



**CENTRAL FUND FOR INFLUENZA ACTION
FINAL PROGRAMME NARRATIVE REPORT**

Programme Title & Number
<ul style="list-style-type: none"> • Programme Title: Business Continuity in Time of Pandemic • CFIA A18 • MDTF Office Atlas Number:

UNCAPAHI Objective(s) covered:
Programme Coverage/Scope:
Objective 3: Human Health
Objective 5: Communication: Public Information and Supporting Behaviour Change
Objective 6: Continuity under Pandemic Conditions

Participating UN or Non-UN Organization(s)
<i>ILO</i>

Implementing Partners
<ul style="list-style-type: none"> • ILO

Programme/Project Cost (US\$)	
CFIA Contribution:	US\$ 127,421
• <i>by Agency (if applicable)</i>	
Agency Contribution	
• <i>by Agency (if applicable)</i>	
Government Contribution <i>(if applicable)</i>	
Other Contribution (donor) <i>(if applicable)</i>	
TOTAL:	US\$ 127,421

Programme Duration (months)	
Overall Duration	12 months
Start Date ¹	29 April 2010
Original end date	31 December 2010
Revised End Date, <i>(if applicable)</i>	30 April 2011
Operational Closure Date ²	30 April 2011
Expected Financial Closure Date	

Final Programme/ Project Evaluation
Evaluation Completed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Evaluation Report - Attached
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Submitted By
○ Name: Donato Kiniger-Passigli
○ Title: Senior Specialist (Coordinator ILO Task Force on Influenza and Pandemic Preparedness)
○ Participating Organization (Lead): ILO
Email address: kiniger@ilo.org

¹ The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

² All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

FINAL PROGRAMME REPORT

I. PURPOSE

The project "Business Continuity in times of Pandemic – Protecting workers and businesses through preparedness measures" contributed to achieving the objectives outlined in the Consolidated Action Plan for Contributions of the UN System. It also helped facilitate wider UN response to the pandemic in APEC member economy countries by reaching the most vulnerable members of society. The project complemented the work of the APEC Pandemic Flu Planning Guide for small to medium enterprises (SMEs), undertaken by APEC member economies, as well as made full use of the Centers for Disease Control and Prevention (CDC) recommendations on a Community Strategy for Pandemic Influenza Mitigation. As expected, through the implementation of this project, Governments and development partners were able to utilize ILO's information-sharing platform to reach larger segments of society and ultimately sustain livelihoods.

The project was a continuation and expansion of the work already accomplished through the previous project "Avian Influenza and the Workplace in Indonesia" (Phase I). This new project phase was built on the results already achieved to develop and expand ILO's activities in the country. The aim was to continue assisting employers and workers in their efforts to prepare for and respond to the consequences of the current Influenza A (H1N1) pandemic, and to any other future unexpected event which could cause disruption of ordinary business. To this end, the specific objectives identified for the previous phase were:

1. To prevent workers from getting infected with influenza by promoting preventive measures against the spread of the virus at the workplace and
2. To assist employers in protecting their workers and business from the impact of pandemic human influenza.

In order to achieve the above mentioned objectives, the project set up the key outputs as follows:

Promotion on workplace safety and health under pandemic conditions

1. Enterprises have established workplace mechanisms (i.e. surveillance and infection control by using existing national guideline) to improve working conditions and consequently reduce the risks posed by influenza outbreaks or pandemic;
2. OSH Committees at plant level are actively involved in implementation of OSH standards and promote improvement of working conditions;
3. National guidance related to influenza pandemic surveillance and infection control at the workplace has been approved and implemented;
4. National strategies or action plans have been formulated to extend protection from influenza outbreaks or pandemic to most vulnerable categories of workers.
5. Safety and health manuals, good practice guidelines, models of information for workers have been developed and disseminated;
6. Information platform and strategies are available to all target groups.

