



International  
Labour  
Organization

**Report of**

**National Stakeholders' Consultation  
On  
HIV/AIDS and the Construction Sector**

*25 November 2008, New Delhi*

**Organised by**

**International Labour Organization  
Subregional Office for South Asia, New Delhi  
With support from UNAIDS**

## INDEX

	Page No.
Introduction	3
Inauguration	4
Panel discussion on “Sharing of evidence and ongoing HIV/AIDS intervention among Construction Workers”.	8
Key Recommendations for Action by different stakeholders/models of intervention	13
Annexure 1: Agenda	16
Annexure 2: List of Participants	18

## I. Introduction

The National Stakeholders' Consultation on HIV/AIDS and the Construction Sector in India held organised on 25<sup>th</sup> November 2008, at Amaltas, India Habitat Centre, New Delhi. The consultation was organized by the Subregional Office for South Asia of the International Labour Organization (ILO) at New Delhi, with support from UNAIDS, under a joint UN project of UNDP, ILO, UNHCR and UNIFEM..

*The objectives of this National Stakeholders' Consultation were:*

- Discuss the vulnerability of workers engaged in the construction sector to STI/HIV and AIDS;
- Discuss strategic HIV/AIDS policy and programmatic interventions for construction workers and the role of various stakeholders;
- Provide a set of recommendations for policy and programme by different stakeholders (government, employers organizations/ industry associations, workers' organizations, private construction companies, NACO/SACS, UN agencies, NGOs etc.)

The **context** of the Consultation:

- The construction sector in urban areas is one of the fastest growing sectors, which attracts a large number of migrant workers from rural areas both within a state and between two states. In the working population of 400 million, around 93% of the workers are engaged in informal sector and an estimated 30 million people are working in the construction sector in India.
- There is enough global evidence on the vulnerability of construction workers to HIV/AIDS. An ILO Report in 2007<sup>1</sup> listed a number of work and lifestyle factors which expose workers to the risk of HIV infection. A number of them apply to construction workers, depending upon their working situations: high mobility, isolation and working in confined environments with limited contacts, very young adults or in sexually active age group, access to and ready availability of sex workers, and inadequate access to health services. A significant proportion of workers are migrants and prone to HIV infection.
- Often times, it not only the migrants who are at risk of acquiring HIV infection, they are most likely to carry the infection and pass on to others at their source communities and others along their migratory route.
- One of the key components of NACP-III is to reach out to mobile and migrant workers. The NACP-III focuses on developing interventions for high risk migrant men and women at the destination sites. It envisages partnership between the government, State AIDS Control Societies, NGOs, trade unions, industry associations, private sector, networks of people living with HIV, and international/UN agencies.
- Though construction tends to be predominantly a male occupation, there are significant numbers of women construction workers in some parts of the world. In India, there are more than one million female construction workers<sup>2</sup>, the majority of whom work in the informal construction economy. Women construction workers are especially vulnerable to harassment and violence on isolated sites. Where the work site is also their home, it is nearly always impossible for women workers to have any security or privacy.

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<sup>1</sup> Using the ILO Code of Practice on HVI/AIDS and world of work- Guidelines for the Construction sector Geneva- 2007

<sup>2</sup> Renana Jhabvala and Shalini Sinha, Liberalization and the Woman Worker, Self Employed Women Association (SEWA), <http://www.sewa.org>

- International Labour Organization (ILO) is the lead UN agency for HIV/AIDS Policy and Programmes in the World of Work. Its subregional office in New Delhi had conducted a stakeholders' consultation in Delhi in collaboration with ADB on promoting Decent Work in the construction sector in March 2005, which had also highlighted the need for addressing HIV/AIDS.
- The Ministry of Labour and Employment (MOLE) and ILO are making attempts to mobilize funds for HIV/AIDS interventions amongst informal sector workers. The Construction sector was included as a key sector in the MOLE's proposal to the Global fund for the round Eight.
- ILO is participating in a joint UN project led by UNDP & supported by UNAIDS on "Preparatory assistance for development of a programme on safe mobility and HIV. The project is to contribute towards the third phase of the National AIDS Control Programme (NACP III).

The consultation involved three sessions. In the inaugural, ILO presented the background/objectives of the consultation and made a technical presentation. Constituents shared their perspectives. The hallmark of the inaugural session was the voice of a construction worker living with HIV. He shared his life before and after the HIV infection and made a strong appeal to stakeholders to work towards protection of construction workers from illnesses such as HIV, end stigma and discrimination and improve working conditions. The second session involved presentation and discussion on evidence from research studies and experiences from the pilot and innovative interventions. The third session was an open discussion on the roles of different stakeholders on HIV/AIDS policy and programmes in the construction sector. This session resulted in voicing a set of recommendations for action by different stakeholders. The agenda is attached as annexure 1.

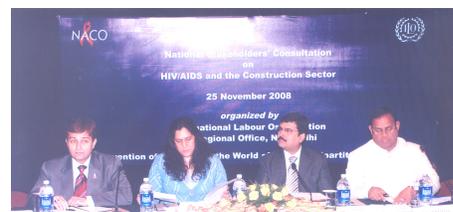
Participants in the consultation included representatives from the Ministry for Labour and Employment, state labour departments, National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS); employers' organizations/ relevant industry associations, workers organizations (particularly those engaged in construction), construction companies in the private and public sector, private builders, People living with HIV/AIDS, selected NGOs working in the construction sector and UN/bilateral agencies. The list of participants is attached as Annex 2.

