

Appeal 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Chernobyl humanitarian assistance & rehabilitation programme (CHARP), Belarus, Russia and Ukraine

Appeal no. MAA67002

Appeal total: CHF1,231,000 [<click here for budget summary>](#)

National society homepage s: [<Belarus>](#) [<Russia>](#) [<Ukraine>](#)

National society partnerships in profile: [<Belarus>](#) [<Russia>](#) [<Ukraine>](#)

Secretariat 2+2 support strategies: [<Belarus>](#) [<Russia>](#) [<Ukraine>](#)

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries. For more information: <http://www.ifrc.org>

Secretariat Programmes	2006 budget (CHF)	2007 budget (CHF)	2006-2007 Total (CHF)
Disaster management	662,000	569,000	1,231,000

Focus on 2006/2007

The 2006-2007 appeal aims to revitalize donors' interest and to seek international support to continue provision of life saving screening for thyroid cancer and rendering psychological assistance to the population of Belarus, Russia and Ukraine affected by the Chernobyl disaster. The focus is on high-risk groups - those who were under 40 years at the time of the accident as well as those who still live in highly contaminated areas.

In 2006 the international community commemorates the twentieth anniversary of the worst accident in the history of the civil nuclear industry - the explosion of the Chernobyl power plant in northern Ukraine on 26 April 1986. The explosion sent tonnes of cancer-causing isotopes around the world, contaminating vast areas in Belarus, Ukraine and the Russian Federation. The long-term health consequences of the disaster continue to be studied. To date the only

pathology that can be attributed to the accident's radiation exposure is a large increase in thyroid cancer amongst individuals who were children at the time of disaster.¹

While this tumour is otherwise very rare in children and adolescents, the thyroid cancer incidence rate among people exposed to radioactive iodine stands at 100 cases per 100,000 people – that is on average 16 times higher than in countries not affected by a nuclear accident. Scientists predict that the incidence will peak during 2006-2020.

As twenty years have passed since the disaster, the Chernobyl accident has drifted from the minds of people. According to the United Nations (UN) nearly seven million people continue to live in radiation polluted lands and are at risk of thyroid cancer.

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



Dr. Artur Grigorovich (Brest MDL) is taking a sample tissue in a young woman suspected of thyroid cancer in order to detect any problem as early as possible

address basic health needs of those living in highly affected regions of the three countries. The social-economic difficulties that have arisen since the break-up of the Soviet Union have added to the tragedy, making those affected by Chernobyl even more vulnerable. For most, the Red Cross is the only organisation providing health support and medical advice, and, most importantly, screening for radiation-induced health effects.

The appeal will assist the National Societies of Belarus, Russia and Ukraine to continue efforts initiated in 1990, the key **objective** of which 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 services will be 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.

After 15 years of programming, CHARP specialists have accumulated unique practical expertise, such as providing medical screening in remote areas, rendering psychosocial support, performing fine needle biopsy in the field and other skills. The result is quality and cost-effective services to the most vulnerable population. The programme also serves as a model for government structures and medical institutions. From the beginning, the programme has contributed towards a better understanding of how to: support the affected population; establish ways of early detection of this serious disease; improve quality of living; and provide necessary psychological support. It has also highlighted the important role of the Red Cross and Red Crescent in the preparedness for and response to technological disasters. This expertise is available to others, if ever needed, through the International Federation and national societies engaged in the Chernobyl programme.

¹ The thyroid uses iodine to produce thyroid hormone, which regulates energy metabolism, physical and mental development, and the growth of embryos, children and adolescents. Radioactive iodine (iodine 131) dispersed by the disaster was particularly widely spread in some parts of Belarus, Russian Federation and Ukraine, causing pathological cell modifications of the thyroid.

Disaster Management

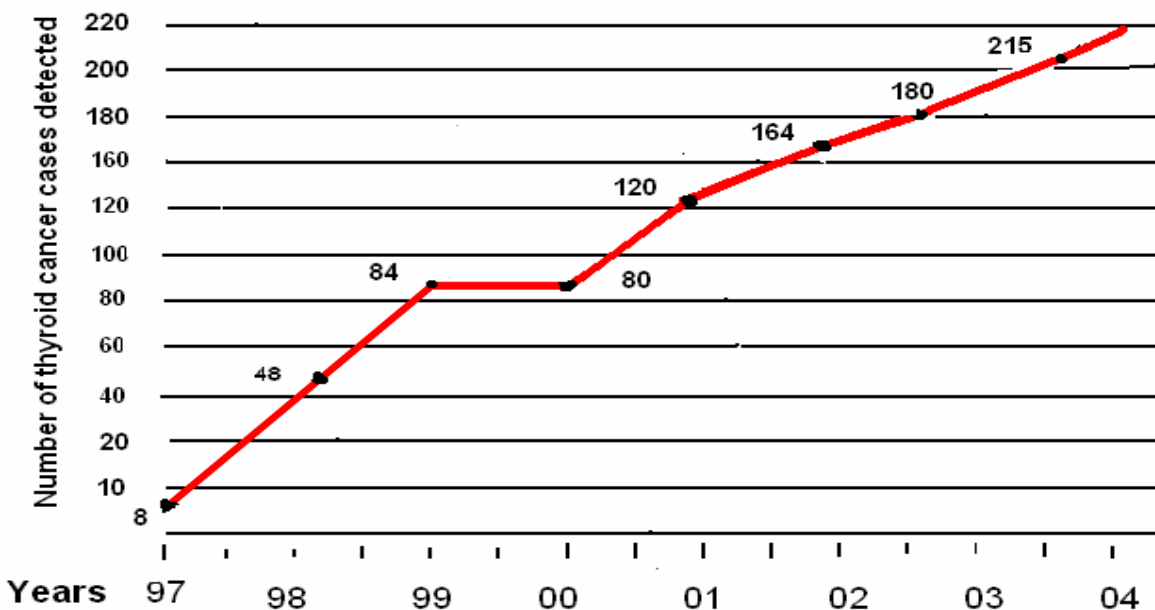
The approach for 2006-2007 is to continue providing screening for thyroid cancer (palpation and ultrasound) of established priority groups (individuals who were 40 years old or under at the time of the disaster and living in highly contaminated areas) and rendering psychological support. Along with thyroid screening, mobile diagnostic laboratories (MDL) will carry out diagnosis and treatment of ailments when necessary. Besides that, if funding becomes available, the programme may expand to screen young women living in radiation polluted areas is being considered for breast cancer.

