

Report 2006-2007



Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP)

Appeal No. MAA67002

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



A thyroid cancer screening performed by a CHARP mobile diagnostics laboratory doctor in Ukraine. International Federation.

In brief

Programme Summary:

In 2006, CHARP focused on thyroid cancer screening in the priority group of people who were aged 0-40 at the time of the Chernobyl accident and live in radiation contaminated areas. CHARP also continued to provide general medical, social and psychological assistance in the six regions of Belarus, Ukraine and Russia affected by the Chernobyl disaster.

The programme received donations from the Irish Government, the Japanese Red Cross, the Canadian Red Cross, the British government/DFID and the Netherlands Red Cross. However it should be taken into consideration that the above mentioned donation of the Irish Government is for three years (from May 2006 to May 2009). Therefore the appeal budget for 2006 was in fact covered by only about 66%.

Goal: To provide effective medical, social and psychological assistance to targeted individuals in the six regions affected by the Chernobyl nuclear disaster.

Needs: CHF 1,268,411 (USD 1,049,240 or EUR 773,090) (out of which 103 % covered). [Click here to go directly to the attached financial report.](#)

No. of people we help: In 2006 about 156,000 people benefited directly from CHARP programme interventions. It is expected that about 155,000 people will benefit from activities planned for 2007.

Our Partners: CHARP is implemented by the International Federation together with the RC National Societies of Belarus, Russia and Ukraine in close cooperation with the Ministries of Health of all three countries.

Current context

In 2006, the international community commemorated the 20th anniversary of the worst accident in the history of the civil nuclear industry – the explosion of the Chernobyl nuclear power plant in northern Ukraine on 26 April, 1986. The explosion contaminated vast areas in Belarus, Ukraine and the Russian Federation with tonnes of cancer-causing isotopes. It is estimated that about five million people continue to live on radiation-polluted lands.

In connection with the anniversary, a series of international conferences and forums were held where scientists and other experts discussed the aftermath of the Chernobyl disaster. One of the main conclusions was that the unparalleled fall-out of radioactive iodine caused a dramatic increase in thyroid oncology pathologies. There is growing incidence of thyroid cancer induced by radiation in exposed children and teenagers (now over 6,000 cases), while among exposed adults the incidence is five to seven times higher than in the rest of the population.

Progress towards objectives

Objective 1: To provide thyroid health screening to the affected population in the most remote areas, where state health authorities have little, if any, capacity.

From January to December 2006, the specialists of six mobile diagnostics laboratories (MDL) working within CHARP examined 91,086 people. In accordance with the recommendations of the latest evaluation (March 2005) the examinations were concentrated on thyroid cancer screening in the priority target group, i.e. individuals who were aged 0-40 at the time of the accident and live in remote contaminated territories. The screening focused on operational areas which have not been screened recently or were not screened at all in the past. Three MDLs operated in Belarus (the Brest, Gomel, and Mogilev regions), two in Ukraine (the Rovno and Zhitomir regions) and one in the Russian Federation (the Bryansk region). Of those screened in the reporting period, 46,395 (about 51%) were screened for the first time since the Chernobyl disaster.

In the examined group, MDL specialists detected 36,136 cases of abnormal scans (i.e. pathologies). This means that about 40% of all people screened have pathologies of the thyroid gland in various stages of development. Red Cross MDLs referred 6,991 patients with suspected thyroid cancer to specialised medical institutions where 212 cases were confirmed through cytological examinations (in 2005, 221 cancer cases were detected).

In the course of thyroid screening, special attention was paid to people who were aged 0-18 at the time of Chernobyl disaster. In this risk group, radioactive iodine often damaged cells which then accumulate in the thyroid gland and can develop into thyroid cancer years later.

Apart from cancer, the three primary thyroid pathologies detected by MDLs via screening were nodular pathology (13,788 cases), diffuse goitre (11,919 cases) and thyroiditis (6,769 cases). If left undiagnosed or untreated, there is a risk that these conditions may develop into thyroid cancer. Therefore, patients diagnosed with the abovementioned thyroid pathologies are under constant monitoring by Red Cross MDLs.

