



**Oyu Tolgoi LLC**

Social Performance

Community Health, Safety & Security Management Plan

<b>Community Health, Safety and Security Management Plan</b>		
Effective Date: 2013.09.01	Document Number: OT-10-PLN-0001-E	Version: 1.2

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## 1. INTRODUCTION

### 1.1 Purpose

The purpose of this Management Plan is to:

- define the scope of the Management Plan and set out applicable management interfaces;
- define roles and responsibilities;
- outline the applicable Project Standards relevant to this Management Plan;
- define Project commitments, operational procedures and guidance relevant to this Management Plan;
- define monitoring and reporting procedures, including Key Performance Indicators;
- defined training requirements; and
- Set out references for supporting materials and information.

### 1.2 Application

The requirements set out in this Management Plan apply to all OT activities.

This Management Plan is based on the Rio Tinto Communities and Social Performance Standard, issued 1 April 2015, which is owned by the Rio Tinto Global Practice Leader - Communities & Social Performance. Any subsequent changes to the Rio Tinto Communities Standard may result in the changes to this OT Management Plan.

### 1.3 Commencement

This Management Plan applies from 1<sup>st</sup> September 2013.

### 1.4 Authority and Management

The OT Executive Committee approved this Management Plan on 1<sup>st</sup> September 2013.

The OT General Manager Social Performance is the custodian of this Management Plan. This Management Plan will be reviewed on a two year period to determine whether any changes or updates are required to the plan unless a more frequent update is required to reflect changing Project design or procedures. Any requests for changes to this Management Plan must be addressed to this person and will be subjected to the appropriate review and approval processes as outlined in the Management of Change (MOC) procedure.

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## 2. SCOPE

### 2.1 Scope of this Management Plan

This Management Plan covers all OT activities include contractor activities. OT employees, including contractors are responsible for implementation. Implementation by contractors is addressed in the Contractor Management Framework (OT-07-PLN-0001-E). The management controls defines in the Management plan implement in the Project Area.

### 2.2 Overlaps with other Management Plans

This Management Plan is part of the overall suite of Operations Management Plans developed for the OT Project and as described in the Environmental and Social Management Plan (ESMP) Framework (OT-10-PLN-0003-E).

This Management Plan has overlaps and cross-linkages to a number of other Management Plans which have community health safety and security implications, including:

- the Atmospheric Emissions Management Plan (OT-10-E12-PLN-0001-E), particularly in relation to management of community exposure to dust generated by OT activities;
- the Noise & Vibration Management Plan (OT-10-E6-PLN-0001-E), particularly in relation to management of community exposure to noise generated by OT activities;
- the Hazardous Materials and Non-Mineral Waste Management Plan (OT-10-E15-PLN-0001-E), particularly in relation to the protection of local communities from exposure to hazardous waste materials;
- the Water Resources Management Plan (OT-10-E11-PLN-0001-E), particularly in relation to the protection of potable drinking water supplies;
- the Mine Closure Plan (OT-10-E14-PLN-0002-E), particularly in relation to protection of local communities from physical hazards remaining once the mine has stopped operating;
- the Influx Management Plan (OT-10-PLN-0007-E), particularly in relation to minimising the adverse impacts of OT workers and speculative job-seekers moving into the vicinity of Khanbogd *soum*;
- the Land Disturbance Permit (LDP) Procedure – particularly in relation to minimizing land disturbance that has health impact related dust
- the Transport Management Plan – particularly in relation to minimizing traffic accidents, reduction of dust and increase of community awareness on traffic movement and risks
- the Stakeholder Engagement Plan – particularly in relation to increasing community awareness on public health,
- the Emergency Response Plan – particularly in relation to community preparedness in case of Emergency situation.
- the Labour Management Plan (HR-10-PLN-0001-E), particularly in relation to the behavior of OT personnel; and
- the Security and Human Rights Management Plan (OT-12-PLN-0013-E-), particularly in relation to the management and behavior of security guards.

## 3. ROLES AND RESPONSIBILITIES

### 3.1 Key Roles and Responsibilities for Management Plan Implementation

Principal roles and responsibilities for the implementation of this plan are outlined below.

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**Table 1: Key Roles and Responsibilities**

<b>Role</b>	<b>Responsibilities</b>
<b>OT General Manager SP</b>	Overall accountable for Plan scope and implementation. Development, monitoring and revision of this Plan.
<b>OT Manager – Community partnership and Assistance</b>	<ul style="list-style-type: none"> <li>• Support execution of the plan</li> <li>• Manage of the activities implementation</li> </ul>
<b>OT Superintendent Regional Participation (Social)</b>	Timely implementation of this Plan, including coordination with implementing organisations and other stakeholders. Plan implementation

At present, many organisations exist that work to improve the health of local communities in the Project Area of Influence (Aoi). These include international organisations such as the World Health Organization (WHO), the Mongolian Ministry of Health, the Omnogovi *aimag* and *soum* health departments, NGOs and community organisations. As set out in this Management Plan, OT will closely collaborate with these partners to protect and improve the health of local people.

### 3.2 Key Interfaces

Key interfaces in the implementation of this Management Plan (i.e. roles with responsibility for delivering elements of this Management Plan) include:

- HSE and security teams, particularly in relation to environmental issues, the safety of off-site activities and security issues;
- General Manager – Infrastructure and Services
- Human Resource teams, particularly in relation to labour management; and
- 

## 4. PROJECT STANDARDS

Applicable Standards must be complied with for all Project activities (the “Project Standards”). Project Standards comprise:

- Applicable Mongolian National Standards;
- Detailed Environmental Impact Assessment (DEIA) requirements;
- Other commitments to and requirements of Mongolian Government authorities;
- Applicable Lender standards and guidelines;
- Voluntary Principles on Security and Human Rights (VPSHR)
- Applicable Rio Tinto standards; and
- Other industry guidelines with which OT has committed to comply.

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1.2**4.1 Applicable Mongolian National Standards**

The principal national laws related to community health, safety and security are the *Law on Sanitation* and *Law on Household and Industrial Waste* which are outlined below.

***The Law on Sanitation (In force from 1 July 1998)***

This is a public health law. Its purpose is to ensure the rights of individuals to healthy and safe living and working conditions and to define the rights and duties of individuals and businesses in this regard. This law covers the following:

- supply of drinking and household water;
- control of air quality including dust, smog and pollution;
- soil sanitation, waste disposal, sewage facilities, water holes and lavatories;
- the disposal of hospital waste, radioactive and toxic chemicals;
- the construction of housing and facilities for public use;
- the use of toxic chemicals and ionising rays;
- activities in environments that are noisy or that are impacted by vibration, electromagnetic fields or radio waves;
- the production and use of foodstuffs; and
- the import of products and technologies.

