

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

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

Appeal no. 01.82/2003

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	2003 <i>(In CHF)</i>	2004² <i>(In CHF)</i>
1. Health and Care	890,583	995,000
Total	890,583¹	995,000

Introduction

On 26 April 1986, the world witnessed the worst accident in the history of the civil nuclear industry, when a nuclear reactor at the Chernobyl power plant exploded in northern Ukraine, spewing tons of cancer-causing isotopes around the world and contaminating vast areas in Belarus, Ukraine and the Russian Federation. Radioactive pollution in these countries occupies an area three times bigger than the territory of Denmark. The United Nations (UN) estimates that nearly seven million people continue to live in contaminated areas.

Since 1990, the Red Cross has been running a humanitarian assistance programme to address the basic health needs of those living in highly-affected regions of Belarus, Ukraine and Russia. The health consequences of the disaster were discussed and studied for many years. To date the only pathology scientifically attributable to radiation exposure as a result of the accident is an increase in thyroid cancer among individuals who were children at the time of the accident.

The thyroid cancer incidence rate among the people exposed to radioactive iodine stands at 100 cases per 100,000 people – that is 16 times higher than in countries not affected by a nuclear accident. It is predicted that the incidence will peak between 2006-2020. The psychological and social impact of the accident on the population living in the contaminated areas is evident and was highlighted at numerous international Chernobyl conferences.

Country/Regional Strategy

¹ USD 610,561 or EUR 604,697.

² These are preliminary budget figures for 2004, and are subject to revision.

According to the UN report published in 2001, the consequences of the Chernobyl disaster in Belarus, Ukraine and the Russian Federation are estimated as follows:

- In Belarus, over two million people were directly affected by the disaster, including over 135,000 people who had to resettle outside of the contaminated areas. A total of 1,650,000 people continue to live in contaminated areas, including 344,000 children. The overall contaminated area is 46,450 square km or about 23 per cent of the territory of Belarus.
- In Ukraine, 3.5 million people were directly affected. A total of 162,000 people were evacuated and resettled. There are over 2.3 million people living in contaminated areas, including over 500,000 children. The overall contaminated area is 53,500 square km or about nine per cent of the territory of Ukraine.
- In the Russian Federation, over 2.7 million people were impacted by the radiological hazard and 52,400 were relocated due to the threat of continued exposure within the affected areas. A total of 1.8 million people continue to live in contaminated areas, including 300,000 children. The total contaminated area is 59,000 square km or about 0.3 per cent of the Russian territory.

The socio-economic difficulties that have arisen since the break-up of the Soviet Union only added to the tragedy, rendering Chernobyl victims even more vulnerable. For most of them, the Red Cross is the only agency providing health support and medical advice, and most importantly screening for radiation-induced health effects.

In the implementation of the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP), both the national societies (NSs) and the International Federation's delegation have close connections with the Ministries of Health and Ministries of Emergencies (or corresponding ministries) in each country. The Ministry of Health coordinates the work of the dispensaries with the staff of mobile diagnostic laboratories (MDLs). At present the regional governments do not have the capacity to perform medical screening in all contaminated areas and they appreciate the RC effort.

The Federation's delegation is playing a role of coordination and facilitation, carried out by the CHARP programme coordinator. The overall daily management, planning, budgeting, reporting and training of personnel are carried out by the national societies' CHARP teams. Each national society has a CHARP counterpart at its national headquarters. At a regional level, management is undertaken by the chairpersons of regional Red Cross committees where the MDL's are based in coordination with local authorities and specialized medical dispensaries.

CHARP maintains close 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.

With over fifteen years experience in delivering assistance to the affected villages, the International Red Cross and Red Crescent Movement has gained recognition and credibility in all three countries. Following 11 years of activities, CHARP specialists have accumulated unique practical expertise and developed new skills in the communities resulting in qualitative and cost-effective services rendered to the most vulnerable population in polluted areas, following technological disasters. This expertise is available through the International Federation and the relevant NSs to others, if faced with similar needs.

Such a programme is by nature long-term and evolves when new facts are found. For the moment neither the NSs of the three affected countries nor the governments have resources to fully carry out the assistance to the people living in the contaminated areas. This was confirmed by the United Nations' report: "The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery" published in 2002.

Human Development Indicators at a Glance

	Belarus	Ukraine	Russian Federation
Life expectancy at birth (years)	68.5	68.1	66.1
Adult literacy rate (% age 15 and above), 2000	99.6	99.6	99.6
GDP per capita (PPP\$), 2000	7,544	3,816	8,377
Life expectancy index, 2000	0.73	0.72	0.68
Education index, 2000	0.92	0.92	0.92

Source: UNDP HDR 2002

National Society Priorities

Since the early hours of the Chernobyl disaster the Red Cross national societies of Belarus, Russia and Ukraine were actively involved in assisting the affected population. These activities continue today helping to alleviate the suffering of the people.

