

Appeal



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

Appeal No. 50/92

13 October 1992

CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME

1. SUMMARY

Up to four million people remain at risk from the 1986 Chernobyl nuclear power plant accident, the worst technological disaster in history. The International Federation is extending its assistance to the most vulnerable of those affected during 1993 and seeks, through this appeal:

CHF 880,000

The Chernobyl Humanitarian Assistance and Rehabilitation Programme was set up in January 1990 and has since achieved many positive and remarkable results, confronting a catastrophe which continues to have wide-ranging consequences.

Funds received in response to earlier Federation appeals (No. 18/90 and subsequent Update of 12 March 1991) have enabled a substantial Red Cross operation in the three affected independent republics of Belarus, Russian Federation and Ukraine. The programme is managed by the respective National Societies Delegation with technical support from the permanent Kiev-based Federation Delegation.

Over 150,000 people have been assisted through preventive and personal diagnostic information. In addition, health authorities in eight oblasts (provinces) have received accurate data on radioactive contamination levels in the environment, food samples, and among their populations. Training and health education programmes are linked with this activity.

2. BACKGROUND

2.1 General situation

The tragic accident at the Chernobyl Nuclear Power Plant (CNPP) occurred on 26 April 1986 leading to radioactive contamination of large areas of Belarus, Russian Federation and Ukraine. Six years later it is still not possible to get a general overview of all its

consequences. More than four million people are considered to be directly affected. Radiation diseases have occurred at an alarming rate and genetic studies indicate that future generations are also at risk.

A resettlement programme for tens of thousands of families is underway but the Governments of the affected States are struggling to fund this enormous investment. Moving young people from the affected areas paralyzes community life, increases the ratio of old people to total population, causes high psychological and social stress and ultimately leads to dying communities.

The breakdown of the former Soviet Union and the desperate economic situation has added to the complexities of the Chernobyl aftermath for the three republics.

2.2 Management Structure

The programme started in 1990 as a joint operation between the Alliance of Red Cross and Red Crescent Societies of the USSR and the Federation. With the dissolution of the Alliance, the Red Cross Societies of Belarus, Russian Federation and Ukraine opted to continue the programme as a single entity.

Under the agreement signed in the Hague on 19 May 1992, the coordinating role was assumed by the Inter-Republican Coordination Committee comprising representatives of the three respective National Societies. It was also confirmed that the Federation would continue to provide advice and assistance in the implementation of the programme through its permanent Delegation in Kiev.

2.3 Operational Capacity

By the start of 1992, the three National Societies were able to begin operations in the affected areas with the following facilities (including spare parts and consumables):

Belarus	-	2 Mobile Laboratories 10 Food Monitoring Devices 99 Portable environmental monitors
Russian Federation	-	2 Mobile Laboratories 11 Food Monitoring Devices 84 Portable environmental monitors
Ukraine	-	2 Mobile Laboratories 11 Food Monitoring Devices 179 Portable environmental monitors

To date, some 500 staff and volunteers have been trained in special workshops either locally or in Germany, assisted by the German Red Cross.

Responsibility for planning, finance, management, and reporting on the operations has been assumed in full by the Ukraine Red Cross and partially by the Belarus and Russian Federation National Societies.

2.4 Operations in 1991-1992

The following administrative regions (oblasts), comprising more than 300,000 sq. km (the size of Poland), are covered by the programme:

Belarus	-	Gomel, Mogilev
Russian Federation	-	Briansk, Kursk
Ukraine	-	Chernigov, Kiev, Rovno, Zhitomir

During 1991, 3,500 settlements were checked and the results reported to the authorities and public health institutions.

Delivery of mobile laboratories has allowed a significant increase in the number of beneficiaries. One laboratory can screen up to 180 people daily and provide accurate data on contamination levels in the environment, food and drinking water.

During March and September 1992, a mobile team in Rovno (northern Ukraine) screened 10,428 people, 1,621 (including 434) found to have excess irradiation. Milk, milk-products, mushrooms, berries and meat - all used in traditional dishes - were contaminated.

During 1992, 160,000 individuals will benefit from the work of the mobile teams. The 1993 figure should be similar, provided funding is available for special materials and other consumables needed for the equipment.