Business Continuity Plan

1. National policy or guidelines to address pandemic human influenza as a result of cooperation among the governments, workers and employers;
2. Strengthened capacities of the Ministry of Manpower and Transmigration in terms of advisory services on AI and PHI, especially in relation to protection of workers and businesses during influenza outbreaks or pandemic;
3. National guidance related to business continuity in time of pandemic has been developed and implemented;

4. Enterprises, notably SMEs, have established specific continuity plans based on the existing national guidance.

As a continuation of the AI and the Workplace project, specifically related to promoting pandemic preparedness and business continuity planning for enterprises, this project maintained its fruitful partnership with previous implementing partners. With regards to the specificity of this project, which was targeted mostly to small enterprises, the project strengthened its collaboration specifically with the following implementing partners:

- **Coordinating Ministry of People Welfare**
The National Committee for Avian Influenza Control and Influenza Pandemic Preparedness (Komnas FBPI) ended its mandate in March 2010. The Coordinating Ministry mostly took a lead in continuing the role of the national committee, specifically related to pandemic preparedness and response together with the Ministry of Health. The collaboration with this Ministry enabled the project to promote business continuity planning (BCP) at multi-sectorial level within the public sector responsible for essential services.
- **Ministry of Health (MoH)**
The Directorate of Infectious Disease was the main partner for this project with relation to the influenza pandemic activities, including the development of the BCP guidance. Several activities were jointly conducted during the Avian Influenza and the workplace project, and they continued with the project, especially to develop the manual on BCP and promote it to the health services.
- **Directorate of OSH standard monitoring, Ministry of Manpower and Transmigration**
This partner provided technical assistance and support on the issues relating to the OSH and provided inputs on the OSH implementation at plant level, as well as the role and activities of OSH committees at the workplace.
- **Employers' organization: Asosiasi Pengusaha Indonesia (APINDO) / Indonesian Employers Association**
Apindo as an ILO's tripartite constituent was actively involved in the implementation of the project, since the time of the AI and the workplace project, especially on the component of assisting SMEs and the business sector. The support and collaboration of this organization enabled the project to reach enterprises and promote the BCP to them. Several workshops were held in collaboration with the Apindo, and continued in other provinces.
- **UN in Indonesia:**
In Indonesia, several UN agencies were involved in controlling AI and preparing for influenza pandemic, namely: WHO, UNICEF, FAO, ILO and IOM, with their specific role in assisting the government of Indonesia. Since the end of 2010, several projects under those UN agencies have phased out. However, the position of AI coordinator specialist from UN Indonesia RC office was maintained and enabled good coordination among UN agencies still involved in the control of AI and influenza pandemic. A joint project proposal was also developed by the UN in Indonesia, specifically to promote the BCP to the government institutions, notably in the essential sectors.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

The delay in the project implementation, due to administrative constraints (notably the transfer of the budget from the CFIA to the ILO), had a negative impact: the project started its activities when the issue of influenza pandemic was losing momentum. Given the situation, the project team decided to revise the strategy and focus, and tried to synchronize them with the national concerns. Several strategy revisions were conducted in an effort to fit in with the prioritization on the issues related to business continuity planning (BCP) for enterprises. Revisions on the strategy of implementation were also made with regards to the approved budget received from the CFIA, which was lower than expected.

Being a continuation project, the BCP project also maintained the same network of trainers, resulting from the Avian Influenza and the workplace project, with emphasis on the trade unions networks for the promotion of avian influenza prevention for workers. In line with the UNCAPAHI objective 3.1.2 : to improve working condition and protection of the workers against AHI and objective 5.2.4: preparedness measures and behaviour change on occupational safety and health issue; the project planned to achieve key outputs as mentioned above under the **Promotion on workplace safety and health under pandemic conditions**. However, in light of the budget and time limitation and of the above considerations, the project had to revise its approach. Instead of devising a new awareness-raising training module, it was decided to make use of existing tools and continue to support the activities organized by existing networks of trainers. Raising-awareness publications and other materials related to influenza prevention were provided to the trainers from the previous programme to assist them in continuing the promotion of influenza prevention at the workplace.

The project, in consultation with its partners, redefined its focus on the promotion of business continuity planning for enterprises.

It was challenging to promote the BCP specific for influenza pandemic as required by the project document, especially after the status of pandemic influenza phase 6 had been lifted. Therefore the project revised its strategy to highlight the issues on the applicability of the business continuity planning to address multi-hazard scenarios, not only related to influenza pandemic. This strategy was also in line with the global and regional initiative on promoting BCP for whole of society preparedness and response.

The UNCAPAHI objective 6.1.11 : capacity development of labor ministries and health department for a response to a possible pandemic (with involvement of private sector), was achieved through the project activities referring to the key outputs under the **business continuity plan**. This key outputs were attained through several achievements:

- *Consultations with national partners (MoMT, MoH, and other stakeholders) were conducted and project implementation strategy and possible collaborations were agreed.*
The project had contacted the Ministry of Manpower (MoMT) and the Ministry of Health (MoH) to discuss strategies for the project implementation: both ministries agreed on the proposed approach and decided to support the implementation of the project.
The possibility of further cooperation was also discussed with the MoH. The MoH was interested in developing ideas to promote the BCP programme to hospitals as part of the national pandemic preparedness plan. Information about the BCP training programme was shared with the MoH as requested. Also in collaboration with the Coordinating Ministry of People Welfare, the project conducted BCP training for public services. This training served as a follow up activity requested by the Ministry after a national seminar on promoting BCP

for multi-sector preparedness and response took place.

