

Mid-Year report



Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP)

Appeal No. MAA67002

31 August 2010

This report covers the period from 1 January 2010 to 30 June 2010



Doctor of Brest Red Cross, Belarus, mobile medical team providing thyroid gland screening for a young man. Belarus Red Cross

In brief

Programme outcome: Effective medical, social and psychological assistance is provided to targeted individuals in the regions affected by the Chernobyl nuclear disaster.

Programme(s) summary: During the first six months of 2010, CHARP continued to provide general medical, social and psychological assistance in the six regions of Belarus, Ukraine and Russia affected by the Chernobyl disaster. The main focus was on thyroid cancer screening in the priority group of people who were aged between 0 and 40 at the time of the Chernobyl accident and live in radiation contaminated areas. The Red Cross mobile medical teams (MDL) screened 53,082 patients out of which 42 per cent were screened for the first time. Totally 24,678 cases of thyroid pathologies, 46 per cent of all screened, were detected. This fact alone shows that CHARP is providing a vital, life-saving service. Totally 8,035 patients suspected of having different types of thyroid gland cancer were referred to specialised medical institutions. Suspected thyroid cancer cases were confirmed in 73 patients.

The important impact of CHARP activities was provided via psychosocial support focused on diminishing stress and anxiety in the population by delivering accurate information about the long-term consequences of the disaster. Some 16,500 people received psychosocial support from CHARP. Funding constraints in the beginning of 2010 did not allow the purchase and distribution of multivitamins for children. Funding received at a later stage will allow distributions to take place next winter.

Financial situation: The total 2010 budget is CHF 512,163 (USD 496,338 or EUR 337,003), of which 93 per cent covered. Expenditure was 126,649. Expenditure against budget was 25 per cent and expenditure against funding was 27 per cent. So far in 2010 the programme received contributions from the Irish government, the Japanese Red Cross and the Austrian

Red Cross. However all these allocations arrived at the end of the reporting period, therefore the low expenditure against funding. [Click here to go directly to the financial report.](#)

See also [Chernobyl Humanitarian Assistance and Rehabilitation Programme \(CHARP\) Cross-country Plan 2010-2011](#)

No. of people we help: According to reports from the Red Cross Societies of Belarus, Ukraine and Russia from January to June 2010 about 69,582 people have benefited directly from CHARP interventions as follows:

- **Thyroid gland and breast screening:** 46,764 and 6,318 people respectively
- **Psychosocial support:** 16,500 people

Our partners: CHARP is being implemented by the International Federation of Red Cross and Red Crescent Societies (IFRC) together with the Red Cross Societies of Belarus, Russia and Ukraine in close cooperation with the ministries of health of all three countries.

Context

Almost 25 years after the Chernobyl accident happened, radiation in the affected areas is still high. Still today the radiation makes the population vulnerable, the most serious effects being thyroid cancer¹ as well as infants with malformations. In Belarus, the Russian Federation and Ukraine nearly 5,000 cases of thyroid cancer have been diagnosed to date among children who were up to 18 years at the time of the accident.² It is expected that the increase in thyroid cancer incidence due to the Chernobyl accident will continue for many years to come. The accident led to extensive relocation of people, loss of economic stability, and long-term threats to physical and mental health in current and possibly future generations. Feelings of worry and confusion, as well as a lack of physical and emotional well-being are still commonplace. Taking into account the limited capacity of the primary health care system in rural areas, IFRC together with the national Red Cross societies of Belarus, Ukraine and Russia continued implementing the long-term Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) in the first six months of 2010. The programme has been implemented since 1990.

The main focus is on providing thyroid³ health screening and psychological support to the affected population in order to reduce and mitigate the impact of the disaster. The programme activities aimed at identifying thyroid gland cancer and other thyroid pathologies as early as possible among people in the most remote areas. In addition to thyroid screening, laboratory doctors diagnosed and treated other ailments upon receiving patient requests or based on the results of clinical tests, conducted breast screening, carried out HIV preventing activities and provided psychosocial support. These services were rendered by six mobile diagnostic laboratories (MDL), three of which are situated in the Brest, Gomel and Mogilev regions of Belarus, two in Rovno and Zhitomir regions of Ukraine and one in the Bryansk region of the Russian Federation.

In May and June IFRC, as a member of the UN interagency task force for Chernobyl-related issues took part in preparing the UN Secretary-General's report on Chernobyl for the 65 Session of the UN General Assembly. The report is to provide a record of the major activities undertaken within three years since the issue of the last report in 2007 including examining

¹ This type of cancer is caused by the thyroid gland taking up large quantities of radioactive iodine-131. Iodine-131 leads to pathological cell modifications in this organ. This process is exacerbated in areas - such as Belarus, southwest Russia and Ukraine - where iodine deficiency is endemic.

