

# Revised Plan 2011



International Federation  
of Red Cross and Red Crescent Societies

## CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP)

### Executive summary

On 26 April 1986, the world witnessed the worst accident in the history of the civil nuclear industry, when a nuclear reactor at the Chernobyl power plant exploded in the north of Ukraine, spewing tons of cancer-causing isotopes around the world and contaminating vast areas in Belarus, Ukraine and the Russian Federation. Radioactive pollution in these countries still occupies an area three times bigger than the territory of Denmark. Thousands of people are believed to have died since then from the disaster's effects and the United Nations estimates that at present nearly five million people continue to live in the contaminated areas.

Since 1990, the International Federation of Red Cross and Red Crescent Societies together with the Red Cross Societies of Belarus, Ukraine and Russia have been running the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) to address the basic health needs of those living in the regions of the three countries affected by the Chernobyl disaster. The core activity is 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. The services are rendered by six mobile diagnostic laboratories (MDLs), three of which are situated in the 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. CHARP also provides psychosocial support and distributes multivitamins to children living in radiation contaminated areas. Since 1997, when thyroid screenings started over 1,320,000 people were screened, half of them were tested for the first time. About 189,800 patients with detected thyroid pathologies have been referred for in-depth examinations and treatment. Some 2,230 operations have been performed. All patients detected with thyroid pathologies benefit from constant monitoring by Red Cross laboratory doctors.

In 2010-2011 CHARP will be implemented by the International Federation together with the Red Cross Societies of Belarus, Russia and Ukraine in close cooperation with the ministries of health of all three countries.

At its General Assembly in 2009, the International Federation adopted *Strategy 2020* to guide its work and that of National Societies both domestically and globally. Focussing on "saving lives and changing minds", *S2020* and calls on national societies, as effective auxiliaries to the public authorities in the humanitarian field, to provide high quality services within the core mandates of the Red Cross and Red Crescent, to influence behaviours, promote changes in attitudes and mindsets, and for the Red Cross and Red Crescent to play a lead role in advocating for meeting the humanitarian needs of vulnerable people and communities.

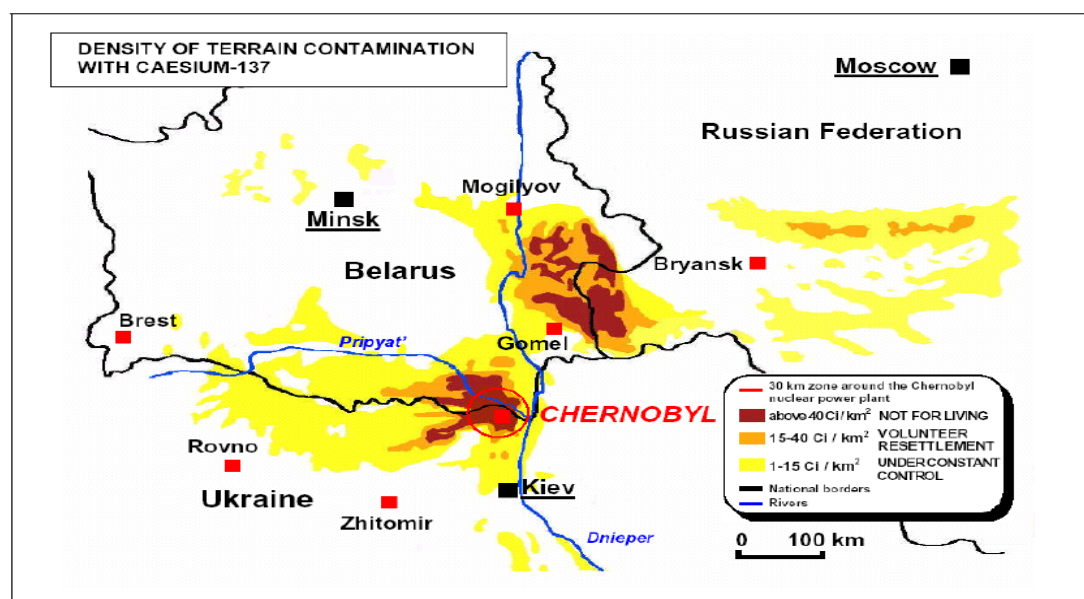
Through thyroid screening CHARP directly saves the lives of the most vulnerable population blighted by the Chernobyl accident. Besides the MDL teams include in their activities breast screening and HIV counseling/ testing. The target group will be people who were aged 0-40 at the time of the accident.

