

FINAL REPORT

**ECHO CONTRACT N°:
ECHO/TPS/B7-215/97/0302**

**Chernobyl Humanitarian Assistance and
Rehabilitation Programme (CHARP)**

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FINAL NARRATIVE REPORT FOR ECHO CHERNOBYL CONTRACT

1. Name of the partner

International Federation of the Red Cross and Red Crescent Societies

2. Number of the Operation Contract

ECHO/TPS/B7 - 215/97/0302

3. Place where the operation was conducted

Radioactivity contaminated areas in Belarus, Russian Federation and Ukraine after the April 1986 accident at Chernobyl Nuclear Power Plant.

4. Description of the operation as approved

ECHO approved a maximum budget of ECU 350,000 to provide health screening, material assistance and psychological support to the victims of the Chernobyl disaster. The programme focuses on high risk groups such as children and those who were children at the time of the accident as well as those who are still living in highly contaminated areas. The contract covered the period from 1st December 1997 to 31st May 1998.

The approved budget covered for material assistance in the form of re-supply of reagents and equipment to undertake medical screening of the population, salary costs for personnel, staff training and running costs, supply of multivitamins and medicaments.

5. Implementation

5.1. General Information and Introduction

5.1a. ECHO and CHARP

The Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP), launched in 1990, provides medical screening and other medical assistance, health related information and psycho-social support to the most vulnerable population affected by the Chernobyl disaster.

Since 1994, CHARP is being supported by ECHO who is the main donor of the Programme. ECHO's funding for the six MDLs running costs, milk powder, multivitamins, medicaments etc. is the foundation of the programme. The financial support provided regularly by ECHO during the last four years formed the contents of the programme and stabilised the administrative structure, diminished the fluctuation in supply of trained personnel, improved their professional skills. This, alongside with regular provisions of all necessary reagents and sophisticated equipment, provided high quality of services when medical examinations were conducted.

From 1990 to the end of May 1998, CHARP provided humanitarian assistance to almost 2,000,000 beneficiaries. Thanks to ECHO's funding, 150 tons of milk powder and 100 million multivitamins were distributed to children living in contaminated areas. The MDLs screened 260,392 people affected by the Chernobyl disaster (Annex 1).

5.1b. Developments since the Nuclear Accident

On the 26th of April 1986 the forth reactor of Chernobyl Nuclear Power Plant in Ukraine exploded producing the worst technological disaster in the history of mankind. The explosion of the nuclear reactor contaminated an area of 30,000 sq. km with radio-nuclides affecting the lives of 2,400,000 people in Belarus, 700,000 in the Russian Federation and 1,000,000 people in Ukraine. About 400,000 people have been relocated since then. The rest, including 1,000,000 children, still live on contaminated land.

Since the early hours of the disaster, the Red Cross National Societies of Belarus, Russia and Ukraine were actively involved in assisting the affected population.

In 1990, the Federation launched the Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP), that has continuously evolved ever since. It started by providing screening of foodstuff and the environment through radiometric testing. In 1990-1991, the distribution of dosimeters and food monitors took place in 18 contaminated Regions in Belarus, Russia and Ukraine. From 1992, six mobile diagnostic laboratories (MDLs), based in six affected regions screened background radiation, gave medical examinations to adults and children living in remote areas, and distributed basic health information to the population.

In 1996, the new Plan of Action was drafted following two positive evaluations (by ECHO and the Federation) which was adopted by the International Chernobyl Workshop held in the contaminated town of Gomel, Belarus. Emphasis was put on the early detection of thyroid gland cancer in children and the dosimetrical part was removed from the programme (gamma ray measurement, monitoring of foodstuff and surface contamination, measurement of internal irradiation dose).

The target number for screening increased from 60,000 to 90,000 focusing particularly on children and people who were children at the time of the accident. Diagnosis in the early stages of the pathologies is of crucial importance as it allows appropriate treatment in good time and thus save lives.

The revised CHARP got an added value with the introduction of a Psycho-Social Support Programme (PSS) initiated in Belarus in 1997. The PSS aims at assisting the population living in contaminated areas to overcome stress and anxiety related to radiation.

In addition, the Red Cross Chernobyl Programme is distributing milk powder and vitamins to children living in the radiation contaminated areas.