The Red Cross societies of Belarus, Ukraine and Russia have extensive nation-wide networks and a long history of active involvement in health programmes and social support to vulnerable population groups. Belarus and Ukraine have a strong visiting nurses service (VNS), which provides professional medical and social assistance in the areas affected by the Chernobyl disaster to the vulnerable people either at home or in the medico-social centres (MSCs). In the Russian region of Bryansk, the VNS ceased functioning in 1997 due to the lack of funds.

The visiting nurses and RC staff are the implementing partners of the social and psychological component of the programme, together with the MDL doctors. Red Cross volunteers, predominantly from pedagogical and medical institutions, are trained at workshops involved in this activity.

Together with the authorities, the regional RC branches in all three countries are covering part of the running costs: RC offices rentals, as well as fuel and vehicle maintenance. However, the ongoing economic crisis has delayed efforts from the NSs and local governments to increase their participation in exploiting the local sustainability potential of the programme. The financial involvement of the NS has its limits. Continued international support is required as the NSs do not have the capacity to cope with the problems caused by the Chernobyl disaster.

Red Cross and Red Crescent Priorities

The Chernobyl programme is among the most important areas of work for the three NSs, not only in terms of service delivery, but also in terms of building capacities. CHARP has revived a number of the RC branches and increased their visibility. In 1998-99, computers and other office equipment supplied within the programme to the regional Red Cross committees improved their operational capacity. Numerous workshops and training courses were organized by the Federation's delegation for Red Cross workers on the most up-to-date techniques in providing medical, psychological and social assistance used by specialists of the programme.

CHARP has received support from a number of national societies; the British and German Red Cross Societies funded the programme at its beginning. The Danish, French, Japanese and the Netherlands Red Cross Societies joined the programme following the first several years of its implementation. The European Commission's Humanitarian Office (ECHO) was a major donor between 1994 to 1999. The programme was also supported by the Finnish, Icelandic and Austrian Red Cross Societies.

Current primary CHARP donors are the Japanese RC, the British RC and British Government/DFID. The long-lasting response needed to deal with the consequences of the disaster make it difficult for

traditional emergency funding sources to continue to be available to the programme after so many years. It is imperative long term funding is secured for the continuation of this vital programme.

Priority Programme for Secretariat Assistance

The Federation is an active member and participant of the UN interagency task force. The UN's report "The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery" (2001) proposes the international community adopts a new developmental approach in the second ten-year recovery phase. The approach aims to give individuals and communities control over their own future. The report underlines that the international community must accept a share in the responsibility for the future well being of those whose lives were blighted by the Chernobyl accident.

The programme was evaluated at the end of April/beginning of May 2002, with an aim to review the operation and its achievements to date, as well as identify the needs for the future and revise and recommend changing needs of the programme objectives. The main conclusion was that the programme was successful and it revived the national societies and increased the visibility of the Red Cross societies.

The consequences of the Chernobyl disaster remain serious. Hundreds of thousands of people continue to live in an environment contaminated with radioactive caesium and strontium. The health effects of these isotopes are still largely unknown. These people need ongoing medical assistance, accurate information and psychological support. The evaluation mission recommended that the Chernobyl programme should be continued for at least the next three years (2003-2005).

With the support from the International Federation, the national societies will continue to implement the assistance to the people living in the contaminated area, with a clearer focus on screening for thyroid cancer (palpation and ultrasound), to the priority target groups of individuals who were 0-18 years old and living in highly contaminated areas at the time of the accident (those born between 1967 and 1987). Furthermore, the programme should provide the pathologists with means to perform fine needle biopsies in district hospitals, free transportation of patients to the diagnostic centres for the biopsy, and training of MDL staff to carry out fine needle biopsy in the field. Currently, the Japanese Red Cross has pledged to continue supporting this programme, but more funds are required urgently.

1. Health and Care w [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

The assistance to the population in the most nuclear disaster affected areas of Ukraine, Belarus and Russian Federation was run by the Federation and respective national societies for twelve years. Throughout this time, the programme contributed towards a better understanding of how to support the affected population following a nuclear accident, establish ways of early detection of serious diseases, improve quality of living and provide necessary psychological support to the population. It has also highlighted the important role of Red Cross and Red Crescent in the humanitarian aspects of technological disasters.

Between 1990 to 2002, CHARP provided humanitarian assistance to approximately 2,500,000 beneficiaries. It distributed 112 million multivitamin tablets to children living in the contaminated areas and 13 million tablets of levothyroxine, used for treatment of the people whose thyroid gland was removed. In total, 72,000 patients received social and psychological assistance. The mobile diagnostic laboratories examined 620,000 people. One-third of those checked were referred to medical institutions for further examination or treatment.

The programme showed a clear role of the local Red Cross societies in supporting the affected population following a technological accident such as this one, which from its beginning focused on

screening of food supplies and the surrounding environment for radioactivity, as well as medical screening (conducted by six mobile diagnostic laboratories based in highly affected remote areas of Belarus, Russia and Ukraine) and the provision of basic health care.