Duties of business entities under this law include the following:

- ensuring compliance within their business including training personnel;
- notifying the inspection agencies of any conditions harmful to human health or the environment;
- to conduct trainings and promotional activities among the employees aimed at meeting sanitary requirements, protecting health, and promoting healthy lifestyle; and
- to organise measures for preventing from infectious diseases.

***The Law on Household and Industrial waste (In force from 1 July 2004)***

The purpose of this Law is to govern relationships related to collection, transportation, storage, and landfill of household and industrial waste and re-using of waste as source of raw materials to prevent from and eliminate hazardous impact of household and industrial wastes on public health and environment.

This law governs relationship related to all types of wastes except for the atmospheric, aquatic environmental and radioactive wastes.

Duties of business entities under this law include the following:

- classify waste depending on the type of own production or services and discharge the sorted waste at designated temporary waste storage sites; correctly report to the state and local administrative bodies the industrial waste generated from their activities;
- observe applicable rules, procedures and standards on waste;
- receive technical assistance and advice on waste management from specialised institutions;
- provide applicable knowledge to their staff on waste sorting and comply with safety standards in their operation;

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- enter into contracts with individuals, business entities and organisations holding permit for collection and transportation of waste and ensure the performance of contractual obligations; and
- individuals, business entities and organisations when constructing, dismantling or repairing buildings in their ownership or possession, shall in advance enter into agreements for collection and transportation of waste and pay applicable fees transfer the waste to be produced to individuals, business entities or organisations holding permit for collection, transportation and land-filling of waste.

**4.2 DEIA requirements**

There are no specific requirements in DEIAs and associated Environmental Protection Plans submitted for the OT project directly related to community health safety and security.

**4.3 Other Commitments to and Requirements of Mongolian Government Authorities**

The key document setting out commitments to a requirement of Mongolian Government authorities is the Investment Agreement (dated 6 October 2009) for the OT Project. Chapter Four (Regional Development) of the Investment Agreement discusses the establishment of the Southern Gobi Regional Development Council by the Government of Mongolia which will include OT, representatives of the Government, local governance organisations, private sector entities, civil society organisations and donor and international financial institutions with activities directed towards the Southern Gobi region. This states that

- The Council will assist the Government in the following areas in terms of preparation, financing, organising and implementation of the Southern Gobi local and regional development strategy, plans and budgets.
- Support to local and regional development and encouraging transparent and responsible governance.
- Co-ordination of in-migration influx.
- Resolving matters of urban planning and development, including power, roads, water supply, heating and sewerage.
- Organisation of formal and non-formal education, including English language and vocational training.
- Focus on human health care, construction of diagnostic centres, cultural facilities, sport facilities, improvement of veterinary services.
- Support to capacity building for local governments and civil society.



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1.2**4.4 Applicable International Standards and Guidelines**

The international standards which OT will implement are those set by the International Finance Corporation (IFC) and by the European Bank for Reconstruction and Development (EBRD).

***International Finance Corporation***

IFC Performance Standards for Social and Environmental Sustainability set out a range of recommendations with regard to community health, safety and security (*Performance Standard 4*).<sup>1</sup> OT will comply with IFC Performance Standard 4.

Key requirements include:

- evaluation of the risks and impacts of the affected community during the design, construction, operation and decommissioning of the Project;
- where the Project poses risks to the health, safety and security of communities, an Action Plan will be disclosed on an ongoing basis to enable the community to understand the risks and adverse impacts;
- the design, construction, operation and decommissioning of the Project will be in accordance with good international industry practice. Particular consideration will be given to potential exposure to natural hazards;
- adverse impacts on soil and groundwater as a result of the Project will also be avoided;
- the transmission of communicable diseases from temporary or permanent labour will be minimised;
- risks and impacts from Project activities will be assessed and communicated in a culturally appropriate manner. Emergency community situations shall be addressed; and
- where employees or contractors are retained to provide security, the risks to those inside and outside the Project site will be assessed.

The IFC *Environmental, Health, and Safety Guidelines* include community health, safety and security aspects.<sup>2</sup> The Guidelines address aspects related to:

- water quality and availability – preventing adverse impacts to the quality and availability of groundwater and surface water resources, and protecting drinking water sources, whether public or private, at all times;
- structural safety of Project infrastructure – reducing potential hazards posed to the public while accessing Project facilities, and undertaking hazard analysis to identify opportunities to reduce the consequences of a failure or accident;
- life and fire safety – design, construction and operation of all new buildings accessible to the public in accordance with building codes, fire regulations, legal/insurance requirements, and an internationally accepted Life and Fire Safety (L&FS) standard. Fire prevention, means of egress (design measures that facilitate safe evacuation in case of an emergency), detection and alarm systems, and an emergency response plan are important elements of the life and fire safety provisions;
- traffic safety – preventing traffic accidents and promoting traffic safety by all Project personnel;
- transport of hazardous materials – establishing procedures to ensure compliance with local laws and international requirements applicable to the transportation of hazardous materials, as well as

<sup>1</sup> International Finance Corporation. *Performance Standards for Social and Environmental Sustainability*; Performance Standard 4: Community Health, Safety and Security. 30 April 2006.

<sup>2</sup> Source URL:

[http://www.ifc.org/ifcext/sustainability.nsf/AttachmentsByTitle/gui\\_EHSGuidelines2007\\_GeneralEHS\\_3/\\$FILE/3+Community+Health+and+Safety.pdf](http://www.ifc.org/ifcext/sustainability.nsf/AttachmentsByTitle/gui_EHSGuidelines2007_GeneralEHS_3/$FILE/3+Community+Health+and+Safety.pdf)

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measures presented for preventing or minimising the consequences of catastrophic releases of hazardous materials;

- disease prevention – preventing the occurrence and spread of communicable diseases, including surveillance, active screening and treatment of workers, undertaking health awareness and education initiatives in local communities, and providing health services; and
- emergency preparedness and response – preparing Emergency Preparedness and Response plans commensurate with the risks of the facility, including provisions for communication systems, community notification, media and agency relations, medical services, etc.

### **European Bank for Reconstruction and Development**

EBRD Performance Requirement 4: *Community Health, Safety and Security* sets out requirements with regard to community health, safety and security. OT will comply with the requirements of EBRD Performance Requirement 4 when implementing its policies.