- *The ILO approach on BCP programme was promoted to the ASEAN technical working group on pandemic preparedness and response.*

The project was invited by the ASEAN Secretariat to deliver a presentation to highlight the ILO's approach in promoting preparedness measures to protect workers and businesses, particularly SMEs, through a participatory, action-oriented approach and practical tools. The presentation also elaborated on the importance of the effort to ensure readiness and continuity of SMEs to support country-wide resilience during a crisis or severe pandemic. The main tools developed by the ILO were also presented, mainly a manual to guide beneficiaries towards the development of their BCP and communication material to promote partnership between large enterprises and SMEs to overcome the challenges in promoting BCP to the SMEs.

It was noted during the meeting that these practical and action-oriented tools to promote the pandemic preparedness were well recognized by ASEAN member states: a demand to receive the practical training manual for BCP was made by ASEAN member states. It was therefore noted the importance for the ILO to timely develop specific tools for promoting BCP that can be easily adapted also for public sector.

- *Training module on guidance for developing BCP was developed.*

Based on the existing guidance book on business continuity planning developed by the project in collaboration with MoMT, MoH and CDC Atlanta, the project contracted a consultant to develop a training manual. The draft of the training manual was circulated to the national partners and is in the process of translation into English.

A set of manuals on Business Continuity Planning was finalized after absorbing the inputs gathered from the pilot workshop and inputs from partners. The manual covers two days of workshop and uses a seven-step approach as a framework for developing the BCP. This manual consists of 8 (eight) modules that, through a participatory and practical-oriented approach, allow participants to work directly on the working paper provided in each module.

- *TOT training on Business Continuity Planning for enterprises were conducted.*

The two-day training workshop was aimed to introduce and train the participants on a framework to develop the business continuity plan using a risk management approach.

Eight training workshops were conducted with focuses on manufacture and tourism sector. One workshop was held in collaboration with the Coordinating Ministry of People Welfare and participated by 4 ministerial offices (Coordinating Ministry of People Welfare, Ministry of Defense, Ministry of Health, and Ministry of Tourism), Army and Police department, and 4 State Owned Enterprises (power and electricity, food, transportation, and water supply).

It was requested that the participants were at least from a managerial level from the HR/GA/HSE, production, and finance (1 enterprise represented by 3 participants). Using this combination, the training was run smoothly and proved to be very productive. The background knowledge and the common interest of the participants contributed to produce the draft of the BCP framework. This framework would then be used as a base to be further developed in their respective enterprises.

A survey to get a picture of the participants and the figures related to the preparedness and BCP was also conducted. The findings below are quoted from the final evaluation of the project, specifically for the BCP training (the complete result of the evaluation is attached in the annexes).

- The companies participating in BCP training mostly consist of big-scale companies (> 10 M): 77 companies (67%), 35 medium-scale companies (31%), and only 2 % are small-scale ones. To initially engage big and medium scale enterprises at the very beginning to develop their BCP is an appropriate step, as these companies will encourage small-scale companies working with them to be involved in the development of BCP.
- Based on the tabulation result from answers of the participants, we found that 81 (70%)

of the companies involved have had a BCP, while 35 (30%) companies still have no BCP. Related to the SOP or plan for any emergencies, data show that 69 (61%) companies have had SOP on emergency, while 44 (39%) companies have none. Seeing these data, we could conclude that many of the companies involved in the training still have not prepared themselves to deal with emergency situations. Specifically for the SOP/plan related to the infectious diseases (besides H5N1 and H1N1), data show that 90 (76%) companies have yet to have any SOP to handle infectious diseases at the workplace, while 29 (24%) of the companies engaged have had an SOP on disease management. From the above data, we could conclude that in general, companies have not prepared themselves in dealing with emergency situations, especially in the situation of outbreak at the workplace or in the situation of influenza pandemic.

