

# Annual report

 International Federation  
of Red Cross and Red Crescent Societies

## Belarus, Russia and Ukraine: Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP)

MAA67002

30 April 2010

This report covers the period 1 January 2009 to 31  
December 2009.



A doctor of Zhitomir Red Cross mobile diagnostics laboratory screens the thyroid gland of a man living in the Chernobyl affected area. Photo: IFRC

### In brief

**Programme purpose:** Effective medical, social and psychosocial assistance is provided to targeted individuals in the regions affected by the Chernobyl nuclear disaster.

**Programme summary:** Breast screening and HIV prevention activities were introduced in 2009 as an innovative element of CHARP along with life-saving medical screening, social and psychosocial support in the six regions of Belarus, Russia and Ukraine affected by the Chernobyl disaster.

The Red Cross mobile medical teams have detected 40,890 thyroid pathologies (47 per cent of all screened). The activities were focused on areas in which health screening was not conducted recently or not at all. Therefore about 51 per cent of all patients were screened for the first time since the Chernobyl disaster. Some 12,873 people were referred to specialised medical institutions for further examinations or treatment. The Red Cross mobile teams have detected 178 thyroid cancer cases. The data collected by the Red Cross Societies of Belarus, Russia and Ukraine still shows a high incidence of thyroid illnesses.

**Financial situation:** The total 2009 budget is CHF 544,248 (USD 484,935 or EUR 360,429), of which 70 per cent covered. In 2009 the programme has received a donation from the Irish government amounting to EUR 136,000 (CHF 247,451), JPY 3,000,000 (CHF 38,528) from the Japanese Red Cross, USD 6,931 (CHF 7,673) from IFRC's New York Delegation and CHF 40,000 from the Icelandic Red Cross. The overall expenditure against received funding constituted about 86 per cent. The remaining 14 per cent was carried forward to 2010 to ensure the continuation of the programme in January-March 2010 until new income is received.

[Click here to go directly to the financial report](#)

See also the CHARP plan 2009-2010:

<http://www.ifrc.org/docs/appeals/annual09/MAA6700209p.pdf>

**No. of people we have reached:** According to reports from the Red Cross Societies of Belarus, Russia and Ukraine about 121,586 people have benefited directly from CHARP interventions as

follows:

Medical screening – 87,760 people (including thyroid and breast screening)

Psychosocial support - 33,600 people

Distribution of multivitamins - 226 children

**Our partners:** CHARP is being implemented by the International Federation of Red Cross and Red Crescent Societies (IFRC) together with the Red Cross Societies of Belarus, Russia and Ukraine in close co-operation with the ministries of health of all three countries.

## Context

In 2009, the IFRC together with the Red Cross Societies of Belarus, Russia and Ukraine continued the implementation of the long-term Chernobyl humanitarian assistance and rehabilitation programme (CHARP). The main focus was on providing health screening and psychosocial support to the affected population in order to reduce and mitigate the impact of the disaster. This is in line with the Red Cross priority activities outlined in the UN Action Plan on Chernobyl for the third decade after the disaster. The programme activities aimed at identifying thyroid gland cancer, breast cancer and other pathologies among people in the most remote areas, where state health authorities have little, if any, capacity. These services were rendered by six mobile diagnostic laboratories (MDLs), three of which are situated in Brest, Gomel and Mogilev regions of Belarus, two in the Rovno and Zhitomir regions of Ukraine and one in the Bryansk region of the Russian Federation.

On the eve of the 23rd anniversary of the Chernobyl disaster (25 April 2009) the IFRC's director of Europe zone and the president of Ukraine Red Cross met with the Governor General of Canada in the Chernobyl Museum in Kiev and briefed the head of the Canadian state on the Chernobyl humanitarian challenges and the CHARP programme. Meetings were also held with representatives of Canada's Ukrainian diaspora.

In November 2009, the Federation country representative and CHARP coordinator participated in a video conference of the UN Inter-Agency Task Force (IATF) on Chernobyl. They reported on IFRC's Chernobyl-related activities, in particular about CHARP implementation, its achievements and challenges. Representatives of governments of Belarus, Russia and Ukraine, UN agencies and entities (UNSCEAR, IAEA, UNICEF, UNEP, WHO, World Bank, EBRD) took part in this international video forum. The members of the IATF have discussed the progress of implementing the UN Action Plan on Chernobyl for the third decade after the disaster i.e. until 2016.