5.1c. Co-operation

In the implementation of CHARP, besides National Societies, the Federation Delegation in Minsk has close connections with the Ministries of Health and Ministries of Emergencies (or corresponding ministries) in each country. The Ministries of Health co-ordinate work of the dispensaries with whom staff and the tasks of MDLs are organised.

Besides, CHARP also maintains close contacts with various agencies like WHO, UNICEF, USAID, Sasakawa Foundation as well as with Radiological Centres, Clinics, Dispensaries, Research-Scientific Institutes and many leading specialists and experts from Belarus, Russia and Ukraine. These contacts enable the team to co-ordinate their work with others avoiding inadmissible duplications of screening in the same areas, in order to achieve the most effective usage of available resources.

ECHO remains so far the main donor to CHARP. Other important donors are Red Cross Societies of Denmark, France, Japan, Netherlands and the United Kingdom.

5.1d. Radioactive Pollution

The explosion of the fourth reactor at Chernobyl Nuclear Power Plant (CNPP) in Ukraine on the 26th of April 1986, spread radio-nuclides around the world and contaminated large areas in Belarus, Russian Federation and Ukraine, and a population of over 4 million people were affected. More than 70% of radio-nuclides from the disaster fell on the territory of Belarus, resulting in the long-term contamination of nearly 23% of the country's territory.

As a result of the explosion, a large amount of various radio-nuclides were released. However, two of the radio-nuclides significantly contribute to the most environmental contamination and exposure doses in the population:

Iodine 131 - a short lived isotope (half life is eight days) which accumulates in the thyroid gland. In case of iodine deficiency (as was the case in 1986) it leads to the saturation of the gland with

radioactive and unstable iodine. It can be counteracted with an immediate intake of stable iodine. However without the stable iodine it has a harmful effect on the thyroid gland especially among children exposed at the time of the accident. A dramatic increase in the number of cancers of the thyroid gland has been scientifically proved to be related to this exposure.

Caesium137 - with a half life of 30 years, Caesium will take up to 300 years to disappear from the environment through natural decay. It enters the food chain (milk, mushrooms, berries, wild animals) and when consumed by humans competes with potassium, an important ion. However, there is no significant increase in illnesses so far, which could be proved to be related to internal irradiation by this isotope.

The other radio-nuclides; Strontium90 and Plutonium239 are mostly concentrated around the nuclear plant itself within the 30 km forbidden zone.

For more information see also materials of the First International Seminar "Radiation and Thyroid Cancer", held in Cambridge University, UK, on 19-23 July 1998.

5.2. Objectives of CHARP

Thanks to ECHO's support to CHARP since 1994, the programme is providing medical screening to the population from the affected areas of Chernobyl nuclear disaster and is also distributing milk powder and multivitamins to the children living in highly contaminated areas. In 1998, CHARP according to ECHO contract, started to supply some medicaments, including L-thyroxine which is used for the treatment of people with thyroid gland pathologies. Patients diagnosed with the thyroid gland cancer who underwent an operation need a life-time hormone therapy in the post-operative period.

The main objectives of CHARP are:

- to examine (by six MDLs) up to 90,000 people living in the most contaminated areas. Special emphasis is made on the thyroid gland examination, focusing on screening of children and persons who were children at the time of the disaster;
- to provide people with accurate and immediate information on the condition of their health and the health of their children, to refer them for further examinations and treatment at hospitals and health centres when necessary;
- to supply and distribute multivitamins, complemented with stable iodine and micro-elements to the children living in the contaminated areas;
- to supply and distribute milk powder to the children living in the contaminated areas with support of the National RC Societies;
- to supply and distribute L-thyroxine and other medicaments to people diagnosed with the thyroid cancer and other serious pathologies;
- to continue educational activities on how to prevent negative influence of radiation;

The aim of Psycho-Social Support Programme as a part of CHARP is to relieve stress and prevent stress related illness. The main objectives of the PSS are as follows:

- continuation of the PSS at the phase of the implementation will be developed by conducting one-day workshops and improving team-support to both MDL-teams and teams of visiting nurses in contaminated areas.
- special attention will be paid to the staff of all MDLs, in order to provide psychological introduction to the difficulties of work with the affected population and hard working field conditions, knowing that the MDL personnel stays together day and night when working in the field.

