ADB

Technical Assistance Report

Project Number: 40130
December 2007

Republic of Indonesia: Support for HIV and AIDS Prevention in Infrastructure

(Financed by the Japan Special Fund)

Asian Development Bank

CURRENCY EQUIVALENTS
(as of 30 November 2007)

Currency Unit	–	rupiah (Rp)
Rp1.00	=	$0.00010661
$1.00	=	Rp9,380

ABBREVIATIONS

ADB	–	Asian Development Bank
BPKSDM	–	Badan Pembinaan Konstruksi dan Sumber Daya Manusia (Construction Services and Human Resource Development Board)
EA	–	executing agency
MDG	–	Millennium Development Goal
MOH	–	Ministry of Health
MPW	–	Ministry of Public Works
NAC	–	National AIDS Commission
NGO	–	nongovernment organization
NPA	–	National Plan of Action
OSH	–	occupational safety and health
TA	–	technical assistance

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention (Millennium Development Goal 6)
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs
Themes	–	Inclusive social development, capacity development
Subthemes	–	Human development, organizational development

NOTE

In this report, "$" refers to US dollars

Vice President	C. Lawrence Greenwood, Jr., Operations 2
Director General	A. Thapan, Southeast Asia Department (SERD)
Director	S. Lateef, Social Sectors Division, SERD
Team leader	L. Kulp, Social Development Specialist, SERD
Team member	K. Emzita, Senior Counsel, Office of the General Counsel

I. INTRODUCTION

1. The Government of Indonesia has requested the Asian Development Bank (ADB) to provide technical assistance (TA) to develop a strategy for HIV and AIDS prevention in infrastructure projects for the Ministry of Public Works (MPW).[1] This request followed a dialogue with MPW and the National AIDS Commission (NAC) about the potential spread of HIV through infrastructure projects, especially transportation and road projects. The TA was programmed in connection with the ADB-financed Road Rehabilitation-2 project [2] Consultations with nongovernment HIV and AIDS prevention and other development partners indicated potential risks and shortcomings in current efforts to mitigate these risks. ADB conducted fact-finding in June 2007 and agreed with the Government on the overall TA support and implementation arrangements. The design and monitoring framework is in Appendix 1. [3]

II. ISSUES

2. The number of HIV cases in Indonesia has been increasing exponentially since 2000. All 33 provinces except for West Sulawesi are now reporting cases of HIV, and numbers are increasing in 19 provinces. The Ministry of Health (MOH)[4] estimates that up to 220,000 people of working age were living with HIV and AIDS in 2006, and 8.2 million were at high risk.[5] By 2010, the number of people with HIV and AIDS is projected to reach 400,000 and it is expected that 100,000 will have died of AIDS.

3. The nature of the pandemic has also evolved. The proportion of new infections among clients of sex workers is overtaking injecting drug users as the highest proportion of new infections. In 1999, there were less than 20,000 persons living with HIV and AIDS, and 98% of all new HIV infections were among injecting drug users. The general population and injecting drug users overlap through sex workers. The expansion of the pandemic into the general population is now being fueled by injecting drug users' sexual activity with their partners and sex workers; sex workers to their 4 million clients and their 2.3 million partners. By 2006, injecting drug users accounted for 37% of new infections, male clients of sex workers accounted for 33%, spouses of sex workers' clients 16%, and sex workers 12%.[6] Infections among children, still low, have started to appear.

4. The link between mobility and HIV and AIDS is a well-documented phenomenon. As in other parts of the world, the three "Ms"—men, mobility and money—are key ingredients for the spread of HIV. Time spent away from home is significantly associated with engaging in commercial sex, and the bulk of HIV and AIDS risk in Indonesia is linked to men who work away from home. Construction workers account for 5% of the labor force; they are overwhelmingly male[7] and are a key group vulnerable to HIV. In 2006, the industry grew at 9% and accounted for 8.4% of the gross domestic product. As Indonesia addresses its backlog of investment needs and meets new growth-generated demand, the sector will remain strong. Much of the

