

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SEVERE ACUTE RESPIRATORY SYNDROME

19 October 2004

The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in over 181 countries.

In Brief

Appeal No. 11/03; Interim Final Report; Period covered: May 2003 to July 2004; Final appeal coverage: 102% ([click here to go directly to the attached Interim Financial Report](#)).

Appeal history:

- Launched on 7 May 2003 for CHF 1,236,000 (USD 1,000,810 or EUR 802,960) for 10 months.
- The programme was extended to the end of July 2004.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000.

The final financial report will be produced after two weeks.

Related Emergency or Annual Appeals: [SARS Emergency Appeal 11/03](#)

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

There were a total of 8,098 reported cases of severe acute respiratory syndrome (SARS), in 29 countries and special administrative regions for the period 1 November 2002 to 31 July 2003. The majority of the cases were reported in China where there were 5,327 cases and 349 deaths, with 1,002 of cases among health care workers. Although the majority of the reported cases were concentrated in Asia, a significant number of cases were reported in Canada (151) and the United States (14).

On 5 July 2003, the World Health Organisation (WHO) declared outbreaks of SARS were contained worldwide. On 8 September, one new case was diagnosed in Singapore. The route of transmission was attributed to accidental laboratory contamination and the WHO considers this to be a single isolated case, with no public health implications, while a Taiwanese senior research scientist diagnosed mid-December, was seen as an isolated event. A new case confirmed on 5 January in Guangdong province, however showed no clear source of infection. He became ill in December 2003, was isolated, and is receiving treatment in Guangzhou, the capital of Guangdong province. None of his contacts developed symptoms. The Government of China took precautions by culling 10,000 civet cats as they are thought to be linked to SARS, although a WHO report stated that "no animal reservoir of the SARS coronavirus have been conclusively identified to date" (WHO SARS update 2, 5 January 2004). The WHO did not put forward recommendations concerning travel or other restrictions.

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The Red Cross Society of China (RCSC), with support from the Federation, responded to SARS through a series of activities intended to educate the public, quell fears and improve hygiene practices in low income communities that are described in further detail within this report.

Nevertheless, there are unspent funds as it was received after the SARS response activities in China. Keeping in mind that the importance of educating the general public about health and hygiene and building upon the momentum of the RCSC and Federation supported community based health education initiatives, the RCSC and the Federation would like to reallocate the remaining funds to the Health and HIV/AIDS programme, with application to the health, hygiene and sanitation activities in Guangxi and Hunan. SARS affected the public's psyche tremendously as with little information about the disease people resorted to drastic measures. It was only through outreach conducted by individuals and public education initiatives that people were able to take appropriate measures. Discussions with RCSC branch representatives at the close of the SARS epidemic confirmed the important role volunteers played and can play in the sudden outbreak of an epidemic. RCSC volunteers provided assistance to quarantined families with routine tasks, contributing both to the general health and morale of SARS affected communities. The community based health activities that will be carried out in Guangxi and Hunan using remaining funds are:

- support and training for volunteers;
- community based health workshops and related expenses;
- production of IEC materials; and,
- increased publicity and advocacy in regard to public health issues.

Red Cross and Red Crescent action - objectives, progress, impact

Objective 1: To support Asia national societies to implement emergency epidemic prevention and response projects, including stigma reduction and anti-discrimination activities.

Progress/Achievements

Red Cross Society of China

Up to 87,000 hygiene kits, each containing one thermometer, one bar of soap and four towels were procured, packaged, and distributed to 87,000 households in six provinces severely affected by SARS. The kits packaged in small brightly coloured carrying cases were in the Chinese language sharing the donation had come from the Red Cross Society of China (RCSC) and Federation. In light of large in-kind donations to the RCSC and other designated recipients of aid, the RCSC and the Federation's regional delegation decided to cancel procurement and distribution of medical kits for health workers, and use those funds to procure more household kits for distribution among rural communities in six provinces instead.

27,000 kits were provided to the RCSC branch in Beijing, 10,000 kits to the society's provincial branch in Hebei, 10,000 kits to the Tianjin city branch, 20,000 kits to the Guangdong provincial branch, 10,000 kits to the RCSC provincial branch for inner Mongolia, and 10,000 kits to the provincial branch in Shanxi. The respective branches in coordination with the ministry of health as well as the network of local branches worked together to identify appropriate individual (the elderly and lower income families) and institutional (schools and hospitals) beneficiaries for the hygiene kits.