## Progress towards outcomes

### **Outcome(s):**

The CHARP plan for 2009 envisages the following outcomes of activities:

- Medical screening is provided to 90,000 people by six mobile diagnostics laboratories in the target group of individuals who were 40 years old or younger at the time of the accident and are living in contaminated areas.
- Stress and anxiety linked to radiation is reduced for 30,000 people through psychosocial support.
- Immunity is improved for 30,000 children living in highly contaminated areas through winter supplies of multivitamins containing the C, D and B groups with iron, folic acid and stable iodine.

### **Achievements**

#### ***Medical examinations***

From January to December 2009, specialists from the six MDLs have examined 87,760 persons - individuals aged 0-40 at the time of the accident and living in remote contaminated areas, out of which in 40,890 persons were detected cases of abnormal scans (i.e. pathologies). This means

that about 47 per cent of all screened people have pathologies of the thyroid gland in various stages of development. This fact alone shows that CHARP is providing a vital, life-saving service. Among these abnormal scans the three primary thyroid pathologies detected by MDLs via screening were nodular pathology (41 per cent of all detected pathologies), diffuse goitre (29 per cent of all detected) and thyroiditis (16 per cent of all detected pathologies). The patients diagnosed with these thyroid pathologies are under constant monitoring by Red Cross MDLs because if left undiagnosed or untreated, there is a risk that these conditions may develop into thyroid cancer.

In 2009 Red Cross MDLs referred 12,873 patients with suspicion for possible cases of thyroid gland cancer to specialised medical institutions for in-depth examination and surgery if needed. Thyroid cancer cases were confirmed in 178 patients by cytological examinations; information on these cases was provided by clinics to the Red Cross. The patients with confirmed thyroid cancer have received necessary treatment and are also being monitored by the Red Cross MDLs and healthcare institutions.

As the capacity of the primary healthcare system in rural areas is limited, in addition to thyroid screening the laboratory doctors diagnosed other ailments upon receiving patient requests or results of clinical tests. In particular the women who were diagnosed with thyroid pathologies passed also through breast screening (about 8,400 women were examined in 2009). MDL teams, trained in workshops at the end of 2008, provided HIV counselling to the target group and helped the National Societies to organize other HIV activities (such as peer education and information dissemination).

In December 2009 a CHARP workshop was held in Zhitomir, Ukraine. The main topics were thyroid and breast cancer screening as well as HIV prevention. The facilitators were experienced experts from the Regional Oncology Centre and from AIDS Centre. During this workshop the target group for breast screening was defined - women with detected thyroid pathologies. Experience shows that dysfunctions in thyroid gland, which is responsible for metabolism in the body, can cause other diseases including breast cancer.

On 28-29 December 2009, another CHARP workshop was held in Minsk, Belarus which included an advanced training for the MDL. Leading experts from Minsk medical institutions delivered latest information on thyroid cancer and other thyroid gland pathologies and on modern techniques in the detection of this disease. Other health topics were breast cancer screening, diabetes detection and HIV prevention. The second day of the workshop was devoted to psychosocial support training which was provided by a psychologist from the Minsk University.

### ***Psychosocial support***

In 2009 CHARP specialists provided psychosocial assistance to 33,600 people affected by the Chernobyl disaster. This work was concentrated on explaining specifics of living in the areas affected by radioactive contamination and methods to decrease the risk of radioactivity and to cope with stress. This work was performed through counselling, active listening, discussions and other psychosocial support tools. The Ukraine Red Cross arranged the production of 5,000 leaflets and the Belarus Red Cross issued about 2,000 information bulletins which were distributed among the population. Besides, Red Cross workers published articles in newspapers, gave interviews via local radio broadcast highlighting the consequences of the accident, explaining preventive methods against stress and related diseases and social problems, and ways how to cope with crisis situations.

In December 2009 a psychosocial training conducted by a psychologist from Bryansk University was held in Bryansk, Russian Federation. The Bryansk MDL team, staff and volunteers of the Bryansk Red Cross branch attended the workshop. The skills obtained by the participants such as counselling and active listening will help to improve the quality of psychosocial support to the affected population as well as to share the gained skills and knowledge with MDL teams in Belarus and Ukraine; thus strengthening the capacity of the psychosocial component of CHARP.