The steady increase in cases of nodular pathology detected by MDLs over the last three years arouses particular concern:

- 2004 – 11,891 cases, or 27% of all diagnosed thyroid pathologies
- 2005 – 12,130 cases, or 29% of all diagnosed thyroid pathologies
- 2006 – 13,788 cases, or 38% of all diagnosed thyroid pathologies

The percentage is even higher in Belarus, where nodules of the thyroid gland account for more than 50% of all pathologies detected in 2006 (9,034 cases in 17,740 patients with thyroid conditions).

Along with thyroid screening, the laboratory doctors diagnosed and treated other ailments upon receiving patient requests or the results of clinical tests. The capacity of the primary health care system is limited in rural areas, and CHARP is needed to fill the gaps. However, CHARP is unable to fill every gap. In accordance with the recommendations of the latest Federation evaluation (2002), MDLs no longer provide automatic blood and urine testing primarily due to funding. At present, blood and urine testing are comparatively limited activities as a percentage of all the work performed by MDLs, ranging from about 20% in Ukraine to 50% in Belarus.

Objective 2: To provide psycho-social support for the affected population.

During the reporting period, MDL specialists and Red Cross staff and volunteers continued to provide psycho-social support (PSS) to the population affected by the Chernobyl disaster. Their activities focused on disseminating accurate information about long-term health effects and working to diminish stress in the affected communities employing PSS tools such as counselling and active listening.

The National Societies organised PSS workshops on methods and tools for providing psycho-social assistance to the victims of Chernobyl. The Belarusian RC held one in March, the Ukrainian RC in September, and the Bryansk RC branch in December 2006.

Trained RC staff and volunteers informed the population of the consequences of the Chernobyl accident and methods of decreasing the risk of radioactivity and coping with stress. In addition, newspaper articles were published and local radio interviews were broadcast aimed at highlighting the consequences of the accident, explained preventative methods against stress and related diseases and social problems, and ways to cope with crisis situations. An estimated 36,000 people have received psycho-social assistance from CHARP.

In early 2006, the Netherlands Red Cross supplied 2,490,000 multivitamin tabs to the National Societies of Belarus, Ukraine and Russia (Bryansk branch), which were distributed from February to May. The vitamins, containing C, D and B groups with iron, folic acid and stable iodine, strengthened the immunity of about 30,000 children living in the areas affected by the Chernobyl disaster.

In December, 2006, the Logistics and Resource Mobilisation Department of the International Federation of Red Cross and Red Crescent Societies supplied some 800,000 multivitamin tabs with funding from the Japanese Red Cross and the Irish government. The vitamins will be distributed to children living in radiation-contaminated areas in February-March 2007 after being cleared by customs.

In providing psychosocial assistance, MDL teams and RC workers and volunteers take into consideration the specific problems of various individuals and groups, e.g. pregnant women living in radiation polluted areas who are concerned about the health of their future babies. CHARP produced and distributed a special brochure for this category of people containing appropriate recommendations.

Operational Developments

The technical infrastructure of CHARP is generally in good shape at present. Over the last three years the diagnostic abilities and the quality of examinations provided by the six MDLs have improved thanks to the acquisition of new, sophisticated equipment and all the reagents necessary to carry out

examinations, staff training sessions, and the introduction of modern screening techniques. In 2006 new ultrasound equipment was supplied to the Zhitomir and Rovno MDLs.

CHARP's mobile diagnostic laboratories improved their early detection capabilities, which now include fine needle biopsies. In Belarus and Ukraine, MDL specialists perform the biopsies themselves. Having screened a number of people over a 2-3 week period, they select those who require biopsies and perform them at district hospitals in sanitary and hygienic conditions. In the Russian Federation, specialists from the Bryansk Diagnostic Centre travel to the areas where the MDL operates to perform biopsies on patients, in whom the RC MDL teams have detected possible thyroid cancer.

