

# Appeal 2001-2002

 International Federation  
of Red Cross and Red Crescent Societies

## **CHERNOBYL: HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP) IN BELARUS, UKRAINE AND RUSSIA (Appeal 01.60/2001)**

*Click on programme title or figures to go to the text or budget*

*In CHF*

1. Health and Care 1,486,967

Total 1,486,967



## **Introduction**

### **Programme Context**

As a result of the explosion of the fourth unit of the Chernobyl nuclear plant on 26 April, 1986 tens of thousands of square kilometres of land remain severely contaminated in Ukraine, Belarus and the Russian Federation. A population of over 4 million people are still living in these areas. Launched in 1990, the Federation's longterm Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) addresses basic health needs of those living in the most contaminated areas. The programme first concentrated on screening food supplies and the surrounding environment through radiometric testing. From 1992 onwards, six mobile diagnostic laboratories (MDLs), based in six highly affected regions, screened background radiation and provided medical examinations to adults and children in remote areas. Basic health information on measures to mitigate the impact of radioactive contamination on general health was also distributed to the population.

In 1996, the CHARP programme was modified and adapted to meet new needs. Since the radiation situation had stabilised, the dosimetrical part was significantly reduced and the number of people targeted for medical screening was increased from 60,000 to 90,000 per annum, with a special focus on children and people who were children at the moment of the accident – the most vulnerable in terms of thyroid gland cancer. In June 1997, six new MDLs, redesigned to facilitate the increase in examinations, replaced the old ones. Three new MDLs now operate in Belarus, two in Ukraine and one in the Russian Federation. This resulted in a significant reduction of the costs of the programme. Local management was successfully introduced and calls for increased ONS support were made.

A further element of the revised CHARP was the introduction of a psychosocial support (PSS) programme. This began as a pilot project in 1997 in Belarus, where Red Cross workers and volunteers were trained in PSS helping

techniques. In November 1998, the project was initiated in Ukraine, and then in Bryansk Oblast, in the Russian Federation, in November 1999.

CHARP also included the supply of multivitamins, milk powder and medication (including 'Levothyroxine', used for the treatment of people whose thyroid has been removed). Training is provided to the MDL staff on the most up to date techniques used by CHARP.

During 1999, CHARP maintained the emphasis on increasing the number of medical checkups, with a focus on thyroid gland examinations, and further improving and expanding psychosocial assistance to the population. A significant part of CHARP's budget continues to be devoted to the provision of multivitamins for children living in contaminated areas and levothyroxine medicaments for people with thyroid gland pathologies. However, the programme is facing a severe shortage of funds, and new initiatives have been put on hold and existing activities are under consideration to secure the required support. In addition, ECHO's decision to stop its funding adds further pressure on the programme.

### ***Programme Assistance Strategy***

Fourteen years after the Chernobyl disaster, the situation in the three affected countries – Belarus, Russia and Ukraine – remains worrying. Concerns about cancer attributable to the accident are still high. Important questions remain open with regard to the effects of radiation on human health. The psychosocial impact of the accident on the population is obvious and has been underlined at numerous international Chernobyl conferences. It is therefore considered essential to continue to provide comprehensive humanitarian assistance to the people affected by the disaster, and this calls for the concerted efforts of all concerned. Throughout its history, CHARP has accumulated a wealth of lessons and developed new skills in the communities. This represents a unique asset in case of further or similar disasters.

CHARP, a well organised and coordinated Federation Disaster Response programme, provides the population with vital medical and psychological assistance. It is especially important for people living in remote and radiation polluted areas with less and less access to health care facilities. For many of them, the check by the MDLs is the only regular opportunity to identify potential lifethreatening diseases. In Ukraine and Bryansk Region (Russia) the Red Cross MDLs are the only mobile laboratories operating in rural areas. In all regions, the work of the MDLs is coordinated with the health authorities. Data collected confirms the high incidence of thyroid gland pathologies and cancer, especially in children and persons who were young at the time of the disaster.

Experts from research and scientific centres in Belarus, Ukraine and Russia, as well as scientists from other countries, expect these illnesses to continue until the years 2005-2010. These bleak prospects, together with a deterioration in living conditions and a drastic reduction in health and social welfare services throughout the former Soviet Union, point to a clear and compelling need for the Programme to continue. Since services of such a level and quality cannot be provided in the near future by the Governments of the three countries, it is critical to continue to provide CHARP services to the afflicted population. The ongoing economic crisis has delayed efforts from ONS and local governments to increase their participation in the self-sustainability potential of the programme.

