

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 & REHABILITATION PROGRAMME (CHARP), BELARUS, UKRAINE AND RUSSIA

2 May 2005

In Brief

Appeal no. 01.81/2004; Period covered: January - December 2004

Appeal target: CHF 873,776 (USD 666,000 or EUR 653,000)

Related Emergency or Annual Appeals:

CHARP Annual Appeal 2004. For details, please see the website at
http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/018104.pdf

CHARP Annual Appeal 2004 - Programme Update no.1. For details, please see the website at
http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01810401.pdf

CHARP Annual Appeal 2004 - Programme Update no.2. For details, please see the website at
http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01810402.pdf

Programme summary:

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). The programme has addressed basic health needs of those living in regions of the three countries that have been highly affected since the world's worst civil nuclear accident in April 1986.

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 (MDLs), 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.

An important international element of the Federation's work has keeping Chernobyl on the global agenda. As part of this effort, the Federation played a leading role in the 'Forgotten Crises' conference in Geneva in March 2004, which had Chernobyl as a major theme. The event, organized by the Swiss Agency for Development and Cooperation (SDC), was attended by Jan Egeland, the UN's Under-Secretary-General for Humanitarian Affairs as well as 900 development experts from around the world.

On the ground, during 2004, CHARP focused on thyroid gland screening. The priority group for screening was individuals aged between 0-18 at the time of the Chernobyl accident, who lived in contaminated areas. Six mobile diagnostic laboratories working in the six regions affected by the Chernobyl disaster provided effective medical, social and psychological assistance. In 2004 the programme received donations from the Netherlands Red Cross, Japanese Red Cross and British Government/Department for International Development (DFID).

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The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project. Please access the Federation's website at <http://www.ifrc.org>

Background

Nineteen years ago 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 tonnes 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 radiation polluted lands, mainly contaminated with radioactive caesium and strontium. The long-term health effects of these isotopes are still largely unknown. To date the only pathology which scientifically was proved to be attributed to the radiation exposure is an increase in thyroid cancer especially among individuals who were children at the time of the accident. Scientists predict that the incidence will peak during 2006-2020. The psychological and social impact on the population living in contaminated areas is huge, which has been highlighted at numerous international Chernobyl conferences.

Programme overview

Data collected by the MDLs (three in Belarus, two in Ukraine and one in Russia) in 2004 illustrated the rather poor state of health of the population in the contaminated areas. An increase of oncology pathology of the thyroid gland (cancer) especially in persons who were children at the time of the disaster is one of the most topical problems and the main concern of CHARP. The MDLs offered thousands of people living in radiation polluted areas the opportunity to receive objective information on their health status enabling them to act to prevent and treat detected diseases. Anxiety among many of those affected diminished due to psychosocial support provided

within the programme. The multivitamins, supplied by the Netherlands RC, improved the immune system of thousands children living in radiation contaminated areas.

The funding situation improved after the allocation of 1 million EUR donated by the Dutch National Postcode Lottery (DNPL) to the Netherlands Red Cross Society (NRCS), which was earmarked for CHARP for three years (2003-2005). This ensured successful programme activities as well as better CHARP infrastructure and diagnostics abilities of the MDL teams. Besides the Netherlands RC, which at present is the main donor of CHARP, the programme received donations from British Government/DFID (80,000 CHF) and the Japanese RC (54,000 CHF) in 2004.

CHARP operates in remote villages where health services of a similar level and quality have not been available before and are unlikely in the near future because of the current economic situation in the three countries. As a result, the Red Cross programme provided numerous beneficiaries with the only access to medical screening. Particular attention is paid to the most urgent health consequences of the disaster, such as thyroid gland cancer. Timely diagnosis - a major but missing link in the state health care in contaminated areas - remains a prerequisite for saving lives of those who are victims of the world's worst nuclear accident.