In 1996, CHARP was modified and adapted to meet the new needs. Since the radiation situation had stabilized, the dosimetric part of the programme was significantly reduced and the number of people targeted for annual medical screening increased from 60,000 to 90,000, with a special focus on children and people who were children at the time of the accident – the most vulnerable in terms of thyroid gland cancer.

At present, there are six MDL teams operating in the programme - three in Belarus, two in Ukraine and one in the Russian Federation. The international management at the delegation level was reduced, while local management increased, resulting in a significant reduction of programme operating costs.

A further element of the revised CHARP was the introduction of social and psychological support (PSS) to the population in the radiation affected areas. This began as a pilot project in 1997 in Belarus, where Red Cross workers and volunteers were trained in different PSS techniques. In November 1998, the PSS service was initiated in Ukraine, and in December 1999 in Bryansk oblast of the Russian Federation.

Detection of thyroid pathologies and in particular thyroid cancer in the early stages of its development is extremely important, to ensure appropriate treatment can be provided. For that purpose, all those attending MDLs for screening receive an ultrasound examination of the thyroid gland. If this is found to be abnormal they are referred to the nearest diagnostic centre where a thyroid biopsy is carried out to determine if the thyroid gland is cancerous.

Since 1994 the MDL specialists detected 418 cases of thyroid gland cancer (358 cases in adults and 60 cases in children). These were confirmed by specialized institutions. The number of cancers diagnosed has increased every year with 120 diagnosed in 2001, and 72 cases during the first six months of 2002.

A number of persons with abnormal scans are not able to attend the specialized centres for biopsy. This is mainly due to economic reasons. The nearest diagnostic centres for biopsy may be far away and no transport costs are provided to encourage people to attend. Therefore the programme will improve this situation by either carrying out a fine-needle biopsy (specialists travelling to the field) or by training the MDL staff to carry out biopsies on site.

Following the fourth evaluation carried out between 21 April and 1 May 2002, the programme was redesigned, focusing on more different objectives, relevant both to the type of assistance required and the ongoing sufficient lack of resources by the governments to fully carry out the assistance to the people living in the contaminated areas. The main recommendations include:

- Continuing focus on screening for thyroid cancer (palpation and ultrasound) to the priority target groups of individuals who were 0-18 years old and living in highly contaminated areas at the time of the accident (those born between 1967 and 1987).
- If resources allow and providing the priority group above was covered, consideration should be given to expand the screening into low radiation risk areas within the region to detect the affected people who were living in highly affected areas at the time of the accident.
- The programme should ensure that the follow-up for the individuals with abnormal thyroid scans is improved, including providing free transportation of patients to the diagnostic centres for further investigations and treatment, consider providing a pathologist to perform the needle biopsies in a district hospital (such as in the pilot project in Bryansk), as well as training of MDL

staff to carry out fine needle biopsy in the field (as in Brest MDL). The training would be designed and implemented by national or international experts.

- The programme is filling a gap in primary health care, which is limited in the remote rural areas. Until the government health systems provide primary health care services, the MDLs should carry out the diagnosis and treatment of ailments as long as the thyroid screening has first been adequately performed.
- The psychosocial support aspect of the programme should be focused on delivering accurate information about the long-term health effects of the accident. It is recommended that children born after 1987 not be screened, however many are malnourished children living in contaminated areas and should be provided with multivitamins for the winter months. Depending on funding support, the distribution of multivitamins containing B, C and D group with iron, folic acid and stable iodine, should be continued to be provided to children living in contaminated areas during winter months.

Overall Goal

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

Programme 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 are:

- A total of 90,000 people benefit from screening of their thyroid gland. The priority target group for screening are individuals who were 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 NSs have well trained and equipped 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.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.82/2003

Name: Chernobyl

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	202,000	0	0	0	0	202,000
Teaching materials	0	20,000	0	0	0	0	20,000
Utensils & tools	0	4,080	0	0	0	0	4,080
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	226,080	0	0	0	0	226,080
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	178,000	0	0	0	0	178,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	178,000	0	0	0	0	178,000
Warehouse & Distribution	0	27,786	0	0	0	0	27,786
Transport & Vehicules	0	0	0	0	0	0	0
TRANSPORT & STORAGE	0	27,786	0	0	0	0	27,786
Programme Support	0	57,887	0	0	0	0	57,887
PROGRAMME SUPPORT	0	57,887	0	0	0	0	57,887
Personnel-delegates	0	52,848	0	0	0	0	52,848
Personnel-national staff	0	198,351	0	0	0	0	198,351
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	251,199	0	0	0	0	251,199
W/shops & Training	0	65,000	0	0	0	0	65,000
WORKSHOPS & TRAINING	0	65,000	0	0	0	0	65,000
Travel & related expenses	0	62,817	0	0	0	0	62,817
Information	0	0	0	0	0	0	0
Other General costs	0	21,810	0	0	0	0	21,810
GENERAL EXPENSES	0	84,628	0	0	0	0	84,628
TOTAL BUDGET:	0	890,583	0	0	0	0	890,583