

Prepared for:



## HIV AIDS MANAGEMENT PLAN

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Prepared by:

**rePlan**

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## SUMMARY

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### S-1 Introduction

This document provides a comprehensive outline of the HIV/AIDS Management Plan for the Kouilou Potash Project, as well as a strategy for its elaboration, finalization and implementation over the months ahead.

MagMinerals Inc. (the Company) is planning the development of a 600,000 t/a potash (KCl) production plant over the next 25 years using brine obtained from hot solution mining of a carnallite deposit in the Department of Kouilou, Republic of the Congo (RoC).

The Company has developed this HIV/AIDS Management Plan (HAMP) for the Project with the objective of effectively managing the risks associated with HIV/AIDS to the Project workforce and to project area communities throughout the project lifecycle.

Beyond social responsibility, there is an important business case to be made for HIV/AIDS management. Direct costs from HIV/AIDS to businesses include increased costs of health insurance, employment benefits, funeral and pension costs, recruitment and training, and, especially, productivity as skilled workers become ill and are replaced by inexperienced workers.

The Company recognizes that it is imperative to adopt a partnership approach with other stakeholders engaged in the fight against HIV/AIDS.

The planning and implementation of the HAMP requires participation on the part of company management and employees, contractors, company medical staff, public health authorities, NGOs involved in HIV/AIDS health-related activities, community leaders, religious or traditional healers and members of project area communities.

Key principles in the elaboration of this Plan and implementation of its programs include:

1. Equality (in terms of hiring, promotion, training and access to benefits);
2. Non-discrimination and acceptance;
3. Privacy and confidentiality of medical information;
4. Protection from unfair dismissal;
5. Care and understanding;

6. Provision of best available treatment.

## **S-2 Institutional and Legal Framework**

The responsibility for HIV/AIDS management at the national level in RoC lies with the National Council for the Fight Against AIDS (CNLS). The CNLS operates at the Departmental level through the UDLS (Departmental Unit responsible for the Fight Against AIDS). The UDLS has two primary functions: i) tracking and evaluation, and ii) social mobilization (awareness and prevention).

Formal requirements for companies are limited to non-discrimination and the prohibition of HIV tests before recruitment and the dismissal of someone because of HIV positive status.

This HAMP builds on international best practice, including the IFC's good practice note on HIV/AIDS in the workplace and the International Labor Organization's *Code of Practice on HIV/AIDS and the World of Work* as well as innovative and progressive policies pursued by mining companies operating in Africa.

## **S-3 Existing Conditions and Potential Impacts**

The most recent national figures on HIV prevalence rates in the Congo were identified in the November 2003 HIV survey of adults from 15-49 years of age. The survey, conducted in Department capitals and principal cities, observed a national HIV infection rate is 4.1%. Many key informants in health and civil society organizations dealing with HIV/AIDS speculate that the true rate is much higher – between 8% and 16%. According to the existing statistics, women, especially those younger than 35, are more affected by men by the epidemic.

Official data on HIV/AIDS infection rates in the Project Area communities do not exist. The most proximate location surveyed was Pointe-Noire.

Indications regarding the nature of Mag's operations are that the risk of transmission will be significant, especially during the construction phase. A peak of 2,000 male workers will be hired for the construction phase. Comparable project situations show that the presence of a substantial transient population of male workers with disposable income can lead to promiscuous sexual relations, an expansion of prostitution and higher HIV/AIDS rates.

## S-4 Proposed Management Activities

The corporate HIV/AIDS efforts described in this HAMP can be divided into two action plans: the Workplace HIV/AIDS Action Plan and the External Outreach HIV/AIDS Action Plan.

### S-4.1 Workplace HIV/AIDS Action Plan

The Workplace HIV/AIDS Action Plan describes the governance/management structure that should be in place to plan, coordinate, implement and monitor the company's HIV/AIDS response. It lays out workplace policies and procedures, as well as planned programs to manage HIV/AIDS within the workforce.

The overall goal of this program is to ensure that the risk of HIV/AIDS in the Company workforce is reduced significantly through the implementation of company policies and programs.

Key activities include:

1. Assigning internal responsibility;
2. Forming a Workplace HIV/AIDS Management Committee;
3. Developing an HIV/AIDS policy;
4. Implementing education and prevention programs, to create awareness, address gender issues, provide training, support peer education and counseling programs, promote condom use and distribution, oversee occupational health and safety procedures, encourage voluntary counseling and testing and enable prevention and treatment of STDs;
5. Providing care and treatment, of opportunistic infections and STDs, in the form of ARVs and as a wellness program;
6. Monitoring and surveillance.

### S-4.2 External Outreach HIV/AIDS Action Plan

The External Outreach HIV/AIDS Action Plan outlines programs to implement in and with the communities around the company's operations to reduce the risks of HIV/AIDS.

The objectives of this action plan include coordinating awareness and prevention measures with community and external stakeholders and establishing joint programs that effectively mobilize resources for the reduction of the impacts of HIV/AIDS.

Key activities include:

- Forming a HIV/AIDS Community Outreach Committee;
- Developing an Outreach Plan, to coordinate awareness and care programs and monitoring and surveillance initiatives;
- Building partnerships.

## **S-5 Monitoring and Evaluation**

This section describes the monitoring and evaluation program to be applied during HAMP implementation.

Monitoring and evaluation of HAMP impacts and program outcomes will follow two general objectives:

1. Monitoring of specific situations arising from Plan implementation, and of compliance with objectives and methods set out in the Plan;
2. Evaluation of the mid- and long-term impacts of the Plan on Company workforce and Project Area communities.

Monitoring and evaluation of impacts and program outcomes will enable constant development and improvements to the plan over time.

## **S-6 Elaboration and Implementation**

The team required to advance this work will be lead by the Community Liaison Department Director with support from company management, members of the Community Liaison department and professional advisers. In addition, the HAMP plans for the education and support of select company personnel to advance the Plan's programs internally, namely by providing information and counseling to co-workers.

The Company will refine and advance the HIV/AIDS Management Plan to reflect consultation with external stakeholders. The HAMP will also respond to the outcomes of plan implementation.

The Company will undertake the following steps in the further elaboration of the HAMP in the months ahead:

1. Engagement with Stakeholders and Potential Partners – ongoing;
2. Lender Review -- April to May 2009;
3. Finalize HAMP in advance of disclosure -- July to August 2009;

4. Disclose Plan (30d) and Update -- September to October 2009.

Key implementation activities in the months ahead include:

1. Advance partnerships with locally-active NGOs and government agencies – ongoing;
2. Provide care and treatment to employees and their dependants – ongoing;
3. Implementation of Education and Prevention Programs – ongoing;
4. Form Workplace HIV/AIDS Management Committee -- April 2009;
5. Develop a workplace HIV/AIDS Policy -- April to June 2009;
6. Form HIV/AIDS Community Outreach Committee -- May to June 2009;
7. Develop Outreach Plan -- May to July 2009.

Elaboration and implementation of the HAMP will be led by the Community Liaison Department Director with support from company management and professional advisers.

This version of the HAMP comprises the following six sections:

1. Introduction;
2. Institutional and Legal Framework;
3. Existing Conditions and Potential Impacts;
4. Proposed Management Activities;
5. Monitoring and Evaluation;
6. Elaboration and Implementation.

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# 1. INTRODUCTION

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This section provides an overview of the Project and its geographical setting, describes the Company's overall approach to HIV/AIDS management, identifies goals and objectives of this Plan, and defines the scope of this Plan.