Disaster management

Expected results:

- Six mobile diagnostic laboratories will have screened 90,000 people for thyroid gland pathologies in the target group of individuals who were under 18 years old at the time of the accident and living in contaminated areas.
- Prevention of death from thyroid cancer because of timely detection and referral to medical institutions for treatment.
- Stress and anxiety linked to radiation is reduced for 15,000 people annually through psychosocial support.
- Immunity is improved for 15,000 children living in highly contaminated areas through winter supplies of multivitamins containing C, D and B group with iron, folic acid and stable iodine.
- Red Cross national societies have well trained and equipped mobile diagnostic laboratory 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.
- The sustainability of CHARP is increased because of a new management strategy that hands over more programme responsibilities to Red Cross national societies and gradually integrates activities into the health care system.

Actual results

To achieve the results, the following activities were carried out in 2004:

- The specialists of six MDLs, working within CHARP, checked **89,371** people. The examinations were concentrated on thyroid cancer screening in the priority target group. The MDL doctors detected **43,909** cases of abnormal scans (i.e. pathologies). It meant that almost every second patient has a thyroid gland pathology in various stages of development. Those people were referred by RC MDL doctors for further examinations or treatment when necessary.
- The MDL specialists, Red Cross workers and volunteers continued to provide psychosocial support (PSS) to the population affected. CHARP rendered psychosocial support to about **17,500** people. By disseminating accurate information about the long-term health effects of the accident, using PSS tools (counselling, active listening etc.) they try to diminish stress in the affected communities. Belarus and Russian national societies organised in July 2004 refresher workshops on methods and tools for providing psychosocial assistance. In Ukraine, a similar PSS workshop was held in December 2004. The Ukrainian RC published guidelines for Red Cross workers and activists on methods of psychosocial rehabilitation of children. The Belarus RC arranged for the issuing of an educational brochure on providing PSS support to pregnant women living in radiation polluted lands

- At the beginning of 2004, the Netherlands Red Cross (NLRC) supplied **900,000 tabs** of multivitamins containing stable iodine. Regional and local Red Cross committees distributed the vitamins to children mainly through schools, orphanages and children hospitals. In November 2004, the NLRC supplied the next batch of iodated multivitamins (**2,400,000 tabs**). After the customs clearance, distribution is planned for February-April 2005, the months of highest vitamin deficiency (rich foodstuff is expensive at such time).
- In 2004 the Red Cross laboratories have been upgraded. In particular, the Netherlands Red Cross supplied new equipment to replace the old ones worn out after eight years of use. The equipment included ultrasound instruments, microscopes, blood analysers, video printers, first aid kits and some others. Especially important are Doppler ultrasound scanners with high resolution, which improve accuracy of screening and provide better diagnostics of thyroid cancer and other pathologies. The unified software was installed in all these computers for storing medical data collected in the course of thyroid screening and medical examinations. The MDL specialists share this information with interested medical institutions. In addition, an electronic network, linking MDLs software with national HQs and the Kiev Office where the programme coordination centre is based, is being established. It will provide reliable database collection and track patients who went for further examinations or treatment.
- In 2004, the national societies of Belarus, Ukraine and Russia provided training for CHARP personnel. In particular, Belarus RC organised training on performing biopsies for the doctors of Mogilev and Gomel MDLs at Belarus Republican Research Centre of Radiation Medicine and Human Ecology. In Ukraine three MDL physicians went through ultrasound specialist professional advancement courses. This contributed to building professional capacity of the MDL teams. In November 2004, a workshop for all CHARP personnel (MDL doctors, chairpersons of regional Red Cross committees, national CHARP managers, and head doctors of the medical institutions where the MDLs are based) was held in Kiev. The participants outlined ways to improve the CHARP programme.
- In accordance with the recommendations of a Netherlands RC evaluation, in 2003, the CHARP management system became more decentralised to strengthen sustainability. From 1 January 2004, national societies took over responsibility for general planning, budgeting, reporting, staff training, logistics support and overall day-to-day running of the programme. A local manager was nominated in each national society for this purpose. The Red Cross branches in the regions where CHARP teams operate now report directly to the national manager. The national manager reports to the Federation delegation. As in all other projects funded by the Federation (or through the Federation), national societies carry out all operational activities in the field. The Federation's role is focused on coordination of technical support, as well as support in planning, financial management, monitoring, international representation and advocacy. Operational contracts for 2004 were signed between the Federation delegation and each local national society i.e. Belarus RC, Ukraine RC and Russian RC. At national level the operational contracts included operational budgets, plans of action, monthly expenditure plans, contracts and job descriptions for the personnel and some other documents.
- To ensure further integration of CHARP into local health systems, thus enhancing its sustainability, legal documents were signed with health authorities to provide an appropriate legal base and clearly define roles of all parties. These agreements are between Red Cross regional committees and regional medical institutions (partners) to regulate patient care: first, from CHARP field screening and diagnostics; second, treatment in clinics and specialized government dispensaries in the three countries; and third, post-treatment rehabilitation and medical support. Negotiations were undertaken with Ministries of Health in the three respective countries, to sign appropriate agreements to give a reliable legislative basis for further co-operation with health care institutions. In addition, such agreements will strengthen CHARP sustainability by envisaging a gradual handover and integration of the programme into the public health systems.