One hundred thousand copies of a video disk (VCD) on SARS, health, and hygiene were produced and distributed to all 31 provinces of China. The disk, which was produced by the RCSC with support from the Federation's regional information and HIV-AIDS/health delegates was intended to educate the public on the importance of hand washing and the avoidance of spitting. The topics were addressed in ten separate sections so that the VCD could be either viewed in one sitting or divided into individual clips for television broadcasts. The production of the VCD is an example of the importance for technical delegates and national society staff to work together with the Federation's and the RCSC's media people in educating the public about health. This type of collaboration and use of broadcast media is especially effective in a country like China where a large population is spread over large distances.

Most of the RCSC branches engaged in the SARS prevention activities received the hygiene kits and/or VCDs in July or August and began distributing items in collaboration with neighbourhood committees and the ministry of civil affairs around this same time period.

Follow up monitoring visits were conducted over the period 25 -29 December by the Federation's HIV/AIDS - Health delegate and representatives of the RCSC's National headquarters to RCSC branches in Beijing, Tianjin and Guangzhou. The team for selected visits also included the Federation's China floods relief coordinator and reporting delegate.

Although there has been a lot of publicity surrounding China's economic progress and the urban skyline is increasing exponentially on a daily basis, awareness among the general population regarding public hygiene and health habits especially in highly populated areas remains to be improved. To a certain extent there is a great deal of work to do regarding educating the public about the threats to the public's health due to habits such as spitting. Improving the overall hygiene practice in China will not only help in the prevention of high profile epidemics such as SARS but will also have a powerful effect in curing the outbreak of other common diseases in China like tuberculosis.

When SARS first broke out the public, especially those people living in areas with reported cases, withdrew. The streets were empty as people barricaded themselves in their homes with the windows shut for fear of the disease being airborne. One of the first tasks for China's public health officials and the RCSC was to address the public's fears of carrying on with ordinary activities, as well as encouraging the public in more outdoor activity.

The significance of the RCSC and Federation's response to SARS goes beyond responding to the outbreak of the disease. It also functioned as an important step by the RCSC and the Federation in developing a joint approach for addressing public health emergencies. Lessons learned from the effectiveness of the response to SARS will be incorporated into formulating future strategies for addressing emergency threats to public health.

Beijing

Beijing, the capital of China, has a registered population of 13 million with an additional one million or more migrants. Beijing reported the greatest number of SARS infections (2521) and deaths (191) during the April-June outbreak. In addition to the Federation-supported items, the branch and its chapters received and distributed cash and kind donations from a variety of local, national, and international sources.

The Beijing branch of RCSC received 5,000 VCDs on 30 June 2003 and immediately sent it to all to their 18 district chapters and chapter offices were responsible for its distribution to primary and middle schools, health clinics, factories and other work sites as well as to neighbourhood committees and families, aiming to reach as many people as possible. The branch does not yet have an agreement with local or national television to air public service messages, but is beginning negotiation with TV and radio for 'Red Cross time' to promote Red Cross principles and values as well as educate the public about disease prevention. The branch is using SARS awareness, the 100th anniversary of the RCSC, and the 2008 Olympic games to increase its public profile and improve community standards of health and disaster prevention.

In late July, the branch received 27,000 household kits, which were distributed in three batches: 18,000 kits immediately sent by each chapter to the poor (those making less than RMB 330 per month or approximately USD 42) and the vulnerable (slightly higher income but with family illness or debility); one hundred kits sent to poor students in November; and the balance distributed to the poor and vulnerable as follow up to the SARS cases reported in Taiwan and Guangdong. The branch sees two important effects of the kits, which are improving daily hygiene of residents and increasing the Red Cross profile among the city's population.

Branch and chapter (Tongzhou district and Beiyuan township) staff agree that more household kits (coupled with written information about disease prevention and RC) should be distributed in future and fewer VCDs, and better use made of mass media in broadcasting videos.

Tianjin

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The city of Tianjin is a two hour drive from Beijing, with a registered population of some 10 million people and an estimated mobile population of one million people.