[return to top](#)

# 1. Health and Care

## Background and progress to date

During the ten years the Chernobyl Assistance and Rehabilitation Programme (CHARP) has been implemented, significant practical expertise was collected on the health consequences of the Chernobyl nuclear accident. This resulted in high-quality and cost-effective services (medical screening) being provided to the most vulnerable among the four million people residing under unfavourable conditions in the contaminated areas.

The general strategy of the CHARP is based on distribution of assistance by six mobile diagnostic laboratories (MDLs) through the network of the three operating National Societies of Belarus, Ukraine and Russia. The programme is run in co-operation with corresponding Ministries (Health and Emergency) in each country to co-ordinate the activities of mobile diagnostic laboratories in the affected regions. In addition, CHARP continues to provide psycho-social support, distribution of multivitamins to children and some medicines to victims of the Chernobyl disaster.

The Chernobyl accident had a negative impact on health, evidenced by still increasing numbers of thyroid gland cancer cases induced by radiation and other pathologies. For instance, during the first half of 2000, the Red Cross MDLs examined about 45,000 people and detected 45 cancer cases (41 cases in adults and 4 cases in children), which were confirmed at regional medical institutions as a result of additional examinations. It makes an incidence of 100 cases per 100,000 people which is more than 16 times higher than in countries not affected by the Chernobyl disaster. For example according to the World Health Organization (WHO), in Europe the highest incidence rate was in Finland (5.8 cases), Norway (5.1 and 1.6 cases), Italy (4.8 and 1.8 cases) and Switzerland (4.3 and 2.6 cases).

From 1990 to the present, CHARP provided humanitarian assistance to about 2,500,000 beneficiaries. Through it, 240 tons of milk powder and 114 million multivitamins were distributed to children living in the contaminated areas. More than 15,000 patients with thyroid gland pathologies were provided with medication (levothyroxine). People who underwent an operation for thyroid cancer need to take this hormone for the rest of their lives.

The mobile diagnostic laboratories, providing medical screening since 1994, screened more than 400,000 people affected by the Chernobyl disaster. Of that figure, some 169,000 were diagnosed with various kinds of pathologies and referred to medical institutions for further examination or treatment.

Since 1994, the MDL specialists detected 302 cases of thyroid gland cancer (242 cases in adults and 60 cases in children). These patients were referred to specialised medical institutions where they received appropriate treatment, which is available now in all three countries. Almost all cases referred were able to recover except for two children who died because the cancer was detected too late and metastasis was too advanced.

Nearly 250 Red Cross workers and volunteers were trained to provide psychological support for about 15,000 people. Also, some 8,000 persons are educated annually on subjects related to the consequences of the Chernobyl disaster.

The CHARP was established in consultation with different agencies (such as WHO, UNICEF, US Agency for International Development, and Japan's Sasakawa Foundation) as well as with related medical institutions such as radiology centres, dispensaries, clinics and many local and foreign leading specialists and experts. Contacts with other agencies still working in the region are maintained.

At present among the primary donors of the CHARP include the Japanese and British Red Cross Societies. The long lasting response needed to deal with the consequences of the disaster make it difficult for traditional emergency funding to continue for years. Alternative funds/partners are necessary.

**Goal** The primary goal of CHARP is provision of health screening and psychological support to the victims of the Chernobyl nuclear disaster residing under unfavourable conditions in the rural areas.

## **Objectives and Activities planned**

**Objective 1** to continue annual screening for up to 15,000 persons by each mobile team (90,000 in total annually), focusing on high risk groups such as children and young people who were children at the moment of the accident (aged between 0-18).

To achieve this objective, *the Red Cross Societies of Belarus, Ukraine and Russia together with the International Federation's delegation in Minsk* will ensure efficient management of the activities of the MDLs to reach the targeted number of check-ups per year. The Red Cross teams, following the concept of the programme, provide screenings in the most remote areas where state medical care services are limited due to the difficult economic conditions in the three countries. In total, 90,000 people will be screened and provided with accurate and immediate information on the state of their health and, if necessary, be referred for further examination and/or treatment to the necessary medical institution.

The quality of screening (early detection of pathologies) will be improved through: training of mobile teams' staff and use of up-to-date screening equipment; introduction of the latest achievements in screening technologies to the field; regular supplying of reagents for MDLs; proper use and safety of the equipment and maintenance of vehicles; further improving feedback between MDLs and medical institutions to where patients are referred by Red Cross doctors.

**Objective 2** to develop rehabilitation and psychological support activities in order to strengthen stability and resources of the affected population to cope. Activities to achieve this objective will include: responding to the psychological needs among the most vulnerable groups of the affected population; organizing social activities in the affected areas through creation of self-help groups in the communities by RC workers and volunteers; training of affected communities on stress management; improvement of services quality through education and training of the mobile teams' staff, RC trainers and volunteers; publishing and distribution of brochures, leaflets, and other information materials to help inform the affected communities on effective coping mechanisms.