- *Monitor and follow up action from TOT training workshops were conducted.*

As a follow up from the training, the project offered its assistance to the participating enterprises to further finalize their continuity plan. The offer included:

- Review meeting at enterprises level to review the draft of the plan, or if needed to conduct table top exercise at enterprises level (with specific requirement);
- Provide resource person and materials to conduct step-down BCP training for supply-distribution chain, which would enable the project to wider its outreach, notably to SMEs.

Several follow up requests were received by the project, however due to the time limitation of the project duration, it was difficult to accomodate all the requests. Mostly, the participants requested to do the follow up action during the following year because they need to plan on the budget allocation and training plan.

However, one follow up was successfully realized: the framework of BCP was completed and has been shared with the participants for their reference.

A number of follow-up actions already conducted by participants in their respective companies after receiving the training on BCP tend to take the form of practical actions. These follow-up actions could be categorized into various types of approaches, such as:

- Conduct continuing dissemination of information

Follow-up action mostly conducted by participants after the training is further dissemination of information on flu pandemic and AI to employees in their respective companies. This action is considered effective to reduce the impact when AI outbreaks occur in their neighborhood. This dissemination of information is conducted through the mechanism of weekly and monthly meetings, in addition to periodic trainings.

- Practical Action on Prevention of Virus Infection

Another follow-up action of participants after the training is conducting actions for prevention of virus transmission, such as: making antiseptic gel available at the public areas at their companies, so that it can be used by the employees, preparing masks, Tamiflu supplies, and giving special attention to employees with influenza.

This action is implemented as a step of the companies to anticipate or prevent transmission of influenza virus.

It could be concluded that in general, companies have yet to make efforts to develop their BCP. The main constraints in developing BCP are:

- Commitment of time to develop BCP:

Based on the requirement in ILO's module on BCP development, the process requires a special time allocation from the management/leaders of the companies, i.e. for 2-3 days. During this period, the managers should specifically and collectively focus on developing the BCP for the company. For the companies that are very active and productive, the setting aside of such long time by the management of the company at the same time is something difficult to do as it will disturb the running of the business.

- Companies' specific budget allocation:
Budget availability is one of the success keys in the development of BCP. Unavailability of budget at one company is the main constraint making it impossible for it to develop a BCP. In the case of the project, budget unavailability was due to bad timing, as the introduction of BCP to the companies was made in the middle of the running budget year, where there was not the opportunity to budget any activity to develop BCP.
- Misconception between BCP and Emergency Plan:
A number of participants following BCP training had an incorrect perception of BCP during the time of the influenza pandemic. They interpreted BCP as an Emergency Plan associated to emergency situations such as fire, flood, and terrorism. This opinion may not be incorrect, but BCP covers wider aspects, including problem solving in times of emergency and maintaining the company operational.
As a consequence from this perception, BCP was not considered as a priority, as the occurrence of influenza pandemic is relatively small in comparison with other emergency cases such as fire, flood, etc.

Learning from the above lessons, the issues that need to be taken into consideration in encouraging companies to develop BCP for flu pandemic are the following:

- Development of BCP is a process that could not be done instantly like the production of other emergency SOPs. The most important result is the understanding of the management of the company on the significance and the benefits that could derive from BCP.
 - Engagement of the management of the company is very important, but limited commitment of their time is the main constraint. Learning from experience, the management should be engaged at the policy level to decide on the development of BCP, agree on the recommendations and actions to be implemented and on the budget to put in place a BCP, whereas a technical team consisting of members from various divisions at the company should take care of the actual implementation, and carry out the detailed planning and analysis. This technical team should then plan, study, make recommendations and present the BCP developed in front of the management of the company to gain support and agreement.
- *Model on specific sector continuity plan was collected.*
Models for a BCP framework at manufacture and tourism/service sector were collected. These frameworks were also widely shared with training participants and are expected to serve as references. Various kinds of manufactures and services were involved, namely: textile and garment, steel, wood and furniture, food, shoes, chemical, hotel, hospital, labour services, etc.
 - *Engagement with stakeholders and national activities relating to Influenza Pandemic Preparedness related activities*
In Indonesia, Avian Influenza management and pandemic preparedness are conducted by many institutions, may they be of Government of Indonesia (GOI), UNs, or NGOs. Most of the targets of existing programs are the public in general and poultry farmers. The ILO became a pioneer in initiating a discourse on capacity-building of workers and the companies, as well as in providing stimulations to related institutions to raise awareness on issues related to manpower and business continuity. This could be referred to as an outcome or achievement as only after the work done by ILO many institutions started to give attention to the issues of AI and pandemic preparedness at companies.
The issues of AI and Influenza Pandemic Preparedness at the workplace are issues that require inter-sectorial cooperation. In this process, ILO played a big role in facilitating cooperation between the health sector and non-health sector, the business world, workers, employers, etc. to formulate a collective policy on Pandemic Preparedness.