² <http://www.who.int/mediacentre/factsheets/fs303/en/index.html>

³ Thyroid gland is a gland (= an organ) in the front of the neck which is involved in controlling the way the body develops and works. Definition of thyroid (gland) from the Cambridge Advanced Learner's Dictionary. <http://dictionary.cambridge.org/dictionary/british/thyroid-gland>

what has been achieved, what fell short, and what challenges lie ahead. It is also meant to provide a mid-term review of implementation of the UN Action Plan on Chernobyl till 2016 and outline UN plans for the future. The report of the Secretary General serves as the foundation for the General Assembly's resolution on Chernobyl.

Progress towards outcomes⁴

Programme purpose: **Effective medical, social and psychological assistance is provided to targeted individuals in the regions affected by the Chernobyl nuclear disaster.**

Component outcome 1: Six mobile diagnostic laboratories have screened 90,000 people for thyroid gland pathologies in the target group of individuals who were 40 years old or younger at the time of the accident and living in contaminated areas.

From January to Jun the specialists of six mobile diagnostics laboratories working within CHARP examined 53,082 people or about 59 per cent of the annual plan. Examined persons were aged 0 to 40 at the time of the accident and living in remote contaminated areas. People living in areas which have not been screened recently or were not screened at all in the past were prioritized. About 42 per cent of those examined were screened for the first time since the disaster.

Among the 53,082 people screened, mobile medical teams specialists detected 24,678 cases of abnormal scans, i.e. pathologies. This means that about 46 per cent of all screened people have pathologies of the thyroid gland in various stages of development. The three primary thyroid pathologies detected by the medical teams were nodular pathology (about 40 per cent of all cases), diffuse goitre (29 per cent of all cases) and thyroiditis (16 per cent of all cases). The patients diagnosed with these pathologies are under constant monitoring by Red Cross mobile teams because if left undiagnosed or untreated, there is a risk that these conditions may develop into thyroid cancer.

Totally 8,035 patients suspected of having different types of thyroid gland cancer were referred to specialised medical institutions for in-depth examination and surgery if needed. Suspected thyroid cancer cases were confirmed in 73 patients by cytological examinations; information on these cases was provided by clinics to the Red Cross. The patients with confirmed cancer have received necessary treatment and are also being monitored by the mobile teams and health care institutions.

In accordance with the updated concept of CHARP which includes breast screening and HIV counselling the medical team doctors conducted breast screening. In particular those women who had been diagnosed with thyroid nodular pathologies also passed through thyroid screening. Of 6,318 women out of the total number of people screened, 89 per cent were screened for the first time. While conducting breast screening, in addition to examining patients women were also taught how to do self-examinations. Moreover the teams provided HIV counseling to the target group and helped the National Societies organize HIV activities such as peer education and information dissemination.

Component outcome 2: Stress and anxiety linked to radiation is reduced for 30,000 people through psychosocial support.

The important impact of CHARP activities was provided via psychosocial support focused on diminishing stress and anxiety in the population by delivering accurate information about the long-term consequences of the disaster. Through psychological assistance to residents of contaminated remote areas the Red Cross workers helped the population to reduce their risks

⁴ These objectives are from the CHARP plan for 2010-2011 and presents the expected results after 6 months implementation out of 24 months.

of radiation exposure and manage stress. These efforts are contributing to healthier lifestyles, combating alcohol and drug abuse as well as risky sexual behavior. Some 16,500 people received psychosocial support from CHARP.

At the end of 2009, the National Societies of Belarus, Ukraine and Russia organised psychosocial workshops for the mobile medical teams and Red Cross staff and volunteers on methods and tools for providing psychosocial assistance to the victims of Chernobyl disaster. The knowledge obtained at these workshops helped the MDL staff, Red Cross staff and volunteers to better inform the population of the consequences of Chernobyl accident and how to deal with these.

In addition, the medical team doctors and Red Cross staff published articles in newspapers, gave interviews on local radio highlighting the consequences of the accident, explaining preventive measures against stress and related diseases and social problems, and ways how to cope with crisis situations.

Component outcome 3: Immunity is improved for 30,000 children living in highly contaminated areas through winter supplies of multivitamins containing the C, D and B groups with iron, folic acid and stable iodine.

Because of serious funding constraints in the beginning of 2010 the purchase and distribution of multivitamins from February to April for children living in the contaminated areas could not be achieved. However in May the Japanese RC donated about CHF 34,000 earmarked for supplying multivitamins for children. Distributing vitamins during the summer months is not needed though as children receive enough vitamins from fruits and vegetables. The multivitamins will therefore be distributed next winter.

