

CHERNOBYL: HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME

**appeal no: 20/97
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***THIS APPEAL SEEKS CHF 1,300,000
IN CASH, KIND AND SERVICES
TO ASSIST 200,000 BENEFICIARIES FOR 12 MONTHS***

Summary

Current assistance to victims of the 1986 Chernobyl nuclear disaster focuses on screening for thyroid gland pathologies, particularly in children and young people, the highest risk group, and on psycho-social support. Funds are needed to enable the programme's six mobile laboratories to screen 90,000 people in 1998, and to expand the reach of the psycho social support component throughout Belarus and introduce it into Ukraine.

The Context

When a reactor at the Chernobyl nuclear power plant in Ukraine exploded on 26 April 1986 it spread radionuclides around the world and contaminated an area of more than 30,000 square kilometres, home to over four million people, in Belarus, Ukraine and the Russian Federation.

The disaster affected both the physical and the psychological health of the population. More than 11 years after the explosion hundreds of thousands of people are still suffering from the consequences of the accident. One of these is a high incidence of thyroid cancer -- and experts forecast further increases.

The situation was aggravated by break-up of the Soviet Union four years later, which caused a rapid deterioration in living conditions and drastic reductions in health and social welfare programmes. The two events, taken together, have increased stress related illnesses, and are having various long-term effects, producing a clear need for medical and psychological support provided in the framework of operations with a long-term perspective.

The Operation

In 1990 the Federation launched the Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme, providing screening of food and the environment through radiometric testing and distributing basic health information to the population. In 1992, six Mobile Diagnostic Laboratories (MDLs) equipped to conduct independent medical screening at virtually any location were supplied to six contaminated Oblasts (two per Republic). In the prevailing economic situation, local institutions and health care authorities are unable to provide services of this kind - especially in remote villages.

The MDLs screened up to 60,000 people a year, providing them with instant information on their health and when necessary referring them for further consultation or treatment. In 1996, the MDLs detected 1,274 cases of nodular goitre among adults and 110 cases among children. Some 50% of the screened population (24,457 people) were sent for further consultation/treatment in the state health system.

In 1997 39 mt of milk powder and 15 million multivitamin tablets were supplied to schools and other children's institutions in the affected areas via RC Oblast Committees, reaching 60,000 children.

Expanded Programme

In mid-1996, following a Federation evaluation, the programme was redesigned, expanding and adjusting its services to meet emerging needs and increase the numbers assisted. The chief features of this new phase are expanded screening for thyroid gland pathologies, focusing particularly on children and young people, and the introduction of a psycho-social support programme.

In keeping with the Plan of Action drawn up after the 1996 evaluation, the Chernobyl Programme moved into its new phase in early 1997.

Medical Screening

Mounting medical evidence underlines the importance of the expansion of medical screening for thyroid gland cancer and other pathologies, especially in children and persons who were children at the time of the accident. It has been scientifically accepted that these diseases are directly related to the Chernobyl disaster. The inhalation or ingestion of radioactive iodine saturated the thyroid gland of exposed people, profoundly affecting very young and unborn children. The effects of this exposure are becoming increasingly evident and experts forecast a continuing rise in pathologies.

Early diagnosis is extremely important because it allows for appropriate treatment and gives a better chance of survival -- especially true for children and teenagers. In adults, nodular goitre, cysts, thyroiditis and other diseases, if not discovered and treated in time, may hide the development of thyroid cancer.

In June 1997 six new MDLs were delivered to the Regional Red Cross Committees and all are now operational. They are provided with sophisticated equipment and all the necessary reagents for increasing the number of check-ups and ultrasound screenings.

The main donor to date has been ECHO. Other important donors include the British, Danish, Netherlands, German and Japanese Red Cross Societies, who, along with UN agencies (UNDHA in particular) cover training of the MDL staff, provide computers, and finance the psycho-social pilot programme. The Japanese Red Cross has been very active in training MDL staff.

Psycho-social Support

The second major new element of the revised CHARP is the introduction of a psycho-social programme, in response to the need to relieve stress and stress related illness among the population in the contaminated territories and among those who were resettled from rural areas to unfamiliar urban or suburban areas.

The programme started in 1997 with a Pilot Project for Belarus, developed jointly by the Federation Reference Centre for Psychological Support, Copenhagen, and the Danish Red Cross.

The first step was to create a core of trainers who would then teach their co-workers -- Belarussian Red Cross staff, volunteers and other helpers -- to provide psychological support at community level. The first Training of Trainers (ToT) Workshop, for 18 participants from the worst affected areas, was held in Gomel, Belarus in May 1997. The workshop programme covered both the health and psychological consequences of the Chernobyl accident. Topics emphasised counselling, active listening and other coping mechanisms for problem solving and defined the roles of victims and the Red Cross staff, bearing in mind that social workers, visiting nurses and the MDL staff are all subject to the same stress as their clients.

The trainers have held nine training sessions to date.

Objectives of the operation in 1998

Medical Screening and Health Information

- To provide medical screening for 90,000 people living in the most contaminated areas, with the prime focus on increasing screening for children and persons who were children in 1986;
- to provide people with accurate and immediate information on the state of their health and refer them for further examination as necessary;
- to distribute 42 mt of milk powder to 110,000 children living in the contaminated areas;
- to provide a data bank for thyroid gland pathologies and to create an expert group to evaluate results;
- to promote the long term sustainability of the programme.