## II. Inauguration

The inauguration session had an address and presentations from ILO and the tripartite partners. This session provided background to the consultation and broad outline for further deliberations. The address by a Person Living with HIV (PLHIV) from the construction sector provided a very strong message to the delegates and helped to see HIV/AIDS from a very close distance and consider it's relevant to their work. The details of the addresses and presentation are provided below.

**Ms Leyla Tegmo Reddy**, Director, ILO Subregional Office welcomed the participants and set the tone for the Consultation. Expressing why ILO is organizing this meeting she told that "the National AIDS Control Programme (NACO), now in its third phase, accords high priority to reaching out to mobile and migrant workers. ILO was organizing this consultation as part of a joint UN programme, supported by UNAIDS, to provide technical assistance to the National AIDS Control Organization in the area of safe mobility and HIV. ILO is committed to work with the constituents on HIV/AIDS as part of social protection measures under the overall goal of decent work".

*Prevention of HIV/AIDS in the World of Work: A Tripartite Response*



*Ms. Leyla Tegmo-Reddy welcoming participants*

Ms. Reddy highlighted that as the lead UN agency for HIV/AIDS policy and programme in the world of work and private sector mobilization, ILO had taken a number of initiatives:

- ILO has developed Guidelines for the construction sector in 2007 on applying the ILO code of practice on HIV/AIDS and the world of work.
- The ILO's India HIV/AIDS project collaborated with the Mumbai District AIDS Control Society (MDACS) and provided technical assistance to a trade union, Nirman Mazdoor Sanghatan (NMS) to conduct HIV/AIDS awareness programmes among the construction workers and their families in Mumbai.
- ILO is assisting the Ministry of Labour and Employment, employers and workers organizations to mobilize additional resources for expanding HIV interventions amongst informal sector workers, and work in the construction sector is an integral part of this effort.

**Mr. Syed Mohammad Afsar**, Technical Specialist and National Project Coordinator, HIV/AIDS, deliberating on the rationale and the objectives of this consultation said that “There is enough evidence regarding vulnerability of construction workers to HIV. The sector engages huge number of migrant workers. The National AIDS programme has a very important component of reaching out to mobile and migrant workers. In the background of the present economic crisis, which is seeing lay-offs of workers, it is all the more important to pay attention to construction workers. The situation may exacerbate the vulnerability of construction workers, particularly women to HIV infection”.

Elaborating on why the issue of HIV/AIDS had to be addressed by the enterprises and the workers organizations, Mr. Afsar explained that as a result of HIV/AIDS productivity fell, profits were reduced due to loss in skill, experience and income. Therefore, work place interventions (WPI) were extremely important as they formed a bridge between high risk groups and the general populations. Such Programmes could help to arrest the spread of the epidemic and reach out to the clients of sex workers. The multiplier effect (worker-family-community) of the WPI also had the potential to reduce the stigma and discrimination attached to HIV/AIDS. Workplace Interventions also provide a good entry point for developing public-private partnerships. Besides, a WPI makes a care and support programme more meaningful.

Mr. Afsar explained that the **vulnerability** of construction workers to HIV was due to mainly:

- High mobility of workers as they frequently move from one site
- Majority of the migrants staying away from families
- Presence of young and sexually active adults that constitute most of the worker population
- Easy access to paid sex
- Low or no protective measures practiced for making sexual practices safer, and
- Harassment and violence experienced by the women workers especially, in isolated sites.

NACO in 2007 estimated that the prevalence of HIV among migrants was 3.6%, which was more than 2.6% among the clearly identified high risk group of truckers.

Mr Afsar quoted evidences from difference studies that indicated vulnerability of construction workers to HIV infection. In **Vietnam**, where the Population Council conducted a study in Ho Chi Minh City,

which focussed on construction workers who were migrants from the countryside. It found that a typical construction worker was young, single, male, had low education and lived in the city for less than a year.

Another study in **Ghana** showed that the prevalence of HIV infection was 5-10 percent higher in the district of Akosombo hydroelectric dam construction site, than in the neighbouring districts.

The South Africa Journal of Economics, 2002 examined the economic impact of HIV on the construction sector. It stated that the direct and indirect costs of HIV/AIDS for construction companies could be in the range of 4.5 and 7.9 percent of the labour costs. A **UNDP study** in India showed that the heaviest HIV related loss in value added - i.e. of 23.08 % occurred in the construction sector, the third-most unskilled labour intensive sector in India.

Mr Afsar ended his presentation by thanking the stakeholders for their taking time and participation in the consultation and hoped that the consultation would result in fruitful discussions and make some practical suggestions.

**Mr Khurshid Alam Baig**, a construction worker from Nirman Mazdoor Sanghtan, Mumbai, who is living with HIV, shared his life experiences with the participants. He was invited to share his views in the consultation, and Nirman Mazdoor Sanghathana, a trade union working in Maharashtra, facilitated his participation in this meeting on the request of ILO. Mr. Baig, 35 years of age, is a plumber, who migrated to Mumbai from Kanpur in Uttar Pradesh some 20 years ago. He was diagnosed with HIV around eight years ago. He fought against all odds, faced loss of income due to sickness and struggled a lot. At present, he is on anti-retroviral treatment after which his health had improved considerably and he is able to work. He said he is even able to lift heavy pipes that are part of his plumbing job. He is able to take care of his family that includes two children. Mr. Khurshid made an appeal to everyone present that HIV positive people have the right to work and should be allowed to have gainful employment without any stigma or discrimination of any type.