Impact



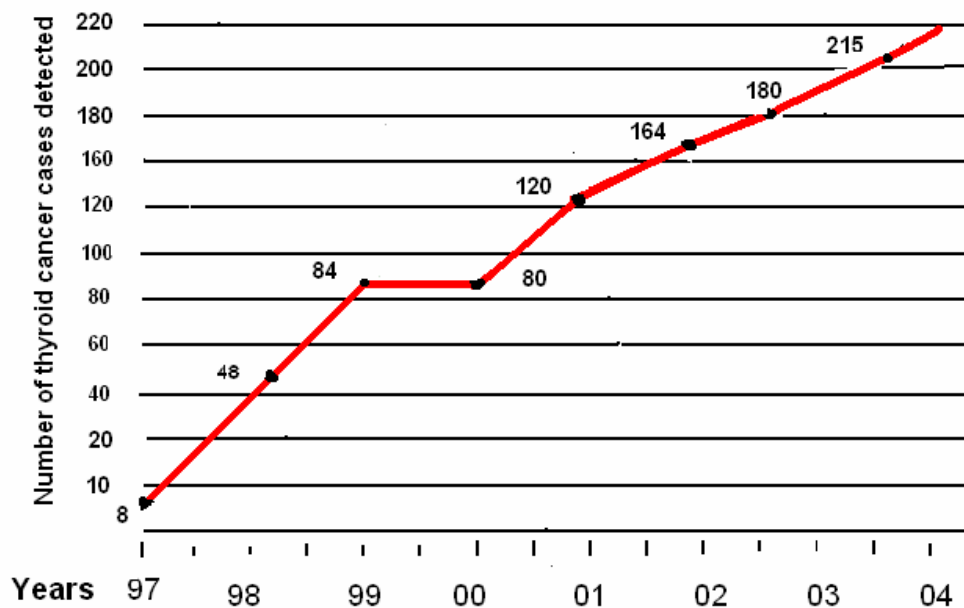
The Chernobyl programme screens the thyroids of those living in affected regions of Belarus, Russia and Ukraine

Out of the 43,909 people with abnormal thyroid scans (49% of all examined) the MDL doctors referred **12,330** patients to specialized medical institutions. In **215** of these patients, thyroid cancer was confirmed after cytological examinations. The clinics referred the information back to the Red Cross. This was a slight increase on 2003, when the specialists detected 180 confirmed cancer cases.

The increase in the detection of thyroid cancer and other pathologies by RC MDLs in 2004 can partly be explained by: better professional skill of RC MDL doctors due to experience and training obtained in 2004; the introduction of modern diagnostics techniques (biopsies and others); and better equipment (ie Doppler ultrasound machines, computers, microscopes etc).

The chart below shows the increase in the detection of thyroid cancer by Red Cross MDLs since 1997 – the year when CHARP began the thyroid screening.

Fig 1 Detection of thyroid cancer by CHARP RC MDLs



Besides thyroid cancer, two main thyroid pathologies detected by MDLs via screening included diffuse goitre (49.84% of all people detected with thyroid pathologies) and nodular pathology (27%). Those patients are under constant monitoring of MDLs of Red Cross.

Also, immunity of about 35,500 children was improved helped by the consumption of multivitamins supplied by the Netherlands RC in 2004 (3,300,000 tabs in total).

