International Federation of Red Cross and Red Crescent Societies
Europe Zone Office

CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP) 1990-2012

REVIEW METHODOLOGY

- **reviewed** over 180 IFRC, National Societies', UN and other documents
- **visited** affected areas: Kiev, Zhitomir, Rovno, Lutsk (Ukraine), Gomel, Mogilev, Bobruisk, Minsk (Belarus), Bryansk, Moscow (Russian Federation)
- **interviewed** over 60 key informants from the IFRC, National Societies and the UN agencies
- **assessed** programme **effectiveness** and its **impact** on beneficiaries, public health system, and National Societies' nuclear accident management capacity
- Looked into programme **relevance and sustainability**

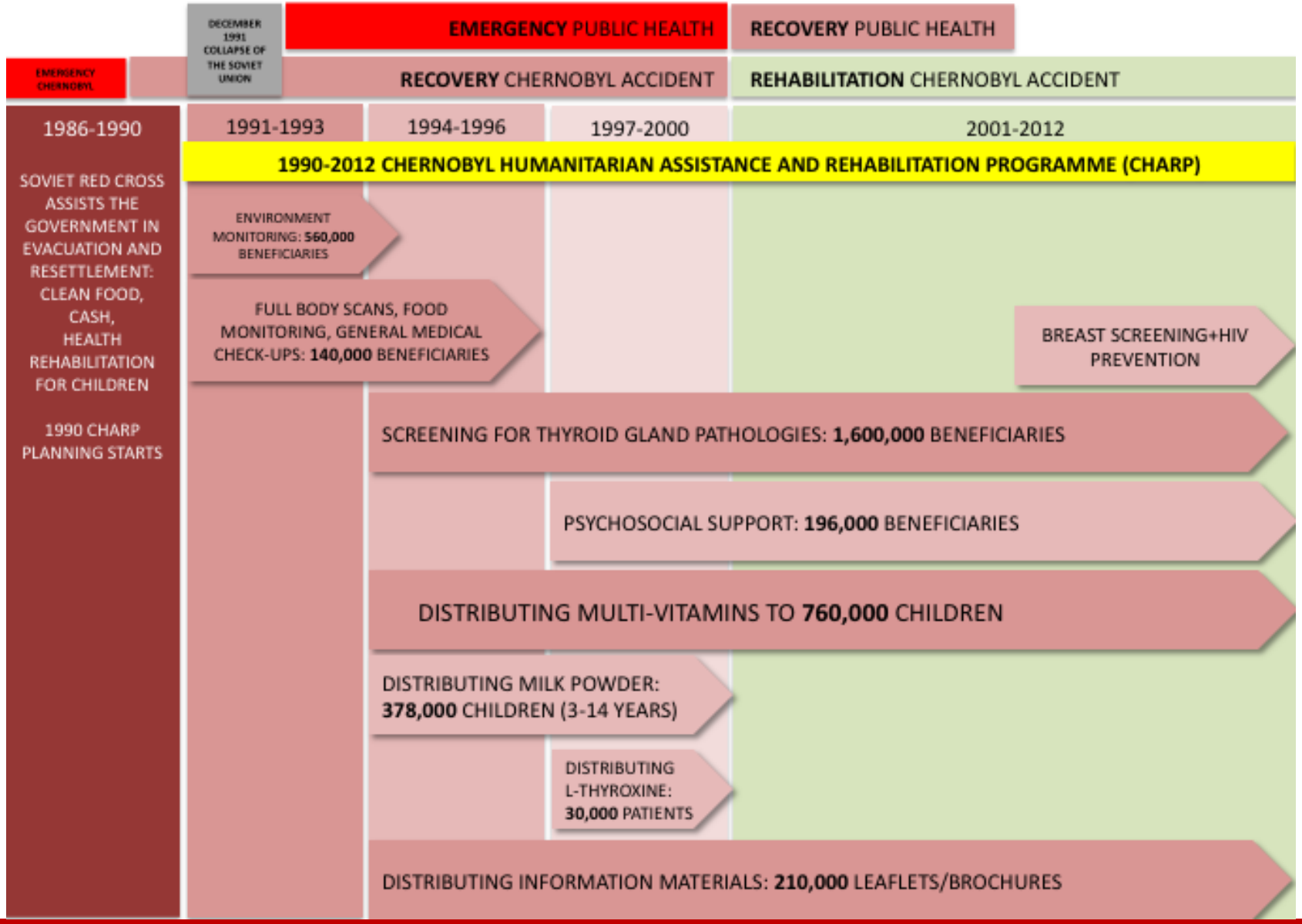
HISTORICAL OVERVIEW AND PROGRAMME COMPONENTS

