

PROGRAMME UPDATE



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

CHERNOBYL: HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP) IN BELARUS, UKRAINE AND RUSSIA

13 January 2003

Appeal No. 01.82/2003

Appeal Target: CHF 890,583 (USD 722,500) (EUR 507,600)

Programme Update No. 2

Period covered: June -November 2003

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In Brief

Appeal coverage: For up to date coverage, click on link below:

http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/1-2-3%20-%20ap018203.pdf

Related Emergency or Annual Appeals: CHARP 2004 Appeal no. 01/81/2004. For further details please see the website: www.ifrc.org/cgi/pdf_appeals.pl?annual04/018104.pdf

Programme Summary: During the reporting period, CHARP maintained the focus on thyroid gland screening. The priority target group for the screening was individuals who were aged between 0-18 at the time of the accident and who are living in contaminated areas. Effective medical, social and psychological assistance was provided by six mobile diagnostic clinics working in the six regions affected by the Chernobyl disaster.

Operational developments

Seventeen years after the accident at the Chernobyl nuclear power station the situation in the area remains "difficult" - as does the coordination of international relief efforts, according to a United Nations report issued in New York on 15 October 2003.

In a report on "optimizing the international effort" to mitigate the consequences of the disaster, requested by the General Assembly, UN Secretary-General Kofi Annan says "despite that fact that 17 years have passed since the accident, the situation in and around Chernobyl and the contaminated areas of Belarus, the Russian Federation and

Ukraine remains difficult." The report says, "More needs to be done to secure donor support in a systematic way. United Nations country teams are talking to donors in their respective countries, but this work needs to be invigorated and coordinated."

The report suggests further study of three possibilities: a large donor conference; the organizing of donor field trips to the most-affected areas; and a coordinated approach in the donor capitals, in the UN Headquarters in New York and in the capitals of the three affected states.

"The United Nations program aimed at addressing the human consequences of the Chernobyl disaster has been chronically under funded for many years. Because of the constraints felt by some donors, Chernobyl falls into a budgetary gap," it says. The Secretary-General's report notes that, "For the victims, Chernobyl is a personal and societal tragedy. For the rest of the world Chernobyl represents a disaster whose consequences need to be eliminated and the recurrence of which should be prevented....Herein lies the enlightened self-interest of the international community and the test of its solidarity with those who continue to live with the effects of the worst disaster of its kind that the world has known". (For more details go to UN News Centre at <http://www.un.org/news>).

One of most important events during the reporting period for the Red Cross Chernobyl Programme was the conclusion in November 2003 of the Partnership Agreement between Belarus RC, Russian RC, Ukrainian RC, the Netherlands RC and the Federation on CHARP. The agreement presupposes essential changes in the management structure of the programme concentrating more managerial responsibilities in the National Societies while keeping the coordination role for the Federation. The Netherlands Red Cross allocated 1 million EURO for CHARP for the years 2003-2005 and that makes the funding situation in the programme more stable and secured at least for this period.

Health and care

Goal

The health and well-being of the population affected by the Chernobyl nuclear disaster is improved.

Objective

Effective medical, social and psychological assistance was provided by six mobile diagnostic clinics to an estimated 90,000 targeted individuals in the six regions affected by Chernobyl disaster during 2003.

Expected results for this objective:

- A total of 90,000 people benefit from screening of their thyroid gland. The priority target group for screening is individuals who were aged between 0- 18 at the time of the accident and living in contaminated areas.
- Deaths and disabilities are prevented among the people who have developed thyroid-gland cancer due to timely detection and referral to medical institutions for treatment.
- Stress and anxiety linked with radiation are reduced for a total of 15,000 people annually through psychosocial support.
- Immune status is improved for some 10,000 children living in highly contaminated areas through supplies of multivitamins containing B, C and D group with iron, folic acid and stable iodine for the winter months.
- The National Societies have well trained and equipped mobile diagnostic laboratory (MDL) teams carrying out diagnosis and treatment of ailments of the affected population in remote rural areas of the six highly affected regions of Belarus, Ukraine and Russia.

