

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

CHERNOBYL: HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP) IN BELARUS, UKRAINE AND RUSSIA

30 June 2003

Appeal No. 01.82/2003

Appeal Target: CHF 890,583 (USD 658,000 / EUR 572,000)

Programme Update No. 1

Period covered: January – May 2003

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 180 countries.

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In Brief

Appeal coverage: 23.3% (As of 30 June, for live contributions list, click weblink below)

http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/1-2-3%20-%20ap018203.pdf

Outstanding needs: CHF 683,487 (USD 505,000/ EUR 439,000)

Programme Summary: CHARP continued to focus on thyroid gland screening. The priority target group was individuals aged 0-18 at the time of the accident who lived in contaminated areas. Effective medical, social and psychological assistance was provided by six mobile diagnostic clinics in the six regions affected by the Chernobyl disaster. However, due to a lack of funding, some activities have not been implemented.

Operational developments

According to the UN Human Development Report 2002, compiled as part of the UN Development Programme (UNDP), the average number of children per woman of child-bearing age in Belarus is 1.3. This indicates that since the 1990s the birth rate has fallen below the level recorded during World War II. Along with economic and political problems, environmental degradation and health worries stemming from the Chernobyl disaster are cited as reasons.

Ukraine is ranked no. 80 in the Human Development Index (HDI), Russia as no. 60 and Belarus as no. 56 among the 173 countries assessed. The Human Development Index measures a country's state of development, and incorporates data on general life expectancy, participation in community activities and access to education as well as basic economic, social and ecological data.

In a statement issued on 25 April 2003 in New York, in connection with the 17th anniversary of the Chernobyl disaster, the UN Secretary-General Kofi Annan made a "special plea to the international community to remember the victims of Chernobyl". He reiterated "the commitment of the United Nations system, in partnership with non-governmental organisations, to assist the governments and people of the affected states to forge ahead on the path to recovery". The Secretary-General called on donors "to respond generously in kind, in a joint demonstration that Chernobyl will never be forgotten".

Hundreds of people gathered in Kiev, Moscow and Minsk on Saturday 26 April to honour the memory of those who died in the wake of the Chernobyl nuclear disaster. In Ukraine, a few days before the anniversary, thousands of survivors protested, demanding payment of compensation and increased social benefits. Environmental organisations are urging the Ukrainian government to start introducing environmentally safe sources of energy. In Minsk, about 3,000 people joined the annual opposition-organised march dubbed "Chernobyl Way". Many protested against the decreased benefits for people affected by the disaster.

According to Belarussian BelaPAN agency, the United Nations started creating the International Chernobyl Research and Information Network (ICRIN), following more than a year of consultations with key stakeholders. The network aims to determine the international community's common stance in the aftermath of the accident. Its objective is to support the ongoing international, national and civil society efforts towards sustainable development of the affected territories. It aims to do this by compiling, consolidating and coordinating relevant scientific research as well as commissioning further research where required. Representatives of the affected countries as well as leading international and non-governmental organizations are expected to participate in an open discussion on the issue. The launch of ICRIN was scheduled to take place in Geneva on 27 June 2003. In addition, the global network will attract donations for research on Chernobyl-related problems.

Health and care

Goal

The health and well-being of the population affected by the Chernobyl nuclear disaster is improved.

Objective

Effective medical, social and psychological assistance was provided during 2003 by six mobile diagnostic clinics to an estimated 90,000 individuals in the six regions affected by the disaster.

Progress/Achievements (activities implemented within this objective)

Specialists from six Mobile Diagnostic Laboratories (MDL) working within CHARP, checked 39,620 people. Examinations focused on thyroid cancer screening in accordance with the latest Federation evaluation recommendations. It has been scientifically proven that incidence of thyroid gland cancer, particularly in young people, is directly linked to the Chernobyl disaster. MDL doctors focused on checking the priority target group: individuals aged 0-18 at the time of the accident and living in contaminated areas. Approximately 80% of all people examined belong to this vulnerable group.

The programme is filling a gap in primary health care, which is limited in the remote rural areas. The MDLs no longer provide mass blood and urine testing but in addition to thyroid screening, the laboratory doctors continue diagnosis and treatment of other ailments. This additional healthcare remains comparatively limited, covering 20% to 50% of all work performed by the MDLs. In total 13,620 people have been provided with these extra check-ups.

CHARP continues to provide psychosocial support (PSS) to the affected population. This work is carried out by MDL specialists, Red Cross workers and volunteers. It reduces stress among the population by delivering accurate information about the long-term health effects of the accident.

Impact

The Red Cross MDL specialists referred 275 people with suspected thyroid gland cancer to specialized medical institutions. Cytological examinations confirmed thyroid cancer in 48 of these cases. Clinics updated the Red Cross on examination results. The 48 with confirmed thyroid gland cancer have received treatment and are being monitored by Red Cross MDLs and healthcare institutions.

Besides thyroid cancer, check-up results show that thyroid gland pathologies were detected in 12,066 cases (30.4%); in other words almost one in three patients has thyroid gland pathology at different stages of development.