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[1] ADB. 2006. *Country Strategy and Program 2006-2009: Indonesia*. Manila.
[2] ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Republic of Indonesia for the Road Rehabilitation-2 Project*. Manila.
[3] The TA first appeared in *ADB Business Opportunities* on 26 October 2006.
[4] *Report on the Estimation of the Adult Population Vulnerable to HIV Infection, November 2006.* Available: http://lib.aidsindonesia.or.id/?collection.view.847
[5] The high-risk population includes 248,000 injecting drug users; 105,600 partners of injecting drug users; 278,200 sex workers; 3,981,200 sex workers' clients; 2,305,000 partners of sex workers' clients; 35,300 *waria* (transgendered persons); 104,600 clients of *waria*; 1,149,300 men who have sex with men; and 116,800 prisoners.
[6] Male sex workers, men who have sex with men, and prisoners comprise the 2% balance (footnote 4).
[7] There are 122,000 female construction workers out of 4.2 million workers in the construction sector.

demand is for investments requiring numerous workers on-site for long periods. Roads and bridges accounted for 28% of construction investment in 2006. Mobile construction workers away from home are more likely to engage in high risk behavior than the general population, and thus are more vulnerable to HIV and AIDS.

5. Indonesia has a well-developed HIV and AIDS response program. Presidential Decree 36/1994 established NAC[8] to coordinate the HIV and AIDS response program at the sectoral level. The recently adopted National Strategic Plan 2007–2010 and National Plan of Action (NPA) 2007–2010 detail the strategy and steps required to prevent and contain the spread of HIV among the high risk and vulnerable population. All sectoral agencies are required to prepare specific sectoral strategies and plans in line with the national strategy and action plans.

6. The NPA focuses on reaching the people most at risk via a comprehensive prevention program, with quantitative targets set for 2010.[9] The high-risk population is defined as those engaging in high-risk behavior (footnote 5). The NPA includes highly mobile people among those defined as the "at risk" and vulnerable population. It identifies the workplace as an important entry point for HIV and AIDS awareness, especially for industries that are heavily male (such as mining, transport, and construction).

7. Although construction workers comprise a significant proportion of the mobile labor force, they have only recently been identified as vulnerable to HIV. Consequently, construction workers have not been included in existing programs targeting mobile populations, seafarers, sex workers, and long distance bus and truck drivers. Because of construction worker mobility, they are generally beyond the reach of the Ministry of Health residence-based programs targeting the general population.

8. The minister of manpower and transmigration, as a member of NAC, issued Ministerial Decree 68/2004 on HIV Prevention and Control in the Workplace, which requires employers to establish their own occupational safety and health (OSH) schemes for HIV prevention and control, disseminate information about HIV and AIDS, and protect workers with HIV and AIDS from discrimination. Compliance is still voluntary.

9. MPW is responsible for construction sector standards, including OSH,[10] to mitigate industry hazards[11] through the MPW Construction Services and Human Resource Development Board (BPKSDM). As a one-size-fits-all approach risks under-specifying requirements for some construction projects while overburdening others, OSH standards depend on the risk level of the associated project and construction techniques employed. These standards can be amended to require HIV prevention training for projects with a high HIV risk. BPKSDM works with the National Construction Industry Development Board responsible for certifying construction sector firms and individuals, and with the National Association of Construction Contractors.

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[8] Chaired by the coordinating minister of social welfare with the minister of health and the minister of home affairs as deputy chairs.

[9] The program includes behavioral change, reaching people living with HIV and AIDS with antiretroviral treatment and other support needed, creating an enabling environment free of stigma, obtaining necessary funding, providing prophylaxis for pregnant women who are HIV positive, providing a package of support to orphans and vulnerable children, and reducing new infections.

[10] Through the minister of manpower and MPW Joint Decree 174/MEN/1986 on Occupational Health and Safety on Construction Sites. The minister of manpower became the minister of manpower and transmigration in 2000.

[11] On-site fatalities and injuries occur from falls from height, motor vehicle crashes, electrocution, machines, and being struck by falling objects. Health hazards arise from on-site exposure to asbestos, solvents, and noise.