### ***Distribution of multivitamins***

In the first half of 2009 due to serious funding constraints the CHARP programme did not have funds for purchasing multivitamins for children living in the contaminated areas. However the National Societies found local donors who donated the goods in kind. In particular on the request of the Belarus Red Cross the Belarusian pharmaceutical company "Farmland" donated 24,000 tablets of multivitamins "Multivit HM" which were distributed for 226 children in three children institutions in Gomel region by local Red Cross branches.

### **Constraints or Challenges**

One of the constraints in the implementation of the project was lack of funding especially during the first three months of 2009. The IFRC undertook quick and active efforts in seeking necessary funds. In particular the Europe zone office organized a phone conference in March 2009 with partner National Societies regarding the critical funding situation in the programme. As a result in April-June 2009 the programme received donations from the Irish government, Japanese Red Cross, IFRC New York Delegation and from the Icelandic Red Cross. The IFRC continues to seek funds for CHARP for 2010 and later period, since in conformity with the UN strategy on Chernobyl this Red Cross programme should be continued at least up to 2016.

In total the programme budget was covered only by 70 per cent. Therefore implementation of such activities as supplying multivitamins reached only 226 out of 30,000 children targeted.

## **Working in partnership**

The International Federation implements CHARP together with the Red Cross Societies of Belarus, Russia and Ukraine in close cooperation with the ministries of health of these countries. The overall coordinative body of the programme is the International Chernobyl Coordination Committee (ICCC) composed of the presidents of Ukrainian and Russian Red Cross Societies, the secretary general of Belarus Red Cross and the Federation country representative. The main task of this body is to develop and approve programme strategies.

In July 2009, the regular annual meeting of the ICCC was held in Moscow. One of the most important issues discussed was providing further sustainability for the programme. The ICCC has approved a new CHARP strategy for the period till 2016 designed in conformity with UN Plan of Action on Chernobyl for the third decade after Chernobyl (i.e. till 2016). This new strategy envisages that the local governments and National Societies starting from 2010 will gradually take over more responsibilities for CHARP in terms of financing, organisational development and staffing. The ICCC has also discussed ways of possible mobilization of further local and international support.

At present the local input constitutes about one third of the overall budget. Together with the authorities, the regional Red Cross branches in all three countries fund part of the running costs: Red Cross office rentals, reagents for biopsies, salaries and accommodation for MDL personnel during their trips to the field.

However the financial involvement of the operating National Societies still has its limits, and the global economic crisis also hindered the improvement of this situation. Therefore the International Federation provides financial support to the National Societies for items such as equipment, vehicles, fuel/ maintenance, and top-ups for personnel.

## **Contributing to longer-term impact**

In 2009 the IFRC together with the three operating National Societies developed and approved the CHARP plan for 2010-2011 and a new long-term strategy in conformity with the above mentioned UN Action Plan on Chernobyl. It is foreseen that in the years to come the core activities will remain thyroid cancer screening and psychosocial support. Along with this the Red Cross MDL teams will carry out screening for breast cancer. Appropriate training for laboratory doctors will be provided by the ministries of health.

The CHARP plan for 2010-2011 envisages further integration of HIV activities into the work of all MDLs. This will be a significant support to help the National Societies in the implementation of their HIV projects.

## Looking ahead

In 2010 the CHARP programme will be 20 years old. In this connection the Ukraine Red Cross has produced and distributed a poster-calendar. The IFRC plans that the experience obtained by CHARP will be analysed and published as a best practice case around its Chernobyl engagement to benefit all working in post-radiation circumstances. Publicising the success of the programme internationally will demonstrate the unique experience the Red Cross has obtained in the follow-up of a nuclear accident.

One of most important issues will be providing sustainability for the programme. The above mentioned new CHARP strategy envisages gradual handing over of the programme to the governmental healthcare system. In particular the local input will be gradually increased from 40 per cent in 2010 to 80 per cent in 2016. During this transition period the IFRC will seek international support for providing smooth and efficient full integration of the programme into the public healthcare systems in the three countries.

How we work	
<p>The International Federation's activities are aligned with its 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".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
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