Progress/Achievements (activities implemented within this objective)

In the period from January to November 2003, the specialists of six MDLs, working within CHARP, have checked 82,339 people. In accordance with recommendations of the International Federation's latest evaluation of the programme the examinations were concentrated on thyroid cancer screening. The MDL doctors focused their efforts on checking the priority target group, i.e. individuals who were between 0-18 at the time of the accident and living in contaminated areas.

As the programme is filling to a certain extent a gap in primary health care, which is limited in the remote rural areas, along with the thyroid screening the laboratory doctors carried out the diagnosis and treatment of other ailments upon complaints of patients or results of clinic tests. However the MDLs no longer provide mass blood and urine testing (at present time this activity is comparatively limited with those tested comprising about 10-20% of all examined).

Throughout 2003, the MDL specialists, Red Cross workers and volunteers of CHARP continued to provide psychosocial support (PSS) to the population affected by the Chernobyl disaster. By delivering accurate information about the long-term health effects of the accident the stress level among the population was diminished.

Impact

As it was mentioned above, from January to November 2003, all Red Cross MDL teams performed a total of 82,339 examinations (the number includes both primary cases and those with pre-established diagnosis).

The preliminary diagnosis of thyroid cancer has been established in 351 cases. These people were referred for further examinations to specialised medical institutions.

Three other thyroid pathologies draw attention to themselves. Among them, first place belongs to non-toxic diffuse goitre which has been found in 25,670 cases (detected during about 31 % of all examinations). Non-toxic nodular goitre holds the second place – 5974 cases (about 7.3%). Thyroidites have been detected in 4415 cases (about 5.4%).

In total 13,069 patients with different kind of pathologies (thyroid and others) were referred to specialized medical institutions for further examinations or treatment.

Constraints

During the majority of the reporting period CHARP was still facing funding constraints. The programme entered 2003 with CHF 32,329 deficit. Donations received in June-August 2003 from the British Government/DFID, Japanese Red Cross and Austrian Red Cross in total amount of CHF 340,000 were sufficient to cover the running costs of the MDLs. Therefore such activities as supplying multivitamins, training personnel, and psychosocial workshops could not be implemented. The worn out and obsolete laboratory equipment could not be replaced. The MDL vehicles after six years of hard work in the field required appropriate funds for technical service to keep them in good shape.

However the above mentioned constraints were diminished when in November 2004 the Netherlands Red Cross pledged 1 million EURO earmarked for CHARP for three years (2003-2005). This money was raised by the Netherlands Red Cross through the Dutch National Postcode Lottery. For the year 2003 specifically, the Netherlands Red Cross allocated EURO 52,540. In addition, the Netherlands Red Cross logistics services started procurement procedures for supplying new equipment, reagents for MDLs and multivitamins for children living in highly contaminated areas.

Another ongoing issue is the difficulty in fulfilling the target plan for examination i.e. 90,000 people per year by all six laboratories. The experience obtained by MDLs shows that it is sometimes not feasible to reach the target number of examinations (70 checks per day) while screening the target group in remote areas where in some villages only few representatives of this group are residing.

Analysis and outlook

At present the MDLs are working on the basis of the concept recommended by the Federation's latest evaluation carried out in April-May 2002, providing thyroid screening for individuals who were aged between 0-18 at the time of the accident and living in contaminated areas. However the percentage of people screened outside the target group is still comparatively high. On average it is about 20%. As mentioned above, the cohort of young people belonging to the target group in remote villages is small one and the MDL specialists coming to sites are sometimes requested to check people from other age groups. This issue is planned to be discussed by the specialists at the CHARP workshop in February 2004 in order to find a possible solution.

CHARP is also trying to find ways to improve diagnostics abilities by using modern techniques. At the present time the specialists of Brest MDL are successfully performing fine needle biopsies in the field. This has improved immensely the accuracy of diagnosing thyroid cancer. The laboratory doctors of Gomel and Mogilev MDLs will use this method in their work in the future. In order to do this, they will be trained at Belarus Republican Dispensary of Radiation Medicine in May 2004.