10. ADB and other development agencies are incorporating HIV prevention programs for construction workers and local communities into infrastructure project design, implementation, and monitoring frameworks. The ADB strategy for HIV/AIDS states "HIV/AIDS is not simply a health issue and cannot be addressed by the health sector alone" and provides for mitigating the spread of HIV through the workplace.[12] Developing the capacity of BPKSDM to promote HIV prevention through OSH certification and training for the construction sector—at the firm level and on the worksite—is a sustainable way to reach a sizable vulnerable population. This initiative is consistent with ADB's overall HIV and AIDS prevention strategy.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

11. The TA impact is to help mitigate the risk of HIV associated with infrastructure development by addressing high-risk behavior of workers in the construction sector. The TA outcome is an HIV prevention strategy and implementation mechanism for the construction sector.

B. Methodology and Key Activities

12. Component 1 develops an HIV and AIDS prevention strategy for the construction sector. Component 2 develops appropriate OSH standards for HIV and AIDS prevention training for construction services providers and on-site workers on projects with high HIV risk. Component 3 builds the capacity of BPKSDM to roll out the strategy at the end of the TA.

13. Component 1 focuses on (i) developing the awareness of policy decision makers and stakeholders of the need for a construction sector HIV and AIDS prevention strategy, (ii) identifying the general scope of a sectoral strategy, and (iii) drafting the sectoral strategy. Activities include sharing information on HIV and AIDS vulnerability in the construction sector; NAC's response to HIV and AIDS, and international experience in addressing this vulnerability; identifying key stakeholder issues and concerns on HIV-related OSH standards and implementation; working with BPKSDM to prepare an MPW ministerial instruction on the preparation of an HIV and AIDS strategy for the construction sector; and drafting the strategy.

14. Component 2 will (i) develop an HIV risk classification system for construction projects, (ii) prepare amendments to existing OSH standards for projects with high HIV risk, and (iii) assess the organizational structure of large- and medium-sized construction firms to identify construction service provider staff requiring HIV and AIDS prevention training. More specifically, the TA will assist BPKSDM in creating an HIV risk classification system based on existing construction classification indicators[13] to identify projects likely to employ numerous workers on-site and away from home for an extended period. Amendments for OSH certification requirements for construction service providers eligible to participate on projects with high HIV risk, and OSH requirements applying to worksites, will be amended to include HIV and AIDS prevention awareness training. Key positions of personnel responsible for training budget allocations, personnel training and deployment, and on-site worker supervision, construction professionals whose specialty requires significant time at the worksite will be identified. The HIV and AIDS awareness training needs of these groups and on-site workers will be identified. Stakeholders will be involved through a consensus-building consultative process.

[12] ADB. 2005. *Development, Poverty and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic*. Manila.
[13] Including project value, construction technology, safety, and environmental impact.

15. Component 3 develops OSH standards accreditation and certification procedures for HIV and AIDS prevention training, training materials, and training of BPKSDM master trainers. Stakeholder inputs on affordable, accomplishable, and effective certification and training measures is a requirement for this component. Training material will be adapted from existing sources and tested through the regular BPKSDM training program.

16. A number of assumptions are important to the success of the TA. It is essential that (i) construction service providers support the development and implementation of an HIV prevention strategy for high HIV risk construction projects, (ii) MPW continues to support HIV prevention in the construction sector, (iii) BPKSDM monitors compliance, and (iv) experienced nongovernment organizations are willing to work with BPKSDM. The greatest risks to achieving TA impacts are insufficient accredited certifying institutions and poor construction industry consensus on acceptable costs and time requirements.

C. Cost and Financing

17. The total cost of the TA is estimated at $240,000 equivalent. The Government has requested ADB to finance $200,000 equivalent. The TA will be financed on a grant basis by the Japan Special Fund, funded by the Government of Japan. The Government of Indonesia will finance the balance equivalent to $40,000 in kind through the provision of counterpart staff, office accommodation, and local communication. Details of the cost estimates and financing plan are in Appendix 2.