Through psychosocial support and the dissemination of accurate information about the consequences of the disaster, CHARP transfers knowledge on how to cope with the aftermath of the Chernobyl catastrophe. Special attention is paid to specific groups like pregnant women, or children who will be the next generation living on radiation-polluted land. It is expected that in total about 300,000 people will directly benefit from the programme implementation, 40 per cent of them being male, and 60 per cent female.

The budget for 2011 is CHF 0.5 million.

[Click here to go to the summary budget of the plan.](#)

## Context



The Chernobyl nuclear power plant, situated in the Kiev region in the north of Ukraine close to the Ukrainian-Belarusian border started producing power in 1977. The fourth of a planned six reactor units began operation in 1983. On 26 April 1986 the explosion of the fourth reactor of the nuclear power plant triggered the worst disaster ever of the civil nuclear industry. The accidental explosion during a safety test destroyed the core of the unit and resulted in a massive fire, which lasted for about ten days. This led to the dispersion of millions of radioactive nuclides.

According to the UN Report "*The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery*" published in 2002<sup>1</sup>, the consequences of the Chernobyl disaster in Belarus, Ukraine and the Russian Federation are estimated as follows.

In Belarus, over 2 million people were directly affected by the disaster, including over 135,000 people who had to resettle outside of the contaminated areas. Some 1,650,000 people continued to live in contaminated areas, including 344,000 children. The overall contaminated area is 46,450 square km or about 23 per cent of the country land.

In Ukraine, 3.5 million people were directly affected. Some 162,000 people were evacuated and

<sup>1</sup> "*The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery*" A Report Commissioned by UNDP and UNICEF with the support of UN-OCHA and WHO, NY, January 2002.

resettled. Around 2.3 million people continued to live in contaminated areas, including over 500,000 children. The overall contaminated area is 53,500 square km or about 9 per cent of the country land.

In the Russian Federation, over 2.7 million people were affected by the radiological hazard and 52,400 continued to live in contaminated areas, including 300,000 children. The total contaminated area is 59,000 square km or about 0.3 per cent of the country land.

The three worst-affected countries by the Chernobyl accident were formed when the former Soviet Union collapsed in 1991. In all three, transition to the market economy and political reforms were followed by severe economic crises. This resulted in high inflation rates and spiraling unemployment leading to an increasing number of people living below the official poverty line. The population has been falling since 1992 with the death rate exceeding the birth rate. For instance in Ukraine the population fell from 52 million in 1990 to 46.5 million people in 2008. The birth rate has fallen sharply largely due to economic factors, but also due to migration.

Basic demographic indicators for the three countries are shown in table one:

| <b>Demographic indicators</b> | <b>Belarus</b> | <b>Russia</b>    | <b>Ukraine</b> |
|-------------------------------|----------------|------------------|----------------|
| Population                    | 9,681,000      | 140,702,000      | 46,500,000     |
| Land mass                     | 207,595 sq km  | 17,100,000 sq km | 603,700 sq km  |
| Life expectancy males         | 63 years       | 59 years         | 62 years       |
| Life expectancy females       | 74 years       | 73 years         | 74 years       |
| Population growth rate        | -0.6%          | -0.474%          | -0.8%          |
| GDP per capita                | US\$ 7,918     | US\$ 10,845      | US\$ 6,800     |

The Chernobyl nuclear accident exacerbated the adverse economic situation in the three countries largely due to the cost of the clean-up and radiation monitoring, the resettlement programme and welfare payments. It is estimated that over 7 million people originally were affected by the accident.

### **Health consequences of the disaster**

The radioactive nuclides distributed by the Chernobyl accident in the environment have different characteristics as well as biological effects.