Key requirements include:

- to identify and evaluate the risks and potential impacts to the health, safety and security of the affected community during the design, construction, operation, and decommissioning of the Project and to establish preventive measures and plans to address them in a manner commensurate with the identified risks and impacts. These measures will favour the prevention or avoidance of risks and impacts over minimisation and reduction;
- where the Project or stage of the Project poses material risks to or potential adverse impacts on the health, safety and security of affected communities, to disclose applicable Project-related information to enable the affected communities and relevant government agencies to understand these risks and potential impacts, as well as the proposed prevention, mitigation and emergency response measures, as appropriate;
- to review the measures regularly, and engage the affected communities and agencies on an ongoing basis, informing them on the status of implementation of plans and commitments, results, and discussing with them any material changes needed to the plans, in advance of changes;
- to report on the risks, potential impacts and benefits of the Project and implementation of any action plans on a regular basis (for example, annually) to the EBRD and, as part of reporting to stakeholders in accordance with Performance Requirement 10, to the affected community(ies);
- to design, construct, operate and decommission the structural elements or components of the Project in accordance with good international industry practice, and to give particular consideration to potential exposure to natural hazards, especially where the structural elements are accessible to members of the affected community or where their failure could result in direct or indirect injury to the community;
- to seek to prevent the occurrence of incidents and accidents associated with the operation of vehicles on public roads;
- to exercise commercially reasonable efforts to control the safety of transporting raw materials and of transportation and disposal of wastes, and implement measures to avoid or control community exposure. Information on risk, exposure of population, mitigation measures and monitoring will be provided to the relevant authorities and communicated to the public;
- to avoid or minimise adverse impacts due to Project activities on air, soil, water, vegetation and fauna and other natural resources in use by the affected communities;
- to identify those communicable diseases that can be transmitted by the Project components or its workforce (including contractors). Action plans will be developed, where appropriate, to prevent or minimise the potential for worker and community exposure to vector-borne and other communicable diseases that could result from Project activities;

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- to be prepared to respond to process upset, accidental, and emergency situations in a manner appropriate to the operational risks and the need to prevent their potential negative consequences;
- to identify major-accident hazards, and take all measures necessary to prevent major accidents and limit their consequences for humans and the environment, with a view to ensuring high levels of protection to humans and the environment in a consistent and effective manner;
- to assist and collaborate with the community and the local government agencies in their preparations to respond effectively to emergency situations, especially when their participation and collaboration are necessary to respond to such emergency situations;
- to assess risks to those within and outside the Project site or facilities posed by Project security arrangements; and
- to investigate any allegations of unlawful or abusive acts of security personnel, take action (or urge appropriate parties to take action) to prevent recurrence, and report unlawful and abusive acts to public authorities when appropriate.

***The Voluntary Principles on Security and Human Rights***

The *Voluntary Principles on Security and Human Rights* were introduced in 2000 to provide guidance to extractives companies on maintaining the security of their operations in a manner that respects human rights and fundamental freedoms.<sup>3</sup> The Voluntary Principles fall into three main categories:

- risk assessment;
- relations with public security; and
- relations with private security.

Risk assessment entails the ability to assess the risks present in a company's operating environment in relation to the security of personnel, local communities and assets as well as protection of human rights. In interactions between companies and public security, companies have an interest in ensuring that actions taken by governments, particularly those of public security providers, are consistent with the protection and promotion of human rights. Where private security providers are engaged in protecting a company's personnel or assets, the risk of private security contractors exceeding their authority will be minimised, and respect for and protection human rights have to be promoted.

**4.5 Applicable OT and Rio Tinto Standards**

OT has also developed the Camp Standard and Code of Behaviour (HR-ST-01), which aims to ensure a safe and secure living environment at the workforce accommodation camps. In addition to the specific requirements related to workers residing on the camp premises, the Code contains provisions which contribute to minimising risks that may spread outside the camps and potentially involve the local communities:<sup>4</sup>

***Cooperation Agreement (CA)***

The Cooperation Agreement commenced with the signing of a Memorandum of Understanding between the Omnogovi aimag (UA), Khanbogd (KB) soum and Oyu Tolgoi LLC in April 2011, setting out the broad objectives of the CA. A Process Agreement, which set out the principles of negotiation and key procedures, was signed in September 2012. Subsequently, the Cooperation Agreement has been signed

<sup>3</sup> Source URL: <http://www.voluntaryprinciples.org/principles/introduction>

<sup>4</sup> Under the Policy, any infectious diseases need to be reported; access to the camps by unauthorised personnel is strictly prohibited.

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by Umnugobi aimag, and the Khanbogd, Manlai, Bayan-Ovoo and Dalanzadgad soums and Oyu Tolgoi LLC on 22 April 2015.

The agreement sets out how the parties will work together towards sustainable development of South Gobi aimag and KB/Partner soums. Under the agreement, the following important topics of mutual interest were identified:

- Water Management – Schedule 4
- Environmental monitoring and protection – Schedule 5
- Traditional Animal Husbandry and Pasture Land Management – Schedule 6
- National History, Culture and Tourism – Schedule 7
- Basic Social Services (Health, Culture, Education, Vocational Training and Employability) – Schedule 8
- Local Enterprise Development, Goods, Services Procurement – Schedule 9
- Public Infrastructure and Capital Project – Schedule 10

The Schedule 8 describes parties' obligations on community health, safety and security.

- (a) The Parties agree to work together to support the implementation of all plans, policies, projects and programs aimed at strengthening the health system of Umnugobi Aimag and Partner Communities.
- (b) Umnugobi Aimag will take the lead in cross-sector cooperation to improve the availability and quality of local health services branches.
- (c) The Parties agree to work together with other relevant parties and health organisations to support the mitigation of risks related to communicable and non-communicable diseases.
- (d) Subject to OT's legal obligations and data privacy policies from time to time, OT will consider providing information regarding employee health to Umnugobi Aimag health authorities where such information may support the improvement of employee health in Umnugobi Aimag and Partner Communities.
- (e) OT may support personnel capacity building in the Umnugobi Aimag health sector and English language skills training for Umnugobi Aimag medical doctors and health sector professionals.
- (f) The Parties agree to work together to support road safety awareness and OT will work directly with Partner Community police departments and administrators to support them to develop and implement road safety programs.
- (g) OT will ensure that its employees and contractors are aware of public road safety programs in Partner Communities and that they promote awareness of such programs where reasonable.
- (h) The Parties agree to work together to support a range of practical education activities, demonstrations and other events to support Partner Community residents avoid traffic accidents. As far as practicable, OT will make its drivers available for school-based traffic and vehicle safety education.
- (i) OT will provide annual briefings on its emergency response plans and procedures to the Relationship Committee and to the local emergency services, police and soum administrations of Partner Communities.