- motivation of the National Societies (Belarus, Russia, Ukraine) to create a core of trained trainers who can provide psychological support at community level by learning techniques and methods of coping strategies and support.
- further development of the programme in Belarus and its extension to Ukraine.
- strengthening and extending contacts with different partners and organisations in order to exchange experience and to engage them to participate in consultation in the Regional ToT Workshops.

5.3. Organisational structure for running services

5.3a. Management structure

The programme is supervised and co-ordinated by the International Chernobyl Co-ordination Committee (ICCC), composed of the Presidents of the three Operating National Red Cross Societies (ONS/Belarus, Russia, and Ukraine) and the Head of the Federation's Delegation in Minsk.

Each ONS has a CHARP counterpart at the National Head Office. Together with three local managers of the Federation's Delegation, they form the Working Group (WG) chaired by the Head of the Federation's Delegation. The WG provides current evaluation of the implementation of the programme and elaborates documents for the ICCC.

Day to day management of the programme at regional level is carried out by the Chairpersons of Regional Red Cross Committees where the MDLs are based in conjunction with local authorities and specialised medical dispensaries.

In the PSS the visiting nurses and RC staff are the basic messengers. Partly, the MDL doctors provide psychological support to the population. Trained at workshops, volunteers mostly from pedagogical and medical institutions are involved in psychological support activity.

5.3b. New MDLs

In accordance with the Plan of Action, in June 1997 six new Mobile Diagnostic Laboratories (MDLs) were delivered to replace the old ones functioning since 1992, and to facilitate increase in examinations. Three new MDLs operate in Belarus (Brest, Gomel, Mogilev Oblasts), two in Ukraine (Rovno and Zhitomir Oblasts) and one in the Russian Federation (Bryansk Oblast).

Technical composition of one MDL is as follows:

- Minibus "Volkswagen"
- Ultrasound scanner Aloka SSD-500 & Video printer Mitsubishi P90E
- Transducer UST 5512U - 7.5 MHz (for thyroid gland examination)
- Transducer UST-586-5 - 5.0 MHz (for abdominal cavity examination)
- Blood analyser QBC Auto-reader
- Urine analyser Clinitec 100
- Computer Note-Book & Printer
- Dosimeter Mira 661

The team of MDL is composed of seven people:

- Head of the team/Ultrasound Doctor (or other Doctor)
 - Doctor-Endocrinologist
 - Doctor-Therapy
 - 2 Technicians
 - PC operator
 - Driver
- (see Annex 2)

5.3c. Legal and policy issues

In order to provide legal basis for CHARP activities and a better co-ordination of medical screening at the end of 1997, some legal documents have been signed with health authorities. These included Memorandums of Understanding between National Societies (Belarus, Russia, Ukraine), Ministries of Health (respectively) and the Federation's Delegation Minsk and Agreements between Red Cross Regional Committees, Regional medical institutions (partners) and the Minsk Delegation. The agreements regulate taking care of a patient, starting from screening and diagnostics done by CHARP in the field, to necessary treatment at clinics and specialised dispensaries of the governmental health care in the three countries.

One of the main events in the period concerned was holding of the International Chernobyl Co-ordinating Committee (ICCC) on 11-13 March 1998, which reconfirmed the need to continue providing assistance to the population affected by the Chernobyl accident. It was emphasised that the Chernobyl Humanitarian Assistance and Rehabilitation Programme is a programme with a long but definite duration and will be required to continue at least for next decade.

The extended ICCC meeting which brought together representatives of National Societies, ministries, governmental departments, diplomatic missions and intergovernmental institutions confirmed the urgent need for long term commitment from both international donors and local governments to continue their support to this programme.

Another essential event during the period concerned was the Workshop for the MDLs personnel and counterparts from National Societies involved with CHARP which was held in Gomel on 29 March - 4 April 1998. The Workshop aimed at exchange of the experience obtained by the personnel of six Mobile Diagnostic Laboratories, improvement of theoretical and practical skills and working out basic streamlines of further development of the Chernobyl Programme.