Psycho-social Support

- To motivate the National Societies to create a core of trained trainers to provide psychological support at community level;
- to extend the programme to Brest Oblast (Belarus) and to Ukraine;
- to organise follow-up training for trained trainers;
- to facilitate a follow-up workshop on stress and self-management as a logical development of the implementation phase for participants from different regions of Belarus;
- to strengthen and extend contacts with different partners and organisations in order to exchange experience and to encourage their participation in consultations.

Plan of action

Medical screening

- In 1998, the numbers of people screened will be increased from 60,000 to 90,000. Three MDLs will be operational in Belarus (Mogilev, Gomel and Brest Oblasts), two in Ukraine (Zhitomir and Rovno) and one in Russia (Bryansk). Each MDL will have a yearly target of 15,000 check-ups.
- In February, 12 endocrinologists from all three republics will be trained in the use of data from the MDLs
- In April, MDL staff and Oblast staff from all three republics will be given further training in the changeover to new equipment and procedures.
- In September or October, medical doctors from all three republics will be briefed on the ultrasound screening work of the MDLs.
- Milk powder and multi-vitamins for 110,000 children will be distributed between February and May.

Psychological Support Programme

The next step in the Psychological Support Programme will be to continue and extend the training of trainers and provide support to MDL teams and to the visiting nurses working in contaminated areas.

- A one Training of Trainers course on stress management and other topics will be held for 30 MDL staff from all three republics
- One five-day Training of Trainers workshop, for 20 participants, will be held in Ukraine
- Three three-day refresher courses will be held for trained trainers -- two in Belarus, one in Ukraine
- A total of 44 one day training courses will be given by trained trainers for Visiting Nurses, social workers, three MDL teams in Belarus and two MDL teams in Ukraine, at a rate of four workshops per month for 11 months
- Ten one day courses.

Capacity

The long-term sustainability of the programme is a key issue. The NSs recognise that the Federation alone cannot be responsible for financing the programme in the longer term. While it is not realistic to expect that the NSs and their governments could take on the main responsibility for financing the programme in the immediate future, it should be possible to achieve this goal gradually.

The CHARP management and the NSs have drafted a ten-year funding plan, setting out a decreasing financial role for the Federation. The Federation will support the programme at the present financial level (running costs) from 1998-2000 and start to withdraw step by step thereafter. The three-year period gives time for the three National Societies and the governments to prepare for assuming financial responsibility.

The Programme's Management

The programme is supervised and co-ordinated by the Federation's Minsk Delegation in co-operation with the Red Cross Societies of Belarus, Ukraine and the Russian Federation, while the staff is locally managed by the RC Oblast chairperson.

The Federation Delegation arranges regular co-ordination meetings with the three Presidents of the implementing National Red Cross Societies. Since mid-1997, the entire programme management

has been the responsibility of local managers. The Federation's role will focus on co-ordination, in particular of external assistance, supplies and funding.

Presently the ONS provide the structure for the local management of the MDLs (RC Oblast Chairperson and support staff) and some general administrative costs. The Government provides the staff for the MDLs, their accommodation and per diems.

Each Operating National Society has a CHARP programme counterpart at the National Head Office. They and the three national managers of the Federation Delegation form a co-ordination group, chaired by the Head of Delegation.

The Presidents of the National Societies and the Head of Delegation are members of the International Co-ordination Committee which meets quarterly. All policy decisions are made by this committee.

The Red Cross Regional Chairperson manages the programme at regional level and together with the Head of MDL manages the work of the MDL teams. In the Federation Delegation six persons work full-time on the programme and three part-time.

Co-operation

The Federation Delegation works closely with the ministries of health and ministries of emergencies (or corresponding ministries) in each country. Each Ministry of Health co-ordinates the work of the dispensaries with whom the staff of the MDLs co-operate.

Over the years CHARP has built up close links with the scientific and technical communities as well as specialised international organisations, in order to share its findings and publicise the importance of continuing humanitarian assistance.

Various UN agencies with Chernobyl-related programmes are kept informed about CHARP at monthly donor meetings in Minsk. The WHO Thyroid Project Co-ordinator works closely together with the CHARP Medical Co-ordinator. CHARP also has close contacts with Radiological Centres and Dispensaries and many leading specialists and experts from Belarus, Russia and Ukraine.

The Psycho-social Support Programme has led to new relations with the UNESCO/Chernobyl Programme, the Belarussian National Institute for Education and the Institute for Crisis Psychology.

In Geneva close links have been developed with the Chernobyl programme of the UN Department of Humanitarian Affairs

Conclusion

The Chernobyl accident created a new category of disaster -- and one with very long term consequences. Only a co-ordinated effort of the international community can provide the resources needed to address its effects. To this end, the Federation participated earlier this year in the United Nations Inter-Agency Needs Assessment mission and in the international seminar "Chernobyl and Beyond: Humanitarian Assistance to Victims of Technological Disasters. It is presenting this Appeal in full co-ordination with UNDHA. Donors are urged to give it generous support, bearing in mind that the Federation supported programme is the only one of its size focusing on humanitarian and health assistance to the general population.

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