Constraints

In 2002, a Federation evaluation recommended that the programme provides thyroid screening for 90,000 individuals who were 18 years or under at the time of disaster. This translates to 70 examinations per day and is proving a difficult task, particularly in terms of isolated villages which contain only a few people in the target group. A workshop for CHARP personnel in November 2004 agreed that the next CHARP evaluation should readdress this particular issue. Nevertheless, the new approach in screening *has improved the detection of thyroid cancer caused by radiation*.

Clearing goods at customs, particularly in Bryansk, Russia, remains a concern. In 2004 the problem became even more complicated due to the government's disbanding of the Humanitarian Commission and the finalisation of the new commission only happening in October 2004. The goods (medical equipment, reagents and multivitamins) supplied by the Netherlands Red Cross were held up by customs procedures for almost nine months.

In Belarus, due to new economic regulations all procurements arranged by NGOs (in particular by Red Cross) must be approved by a special commission. As a result, the Belarus RC did not manage to complete in 2004 planned procurements including a vehicle for MDL, reagents for biopsies, as well as printing brochures for psychosocial support (all were carried forward to 2005).

Lessons learnt

Lesson 1: The data collected by RC MDLs in 2004 shows that the incidence of thyroid gland diseases related to radiation exposure, in particular pre-cancer pathologies and cancer, grows. This fact once more proves the importance of the work done by CHARP. Thousands of people referred by MDLs to specialised medical institutions were given the possibility of treatment that in some cases would save lives. However, many of those with abnormal scans (in some regions up to 50%) do not go for further examination. This can be significantly improved by providing fine needle biopsies on the spot i.e. in the sites where MDLs operate.

Lesson 2: In 2004, a CHARP technical infrastructure was significantly improved owing to the support of the Netherlands Red Cross. Old equipment was replaced with more sophisticated ones. The replacement of old MDL vehicles is also in progress. Along with this, MDL personnel were provided with advanced trainings. This ensured a good technical basis for future work of MDLs, which can be operational for another 5-6 years. At present, it is important to develop cooperation with local authorities and medical institutions to increase local input and ensure continuation of CHARP (the incidence of thyroid cancer is supposed to peak in 2006-2020).

Lesson 3: Since 1 January 2004, CHARP has been working on the basis of responsibilities for day-to-day running of the programme being handed over to Red Cross national societies. In general the new system functioned well, increasing the likelihood of programme sustainability. However, the gradual integration of the programme into the state health system is still just beginning.

Lesson 4: There were certain logistics problems (customs clearance, procurements). In Russia (sometimes in Belarus and Ukraine as well) to avoid such problems in future, all goods should be purchased, where possible, locally and in good time.

Approach for 2005

CHARP is planning to work in 2005 on the same conceptual lines. However, two evaluations scheduled for this year might revise the programme according to new realities.

CHARP will be seeking ways to enhance diagnostic abilities by using fine needle biopsy directly in the sites where RC MDLs operate. This is linked with the ongoing issue that those with abnormal thyroid scans need to travel to their nearest diagnostic centre for the biopsy and this centre may be situated far away and no transport costs are provided to encourage people to attend. As a result about half of those with abnormal scans do not go for further examination. This means that it is likely that there are at least additionally hundreds of thyroid cancers in the population who have been screened but did not go for further testing. Therefore providing fine needle biopsies on the spot, i.e. in the sites where MDLs operate, can significantly improve detection rates.

At present, the specialists of Brest MDL successfully perform fine needle biopsies in the field. This has immensely improved the accuracy of diagnosing thyroid cancer. For instance in 2004 the doctors of this Red Cross laboratory have detected 85 cases of thyroid cancer (the result is much higher than results of local health care service). In 2005 this method will be also used by the doctors of two other Belarus laboratories - Gomel and Mogilev MDLs.

In Russia and Ukraine, however, local legislation prevents the use of biopsies by MDLs doctors directly in the field. Therefore, Bryansk Diagnostic Centre (Russia) sends for this its specialists to the areas where the MDL is operating. The specialists perform biopsies for patients with suspected thyroid cancer detected by the Red Cross MDL teams. Medical institutions in Zhitomir (Diagnostic Center) and Rovno (Endocrinology Center) in Ukraine started to carry out biopsies following the same methodology as in Bryansk.