D. Implementation Arrangements

18. BPKSDM will be the Executing Agency. It has the mandate for setting standards (including OSH standards) to accredit certifying institutions; issue certification and competency standards for construction firms, construction workers, and worksite conditions; develop associated curriculums; and help upgrade the capacity of certifying institutions, instructors, and trainers. BPKSDM will appoint a TA coordinator to supervise TA activities; resolve any issues that might arise during implementation; and facilitate coordination among consultants, National Association of Construction Contractors, NAC, and other stakeholders.

19. The TA coordinator will organize the activities of three key BPKSDM centers and the BPKSDM secretariat. The responsibilities of the Center for Development of Construction Enterprises include business regulation and facilitation of the construction services forum (comprising the National Association of Construction Contractors, construction service provider associations, and government). The responsibilities of the Center for Development of Construction Implementation include developing and disseminating the *Technical Handbook for Occupation Health and Safety*. The Center for Development of Construction Expertise and Technical Guidance develops constructions workers' qualifications, competency, and training standards; produces related curriculum and training modules; accredits training institutes and instructors; and promotes training development. The responsibilities of the secretariat include strategic planning, programming and budgeting, and interdepartmental cooperation. An advance payment facility will be provided for workshop, training, and seminar activities to be implemented by the Executing Agency.

20. The TA will require 4.5 person-months of international and 20 person-months of national consulting services to be hired on an individual basis. The consultants will be engaged by ADB in accordance with its *Guidelines on the Use of Consultants* (2007, as amended from time to time). They will have expertise in the areas of HIV policy and prevention, mobility, construction

projects and construction service providers, OSH, HIV prevention in the workplace, development of HIV prevention training materials for the workplace and familiarity with the range of training materials developed for mobile populations, and training of trainers. The outline terms of reference are in Appendix 3.

21. The TA is expected to commence in December 2007 and be completed by June 2009. The Executing Agency will provide the consultants with an appropriately furnished office, relevant information and data, counterpart staff, and administrative support. The consultant final report and TA dissemination materials will be publicly disclosed through the ADB website upon completion of the TA.

IV. THE PRESIDENT'S DECISION

22. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of $200,000 on a grant basis to the Government of Indonesia for Support for HIV and AIDS Prevention in Infrastructure, and hereby reports this action to the Board.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/ Reporting Mechanisms	Assumptions and Risks
Impact Risk of HIV associated with infrastructure development mitigated	Increased knowledge about HIV transmission prevention among construction workers	Next BPS/MOH Indonesia Demographic Health Survey: Man's Questionnaire - 2010	**Assumptions** • Availability of training and certifying institutions • Contractor compliance
Outcome Construction sector HIV prevention strategy and implementation mechanism	• HIV prevention training by BPKSDM of construction firms, staff, and workers for central government funded high HIV risk construction projects • Plans for accreditation of NGOs and construction training institutions for OSH HIV awareness training for construction firms and workers	2009 BPKSDM training plan BPKSDM 2009 work plan	**Assumptions** • BPKSDM monitoring of OSH adherence of high risk projects • NGOs specializing in HIV prevention are willing to work with BPKSDM
Outputs Component 1 1. HIV and AIDS prevention strategy for the construction sector Component 2 2. OSH standards for HIV and AIDS prevention training for construction service providers and on-site workers on high HIV risk projects Component 3 3.1 Accreditation and certification developed standards	• Published MPW strategy for HIV in the construction sector (month 24) • Published OSH standards include provision for HIV and AIDS prevention (month 24) • Accreditation and certification training modules prepared for accrediting certifying institutions by master trainers	MPW information services BPKSDM information services BPKSDM information services	**Assumption** • Association of Construction Firms support HIV strategy in construction sector
Activities with Milestones 1.1 Share information on HIV vulnerability in the construction sector with key policy makers in MPW and industry (month 1) 1.2 Identify stakeholders' issues and key concerns on HIV prevention strategy, OSH standards, and implementation (month 2) 1.3 Draft ministerial instruction for preparing a construction sector HIV and AIDS prevention strategy (month 2) 1.4 Draft and consult on strategy, amendments to OSH standards, and accreditation and certifying requirements (month 11) 1.5 Finalize draft strategy, OSH amended standards, competency and certifying requirements (month 13) 1.6 Conduct final dissemination workshop (month 15) 2.1 Classify HIV risk by project type (month 3) 2.2 Identify training needs for construction service provider personnel, professionals, worksite managers and workers (month 6)			**Inputs:** **ADB: $200,000** • Consulting Services (24.5 person-months): $164,000 • Workshops, Training, Seminars and Conferences: $8,500 • Production of Dissemination Material: $8,500 • Miscellaneous Administration and Support Costs: $2,000 • Contingencies: $17,000 **Government: $40,000** • Office Accommodation and Transport: $20,000 • Remuneration and Per Diem of Counterpart Staff: $20,000