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- (j) The Parties agree to work together to support the development of Partner Community emergency and traffic accident response plans.
- (k) The Parties agree to work together to support Partner Communities' health campaigns, including safe driving, communicable diseases (eg STDs, HIV and tuberculosis), alcohol and drug consumption, mental health, gender-based and family violence, suicide prevention, nutrition, lifestyle and physical activity.
- (l) The Parties agree to work together to support herder and other community member health surveys in Khanbogd Soum.
- (m) OT may make available, at its discretion, its SOS Clinic and medical personnel for emergency assistance to local residents, assist with medical evacuations, provide access to specialist medical equipment and coach and train Khanbogd hospital medical staff. Such activities will be reported annually to the Relationship Committee.

Under the agreement, Oyu Tolgoi will make an annual contribution to Gobi Oyu Development Support Fund (DSF) –jointly established by Oyu Tolgoi and the Community and independently managed to support community programmes and projects in the Umnugobi aimag.

OT's Community Health, Safety and Security programs will in many cases, be implemented under the CA framework.in order to promote sustainable development through empowering local institutes and community members.

In 2015, Social Performance has shifted a strategic focus from project delivery to community empowerment and changed implementation mechanism for management controls. Following key principles to apply:

- Any identified, direct and adverse impact mitigation management controls will be implemented by OT and it will be a sole responsibility of OT.
- Any projects and programs that are preventing from any future impacts will be managed through CA and DSF.(auditable by IESC audit)
- The mitigation of any direct adverse impacts identified in future for which no management controls are yet in place and which are not adequately addressed under any of the programs managed through the CA and DSF in place, will be the responsibility of OT.

**Rio Tinto Communities and Social Performance Standard**

Rio Tinto *Communities and Social Performance (2015)* includes

- Support to safety, security, health and livelihood initiatives that address community priorities.
- Implementation of Voluntary Principles on Security and Human Rights (VPSHR)

**Rio Tinto Guidance on Human Rights**

The *Human Rights Guidance* that was developed by Rio Tinto draws on the principles of the United Nations (UN) *Universal Declaration of Human Rights*, the *International Covenant on Civil and Political Rights (ICCPR)*, the *International Covenant on Economic, Social and Cultural Rights*, UN Secretary General's *Global Compact*, and the *Voluntary Principles on Security and Human Rights*. Rio Tinto's procedures for using security personnel are based on human rights principles and include guidelines and restrictions on the use of force. These procedures are reinforced through continuous training and applied to contract security personnel as well as to employees. To uphold human rights standards, the procedures ensure the following:

- careful screening of security guards prior to hiring;

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- security personnel shall respect people's rights as part of their daily conduct. Among other things, this includes avoiding any forms of discrimination, arbitrary interference with any person's privacy; and any inhumane or degrading treatment;
- security personnel will use force only when strictly necessary and it will always be proportional to lawful objectives; and
- to prevent distrust between Company's operations and local communities as a result of using the security forces, regular consultations with local people, making security procedures publicly available, and properly recording and promptly addressing any complaints related to security personnel are essential.

Training of security personnel is used to reinforce the procedures. All these procedures apply equally to security contractors and are made an explicit condition of business with the Company.

**4.6 Other industry guidelines with which OT has committed to comply**

Rio Tinto is a signatory to a host of international commitments and standards and remains dedicated to meeting them. The Company was involved from the inception of the *Voluntary Principles on Security and Human Rights*<sup>5</sup> and has supported these principles since their announcement in 2000. Rio Tinto was also a founding member of the *United Nations Global Compact*<sup>6</sup> (see section 17.5.3 'International Standards and Conventions' below), and is an active member of the UK Network and the Communication on Progress Working Group. Rio Tinto's Communication on Progress is published annually on their website. Further information on Rio Tinto's performance in relation to human rights can be found on the Company's web-site.

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<sup>5</sup> [www.voluntaryprinciples.org](http://www.voluntaryprinciples.org)

<sup>6</sup> [www.unglobalcompact.org](http://www.unglobalcompact.org)

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#### 4.7 Summary of Applicable Project Standards

OT will comply with the more stringent of national standards, applicable lender standards and applicable Rio Tinto Standards, with the more stringent standards representing the Project Standards.

Applicable Project Standards are summarised below.

<b>Standard</b>	<b>Scope</b>
Rio Tinto Communities and Social Performance Standard (2015)	Provision of support to health and livelihood initiatives that address community priorities.
IFC Performance Standard 4: Community Health, Safety and Security	Risk assessment, mitigation and management related to community health, safety and security
EBRD Performance Requirement 4: Community Health, Safety and Security	Risk assessment, mitigation and management related to community health, safety and security
The Voluntary Principles on Security and Human Rights	Risk assessment and management of the use of security measures related to personnel, local communities and assets as well as protection of human rights

## 5. MITIGATION MEASURES AND MANAGEMENT CONTROLS

### 5.1 Summary

This document outlines OT's commitment and approach to mitigating community health safety and security risks that may arise as a direct or indirect result of the OT Project.

Since *Community Health Safety and Security Impact Assessment (HIA)* was conducted in 2010-11, OT implemented Community health, safety and security impact management plans and keep monitoring program outcomes and impacts. In relations to OT Underground development, CSP conducted social risk assessment (SRA) and a gap analysis on the existing social impact register in 2015.

The SRA and social impact gap analysis identified potential negative risks related to population influx, especially into Khanbogd and Dalanzadgad, exacerbated by the lag in infrastructure development and overstretched health and other social services. The most significant negative risks identified include:

- “closer settlement” and unsanitary living conditions – can be associated with increased infectious disease and social conflict;
- increased use of alcohol can be associated with increase of acute alcohol poisoning, chronic disease, family stress, injury and violence;
- increase in commercial and unsafe sex, especially related to family breakdown and increasing sexually transmitted infection (STI), and the risk of HIV; and
- increased injury, disability and death from traffic accidents, as a consequence of increasing vehicle numbers (including trucks, cars and motor bikes), poor roads, lack of diversion of heavy traffic from settled areas, unaware pedestrians, lack of traffic enforcement or vehicle inspection and unskilled, drunk or exhausted drivers;

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In addition to the aforementioned potential negative impacts which require mitigation, the operation of the mine also has the potential to improve community health safety and security. Through implementing measures to encourage such improvement (including through the *Influx Management Plan* and *Regional Development Strategy*), residents of mine-impacted communities are anticipated to enjoy better housing and living conditions and better nutrition as a result of increased income and improved food availability. Benefits are also anticipated to flow from the increased population size and density of local towns. Improvements in health, safety and security should also result from upgraded government services for health, education and law and order. More private health services may become available as the population increases and as capacity building strategies are implemented.