It was the second practical workshop for the whole RC MDLs personnel including doctors, technicians and PC operators. Other Red Cross members also took part in the meetings of the workshop such as RC Chairpersons of the Oblast Committees, the representative of Federation Headquarters from Geneva, the psycho-social support delegate (Denmark), as well as WHO (Finland) representative, other persons from the Administration of Gomel Region and the other partner organisation - Dispensary of Radiation Medicine (see Annex 3).

The first sessions of the workshop were devoted to general problems of the development of CHARP. They were mainly connected with medical and psycho-social support aspects of the implementation of the Chernobyl Programme, as well as finding strategies of the programme.

The subsequent sessions of the workshop run through section and group work aimed at discussion of important routine matters and finding most optimal decisions. They were run through section and group work with further joint meetings to summarise conclusions.

As a result of these discussions the proposals concerning development of MDL activity and CHARP in the whole were put forward by the participants of the workshop.

5.4. Services

5.4a. Medical Screening

During the period under consideration, 3,010 persons including 16,409 adults and 22,601 children were examined by means of ultrasound screening provided by personnel of RC MDLs.

Out of the total number of examined adult population, 11,885 (72,4%) persons were detected to have different pathologies, among children this figure amounts to 15,502 (68,6%).

Table No 1

¹¹	RC MDL	Number of examined	Adults	Detected sick persons	%%	Children	Detected sick persons	%%
1	Brest	8,239	5,112	3,460	67,7	3,127	2,500	79,9
2	Gomel	6,356	3,734	2,430	65,1	2,622	1,791	68,3
3	Mogilev	7,649	3,271	2,471	75,5	4,378	2,498	57,1
4	Bryansk	3,192	1,198	1,084	90,5	1,994	1,836	92,1
5	Zhitomir	7,019	1,578	1,314	83,3	5,441	3,935	72,3
6	Rovno	6,555	1,516	1,126	74,3	5,039	2,942	58,4
	Total...	39.010	16.409	11.885	72,4	22.601	15.502	68,6

During the period under consideration RC MDLs provided screening of population in the areas affected by radioactive contamination, in particular:

Brest Region: Stolinskiy district;
 Gomel Region: Checherskiy, Braginskiy, Kormjanskiy districts;
 Mogilev Region: Krasnopol'skiy, Cherikivskiy, Belynichskiy districts;
 Bransk Region: Novozybkovskiy, Klinzovskiy, Slynkovskiy districts;
 Rovno Region: Dubrovitskiy, Rokitnovskiy, Sarnenskiy districts.

Detected pathologies were observed in population in the areas of radioactive contamination and this can not be considered as general morbidity rate of the whole region.

In the aspects of the RC MDLs detected that general somatic pathology is broken down in absolute figures and per 1000 examined in the following way:

Brest RC MDL

	<u>adults</u>	<u>children</u>
1. Diseases of endocrine system	2,259 (479,5)	1,083 (464,0)
2. Diseases of blood circulation organs	969 (205,7)	620 (265,6)
3. Diseases of digestive organs	781 (165,8)	490 (209,9)
4. Diseases of blood & blood forming organs	631 (133,9)	838 (359,0)

Gomel RC MDL

	<u>adults</u>	<u>children</u>
1. Diseases of endocrine system	762 (223,7)	-
2. Diseases of blood circulation organs	542 (159,1)	-
3. Diseases of digestive organs	446 (130,9)	462 (219,5)
4. Diseases of respiratory organs	386 (113,3)	491 (233,3)

Mogilev RC MDL

1. Diseases of blood & blood forming organs	804 (342,7)	534 (125,1)
2. Diseases of respiratory organs	605 (257,9)	1687 (395,3)
3. Diseases of blood circulation organs	272 (115,9)	739 (173,1)

Bryansk RC MDL

1. Diseases of endocrine system	511 (217,8)	625 (146,4)
2. Diseases of digestive organs	269 (114,7)	210 (49,2)

Zhitomir RC MDL

1. Diseases of endocrine system	875 (632,2)	2490 (567,8)
2. Diseases of digestive organs	449 (324,4)	554 (126,3)
3. Diseases of blood circulation organs	312 (225,4)	221 (50,4)
4. Diseases of respiratory organs	290 (209,5)	544 (124,1)

Rovno RC MDL

1. Diseases of endocrine system	367 (258,6)	1501 (345,5)
2. Diseases of digestive organs	411 (289,6)	633 (145,7)
3. Diseases of respiratory organs	-	435 (100,1)

The above mentioned pathologies are characteristic of the morbidity rate of the examined population in all regions. When comparing the screening data of the state health care with that one of the Red Cross, one can find practically the same figures which indicates authenticity of RC MDLs' work.