The Ukrainian and Russian MDLs have chosen another way of improving diagnostics. They are planning to include pathologists from local endocrinology centres into MDL teams to perform the fine needle biopsies in district hospitals. This method is suitable for Bryansk, Zhitomir and Rovno MDLs due to local legislation.

It is expected that a system of providing reliable follow up for the patients on the basis of closer co-operation between MDL specialists and the specialised medical institutions will be developed in 2004. This system will ensure a good feedback in the work of CHARP.

For instigating the above mentioned changes in the medical part of CHARP, necessary negotiations are planned with Ministries of Health in the three respective countries in order to sign appropriate agreements which would give a reliable legislation basis for further co-operation with health care institutions. In addition, such agreements will offer sustainability of CHARP by envisaging gradual handover and integration of the programme into the public health systems.

Coordination

CHARP is being coordinated from the Federation's Representative Office in Kiev in Ukraine which was staffed by two locally recruited workers (CHARP Coordinator and Finance Officer). In accordance with recommendations of the recent evaluation of the Netherlands Red Cross carried out in April 2003, a medical adviser was employed in December 2003 for managing such issues as biopsies in the field; proper follow up for examined patients; reliable feedback with specialised medical institutions. In addition this specialist will be dealing with data collection, training MDL personnel, and monitoring.

In September 2003, the regular meeting of the International Chernobyl Coordination Committee (ICCC) was held in Brest Oblast, Belarus. The participants of the meeting discussed and approved the new concept of the management of CHARP recommended by the evaluation of the Netherlands Red Cross. In accordance with this concept each Operating National Society (ONS) takes full responsibility for daily management of the programme in their respective countries. For this each ONS nominates a national manager who is responsible for day-to-day running of the programme. The Federation now focuses on playing a coordination role, providing overall planning, budgeting and monitoring.

The participants of the ICCC meeting also approved the CHARP Strategy for the next 5 years. This document focuses on issues of organisation and management of the programme and its position in the institutional setting of the health care services in the countries concerned. In particular the Strategy presupposes further integration of the programme into the health systems in order to enhance its sustainability.

At the present time in the implementation of the programme both the national societies (NSs) and the International Federation's delegation have close cooperation with the Ministries of Health and Ministries of Emergencies (or corresponding ministries) in each country and maintain contacts with various agencies including WHO, TACIS, USAID, UN agencies, Swiss Development Agency as well as with radiological centres, dispensaries and many leading specialists and experts from Belarus, Russia and Ukraine.

During the reporting period efforts were made to facilitate a dialogue with a number of PNSs in order to ensure proper co-ordination of partner NSs and other donors support for the programme. The main event was the signing on 30 November 2003 in Geneva of the Partnership Agreement between the Federation, The Netherlands Red Cross, National Societies of Belarus, Ukraine and Russia concerning co-operation in the implementation of CHARP. According to the Agreement the Netherlands Red Cross allocated 1 million EURO for the period 2003-2005 (see also **Constraints** section above).

At present primary CHARP donors are the Netherlands Red Cross, the British Red Cross and British Government/DFID, Japanese Red Cross, and Austrian Red Cross Societies.

The International Federation attended the 2nd meeting of the Steering Group of International Chernobyl Research and Information Network (ICRIN) held in Geneva on 5 December. The meeting provided the opportunity for an update from each member on the current progress of this initiative, including the update on the Multi Stakeholder Process (MSP), the outcomes of the Chernobyl Forum, as well as future priorities. It was highlighted that to ensure consistency and continuity and avoid unnecessary duplications, the expertise of the scientists from the Chernobyl Forum in the areas of health and environment should also be utilised for the ICRIN Scientific. The International Federation continues to be a focal point for selection of the rotating NGO member to the Steering Group. Members were invited to hold the next meeting in the Russian Federation.

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