Four types can be identified and they are as shown in table two:

| <b>Isotope</b>          | <b>Half Life Period</b> | <b>Biological effects</b>  | <b>Areas affected</b>  |
|-------------------------|-------------------------|--|--|
| <sup>131</sup> Iodine   | 8 days                  | Captured by the thyroid gland. Causes thyroid cancer.  | Worldwide dispersion, "Chernobyl cloud"  |
| <sup>137</sup> Caesium  | 30 years                | Integrated in food chains and concentrate in wild foods such as mushrooms and berries. In the human body, caesium is found particularly in the muscles. Its turnover is about two to three months. | 21,000 sq km of land in Belarus, Ukraine and Russia affected. Belarus soil 23% contaminated. |
| <sup>90</sup> Strontium | 28 years                | Accumulated in the bones. Emits beta rays, which have a potential for biological effects essentially on bone marrow.   | 80% in the "zone"  |

|                          |              |                                  |                           |
|--------------------------|--------------|----------------------------------|---------------------------|
| <sup>239</sup> Plutonium | 23,000 years | Emits cancer-causing alpha rays. | Nearly 100% in the "zone" |
|--------------------------|--------------|----------------------------------|---------------------------|

The most significant component of the waste was radioactive iodine, which has a short half-life period, and after three months it had nearly all disappeared through natural decay. However this radioactive nuclide caused one of the main health consequences of the Chernobyl disaster. It is scientifically acknowledged and recognized by WHO that the development of thyroid pathology and subsequent thyroid cancer development among the population affected by the Chernobyl disaster is caused by irradiation with radioactive iodine-131. Short-life iodine isotopes got into the body via food (especially milk) and also through upper airways during breathing. Radioactive iodine-131 presents a hazard because once being absorbed by the body it selectively accumulates itself in the thyroid gland. Especially active build-up of iodine-131 in the thyroid takes place in endemic regions where levels of stable iodine in the environment are insufficient. In such a case it forms high irradiation doses in the thyroid gland. Most territories affected by the Chernobyl disaster are endemic regions.

Due to high temperatures in the destroyed reactor, iodine-131 has spread itself all over the contaminated zone; this phenomenon is currently known as "iodine attack". There is direct dependence between thyroid irradiation doses and valid thyroid cancer growth in the regions affected by the Chernobyl accident, especially in persons who were children at the time of the disaster (5,000 cases according to UN).

The data collected by Red Cross MDLs also shows a high incidence of thyroid illnesses in affected areas. About 40-50 per cent of all screenings revealed abnormalities. From 2004 to 2008 about 200 thyroid cancer cases were detected each year by MDL specialists who save many lives referring thousands of people to specialized medical institutions for further examination or treatment.

Some medical experts consider that – despite the slight drop - the incidence of thyroid cancer caused by the Chernobyl disaster might not have peaked yet and in the years to come many additional cases of this cancer may be detected. Many of them make this conclusion on the basis of the fact that among people having survived the atomic bombs in Japan, risk of thyroid cancer development has manifested itself at a highest extent in persons having undergone irradiation at the age under 10. The highest grade of risk has been noted 15-29 years after irradiation. But even after 40 years the risk remains increased<sup>2</sup>.

Another main health consequence caused by the Chernobyl disaster is stress related to radiation. Hundreds of thousands of people still live in an informational limbo, not knowing if the radiation they were exposed to in 1986 (radioactive iodine-131) and later permanently living on territories polluted by caesium-137, caused cancers and other diseases in their bodies. Women are especially at risk, double so when pregnant or planning a family. These fears and following depression very often trigger unhealthy lifestyles such as alcohol and drug abuse or heavy smoking.

The health consequences of the Chernobyl disaster such as thyroid cancer, stress and anxiety linked to radiation are still serious. Therefore it is projected that in conformity with the UN Chernobyl strategy for 2006-2016 (*more on this is in the section Representation and Advocacy*) the CHARP programme will be also needed throughout the third decade after the Chernobyl.

The main activities of CHARP during this period will be focused on thyroid cancer screening and providing psychosocial support to the affected population to fully remove these health consequences of the disaster. Besides the MDL teams will include in their activities breast screening and HIV counseling/testing.

## National Society priorities and current work with partners

From the earliest hours of the Chernobyl disaster the Red Cross Societies of Belarus, Russia and Ukraine have been actively involved in assisting the affected population. These activities continue today.

Since 1990 the International Federation together with the National Societies of Belarus, Russia and Ukraine has been implementing the long-term Chernobyl Humanitarian Assistance and Rehabilitation Programme. Over the 20 years of its implementation the programme has indubitably contributed towards better understanding of how to support the affected population following a nuclear accident, detect serious diseases early, improve quality of living and give necessary psychological support to the population. It has also highlighted the possible role of Red Cross and Red Crescent in humanitarian aspects of technological disasters.

