

ANNUAL 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

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

22 April 2004

In Brief

Appeal No. 01.82/2003

Target: CHF 890,583 (USD 698,000/ EUR 571,000)

Coverage: 213.2% ([Click here to go directly to the Financial Report](#))

Appeal 2004: Chernobyl No. 01.81/2004 (click below)

http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/018104.pdf

This document reports on and analyses achievements within the International Federation's 2003 annual appeal for Chernobyl. The activities supported by this appeal fell within the Federation's longer-term support strategy for Chernobyl. This is continuing in 2004 and is being supported by Appeal 01.81/2004 (see above).

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Overall analysis

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. The United Nations (UN) estimates that nearly seven million people continue to live in contaminated areas.

Even almost eighteen years after the Chernobyl disaster, the situation regarding the state of health of the population in the three affected countries - Belarus, Russia and Ukraine - remains alarming. There is high incidence of thyroid cancer and other pathologies, and it is predicted that this incidence rate will peak between

2006-2020. The psychosocial impact of the accident on the population living in the contaminated areas is evident and concerns about other diseases attributable to the accident are still high.

Since 1990, the International Federation together with the national Red Cross societies of Belarus, Ukraine and Russia have been running the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) to address basic health needs of those living in highly affected regions of the three countries. The **goal** of CHARP is the provision of thyroid health screening and psychological support to the affected population to reduce and mitigate the impact of the disaster. The **programme objective** is to identify as soon as possible thyroid gland cancer and other thyroid pathologies of people in the most remote areas, where state health authorities have little, if any, capacity. The Red Cross programme is an attempt to bridge the detection gap. It focuses on high-risk groups: those who were under 18 years at the time of the accident as well as those who still live in highly contaminated areas. The services are rendered by six mobile diagnostic laboratories, three of which are situated in Brest, Gomel and Mogilev regions of Belarus, two in Rovno and Zhitomir regions of Ukraine and one in Bryansk region of Russian Federation.

In 2003, CHARP continued to provide the population with vital medical assistance and psycho-social support. However the programme was facing a lack of funding, especially during the first half of the year. This funding situation essentially improved when a decision was taken by the Dutch National Postcode Lottery (DNPL) to allocate 1 million EURO (equal to 1,470,000 CHF) to the Netherlands Red Cross Society (NRCS) to be earmarked for CHARP for three years (2003-2005).

One of the main events for CHARP during 2003 was a review of the Programme carried out in April 2003 by the Netherlands Red Cross Society, linked to the above mentioned decision of the DNPL to provide funds for CHARP. The evaluation was carried out by an independent consultant and focussed on the organisation and management of the Programme and its position within the institutional setting of the health care services in the countries concerned, and the possibility to increase the sustainability of the Programme activities.

The main conclusion of the review is that the programme is relevant and addresses the needs of the population in the affected areas and therefore it should be continued. The review report recommended several modifications in the area of management and further integration of the programme into the State health systems in order to enhance its sustainability. These recommendations were used as a basic document for further development of the Red Cross Chernobyl Programme. More information on this is given in the following sections.

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 Red Cross 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.

Achievements

During 2003, the specialists of six MDLs, working within CHARP, checked 89,644 people. In accordance with recommendations of the International Federation’s latest evaluation of the programme, carried out in 2002, 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, during 2003 all Red Cross MDL teams performed a total of 89,644 thyroid examinations. The MDL doctors have detected 43,872 abnormal thyroid scans .

Out of the above mentioned 43,872 people with abnormal thyroid scans the laboratory specialists referred 2,390 patients with suspected thyroid cancer to specialized medical institutions. Following biopsy 168 thyroid cancers were confirmed. This is a slight increase on the year 2002 when the specialists detected 164 confirmed cancer cases.

The detection of thyroid cancer since 1997, when the MDLs started thyroid screening and were equipped with new ultrasound machines, has generally increased every year.

Table 1 shows the numbers of thyroid cancer detected by MDLs since 1997.

Table 1. Number of thyroid cancer detected by MDLs since 1997

<i>Years</i>	1997	1998	1999	2000	2001	2002	2003
<i>Cancer cases</i>	8	48	84	80	120	164	180

Three other thyroid pathologies draw attention to themselves. Among them, first place belongs to non-toxic diffuse goitre which has been found in 47 % of patients detected with abnormal thyroid scans. Thyroidites have been detected in 11% of this group of patients.

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 only 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 2003 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 cash and some EURO 202,516 in kind. The logistics service of the Netherlands Red Cross started procurement procedures for purchasing and supplying the MDLs with new sophisticated equipment and reagents which are necessary for improving diagnostics abilities of the laboratories. In addition, multivitamins will be supplied for children living in highly radiation 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 at the meeting of CHARP National Managers and Heads of MDLs in March 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. In addition, creation of 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 is in progress. In particular Zhitomir and Rovno Red Cross Committees have established e-mail connections with the medical institutions. This system ensures a good feedback in their work.