The ILO succeeded in facilitating a policy by engaging all sectors to work together, specifically on the preparedness of businesses in pandemic scenarios.

III. EVALUATION & LESSONS LEARNED

A small-scale independent final evaluation was conducted to measure how far the outcomes of the project went and to gain lessons from the project implementation. The evaluation was carried out through documents review (such as progress reports, training data), interviews with the respondents and analysis of inputs from participants to obtain primary data.

The result of the evaluation shows that the outcome of the project within the period 2008-2011 is satisfactory. The main outcomes of this project, (i) the risk reduction of the spread of Avian Influenza infection at the workplace, and (ii) increased awareness and preparedness in SMEs to protect workers and business in the event of a pandemic influenza, were implemented through the ILO's unique tripartite approach. Through this tripartism, the project contributed to the reinforcement of capacity of ILO tripartite partners in dealing with of AI and PHI issues. The impact could as well be seen from the number of trainings, workshop, and communication media printed and distributed as targeted. Collaboration with all parties and with full engagement of trade unions and APINDO (Indonesia Employer's Association) in the implementation of the project allowed the project to be undertaken effectively. Inter-sectorial cooperation of governmental institutions in formulating policies related to influenza pandemic preparedness was also an effective and efficient opportunity to encourage all parties, whether they were workers or companies, to build preparedness in facing influenza pandemic.

In terms of post-project sustainability, the following outputs of the project could serve as the embryos for sustainability of the project in the future:

- Capacity-building for working unions on the issue of AI at the work place
- Capacity-building for APINDO in coordinating dissemination of information and development of BCP
- Existing clear guidelines for workers and companies on AI and BCP
- Policies formulated supporting implementation of AI preparedness and BCP at the workplace and in companies

However, the outreach of the project is still very limited. This is mainly due to limitation in budget and resources of the project, which also are constraints to expand project outreach. Even in the working/target areas of the project, the number of companies and workers involved in the project is not significant considering the economic activity in the areas.

The evaluation also measures the effectiveness of project management, in which effectiveness is defined as a measurement stating how far a target (quantity, quality, timeline) has been achieved. Based on the definition, achievement level of the effectiveness of ILO project management is good / satisfactory. This is based on following indicators: achievements of the project were reached in a punctual way; targets of trainings were achieved, in addition to other indicators such as project and training reports.

A number of important roles of the project managements that still need to be improved are post-training advocacy to the companies and encouraging formulation of policies that are still required in the implementation of BCP program by all companies involved. These roles are yet to be conducted by the project management due to limitations in human resources. Limited budget results in the inability of the project able to employ any additional staff to support administrative function. Overlapping of administrative and program tasks which had to be carried out by the

project coordinator was also a challenge in project management.

However the evaluation findings show, with this limitation and challenges, the project management has been able to implement an effective project, thanks to:

- The project coordinator was able to develop strong institutional coordination/network with stakeholders and partners, as well as to maintain the good relationship with those stakeholders to ensure a project implemented as planned.
- The management of project showed a good capability to manage project resources (funds, equipments, time management etc) and it has supported with strong background of the project coordinator on technical skills of the related issues.

A number of recommendations that could be considered for the future activities are:

- a. the project needs to engage more related institutions so it could reach wider range of beneficiaries;
- b. Advocacy to policy-makers needs to be conducted to integrate influenza pandemic preparedness policies under the existing umbrella of national policies such as PPP (Pandemic flu Preparedness Plan) or with OSH (Occupational Safety and Health) programs in companies;
- c. Communication media needs to be aimed for awareness-raising and behavioral change of the policy/decision-maker level in companies so the process for BCP planning could be supported.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
UNCAPAHI Objective 3							
UNCAPAH I 3.1.2 ILO Improved working conditions and protection of workers against AHI	<ul style="list-style-type: none"> • Formulation of Codes of Practices/mechanisms for influenza prevention at the workplace • Revision of awareness-raising training module • Number of businesses subscribing to prevention protocol of Codes of Practices/workplace mechanism for surveillance and infection control • National guidance on surveillance and infection control at the workplace tested and approved 		1. Based on previous training module on Avian Influenza prevention, devise an awareness-raising training module on Animal and Human Influenza (AHI);	Revised the strategy	With regards to the budget and time limitation, it was decided to revise the approach; instead of devising a new awareness-raising training module, the project decided to make a use of previous tools, and continue to support the activities by networking trainers	Number of raising awareness training materials distributed to the trainers from previous programmes	
			2. Participate in national workshops and activities related to AHI to consolidate national action plan;	Participate in: - national meeting of national inventory assessment of core capabilities for influenza pandemic preparedness and response, MoH and CDC Atlanta in Jakarta; - Workshop developing humanitarian contingency plan for pandemic influenza, Indonesian red Cross; - Preparing Indonesia for Influenza Pandemic: thematic seminar for European Union's Policies and Actions;			