## 1.1 Project Overview and Setting

MagMinerals Inc. is planning the development of a 600,000 t/a potash (KCl) production plant over the next 25 years using brine obtained from hot solution mining of a carnallite deposit in the Department of Kouilou, Republic of the Congo (ROC). It is the first step in a long-term project to develop a large deposit of magnesium, sodium and potassium salts.

The Kouilou region represents one of the largest carnallite salt deposits in the world, currently estimated at 800 billion tonnes (Gt), lying between 400 and 1,200 m below sea level. Potash was conventionally mined in the nearby Holle area during the 1970s, but the mine was closed after flooding in 1977.

### 1.1.1 Context

The potash production complex will be located near the village of Mengo, north-east of Pointe-Noire, the Republic of the Congo's second largest city and principal commercial centre and Atlantic port. The Mengo area, situated above the city on a high plateau, is in contrast largely rural and is home to less than 2,000 inhabitants.

Land use in the Project Area is dominated by small-scale agriculture production – overwhelmingly for a household's own consumption and typically in the valleys – and the plantation lands of Eucalyptus Fibre Congo (EFC) on top of the plateau.

The village of Mengo is bisected by *route n° 1*, the national highway linking Pointe-Noire with Brazzaville, the national capital, and the interior of the country. Widening and paving improvements to the highway are underway and, when complete, will transform transport linkages as well as commercial and cultural ties between Mengo (and other project area communities) and Pointe-Noire.

### 1.1.2 Project Description

The initial solution mining field and plant area are located 1.5 km east of Mengo. Initially, the solution mining field and the processing plant will cover approximately 2.5 km<sup>2</sup>, extending to 8 km<sup>2</sup> over the 25 year life of the Project. Along with the

processing plant and utilities areas, the Project will include tank farms, other storage and warehousing areas, workshops, a power plant, a storm water collection basin, a train loading station as well as various administrative buildings. A series of production wells and platforms will be developed in the brine field and will be linked by pipelines and access roads.

The plant and ancillary facilities will be constructed within the plantation. The wells and platforms will require land that is principally within the eucalyptus plantation; a small proportion will occupy secondary forest and cultivated land outside the plantation.

The energy supply will come from fuel gas (prospectively supplied via dedicated 27 km, 16" line from Djeno, running alongside the existing gas pipeline to Mengo and then traversing a separate right-of-way to connect with the plant site). The freshwater supply will come from the Loémé River, located approximately 20 km south-east of the site. The commercial end-product will be shipped out from the port of Pointe-Noire, located approximately 16 km south-west of the site. The fuel gas and freshwater will be transported by pipelines, the potash product by rail and the various equipment and supplies by road. The water supply station and the port area will all be road-linked to the site.

Other materials are produced together with the product, in particular sodium chloride salt and magnesium chloride brine that will need to be disposed of. The salt will be backfilled into the mining caverns; the brine effluent will be transported via pipeline through Pointe-Noire and discharged into the ocean via an outfall and diffuser system.

The construction phase of the Project is expected to create at least 2,000 direct jobs, of which about 25 % will be sourced locally. The operational phase is also expected to create more than 435 direct jobs, of which about 93 % will be sourced locally. The pre-production drilling will create approximately up to 40 additional local national jobs. During the construction phase, USD 72 M will be invested in the ROC.

MagMinerals and the Government of the Republic of the Congo have agreed to a Potash Investment Agreement (PIA), signed on December 22, 2008. The PIA is an agreement between the Republic of the Congo and MagMinerals Inc. which defines the rights and obligations of the Government and MagMinerals in connection with the project, including the production and marketing of the potash, the economic, legal, administrative, financial, tax, customs, land, mining, maritime, environmental and social conditions under which the Project will be executed. The PIA makes provision for the State to acquire a 10 % share of the Operating Company which will be set up, MagMinerals Potasses Congo (MPC).

## 1.2 Approach to HIV/AIDS Management

### 1.2.1 Background

HIV stands for Human Immuno Deficiency Virus, the virus which causes the Acquired Immuno Deficiency Syndrome (AIDS). HIV attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune system's response to attack. When a person is immuno-deficient, the body has difficulty defending itself against many infections and certain cancers, known as "opportunistic infections." The virus can be present in the body for several years before enough of the immune system cells have been destroyed to lead to AIDS. While the impacts of the disease can be mitigated with proper treatment, there is no cure once a person is infected with HIV<sup>1</sup>.

There are three main ways in which HIV is transmitted among people:

1. Through sexual contact;
2. When infected blood is passed into the body (e.g., through blood transfusion or use of unsterilized material);
3. From an infected mother to her child during pregnancy, childbirth or breastfeeding.

Beyond social responsibility, there is an important business case to be made for HIV/AIDS management. HIV/AIDS typically affects individuals between the ages of 14 and 45, who represent the most economically productive population. Direct costs to businesses include increased costs of health insurance, employment benefits, funeral and pension costs, recruitment and training, and, especially, productivity as skilled workers become ill and are replaced by inexperienced workers.

The Center for International Health at Boston University developed a costing model that estimates the present value of new HIV infections in the formal business sector in southern Africa. It found that new infections can cost between 3.4 percent and 10.7 percent of annual salaries depending on skill level and associated benefits. While treatment costs will vary considerably among companies depending on what segment of the workforce benefits and the type of care offered, the researchers found that even for low-cost companies, the benefits associated with interventions appeared to outweigh the costs. Similarly, a University of California-San Francisco study used an economic model to compare HIV related business costs for large Ugandan companies (500+ employees) with the cost of providing prevention,

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1 IFC Good Practice Note on HIV/AIDS and the workplace, December 2002.

treatment and care to employees. The study concluded that even programs offering the most expensive treatment -- anti-retroviral care -- can be cost-effective especially in light of 85 % price reductions offered by drug manufacturers for sub-Saharan Africa ([www.international-health.org](http://www.international-health.org)).

In South Africa, over 90 % of companies provide employee access to effective treatment and prevention programs. Over 70 % of companies provide HIV/AIDS prevention and treatment programs to local communities. Mining is among the sectors with the most advanced prevention and treatment strategies, led in particular by AngloAmerican, BHP Billiton, and Gold Fields<sup>2</sup>. The private for-profit sector in the Republic of the Congo has also begun to appreciate the impact of HIV/AIDS in terms of reduced productivity and diminished capacity to retain human capital, as well as in terms of rising medical costs. Leading corporations in the country, including Total, ENI, CONGO, BRASCO, cover some of the consultation and medicinal costs of their employees, and next of kin through their company medical clinics. BRASCO has sent its medical staff for training on HIV/AIDS programs to Belgium, and informs AIDS deaths were 0 in 2003 as compared to 2-3 annually in years prior<sup>3</sup>.

### 1.2.2 Approach to HIV/AIDS Management

The following describes the Company's approach to HIV/AIDS management.

#### **Partnership Approach**

MagMinerals recognizes that it is impossible to act in isolation when tackling HIV/AIDS, a disease with such broad social implications and propagation factors. Health is not the Company's area of core competence. Moreover, the transmission of HIV/AIDS, should it occur, will overwhelmingly result from activities outside the workplace. It is imperative that the Company adopt a partnership approach with other stakeholders engaged in the fight against HIV/AIDS. This plan will identify partners such as government health authorities, the community, and other civil society organizations and propose means of collaboration with them to meet the complex challenges posed by the disease.

