p><b>(Para 3.1(h))</b> Resident IPE introduction significantly improved efficiency enabling 10-15 daily decision communications and reducing backlog. Strategic expertise positioning demonstrates best-practice model for enhancing administrative and substantive processes.</p>	<ul style="list-style-type: none"> <li>• Best Practice Replication</li> <li>• Model Scaling</li> <li>• Training and Metrics</li> </ul>	<p><b>Replicate Best Practices</b></p> <ul style="list-style-type: none"> <li>• Document Resident IPE model processes and outcomes for systematic replication guidance</li> <li>• Identify other process stages where permanent expertise positioning could improve efficiency</li> <li>• Create training modules based on Resident IPE experience for other IGM functions</li> <li>• Establish performance metrics to measure efficiency gains from strategic expertise positioning</li> </ul>
<b>22. Systematic Learning Enhancement</b>	<p><b>UNGP 18:</b> Track effectiveness; <b>UNGP 31(g):</b> Source of continuous learning; <b>UNGP 31(h):</b></p>	<p><b>(Throughout report)</b> Demonstrated adaptive learning through pilot case reviews, SHRCW implementation, and CMIS</p>	<ul style="list-style-type: none"> <li>• Learning Enhancement Goals</li> <li>• Learning Enhancement Actions</li> </ul>	<p><b>Enhance Systematic Learning</b></p> <ul style="list-style-type: none"> <li>• Create monthly learning sessions documenting successes, challenges,</li> </ul>

	Based on engagement and dialogue	development. Opportunities exist for more systematic documentation of lessons learned and formal feedback systems incorporating ward councillor input and technology integration improvements.	<ul style="list-style-type: none"> <li>• Learning Enhancement Basis / emphasis</li> </ul>	<p>and adaptations from all IGM processes</p> <ul style="list-style-type: none"> <li>• Establish formal feedback collection system through ward councillors and community representatives</li> <li>• Develop case study documentation of key lessons learned for potential replication by other mechanisms</li> <li>• Implement regular technology assessment and upgrade cycles based on user feedback and operational needs</li> </ul>
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## 6. CONCLUSION

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### 6.1. CONCLUDING REMARKS

The Independent Monitor's fourth assessment confirms that the Independent Grievance Mechanism (IGM) has achieved substantial operational progress. The mechanism has evolved into a maturer, largely rights-compatible system with significantly enhanced capacity: a doubled workforce, the integration of qualitative KPIs, and embedded expertise through the Resident IPE and SHRCW have delivered measurable improvements in case throughput, decision quality in many places, and growing stakeholder trust. Most notably, the Fund Manager has successfully processed payments to a substantial number of claimants, demonstrating the mechanism's capacity to consistently deliver remedy outcomes. Budget commitments from Synergy and PDL have adequately matched the scale of outstanding grievances, positioning the IGM to complete its mandate of investigating every complaint registered up to 31 January 2024.

However, the overall assessment also reveals some areas of concern that if left unresolved and/or untargeted threaten to undermine these gains. We draw specific attention to the cases we identified, within what was provided to us as an indicative sample of cases, and that appear to demonstrate instances of mismatches between the severity of documented violent abuses, and the financial remedies being awarded. Though not pervasive, if the instances referred to are indicative proportionately across the entire batch of cases within the class, then 4 out of 15 is significant. This situation warrants specific attention, especially when combined with the Review Panel's experience of instances of inadequate evidentiary practices and perfunctory medical reporting. Such highlights, even if diminishing in volume, continue to pose a risk of under-compensating a proportion of accepted survivors of human rights violations and contravening UNGP 22's requirements for effective remedy.

The IM stresses that the situation on remedy has improved, but there is room for more. It is also proper for the IM to indicate that the cases referred to above, are under review and there is a chance that the SHRCW and/or the Review Panel may disagree with the IM's assessment on facts that can be investigated in greater detail. In such an eventuality, the IM sees no contradiction to its stance here, given that the general point stands of ensuring that all matters found to warrant remedy receive the same, commensurate with the severity of the harm / impact perpetrated, established on the facts; and importantly, consistent with the IGM's own remedy ranges.