To date, the Red Cross Chernobyl programme is one of the most important areas of work for the three National Societies. This is a priority programme not only in terms of service delivery, but also in terms of building capacities. CHARP has revived a number of the Red Cross branches and increased their visibility. Numerous workshops and training courses have been organized by the Federation representation for Red Cross workers on the most up-to-date techniques used by specialists of the programme and on providing psychosocial support. Computers and other office equipment were supplied within the programme to the National Societies' headquarters and regional Red Cross committees to improve their operational capacity.

The CHARP plan 2010-2011 envisages that medical screening will be provided by mobile diagnostic laboratories. As in previous years three MDLs will operate in Belarus (Brest, Gomel, and Mogilev regions), two in Ukraine (Rovno and Zhitomir regions) and one in the Russian Federation (Bryansk region). In addition, the Ukraine Red Cross with support from German Red Cross has created an additional MDL in the Volyn region affected by the disaster. However funds are still needed for the running costs to make this MDL operational.

In psychosocial support (PSS) the visiting nurses and Red Cross staff are the basic messengers. Also, the MDL doctors provide the population with psychological support. Trained at workshops, Red Cross volunteers mostly from pedagogical and medical institutions are involved in psychological support activities.

CHARP has continued to receive support from a number of National Societies. The British and German Red Cross Societies funded the programme in the initial stages. The Danish, French, Japanese and the Netherlands Red Cross Societies joined later. The Finnish, Icelandic and Austrian Red Cross Societies also offered support. The European Commission's Humanitarian Aid Office (ECHO) was a major donor from 1994 to 1999. In 2003-2006, the main CHARP donors were the Netherlands, Canadian, Japanese, and British Red Cross Societies and the British government/ UK's Department for International Development (DFID).

Since 2006, the main donors of the programme have been the Irish government, Japanese, Canadian, Icelandic, Austrian and Australian Red Cross Societies. The International Federation will approach partner National Societies, external donors and local philanthropic foundations in order to provide further funding for CHARP.

As mentioned above it is projected that the CHARP programme will be needed throughout the third decade after Chernobyl. In order to provide sustainability the CHARP strategy envisages handing over more programme responsibilities to the Red Cross Societies and gradually integrating its activities into the respective healthcare systems.

## Secretariat supported programmes in 2010-2011

The target population is comprised of individuals living in the areas affected by the Chernobyl disaster (about 5 million at present).

It is planned that about 120,000 people annually will be directly reached by the CHARP programme's interventions or about 240,000 people in total during the period of 2010-2011 including:

- Medical screening – 180,000 people (all these people will pass through thyroid screening and counselling/ testing on HIV; 30,000 women out of them will be screened for breast cancer);
- Distribution of multivitamins – 60,000 children.

In addition about 60,000 people will be targeted with psychosocial support.

The official statistics and experience show that there are more women than men living in the contaminated areas. Therefore the direct beneficiaries will be 60 per cent female and 40 per cent male.

## Health and Care

### a) The purpose and components of the programme

#### Programme purpose

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

The programme budget is CHF 512,163

**Component outcome 1** Medical screening is provided to 180,000 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.

The specialists of the six mobile diagnostics laboratories (MDLs) working within CHARP will examine people 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 will be focused on operational areas which have not been screened recently or were not screened at all in the past. The core activities will remain thyroid cancer screening. Additionally, MDL specialists will provide primary breast screening to women on request (ultrasound and palpation).

Besides, HIV and AIDS component will be further integrated into the work of the laboratory teams with the aim of increasing the number of people seeking HIV counseling and testing as well as the number seeking treatment. Specific activities will include training of staff and volunteers to conduct awareness campaigns, promote behavioral change and promote HIV counseling and testing as an entry point to treatment. The MDLs will be provided with necessary equipment and reagents to carry out fast testing for detecting HIV.

**Component outcome 2.** Stress and anxiety linked to radiation is reduced for 60,000 people through psychosocial support.

An important CHARP activity will be to provide psychosocial support (PSS) to the population affected by the Chernobyl disaster. This work will be carried out by MDL specialists and Red Cross workers and volunteers. PSS aims to diminish stress in the population by delivering accurate information about the long-term health effects of the accident.

**Component outcome 3.** Immunity is improved for 60,000 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.

CHARP will continue supplying multivitamins containing the C, D and B groups with iron, folic acid and stable iodine for children living in radiation-contaminated areas in order to strengthen their immunity.