The RCSC Tianjin city branch received 10,000 hygiene kits and 3,900 VCDs to be distributed by the branch and its 18 local chapters. 9,900 of the kits have already been distributed while the branch retained 100 kits in reserve. Criteria for recipients of the hygiene kit were those families whose monthly income was less than RMB 300, and priority was given to branch volunteers and RCSC members. It should be noted that to date very little is known of SARS, and the distribution of hygiene kits was to raise consciousness about maintaining good hygiene among the city's communities, as opposed to classic relief distribution exercises where items are provided to those people who ordinarily would be unable to afford them. The branch's SARS prevention activities were also supported by donations from the Hong Kong Red Cross. Distribution of the kits was accompanied by community health education activities and workshops. According to the representatives of the branch interviewed by representatives of the Federation and the RCSC's national office, the intervention would have been more effective if the branch was provided with a larger number of household kits and fewer VCDs. As VCDs were often shown as part of group trainings especially in three of the city's districts of Jinglin, Dongli and Oorli that had training centres on SARS prevention to rural communities, there was less of a need to provide individuals with copies of the disc. Additionally, many poorer families do not own or have access to VCD players.

Dissemination activities conducted by the Tianjin city branch were particularly strong due to the city branch's standing arrangement with a local television station that allocates ten minutes per week for public service announcements produced by the RCSC. The time period from 18h50-19h00 is particularly effective as it precedes the broadcast of local news which receives a large audience, and each programme is re-broadcasted the following morning. Excerpts from the VCD were broadcasted four times during the month of August.

RCSC chapters such as the branch in Tianjin's Dongxin district mobilised two thousand volunteers to support building clean ups in residential apartment complexes, where corridors were disinfected and walls were repainted in an effort to mobilise communities to work together as a team. The Dongxin chapter, situated close to the hospital which reported one of the first cases of SARS. It serves a community of some 100,000 people, and organised workshops to help raise awareness about SARS prevention while assisting those families who were quarantined due to the disease by doing their daily shopping for necessities such as food.

Tianjin's Hedong district branch that serves a population of 730,000 people played an active role in SARS prevention. Up to 33 cases of SARS were confirmed in the 40 square kilometre area while there was a reported 13 suspected cases. RCSC volunteers and members were called upon to support SARS prevention activities. The branch was designated as a unit to receive donations and distributed 550 household kits and 150 VCDS. Prior to the items distribution the branch arranged training workshops to educate the population about SARS and other transmittable diseases. Household kits were distributed to families whose income fell below the local standard and the elderly.

Guangzhou

A joint Federation/RCSC monitoring visit was made to the southern province, Guangzhou on 27-28 December. The team met with representatives from the provincial branch as well as the city branch in regard to the branch's activities. It should be noted that at all visiting representatives from the respective provincial and district branches were able to produce certified records and beneficiary lists in regard to the distribution of hygiene kits and VCDs. The team spoke with representatives from the ministry of public health, local relief coordinators and the branch's secretary-general as well as made household visits to some of the elderly recipients of the hygiene kits.

There were 1,514 cases of SARS reported in Guangdong (Canton). Although the province was the first to be affected by the SARS epidemic it was not the most heavily affected. The provincial branch mobilised RMB 30 million in cash and in kind donations to support activities in 21 prefectures. The branch received 20,000 hygiene kits funded by the Federation in July. Feedback from the branch indicated that the intervention would be more effective if it arrived earlier and that a quicker response time is recommended in the event of any future public health emergencies. The branch additionally received 2,600 VCDs. The Guangdong Red Cross was not in charge of directly distributing relief items to the beneficiaries, rather the branch tasked hospitals, schools and neighbourhood committees with distributing the items and identifying appropriate recipients for the goods. Guangdong is a large

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and wealthy province with a population of 80 million people. The Federation's intervention in the context of Guangdong was too small to make a significant impact. Given the wealth of the province and the capital city, branch representatives suggested that in wealthier areas more attention should be focused on dissemination activities such as the production of posters as opposed to distributing hygiene kits. In rural areas such as the Hua Du district, however, the distribution of kits had a more significant impact. The Hua Du branch did note that although the kit was appreciated by the recipients, it would have been more effective to include some printed information about health and the RCSC in the kit. Ideas put forward by the branch included creating an illustrated handout. The distribution of hygiene kits was concentrated in four of Guangzhou city's rural areas and the old city centre. The VCD was used by medical teams when visiting affected areas. According to the branch the half hour VCD was well produced providing detailed information about health and Red Cross/Red Crescent principles. The VCD was found to be an effective means of increasing the visibility of the RCSC while promoting the organisation's principles.

In general branch representatives expressed their satisfaction with the Federation supported assistance.

RCSC activities beyond the appeal

The RCSC had an active role in national SARS prevention activities and raising public awareness about the disease. By the end of July 2003, the Red Cross Society of China (RCSC) received nearly CHF 115,000,000 in cash and kind donations, of which CHF 21,333,333 was raised in cash and kind donations by the society's national headquarters and CHF 92,833,333 was raised by the provincial branches. Of these donations approximately one half came in the form of in kind donations of items such as protective masks and rubber gloves. Donations received by the national headquarters were distributed to Beijing, Tianjin, Hebei, Shanxi, Inner Mongolia and Guangdong. Donations received by the Provincial branches were mainly used for local SARS prevention activities.

