

Annual report

 International Federation
of Red Cross and Red Crescent Societies

Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP)

30 April 2009

Appeal No. MAA67002

This report covers the period 01/01/2008 to 31/12/2008.



Ukraine: A doctor of Rovno Red Cross mobile diagnostics laboratory screens the thyroid gland of a man from the Chernobyl affected area.
Photo: Elisabeth Ritola, International Federation

In brief

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

Programme(s) summary: The Chernobyl Humanitarian Assistance and Rehabilitation Programme has continued providing life-saving thyroid screening, social and psychological support in the six regions of Belarus, Ukraine and Russia affected by the Chernobyl disaster. Red Cross specialists have detected 37,169 cases (41 per cent of all screened) of thyroid gland pathologies. Among all people screened in 2008, 52 per cent (47,055 people) were screened for the first time since the disaster happened.

From 2004 to 2008 over 200 thyroid cancer cases per year have been detected by mobile diagnostics laboratory specialists. Many lives have been saved by referring thousands of people to specialized medical institutions for further examination or treatment.

The data collected by the Red Cross Societies shows a high incidence of thyroid illnesses. A report by the Ukrainian Ministry of Health on the health consequences of the disaster confirms a **growing incidence rate in diseases caused by radiation**.

Financial situation: The total 2008 budget was CHF 811,391 (USD 687,619 or EUR 526,877), of which 46 per cent was covered. The overall expenditures against received funding constituted about 87 per cent. The remaining 13 per cent was carried forward to this year to ensure continuation of the programme in January-March 2009 until new income is received.

[Click here to go directly to the attached financial report.](#)

No. of people we help: According to reports from the Red Cross Societies of Belarus, Ukraine and Russia some 160,218 people have benefited directly from CHARP interventions. These include:

- medical screening; 98,618 people (89,918 thyroid cancer screening and 8,700 breast screening)
- distribution of multivitamins; 31,500 children
- psychosocial support; 30,100 people

Our partners: CHARP is implemented by the International Federation of Red Cross and Red Crescent Societies together with the Red Cross Societies of Belarus, Russia and Ukraine in close co-operation with the ministries of health of all three countries.

Context

Commemorating the 22nd anniversary of the Chernobyl disaster the parliament of Ukraine held hearings on 16 April that gathered representatives of central and local authorities, NGOs and scientists. The International Federation's Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) coordinator took part in this event. At these hearings the Ukrainian Ministry of Health made a report on the health consequences of the disaster which confirmed the **growing incidence rate in diseases caused by radiation**. In particular it was mentioned that 70 per cent of all thyroid cancer cases existing in Ukraine at the present time were induced by radioactive iodine released from the damaged fourth unit of the Chernobyl reactor.

Thanks to its membership of the UN Inter-Agency Task-Force on Chernobyl, the International Federation took an active part in developing the UN Action Plan on Chernobyl for the third decade after the disaster. This plan was mandated by a General Assembly resolution adopted in November 2007 at the 62nd session of UNGA which proclaimed 2006-2016 as the *Decade of Recovery and Sustainable Development of areas affected by Chernobyl*. The UN resolution recognizes the contribution of the Red Cross Societies of Belarus, Russia and Ukraine and the International Federation in response to the Chernobyl disaster and in support of the recovery efforts of the affected countries. This important document confirms that the Red Cross is seen as one of the most serious actors in Chernobyl-related activities.

The above mentioned UN Action Plan on Chernobyl was completed by the end of 2008. The Red Cross priority activities outlined in this strategic document include medical assistance in remote locations (thyroid cancer screening, breast screening, counselling/ testing for HIV), psychosocial support to the affected population, consolidation and dissemination of experience and expertise in responding to technological disasters, and the gradual integration of activities into the overall health systems of the affected countries. These activities were also included into the International Federation's CHARP Plan for 2009-2010 which was developed with the National Societies of Belarus, Ukraine and Russian Federation (*more detailed information can be found on the International Federation's website: <http://www.ifrc.org/docs/appeals/annual09/MAA6700209p.pdf>*)

Progress towards outcomes

Outcome(s)/Expected result(s)

- 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.
- Stress and anxiety linked to radiation is reduced for 30,000 people through psycho-social support.
- Immunity is improved in 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.
- The sustainability of CHARP is increased due to new management strategy that hands over more programme responsibilities to Red Cross National Societies and gradually integrates activities into the national health care systems.