### b) Potential risks and challenges

Despite the clear indicators showing a dramatic increase in thyroid cancer, donor interest for this unique Red Cross programme has steadily declined. If the negative funding situation that is currently forecast does not radically improve, there is a serious danger that the inhabitants of the contaminated areas will be left alone to face the radiation-induced health effects of Chernobyl among which thyroid cancer is the most merciless killer. The lack of cancer-detection capacities in these regions will have a disastrous effect on the communities.

## Role of the secretariat

### **a) Technical programme support**

The three National Societies involved in the implementation of the CHARP programme receive support from the International Federation's representations such as the zone office in Budapest, the regional representation in Moscow and the representative office in Kiev. These structures provide to the National Societies expertise, methodological and advisory assistance, ensure the communication between them and the Federation secretariat. The International Federation also provides coordination support to the societies and assists them in meeting donor reporting requirements. The zone office will help the National Societies in getting government support, and in advocating in civil society.

The role of the International Federation in the current project consists of providing technical advice and expertise, consultative support, tools and standards needed for successful project implementation. For example, with assistance from the International Federation a system for providing follow-ups for the patients on the basis of closer cooperation between MDL specialists and specialized medical institutions has been established. Various methods are used for this, including personal contacts, regular mail and electronic communication with the specialized institutions that supply information to the Red Cross on patients who were referred by mobile diagnostic laboratory doctors. The Red Cross committees share data collected by MDLs with various medical institutions.

### **b) Partnership development and coordination**

CHARP is an international project being implemented by the International Federation and the National Societies of Belarus, Ukraine and Russia in these three countries. Operating as a single entity it has a centralized management system. The overall coordinative body of the programme is the International Chernobyl Coordination Committee (ICCC), composed of the presidents of the Ukrainian and Russian Red Cross Societies, the secretary general of the Belarus Red Cross, and the International Federation's representative for Belarus, Ukraine and Moldova. The main task of the ICCC is to develop and approve programme strategies.

The day-to-day management of CHARP at country level is conducted by the programme managers of the three National Societies. At regional level, chairpersons of regional Red Cross committees run the programme in conjunction with local authorities and specialized medical dispensaries, where the mobile diagnostic laboratories are based.

The complete management and implementation structure is:

- 30 personnel of six Red Cross mobile diagnostic laboratories carrying out day-to-day medical screening and rendering psychosocial support in the field
- six regional Red Cross chairpersons
- three National Society programme managers
- one Federation CHARP coordinator dealing with the overall programme management

In addition, 200 Red Cross visiting nurses provide psychosocial assistance in the six Chernobyl affected regions of Belarus, Ukraine and Russia.

In this context, the role of the International Federation is focused on the coordination of technical support, as well as support in planning, financial management, monitoring, international representation and advocacy. The International Federation's CHARP programme coordinator, who carries out overall management, is based in Kiev.

In the implementation of CHARP the International Federation's representation and the National Societies cooperate closely with the ministries of health, radiological centres, dispensaries and many leading experts in each country. In particular memoranda on cooperation in the implementation of the CHARP programme in Belarus and Ukraine have been signed between the Red Cross Societies and the ministries of health of these countries. The memoranda provide a legal basis for all CHARP activities. The agreements signed between the Red Cross regional committees and the local medical institutions (partners) aims to regulate patient care. First, from CHARP field screening and diagnostics; second, treatment in clinics and specialized government dispensaries in the three countries; and third, post-treatment monitoring provided by the Red Cross MDL teams.

In September-December 2008 the representatives of the International Federation and leadership of the three Red Cross Societies held negotiations with regional authorities to increase the governmental share to CHARP. Foremost, the local medical authorities agreed to cover such items as reagents for MDLs and some other running costs. In February 2009 the Belarus Red Cross arranged supplying multivitamins to children residing in the Chernobyl-affected areas by a pharmaceutical firm as humanitarian aid (free of charge).

In all countries the regional Red Cross branches together with the authorities are covering part of the running costs such as the rent of Red Cross offices, fuel or vehicle maintenance. However the financial involvement of the National Society has its limits. Without international support, the National Societies do not have sufficient capacity to cope with the problems caused by the Chernobyl disaster.

### **c) Representation and Advocacy**

The International Federation will assist in international representation and carrying out advocacy campaigns, developing cooperation with local partners and conducting other activities to strengthen the National Societies' capacity.