For implementing the above mentioned changes within 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 legislative base for further co-operation with health care institutions. In addition, such agreements will offer sustainability of CHARP by envisaging gradual hand over and integration of the programme into the public health systems.

Co-ordination and Management

During the reporting period efforts were made to facilitate a dialogue with a number of Red Cross national societies (NS) in order to ensure proper co-ordination of partner NS and other donors support for the Programme. In 2003 primary CHARP donors were the Netherlands Red Cross, the Japanese Red Cross, the British Red Cross and British Government/DFID, Australian and Austrian Red Cross Societies.

In 2003, CHARP started to implement the recommendations presented in the review of the Netherlands Red Cross consultant concerning changes in the management structure of the programme in order to make it more efficient and sustainable. For this a comprehensive Plan of Action for CHARP activities in 2003-2005 was developed.

In September 2003, the regular meeting of the International Chernobyl Co-ordination 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 co-ordination 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.

Taking into consideration the current lack of staffing resources in the programme a medical person was recruited as of 1st December 2003. She will be providing technical support to the programme, while at the same time will share the responsibility of the monitoring field visits.

On 30th November 2003, the Partnership Agreement between the Federation, Netherlands Red Cross and Red Cross national societies of Belarus, Ukraine and Russia concerning the support to and implementation of CHARP was signed in Geneva for the period of three years (2003-2005). The Agreement aims to ensure effective co-operation between the ONSs, the Netherlands Red Cross, and the Federation concerning the strengthening of the Programme and its capacity to effectively promote and deliver services. The document also clearly defines the roles of the partners regarding the planning, implementation, reporting, and evaluation of the Programme. Based on this Agreement the Federation and National Societies of Belarus, Ukraine and Russia are working at the moment on further development of the programme.

The International Federation remains committed to its active participation as a member of the Steering Group of International Chernobyl Research and Information Network (ICRIN). The Federation is regularly represented in the discussions on countries' Multi Stakeholder Process (MSP), the Chernobyl Forum, as well as further developments aimed at providing information on improved livelihood for the population affected by the disaster. In addition, the Federation acted as a focal point in selection of the rotating NGO member to the Steering Group.

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 (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.82/2003 Chernobyl

Period: year 2003

Project(s): P67505

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	890,583				
less Cash brought forward	(32,329)				
TOTAL ASSISTANCE SOUGHT	922,912				
<u>Contributions from Donors</u>					
Australian Red Cross (DNAU)	1,566				1,566
Austrian Red Cross (DNAT)	30,860				30,860
British Red Cross (DNGB)	6,122				6,122
DFID 4- British Government (DFID04)	188,120				188,120
Japanese Red Cross (DNJP)	107,095				107,095
Netherlands Red Cross (DNNL)	81,183				81,183
NETHERLANDS - RC			831,122		831,122
TOTAL	414,946		831,122		1,246,068

II - Balance of funds

OPENING	(32,329)
CASH INCOME Rcv'd	414,946
CASH EXPENDITURE	(284,114)

CASH BALANCE	98,503

Appeal No & title: 01.82/2003 Chernobyl

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III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles						
Food & Seeds						
Water & sanitation						
Medical & First Aid	202,000	20,926	831,122		852,048	(650,048)
Teaching materials	20,000					20,000
Utensils & Tools	4,080					4,080
Other relief supplies						
Sub-Total	226,080	20,926	831,122		852,048	(625,968)
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.	178,000	4,494			4,494	173,506
Medical equipment						
Other capital expenditures						
Sub-Total	178,000	4,494			4,494	173,506
<u>TRANSPORT & STORAGE</u>						
Warehouse & distribution	27,786	835			835	26,951
Transport & vehicles		16,480			16,480	(16,480)
Sub-Total	27,786	17,316			17,316	10,470
<u>PERSONNEL & TRAINING</u>						
Personnel (delegates)	52,848	12,953			12,953	39,895
Personnel (regional, national staff)	198,351	143,303			143,303	55,048
Consultants						
Workshops & training	65,000	1,007			1,007	63,993
Sub-Total	316,199	157,263			157,263	158,936
<u>GENERAL & ADMINISTRATION</u>						
Travel & related expenses	62,817	3,950			3,950	58,867
Information expenses		817			817	(817)
Admin./general expenses	21,814	12,509			12,509	9,305
Sub-Total	84,631	17,276			17,276	67,355
<u>PROGRAMME SUPPORT</u>						
Operational provisions		(2,138)			(2,138)	2,138
Transfers & contributions						
TOTAL BUDGET	890,583	284,114	831,122		1,115,236	(224,653)