Achievements

Medical examinations

Specialists from six mobile diagnostics laboratories (MDL) working within CHARP have examined 89,918 people mainly in the priority target group of individuals who were aged 0-40 at the time of the accident and live in remote contaminated territories. The screening was focused on operational areas which have not been screened recently or have not been screened at all in the past. Therefore, among all the people screened in 2008 about 52 per cent (47,055 people) were screened for the first time since the Chernobyl disaster.

In the examined group, MDL specialists have detected 37,169 cases of abnormal scans (i.e. pathologies). This means that on average about 41 per cent of all screened people have pathologies of the thyroid gland at various stages of development. Among these abnormal scans the three primary thyroid pathologies detected by MDLs via screening were nodular pathology (15,668 cases), diffuse goitre (11,453 cases) and thyroiditis (7,507 cases).

In 2008 the specialists of six Red Cross MDLs referred 13,008 patients with possible cases of thyroid gland cancer to specialised medical institutions for in-depth examination and surgery if needed. Suspected thyroid cancer cases were confirmed in 192 people by cytological examinations; information on these cases was provided by clinics to the Red Cross. These patients with confirmed thyroid cancer have received the necessary treatment and are being monitored by the Red Cross MDLs and healthcare institutions.

The people diagnosed with the other above mentioned thyroid pathologies are also under constant monitoring by Red Cross MDLs because if left undiagnosed or untreated, there is a risk that these conditions may develop into thyroid cancer. Experience shows that nodules in the thyroid gland caused by radiation, even comparatively small ones (3-5 mm), can be cancerous. In this connection special concern arouses steady increase in cases of nodular pathology detected by Red Cross MDLs. In Belarus, these pathologies constitute around 55 per cent and in the Bryansk region of Russia about 68 per cent of all detected thyroid pathologies. Therefore the Red Cross doctors have to carefully examine every such case and keep it under monitoring.

In addition to thyroid screening, the laboratory doctors diagnosed and treated other ailments upon receiving patient requests or the results of clinical tests. For instance the Mogilev MDL team carried out 8,700 breast screenings in a target group of women who were adolescents at the time of the Chernobyl disaster.

Psychosocial support (PSS)

An important impact was achieved through psychosocial support to the population affected by the Chernobyl disaster. These activities were focused on disseminating accurate information

about the long-term health effects of the accidents and on diminishing stress in the affected communities through counselling, active listening, discussions and other PSS tools.

Three PSS workshops on methods and tools for providing psycho-social assistance to people affected by the Chernobyl accident were held by the three National Societies in 2008. At these refresher workshops the MDL staff, Red Cross workers and volunteers were trained in how to better inform the population of the consequences of the Chernobyl accident, to explain methods on how to decrease the risk of radioactivity and how to cope with stress.

Since breast cancer screening and HIV prevention will be part of MDL staff's work, these topics were also covered in the above mentioned workshops.

Distribution of multivitamins

Between February and April the National Societies of Belarus and Ukraine as well as the branch of the Russian Red Cross provided procurement and distribution of multivitamins to children living in the areas contaminated by radiation. Each National Society organized procurements on the basis of a tender approach from least three suppliers, thereby strictly following the International Federation's logistics procedures.

The Belarus Red Cross procured 552,540 multivitamins tablets which were distributed to about 18,100 children during April and May. The Ukraine Red Cross purchased 310,100 multivitamins. The supplier delivered the goods directly to Zhitomir and Rovno regions where the vitamins were distributed by the regional branches to 6,200 children. The Bryansk regional branch purchased 360,000 multivitamins. Multivitamins were distributed in March-May 2008 to about 7,200 children in the most contaminated regions.

In total during the immunity of about 31,500 children living in the radiation contaminated areas can be said to have been improved thanks to the consumption of multivitamins. The reports received by Red Cross branches from schools, kindergartens, and children's hospitals located in radiation-contaminated areas confirm that after taking multivitamins children complain less of fatigue and headaches, and they are less subject to acute respiratory diseases.

Sustainability of CHARP

The International Federation and the operating National Societies of Belarus, Ukraine and Russia continued to work on improving the sustainability of CHARP. The National Societies have taken more responsibilities for the general planning, budgeting, reporting, staff training, logistics support and overall day-to-day running of the programme. The implementing role of the International Federation was focused on coordinating technical support in these activities. The sharing of responsibilities was reflected in the operational contracts signed between the International Federation and each society for 2008. At the national level these contracts included operational budgets, plans of action, monthly expenditure plans, contracts and job descriptions for the personnel along with some other documents.