**Objective 3** to supply multivitamins to children and needed medicines to thyroid cancer patients. To achieve this objective the *Minsk delegation will arrange procurement and supply of vitamins* (containing C, D, B-group with iron, folic acid, stable iodine) to be distributed to 40,000 children in the region between *January and June 2001* (a period of high vitamin deficiency). Also, L-thyroxine will be distributed through the local medical network and Red Cross-covered regional communities to people suffering from thyroid cancer and other pathologies.

## **Expected results**

It is expected that 90,000 affected people will be provided medical services annually. These services include: examinations by highly qualified professionals; ultrasound screening of the thyroid gland and abdominal cavity; examinations by endocrinologists; blood and urine analysis. Modern diagnostics technologies will be introduced into the field which will allow for more precise diagnosis. The incidence of radiation-induced disease will be monitored and followed-up on. The ability to cope with a crisis situation and stress management will be developed in the affected population. Annually, some 25,000 people will receive psycho-social assistance at Red Cross centres, including those living in the remote, contaminated areas. Health promotion and disease prevention will be achieved. Distribution of vitamins to children will lower incidence of diseases involving the immune mechanisms and generally improve their health state. Distribution of L-thyroxine to thyroid cancer and other patients will help them maintain hormonal balance and save their lives.

## **Indicators**

Health of at risk populations in contaminated areas of Belarus, Russia and Ukraine monitored and improved. Thyroid cancer patients supported with follow-up treatment. Children's health and immune systems bolstered. Trained Red Cross volunteers and staff also improving psych- social well-being and health awareness of programme beneficiaries.

## **Monitoring and Evaluation arrangements**

The programme is supervised and co-ordinated by the International Chernobyl Co-ordination Committee (ICCC) composed of the presidents of the three operating Red Cross National Societies (Belarus, Ukraine, Russia) and the

head of the Federation's delegation in Minsk. Three CHARP counterparts from the National Societies and three local managers of the Federation's delegation form a working group, chaired by the head of delegation, which provides evaluation of the programme's implementation. The ICCC and the working group meetings take place at least twice a year.

At the regional level, management is undertaken by the chairpersons of regional Red Cross committees where the MDLs are based, in conjunction with local authorities and programme partners. The overall daily management of the whole programme is carried out by three local managers at the delegation in Minsk.

An evaluation of CHARP will be carried out in March-April 2001 by external and local experts to determine its future. Assessment of the psycho-social component of the CHARP will be carried out by experts from the Reference Centre for Psychological Support in Copenhagen.

### **Critical assumptions**

- The programme encompasses long-term activities and, as such, requires sustained funding.
- Difficulties/obstacles in importing vitamins from abroad due to specific local customs and governmental procedures can be avoided with local purchase.
- The psycho-social service is a comparatively new field of operation for the local Red Cross networks, so they require technical support from sister National Societies.
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[return to top](#)

<b>DELEGATION: CHERNOBYL (CHARP)</b>		
<b>PROGRAMME</b>	<b>Health &amp; services</b>	<b>TOTAL</b>
Shelter & construction	0	0
Clothing & textiles	0	0
Food & seeds	0	0
Water	0	0
Medical & first aid	438,100	438,100
Teaching materials	0	0
Utensils & tools	0	0
Other relief supplies	0	0
<b>Sub total supplies</b>	<b>438,100</b>	<b>438,100</b>
Land & Buildings	0	0
Vehicles	0	0
Computers & telecom	6,600	6,600
Medical equipment	0	0
Other capital expenses	0	0
<b>Sub total capital</b>	<b>6,600</b>	<b>6,600</b>
Programme management	100,266	100,266
Technical services	30,014	30,014
Professional services	33,286	33,286
<b>Sub total programme support</b>	<b>163,566</b>	<b>163,566</b>
<b>Transport &amp; storage</b>	<b>168,216</b>	<b>168,216</b>
Personnel (delegates & expatriates)	0	0
Personnel (local staff)	479,004	479,004
<b>Sub total personnel</b>	<b>479,004</b>	<b>479,004</b>
Travel & related expenses	18,348	18,348
Information expenses	48,768	48,768
Expert fees	6,140	6,140
Admin. - general expenses	39,780	39,780
Training workshops / seminars	118,445	118,445
<b>Sub total travel, training, general exp.</b>	<b>231,481</b>	<b>231,481</b>
<b>Total budget</b>	<b>1,486,967</b>	<b>1,486,967</b>