In the reporting period, the RC organised a number of high level round table meetings, conferences and other events in all three countries. Federation Secretary General participated in the international conference, "Twenty Years after Chernobyl", held in Minsk in April, while the Federation President took part in events organized by the Ukrainian government in Kiev.

During the commemoration of the 20th anniversary of the Chernobyl disaster, CHARP was highly covered by international mass media. There were interviews and visits with Associated Press, Reuters, Cox News, BBC Radio, BBC World Service, RTE Ireland, Radio France Culturelle, Brazil Press, Deutsche Welle, Canadian Broadcasting Corporation, La Liberation (France), Radio Madrid, Radio Mallorca, Argentinian Radio, National Public Radio USA, Finnish magazine "SEURA", and Austrian print and electronic mass media. Accordingly, numerous materials about CHARP have been published in those countries providing international representation for the programme.

Working in partnership

CHARP is an international project implemented by the Federation and National Societies of Belarus, Ukraine and the Russian Federation in each respective country. It has a centralised management system and operates as one unit. The overall coordinative body of the programme is the International Chernobyl Coordination Committee (ICCC) composed of the Presidents of the Ukrainian and Russian RCs, the Secretary General of the Belarusian RC, and the head of the Federation's delegation for Belarus and Ukraine. The main task of the ICCC is to develop and approve programme strategies.

An ICCC meeting was held in Moscow on 18 July, 2006. The members of the Committee discussed issues regarding the sustainability of the programme. It was noted that CHARP's future funding, especially after 2008, has not been secured. The leaders of the National Societies stressed that so far it has been difficult to increase local input. The National Societies, however, will not close the programme after 2008, and it was therefore decided to continue seeking international support while trying to increase the local input.

The Federation delegation and the National Societies have good connections with the ministries of health and emergencies or the corresponding ministries in each country, whose activities are coordinated with the MDLs. Good relations have been established with medical institutions, NGOs and leading scientists dealing with Chernobyl-related issues in the three countries and abroad. For instance in 2006, the Federation was co-organiser of the international conference, "Health Consequences of the Chernobyl Catastrophe: The Strategy of Recovery" (May 29th-June 3rd 2006, Kiev, Ukraine), initiated by the International Association, "Physicians of Chernobyl". Taking part in the conference were scientists and experts from the three most affected countries, specialists from Germany, Great Britain, Cuba, Israel, the USA and Japan, and representatives of governmental and non-governmental international organisations (328 participants in total). The CHARP coordinator gave a presentation on the programme at this international forum.

The 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 the World Health Organisation (WHO), United Nations Children's Fund (UNICEF), United States Agency for

International Development (USAID), Japanese Sasakawa Foundation and others.

Contributing to longer-term impact

The programme is aligned with the Federation's Global Agenda, in particular with the goals to meet the Federation's mission to reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

As mentioned above, during the reporting period MDL specialists detected 36,136 cases of abnormal thyroid scans (about 40% of all those screened). RC doctors gave these patients necessary medical consultations. In the reporting period some 6,991 patients were referred to specialised medical institutions for further examinations, including hormonal testing and fine needle biopsies.

Thanks to the early and precise diagnosis of thyroid cancer, proper treatment of the disease was ensured and practically all patients survived. In fact, during the reporting period thyroid cancer deaths were not registered among those patients who had been referred by the RC MDLs to medical institutions for treatment.

In addition, regional RC committees receive reports from schools, kindergartens and children's hospitals located in radiation-contaminated areas that, after taking multivitamins supplied through CHARP, children complain less of fatigue and headaches and are more rarely subject to acute respiratory diseases.

Through thyroid screening CHARP directly saves the lives of the most vulnerable population. Through psycho-social support CHARP strengthens the health of children who will be the next generation and transfers the knowledge and strength to cope with the aftermath of the Chernobyl disaster.

Looking Ahead

The data collected by RC MDLs show a high incidence of thyroid illnesses in affected areas. About 40-50% of all screenings revealed abnormalities. From 2004 to 2006 over 200 thyroid cancer cases were detected each year. MDL specialists save many lives by referring thousands of people to specialised medical institutions for further examination or treatment, confirming the importance of CHARP. Based on the outputs of the programme from 2006, CHARP is planning to continue its work in 2007 on the same conceptual bases. The core activities will be thyroid screening of those who were aged 0-40 at the time of the disaster, psycho-social support for the affected population, and the distribution of multivitamins to children living in contaminated areas.