#### **Spheres of Action**

Best practice suggests that it is effective to consider interventions in four separate but interrelated spheres:

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<sup>2</sup> Positive corporate responses to HIV/AIDS: a snapshot of large cap South African companies, EIRIS 2008.  
<sup>3</sup> L'entrepreneuriat et l'innovation au Congo-Brazzaville, CERAPE 2005.

- **Operational Sphere** -- Participants in this sphere include company employees and their representatives, human resources, contractors and others involved in day-to-day operations. Their contribution to this sphere can be in the form of peer education, as well as assessment and awareness of risks and behaviours and of the specific needs of employees on the ground.
- **Medical Sphere** -- Participants in this sphere involve company medical- and health-related staff as well as public health authorities and personnel, and NGOs involved in HIV/AIDS health- related activities. This group is uniquely placed to identify general health trends and execute targeted medical programs and services.
- **Managerial Sphere** -- Dedicated leadership at senior levels of the company is necessary for this Plan's success. It is important that Company management champion the program and allocate the personnel and budgetary resources required for the program. Its success should be measured and managed the same as other priority areas.
- **Community Sphere** -- Local community representation is critical for the Plan's efforts to have an effect in the project area villages. Community representatives should include Chiefs and other local leaders such as religious or traditional healers to influence community behaviours that will reduce the impact of HIV/AIDS. The HIV/AIDS Outreach Committee will play a key role in grassroots mobilization against the epidemic.

### ***Participatory Planning***

Stakeholders involved in each of the four spheres identified above should progressively develop the details of the HIV/AIDS Management Plan. This document should guide the company in identifying the resources and partners required and assessing what it is prepared to do to manage the risks posed by the disease.

### ***Key Principles***

Key principles in the elaboration of this Plan and implementation of its programs include:

1. Equality (in terms of hiring, promotion, training and access to benefits);
2. Non-discrimination and acceptance;
3. Privacy and confidentiality of medical information;
4. Protection from unfair dismissal;
5. Care and understanding;

6. Provision of best available treatment.

### 1.3 Goals and Objectives of this Plan

The primary goal of the HAMP for this Project is to effectively manage the risks associated with HIV/AIDS to the Project workforce and to Project Area communities throughout the Project lifecycle.

The HAMP aligns with the improved quality of life and security objectives of the Community Development Plan, Community and Workplace Health and Safety, and other social management plans.

Secondary goals of the Plan are as follows:

1. Reduce the rate of infection in the workforce and project area communities;
2. Improve as much as possible the quality of life for people living with HIV/AIDS;
3. Gain a good understanding of the HIV/AIDS situation – prevalence and transmission - in the workforce and project area communities;
4. Identify partners to combine efforts, coordinate activities and pool resources;
5. Create awareness regarding HIV/AIDS in the workforce and project area communities;
6. Implement policies to reduce stigma and foment a conducive environment to address HIV/AIDS;
7. Influence behaviours to reduce transmission of the disease;
8. Provide incentives to testing;
9. Provide treatment and care to employees and their dependants living with HIV/AIDS;
10. Provide assistance to workers and local residents living with HIV/AIDS to live a fuller life.

The objectives of the Plan are to:

1. Define the legal and institutional framework that will guide definition and implementation of this Plan, including the RoC framework, international framework and the Company's own corporate framework;
2. Describe existing conditions in Project Area communities, as well as the potential impacts of the Project;
3. Outline proposed management activities, both for the workforce and Project Area communities;

4. Define a monitoring and evaluation program;
5. Identify an elaboration and implementation strategy that will result in finalization and delivery of the HIV/AIDS Management Plan.

#### **1.4 Scope of this Plan**

The HIV/AIDS management activities described herein as well as related consultation and disclosure activities involve both stakeholders internal to the Company (Company and contractor personnel) and members of the project area communities.

For the purposes of this HAMP, the Project Area encompasses the 8 rural communities located within and around the Project concession area and extending down the proposed waterline right-of-way and brine pipeline right-of-way, but not including the city of Pointe-Noire itself. The 8 communities are Mengo, Boutoto, Ngondji, Nsinga, Mpofo, Tchiniambi Centre, Tchiniambi Débarcadair, Lukala

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## 2. INSTITUTIONAL AND LEGAL FRAMEWORK

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This section provides an overview of the institutional and legal framework that guides preparation and implementation of the HAMP.

### 2.1 Republic of the Congo

The responsibility for HIV/AIDS management at the national level in RoC lies with the National Council for the Fight Against AIDS (CNLS) which has its own permanent secretariat. The CNLS operates at the Departmental level through the UDLS (Departmental Unit responsible for the Fight Against AIDS). The UDLS has two primary functions: i) tracking and evaluation, and ii) social mobilization (awareness and prevention).

Research for this plan and informant interviews with Congolese government authorities including the Ministry of Health and the UDLS indicate that there is no detailed legislation directing companies on HIV/AIDS in the workplace. UDLS acknowledges that there are no requirements for companies other than non-discrimination<sup>4</sup>, as follows:

1. It is prohibited to ask for an HIV test before recruiting;
2. It is prohibited to fire someone because of HIV positive status.

In more general terms it should be noted that the government has put high importance to the fight against AIDS which is articulated through the *National Strategic Plan for Combating HIV-AIDS*.

The 2009-2013 plan supports interventions that have been demonstrated to be effective and is organized along 5 major action areas:

1. Strengthening HIV and STD (sexually transmitted disease) prevention services;
2. Improving care and psychosocial support services for people living with HIV/AIDS;
3. Reducing the impact of AIDS and promoting human rights;
4. Improving tracking – evaluation, research, surveillance and strategic information;
5. Strengthening coordination, partnerships, and governance.

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<sup>4</sup> Meeting with Jean Claude Passoumba “Charge de Suivre et d’Evaluation” UDLS, Pointe-Noire, November 2008.

The plan also sets out a number of specific indicators and targets related to each of the above five areas.

## 2.2 International Guidelines

This HIV/AIDS Management Plan builds on international best practice, including the IFC's good practice note on HIV/AIDS in the workplace, as well as many innovative and progressive policies pursued by mining companies operating in Africa.

The following principles are part of the International Labor Organization's *Code of Practice on HIV/AIDS and the World of Work*. The code is voluntary and meant for use by the private sector in the development of workplace policies and guidelines. It is proposed to adapt these principles for the HAMP.

### ***ILO Code of Practice on HIV/AIDS -- Key Principles***

#### **1. Recognition of HIV/AIDS as a workplace issue**

HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

#### **2. Non-discrimination**

There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.

#### **3. Gender equality**

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

#### **4. Healthy work environment**

The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

#### **5. Social dialogue**

A successful HIV/AIDS policy and program requires cooperation, trust and dialogue between employers, workers, and governments.

#### **6. Screening for purposes of employment**

HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified in this code.

## **7. Confidentiality**

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

## **8. Continuing the employment relationship**

HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

## **9. Prevention**

The social partners are in a unique position to promote prevention efforts through information and education; and support changes in attitudes and behavior.

## **10. Care and Support**

Solidarity, care and support should guide the response to AIDS in the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

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### **3. EXISTING CONDITIONS AND POTENTIAL IMPACTS**

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#### **3.1 Republic of the Congo**

The most recent national figures on HIV prevalence rates in the Congo were identified in the November 2003 HIV survey of adults from 15-49 years of age. The survey was conducted in Department capitals and principal cities. According to this poll, the national HIV infection rate is 4.1 % but with wide disparities between cities and genders.