2.5 Primary Target Groups and other Beneficiaries

Two groups benefit from screening: early diagnosis improves the chances of successful treatment for those seriously affected by irradiation; while for those whose radiation levels are within acceptable limits, the stress of uncertainty is removed.

The screening and counselling operation is complemented by a major information programme. A recent study estimated that 90% of people in the affected areas may be suffering from significant psychological stress and associated nervous-mental disorders.

In principle, screening is available to anyone living in the affected areas. However, the programme is targeted at particular primary groups:

a) Children born before the disaster

Children are at increased risk from the long-term effects of irradiation (thyroid-cancer, leukemia and immune-deficiencies) due to their higher metabolic rate. An alarming increase in such diseases has been observed and improved diagnostic facilities are necessary to reduce the eventual number of child victims.

b) Children born after the disaster

This group is at increased risk of genetic abnormalities caused by changes in parental reproductive cells. Counselling on these hereditary risks may reduce the numbers affected.

c) Elderly persons

Although cancer takes more time to develop among the elderly, new restrictions and changes in daily life caused by the disaster are leading to higher stress levels.

d) Resettlers

Those who have been resettled since the disaster face additional difficulties, apart from anxiety about irradiation illness. An irrational fear of "infection" or envy over their new flats creates considerable tension with their neighbours.

e) "Clean-up" workers

About 600,000 persons were involved in closing down the exploded reactor and subsequent decontamination activities. Many were exposed to high doses of irradiation and this is the only group in which acute radiation disease has occurred. Besides the immediate health effects, there is an extreme risk of adverse long-term consequences.

3. OBJECTIVES

The objectives of the 1993 Assistance Programme take account of the operational plans for 1990-1992; the broader experience gained since 1990; and the increased capacities of the respective National Societies.

The primary goal will continue to be assisting the authorities and affected populations in alleviating the medium and long-term consequences of the disaster.

Accordingly, the following activities are planned:

- a. Assisting public health authorities to identify the population groups at risk, and individuals already suffering from radiation illnesses, through mobile Red Cross diagnostic facilities, with "remote area" capability.
- b. Providing people living in the affected or resettled areas with accurate information on their health, the effects of radiological interactions and contamination of the environment, food and drinking water.
- c. Counselling people living in the affected or resettled areas against exposure to radioactive contamination, either in the environment or food products.
- d. Up-grading the operating Red Cross Societies' public information and health education programmes, with special emphasis on psychological assistance.
- e. Strengthening the operational capacity of the three National Societies.

- f. Analysing the results of two years operational involvement in the disaster; and dissemination of the lessons learned to the International Red Cross and Red Crescent Movement, and other interested agencies.

As by-product the programme will continue to produce information which may have substantial value for certain specialized agencies and scientific institutions seeking to mitigate the long-term consequences of the disaster.

4. PLAN OF ACTION

In keeping with the objectives of the 1993 programme, the following Plan of Action has been established.

- 4.1 Enhancing the screening programmes provided by Red Cross Mobile Diagnostic Services for the public health authorities in Belarus, Russian Federation and Ukraine
- generating information on the general health of the population in the affected areas, with special emphasis on cases related to irradiation exposure;
 - providing people living in the affected or resettled areas with accurate information on their health and the effects of radiological interactions;
 - improving the diagnostic capacity of the mobile laboratories by equipping them with ultrasound scanners for early identification of thyroid gland cancers;
 - extending the diagnostic capacity of the mobile laboratories through providing extra facilities for the centres (six immune analyzers, testing kits for thyroid parameters, six cell-counters);
 - ensuring continuous training of the staff serving the mobile laboratories.
- 4.2 Provision of accurate additional environmental screening information for the population and local authorities, by:
- ensuring accurate information on contamination (irradiation) of the environment, food, and drinking water; and alerting the appropriate authorities whenever excessive irradiation levels are registered.
- 4.3 Provision of accurate public information on the health risks linked with the consumption of contaminated food products, by:
- giving consultations and advice on avoiding exposure to radioactive contamination through individual counselling, and distribution of relevant literature.
- 4.4 Extending public information and health education programmes on the actual dangers and risks of irradiation, by:

- up-grading printing facilities of the operating National Societies (new equipment has been already pledged by the German Red Cross);
- disseminating reliable and independent information through leaflets, brochures and other publications;
- arranging public courses and workshops, specifically in the rural areas, with particular emphasis on the nutritional aspects of behaviour in the affected areas.