The International Federation is an active member and participant of the UN Inter-Agency Task-Force on Chernobyl-related activities. In particular the Federation took active part in developing the UN Action Plan on Chernobyl for the third decade after the disaster. This plan was mandated by a General Assembly resolution adopted in November 2007 at the 62nd session of UNGA and proclaiming 2006-2016 the *Decade of Recovery and Sustainable Development of areas affected by Chernobyl*. The Red Cross priority activities outlined in this strategic document include medical assistance in remote locations (thyroid cancer screening, breast screening, counseling/ testing for HIV), psychosocial support to the affected population, consolidation and dissemination of experience and expertise in responding to technological disasters, and the gradual integration of activities into the overall health systems of the affected countries.

The above mentioned UN resolution recognizes the contribution of the Red Cross Societies of Belarus, Russia and Ukraine and the International Federation in response to the Chernobyl disaster and in support of the efforts of the affected countries. This document confirms the fact that the Red Cross is basically one of most serious actors in Chernobyl-related activities.

The International Federation is a prominent member of the International Chernobyl Research and Information Network (ICRIN), a UN initiative to support the ongoing international, national and civil society efforts towards the sustainable development of the affected territories. It aims to do this by compiling, consolidating and coordinating relevant scientific research, as well as commissioning research when required. Through its membership of the ICRIN steering committee, the International Federation participates directly in governing the network's initiatives, its strategies, approving implementation plans and other related activities.

The objectives of the Chernobyl programme are in line with Strategies 2020. The initiative has now been running for 20 years and as the post Chernobyl situation has evolved new objectives have been formulated.

The secretariat will be a strategic adviser both for the National Societies involved and for all partners. This function of the Federation representation will be complemented by its role to represent the National Societies to governments and international organizations and to help position the National Societies.

#### **d) Other areas**

As mentioned above the HIV and AIDS preventive activities are included into the CHARP framework though this disease is not directly linked with the health consequences of the Chernobyl disaster. However working in rural areas and screening about 90,000 people annually the MDL teams could give people important information on HIV and carry out necessary blood testing. It would be a significant support to help the National Societies implement HIV projects.

## Promoting gender equity and diversity

Implementing the Chernobyl programme, the Red Cross Societies take into consideration the interests of every group, social status and gender equity. For instance though the priority group for the screening is those who were aged 0-40 at the time of the disaster, the Red Cross MDL doctors never refuse people who want to be examined and who do not belong to this priority group.

In the course of thyroid screening special attention is paid to the group of people who were children and adolescents at the time of the Chernobyl disaster. In this risk group (aged 0-18 at time of the disaster) in particular radioactive iodine accumulated in thyroid gland damaged cells growing for many years eventually developed into thyroid cancer. Another concern is children currently living in the areas contaminated by radiation. CHARP supplies multivitamins containing the C, D and B groups with iron, folic acid and stable iodine in order to strengthen the immune systems of these children.

In providing psychosocial assistance, the MDL teams, Red Cross workers and volunteers take into account specifics of some individuals and groups for instance pregnant women living in radiation polluted areas who worry about the health of their future babies. In addition elderly people living alone are also provided with psychosocial support within CHARP.

The official statistics and experience show that there are more women than men living in the contaminated areas. Therefore the direct beneficiaries will be 60 per cent female and 40 per cent male.

## Quality, accountability and learning

CHARP is one of longest and most efficient programmes in the history of the International Federation. At present time having highly sophisticated equipment, experienced and well-trained personnel, CHARP provides excellent-quality and cost effective services to the most vulnerable population. The impact of the programme is especially high in the areas where the MDLs are working as there are only limited (if any) governmental medical services available within these remote areas. It is planned that in connection with the 20 years jubilee the experience obtained by CHARP will be analysed and published as a best practice case around the International Federation's Chernobyl engagement to benefit all working in post-radiation circumstances. Publicizing the success of the programme internationally will demonstrate the unique experience the Red Cross has obtained in the follow-up after a nuclear accident.

CHARP is an innovative programme. Mobile diagnostic laboratories strive constantly to improve their early detection capabilities. For instance along with medical screening the MDLs now conduct on-the-spot "fine needle" biopsies in the field on suspected cases of thyroid cancer, giving a reliable and rapid diagnosis which is essential to save lives. At present the programme is getting enhanced with breast screening and HIV counseling/ testing. Therefore this programme is seen by the state healthcare system as a model for training the staff working within the sphere of medical screening and for organizing mobile medical services.

## How we work

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

For further information specifically related to this plan, please contact:

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