The control measures and CHSS programme described below have been implementing.

Potential impacts	Management controls	Results
Increased infectious disease	<i>Communicable diseases prevention in health care settings</i>	
	Study of blood-borne infections (BBI) prevalence among KB, DZ, ML and BO soums' health care workers (2011-2012)	<ul style="list-style-type: none"> <li>- Understanding into transmittable infections among HCWs of DZ, KB, BO and ML soums (prevalence estimation, risk factors assessment)</li> <li>- Recommendations on effective measures to prevent and manage occupational exposure</li> <li>- Complement the national study of BBI prevalence among high-risk HCWs of Mongolia</li> <li>- HCWs with comprehensive knowledge on blood-borne infections</li> </ul>
	Hepatitis B vaccination of soum HCWs (2012)	<ul style="list-style-type: none"> <li>- Protection of health workers</li> <li>- Prevention of HBV spreading to patients in the health care environment</li> </ul>
	MWM – equipment supply (2012-2013)	<ul style="list-style-type: none"> <li>- KB, BO, ML and DZ HCF with better MW equipment and tools that meet national standard</li> <li>- Awareness and knowledge of HCWs on MW improved, as well as skills on use of procured equipment</li> </ul>
	MWM – safety boxes provision & training (2013)	<ul style="list-style-type: none"> <li>- HCWs with knowledge on the proper use and safe disposal of sharp boxes</li> <li>- Advocacy to raise awareness of local administration on MW issues</li> </ul>
	<i>Communicable diseases prevention in community settings</i>	
	Community based HIV, Aids, STI and TB prevention	<ul style="list-style-type: none"> <li>- BCC-SD plan developed for Umnugobi aimag</li> <li>- Stigma reduction and counselling skills upgrade of local HCWs</li> <li>- Capacity building of and awareness raising among local NGOs and non-health sector</li> <li>- General public outreach on TB and HIV/Aids World days</li> </ul>
	Hepatitis World Day observance (2013-2014)	<ul style="list-style-type: none"> <li>- Awareness raising of hepatitis prevention and control among general public</li> <li>- Free HBV, HCV and AFP testing and</li> </ul>



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		<p>counselling for KB, BO, ML and DZ community</p> <ul style="list-style-type: none"> <li>- Free diagnostic ultrasound for liver screening</li> <li>- IEC on Hepatitis A, B, C prevention</li> </ul>
	Sexual and reproductive health (2015-2017)	<ul style="list-style-type: none"> <li>- Adolescents and youth friendly clinic of YDP UNFPA (</li> </ul>
Increased stress and conflict	Rights, responsibility and representativeness (3-R) project	<p>Team of local trainers that are trained, informed and prepared with knowledge and skills based on the “Rights, responsibilities and representativeness” (3-R) training tool developed by the ILO School students, youth and adults engaged to increase awareness on alcohol and tobacco use, family life, health lifestyle, road safety, human rights, and career choice</p>
	Human security promotion/ human trafficking prevention	<ul style="list-style-type: none"> <li>- Outreach by peer educators of 3-R project (2012-2013)</li> <li>- Awareness raising trainings for government and hospitality sector staff on human security and trafficking issues</li> <li>- IEC dissemination on HS&amp;HT</li> </ul>
	IOM project on rights of migrant women and victims of trafficking in KB, BO, ML and Tsogtsetsii soums (2013-2014)	<ul style="list-style-type: none"> <li>- Improved livelihood and income generation opportunities for migrant women</li> <li>- Improved social services for migrants in area</li> <li>- Facilitation of knowledge transfer to local civil society</li> </ul>
	UNFPA Youth Development Program (2015-2017)	<ul style="list-style-type: none"> <li>- Youth friendly health services</li> <li>- Gender based violence prevention</li> <li>- Life skills education, including health</li> </ul>
Acute alcohol poisoning	Healthy lifestyle promotion	<ul style="list-style-type: none"> <li>- Outreach by peer educators of 3-R project (2012-2014)</li> <li>- UNFPA YDP (2015-2017)</li> </ul>
Chronic disease	Hygiene, sanitation and food safety (2012)	<ul style="list-style-type: none"> <li>- Training to provide with basic knowledge of food hygiene management systems for staff of KB soum administration and OT’s catering service provider</li> </ul>
	Oral health project (2012)	<ul style="list-style-type: none"> <li>- Local peer educators to raise public knowledge of oral health care for promotion of healthy behaviour</li> </ul>
	Healthy lifestyle promotion (2012-2014)	<ul style="list-style-type: none"> <li>- Health education on NCD risk factors by peer educators of 3-R project</li> </ul>
	Archery in schools (2013)	<ul style="list-style-type: none"> <li>- Promotion of physical activities in schools of KB, DZ, BO and ML soums</li> <li>- Promotion of mental wellbeing</li> </ul>
Family stress/ disruption and divorce, violence	Family life promotion	<ul style="list-style-type: none"> <li>- Outreach by peer educators of 3-R project (2012-2014)</li> <li>- UNFPA YDP (2015-2017)</li> </ul>
Increased road traffic	Road safety/ road traffic prevention	<ul style="list-style-type: none"> <li>- Development of rural road safety</li> </ul>

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injury and death	activities	<p>training module for peer educational activities</p> <ul style="list-style-type: none"> <li>- Capacity building of KB teachers to promote road safety</li> <li>- Road safety and first aid trainings and supply of first aid kits for herders, local police</li> <li>- IEC on road safety by 3-R project</li> <li>- Road signage improvement along local roads</li> </ul>
Increased demand for emergency and hospital care	Capacity building of local health human resources	<ul style="list-style-type: none"> <li>- Doctors Sponsorship Program (2005-2014) supported doctors' availability in remote soums of the aimag for improved access to health services by community</li> <li>- Annual tuition fee support for medical students of KB soum (2013-2014 academic year)</li> <li>- Support professional training and education of KB soum's HCWs (2014)</li> <li>- English language trainings for DZ and KB HCWs (2015)</li> </ul>
	Increase in technical capacity of local HCFs (2012-2014)	<ul style="list-style-type: none"> <li>- Supplemental equipment, tools, rapid tests to ensure comprehensive service delivery of diagnostic and monitoring equipment of the KB hospital</li> <li>- Enhanced delivery of health education by improved environment of training facilities at UG aimag DOH, ML soum and BO soum hospitals</li> </ul>
	Study of emergency response capacity of KB soum (2011)	<ul style="list-style-type: none"> <li>- Assessment of current accidents, traffic trends, capability for ER</li> <li>- Options for short and long term responses</li> </ul>
	Pre-hospital care improvement	<ul style="list-style-type: none"> <li>- Road ambulance with basic life support equipment for KB (2012)</li> <li>- Short term trainings for KB hospital staff on ambulance equipment use and patient care (2012)</li> <li>- AHA certified BLS training for ML, BO and KB HCWs (2013)</li> </ul>
	Hospital care improvement (2014)	<ul style="list-style-type: none"> <li>- Emergency room established at KB inter-soum hospital</li> </ul>
Overstretched health and other social services	Herders' living condition and health status research (2013-2014)	<ul style="list-style-type: none"> <li>- Complement national study</li> <li>- Knowledge production</li> <li>- Inform policy development for contribution to herders health</li> </ul>
	Multi-stakeholders partnership to improve delivery of, and access to, public health programs and curative care (2014-2015)	<ul style="list-style-type: none"> <li>- Determined roles and responsibilities of parties for improved capacity of local response to HIV, TB and STI risks (2013)</li> <li>- Determined responsibilities of parties</li> </ul>