Both the poll's dated nature and its limited reach in terms of location and people surveyed means the real figure may differ substantially. There were considerable disparities between regions and cities with figures ranging from 1.3 – 9.4 %. Many key informants in health and civil society organizations dealing with HIV/AIDS speculate that the true rate was much higher. Interviewees estimated that the true infection rate may be between 8 % and 16 % (2 to 4 times higher than reported).

According to the existing statistics, women are more affected by men by the epidemic with 4.7 % and 3.6 % infection rates respectively. Before the age of 35, the female infection rate is 2.8 times more than that of men. This situation can be explained in part due to the lesser degree of control girls and women have over their sexual choices, and the higher physiological vulnerability that women have for the disease.

The principal mode of transmission of HIV/AIDS in the RoC is heterosexual sexual relations. Factors influencing the spread of the disease include lack of information and misconceptions, polygamy and promiscuity, early sexually activity, and low rates of condom use. Taboos concerning speaking about sexual matters in families and misconceptions about the disease further aggravate the situation. Poverty and low rates of education also pose a major challenge prompting many girls to turn to prostitution to earn money for school, supporting families, and other needs.

#### **3.2 Project Area**

Official data on HIV/AIDS infection rates in the Project Area communities do not exist and, because of the stigma associated with the disease, it is difficult to obtain information or even acknowledgement of it from local sources. There is a constant movement of people from project area communities to nearby Pointe-Noire and most of the sick from the villages go to Pointe-Noire for treatment. Statistics for Pointe-Noire, therefore, must be used as proxies. Further validating this assertion, ARIPS, a prominent HIV/AIDS NGO operating in Pointe-Noire, indicated that in the communities the risk is at least as elevated as in Pointe Noire.

The November 2003 HIV survey (of adults from 15-49 years of age) indicates HIV prevalence rates in Pointe Noire of 5.2 %. However, again, key informants suggested that the true rate was 2-3 times higher. A 2007-2008 pregnant women study in the Department of Kouilou, for instance, indicated that 10.83 % tested positive<sup>5</sup>.

### 3.3 Potential Impacts

It is difficult to estimate with precision what the potential impact would be of a large mining operation in the project area without mitigation activities. However, other examples from the resource extraction industry in Africa and proxy situations indicate it is likely to be considerable.

Indications regarding the nature of Mag's operations are that the risk of transmission will be significant, especially during the construction phase. A peak of 2,000 male workers will be hired for the construction phase; 1,500 of these will be expatriate men scheduled to live in a camp and separated from their families. Operations phase staff will reside in Pointe-Noire. Men, local, from elsewhere in the country and expatriate, working for the mine over its productive life will have salaries far greater than the local average.

Comparable project situations show that the presence of a substantial transient population of male workers with disposable income can lead to promiscuous sexual relations, an expansion of prostitution and higher HIV/AIDS rates.

At Dolisie and Sibiti in the Republic of the Congo the prevalence rates are 9.4 and 9.1 % respectively, more than twice the reported national average. These centres are along the main trading route between Pointe-Noire and Brazzaville, with a large transient population of truckers transporting wood and other products as well as significant oil industry activity. This transient and salaried population is catered to by prostitutes.

Project area communities immediately adjacent to the plant site and construction camp are located on the same route, the national highway connecting Pointe-Noire and Brazzaville. Ongoing improvements to the highway will contribute to increased traffic, the increased presence of transient people (e.g. truck drivers, merchants) and improved accessibility for potential in-migrants. Beyond the impact of project activities, these social developments may foster changes in sexual relations and prostitution.

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5 Dr. Okanda Gauthier Wilford; Medecin-Chef Fight Against HIV/AIDS au Kouilou.

Pointe-Noire itself is a thriving port and centre of the oil and gas industry and, as such, is host to many short-term international residents. At the same time, economic security remains fragile for many nationals, including women. In certain sectors of the city, businesses and a culture of relations have developed to serve the entertainment and sexual pursuits of those with disposable income. The Kouilou project's workforce will reside in or at least have regular access to Pointe-Noire, which will function as their primary local centre for recreational activities and expenditures.

In such a context, it is reasonable to anticipate that, without effective mitigation measures, the potential impact due to project related activities could lead to higher HIV/AIDS infections among the Project's workforce and the project area population.

### 3.4 HIV/AIDS Health Facilities and Services

The current health infrastructure in the area is not sufficient to handle the increased population pressures and risks the project will incur. In the opinion of community members and other informants, there are not enough resources or programs at the Mengo dispensary for the population as is. The construction of the national highway through the area is likely to bring an influx of people to the zone on its own account and no new health clinics have been planned.

The Ministry of Health in Pointe-Noire and Kouilou has an HIV/AIDS action plan operating through 23 health centres. 7 of these are testing centres, but only 4 are currently operational due to resource constraints. The closest testing centre to the Project Area is in Hinda which has 3 agents trained on HIV/AIDS management. The Hinda centre runs several programs including prevention and behavioral change activities and a program to reduce risk of transmission from mother to child.

The Departmental Directorate for Pointe Noire and Kouilou aims to extend prevention activities and change behaviors; however, resources are very limited. The Departmental Directorate does not have transport for their team and, at the time of writing of this report, supplies of medicine were nearly exhausted at the Hinda centre. Other immediate requirements include lodging facilities and a fridge. During consultations for this plan, the Departmental Directorate of Health enquired whether the Company would consider putting a testing centre in Mengo and working jointly with the Ministry in the company medical lab<sup>6</sup> if one is to be developed.

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6 Meeting with Dr. Okanda Gauthier Wilford; Medecin-Chef du Programme Lutte Contre le SIDA au Kouilou, chef de la hygiene generale.

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## 4. PROPOSED MANAGEMENT ACTIVITIES

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Best practice indicates that corporate HIV/AIDS efforts can be divided into two main areas of action: Workplace Programs and External Outreach Activities.

### 4.1 Workplace HIV-AIDS Action Plan

#### 4.1.1 Strategy

The Workplace HIV/AIDS Action Plan describes the governance/management structure that should be in place to plan, coordinate, implement and monitor the company's HIV/AIDS response. It lays out workplace policies and procedures, as well as planned programs to manage HIV/AIDS within the workforce.

The overall goal of this program is to ensure that the risk of HIV/AIDS in the Company workforce is reduced significantly through the implementation of company policies and programs.

Specific goals of the program include:

1. Ensuring that all workers are educated about the disease;
2. Promoting behavior that will reduce the risk of infection;
3. Establishing policies for treatment and care;
4. Providing incentives for testing.

#### 4.1.2 Key Activities

##### ***Assign Internal Responsibility***

The Community Liaison Department Director will be designated as the overall person in-charge of coordinating the HIV/AMP. This person should ensure the overall plan operates effectively and meets its targets. Specifically, the manager should champion the HIV/AIDS management plan within the Company and sit on both the Workplace and External HIV/AIDS Program Management Committees.

##### ***Form Workplace HIV/AIDS Management Committee***

The Workplace HIV/AIDS Management Committee will be set up to coordinate the Company's efforts to combat HIV/AIDS in the workplace. It will analyze financial and

other resources committed by the company towards HIV/AIDS Management, and coordinate with stakeholders for joint resource commitment and plan implementation.

During Construction, the committee will be composed of the Community Liaison Department Director, Human Resources manager, Health and Safety manager, Operations manager, and employee representation.

During Operations, the Committee will be composed of the Community Liaison Department Director, Human Resources manager, Health and Safety manager, Operations manager, and employee representation (peer leaders or union).