As noted previously, the donations were used in accordance with donors' requirements, including providing medical equipment and barrier supplies to medical facilities and cash support to people affected by SARS. This last activity was funded by a Hong Kong-based SARS foundation and provided RMB 10,000 (CHF 1,666) to families of those who died of SARS, and RMB 2,000 (CHF 166) to those who recovered from the disease to compensate for loss of income.

Mongolia Red Cross

SARS prevention train campaign

The SARS prevention train campaign was carried out, targeting the community living along the rail line from and to China. This awareness campaign took place inside the train and train station at the Trans Siberian railway line, that crossed Mongolia to China. MRCS youth was the main force in implementing the project. In accordance with an agreement signed with the Ministry of Health on cooperation, a number of qualified health workers were assigned to assist Mongolia in conducting SARS mitigation training for targeted communities. Two medical practitioners who had first hand experience in attending to suspected cases of SARS in May 2003 were involved in SARS training campaign and other kinds of training. Doctors have been sharing their experiences with the medical staff of the stations along the rail line to and from China. Trainings for the local community conducted in each station were accompanied by public event shows in the evenings. Prevention messages were spread inside the train through train radio targeting the passengers.

Considering the number of passengers and people involved in the trainings, public show events and numbers of promotional materials distributed to the community, it is estimated that SARS prevention information spread to six thousand people in the targeted areas.

SARS public awareness materials in the form of posters, cards and brochures were printed and distributed by MRCS district branches operatives in the most populated urban areas of the country and to every railway station. Members of the Red Cross Youth participated in half-day training on SARS awareness and were involved in the SARS awareness campaign.

Activity: Prevention trainings in urban areas

The project gave an opportunity for MRCS district branches to run anti SARS activities among the most vulnerable groups in urban areas. Red Cross targeted the people living in urban slums, who practically had no access to the

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mass media and information. Training attendees were provided with SARS prevention kits that contained masks, thermometers, vitamins and number of promotional and educational materials on SARS.

Prevention trainings conducted in nine districts of Ulaanbaatar city involved a total number of 200 people. The number of beneficiaries might be larger if the people trained passed this knowledge on to their family members and neighbours.

Democratic Peoples Republic of Korea (DPRK)

All the planned activities were completed. There was no further action since the previous operations update in December.

Cambodian Red Cross (CRC)

No new activities since December 2003. There is still a balance of approximately USD 5,000. The delegation requested permission to utilise these funds for other public health in emergencies activities and it was approved by the donor.

Lao Red Cross (LRC)

No further action.

Indonesian Red Cross (PMI)

At the end of December 2003, 150 first aid kits and 1500 masks were procured and distributed to chapters in large cities, that were used by volunteers involved in SARS information activities. No further activities in 2004.

Philippine National Red Cross (PNRC)

In the first quarter of 2004, staff from 67 chapters (of the 89) nationwide underwent a public health emergency preparedness and response training. The training event took place in four different locations and included sessions on prevention and control of dengue and measles, in addition to education on SARS. In groups of three, participants role-played a situation of SARS, dengue and measles outbreak and their response operation.

Between February and July 2004, 42 of these chapters organised one-day training events for core disseminators, and an average of 26 disseminators were trained per chapter. The disseminators were mostly school nurses, village health workers, rural health midwives, Red Cross youth and elementary teachers. The chapters used the information, education and communication (IEC) material received from the headquarters during the training. The headquarters coordinated with the department of health, WHO and UNICEF in preparing some of the materials, which included:

- A chapter's orientation manual on SARS prevention and other public health emergencies.
- Public health information folders, video compact discs on SARS and dengue (for the chapters).
- Certificates and identification (for the disseminators).
- Posters, brochures and fans (for disseminators).
- Personal protective equipment for chapters (including head cap, eye goggle, Masks, gloves and shoe covers).

Disseminators from 23 of the 42 chapters conducted health sessions in schools and communities, reaching a total of 9,857 persons. Disseminators from 10 chapters organised campaign activities in the form of radio interviews, meetings in schools, communities and workplaces, health advisories, door-to-door visits and posters distributions, reaching out to 81,123 persons by the end of July 2004. Disseminators from some chapters requested for supplementary material on filariasis, cholera-gastroenteritis and malaria from the local government health unit, subsequently distributing these to the communities.