*“I am living with HIV for the last 8 years. I came to Mumbai some 20 years ago, and worked as a plumber. Thanks to Anti Retro Viral Treatment (ART), I am back to work. I don’t want my colleagues to face what I did... stigma and discrimination we face needs to be eliminated”- Voice of Khursheed Alam, a 35 year old construction worker from Mumbai*

**Mr RC Kuntia**, National Vice President of Indian National Trade Union Congress (INTUC) and President of Indian National Building, Construction, Forest & Wood Workers’ Federation (INBCWF) and Member of Rajya Sabha began his statement by thanking Ms. Leyla Tegmo Reddy and ILO for inviting him for the consultation. He appreciated Mr. Khurshid’s courage that he took the courage to share his HIV status openly. He said that not only HIV but occupational safety and health were also important issues that are closely linked with construction workers that required to be discussed. He mentioned that there had earlier been a joint consultation on occupational safety and health by ILO, future action on which needed to be taken.



*Mr. R. C. Khuntia addressing participants*

According to Mr Kuntia, the construction migrant workers were definitely affected by HIV/AIDS but the number is never known. Due to stigma and discrimination, very few people come forward and accept

their status. Families are afraid, and talking about HIV/AIDS is either suppressed or denied. Both the employer and employees need to be sensitized and educated so that they become aware of HIV/AIDS and implement non-discriminatory steps. In this context, it is important that all parties come together and work towards the common cause.

Highlighting a major challenge in the construction sector, Mr. Kuntia pointed out that it is difficult to identify who was the employer. There is a chain of contractors and sub-contractors and it is difficult to pin responsibility on them as the employer was often only a labour supplier in the long chain. Another question that had to be asked was whether the employer had the capability to provide compensation, if needed.

The plight of migrant workers multiplies as they are not covered by ESIC or the social security benefits given by the government, though Mr. Kuntia shared that the current Labour Minister has promised that Construction workers would be soon covered under the social security net.

Mr. Kuntia's other recommendations were to:

- Conduct annual general health check up for all workers;
- Cover all construction workers within the existing social security net;
- Form a joint committee of employers and employees to consider the needs of construction workers;
- Print and disseminate HIV documents and material in the regional/local language;
- Provide family counselling and create awareness among workers' families; and
- Play a proactive role in spreading awareness (by ILO) as a mother organization.

**Mr. Vikas**, Director, Ministry of Labour and Employment (MOLE) gave mentioned that the MOLE and ILO have been working together on HIV for a long time. The Indian construction sector is one of the largest employers. Stressing the importance of Corporate Social Responsibility, Mr. Vikas cited the encouraging examples from companies like Hindustan Construction Company and Omaxe that have expressed their responsibility with regard to HIV/AIDS and started awareness programmes for the workers in their construction sites. He said that the Government of India wanted companies to take care of their workers from the view point of long term investment. The Government had also told companies to make provision for civic amenities such as drinking water and health check-ups for its employees.



The MOLE could reach out to a large number of workers through its key trade unions and employers' organizations. He shared that the Ministry is also participating in the discussions on this issues with other SAARC countries. The ministry will support more action as per the Building and Construction Sector Act 1996. He concluded his address by saying that ILO is playing an important role by offering technical assistance to the ministry and constituents.

### III. Panel discussion on “Sharing of evidence and ongoing HIV/AIDS intervention among Construction Workers”

The panel discussion began with the presentations on two studies followed by sharing experiences of implementing HIV/AIDS interventions by the employers and trade unions. This was followed by open discussion, question and answer that provided more details and clarifications. The session was moderated by Mr. Afsar. Following are the details on the presentation and discussions.

**Dr Shankar Talwar**, consultant ILO made the first presentation on evidences of vulnerability of migrant workers in the construction sector. He had assisted ILO in conducting the study ‘*Rapid assessment among migrant workers in construction sector on HIV/AIDS risk and vulnerability in Raigadh district of Maharashtra*’



Dr. Shankar Talwar, presenting vulnerability of migrant workers

The **objectives** of the assessment were to conduct a mapping exercise to identify potential sites of migrant construction workers; carry out a knowledge, attitude, behaviour and practice (KABP) study to assess the level of risk for HIV infection among the migrants at the potential intervention sites; and to conduct a stakeholder analysis at the identified sites to assess their role in reducing HIV risk among the migrant construction workers. The mapping information for the ILO’s Rapid Assessment study was gathered from 85 locations from which 15 locations were selected for data collection under the KABP study. Two-thirds of the migrants surveyed were men and the rest one-third were women.

Key findings of the study were presented as:

- Majority of the construction workers were from the states of Maharashtra (51%); Uttar Pradesh (14%); and Karnataka (12%)
- About one third lived away from their families; highest at construction sites (67%) compared to *Bastis and Nakas*<sup>3</sup> (22%)
- Presence of substantial number of single male construction workers; high alcohol consumption, some amount of drug use was observed in these sites
- Presence of sex workers in around 2/3<sup>rd</sup> of the construction worker sites was reported
- 25% workers reported casual sex with non regular partners mostly sex workers
- 25% workers did not use condom while having casual sex
- Women construction workers reported to work as part-time sex workers in one-tenth of the locations
- Poor knowledge of HIV transmission, prevention methods, and STI symptoms was recorded
- With regard to HIV related services, it was found that among a dozen NGOs/CBOs operating in the area, very few provided HIV related services and condoms were available only in less than half of them.
- Workers in only about one-tenth of the locations knew about VCT services
- About half of the workers did not express positive attitude towards HIV positive co-workers
- High risk sexual behaviour and relatively low consistent condom use was evident
- All the stakeholders associated with construction workers need to be involved in HIV/AIDS prevention, care and support activities.