A sub-committee to the workplace HIV/AIDS Management Committee will be formed at the operational level and involve peer leaders for different work groups.

### ***Develop an HIV/AIDS Policy***

A workplace HIV/AIDS policy is an integral part of the company's management system. The Company's Workplace HIV/AIDS Action Plan includes consideration of the following policies:

1. **Non-discrimination** -- There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status. There should be equality in terms of hiring, promotion, training and access to benefits and protection from unfair dismissal.
2. **Screening for purposes of employment** -- HIV/AIDS screening will not be required of job applicants or persons in employment, and testing for HIV will be carried out only on a voluntary basis.
3. **Confidentiality** -- Privacy and confidentiality of medical information are guaranteed.
4. **Voluntary** -- While employees will be encouraged to be tested and participate, program participation is on a voluntary basis.
5. **Prevention and Communication** -- The Company is in a unique position to promote prevention efforts through information and education and support changes in attitudes and behaviour. Education and awareness programs will be made available to all employees and their dependants.
6. **Gender equality** -- More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS. The Company will promote the empowerment of women and awareness of women's issues relative to HIV/AIDS.

7. **Coverage to workers and families** -- Congolese legislation stipulates that health services to employees should also be extended to their next of kin. Company HIV/AIDS care also be provided to workers' families, within carefully prescribed definitions.
8. **Care and Support** -- The Company will provide medical and counseling care "prise en charge" of employees from the time of diagnosis and for as long as the employee remains with the company. When an employee is no longer able to continue working due to ill health, the company's rules regarding ill health retirement will apply. Anti-retroviral treatment will be made available based on recommendation from the Company's medical practitioner within WHO guidelines.
9. **Operations Design** -- The Company will develop procedures and conduct guidelines and provide training to reduce the impact of the presence of personnel in Project Area communities as much as possible.

### ***Implement Education and Prevention Programs***

**Creating Awareness** -- Raising awareness about the HIV/AIDS involves addressing facts and fiction about the nature of the disease and how it is transmitted. Every effort will be made to de-stigmatize the disease. Employees will be made aware there is no risk from casual contact with an HIV positive person. People living with HIV/AIDS will be invited to participate in awareness and training activities as a powerful means of breaking down misconceptions. It is important that people understand there is no cure and, although treatment is allowing people to live longer and more productive lives, the costs involved to self, family, and the community are severe.

Activities should be given in the local language, and an emphasis on non-written communication should be given because of low literacy rates. Effective ways to raise awareness on HIV/AIDS are:

1. Program messages being transmitted at worker and employee briefings;
2. Messages transmitted through company intercom system;
3. Posters and billboards;
4. Messages included in paycheque packages;
5. Posting the Company HIV/AIDS policy in public places;
6. Condoms (male and female) in washrooms, at the medical clinic, and in high transit places;
7. Public posting of Question and Answers by medical staff on bulletin boards;

8. Regular counseling inviting partners in the government and civil society sectors to give talks.

**Addressing Gender Issues** -- Women in the Congo, as well as elsewhere in much of sub-Saharan Africa, suffer a greater share of the HIV/AIDS burden than men. Training should provide information concerning women and girls' increased social and physiological vulnerability to infection and the impacts of HIV/AIDS. Here, as in other components of the plan, is an opportunity for the Company to leverage the resources and experience of a partner such as a local HIV/AIDS NGO.

**Training** -- HIV/AIDS knowledge and awareness can easily be communicated at employee training on matters such as occupational health and safety, at worker induction, and other occasions.

Training materials should be adapted to the audience in terms of language, format, gender and culture. Separating male and female employees, at least initially, can lead to franker discussion and more productive sessions.

The program provides talks and information pamphlets, proactive education activities (presentations), education on company policy and procedures (any changes), legal rights (company and government), worker safety procedures, etc.

**Peer Education and Counseling Program** -- Education and support will be given to members of a given group (management and workers) to influence behaviour change among their peers. Peer volunteers will be trained to provide information and counseling to co-workers. Worker and management peer support groups and post-test support groups will be established. In addition to training and support, the program will involve the following components:

1. Compensation in some form for peer educators (e.g. time off to perform duties, recognition, etc.);
2. Involving peer educators in the design of training curriculum and materials;
3. Linking the education program to other services such as testing, care, condom distribution etc.

**Condom Promotion and Distribution Program** -- Easy and regular access to male and female condoms and information on their proper use will be provided. Making them widely available will help limit the main barriers to their use: the cost and stigma associated with buying them.

**Occupational Health and Safety Procedures** -- While casual contact cannot transmit the disease, procedures will be put in place in the case of a workplace accident involving bleeding. This involves at its most basic level:

1. Careful handling of needles and other sharp objects;
2. Use of single-use or auto-disposable syringes at company clinics;
3. Thorough disinfection of any instruments and potentially contaminated equipment, as well as clean-up of any spills;
4. Safe disposal and proper handling of waste or materials contaminated with body fluids;
5. Use of protective equipment such as gloves, gowns and masks for direct contact with blood or other body fluids;
6. Ensuring referrals for medical care such as blood transfusions are done to medical centres with safeguards in place for their blood supplies.

**Voluntary Counseling and Testing (VCT)** -- Because only 12 % of the population has ever been tested (according to the November 2003 national HIV survey), the vast majority of Congolese with HIV are not even aware that they are infected. In order to effectuate behavioral change and assure treatment of the condition, testing is imperative.

It is vital that counseling be provided both before and after testing. Confidentiality and job protection will be assured. The meaning of a positive or negative result will be duly explained, and the need for behavioral change reinforced.

The Company must ensure that testing kits and private space is available, counselors are trained, and proper lab protocols are in place.

**Prevention and Treatment of STDs** -- A high correlation exists between sexually transmitted diseases (STDs) and HIV transmission. The presence of an STD greatly increases the chances that an infected person can become infected, or will infect a person with HIV. STDs are indicative of high-risk sexual behavior as well as a serious health concern in their own right. The treatment of STDs and HIV/AIDS awareness should go hand in hand. Prevention of STDs calls for exactly the same measures; i) abstinence, ii) fidelity in sexual relations to one uninfected partner, and iii) condom use.

### ***Provide Care and Treatment***

Care and treatment of persons living with HIV/AIDS should be based on 3 axes of care:

1. Medical – Anti-retroviral treatments (ARVs) and medicines for treating opportunistic infections;
2. Psychological – Counseling programs to help people and their families cope;
3. Nutritional – guidance on a nutritional diet to maintain strength and health.

These programs can be run through the company clinic and in partnership with NGO partners and local health authorities.

**Treatment of Opportunistic Infections and STDs** -- Tuberculosis (TB) is the most frequent cause of death of people living with HIV. Because it can be contagious if left untreated, treatment of TB and preventative therapy for those living with HIV can greatly increase the survival rate of those at risk. Other known opportunistic infections such as pneumonia should be addressed rapidly as well as treatment of STDs which, as indicated previously, enhance the transmission of HIV/AIDS.

**Anti-retroviral treatment** -- Anti-retroviral treatments, a generic term describing HIV/AIDS medications and HAART (Highly Active Anti-Retroviral Treatment), have greatly extended the length and quality of life of people living with HIV/AIDS. The cost for these treatments has dropped drastically in recent years and many companies are now providing them cost free to HIV-positive employees. The Republic of the Congo government has a program to make ARVs available free to people with HIV/AIDS although the widespread availability of the medication is uncertain.