The chapters worked closely with different local government sectors, NGOs, church-based organisations, companies and schools in their education and campaign activities. The project coordinator and other staff from the technical division in the headquarters monitored the project activities. At the end of the project timeframe, since all 89 chapters could not participate in the training and dissemination activities, the PNRC extended the activities under a new project. The balance funds (32 percent of the original budget) will finance part of the activities.

Myanmar Red Cross (MRCS)

There has been no activity after December update, however a lecture on SARS continues to be included in community-based first aid. MRCS health adviser participated in a 'SARS lessons learnt' workshop in Bangkok. A 'SARS lessons learnt' forum will be held in June as a part of ongoing country health programme while they completed and finished the SARS project.

Southeast Asia Regional Delegation – Regional Health Unit

In February 2004, 19 health-in-emergency managers from 10 national societies and the Federation met in Bangkok to discuss lessons learnt from the RCRC response to SARS in 2003, as well as preparedness to future epidemics, especially the Avian flu, that was prevalent in Asia at that time. The purpose of the four-day workshop was to strengthen the capacity of national societies to respond to and manage future public health emergencies.

Presentations from all the national societies involved in SARS prevention and control activities highlighted some of the constraints and achievements made in dealing with SARS. First of all, it was a very difficult and complex situation, not only for RCRC, but also for other agencies, like ministries of health and WHO. SARS was a new disease, its mode of transmission, clinical features, and epidemiological patterns were all unknown, though it soon became clear that the world was facing a potentially devastating pandemic. For many national societies it was also the first time in decades they witnessed the emergence of a new epidemic disease, and most did not have either preparedness plans or structures in place to deal with such a situation. Because of these factors, the RCRC decision to act and determining how to act was somewhat delayed, with the international appeal launched in May 2003.

In view of these constraints it is commendable that national societies throughout the region developed and implemented SARS prevention and control programmes, featuring a large variety of activities according to the needs and priorities of each country adjusted to the capacity and mandate of each national society. With particular focus on health information and other prevention activities, and with the ability of RCRC to access vulnerable groups including remote and/or marginalised populations, there is no doubt that RCRC efforts contributed to the detention of the disease. Some countries even reported seeing long-lasting impact of their activities in terms of improved health and hygiene behaviour.

SARS led many national societies to realise the need for improved preparedness for dealing with such epidemics and most are now working in that direction, establishing necessary internal as well as external structures for dealing with future public health emergencies. The workshop led to the formulation of a set of generic RCRC guidelines for health-in-emergency preparedness and response:

- establish national society steering committee and formulate plan
- establish contact with ministry of health (prevention and control)
- integrate into CBFA and other programmes (including tool kit)
- Organise training (for volunteers from the national headquarters and chapters)
 - ? Volunteers
 - ? Epidemiology
 - ? Prevention methods
 - ? Early detection and referral
 - ? Hygiene promotion and environmental sanitation
- Issue guidelines for chapters
- Support for families affected
 - ? Food items
 - ? Money from the community
 - ? Psychological support
- Mass media campaign
- Information, education, and communication

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- ? Utilisation of national society website, publications
- ? Coordinate with the Ministry of Health and other agencies and improve on it
- Support from the Federation – information, education and communication materials production, training and facilities (funding)
- Sharing of information with partner national societies and the Federation
- Project proposal development and resource mobilisation

A workshop report is currently being prepared and will be widely distributed once finalised.

Outstanding needs

There are no outstanding needs. All the country and regional projects are closed now. The remaining balance of non-earmarked funds received from the donors allocated to each country have been reallocated predominantly to country health programmes:

- Asia and Pacific to Asia and Pacific health;
- Indonesia to Indonesia health;
- Cambodia to Cambodia health;
- Laos to Mongolia humanitarian values;
- Myanmar to Myanmar health;
- Philippines to South East Asia regional health;
- South East Asia to South East Asia regional health;
- China to China HIV/AIDS;
- DPRK to DPRK health; and
- Mongolia to Mongolia humanitarian values.

Following this reallocation, the final financial report will be produced two weeks after the publication of the interim financial report attached to this document. Donors have these next two weeks to respond to the reallocations via the relevant regional officers before the final financial report is published.

