

CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME

27 December 1996

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situation report no. 3/96

period covered: 1 October -- 30 November 1996

Preparations for the implementation of the new Chernobyl programme are moving ahead. A Federation assessment in November highlighted growing depression among the population in affected areas and the need for the scheduled psychological support component of the Programme. In the first ten months of this year the Mobile Diagnostic Laboratories screened 49,000 people, revealing a higher percentage of illnesses than the previous year .

The context

The Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme began in 1990. From 1992 onwards, six Mobile Diagnostic Laboratories (MDLs), based in Gomel and Mogilev in Belarus, Kursk and Bryansk in Russia and Zhitomir and Rovno in Ukraine, have screened background radiation in contaminated areas and provided medical screening for radiation related diseases to adults and children living in the areas contaminated in the 1986 Chernobyl Reactor Accident.

The Red Cross Programme is unique in that it takes its services to the population, particularly in remote areas, provides instant medical information and referrals, and is available to both adults and children.

In February 1996 an evaluation of the Programme recommended an expansion of the screening of the thyroid gland in those who were children at the time of the accident and the introduction of a Psycho Social Component. These recommendations were agreed on at a Workshop held in Gomel in April this year and the subsequent Plan of Action was accepted by the International Chernobyl Co-ordination Committee in August. In October 1996 a revised Appeal for the Chernobyl Programme was launched which covered the budget for 1996 and 1997 and included the transition to the new programme and its implementation .

Latest events

The Chernobyl Nuclear Power Plant continues to be a source of concern for Ukrainian authorities. With the recent shut-down of the first reactor, power management in the country is in a critical state.

The decision to restart the second reactor of the plant, the so-called Chernobyl-type reactor, shut down in 1992 after a fire, has already been taken but the USD 65 million needed for repairs remains to be found. Greenpeace qualified the decision as "horrible" but the government argues that Ukraine did not receive the promised western funds to cover the construction of two new reactors (at the Khmel'nitsky and Rovno Nuclear Power Plants) supposed to replace the energy production that would be lost when Chernobyl closes.

Periodic reports of incidents at nuclear power plants other than Chernobyl fuel anxiety about nuclear danger among the population of the region. Recently a leak of lubricant from a reactor's turbine auxiliary system at the Zaporozhia nuclear plant in southern Ukraine shut down the reactor, which was cut off from the country's power grid. However the incident did not affect radiation levels at or around the power plant.

The results of a recent poll organized by the Belarussian Institute of Sociology among people resettled from Chernobyl affected areas confirm the need for a Psycho Social Support Component of the Red Cross Chernobyl Programme for people still living in contaminated zones.

According to the poll, 79 per cent of those interviewed frequently or constantly suffer nervous stress and anxiety. Of these, 68% gave "material or financial problems" as a reason for psychological tension and 41% said they were worried about their health or the health of their children. Every third person questioned was sure that living in the contaminated area has affected or will affect his/her health or the health of family members and every fifth responder considered the Government to be indifferent to the problems of the resettled population.

Red Cross/Red Crescent action

The latest screening figures available are for October. They are given in Table 1 below, together with figures for the first ten months of this year.

MDL	Mira-661	Mini-cont	LB 200	WBM	QBC	Clinitec	Ultra sd	Dr and Endo exam
Gomel	158	147	248	0	1,330	1,381	1,221	1,221
Mogilev	96	86	91	1,024	922	363	1,024	1,024
Bryansk	251	26	7	1,020	1,014	896	1,020	1,020
Kursk	105	35	41	0	533	668	1,180	1,180
Zhitomir	200	0	10	1,498	892	472	1,498	1,498
Rovno	65	0	65	888	880	888	888	888
Total Oct 96	875	294	462	4,430	5,571	4,668	6,831	6,831
Total 10 mths 96	10,409	3,391	3,855	42,181	44,604	26,564	48,469	49,071

NB Kursk vehicle had engine failure and was out of action from April to October. In addition, the WBM was not working. Alternative transport was used from September onwards. New Clinitecs in Zhitomir and Kursk were working as from September. Whole Body Monitor in Gomel was not working in October.

Explanation of examinations:

Mira 661	Background gamma radiation monitor
Minicont	Surface alpha/beta radiation monitor
LB-200	Food Monitor
WBM	Whole Body Monitor for Caesium ¹³⁷
QBC	Blood Analyser
Clinitec	Urine Analyser
Ultra sd	Ultrasound examination of the thyroid gland
Dr exam	General medical examination and analysis of data collected during examinations plus examination by Endocrinologist

Of the total number examined, seventy per cent were children. Of these, over 60 per cent were defined as ill, compared to 45 per cent in 1995. Over 70 per cent of the adults were defined as ill, compared to 65 per cent in the previous year. Many people are diagnosed as having more than one illness. However these illnesses cannot be directly attributed to the Chernobyl accident alone: they are due to the complex situation created by both the contamination and the declining economy in all three affected countries, which has produced a decrease in health care provision.