During the course of screening, the MDLs' personnel take necessary measures for further examination of patients suffering from pathologies in regional and district specialised clinics (see Annex 4).

One of the important issues in the activity of MDLs is ultrasound screening of the thyroid gland. At the present time there is a scientific justification confirmed by the practical medicine that the thyroid gland cancer is the only disease induced by the radioactive iodine-131 which affected the population at the time of the disaster. In connection with the fact that the affected regions are endemic with regard to stable iodine, namely among this population different thyroid pathologies are registered by the RC MDLs' personnel. The data is given in the table (see Annex 5).

The number of such pathologies detected by the MDLs during the period under consideration is shown below:

	<u>adults</u>	<u>children</u>
1. Developmental anomalies	62	40
2. Hypothyrosis	92	0
3. Thyrotoxicosis	23	10
4. Thyroiditis	612	48
5. Non toxic diffuse goitre	2,089	5,740
6. Non toxic diffuse & nodular goitre	473	156
7. Non-toxic nodular goitre	1,487	189
8. Thyroid gland cancer	16	3

The above pathologies of thyroid gland detected during screening need special consideration, monitoring and further treatment. Namely, this group of pathologies diagnosed in due time allows to detect pre cancer stages of the disease (without metastasis), to prescribe necessary additional examination and treatment at specialised clinics and to avoid the development of the thyroid gland cancer in population especially among risk groups i.e. 0-18 years old persons at the time of the accident during the most acute period of iodine attack. Indeed, the inhalation of radioactive iodine has saturated the thyroid gland of exposed people, affecting in particular very young children and embryo at the time of the disaster.

Discovery of early stages of the diseases allows appropriate treatment and in some extreme cases lives to be saved. This especially concerns children and teenagers where through the thyroid gland examination diagnosis of nodule goitre, cysts, thyroiditis and other diseases are made, which when not treated properly and in due time can lead to the thyroid cancer.

The quality of examination provided by the RC MDLs' personnel has been improved considerably. Due to the modern ultrasound equipment (Aloka - 500) more thorough examination and precise diagnoses of thyroid pathologies in field conditions became possible. Besides, during the period under consideration the personnel of MDLs were able to develop their professional skills at the courses of advanced training and workshops aimed at mastering theoretical knowledge and practical know-how.

5.4b. Delivery of medicines

The present contract included delivery of some reagents for MDLs, medicaments and multivitamins. The quotes and orders for these goods were placed by Logistics Service at the Federation Headquarters. Because of the difficulty in transporting humanitarian goods across the borders in terms of customs obstacles especially between Belarus and Ukraine, it was decided, based on existing experience, to split the whole consignment into two parts and deliver about one third to Kiev and two thirds to Minsk (for Belarus and Russia). The goods safely arrived by air in the following quantities:

	Minsk	Kiev
Acetylsalicylic acid, 300mg, 1000 tabs	542	271
Pyrantel ambonate, 125mg/g, 6 tabs	2453	1,226
Ferrous sulphate, 200mg/folic acid 0.25 mg, 1000 tabs	943	471
Levothyroxine sodium, 0.1mg, 1000 tabs	1642	821
Paracetamol 500mg x 1000 tabs	640	319
Cotrimoxazole 480mg x 1000 tabs	1,587	793
Promethazine 25mg x 1000 tabs	640	320
Metoclopramide 10mg x 1000 tabs	668	334
Aluminium hydroxide 500 mg x 1000 tabs	346	173
Blood lancets/500pcs	74	37
Disinfecting swab, bx/100	204	102
Ultrasound gel, 5L, in container	74	36
Examination glove, size S, bx/100	79	39
Examination glove, size M, bx/100	79	39
Examination glove, size L, bx/100	79	40
Video-printer paper, bx/4rolls	11	6
Multistix 10 SG 1 x 100	217	108
Papierrolle CT 50 / CT 100 5 pcs	16	17
Multivitamins 100 tabs	7,074	3,538

The receipt and customs clearance of the above listed goods were undertaken by the Federation Delegation in Minsk and by the Ukrainian Red Cross in Kiev. The distribution/delivery of the goods to destinations is being arranged by the CHARP team. This work is planned to be completed in August 1998 (see Annex 6).