[Interim financial report below; click here to return to the title page.](#)

SARS in Asia

ANNEX 1

APPEAL No. 11/2003

PLEDGES RECEIVED

12/10/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				1,236,000	TOTAL COVERAGE 102.0%	
CANADIAN - GOVT		300,660	CNY	47,859	15.05.03	DIIRECTLY TO DELEGATION
CHINA - PRIVATE DONORS		169,100	CNY	26,846	14.07.03	
ECHO (09001)		250,000	EUR	385,750	30.06.03	
FINNISH - RC		30,000	EUR	45,675	22.05.03	TEACHING MATERIALS & MEDICAL & FIRST AID
JAPANESE - RC		75,800	USD	103,088	22.05.03	
JAPANESE - RC		133,089	USD	177,208	31.10.03	ACTIVITITHE RCS CHINA
LUXEMBOURG - GOVT		100,000	EUR	152,250	23.05.03	
MONACO - RC		10,000	EUR	15,430	14.07.03	
NEW ZEALAND - GOVT		150,000	NZD	112,425	06.06.03	
NORWEGIAN - GOVT/RC		1,000,000	NOK	193,500	04.06.03	
PRIVATE DONORS		160	EUR	244	26.06.03	
SUB/TOTAL RECEIVED IN CASH				1,260,275	CHF	102.0%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No. & Title: 11/03 - SARS (SEVERE ACUTE RESPIRATORY SYNDROME)
Period: MAY 2003 TO JULY 2004
Project(s): P50540, P51540, PID540, PKH540, PLA540, PMM540, PPH540, PCN540, PKP540, PMN540
Currency: CHF

CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	1,236,000				
less Cash brought forward	0				
TOTAL ASSISTANCE SOUGHT	1,236,000				
<u>Contributions from Donors:</u>					
New Zealand Govt.	111,751				111,751
Japanese Red Cross	274,801				274,801
Norwegian Red Cross	209,856				209,856
ECHO	319,177				319,177
Finnish Red Cross	45,675				45,675
Monaco Red Cross	15,430				15,430
Canadian Red Cross	49,147				49,147
Luxembourg	154,300				154,300
Private Donor	27,886				27,886
TOTAL	1,208,023				1,208,023

OPENING	0
CASH INCOME Rcv'd	1,208,023
CASH EXPENDITURE	-1,034,497
CASH BALANCE	173,526

Appeal No. & Title:

11/03 - SARS (SEVERE ACUTE RESPIRATORY SYNDROME)

Period:

MAY 2003 TO JULY 2004

Project(s):

P50540, P51540, PID540, PKH540, PLA540, PMM540, PPH540, PCN540, PKP540, PMN540

Currency:

CHF

Description	APPEAL Budget	CASH	KIND & SERVICES		TOTAL Expenditures	Variance
		Expenditures	Goods/Services	Personnel		
<u>SUPPLIES</u>						
Shelter and construction						
Clothing and textiles						
Food/Seeds						
Water and sanitation						
Medical and first aid	680,000	226,590			226,590	453,410
Teaching materials	118,000	0			0	118,000
Utensils and tools						
Other relief supplies	4,000	20,189			20,189	-16,189
Sub-total	802,000	246,779			246,779	555,221
<u>CAPITAL EXPENSES</u>						
Land and buildings						
Vehicles						
Computer and telecom equipment		8,170			8,170	-8,170
Medical equipment		341			341	-341
Other capital expenditures						
Sub-total	0	8,511			8,511	-8,511
<u>TRANSPORT AND STORAGE</u>						
Warehousing/Inspection						
Transport and vehicles	52,000	53,745			53,745	-1,745
Sub-total	52,000	53,745			53,745	-1,745
<u>PERSONNEL</u>						
Personnel (delegates)		1,396			1,396	-1,396
Personnel (NS/local staff)	12,000	5,516			5,516	6,484
Sub-total	12,000	6,912			6,912	5,088
<u>WORKSHOPS AND SEMINARS</u>						
External workshops and seminars	175,000	120,118			120,118	54,882
Sub-total	175,000	120,118			120,118	54,882
<u>GENERAL AND ADMINISTRATION</u>						
Travel and related expenses	28,000	11,457			11,457	16,543
Information	52,000	43,750			43,750	8,250
Consultants	15,000	3,676			3,676	11,324
General expenses	20,000	4,940			4,940	15,060
Security						
Sub-total	115,000	63,823			63,823	51,177
<u>PROGRAMME SUPPORT</u>	80,000	67,243			67,243	12,757
<u>TRANSFER TO NATIONAL SOCIETY OPERATIONS</u>		467,366			467,366	-467,366
TOTAL	1,236,000	1,034,497		0	1,034,497	201,503