<sup>3</sup> Bastis are residential clusters and Nakas are labour markets where the construction workers gather for seeking job/work.

The second presentation was made by **Mr Ravi Subbiah**, Team Leader of Workplace Programme, PSI-Connect project. Mr Ravi shared the findings from the assessment study on 'HIV risk in the construction sector' done by PSI-Connect in the state of Karnataka. The aim of PSI-Connect project was to build value added models of Public-Private Partnerships for fight against HIV/AIDS and Tuberculosis which could be adopted and adapted by Government and non-government agencies.

The strategies devised by Connect Project were as follows:

- Building public private partnership models of motivating at-risk workers to adopt safer health practices in HIV/AIDS & Tuberculosis
- Mobilize increased engagement of the insurance sector in HIV/AIDS mitigation in line with NACP III
- Develop models for the prevention of parent to child transmission of HIV/AIDS in the private medical sector
- Strengthen the system for scale up and transition of successful PPP approaches in HIV/AIDS and TB programs

Mr. Subbiah shared that Connect project carried out a systematic survey which included a rapid assessment of the level of risk of HIV in the prioritized sectors and districts in Karnataka and Andhra Pradesh and conducted a consultation with the key stakeholders. According to the survey the most at risk industrial sectors were that of construction/infrastructure, garment, fishing, sugarcane and iron mining.

The **key findings** for the construction industry were as follows:

- 26% of the construction workers indulge in sex with female sex workers
- 22% of the construction workers had multiple sex partners
- 72% of the construction workers used condoms with the female sex workers
- 87% of the construction workers did not know about STI symptoms

Mr. Subbiah also shared that the project execution practice of the construction/infrastructure industry follows a system of contracting and subcontracting, as a result the management doesn't have any direct link with the labourers/workers. He pointed out that various interventions were carried towards implementing the recommendations of the survey which included motivating workers for safer health practices including counselling, offering mobile testing, programme on consistent condom usage and improving access to public and private health service providers, besides mobilizing key stakeholders. While doing so many challenges were faced such as the fluctuating size of workers on day to day basis at the construction site; getting cooperation of builders and construction companies and the social stigma surrounding the issue of HIV/AIDS.

**Recommendations and actions** provided by Mr Subbiah were:

- Involve existing health care centres both public and private in the AIDS awareness camps
- Organize street plays regularly at the workers' residential colonies
- Create HIV/AIDS awareness through the peer groups of construction workers
- Combine HIV/AIDS awareness along with other health related issues such as TB and malaria
- Involve educational bodies and NGO's to provide primary education to the children of these construction workers.

The discussion that took place after the presentations of Mr. Subbiah and Dr. Shankar Talwar revolved around issues of female condom availability and access to them by female sex workers; the important distinction between risks and vulnerability factors that needed to be taken into account; exploitation of female construction workers and the need for specific interventions to address their vulnerability; the vulnerability to HIV/AIDS of construction workers who were also injecting drug users or alcoholics; and the ways and means to motivate employers for a HIV/AIDS workplace intervention.

### **Sharing of experiences from OMAXE-Maitri Project by General Bhupinder Singh and Dr Bhavna Gulati**

General Bhupinder Singh began by sharing that Maitri (a non-governmental organization) began a primary health care project called **Sanjeevani** which has a strong emphasis on HIV, STI, Tuberculosis (TB), and HIV prevention and care and support. Maitri is implementing this project in partnership with the Harvard University and AIDS Healthcare Foundation (AHF). Project Sanjeevani is part of OMAXE's Corporate Social Responsibility.



According to Dr. Bhavna, Project Coordinator, Sanjeevani provides an opportunity for an integrated HIV response. The aim was to develop and implement an intervention programme to address TB, HIV and AIDS prevention amongst construction workers who are part of different construction projects of OMAXE.

Dr. Bhavna further explained that:

- The target population of this project at the 10 construction sites is 12,000 migrant workers along with their families.
- Of the total population of workers and their families on the sites, 64% are men, 23% are women and 13% are children.
- More than 55% of the workers were migrants from Chattisgarh and nearly 23% were Bihar. There are also workers from Jharkhand, Uttar Pradesh, Orissa, West Bengal and Madhya Pradesh.
- About 80% of the workers from Chattisgarh are from Bilaspur District

Dr. Bhavna shared the key project components which included Information, Education and Communication on HIV and TB; prevention and support activities for opportunistic infections, post-exposure prophylaxis; peer educators and condom promotion. The methods of intervention adopted in the project included staff training, training and supporting volunteer peer leaders who were looked at as social capital, organizing community meetings and provision of health care services including voluntary testing and treatment. Using a phased approach, the project has started working at few selected sites and will increase the coverage gradually. Sensitization and engagement with contracting companies was undertaken. ;

Some of the **recommendations** and suggestions made by Dr. Bhavna Gulati include:

- Target both the source and destination points of the workers
- Build and strengthen the Volunteer Peer Leaders' capacities periodically
- Undertake advocacy with the industry for allocating funds towards health and welfare of workers.

Questions/Discussions points with Dr. Bhavna and General Bhupinder revolved around sexual behaviour of the wives of workers, timing and duration of the intervention as the Omaxe presentation had explained that HIV intervention was possible only for a short period during lunch break. Other participants expressed that the HIV sessions could be taken outside lunch and rest hours and management should be supportive to organize the sessions during working hours for which necessary advocacy need to happen. There was unanimous recommendation that the engagement with workers should include infotainment format with inclusion of various folk entertainment forms of communication to provide information and education.