Activities with Milestones	
2.3 Obtain stakeholder feedback on project and construction service provider classification and training needs (month 7)	
2.4 Assess cost and effectiveness of alternative certification and training requirements and payment mechanisms (month 8)	
2.5 Obtain stakeholder feedback on best least-cost options (month 9)	
2.6 Develop recommendations for phased rollout of the new standards (month 12)	
3.1 Obtain and review training materials (month 2)	
3.2 Adapt and test training materials (month 8)	
3.3 Develop competency standards for construction industry OSH professionals and certifying instructors (month 11)	
3.4 Complete training modules for certification (month 12)	

ADB = Asian Development Bank, AIDS = acquired immunodeficiency syndrome, BPKSDM = Badan Pembinaan Konstruksi dan Sumber Daya Manusia (Construction Services and Human Resource Development Board), BPS = Badan Pusat Statistik (Statistics Indonesia), HIV = human immunodeficiency virus, MOH = Ministry of Health, MPW = Ministry of Public Works, NGO = nongovernment organization, OSH = occupational safety and health.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Total Cost
A. Asian Development Bank Financing[a]	
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants (4.5 person-months)	75.00
ii. National Consultants (20 person-months)	69.00
b. International and Local Travel[b]	18.00
c. Communications[c]	2.00
2. Workshops, Training, Seminars, and Conferences	8.50
3. Production of Dissemination Material	8.50
4. Miscellaneous Administration and Support Costs[d]	2.00
5. Contingencies	17.00
Subtotal (A)	**200.00**
B. Government of Indonesia Financing	
1. Office Accommodation and Transport	20.00
2. Remuneration and Per Diem of Counterpart Staff	20.00
Subtotal (B)	**40.00**
Total	**240.00**

Note: Totals may not be exact because of rounding.

[a] Financed by the Japan Special Fund, funded by the Government of Japan.

[b] Including the cost of at least three international airfares, local airfares, visas, airport taxes, transport to hotel, and car hire for fieldwork.

[c] Including the cost of report reproduction for dissemination, use of internet and courier services, international and long distance phone calls, pre-paid phone cards, and translators for fieldwork .

[d] Including the cost of a part-time bookkeeper, purchase of books and data processing and photocopying or resource material, office supplies, rental or purchase of a printer and printer ink.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Introduction

1. The technical assistance (TA) will assist the Government to develop an HIV and AIDS prevention strategy for the construction services sector. It will assist the Construction Services and Human Resource Development Board (BPKSDM) to (i) develop an HIV and AIDS prevention strategy for the construction sector, (ii) produce appropriate occupational safety and health (OSH) standards for HIV and AIDS prevention training for construction service providers and on-site workers on projects with high HIV risk, and (iii) build the capacity of BPKSDM to support implementation of the strategy.

2. The consultants will undertake the tasks listed below. Indicative completion dates are shown for each task.

1. Component 1

(i) Share information on HIV vulnerability in the construction sector with key policy makers in the Ministry of Public Works (MPW) and industry (month 1, task 1.1).
(ii) Identify stakeholder issues and key concerns on HIV prevention strategy, OSH standards, and implementation (month 2, task 1.2).
(iii) Draft ministerial instruction for preparing a construction sector HIV and AIDS prevention strategy (month 2, task 1.3).
(iv) Draft and consult on strategy, amendments to OSH standards, and accreditation and certifying requirements (month 11, task 1.4).
(v) Finalize draft strategy, OSH amended standards and competency and certifying requirements (month 13, task 1.5).
(vi) Conduct final dissemination workshop (month 15, task 1.6).