4.5 Alleviating the psychological stress of people living in the affected areas and strengthening the medico-social services, by:

- up-grading psychological centres with appropriate diagnostic and treatment equipment;
- organizing consultations at regional and district level;
- organizing self-assisting groups guided by Red Cross social workers;
- organizing seminars on stress reduction and psycho-hygiene;
- training Red Cross workers, in close cooperation with psychological institutions.

4.6 Strengthening of the National Societies operational capacity, by:

- continuing to provide practical assistance and advice on all aspects related to the management and administration of the ongoing programme;
- conducting regular meetings and workshops for management and technical staff to share experiences, resolve difficult cases, analyse the results of the ongoing programme and ensure short, medium and long-term planning;
- providing technical support for the Inter-Republican Programme Coordinating Committee.

4.7 Study and analysis of the programme's results, by:

- undertaking continuous evaluation of the data and results of the practical work within the programme;
- establishing a multi-disciplinary international group of experts to evaluate the results of Red Cross work in the affected areas; pursue practical recommendations to improve the day-to-day conditions of the population; and develop general recommendations to enhance the Movement's future preparedness for technological disasters with specific emphasis on nuclear accidents;
- organizing an International Seminar, in Kiev during 1993, to examine the performance of the Red Cross confronting the

consequences of the Chernobyl Nuclear Power Plant Accident and its general preparedness for technological disasters.

5. PROGRAMME MANAGEMENT AND REPORTING

On 19 May 1992, the Red Cross Societies of Belarus, Russian Federation and Ukraine and the Federation signed an Agreement defining their roles and responsibilities in the Chernobyl Humanitarian Assistance and Rehabilitation Programme.

All parties confirmed that the programme should continue as a single entity, governed by the Inter-Republican Red Cross Coordinating Committee, with technical assistance from the Federation.

In order to extend its management advice and technical capacity, the Federation's Delegation (which will continue to be permanently based in Kiev) has been strengthened through the appointment of a Head of Delegation. The holder of this post will also be responsible for other aspects of the Red Cross assistance programmes in Belarus, Moldova and Ukraine (see CIS Appeal no. 11/92).

6. BUDGET

Please refer to annex no. 1.

7. CONCLUSION

Originally designed as a relief intervention, the Chernobyl Humanitarian Assistance and Rehabilitation Programme has become a medium-term operation with strong development components. It has already brought a number of positive results, confirming the potential of the Belarus, Russian Federation and Ukraine National Societies to respond to emergency operational requirements and adapt to priority needs. The programme has enabled these Societies to gain experience in effective project management, in an uncertain situation and environment.

Before Chernobyl, there was a distinct knowledge-gap in the medium and long-term effects of low-dose irradiation. Since January 1990, the operating Societies, the Federation and the Red Cross/Red Crescent Movement have developed skills in alleviating the consequences of the greatest technological disaster in history.

In thanking donors for their assistance and contribution to previous appeals for the victims of Chernobyl, the three National Societies and the International Federation urgently request strong support for the present appeal to enable further progress with this vital humanitarian operation.



Stephen Davey
Secretary General in charge



Margareta Wahlström
Deputy Director Operations

BUDGET SUMMARY

APPEAL NO 50/92 IN CHF

NEEDS IN CASH (OR KIND)

Supplies:

Vitamins and minerals	30 000
Reagents for mobile laboratories	500 000
Transport, storage & vehicle costs	30 000
Capital expenditures	
Food monitors: 10 units	50 000
Ultra sound scanners: 6 units	80 000
Urine analysers: 6 units	30 000
Blood analysers: 6 units	100 000
Testing kits: 100 000 units	150 000
Blood collecting systems: 100 000 units	100 000
Personnel and training	135 000
Travel & communications	30 000
Information	15 000
International workshops	15 000
Administrative, office & general expenses	20 000
Secretariat operational support	50 000

TOTAL NEEDS IN CASH OR KIND----->

1 335 000

LESS CASH ON HAND (INCLUDING PLEDGES)

455 000

NET REQUEST CASH OR KIND

880 000