The contract also covered for salaries, per diem and other financial support of the personnel. The list of the personnel funded by this ECHO contract is shown in Annex 7. The specification of office equipment used by MDLs under the contract is shown in Annex 8.

5.4c. Psycho-Social Support

From December 1997 till May 1998 the PSS has been implemented in three basic directions: counselling, psychological screening and training/information.

Counselling (groups, individuals)

Counselling is one element of the psychological intervention. At the counselling sessions described, Red Cross workers assist people:

- to develop or/and mobilise psychological resources, resolve crises, and maintain emotional stability;
- to understand reality (consequences of the event);
- to recognise their health and psychological state;
- to develop own coping strategy;
- to re-establish support from family and social networks;
- to get help from institutions and NGOs.

We deal with two target groups to help people in need. The first one is the affected population, then we have relief workers who are also vulnerable to stress and to the changes in normal behaviour that can occur as a result of the stress created by living in contaminated areas and dealing with this subject regularly in their job. Trained at the workshops, RC staff and volunteers are able to provide the affected people with psycho-social support. In total, 1,748 persons received psychological support in the three contaminated regions and in Minsk City, where resettled people live.

**Table No 4. Number of people (not number of sessions) who received psychological assistance
December 1997-May 1998:**

Brest		Gomel		Mogilev		Minsk	
RC staff/ volunteers	Population	RC staff/ volunteers	Population	RC staff/ volunteers	Population	RC staff/ volunteers	Population
53	117	34	220	10	970	45	278
7 (MDL)		7 (MDL)		7 (MDL)			
177		261		987		323	
Total: 1,748 people							

Psychological screening

Psychological screening is devoted to get additional information about psychological conditions of the affected population. It gives also a possibility to control professional burn-out effects in the Red Cross staff and other helpers.

Therefore Red Cross staff has started pilot screening of psychological conditions among RC workers and volunteers. Trained personnel of Belarus Red Cross screened 121 persons at the pilot stage. GHQ-28 (General Health Questionnaire) questionnaires were distributed at one-day workshops to members of MDLs in order to survey psychological conditions of the participants. The results of the survey indicate psychological problems in 68% of the group. This figure is in line with the findings of Belarus scientists in the light of high level of stress and other psychological problems in the affected population. The study has shown the high level of psychological problem among RC workers. To be effective staff they have to cope with their own psychological problems. The training contains sessions providing helpers with psychological assistance. Also, the Red Cross local departments started stress management seminars and peer support meetings for the staff and volunteers.

Training and Information

One of the main source of stress after the Chernobyl accident is the lack of information concerning the accident, its consequences and methods of coping. It is very important to spread such knowledge among people who can be messengers like doctors, school teachers, social workers, therefore Red Cross workers as well as other professionals involved provide the population with relevant information.

Previously, the Red Cross staff and volunteers could not provide the affected population with psychological support because of insufficient skills and knowledge. Therefore it was necessary to provide basic knowledge for the staff and volunteers. The training takes the form of seminars, workshops, case-studies, lectures depending on the group of participants, the time and the trainers available. In order to train helpers, different sorts of workshops were run. "Training of Trainers" workshops were to educate the local core of trainers in Belarus. This group of trainers started then to train their colleagues at "one-day" workshops. After some experience in training the trainers had to refresh or supplement knowledge and get professional advices at "follow up" workshops. At the last workshop in Gomel, hand-outs on psychological assistance were printed and distributed to the participants. In addition there were seminars dealing with counselling issues organised in Gomel, Brest and Mogilev for MDL staff to prevent professional burn-outs.

a) General Seminars/Lectures

A seminar on stress management was run for 11 social workers (local authorities) in Mogilev.

Two seminars on psychological assistance for 20 teachers in Brest.

A seminar for 5 nurses from a sanatorium in Brest for children affected by the Chernobyl disaster.

Two lectures for 74 students of Brest Pedagogical University.