The Company education, awareness, and testing programs go hand in hand with ARVs, because the opportunity for a better quality of life with ARVs is dependent on knowing one's HIV status. The earlier in the illness cycle one's status is known, the better the opportunity for the individual live healthier for longer.

**Wellness Program** -- Follow-up and moral support is deeply meaningful for people living with HIV/AIDS. Peer counseling and support groups, as illustrated in the previous section, play an important role in both creating awareness about the disease and support to those coping with the disease. Providing nutrition guidance and psycho-social support also play a key role. A referral program that links employees with other agencies is also recommended.

### ***Monitoring and Surveillance***

Monitoring plays an important role in the HAMP as it allows the company to measure its results against the plan's objectives. Reporting should flow up to the program

director allowing senior management to make informed decisions on a cost/results basis on programs in the plan. Human resource statistics and clinical data are easily accessible for starters, unless or until HIV/AIDS baseline information is available.

Quantitative indicators may include:

1. Infection rates;
2. Employee absentee rates;
3. Condom usage, and testing rates;
4. STD rates at company clinic.

Qualitative indicators can be evaluated in surveys and focus groups. They include:

1. Employee morale;
2. Awareness and attitudes towards HIV/AIDS;
3. Satisfaction with company programs.

It may be valuable for the company to establish a dedicated cost centre for HIV/AIDS activities to determine the cost/effectiveness of Plan implementation.

## **4.2 External Outreach HIV/AIDS Action Plan**

### **4.2.1 Strategy**

The External Outreach HIV/AIDS Action Plan outlines programs for the communities around the company's operations to reduce the risks of HIV/AIDS. The plan includes activities that should be coordinated with external partners and stakeholders focusing heavily on awareness and prevention activities but also on the joint identification of resources for counseling and care.

The goal of the External Outreach Plan is to address the impacts of HIV/AIDS and project development in the external community. The objectives of this action plan include:

1. Coordinate awareness and prevention measures with community and external stakeholders;
2. Establish joint programs that effectively mobilize resources to the reduction of the impacts of HIV/AIDS.

#### 4.2.2 Key activities

##### ***Form HIV/AIDS Community Outreach Committee***

The Company will facilitate the creation of a new HIV/AIDS Outreach Committee. It will include representatives of various segments of the community including men, youth, women, HIV positive persons or HIV-affected households, and other vulnerable groups, school and health officials, healers and traditional leaders. On the Company side, the HIV/AIDS Workplace Coordinator serves on this committee, as does the senior-level company director (champion) who sits with the committee periodically/as needed.

The committee will meet on a monthly basis to coordinate HIV/AIDS management activities as needed, including those indicated in the following sections.

This committee could be a subcommittee of the broader Community Liaison Committee.

##### ***Develop Outreach Plan***

Together with the Workplace HIV/AIDS Management Committee and in consultation with stakeholders, a multi-year plan will be developed for a coordinated response to HIV/AIDS within the project area communities and areas of influence. This includes community entry strategies, outreach projects and involvement of community representatives and external stakeholders.

**Coordinate awareness programs with local partners** -- The Company will coordinate with local schools, health units, NGOs, and community associations for delivery of programs such as: Awareness and Behaviour Change Communication, Peer Education and Counseling, and Voluntary Counseling and Testing.

**Coordination care programs with local stakeholders** -- The Company will endeavour to coordinate with local government, NGOs, aid organizations and private health care units on the optimal management of care programs and procurement and distribution activities.

**Coordination with local health care units for surveillance monitoring** -- The Company will work closely with local health authorities to monitor the trends and indicators of the disease, including medical statistics and community surveys. New risk factors and pro-active responses will be identified (e.g. increasing number of prostitutes, condom utilization, etc).

It is recommended that a focal point of these efforts be World AIDS Day on December 1<sup>st</sup>, which presents an opportunity to gather partners to discuss the disease and celebrate achievements.

### **Build Partnerships**

Building partnerships is a core component of the HIV/AIDS Management Plan in that it integrates specialized expertise, experience, and resources beyond the company's mandate and capacity. It plays a key role in fulfilling the goals and objectives of the Workplace HIV/AIDS Action Plan as well as broader corporate social responsibility goals. External activities will include those geared to the attainment of the overall goals of the plan:

1. Participation with external stakeholders for creating awareness, preventing new infections and mitigating the impact of HIV/AIDS;
2. Participation in networks of stakeholders responsible for HIV/AIDS-related care and counseling programs.

Partnership strategy should include engagement with local and regional health agencies to coordinate services/delivery, where possible; coordination with local and international NGOs and that provide AIDS services to the local communities e.g. Home Based Care, peer counseling and training, etc.

**Potential Partners** -- In-country research and consultation has identified several potential partners. Some of the most promising that should be followed up with in finalizing these plans are outlined as follows:

- *UDLS* – The Departmental Unit for the Fight Against AIDS works directly with companies to help them set up and operationalize their HIV/AIDS management programs. The unit helps train peer educators in key areas such as attitude and behavioral change, voluntary testing, condom usage, etc. UDLS can also mobilize a mobile testing centre for awareness days, among other support activities.

Contact: Jean Pierre Nkouldolo tel: 658-0265 / 553-9921, Director, (met with) Jean Claude Passoumba, Charge de Suivi et Evaluation, tel: 664-2405, email: Udls\_pointenoire@yahoo.fr

- *ARIPS* – The Regional Agency for Information to Prevent AIDS is an NGO that works exclusively in Kouilou province. It specializes in creating awareness and affecting positive behavioral and attitude change around HIV/AIDS. It does so through means of campaigns, training peer communicators and distributing materials. ARIPS has a meeting centre in Pointe-Noire and provides a care centre for 100 children so mothers can work.

ARIPS has offered to review MagMinerals' (this) Plan, and is also able to perform an HIV/AIDS study in the project area with Company support.

Contact: Regine Goma, director, tel: 559 1122/ 660 9717, email: reginebi2002@yahoo.fr

- *Medecins D'Afrique* – Medecin's D'Afrique supports and accompanies communities in development activities as well as implementing HIV/AIDS programs. They work with the poorest and most vulnerable and help communities create health centres where none exist, train nurses and put doctors in place. In Kouilou, they are working with the Total oil company in the community of Djeno.

Contract: Michel Gatabantou, Responsable Inter-Dept PN et Kouilou, Tie-Tie PN, tel: 242-525-70, 441-4968 Email: [amabrazza@yahoo.fr](mailto:amabrazza@yahoo.fr) , [gatabantou@yahoo.fr](mailto:gatabantou@yahoo.fr) / [www.medecins-afrique.org](http://www.medecins-afrique.org)

- *AFTC* – The Female Healers Association of the Congo works to create awareness and prevention of HIV/AIDS with traditional female healers. They work with healers to promote less risky practices and provide condoms. AFTS also trains social communicators to work in communities. HIV/AIDS is just one of their areas of action, AFTC supports community development activities as well (additional details in MagMinerals CDP).

Contact: Antoinette Bikani, Presidente and Communications Director,

- *UNDP* – The United Nations Development Program is working with the private sector to make companies aware of the problems caused by HIV-AIDS and provide them with training for peer education<sup>7</sup>. While unavailable to meet during the plan scoping mission, they should be formally invited to participate in the Plan.

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<sup>7</sup> World Bank, CONGO, REPUBLIC OF - HIV/AIDS and Health (MAP program) 2004.