Constraints or Challenges

The main constraint for programme implementation was lack of funding. In particular from January to March there was no response to the CHARP plan for 2010. Therefore IFRC actively sought the necessary funds. As a result from April to June the programme received donations from the Irish government, the Japanese Red Cross and the Austrian Red Cross. This support ensured a successful implementation of the programme. In addition the Irish government also pledged to allocate around CHF 250,000 for 2011. Together with traditional annual support from the Japanese Red Cross this makes a good basis for programme implementation for next year.

Working in partnership

CHARP is being implemented by IFRC together with the Red Cross societies of Belarus, Russia and Ukraine in close cooperation with the ministries of health of the three countries. At present the local input constitutes about one third of the overall budget. Together with the authorities, the regional Red Cross branches in all three countries fund part of the running costs including office rentals, salaries and accommodation for mobile medical team members during field trips. IFRC provides financial support to National Society personnel, equipment and reagents, vehicles, fuel and maintenance.

The new CHARP funding strategy adopted in 2009 envisages that the National Societies will seek possibilities to increase local contributions. To reach this goal, the Belarus Red Cross held successful negotiations with the Japanese embassy in Minsk that resulted in donation of around CHF 101,000 earmarked for purchasing equipment for mobile medical teams. The Belarus Red Cross already started procuring equipment such as ultrasound scanners, and blood and urine analyzers with the assistance the Federation logistics department in Geneva. After the Ukraine Red Cross approached the Japanese embassy in Kyiv the latter considers supporting CHARP but only in 2011.

In February the director of the International Department of the Icelandic Red Cross visited Gomel region and learnt about the work of local Red Cross medical teams. Accompanied by a

journalist who filmed the teams in action and interviewed Red Cross workers and patients. A film was made. In 2009 the Icelandic Red Cross contributed some CHF 40,000 and expressed interest to continue its support in 2010.

A high ranking delegation from the Austrian Red Cross visited Belarus in June. The delegation got acquainted with CHARP activities in Brest region. The visit resulted in the Austrian Red Cross donating around CHF 83,100 earmarked for blood testing including HIV testing, purchase of equipment and reagents for blood tests.

IFRC is a member of the UN interagency task force for Chernobyl. Since its launch CHARP has maintained cooperation with several international agencies, including WHO, UNICEF, UNDP and several NGOs. At present IFRC together with these agencies are implementing the UN Action Plan on Chernobyl for the third decade after the disaster until 2016.

Contributing to longer-term impact

In conformity with the above mentioned UN Action Plan it is foreseen that in the years to come the core activities will remain thyroid cancer screening and psychosocial support. Along with this the Red Cross MDLs will provide screening for breast cancer. In addition the CHARP framework will include HIV and AIDS preventive activities. Even though this disease is not directly linked with the health consequences of the Chernobyl disaster, working in rural areas and screening about 90,000 people annually the MDL teams can give people important information on HIV and carry out necessary blood testing. It would be a significant support for National Societies in implementation of HIV projects.

In the second half of 2010 the CHARP is approaching its 20 years jubilee. IFRC has already started an analysis of the experiences through CHARP. The findings will be published as a best practice case around the IFRC's Chernobyl engagement for the benefit of agencies working in post-radiation environments. Publicising the success of the programme internationally will demonstrate the unique experience the Red Cross has obtained in the follow-up after a nuclear accident.

Looking ahead

CHARP is a longer-term ongoing programme and its conceptual basis will remain the same in the second half of 2010. The core activities will be thyroid screening in remote areas of those aged 0 to 40 at the time of the disaster and psychosocial support for the affected population.

At the same time steps will be taken to invigorate breast screening in the work of all medical teams. In particular the National Societies will negotiate with ministries of health in the three countries on providing appropriate training for mobile medical team doctors.

Along with HIV counselling and awareness raising, HIV blood testing is planned to be included as part of the work of the medical teams. The required equipment and reagents will be purchased with the funds allocated by the Austrian Red Cross. Local medical authorities will include their HIV specialists as team members to help the Red Cross doctors.

These important issues will be discussed at the next meeting of the International Chernobyl Coordination Committee (ICCC) that is the coordination body of the programme, composed of the presidents of the Ukraine and Russian Red Cross Societies, the Secretary General of the Belarus Red Cross, and IFRC. The next meeting will be held in Mogilev in Belarus in September 2010. The participants of the meeting will discuss issues of programme sustainability, ways to mobilize support internationally, how to increase local input and how, in conformity with the CHARP strategy, to gradually hand over the programme to the governmental health care system.

How we work

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

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