2. Component 2

(i) Classify HIV risk by project type (month 3, task 2.1).
(ii) Identify training needs for construction service provider personnel, professionals, worksite managers, and workers (month 6, task 2.2).
(iii) Obtain stakeholder feedback on project and construction service provider classification and training needs (month 7, task 2.3).
(iv) Assess cost and effectiveness of alternative certification and training requirements and payment mechanisms (month 8, task 2.4).
(v) Obtain stakeholder feedback on best least-cost options (month 9, task 2.5).
(vi) Develop recommendations for phased rollout of the new standards (month 12, task 2.6).

3. Component 3

(i) Obtain and review training materials (month 2, task 3.1).
(ii) Adapt and test training materials (month 8, task 3.2).
(iii) Develop competency standards for construction industry OSH professionals and certifying instructors (month 11, task 3.3).
(iv) Complete training modules for certification (month 12, task 3.4).

B. Scope of Work

1. International Consultant and Team Leader (4.5 person-months)

3. The TA will require inputs from an international consultant with experience in the development of HIV and AIDS prevention national policy, international experience with HIV prevention in the construction sector, and working with the private sector on HIV prevention and AIDS awareness in the workplace. The consultant may have an academic background in medicine, public health, sociology, business, or engineering. He/she is expected to have at least 7 years' experience working with government on HIV prevention policy and with the private sector on advocating for workplace programs.

4. The consultant will be responsible for providing international experience on HIV prevention in the construction industry and access to relevant supporting materials, and have overall responsibility for execution of TA component 1. The consultant will support the national team leader in the execution of components 2 and 3. The international consultant and team leader will undertake the following tasks.

(i) Prepare an inception report with TA implementation schedule, refined costs assessments, and highlighting technical and TA administrative issues.

(ii) Share international experiences with HIV vulnerability and responses to HIV prevention in the construction sector with stakeholders in a workshop and through individual briefings (task 1.1).

(iii) Discuss issues and concerns of MPW policy makers, proponents of large national priority projects, certifying institutions, construction service providers, and other stakeholders, through individual meetings and workshop. Identify issues or concerns relevant to subsequent tasks or for feedback to stakeholders (task 1.2).

(iv) Draft frequently asked questions with responses (based on tasks 1.1 and 1.2).

(v) Assist BPKSDM draft ministerial instruction for preparing a construction sector HIV and AIDS prevention strategy (month 2, tasks 1.3, 1.4, and 1.5).

(vi) Provide international training material and assess domestic training on HIV prevention awareness competency testing and training. Work with the national team leader and construction manager to identify suitable material for training adaptation (month 2, task 3.1).

(vii) Review and finalize quarterly reports and TA completion report.

2. National Consultants (20 person-months)

5. The national consultants will comprise a (i) national team leader and senior HIV/AIDS policy and HIV/AIDS prevention program manager (4 person-months, intermittent); (ii) national consultant expert in construction management, OSH for the construction industry, and certification and training (8 person-months); and (iii) national consultant training materials expert, with experience in HIV awareness training materials for the workplace and familiarity with training materials developed for mobile populations (8 person-months).

6. **National Team Leader and Senior HIV/AIDS Policy and HIV/AIDS Prevention Program Manager (4 person-months).** The national team leader will coordinate with the

National AIDS Commission (NAC) and is expected to have significant experience with HIV prevention in the workplace, other HIV and AIDS programs, and HIV prevention training. The national team leader will supervise the work of the national consultants and coordinate with the international team leader. With the support of the international team leader, the national team leader will report to the Asian Development Bank (ADB) on TA activities and expenses. The team leader will be supported by a part-time bookkeeper to assist with record keeping details, and who will be paid from the TA budget for miscellaneous administration and support costs.

7. The national team leader will undertake the following tasks.

(i) Assist the international team leader in preparing the inception report.