However, the future activities of CHARP depend on funding which at present has not yet been secured. Despite the abovementioned allocation from the Irish government earmarked for three years (2006-2009), additional funding should be sought to enable the continuation of this programme. The delegation continues its efforts to mobilize further funds from the international community and, together with the NSs, to increase local input.

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International Federation of Red Cross and Red Crescent Societies

MAA67002 - CHERNOBYL HUMANITARIAN ASSISTANCE & REHABILITATION

Annual Report 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/01-2007/12
Appeal	MAA67002
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
A. Budget	0	1,268,411			0	1,268,411
B. Opening Balance	0	339,827			0	339,827
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		0				0
<i>Canadian Red Cross Society</i>		71,677				71,677
<i>DFID Partnership</i>		39,913				39,913
<i>Irish Government</i>		262,114				262,114
<i>Japanese Red Cross Society</i>		53,500				53,500
<i>Netherlands Red Cross</i>		8,003				8,003
<i>On Line donations</i>		14				14
<i>United States - Private Donors</i>		514				514
C1. Cash contributions		435,735				435,735
<u>Outstanding pledges (Revalued)</u>						
<i>Irish Government</i>		536,905				536,905
C2. Outstanding pledges (Revalued)		536,905				536,905
C. Total Income = SUM(C1..C6)	0	972,640			0	972,640
D. Total Funding = B + C	0	1,312,468			0	1,312,468

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0	339,827			0	339,827
C. Income	0	972,640			0	972,640
E. Expenditure		-646,187				-646,187
F. Closing Balance = (B + C + E)	0	666,281			0	666,281

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		0	1,268,411			0	1,268,411	
Supplies								
Medical & First Aid	306,000		211,730				211,730	94,270
Total Supplies	306,000		211,730				211,730	94,270
Land, vehicles & equipment								
Vehicles			-9,451				-9,451	9,451
Computers & Telecom	2,000		1,969				1,969	31
Office/Household Furniture & Equipm.			4,364				4,364	-4,364
Medical Equipment	37,200							37,200
Total Land, vehicles & equipment	39,200		-3,118				-3,118	42,318
Transport & Storage								
Storage	3,666		1,284				1,284	2,382
Distribution & Monitoring			23,574				23,574	-23,574
Transport & Vehicle Costs	110,920		48,095				48,095	62,825
Total Transport & Storage	114,586		72,952				72,952	41,634
Personnel Expenditures								
Delegate Benefits			1,670				1,670	-1,670
National Staff	130,392		78,423				78,423	51,969
National Society Staff	436,069		172,554				172,554	263,515
Total Personnel Expenditures	566,461		252,646				252,646	313,815
Workshops & Training								
Workshops & Training	59,500		13,989				13,989	45,511
Total Workshops & Training	59,500		13,989				13,989	45,511
General Expenditure								
Travel	23,560		15,716				15,716	7,844
Information & Public Relation	10,950		14,918				14,918	-3,968
Office Costs	41,654		13,566				13,566	28,088
Communications	19,396		13,191				13,191	6,205
Professional Fees	360		741				741	-381
Financial Charges	1,964		14,168				14,168	-12,204
Other General Expenses	2,333		1,113				1,113	1,220
Total General Expenditure	100,217		73,413				73,413	26,804
Depreciation								
Depreciation			3,405				3,405	-3,405
Total Depreciation			3,405				3,405	-3,405
Program Support								
Program Support	82,447		42,002				42,002	40,445
Total Program Support	82,447		42,002				42,002	40,445
Operational Provisions								
Operational Provisions			-20,833				-20,833	20,833
Total Operational Provisions			-20,833				-20,833	20,833
TOTAL EXPENDITURE (D)	1,268,411		646,187				646,187	622,224
VARIANCE (C - D)			622,224				622,224	