One notable result from the screening is the confirmation of four cases of thyroid gland cancer in adults in Bryansk Oblast. This confirmation was received after detailed examinations following referrals provided by the MDL. The four were all between the ages of 19 and 25 at the time of the Chernobyl accident in 1986.

Distribution of milk powder and multi vitamins •

The ECHO funded milk powder and multivitamins which were delivered to the six Oblast Red Cross Committees by the middle of September were subsequently distributed to educational establishments during the following month. In Zhitomir Oblast there were difficulties in distribution because of a fuel shortage, but by the end November less than 10 per cent of the milk powder and multivitamins were still awaiting collection.

International Chernobyl Co-ordination Committee •

The International Chernobyl Co-ordination Committee (comprising the Presidents of the three National Societies and staff from the Federation Delegation in Minsk) met in Kiev in November and agreed to the proposals of the Working Group which met in October.

These proposals included :

- the selection of the Oblasts that will receive new vehicles (Bryansk Oblast in Russia, Rovno and Zhitomir Oblasts in Ukraine, Gomel and Mogilev in Belarus),
- the removal of the Whole Body Monitors from three of the current vehicles,
- the implementation period of the new programme and the sustainability of the programme in the future.

The National Societies are committed to increasing their financial contributions to the programme in the future and in particular to obtaining government support, but realize that in the current economic situation this may be difficult and time consuming. One issue that was not resolved was the appointment of a local Programme Manager to take over from the current Relief Administrator/Programme Co-ordinator in early 1997.

Psycho Social Component of the Programme •

The assessment for the Psycho Social Component of the Programme was completed in the first week of November by Dr. Jean Pierre Revel, Relief Health Adviser at the

Federation Secretariat and Mette Sonniks, Psychologist from the Federation Reference Centre for Psychological Support in Denmark. The aim was to propose objectives for the programme; identify the target area for the pilot project, the criteria for selecting Training of Trainers candidates, and the resources available from both within the Red Cross and other organizations in Belarus; and to identify the Oblasts where the pilot project should be implemented.

After meetings with both the Federation in Minsk, Belarus Red Cross at national and oblast level and with other concerned organizations working in this area (including UNESCO), plus local communities, the mission concluded that the population generally appeared depressed, with many psychosomatic symptoms developing and being wrongly attributed to the Chernobyl Accident.

They also found that Government authorities, confronted with an increasing lack of resources, are drastically reducing health and social welfare programmes and that health professionals are moving from rural areas to cities. Drawing on the long experience acquired by the Chernobyl Programme in the affected areas the draft assessment report recommends the integration of the Psycho Social Component into the current programme.

The main recommendations are as follows:

- that the general objective of the Psycho Social Support Component of the Chernobyl Programme is to alleviate the suffering of affected communities by providing simple, reliable and easily understandable information
- that the development of this component of the Chernobyl Programme should be a priority for 1997
- that the first step in the programme will be the development of a Training of Trainers Workshop (to be held in the summer of 1997) to create a core of trainers who will then train Red Cross staff and volunteers to provide psychological support at community level. Target groups for training will be Visiting Nurses and MDL staff. The initial priority Oblasts for the first training session will be Gomel and Mogilev, areas which are already included in the programme and the two most heavily contaminated,
- that co-operation be established with other organizations involved in the same area of work but operating in different Oblasts or using a different approach.

Outstanding needs

On 14 October, the Federation launched a revised appeal seeking CHF 3,280,000 in cash, kind and services to assist the 200,000 beneficiaries of the programme for a 16 month period. The assessment of needs indicated, ideally, the screening of each child once a year and a minimum of 20 MDLs (ECHO evaluation, March 1996). This number is far beyond the capacity of the Red Cross but gives a clear picture of the scale of needs in the area.

The immediate and future needs are the replacing of the vehicles carrying the MDLs. After five years of use, these are in a poor state of repair and expensive to maintain. New, lighter vehicles and equipment (ultra sound scanner, blood and urine analysers) will bring considerable cost reductions. To maintain continuity it is essential to keep the old MDLs on the road until their replacement.

Contributions

For details, see Annex 1, attached.

Conclusion

The Programme is moving towards a transition period in 1997 and steps are being undertaken by all concerned to ensure this runs smoothly and without major problems.

What needs to be done has been soundly established. Now the most urgent requirement is an influx of funds that will enable action to be taken and long-term planning to be maintained.

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