The Remedy Dialogue process also requires improvement. The current formalistic approach suppresses meaningful participation, places LAPs at procedural disadvantages, and fails to provide non-financial reparations, particularly apologies that Complainants consistently identify as essential for closure. Some stakeholder interviews reveal a troubling pattern: complainants report feeling intimidated during proceedings, describing themselves as "keeping their heads down in fear" rather than engaging in genuine dialogue. Such feedback must be carefully listened to, devoid of defensiveness, as it provides insights into the feelings of vulnerability that rights holders often have; and the need for fine-tuned processes to meet these complex situations.

Community trust, while improved from previous assessments, remains delicate. Grassroots awareness of IGM activities and follow-up projects appear patchy in important places like the collective remedy initiative, perhaps exacerbated by disrupted engagement routes during the local government election period. Community Animators express frustration that "IGM has forgotten us too much," which may indicate a mechanism in parts disconnected from the communities it serves. Formal documentation from ward Councillors reinforces these concerns, noting issues with transparency, delays, and inadequate public understanding of processes.

With this all said, it would be unfair to create a picture of a retrograde organization. It is not. Indeed, the Councillors and most of the stakeholders the IM engaged with were equally at pains to commend the IGM for its positive works, all understanding that this enterprise is highly complex, with few easy answers. In addition, the IM reiterates the turnaround from the last report, which has been extremely impressive. And with the further entrenchment of the SHRCW, the embraced over arch role she has within the organization, which facilitates an important and active internal review function, enabling constant self-reflection, with the aim of real time improvement. Ironically, this also enables the negative issues to be brought to the fore in a much more transparent and effective way, allowing correction to be much more likely than not. In the IM's view, there is little if any need for panic, rather, to quote the reports earlier reference, merely a continued requirement to roll up sleeves and get the positive works done, in the manner that is under way.

Regarding the spectre of corruption-related allegations, in the IM's view they are not systemic, and yet they present a secondary threat requiring immediate attention through clearly articulated zero-tolerance policies, strengthened whistle-blower channels, and appropriate reporting to relevant authorities.

## 6.2. PATHWAY FORWARD

The IGM stands at a critical juncture. To fulfil its mandate with integrity and establish a sustainable legacy of rights-based grievance resolution, decisive action is required in five priority areas: -

Action	Description
(a) <b>Remedy Recalibration</b>	Finalize revised compensation frameworks for violent abuses and establish structured post-remedy adjustment protocols
(b) <b>Process Redesign</b>	Implement informal, circular-table dialogue environments with advance decision disclosure, interpreter support, and systematic inclusion of apologies
(c) <b>Evidence Integrity</b>	Issue binding guidelines ensuring comprehensive, objective, and traceable medical and expert reporting



(d) <b>Anti-Corruption Assurance</b>	Operationalize investigative procedures demonstrating zero tolerance across the grievance ecosystem
(e) <b>Community Re-engagement</b>	Expand partnerships with Community-Based Groups and ward Councillors to rebuild trust, enhance transparency, and co-design legacy initiatives

### **6.3. FINAL ASSESSMENT**

There have been significant operational achievements including expanded staffing levels, increased case resolution, and successful payment processing by the Fund Manager. The IM's view is that the IGM's ultimate success depends on addressing fundamental issues of procedural fairness, community engagement, and remedy adequacy. The formal engagement of ward Councillors and documented community feedback provide both the evidence base and pathway for necessary improvements.

The IM is of the view that if these priorities are implemented with the continued financial vigour demonstrated of late through to final closure, the IGM can complete its mandate with integrity, which may also serve as a replicable model for company-supported grievance mechanisms in complex operating environments. However, success requires not merely technical and financial consistency, but genuine commitment to building and maintaining trust, enhancing meaningful dialogue, and ensuring that affected communities and individuals receive remedies delivered with the dignity and respect they deserve. The IM believes that the IGM remains committed and capable of achieving this outcome.

The Independent Monitor will continue monitoring progress against these recommendations, with particular attention to independence, reparatory approaches, remedial adequacy, gender and disability inclusion, and access to legal representation, ensuring alignment with the UN Guiding Principles on Business and Human Rights until final case resolution.