TIMELINE

- **Acute Phase** (right after the disaster)**:** evacuation, resettlement, providing basic relief assistance, avoiding the exposure of staff and volunteers to deterministic effects

- **Post-Event Phase:** alleviation of radiation-related fear, anxiety and stress by providing accurate and timely information

CHARP ABBREVIATED TIME LINE



EMERGENCY RESPONSE AND RECOVERY (1986-1989)

- Alliance of Red Cross and Red Crescent Societies of the USSR supported the government

- National Red Cross Societies (Russia, Belarus, Ukraine) were mostly involved in
  - emergency response
  - recovery efforts
  - assistance in evacuation and voluntary resettlement
  - distribution of food from non-contaminated areas
  - provision of relief items and cash
  - sponsorship of summer vacations for children

BEGINNING OF CHARP (1990)

- 1989: Alliance of Red Cross and Red Crescent Societies of the USSR approached IFRC for an initial needs assessment in the most affected areas

- CHARP implementation by IFRC in partnership with the Red Cross Societies of Belarus, Russia and Ukraine

CHARP objectives evolved over the years…

Goal: The health of the population affected by the Chernobyl disaster is improved

Objective: Effective medical, social and psychosocial assistance is provided

Expected results: Deaths from thyroid cancer prevented, Stress and anxiety is reduced, immunity is improved,…

ADRESSING EMERGING NEEDS (1990-2000)

- acute emergency stage of the Chernobyl accident had passed and entered the recovery phase
- game changer: dissolution of the Soviet Union in December 1991
  - severe political, economic and social crisis
  - situation of an acute emergency
  - sudden and unexpected collapse of a public health system
- relief organization; mobilization of internal and external technical and scientific expertise
- response to the needs

ACTIONS

Measurements of *background radiation* and surface contamination of objects	1990–1993
Measurements of locally produced *food* for radiation contamination	1990–1993
Examination of people for internal irradiation (full body scans), health checks, and blood and urine analysis	1992–1997
Distribution of *information materials* (brochures) on protection from radiation	1994–2011
Distribution of *milk powder* to children living in contaminated areas	1994–1999
Distribution of *multivitamins* to children living in contaminated areas	1994–2011
Direct PSS	1997–2011
Thyroid gland screening	1997–2011
Providing *L-thyroxin and other drugs*, mainly to patients with thyroid gland pathologies	1998–1999

DOSIMETRY AND MEDICAL SCREENING

- Measurements of **background radiation**, contamination of **objects** (1990-1993) and locally produced **food** (1990-1996) provided around 500.000 beneficiaries with accurate on-the-spot information on the level of radioactive contamination and protective measures to take

- Medical screening, focusing on measuring the level of **individuals' contamination** (1992-1997) and on **screening for thyroid gland pathologies** (1997-2011) assisted around 1.5 million people, having detected a number of pathologies and referring the patients for medical treatment
  - Mobile Diagnostic Laboratories (MDL)

DOSIMETRY AND MEDICAL SCREENING

Mobile Diagnostic Laboratories (MDL)

- Allowed reaching remote rural areas that would otherwise have limited (if any) access to medical assistance and reliable information
- Had its limitations in terms of *costs* and potential *sustainability*

TYROID GLAND SCREENING

1997

2015

MULTI-VITAMINS, MILK, MEDCINES, INFORMATION

- Distribution of **multi-vitamins** (1993-2011) to 760.000 children and milk powder (1994-1999) to 378.000 children helped dealing with the consequences of poor diet caused by restrictions on food consumption

- **Medicines** (mostly L-thyroxin), distributed to about 30.000 thyroid gland patients (1998-1999), supported their medical treatment in time of economic crisis