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		<ul style="list-style-type: none"> <li>- for improved health and social care for herders (2014)</li> <li>- Umnugobi aimag health sector strengthening mid-term strategy working group to develop a single, integrated and coordinated approach(2015)</li> </ul>
	Health and crime statistics monitoring	<ul style="list-style-type: none"> <li>- Understanding into morbidity and mortality trends related to NCDs, road traffic injuries, CDs.</li> </ul>

Potential impacts on community health, safety and security that were identified in the ESIA are associated with all phases of the Oyu Tolgoi mine, including underground mining and remain the same.

## 5.2 Plan Goals and Objectives

The overarching goals of OT’s CHSS approach are to:

- Prevent, minimise and mitigate adverse CHSS impacts that are directly and indirectly stimulated by OT’s activities;
- Measurably improve health, safety and security service delivery, capacity and indicators in the OT impact areas; and
- To provide a safe environment for community members, including Vulnerable groups.

In the immediate term (2015-2020) in response to managing and mitigating the impacts outlined above, the primary objectives of the CHSS Management Plan and programme are to:

- Work with the community and other stakeholders to mitigate the community health and social conflict risks associated with influx;
- Continue the development of strong working relationships with health service providers and improve their capacity to respond to health needs and risks; and
- Mitigate impacts of road and other transport movements on the community that are a direct result of transporting Project personnel and materials.

These objectives will be pursued through implementation of this Management Plan and the CHSS Programme, and will be measured and evaluated through the key performance indicators detailed in *Section 7.2* below.

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### 5.3 Key Communities and Stakeholders

Key community and other stakeholders of relevance to this management plan include:

Stakeholder	Area of interest/interaction
<b>Ministry of Health and Sport</b>	The GOM's central administrative body responsible for sector-wide health law and policy formulation, planning, regulation and supervision and ensuring the implementation of health-related activities and standards. Health sector funding comes from MOH/MOF (70%), HIF <sup>7</sup> (25%), out of pocket/donors (5%).
<b>National Centre for Public Health (former PHI)</b>	Supports policies, assists technical activities of MOH; and scientific research body under the MOH
<b>Aimag DOH</b>	At the <i>aimag</i> level, in charge of implementing policies on public health and medical care and services, and efficient allocation and management of financial and material resources.
<b>Aimag hospital</b>	First referral level providing secondary level care
<b>Soum hospital in Bayan-Ovoo and Manlai soums</b> <b>Inter-soum hospital in Khanbogd soum</b>	Central health facility that provides the <i>soum's</i> population with primary health care. This is general professional care, including promotive, preventive, clinical and follow-up care. <i>Soum</i> hospital with reasonably large population and in suitable location is used for primary referral services for the neighbouring <i>soums</i> .
<b>Ministry of Justice</b>	Advocacy and other work about health issues such as alcohol, tobacco use, road safety and other health related issues
<b>Ministry of Population Development and Social Protection</b>	Advocacy and other work about quality of life improvement
<b>World Health Organisation</b>	Works through the MOH to support in 2010-2016: HSS <sup>8</sup> , NCDI <sup>9</sup> prevention and control, health related MDG targets, health security and environmental health management strengthening
<b>Other UN agencies: UNAIDS, UNFPA,</b>	HIV, Aids prevention and control
<b>Asian Development Bank</b>	Financing (i) HSDP <sup>10</sup> s in number of <i>aimags</i> (excluding UG); (ii) HIV prevention in infra sector project (extended till Apr 2013 and includes UG), (iii) SE Gobi urban and border town development project (KB <i>soum</i> ).
<b>World Bank</b>	Sustainable Livelihoods Project II included OT impact area (end Jun 2012); "Capacity building for emerging infectious disease preparedness" project (approved in Sep 2012)

<sup>7</sup> HIF – health insurance fund

<sup>8</sup> HSS – health systems strengthening

<sup>9</sup> NCDI – non-communicable diseases and injuries

<sup>10</sup> HSDPs – health sector development programs I, II, III, IV, and V

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<b>Stakeholder</b>	<b>Area of interest/interaction</b>
<b>Global Fund to fight Aids, TB and malaria</b>	Nationwide HIV, Aids, TB prevention and control (end Jun 2013)
<b>USA Millennium Challenge Account-Mongolia</b>	Nationwide NCDI capacity building, prevention, early detection and management (ends in 2013, no extension is expected)
<b>Civil society</b>	Professional associations, local NGOs and private for-profit sector organisation to bring in opportunities that are mutually supportive and lead to overall improvement of the health of the impact area population
<b>Relationship Committee</b>	The Relationship Committee oversees all interactions between OT, Umnugobi Aimag and the Partner Communities in the Cooperation Area. It is the forum where local government and community representatives and senior OT operations managers meet regularly to discuss and review the future, current and past impact of the OT Project on Umnugobi Aimag and Partner Communities. Its two primary purposes are: (a) to ensure comprehensive and transparent consultation on all Obligations and Commitments involving community interaction; and (b) to review submissions regarding DSF Proposals and provide recommendations to the DSF Board on the suitability of DSF Proposals and their priority having regard to the DSF Funding Criteria, including government policy and planning, the long-term development trajectory of the OT Project and the Parties' joint vision for long-term sustainable development. For further details refer to Cooperation Agreement Schedule 2
<b>Gobi Oyu Development Support Fund (DSF)</b>	The DSF was established in September 2015 as an independent legal entity. It is responsible for an implementation mechanism for Cooperation Agreement. Key objective is to improve the wellbeing and capacity of Umnugobi Aimag communities by supporting Projects and Programs that target social infrastructure and the expansion of broad-based economic participation in the Partner soums For further details refer to Cooperation Agreement Schedule 3

#### 5.4 Management Controls

Based upon the identified impacts and opportunities presented above, the following control measures are put in place for all phases of OT.