## 5. MONITORING AND EVALUATION

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### 5.1 Strategy

Monitoring and evaluation of HAMP impacts and program outcomes will enable constant development and improvements to the plan over time.

This section describes the monitoring and evaluation program to be applied during HAMP implementation.

Monitoring and evaluation have the following general objectives:

1. Monitoring of specific situations arising from Plan implementation, and of compliance with objectives and methods set out in the Plan;
2. Evaluation of the mid- and long-term impacts of the Plan on Company workforce and Project Area communities.

The HAMP will be a “living document” which will be updated regularly, using the results of monitoring and evaluation activities.

### 5.2 Monitoring and Reporting

Monitoring will be carried out by the Company in collaboration with the Community Liaison Committee, along with its various subcommittees or working groups. Together, the Company, including the Workplace HIV/AIDS Management Committee, and the HIV/AIDS Outreach Committee will participate in the selection, design, and application of methods and indicators for monitoring.

The purpose of monitoring is to provide the Company, the HIV/AIDS Outreach Committee and other stakeholders with timely and concise information that indicates whether the HAMP -- and other social management plans -- are on track to achieve its objectives.

Monitoring will be based on a number of key performance indicators. Indicators will be in the form of:

1. Simple audit observations of done / not done, present / not present, achieved / not achieved, etc.;
2. Easily measured numeric indices suitable for trend analysis;
3. Collective judgments of project area residents, as revealed by participative socio-economic survey.

As discussed above, quantitative indicators may include:

1. Infection rates;
2. Employee absentee rates;
3. Condom usage, and testing rates;
4. STD rates at company clinic.

Qualitative indicators can be evaluated in surveys and focus groups and may include:

1. Employee morale;
2. Awareness and attitudes towards HIV/AIDS;
3. Satisfaction with company programs.

The Company intends that a substantial proportion of monitoring will be participatory: *i.e.*, that stakeholders contribute in determining what is important to monitor, either by themselves or with Company assistance, as well as the various methods and indices chosen for monitoring.

The monitoring will be linked, where possible, to past surveys (baseline information). Human resource statistics and clinical data are easily accessible for starters. Where important baseline information is not available but a particular subject requires monitoring, the objective will be to identify any trends that emerge, year by year. Monitoring is of necessity a long-term and potentially open-ended activity.

Monitoring data will be analyzed on an ongoing basis by the Company and the Committee to ensure that:

1. HAMP goals and objectives are being met;
2. No unforeseen Project impacts or risks have emerged;
3. Company policies, RoC requirements and international best practices are being adhered to by the Project.

Overall project monitoring will continue for the life of Project with technical reports, including a review of stakeholder engagement, at varying frequencies plus an annual monitoring report released to the public. Annual reports notwithstanding, substantial task short-falls, unintended negative consequences, or trends will be brought to the attention of Company management as they become apparent.

While the monitoring exercise will specify if HAMP implementation is having the intended consequence, the monitors will avoid evaluation. The Company will employ independent experts for evaluation on a regular periodic basis, as discussed below.

### 5.3 Evaluating and Reporting

The general purpose of evaluation is to bring to the attention of the Company, the HIV/AIDS Outreach Committee and other key stakeholders the following:

1. Whether the HAMP and other social management plans are realistic (relevant, right-sized, and likely to meet appropriate goals, by means commensurate with those goals), timely, of requisite quality, and at sensible cost; and, if this is not the case, to propose amendments to the plan;
2. Any emergent or inadequately attended risks or problems;
3. Any necessary changes in the HAMP and other social management plans to better achieve Company goals.

Evaluation efforts should cover organizational capacity, the state of the current HAMP and other social management plans, progress with implementation, and budget. Specific objectives of evaluation are to provide assessments of:

1. Level of compliance in implementation of the HAMP with RoC laws and regulations, Company policies, and relevant international standards;
2. Impact on quality of life resulting from HAMP implementation activities;
3. Actions taken as result of monitoring to improve impact of the social management plans and to mitigate any negative impacts.

Evaluation will be carried out as part of an overall independent, professional review of social management plan implementation. The proximate purpose of each evaluation mission is a report of highest quality, provided in a unified draft before leaving the field. Each draft will be provided to the Company and to the HIV/AIDS Outreach Committee for comment. Each final evaluation report will become a public document.

To begin, the Company anticipates two evaluation missions: at 12 months and 24 months following initiation of construction activities.

In addition, the Company anticipates undertaking regular five-year evaluations, beginning in the fifth year following initiation of construction.

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## **6. ELABORATION AND IMPLEMENTATION**

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### **6.1 Elaboration Strategy**

The Company will refine and advance the HIV/AIDS Management Plan to reflect consultation with external stakeholders around the proposals contained herein as well as ongoing quantitative and qualitative information research informant interviews. The present version of the Plan will be reviewed by the Lender Group. Subsequent to this review, the Company and its consultants will align the HAMP with the insights of the Lender Group.

Importantly, the HAMP will respond to the outcomes of plan implementation.

An eight month timeline for the elaboration and finalization of the HAMP is proposed, as follows:

1. Engagement with Stakeholders and Potential Partners – ongoing;
2. Lender Review -- April to May 2009;
3. Finalize HAMP in advance of disclosure -- July to August 2009;
4. Disclose Plan (30d) and Update -- September to October 2009.

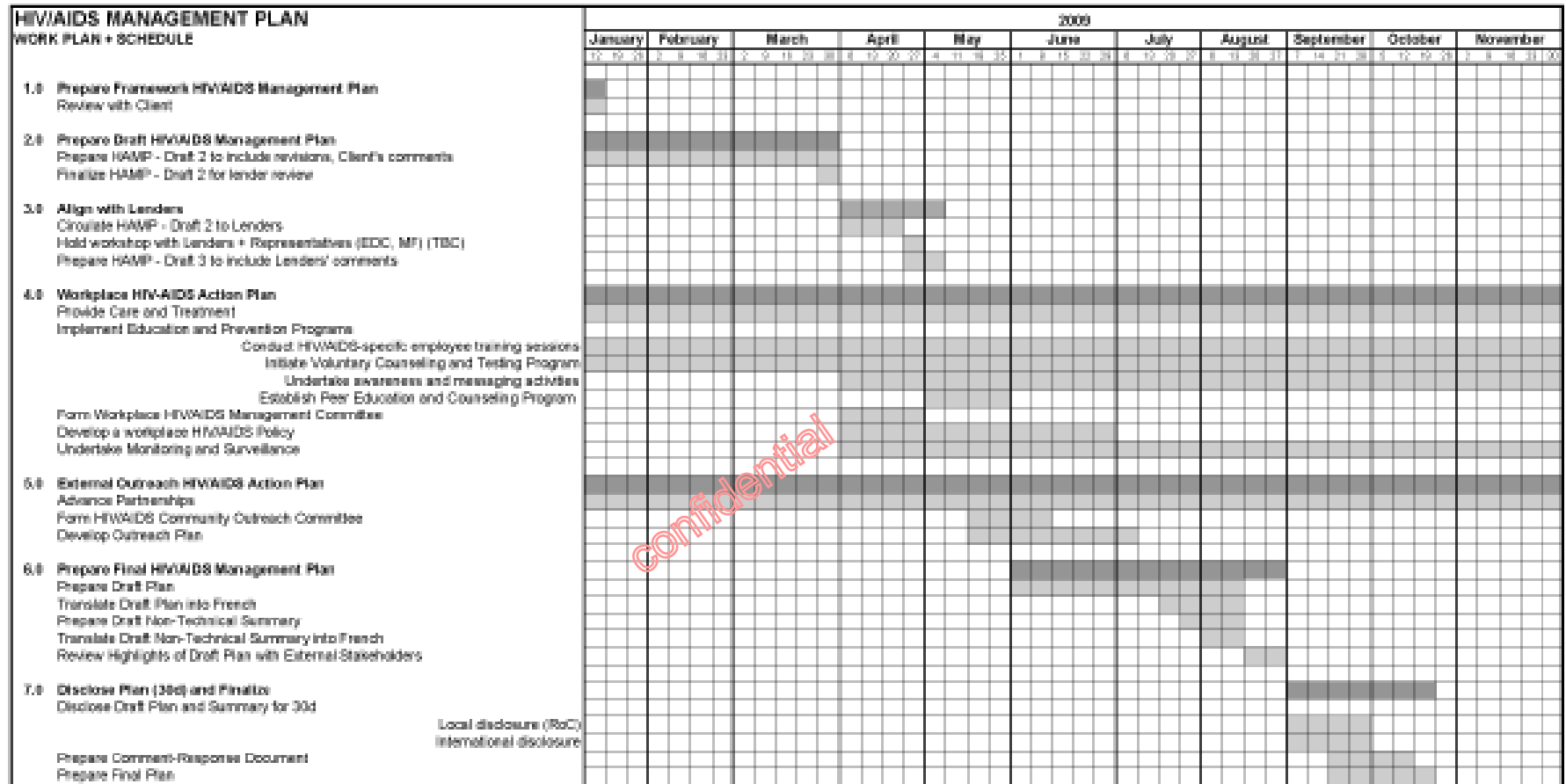
A more detailed work plan and schedule is provided in Figure 1.