Sharing of experience from **Delhi Metro migrant worker's Project** by **Dr P.C Bhatnagar**, Director Community Health, VHAI and **Mr Devendra Gill**, DGM-Safety DMRC

Mr. Devendra Gill began his presentation on *Implementation of the programme for the Mitigation of HIV/AIDS risks in respect of Migrant Workers under Delhi Metro Rail Transport System (DMRTS) Project* by emphasizing that the DMRC has recognized HIV/AIDS as a developmental challenge and realized the need to respond to it by implementing regular HIV/AIDS prevention programme and creating a non-discriminatory work environment for workers living with HIV if any engaged by the contractors.

He elaborated that the objectives of the DMRC'S HIV/AIDS intervention project was to implement the information, education and communication campaign among the migrant workers engaged in the DMRTS Project so as to bring about a change in knowledge, attitude and practices of migrant workers leading to reduced vulnerability to HIV/AIDS among them and create a stigma and discrimination free working environment.



*Mr. Devendra Gill, DMRC & Dr. P. C. Bhatnagar, VHAI making presentation*

Providing further details Dr. Bhatnagar explained that the duration of the contract with VHAI for project implementation is 24 months and an interesting aspect of this project was that the DMRC has made participation of contractors in HIV/AIDS activities mandatory in the Conditions of Contract on Safety, Health and Environment (SHE) under the clause "HIV/AIDS prevention and Control". Therefore, it facilitated the workers to attend the awareness sessions.

Dr. Bhatnagar provided further details on the **Awareness Campaign for Mitigation of HIV/AIDS Risks under the Delhi Mass Rapid Transport System Project**. He explained that the project strategy included setting up of a project advisory committee; sensitization of Safety Officers; identification and training of peer educators; development of a communication strategy and education materials; implementation of an awareness campaign by organising activities such as street theatre, film shows and group meetings. Dr. Bhatnagar said that so far the Project had sensitized 1,900 workers through this program. The project strategies and activities were designed based on the need assessment study.

The **recommendations** given after the study included:

- On basis of the research, it was felt that an information, education and communication package specially designed for the migrant workers under the project would be an effective strategy.
- Support from top management was essential for the success of any workplace intervention in the construction sector

- A good practice of this project was that HIV/AIDS awareness programmes took place during the shift change of the workers. The ILO card game was appreciated as it proved to be very useful in this setting.

Sharing of experiences of **Nirman Nirman Mazdoor Sangathan (NMS), a Maharashtra trade union by Mr Madhukant Patharia, President, NMS**

Mr. Patharia spoke about the experiences of NMS which has been actively working on HIV/AIDS interventions among the construction sector workers. He explained that there are about 20 lakh construction workers in Maharashtra whose contribution to the GDP of the country is significant one, yet they don't have any government sponsored social security coverage. The NMS is working in five districts of Maharashtra and has a membership of about 25,000 workers, of which around 50% are women. Earlier, NMS had collaborated with the Mumbai District AIDS Control Society (MDACS) to implement a peer education driven HIV/AIDS awareness programme among construction workers in Mumbai city. ILO had provided technical support for this project. Based on this past experience of implementing HIV/AIDS programme, NMS has approached ILO to support a comprehensive intervention in Panvel Taluka of Raigadh district. Mr Patharia expressed that the NMS intervention in Panvel will be helpful for the State AIDS Control Societies (SACS) to understand the potentials and advantages of a trade union led intervention and thereby help develop a Trade Union model for HIV/AIDS intervention among the migrant construction workers.

Mr. Patharia went on to share some of the **objectives/guiding principles** of the Union with regard to HIV/AIDS:

- Undertake HIV/AIDS intervention through a rights' based approach.
- Undertake effective campaign against the stigma and discrimination associated with HIV/AIDS
- Sensitize all people right from the grassroots to state committees, wherein workers' rights are reinforced at all levels. The presence of women members should be made compulsory in committees at all levels.
- Encourage participatory leadership which will create a sense of ownership at every level trade union organization.

Mr. Patharia ended his presentation with stating the achievements of the NMS which included:

- 25 people living with HIV have been provided with referral services by MDACS (Mumbai District State AIDS Control Society)
- 40,000 workers have been made aware of HIV/AIDS
- 80 students (children of construction workers) provided scholarships
- 6,000 workers provided insurance policies (LIC'S)
- Innovative communication techniques like street plays, community radio, peoples' questioning through camera, such as *prashnamanjusa* (a form of quiz) used to spread HIV/AIDS awareness.
- Peer educators trained and certified by the Unions to work with other workers
- Support provided to workers living with HIV through lobbying with the local leaders and legislators.