OT's Community Health, Safety and Security programs will in many cases, be implemented under the CA framework in order to promote sustainable development through empowering local institutes and community members.

Following key principles to apply in management controls implementation:

- Any identified, direct and adverse impact mitigation management controls will be implemented by OT and it will be a sole responsibility of OT.
- Any projects and programs that are preventing from any future impacts will be managed through CA and DSF.(auditable by IESC audit)

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- The mitigation of any direct adverse impacts identified in future for which no management controls are yet in place and which are not adequately addressed under any of the programs managed through the CA and DSF in place, will be the responsibility of OT.

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**Table 2: Key Management Controls**

ID	Topic/ Aspect	Applicability/ Activity	Control Description	Responsible Parties	Means of verification
CHSS01	Increased traffic incidents	Transport	Continue to implement the Road Safety Awareness Programme in local communities and along principal transport routes (i.e. OT – KB and OT – GSK) in consultation with key local stakeholders, including herders, vulnerable groups and soum authorities (see Community Health Safety & Security Programme - Risk Reduction from Non-Communicable Diseases & Injuries) - ongoing	SP	Audit reports Stakeholder engagement records
CHSS02	Exposure to Project hazards for communities	Construction, Transport	Community relations staff will continue to provide regular updates to herders, vulnerable groups and other residents about potential Project hazards and changes to Project activities that may have community safety impacts.- ongoing	SP Department	Activity logs of SP
CHSS03	Exposure to Project hazards for communities	Construction, Transport	<p>Activities conducted off-site will assess community risk exposure and efforts will be made to avoid or mitigate community risk where possible. Prior notice will be given to residents in the vicinity of off-site construction works. Notice will be timely, appropriate and accessible to affected communities, including vulnerable groups.</p> <p>SP will be informed of potential off-site construction activities through the Land Disturbance Permit (LDP) Procedure and will consult with potentially-affected communities/households as part of the completion of the LDP checklist which identifies any necessary mitigation measures. - ongoing</p>	SP Department  HSESC Department	Activity logs of SP  LDP records

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ID	Topic/ Aspect	Applicability/ Activity	Control Description	Responsible Parties	Means of verification
CHSS04	Increased incidence of communicable diseases	Influx Management	Continue to implement the community-based HIV/AIDS, STI and TB prevention (see CHSS - Communicable Diseases Programme Jointly with UNFPA, implement the Youth Development Program to improve and extend provision of youth friendly sexual and reproductive health services in KB soum. - ongoing	SP 2015 onwards SP & UNFPA YDP team	Implemented 2011-2017 CHSS Programme  2015 onwards UNFPA progress reports
CHSS05	Reduced personal safety and well-being	Influx Management	Conducted human trafficking risk assessment as part of Social Risk Assessment and undertake annual review of human trafficking risks (as appropriate within OT sphere of control and influence) implement mitigation measures.  Implement projects to raise awareness of issues related to human trafficking (principally as forced sex workers) through local government and non-government partners (see CHSS Programme - Risk Reduction Related to Social Conflict Programme Jointly with UNFPA, implement the Youth Development Program to increase availability of life skills education for youth and support for GBV prevention in KB soum.	SP SP & UNFPA YDP team	UNFPA progress reports  Stakeholder engagement records
CHSS07	Health Service provide capacity	Influx Management	Continue to build capacity and investment in emergency/medical service providers (pre 2015)  Post 2015, this will be implemented through CA schedule 8 - Basic Social Services (Health, Culture, Education, Vocational Training and Employability .	2011-2015 SP 2015 onwards SP through CA Relationship Committee	2011 – 2015 CHSS programme  2015 onwards Establishment and Implementation of the Cooperation Agreement
CHSS08	Exposure to	Emergency	Emergency response plans developed to respond to	HSESC	Communications



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ID	Topic/ Aspect	Applicability/ Activity	Control Description	Responsible Parties	Means of verification
	emergencies	Response	incidents that may affect communities, contain information on possible affected communities as well as communication and notification strategies and procedures.  Additionally, OT's procedures govern its response to, and assistance with community related incidents.	department (primarily SP, ERT and Security teams)  Media and Communications Department	Strategy developed
CHSS09	Health of community, including herders	Ensuring the health of the community around OT	Monitor key health indicators, including for herders, as reported by Aimag statistical department <sup>11</sup> and any significant changes that are identified and may be related directly or indirectly to OT operations will be further investigated and strategies developed in response. In 2014, Herders living condition and health status research project was conducted to establish a baseline data on herders' health and to clearly define stakeholders' role and responsibilities in design and implementation of measures to improve herders' health.  Post 2015, this will be implemented through CA schedule 8 - Basic Social Services (Health, Culture, Education, Vocational Training and Employability).	2011-2015 SP  2015 onwards SP through CA Relationship Committee Ongoing	2015 onwards Establishment and Implementation of the Cooperation Agreement  Monitoring reports
CHSS10	Site safety and security personnel	Ensuring security of community	OT will: <ul style="list-style-type: none"> <li>Conduct security activities in accordance with Voluntary Principles on Security and Human Rights.</li> <li>Provide Security and Human Rights training to employees and contractors engaged in security duties, and support security providers to offer</li> </ul>	HSESC	HSESC records

<sup>11</sup> Note: disaggregation of data between herders and non-herders is not possible

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ID	Topic/ Aspect	Applicability/ Activity	Control Description	Responsible Parties	Means of verification
			<p>training in security and human rights to their personnel.</p> <ul style="list-style-type: none"> <li>As far as permitted under local legislation, conduct screening and background checks of security personnel and service providers.</li> <li>Conduct regular audits of security service providers to ensure compliance with local legislation.</li> <li>Develop and implement procedures on control of the use of force by security personnel.</li> <li>Report and investigate any credible allegations of human rights abuses or excessive use of force or power by security personnel.</li> </ul>		
CHSS11	Site safety and security personnel	Ensuring security of community	OT will control access to operational areas through physical barriers and demarcation (such as fencing), the use of security personnel, regular patrols of controlled areas and through engagement with communities to create awareness of Mine License Area, License Area and Airport	HSESC	Security records

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## 6. IMPLEMENTATION SCHEDULE

### 6.1 Review and Revision of this Management Plan

This Management Plan will be reviewed on a 2 yearly basis and any necessary revisions made to reflect the changing circumstances or operational needs of OT. Revision of this Management Plan will be the responsibility of OT General Manager SP, who is custodian of this Plan.