In general it is planned that in 2005 the performance of fine needle biopsies in the field will become an integral part of work of each MDL as described above.

Another direction of CHARP activities is expansion of an information system that will provide for the reliable follow up for the patients on the basis of closer cooperation between MDL specialists and the specialised medical institutions. This system is already well functioning in Brest (Belarus), Bryansk (Russia) and Zhitomir (Ukraine). Local regional Red Cross branches communicate with the specialised institutions that supply information to the Red Cross on patients who were referred by MDL doctors. The medical institutions provide access for Red Cross doctors to their medical registers. The task for the first quarter of 2005 is to develop this system in other CHARP regions as well.

The system of reliable follow up and feedback is closely linked with CHARP information activities. Working in the field and checking people in the affected areas MDL doctors collect a lot of valuable medical data. They store this data in MDL computers. To improve the feedback within CHARP a new data collection and management system coordinated centrally from the Kiev Representative Office is being created. For this a software was developed and installed into all computers of MDLs. The data collected in the field MDLs will be transferred electronically to the central server. This centralized data will be shared with appropriate medical institutions.

These measures will ensure that CHARP continues to develop as a unique and important programme providing vital medical and psychosocial assistance in remote areas.

The financial report is attached below. Please [click here to return to the title page and contact information](#)

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA081
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)		873'777				873'777
Opening Balance (B)		98'503				98'503
Income						
Cash contributions						
British Red Cross		81'410				81'410
Japanese Red Cross Society		54'609				54'609
Netherlands Red Cross		400'906				400'906
Cash contributions (C1)		536'924				536'924
Total Income (C) = SUM(C1..C5)		536'924				536'924
Total Funding (B + C)		635'428				635'428

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)		98'503				98'503
Income (C)		536'924				536'924
Expenditure (D)		-378'235				-378'235
Closing Balance (B + C + D)		257'193				257'193

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA081
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		873'777					873'777	
Supplies								
Medical & First Aid	150'000		2'755			2'755	147'245	
Teaching Materials	12'000						12'000	
Total Supplies	162'000		2'755			2'755	159'245	
Capital Expenditure								
Vehicles	90'000		38'375			38'375	51'625	
Computers & Telecom	9'600		13'267			13'267	-3'667	
Medical Equipment	85'000						85'000	
Total Capital Expenditure	184'600		51'642			51'642	132'958	
Transport & Storage								
Storage	1'980		85			85	1'895	
Distribution & Monitoring			40			40	-40	
Transport & Vehicle Costs	52'680		31'970			31'970	20'710	
Total Transport & Storage	54'660		32'095			32'095	22'565	
Personnel Expenditures								
Delegates Payroll	12'773						12'773	
Delegate Benefits			378			378	-378	
Regionally Deployed Staff	259'225						259'225	
National & National Society Staff			192'701			192'701	-192'701	
Total Personnel Expenditures	271'998		193'079			193'079	78'919	
Workshops & Training								
Workshops & Training	48'900		29'338			29'338	19'562	
Total Workshops & Training	48'900		29'338			29'338	19'562	
General Expenditure								
Travel	24'000		2'991			2'991	21'009	
Information & Public Relation	21'035		5'825			5'825	15'210	
Office Costs	19'912		7'322			7'322	12'590	
Communications	15'460		3'237			3'237	12'223	
Professional Fees	10'900		31			31	10'869	
Financial Charges	3'516		12'261			12'261	-8'745	
Other General Expenses			166			166	-166	
Total General Expenditure	94'823		31'832			31'832	62'991	
Program Support								
Program Support	56'795		24'585			24'585	32'210	
Total Program Support	56'795		24'585			24'585	32'210	
Operational Provisions								
Operational Provisions			12'908			12'908	-12'908	
Total Operational Provisions			12'908			12'908	-12'908	
TOTAL EXPENDITURE (D)	873'777		378'235			378'235	495'542	
VARIANCE (C - D)			495'542			495'542		