The **special task** of this Red Cross programme is to identify as early as possible thyroid gland cancer and other radiation-related pathologies, to ensure appropriate treatment and safe lives. For that purpose, those attending mobile diagnostic laboratories for screening will receive an ultrasound examination of the thyroid gland. If this is found to be abnormal they will be referred to the nearest diagnostic centre for a thyroid biopsy, to determine whether the thyroid gland is cancerous. Since 1997, when CHARP started thyroid screening, laboratory specialists have detected 899 cases of thyroid gland cancer confirmed by specialised medical institutions. The number of cancers diagnosed has increased every year, with 215 diagnosed in 2004 (see below).

However, the experience of the RC MDL doctors shows that many persons with abnormal scans cannot afford to attend the specialised centres for biopsy. The nearest diagnostic centres may be far away and transport costs are not provided. Therefore since 2001, trying to bridge the gap at the detection level, the RC MDL doctors have been carrying out fine-needle biopsies in the field (either Red Cross MDL doctors perform this themselves on sites or specialists from regional diagnostic centres travel to the field).

A solid experience has been obtained by specialists of the Brest mobile diagnostic laboratory in performing fine

Fig 1 Detection of thyroid cancer by CHARP RC MDLs



needle biopsies in the field. In this case the people referred for biopsy, are invited to come on a special day to places selected with appropriate sanitary-hygienic conditions, not far from their residence or working place. This practice has reduced the number of no-shows to zero and will be continued in the coming years.

The successful experience of Brest MDL was replicated by other two Belarus MDLs (Gomel and Mogilev teams) who started to perform the fine needle biopsies in 2005 and will continue to use this method in their work in 2006-2007.

In Ukraine and Bryansk (Russian Federation), the Red Cross branches in cooperation with local medical institutions take a different approach. Once doctors of MDLs have detected a certain number of patients suspected of cancer,

specialists from local diagnostic centres join the mobile diagnostic laboratory teams to perform fine needle biopsies at district hospitals.

Along with medical examinations, CHARP will continue to provide psychosocial support (PSS) to the population affected by the Chernobyl disaster. As in previous years, this work will be carried out by the MDL specialists, Red Cross workers and volunteers. The PSS support will help to diminish stress in the population through delivering accurate information about the long-term health effects of the accident.

Overall Goal:

The health of the population affected by the Chernobyl nuclear disaster is improved.

Programme Objective:

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

Expected results:

- 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.
- 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 24,000 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 due to new management strategy that hands over more programme responsibilities to Red Cross national societies and gradually integrates activities into the health care system.

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This appeal seeks to fund programmes to be implemented in 2006 and 2007. These programmes are aligned with the International Federation's 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":

Global Agenda Goals

1. *Reduce the numbers of deaths, injuries and impact from disasters.*
2. *Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.*
3. *Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.*
4. *Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.*

The International Federation's is the world's largest humanitarian organization, and its millions of volunteers are active in over 183 countries. Our aim is to build safer communities, able to prevent and respond to human suffering in times of crises and distress, and where people work together to promote hope, dignity and equity. We work to support vulnerable communities through neutral, impartial, independent humanitarian action, in accordance with our Fundamental Principles and in line with the Red Cross Red Crescent Code of Conduct, the Humanitarian Charter and Minimum Standards in Disaster Response, and the SPHERE Project.

PROGRAMME BUDGETS SUMMARY

Appeal no.:

MAA67002; Beneficiary numbers: 300,000 (2006: 150,000, 2007: 150,000)

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
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	288,000	0	0	0	0	288,000
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	0	288,000	0	0	0	0	288,000
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	0	2,000	0	0	0	0	2,000
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	0	2,000	0	0	0	0	2,000
Storage	0	3,960	0	0	0	0	3,960
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	0	113,220	0	0	0	0	113,220
TRANSPORT & STORAGE	0	117,180	0	0	0	0	117,180
International Staff	0	0	0	0	0	0	0
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	126,844	0	0	0	0	126,844
National Society Staff	0	444,826	0	0	0	0	444,826
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	571,670	0	0	0	0	571,670
Workshops & Training	0	59,500	0	0	0	0	59,500
WORKSHOPS & TRAINING	0	59,500	0	0	0	0	59,500
Travel & related expenses	0	34,160	0	0	0	0	34,160
Information & Public Rela	0	9,300	0	0	0	0	9,300
Office Running Costs	0	43,596	0	0	0	0	43,596
Communication Costs	0	19,996	0	0	0	0	19,996
Professional Fees	0	240	0	0	0	0	240
Other General Expenses	0	5,446	0	0	0	0	5,446
GENERAL EXPENDITURE	0	112,738	0	0	0	0	112,738
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	0	80,022	0	0	0	0	80,022
PROGRAMME SUPPORT	0	80,022	0	0	0	0	80,022
TOTAL BUDGET:	0	1,231,110	0	0	0	0	1,231,110