## IV. Key Recommendations for Action by different stakeholders/models of intervention

In the last session of the consultation, Mr S.M. Afsar facilitated a group discussion to elicit inputs from all the participants on what different workable recommendations and intervention strategies can be considered in the context of HIV/AIDS prevention, care and support in the construction sector. Participants provided a range of recommendations, which were grouped under Government, NACO/ State AIDS control societies, ILO and its social partners. Inputs were also gathered on best practices that would go into the making of an effective HIV/AIDS intervention strategy with regard to the construction sector. The stakeholder-specific recommendations are as follows:



*Participants making recommendations*

### A. Recommendations for the Government:

- Undertake measures for effective implementation of Building, Construction and other workers welfare boards in all states. Within this, a percentage of funds could be reserved for HIV/AIDS interventions.
- Cover all construction workers within already existing social security net including insurance.
- A tripartite approach in HIV interventions bringing government, employers and unions together will be effective. Therefore, set up tripartite committees and make them functional with proper follow-up plans and periodic review of the progress.
- Include treatment for HIV/AIDS in the Rashtriya Swasthya Bima Yojana (RSBY); HIV/AIDS should be removed from the list of exclusions in RSBY.
- Advocate with large construction companies/builders associations/contractors so that they provide support and allow to conduct HIV/AIDS sessions during the working time.
- HIV positive people should be given space in the Below Poverty Line List in order to get basic amenities and support from the existing schemes and programmes.
- PLHIV should also be provided food security.
- HIV positive couples should get adoption rights and the education of children living and affected by HIV should be free.

### B. Recommendations for NACO/State AIDS Control Society (SACS)

- There is a need to look into NACO guidelines for migrant workers as not only the single male migrants are vulnerable but also to include vulnerable and at risk married migrant workers as well as women
- Some key hot spots of large migration sending villages/cities should also be mapped and intervention should be undertaken at source as well, in addition to the destination as given in the NACO guidelines.
- Specific operational guidelines for implementation by trade unions amongst construction sector and other sectors that engage large number of migrants should be developed.
- Undertake advocacy with large companies/contractors/associations of builders to ensure that their support is taken in the programme.

- NACO should work more closely with labour welfare boards and trade unions for effectively addressing the HIV/AIDS vulnerability among migrant workers.

### **C. Specific Recommendations for ILO**

- Undertake advocacy with MOLE/NACO for strengthening HIV/AIDS policy and programmes for construction workers.
- Support some projects of trade unions, build their capacity and demonstrate action. The model of Nirman Mazdoor Sanghathan, supported by ILO as a learning site intervention was welcomed by all. ILO should disseminate this model and encourage many other trade unions to work among the construction sector workers.
- ILO should continue to offer technical assistance to construction companies, like they are doing for Delhi Metro and along with MOLE/employers' organizations and NACO upscale this approach. An interesting aspect of the DMRC Project was that the DMRC has made participation of contractors in HIV/AIDS activities mandatory in the Conditions of Contract on Safety, Health and Environment (SHE) under the clause "HIV/AIDS prevention and Control". Therefore, it became compulsory for the workers to attend the subsequent HIV/AIDS awareness sessions during working hours.
- ILO should conduct more studies to gather evidence of vulnerability, particularly of women workers, as well as HIV related stigma and discrimination.

### **C. Other recommendations:**

- Advocacy with industry for allocating percentage of total budget towards health and welfare of workers.
- Ensuring engagement with the insurance sector to support HIV/AIDS mitigation in line with the third phase of the National AIDS Control Programme.
- Include large stakeholders, especially certain project owning entities like NTPC, BHEL or other sector specific large organizations. A mechanism should be devised which would include the creation of a joint committee of employers and employees.
- Sensitization and involvement of contracting and building companies/local contractors was essential. It needed to be emphasized that HIV is a health issue for the benefit of workers. In this regard, it was noteworthy that the Builders Association had supported the HIV/AIDS work of the NMS in Maharashtra.
- Create models of public private partnerships for working with migrant workers to help them adopt safer health.
- Creating and sharing a database of stakeholders who could be kept connected through the creation of an e-group forum wherein they could discuss all issues, concerns regarding this sector.
- Mainstream HIV/AIDS in CIDC training courses: Worker Training and Certification courses: An E-Card mechanism whereby a worker could be tracked through an e-card could also be explored.

## **Recommendations on successful Strategy Components**

- A thorough rapid assessment is essential while planning an HIV intervention. Proper mapping of sites/ clusters of construction workers, factors of risk and vulnerability, list of local stakeholders are essential.
- Sensitization of local stakeholders is a critical step and the contribution of builders/contractors/government etc. needs to be discussed with them.
- Creating HIV / AIDS awareness through trained peer groups of construction workers is effective and interactive tools for creating awareness such as the ILO card game should be developed in local language.
- Efforts should be made to provide family counselling and creating awareness among workers' families also.
- Mapping of existing services for STI treatment, ICTC, ART should be done and included by name and address in the proposal. A joint orientation to the project teams with the team of service providers should be organized to ensure effective referral systems.
- Gender issues had to be taken into account. Participants emphasized that there was a need to work with women construction workers as they were around 30% of the total migrant population.
- A holistic approach should be adopted. In addition to HIV/AIDS, issues of OSH, and TB should also be covered.
- Linkages with other organizations like NGOs providing education should be ensured so that the family of workers gets the benefit.
- Encourage participatory leadership which will create a sense of ownership at every level.