If material changes to operating procedures are required (as identified through the Management of Change procedure contained within the OT HSESC Management System), this Management Plan may be updated on an “as required” basis.

Any revisions to this Management Plan will be uploaded to the OT Portal to ensure that all OT staff have access to the latest version of this Management Plan.

### 6.2 Key Implementation Milestones

Key implementation Milestones related to this Management Plan are set out in *Table 3* below. The activity plan will be reviewed annually based upon the findings of the KPIs and monitoring measures set out the following sections.

**Table 3: Key Implementation Milestones for the CHSS Programme 2015-beyond**

<b>Stakeholder group, location</b>	<b>Activity plan (detailed)</b>	<b>Partnering department</b>	<b>Time line</b>
KB Intersoum hospital	Herders' health project through DSF	OT HSEC	2016
KB Intersoum hospital Aimag DOH	Monitoring of key health indicators for KB, ML, BO and DZ soums	OT HSEC	2016
KB Intersoum hospital Aimag DOH	Local Health Systems Strengthening through DSF	OT HSEC	2016
KB Intersoum hospital Aimag DOH	Youth Development Project/UNFPA	OT People and Organization	2016
Local healthcare and educational facilities WHO, UNFPA, UNICEF	Relevant stakeholders engagement	OT HSEC OT People and Organization	2016

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## 7. MONITORING

### 7.1 Overview of Monitoring Requirements

The Monitoring measures to be implemented during the operations phase to assess compliance with Project Standards (see *Section 4: Project Standards*) are described in this section.

In the event that monitoring identifies non-conformance with Project Standards, these will be investigated and appropriate corrective actions identified (see Element 14 Non-conformance incident and action management of the OT HSESC MS).

### 7.2 Key Performance Indicators

The table below summarises the key performance indicators and associated key monitoring actions that can be used to assess the progress and effectiveness of proposed mitigation strategies.

**Table 4: Key Performance Indicators and monitoring actions – CHSS**

ID	KPI	Target
C-KPI 01	Total number of non-compliances with community health safety & security measures identified in <i>Table 2</i> of this Plan.	Minimise and target zero.
C-KPI 02	Number of communicable and non-communicable diseases and injuries.	No significant increase in communicable and non-communicable disease and injury rates per 1,000 residents
C-KPI 03	Number of community health safety & security complaints from local communities as recorded in the grievance management system.	Minimise and continued improvement in number of community health safety and security related complaints.
C-KPI 04	Number of reported community health & safety incidents	Minimise and target zero.

### 7.3 Key Monitoring Activities

Key monitoring activities will focus on key health indicators to enable assessment of whether Project activities and influx are having negative impacts of community health, safety and security. Data will be collected and analysed by relevant demographic groups (including by gender).

Key monitoring measures are set out below.

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**Table 5: Key Monitoring Measures**

ID	Topic/Aspects	Methods	Periodicity	Location
CHSSm01	Community Safety	<ul style="list-style-type: none"> <li>Number of recorded security incidents involving OT workers and members of the local population.</li> </ul>	Semi-annually	Mine affected <i>soums</i>
CHSSm02	Traffic and transport	<ul style="list-style-type: none"> <li>Number of community members involved in road safety training sessions.</li> </ul>	Semi-annually	Mine affected <i>soums</i>
CHSSm03	Community health changes	<ul style="list-style-type: none"> <li><i>Aimag</i> key health statistical analysis.</li> <li>Number of health promotion activities run with local community</li> </ul>	Semi-annually	Mine affected <i>soums</i>
CHSSm04	Herder health	<ul style="list-style-type: none"> <li>Number of herders present at health promotion events (Number of herders receiving health check-ups)</li> </ul>	Semi-annually	Khanbogd <i>soum</i>
CHSSm05	Social conflict	<ul style="list-style-type: none"> <li>Number of social conflict awareness sessions run with local community</li> </ul>	Semi-annually	Khanbogd <i>soum</i>
CHSSm06	Health service capacity	<ul style="list-style-type: none"> <li>Number of training sessions conducted with local health service providers</li> </ul>	Semi-annually	Mine affected <i>soums</i>

## 8. TRAINING

All OT personnel (employees and Contractors) are provided with basic training on health, safety, community and security awareness training and induction in the Camp Standard and Code of Behaviour (HR-ST-01). Additional specialist training is to be provided to the security personnel (including on the human rights and the use of force), drivers (as outlined in the Transport Management Plan OT-10-C3-PLN-0001-E), and key personnel involved in activities that are conducted off-site (e.g. along the transport route).

## 9. AUDIT AND REPORTING

### 9.1 Auditing

Periodic inspections will be carried out by operational and HSESC personnel covering a range of operational and HSESC aspects as appropriate to activities outside the Mine Licence Area.

Any incidents identified during these inspections will be reported to the incident management system (Element 14).

Conformance will be monitored via annual internal audit program in accordance with Element 16 Performance Assessment and auditing. This will be undertaken to assess broad compliance with requirements of HSESC management system (including ESIA and management plans).

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All incidents and non-conformances identified during these inspections are reported as per the requirements of the OT HSESC Management System as described in the Environmental ESMP Framework Document.

### 9.2 External Auditing

Conformance with this plan will be subject to periodic assessment as part of the Rio Tinto HSEC Business Conformance Audit programme and by Project Financing Independent Environment and Social Consulting monitoring visits..

### 9.3 Record Keeping

Records of audits, inspections and incidents will be managed in accordance with Element 8 Documentation and Document Control and Element 15 Data and Records Management.

Rio Tinto Business Solution shall be used to record Internal and External Audit findings and related actions and Incidents and related investigation and actions.

## 10. DOCUMENT CONTROL

File Name	OT-10-PLN-0001-E-Community Health, Safety and Security Management Plan
Description	Community Health, Safety and Security Management Plan
Original Author(s)	Baigalmaa Shurka, GM SP
Creation Date	2013.09.01
Approved By	OT Executive Committee
Approval Date	2013.09.01
Change Record Number	##

Risk Ranking	Assessment Date	Risk Assessor	Review Schedule	Next Review Date
Moderate	2013.09.01	Baigalmaa Shurka, GM SP	2 Yearly	2015.09.01

Version	Revision Date	Author(s)	Approved By	Revision Notes
1.0	2013.09.01	Baigalmaa Shurka, GM RDSP	OT Executive Committee	Approved version,
1.1	2013.11.23	Munkhtsatsral.L	OT Executive Committee	Corrected reference document numbers and completed the document control section.
1.2	2015.08.01	Sugar G Baigalmaa Shurka Mahoney D	Baigalmaa Shurka GM SP	OT NOC 2015-15 Periodic review with updates include - Incorporating Cooperation Agreement