(ii) Assist BPKSDM in organizing consultation with stakeholders. Assist BPKSDM, NAC, and experienced nongovernment organizations in preparing a workshop for construction service providers and MPW officials on (a) the status of HIV/AIDS in Indonesia, (b) modes of transmission, (c) mobility and HIV, (d) minister of manpower Decree No. 68/2004 on HIV/AIDS Prevention and Control at the Workplace, (e) private sector experience with developing and implementing HIV/AIDS awareness, and (f) a report on workshop implementation (task 1.1).

(iii) With BPKSDM, identify key industry stakeholders through individual meetings and workshop. Discuss issues and concerns of MPW policy makers, proponents of large national priority projects, certifying institutions, construction service providers, and other stakeholders. Identify focal points in depth for consultations on components 2 and 3, and the development of the strategy. Identify issues or concerns relevant to subsequent tasks or for feedback to stakeholders (task 1.2).

(iv) Assist in preparing frequently asked questions with responses (based on tasks 1.1 and 1.2) and oversee translation into Bahasa Indonesia.

(v) Assist BPKSDM in drafting ministerial instruction for preparing a construction sector HIV and AIDS prevention strategy (task 1.3).

(vi) Source domestic training material related to HIV prevention in the workplace and mobility. Together with national team leader, support the construction manager and trainer to identify suitable material for training adaptation 2 (task 3.1).

(vii) Support training needs assessment (2.2).

(viii) Support the national construction manager and trainer in presenting and obtaining stakeholder feedback on project and construction service provider classification and training needs. Finalize report on issues and concerns relevant to finalizing the classification system and training requirements development of OSH standards for HIV prevention training (tasks 2.3 and 2.5).

(ix) Finalize recommendations for a phased rollout of new standards (task 2.6).

(x) Together with the team leader, finalize the draft strategy, amended standards,competencies and certifying requirements (task 1.5).

(xi) Prepare quarterly and final reports.

8. **National Construction Manager and Trainer (8 person-months).** The national construction manager and trainer will be experienced in construction management, OSH, and training at a construction service provider certifying institution. A degree in civil or structural

engineering is expected. With the support of the national HIV prevention trainer, the consultant will undertake the following tasks.

(i) Classify HIV risk by project type, following the existing construction classification system (task 2.1).

(ii) Identify training needs for construction service provider personnel, professionals, worksite managers, and workers. This includes describing the organizational structure(s) construction service providers that undertake high-risk projects, and key persons for authorizing and managing training and labor contracting arrangements—including subcontracting arrangements that may be relevant to provision and access to HIV prevention training (task 2.2).

(iii) Prepare a presentation, present, and obtain stakeholder feedback on project and construction service provider classification and training needs (including construction service provider managers, professional supervisors, and laborers). Report on issues and concerns relevant to finalizing the classification system, and training requirements development of OSH standards for HIV prevention training (task 2.3).

(iv) Support review and selection of suitable training material for adaptation (task 3.1).

(v) Adapt and test training materials (task 3.2).

(vi) Analyze and report on cost and effectiveness of alternative certification and training requirements, and payment mechanisms—including for developing and testing instructor competency, cost to construction service provider for eligibility, and direct project related costs (task 2.3.).

(vii) Present, obtain stakeholder feedback, and report on best least-cost options (task 2.4).

(viii) Develop plan for a phased rollout of the new standards (task 2.5).

(ix) Develop competency standards for construction industry OSH professionals and certifying instructors (task 3.3).

(x) Complete training modules for certification (task 3.4).

(xi) Provide inputs to quarterly and final report.

9. **HIV Trainer (8 person-months)**

(i) Assist with workshop implementation, documentation, and preparation of workshop outputs for tasks 1.1,1.2, 1.4, 1.6, and 2.3.

(ii) Assist with identification of training needs for construction service provider personnel, professionals, worksite managers, and workers—including those involved through subcontracting arrangements that may be relevant to provision and access to HIV prevention training (task 2.2).

(iii) Support review and selection of suitable training material for adaptation (task 3.1).

(iv) Support adaptation and testing of training materials (task 3.2).