- providing **information materials** (210.000 leaflets and brochures) about the consequences of radioactive contamination and recommendations on healthy life style in the contaminated areas

PSYCHOSOCIAL SUPPORT

- All program components contributed to alleviating stress and anxiety caused by fear of radiation and socio-economic changes, thus indirectly providing psychological support

- 1991-1997 mainstreaming psychosocial support (PSS) into the activities

- 1997: PSS project enhanced National Societies' capacity to provide PSS to beneficiaries

- from 2001 PSS focused more on enhancing psychological awareness, rather than direct psychological support to individuals.

SOCIO ECONOMIC REHABILITATION (2001-2012)

- assistance to the population affected by the Chernobyl disaster had entered the rehabilitation phase
- continuation of ongoing activities (no adjustments)
- funding problems
- end in 2012 due to lack of funds

SITUATION IN 2015

- current level of contamination in most affected areas does **not justify continuing assistance programmes** specially addressing the consequences of radioactive contamination.

- current technical and financial capacity of the public health system in the affected countries allows them to **adequately address most health-related needs** of the affected population.

- Apart from some limited activities, the Red Cross Societies in the Ukraine, Belarus and Russia currently **do not have programmes** aimed specifically at addressing the needs of the Chernobyl-affected populations.

PROGRAMME IMPLEMENTATION: KEY ISSUES

INTERACTION WITH SCIENTIFIC COMMUNITY AND UN

- 1990-2000 external radiology and medical experts were directly involved in assessing thee needs, evaluations, advising on strategy
- 2001-2012 cooperation was limited to exchange of information; IFRC paid less attention to findings and conclusions of UN and scientific analytical documents
- That resulted in underestimating the shift from assistance to rehabilitation and missing the opportunity to re-vitalize CHARP and continue the program with different focus
- **Combining RC action-oriented expertise with the UN resources and capacity for reflection and analysis can create powerful synergies, allowing both to excel in assisting affected populations**

INTERACTION WITH PUBLIC HEALTH AUTHORITIES

- In CHARP RC Societies worked in **close partnership with public health authorities**

- Medical equipment and supplies for MDLs, received through CHARP in 1992-2000, addressed important needs of the public health system, that lacked funding and equipment due to economic and political crisis

- Since National Societies were traditionally integrated into the public health system, **governments expected them to mobilize international resources and take care** of the services that public health either could not cover (1992-2000) or considered as "secondary" priority (2001-2012)

BRIDGING THE GAP BETWEEN "SCIENCE" AND "EMOTIONS"

- A **gap between objective, scientific data** about radioactive contamination and its health consequences, and **subjective, emotional perception of risks** and danger by the affected population, governments, politicians, NGOs and media will be common in all nuclear and radiological emergencies;

- **Red Cross/Red Crescent Movement is ideally positioned to "bridge" this gap, using its understanding of scientific and UN analysis, and its capacity to "translate" it into the "language" that communities would understand.**

CONCLUSIONS

- improvement of health and providing medical, social and psychological assistance
- program components had varying degree of relevance at different stages and nearly all program objectives, as formulated at different times, were achieved
- support of public health system in three countries with equipment and supplies and medical staff accumulated expertise
- National Societies acquired experience in managing logistically sophisticated assistance programs, strengthened cooperation with health authorities and international organizations
- failed innovations from 2001-2012; no development of new activities in response to new rehabilitation needs

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1

- **Monitoring radiation contamination** in food and environment with immediate feedback to beneficiaries, **could be provided at both emergency and recovery phases** following a nuclear and radiological accident (R1.1)

- Taking into account the increased portability and affordability of radiation meters, various other ways of implementing environmental monitoring in communities could be considered (R1.2)

RECOMMENDATION 2

- **Medical screening** for radiation-related or other health pathologies after a nuclear disaster **can be a viable assistance option, in particular where public health system lacks resources to address this need** (R2.1).
- Since pathologies will be context-specific, it will be important to "expect the unexpected" and to **monitor epidemiological situation in close contact with public health authorities and scientific community** (R2.2)
- Since medical screening is potentially a long-term medical intervention, the modalities for its implementation, patients' **follow up, funding and phasing out should be agreed with the public health authorities at the inception stage** (R2.4)