### **6.2 Implementation Strategy**

Figure 1 above outlines key implementation activities in the months ahead, including:

1. Advance partnerships with locally-active NGOs and government agencies – ongoing;
2. Provide care and treatment to employees and their dependants – ongoing;
3. Implementation of Education and Prevention Programs – ongoing;
4. Form Workplace HIV/AIDS Management Committee -- April 2009;
5. Develop a workplace HIV/AIDS Policy -- April to June 2009;
6. Form HIV/AIDS Community Outreach Committee -- May to June 2009;
7. Develop Outreach Plan -- May to July 2009.

The Company will provide sufficient management sponsorship and human and financial resources on an on-going basis to ensure effective and continuous implementation.



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Figure 1 Work Plan – Schedule, HIV AIDS Management Plan.

The team required to advance this work includes a mix of Company staff and consultant staff, as follows:

1. Director of HSEC and Assistant Director General, both of whom are full-time expat employees, will participate in important engagement activities, and will provide strategic oversight of Plan elaboration;
2. Community Liaison Department Director, who is a full-time expat employee and responsible for overseeing implementation of the HAMP. He will be assisted by:
  - a. Human Resources Manager, who is a full-time expat employee;
  - b. Environment, Health and Safety Manager, who is a full-time expat employee;
  - c. Advisors, who are part-time expat consultants and responsible for strategic development and document review;
  - d. Community Liaison Officers (n=3), who are full-time local employees of the Company and responsible for assisting the Community Liaison Department Director with stakeholder engagement activities relating to the HAMP.

Additionally, education and support will be given to members of a given group (management and workers) to provide information and counseling to co-workers and influence behaviour change among their peers. Worker and management peer support groups and post-test support groups will be established.

An overall organizational chart for the social management plan team is presented in Figure 2.

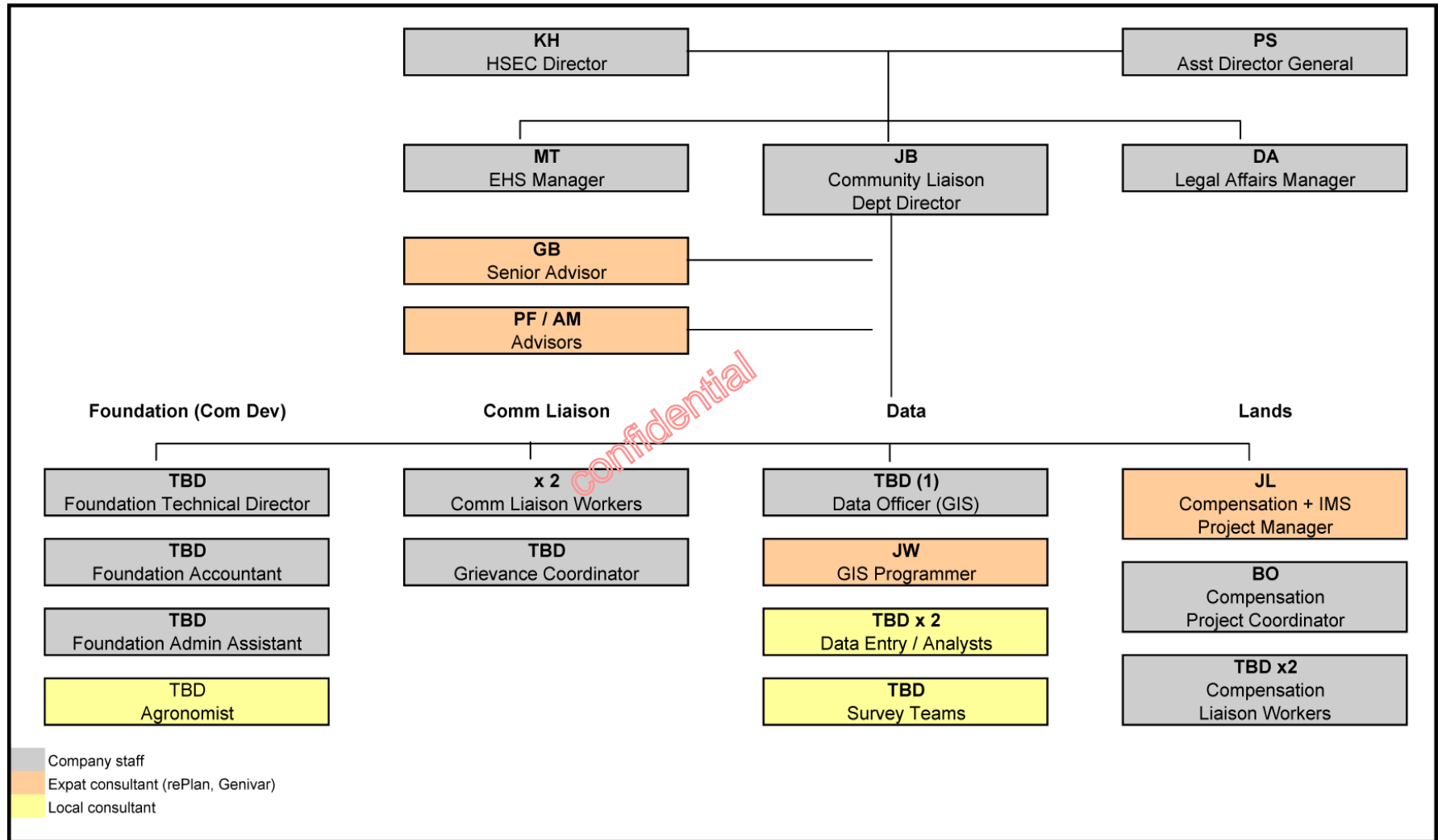


Figure 2 Organizational Chart.