## ANNEXURE-1

**National Stakeholders' Consultation  
On  
HIV/AIDS and the Construction Sector  
Organized by  
ILO**

**Prevention of HIV/AIDS in the World of Work: A Tripartite Response  
25 November 2008, Amaltas, India Habitat Center, New Delhi**

### AGENDA

- |                  |  |
|------------------|--|
| 9:30 AM          | Registration   |
| 10:00-10:20AM    | Welcome Address by Ms Leyla Tegmo Reddy, Director, ILO Subregional office, New Delhi   |
| 10.20 -10. 35 AM | HIV/AIDS and the Construction sector- The rationale and objectives of consultation by Mr. S. Mohammad Afsar, ILO   |
| 10:35 – 10.50 AM | Sharing perspective of a construction worker living with HIV   |
| 10:50 – 11:10 AM | Address by Mr R C Khuntia, National Vice President-Indian National Trade Union Congress (INTUC) and President – Indian National Building, Construction, Forest & Wood Workers' Federation (INBCWF)   |
| 11.10- 11.25 AM  | Address by the Chief Guest Mr S. K. Srivastava, Joint Secretary, MOL&E   |
| 11.25- 11.30 AM  | Vote of Thanks   |
| 11.30 – 11.45    | Tea/Coffee Break   |
| 11.45- 1.15 PM   | <b>Sharing of evidence and ongoing HIV/AIDS interventions among construction workers Panel discussion</b> <ul style="list-style-type: none"><li>- Evidences of vulnerability – Findings from an ILO study by Dr Shankar Talwar, Consultant, ILO</li><li>- Sharing of experiences of Nirman Mazdoor Sanghthna, a Maharashtra trade union by Mr Madhukant Patharia, President, NMS</li><li>- Sharing of experiences from OMAXE - Maitri project by Ms Bhavna Gulati and Mr Bhopider Singh, Maitri</li><li>- Sharing of experience from Delhi Metro migrant worker's project, Dr P C Bhatnagar, Director – Community Health, VHAI</li></ul> |

**Open discussion, moderated by ILO/NACO/MOLE**

1:15-2 PM

**Lunch**

2:00 – 3.00

Roles of different stakeholders in reaching out to the construction sector – Group discussions and Presentations

3.00- 3.30

summing up the key recommendations for action by different stakeholders/models of interventions

3:30 – 3:45

Vote of thanks and closing, followed by tea/coffee

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## ANNEXURE-II

### List of participants for the consultation meeting with the stakeholders in the construction sector:

1.	Mr. Vikas Director <b>Ministry of Labour &amp; Employment</b> Government of India Shram Shakti Bhavan, Rafi Marg, New Delhi 110 001 Ph: 23710178
2.	Ms. Indrani Gupta Under Secretary <b>Ministry of Labour &amp; Employment</b> Government of India Shram Shakti Bhavan, Rafi Marg, New Delhi 110 001 Ph: 23710178
3.	Dr. Ruma Ghosh Fellow <b>V.V. Giri National Labour Institute</b> Post Box No. 68 Sector 24 NOIDA 201 301 Distt.-Gautam Budh Nagar (U.P.) Ph: 951202411474
4.	Dr. Anjana Palve Team Leader (Mainstreaming) Technical Support Unit – Maharashtra & Goa <b>AVERT Society, Acworth Complex</b> R.A. Kidwai Marg, Wadala (West) Ph: 022-24164510 Mobile:9821414179
5.	Dr. Rajrattan Lokhande Program Officer- Work Place Intervention <b>AVERT Society, Acworth Complex</b> R.A. Kidwai Marg, Wadala (West) Ph: 022-24164510 Mobile:9821414179

6.	<p>Mr. Sangita Dasgupta  Team Leader, Mainstreaming  <b>TSU Delhi &amp; Haryana State AIDS Control Society</b>  A-1, Saraswati Vihar,  Below Reebok Showroom, Outer Ring Road  Pitampura, Delhi – 88,  Ph: 47554402, Mobile:09899023831</p>
7.	<p>Mr. Devendra Gill  Dy General Manager – Safety  <b>Delhi Metro Rail Corporation LTD.</b>  NBCC Place, Bhishma Pitamah Marg  Pragati Vihar  New Delhi – 11003  Tel: 011-24365202/04  Fax: 011-24365370</p>
8.	<p>Mr. V. Arya  <b>Construction Workers’ Welfare Board, Delhi</b>  Office of Labour Commissioner  Government of NCT of Delhi  5 Sham Nath Marg  Delhi 110054  # 23967495, 23978449</p>
9.	<p>Mr. Bhupinder Singh  Director  <b>OMAXE Foundation</b>  Omaxe House,  7 , Local Shopping Centre, Kalkaji,  New Delhi-110019  4189-6680  Tel: 011-46066333  Fax: 011-41896653</p>
10.	<p>Mr H S Pasricha  Chairperson  <b>Builders’ Association of India, Delhi Centre</b>  Delhi Office  203, Ashirwad Complex, D-1 Green Park,  New Delhi 110016.  Tel: 011-26568763, 32573257  Fax: 011-26568763</p>
11.	<p>Mr. Mohd Shadab  Assistant Director  <b>FICCI</b>  Federation House, Tansen Marg</p>

	New Delhi – 110001, Ph: 23753118/23738760 Fax: 23320714
12.	Mr. R. K. Bhardwaj National Secretary <b>Laghu Udyog Bharti</b> 1-E/11, Jhandewalan Ext. Swami Ram Tirath Nagar, New Delhi – 0 055, Fax - 3526669
13.	Ms. Ramneek Ahuja <b>Confederation of Indian Industry</b> 23, Institutional Area Lodi Road, New Delhi 1100003 Ph: 2460118
14.	Mr. M. G. Verma <b>ASSOCHAM</b> 1, Community Centre Zamrudpur, Kailash Colony New Delhi 110048, Ph: 46550555
15.	Mr. Girish Awasthi <b>BMS</b> Ram Naresh Bhawan Tilak Gali, Pahar Ganj New Delhi 110 055 Ph: 23562654
16.	Mr. Rishipal Singh Organisation Secretary <b>BMS</b> Ram Naresh Bhawan Tilak Gali, Pahar Ganj New Delhi 110001
17.	Mr. P. J. Raju Secretary <b>INTUC</b> Shramik Kendra 4, Bhai Veer Singh Marg New Delhi 110 002 Ph: 23747767
18.	Mr. S. N. Thakur <b>All India Trade Union Congress (AITUC)</b> 35-36, Deen Dayal Upadhyaya Marg Rouse Avenue New Delhi – 110 002 Ph: 23217320