RECOMMENDATION 3

- **Providing psychosocial support** to the affected population by supplying information on the levels of contamination and recommendations on healthy life style in the contaminated areas should be the **primary focus of RC/RC assistance and recovery programmes** (R3.1)
- The IFRC and National Societies should focus on **mainstreaming psychosocial support into all of their activities** (R3.2) and training RC staff in basic psychosocial support skills (R3.3)

RECOMMENDATION 4

- Distributions of **vitamins, micro-nutrients and milk or milk powder** to children in the affected areas - within the limits of IFRC policies - **can be a viable component of RC/RC nuclear and radiological assistance programmes** (R4.1)

- Distributing **medicines to patients who are part of RC/RC screening or other medical assistance programs** could be considered for a limited time provided the patients cannot obtain medicines from other sources (R4.2)

RECOMMENDATION 5

- **Providing information materials** on the levels of radioactive contamination, safe behaviour and the healthy life style should be considered as an **essential component of any RC/RC assistance programmes** (R5.1)
- The key messages should be consistent with the messages delivered by other programme activities (R5.2)
- The effectiveness of different ways of providing information should be continuously re-assessed during programme implementation (R5.3)

RECOMMENDATION 6

- **Providing health services to the population** in remote rural areas via mobile clinics/laboratories "model" **might be considered as a short-term option**, where affected populations have no access to health services (R6.1)

- Potential benefits of applying this model should imperatively be assessed against its costs and potential sustainability (R6.2)

RECOMMENDATION 7

- The Federation and National Societies **must take into account** the **findings, conclusions and recommendations of scientific and UN analytical documents** in **designing RC/RC response programmes** in nuclear and radiological disasters (R7.1)

- RC/RC is also ideally positioned to "bridge the gap" between scientific, objective data and people's emotional perceptions of radiation-related risks and dangers (R7.2) provided it strictly adheres to the Fundamental RC/RC Principles of neutrality and impartiality (R7.3)

RECOMMENDATION 9

- In technological and nuclear disasters IFRC and National Societies should **focus primarily on** **preparing for and providing** **assistance at the emergency phase** (R9.1) providing relief assistance during evacuation and resettlement at the acute phase, and alleviating radiation-related fear, anxiety and stress at the post-event phase (R9.2)

- **Any programs addressing health effects of such disasters should be planned as long-term interventions** (R9.3).

- Long-term recovery and rehabilitation needs can be best addressed by traditional Red Cross community-based and social support activities adapted to radiation-related concerns (R9.4).

POSSIBLE RESOURCES AND ACTIVITIES IN FUTURE PROJECTS

THE ROLE OF THE RED CROSS/RED CRESCENT

- "A professional emergency response organization, such as the IFRC, can successfully integrate new skills and apply its existing knowledge and expertise to responding to *any* kind of emergency, no matter how new, large, unexpected or technologically sophisticated"

Resources

- resources of National Societies (funding)
- deployment of experts
- manpower (e.g. assistance during evacuation)

THE ROLE OF THE RED CROSS/RED CRESCENT

Medical Support

- **first level support** (first aid, ambulances, hospitals…)
- mobile diagnostic labs
- deployment of medical teams (cross boarder/international)
- transport of contaminated persons (implementation of training for medical staff)

THE ROLE OF THE RED CROSS/RED CRESCENT

Psychosocial Support

- **main focus**
- **humanity**
- “bridge between science and emotion”
- providing information *(trust; speaking tube)*

THE ROLE OF THE RED CROSS/RED CRESCENT

Support of other organizations (UN, public health authorities,…)

- **support during emergency and follow-up activities**
- focus on providing assistance, rather than producing technical, scientific and medical analysis of the consequences
- using synergies; being part of each others plans
- data track and exchange

FINAL REMARKS

CHARP was possible thanks to the selfless efforts, commitment and devotion of hundreds of Red Cross staff and volunteers in many countries.

The best tribute to their work would be using CHARP experiences to make better operational and programme decisions in the future.