Legal documents for 2008 were signed between the National Societies and the health authorities at national and regional levels to provide an appropriate legal base and clearly define the roles of all parties involved in the programme. The agreements between the Red Cross regional committees and the local medical institutions (partners) aimed 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 monitoring provided by the Red Cross MDL teams.

Constraints or Challenges

There were no major problems in programme implementation.

Working in partnership

CHARP is an international project that is operating as a single entity with a centralized management system. The overall coordinative body of the programme is the International Chernobyl Coordination Committee (ICCC), composed of the presidents of the Ukrainian and Russian Red Cross Societies, the Secretary General of the Belarus Red Cross, and the International Federation's representative for Belarus, Ukraine and Moldova. The main task of the ICCC is to develop and approve programme strategies.

On 10 July the annual meeting of the ICCC was held in Chernigov, Ukraine. The participants approved a decision to include breast cancer screening and HIV counselling/ testing into the work of the MDLs. However the main discussions of the meeting were around CHARP funding after 2008 and providing programme sustainability. The solution put forward was through seeking further support from international donors, but especially through increasing local input.

In September-December the representatives of the International Federation and leadership of the three Red Cross Societies conducted negotiations with regional authorities to increase the governmental share to CHARP. Foremost, the local medical authorities agreed to cover such items as reagents for MDLs and some other running costs. This local increase was included into memoranda of understanding signed between the National Societies and their respective ministries of health and into agreements on cooperation that were concluded between the regional Red Cross committees and the medical institutions where the MDLs are based.

As mentioned above, the International Federation is a member of the UN interagency task force for Chernobyl issues. Since it was launched, CHARP has maintained cooperation with several international agencies including WHO, UNICEF, UNDP, and other NGOs.

Contributing to longer-term impact

Senior staff from the three National Societies' headquarters and the International Federation's CHARP coordinator organised regular visits to the field to ensure sharing of experience and communication with the branches. The International Federation's representation is working on building a best-practice case around the Chernobyl engagement. Such a study will be disseminated internationally and thereby give a timely boost to awareness and possible support from donors.

Implementing the Chernobyl programme, the Red Cross Societies took into consideration the interests of every group, social status and gender equity. For instance though the priority group for the screening is those who were aged 0-40 at the time of the disaster, the Red Cross MDL doctors never refused people who wanted to be examined but who did not belong to this priority group.

In the course of thyroid screening special attention was paid to the group of people who were children and adolescents at the time of the Chernobyl disaster. In this risk group (aged 0-40 at time of the disaster) in particular radioactive iodine accumulated in thyroid gland damaged cells growing for many years eventually developed into thyroid cancer. In providing psychosocial assistance, the MDL teams, Red Cross workers and volunteers take into account specifics of some individuals and groups for instance pregnant women living in radiation polluted areas who worry about the health of their future babies. In addition elderly people living alone were also provided with psychosocial support within CHARP.

Looking ahead

Based on the outputs of programming in 2008 the International Federation together with National Societies of Belarus, Ukraine and Russia have developed the CHARP Plan for 2009-2010 and for a long-term perspective up to 2016. This long-term perspective is linked with the

above mentioned UN Action Plan. Moreover, it is justified by the conclusions of experts that the incidence of thyroid cancer induced by radiation will remain high during this period. The core activities will be thyroid screening in remote areas of those who were aged 0-40 at the time of the disaster and psychosocial support for the affected population.

In addition, the plan envisages adding screening for breast cancer and HIV counselling/testing and harm reduction into the work of the MDLs. Even though this disease is not directly linked with the health consequences of the Chernobyl disaster, unhealthy lifestyles are a direct result of the stigma attached with living in the affected areas. HIV rates are rising, particularly in the small towns in Ukraine and Belarus. Working in rural areas and screening about 90,000 people annually, the MDL teams could give people important information on HIV and carry out necessary blood testing. This would be a significant support to help the National Societies implement their HIV projects.

However, the future success of CHARP will depend on funding which at present has yet to be secured. Therefore, one of the most important issues will be providing sustainability for the programme by mobilizing further funding from the international community and through increased local input with the gradual integration of programme activities into the healthcare system. Although this was a priority for 2009, the sudden slide into recession in late 2008 means we cannot realistically risk handing over the programme to local governments yet.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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