19.	Ms. Payal Goswami <b>HMS</b> 120, Babar Road New Delhi Ph: 23413519
20.	Mr. A.D. Nagpal Secretary <b>HMS</b> 120 Babar Road New Delhi Ph: 23413519
21.	Sh. C. U. Prasad Tiwari General Secretary <b>Trade Union Coordination Center (TUCC)</b> 28 Gurudwara Rakab Ganj Road New Delhi 110 001 Tel: 011 – 23714131, 094330313431
22.	Mr Rama Chandra Khuntia President <b>Indian National Building, Construction, Forest and Wood Workers’ Federation</b> Quarter No. 5, RF 1, Unit 3 M. G Road, Bhuaneshwar 751001 Orissa
23.	Mr. Amjad Hassan General Secretary <b>Delhi Asangthit Nirman Mazdoor Union</b> 1996/5, Pilanji, Kotlamubarakpur New Delhi 110003 Ph: 9868366532 9868157860
24.	Mr. Kingshuk Mukherji Treasurer <b>INBCWF</b> RZA-9, UG1 Old Som Bazar Gali, Mahavir Enclave New Delhi 45 Ph: 9810136962
25.	Mr Subhash Bhatnagar Secretary <b>Nirman Mazdoor Panchayat Sangam</b> B-19, Subhavna Niketan Pitampura, Delhi 1100034 Tel: 2785 9158, 9810810365
26.	Mr R Singaravelu President

	<p><b>Construction Workers' Federation of India</b>  C/o Tamilnadu State Committee of CITU  13 Mosque Street, Chepauk  Chennai 600 005.</p>
27.	<p>Sh. Madhukant Pataria,  President  <b>Nirman Mazdoor Sanghatana (NMS)</b>  Murar Baug, B.G Tiwari Chawl  Behind Daria Kinara Hotel  Kalyan West  Thane - 421 305  Tel: 0251-6572447, (M: 09869110578)</p>
28.	<p>Mr. Vinod C. Bhatt  Project Coordinator  <b>Nirman Mazdoor Sanghatana (NMS)</b>  Murar Baug, B.G Tiwari Chawl  Behind Daria Kinara Hotel  Kalyan West  Thane - 421 305  Tel: 0251-6572447</p>
29.	<p>Mr. Khurshid A. Baig  <b>Nirman Mazdoor Sanghatana (NMS)</b>  Murar Baug, B.G Tiwari Chawl  Behind Daria Kinara Hotel  Kalyan West  Thane - 421 305  Tel: 0251-6572447</p>
30.	<p>Dr. Bhawna Gulati  <b>Maitri</b>  J-92 Anant Ram Dairy Complex,  Sector 13, R.K. Puram  New Delhi - 110066, India,  Tele/Fax: +91-11-2412-2692</p>
31.	<p>Dr P C Bhatnagar  Director, Community Health\  <b>Voluntary Health Association of India</b>  B-40, Qutab Institutional Area,  South of I.I.T., New Delhi - 110 016  Phone - 011-26518071-72, 41688152-53</p>
32.	<p>Mr Pravin Sinha  Sr Project Advisor  <b>Friedrich Ebert Stiftung</b>  K 70B, Hauz Khas Enclave  New Delhi 110 016</p>
33.	<p>Mr Ravi Subbiah</p>

	<p>CONNECT-PSI Population Services International 2nd Floor, 379 13th Cross, Near Bashyam Circle, Sadashiv Nagar, Bangalore - 560 080 Ph: 080-41712326/27/28, Fax: 080-41712325</p>
34.	<p>Dr. Rajesh Kumar Director <b>SPYM</b> SPYM Center, 111/9 Opposite Sector B-4 Vasant Kunj Delhi 110070</p>
35.	<p>Mr M P Singh Lead Regional Specialist <b>Japan International Cooperation Agency</b> 3<sup>rd</sup> Floor, DLF Centre Parliament Street New Delhi 100001 Tel: 23714362/63</p>
36.	<p>Ms. Scherry Signaporita <b>GTZ Office India</b> 21, Jor Bagh New Delhi, 110003 India Tel: +91 11 2460-3832 Fax: +91 11 2460-3831</p>
37.	<p>Mr Shankar Talwar Consultant A -1/605, Shruti Park Kolset Road Thane – 400607, Maharashtra 022-25893347</p>
38.	<p>Mr. B. Sanjay Kumar <b>Ambuja Cements</b> 248, Okhla Industrial Estate, Phase III New Delhi 110020 Ph: 41613001 New Delhi</p>
39.	<p>Dr. Sanjeev Kumar Head, Social Consulting <b>Hindustan Latex Family Planning Promotion Trust</b> 302, Hemkunt Chambers, 89 Nehru Place, New Delhi 110 019 Tel: 011- 41618941/42/44/45</p>

40.	<p>Mr. Alankar Malviya  <b>UNAIDS</b>  A2/35, Safdurjung Enclave  New Delhi – 29  Ph: 41354545</p>
41.	<p>Mr. Anand Rudra  <b>U.S. Agency for International Development</b>  American Embassy,  Shanthipath,  Chanakyapuri, New Delhi 110021  Ph: 24198502</p>