The greatest number of cases registered a non-toxic diffuse goitre. In Zhitomir, Rovno and Mogilev Regions this pathology was detected in 5,760 patients (14% of people examined). The next most prevalent condition registered was non-toxic nodular goitre, detected in 4,627 cases (12%). Thyroidities were detected in 2,460 people. The greatest number of cases of this pathology was registered in Mogilev Region (1,422 cases).

In total 13,069 patients with different kind of pathologies (thyroid and others) were referred to specialized medical institutions for further examination or treatment.

Constraints

CHARP still faces funding constraints. The Programme began 2003 with a deficit of CHF 32,329 and has so far only received donations for the current year from the British Government/DFID (CHF 100,000 plus a hard pledge for a further CHF100,000 for the second half of 2003), and from the Australian Red Cross (AUD1,883 or CHF 1,979). These funds were more or less sufficient to cover running costs of the MDLs. Activities such as supplying multivitamins, training personnel, and psychosocial workshops could not be implemented. Funding is also urgently required to repair and, in certain cases, replace essential laboratory equipment, which has been worn out. In addition, after six years in the field, MDL vehicles require maintenance.

During the reporting period MDLs experienced difficulties in reaching the target number of examinations (70 checks per day) while screening groups scattered throughout villages in remote areas. This issue should be discussed and resolved by the specialists involved in CHARP implementation.

Analysis and outlook

In 2003 MDLs are working on the basis of the concept recommended by the latest Federation evaluation, i.e. that the priority target group for thyroid screening is individuals aged 0-18 at the time of the accident who lived in contaminated areas. However, the percentage screened outside the target group is still comparatively high (about 20%). This is because the number of young people belonging to the target group in remote villages is small and MDL specialists sometimes check people from other age groups upon request. Further dissemination is needed to reassure people that children under 14 years will not be screened because they have no increased risk of developing thyroid cancer. MDLs, volunteers and visiting nurses will continue to deliver this information.

Another recommendation of the evaluation was to modify the programme to improve diagnostics abilities by using modern techniques. Specialists of Brest MDL are performing fine needle biopsies in the field. This improved accuracy of diagnosing thyroid cancer. CHARP is exploring possibilities of training laboratory specialists of Mogilev MDL to use this method.

In Bryansk a pathologist from the local Diagnostic Centre was included in MDL team to perform fine needle biopsies in district hospitals. In Ukraine, necessary negotiations with health care authorities are planned concerning this issue as it is suitable for Zhitomir and Rovno MDLs.

In addition, systemised reliable follow-up for patients, based on closer co-operation between MDL specialists and specialised medical institutions, is currently being developed. It will ensure good feedback on the work of CHARP.

Coordination

The Chernobyl Humanitarian Assistance and Rehabilitation Programme is being coordinated from the Federation Representative Office in Kiev, Ukraine, which is staffed by two locally recruited workers (CHARP Coordinator and Finance Officer). During the implementation of the programme, both the national societies (NSs) and the

International Federation delegation cooperate closely with the Ministries of Health and Ministries of Emergencies (or corresponding ministries) in each country. They also maintain contacts with various agencies including WHO, TACIS, USAID, UN agencies, Swiss Development Agency as well as with radiological centers, dispensaries and many leading specialists and experts from Belarus, Russia and Ukraine.

Efforts were made to facilitate a dialogue with a number of National Societies to ensure proper co-ordination of partner National Societies and other donors' support for the programme. At present, primary CHARP donors are the Japanese Red Cross, the British Red Cross and British Government/DFID, Australian and Austrian Red Cross Societies.

The Federation participated in an inter-agency meeting on the launch of ICRIN, organised in New York by OCHA on 7 May 2003. The Federation is an active member of the ICRIN Steering Committee, participating in governing decisions on the network. In addition, the Federation is likely to be a focal point in coordinating the participation of NGOs in a Steering Committee.

A Netherlands Red Cross consultant conducted a review of the programme. The review was in response to a decision of the Dutch National Postcode Lottery to provide EURO 1 million (equal to 1,470,000CHF) to the Netherlands Red Cross Society to be earmarked for CHARP. Harry H.J.Wissink, an independent consultant on organisation, management and institutional development, carried out the analysis from 10 April to mid May 2003.

It focused on the organisation and management of the programme and its position in the institutional setting of the health care services in the countries concerned, as well as the possibility to increase sustainability of programme activities.

The main conclusion is that the programme, even in its reduced extent (limited to the screening of people for thyroid gland cancer), is relevant and addresses needs in affected areas. It is complimentary to the health system, which due to the scarce resources of the public health care services, is not capable of covering needs. The evaluation report recommended that CHARP should be continued and suggested modifications in management as well as further integration into the health systems to enhance its sustainability. The report is available on request. The Delegation is working together with the National Societies on an implementation plan.

Along with the work of the consultant from the Netherlands, an expert (former CHARP medical coordinator) was employed by Minsk Delegation in April 2003 for systemising the data collected by CHARP over 12 years of activities. As result the consultant has produced a comprehensive and detailed document, which also contains recommendations to upgrade the programme.

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