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
				- ASEAN technical working group on pandemic preparedness and responses, Hanoi.			
			3. Work closely with MoMT to build capacity and promote establishment of in-house mechanisms for information dissemination to workers;	Revised the strategy	Refer to point no 1 of planned indicator targets	Refer to point no 1 of planned indicator targets	
UNCAPAHI Objective 5							
UNCAPAHI I 5.2.4 ILO Preparedness measures and behavior change on occupational safety and health issues	<ul style="list-style-type: none"> • Number of training workshops held • Number of trainers trained on awareness-raising and promotion of good practices • Number of copies of training manuals distributed • Influenza preventive measures incorporated into POSITIVE training programme 		4. Work closely with trade unions confederations to build capacity in disseminating information on influenza pandemic, especially through existing trainers network on OSH initiative by trade unions (POSITIVE); 5. Conduct skill and local capacity development trainings at national, provincial, district and plant level; 6. Establish workable mechanisms at plant level for training workers on AHI and other OSH related issues; 7. Conduct skill and local capacity development trainings at national, provincial, district and plant level; 8. Organize a catch-up session for identified	Revised the strategy	Beside on the budget and time limitation, the revision of this approach was also due to the phase out of the POSITIVE programmes for the trade unions, therefore the project maintain its focus on assisting the trainer networking from previous project by providing the training materials needed and continue to promote the information sharing up to the workplace level.		

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
			trainers from former pilot project in each target province;				
			9. Hold seminars on influenza prevention for tripartite representatives in new target provinces;	Revised the strategy	It is not feasible to expand the work to the new target provinces due to the budget and time limitation. Instead the project decided to focus on the existing target provinces.		
			10. Conduct site visits to target areas;	Revised the strategy	The project utilizes the monitoring by other channel of communication, such as email and phone monitoring.	Formal or informal update of activities from follow up activities by trade unions members	
UNCAPAH I Objective 6							
UNCAPAH I 6.1.11 ILO Capacity development of Labor Ministries and health departments for a response to a possible pandemic (with involvement of	<ul style="list-style-type: none"> Guidance for development a Business continuity plan Development of sample pandemic preparedness plans for specific business areas and economic sectors Survey submitted to SMEs to assess the level of awareness of company 		1. Establish partnerships with private sector companies that have good preparedness plans in place and compile best practices and checklists;	Partnership has been established, it showed during the BCP workshop in Bali, one of the multinational companies as a partner of the project presented its experience in developing BCP and also lesson learnt from the pandemic influenza 2009.		Presentation from the partners from private sectors on the BCP workshop.	
			2. Hold tripartite workshop to present updated information and gather	Instead of conducting specific tripartite workshop, the project at			

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
private sector)	management on pandemic preparedness <ul style="list-style-type: none"> • Number of TOT trainings held • Number of trainers trained on pandemic preparedness • Number of SMEs (small business owners) attending trainings on BCP • Number of follow up trainings held by the network of trainers 		inputs on pandemic plans;	the end of project duration supporting the coordinating ministry of people welfare to conduct national seminar of BCP for multi-sector pandemic preparedness and response and also provided its support to conduct BCP workshop for public services.			
			3. Develop and test training manual on BCP;	The manual has been finalized and tested		Finalized manual of BCP printed	
			4. Submit a survey to SMEs to assess the level of awareness of company management on pandemic preparedness;	The survey to the SMEs has been conducted as part of the BCP training workshop. This questioner is compiled and presented at the final report of the BCP project		Number of questioner submitted	
			5. Train selected company staff on the development and implementation of pandemic preparedness plans;	Revised the strategy			
			6. Identify trainers and assist them in replicating workshops and simulations to help other SMEs develop concrete plans;	Revised the strategy			
			7. Develop preparedness plans at area and local level;	Revised the strategy			
			8. Identify model continuity plans for specific sectors;	Framework models of BCP were documented			