A seminar for 38 RC staff in Minsk.

Three seminars in Minsk for 78 persons affected by the consequences of the Chernobyl disaster.

b) Special Training

233 RC staff and volunteers attended workshops and other training sessions run with direct support of Minsk Delegation. 168 members of local RC staff and volunteers were trained at workshops and seminars run by the RC trained trainers.

There was one follow up workshop for trainers in December 1997.

15 "one day" workshops for RC staff and volunteers - from December 1997 to the end of May 1998.

A workshop for the MDL staff in March 1998.

A ToT workshop in Gomel in May 1998.

In an assessment, the RC staff expressed positively the usefulness and importance of psycho-social training and the aid for themselves. Many of them dealt for the first time with psychological aspects of their life and work at these training sessions. The RC regional branches in Brest, Gomel, Mogilev Oblasts drafted plans of training staff, volunteers, health and social care workers. Through this effort, a part of the population affected by the Chernobyl disaster will have a psychological assistance in due course.

6. Problems and how they where solved

In the course of implementation of this contract no major problems were encountered, however some difficulties were noted, for instance; some suppliers did not provide all necessary shipping documents like Gift Certificates, Invoices etc. and it took time to arrange it properly.

Concerning medical screening, it must be noticed that Bryansk MDL because of customs problem started to operate only in March 1998 though it had been delivered at the beginning of June 1997. The customs in Bryansk (Russia) did not want to accept the MDL as a medical laboratory. This assumption was based on the fact that the equipment is not fixed inside of the vehicles and examination of people is performed outside of the lab. The customs tried to charge large duty-tax. However, owing to the efforts undertaken by the Federation and the Russian Red Cross, the MDL was eventually cleared of customs and registered at the Police.

There are some difficulties in the implementation of the PSS programme. Among RC staff there were no skilled workers to provide population with psychological support before the start of the psycho-social programme. Colleagues could not give technical help and advice in difficult cases. It was

very difficult for the staff to start using new skills in practice, so the PSS co-ordinator used any possibility to visit groups of RC staff during their routine meetings. At these meetings the co-ordinator answered questions and in some cases provided counselling to the staff.

7. Media Coverage

During the period reported, two important events were organised which helped to raise substantial media attention on behalf of CHARP. The first one, an extended meeting of International Chernobyl Co-ordination Committee was held in Kiev, Ukraine in mid March with participation of representatives from international missions and organisations accredited in Kiev, the Partner National Societies, Ministries and Governmental authorities concerned. A number of local journalists representing various newspapers, radio, TV teams and news agencies attended the meeting. Three TV reports were broadcasted: one on the 1st national channel, and the other two on the local TV Channels. In interviews and in a press release the names of the main donors, including the European Union, were mentioned. (A short article in English is enclosed.)

On April 24, 1998 on the eve of the 12th Chernobyl anniversary, Head of Minsk Delegation and the President of the Belarus Red Cross held a press-conference on Chernobyl programme. About 15 journalists representing the major Belarus newspapers, radio and TV teams attended the conference and were informed about the results of the CHARP's activities and future plans on the programme's continuation. The important role of European Union and its long lasting support was emphasised as a valuable asset which contributed a lot to achieve high quality services rendered by the programme. A TV report with an interview of the Belarus RC President was broadcast on the National TV.

A workshop held for the personnel of the MDLs in Gomel, Belarus at the end of March 1998, was covered by the Belarus TV News Programme, national radio as well as local regional media. The names and emblems of the Red Cross and ECHO were present in the TV report. The press-release as well as interviews to newspaper and radio journalists were also mentioning the name of the donors.

In addition to the above, the personnel of the MDLs as well as local RC Chairpersons reported on participation in 20 radio programmes; 30 articles were published in the local newspapers; 1 TV programme was organised.

An Internet site construction was started. It will also contain an information on CHARP services and reflect upon the ECHO's contribution in coping with the nuclear disaster consequences.

8. Conclusions

During the period concerned, CHARP was working within a new phase which gradually increases the number of medical check-ups focusing on the thyroid gland examinations, as well as improving and expanding the PSS. Six new MDLs provided with sophisticated equipment and all necessary reagents, are operating in full swing, providing high quality of examinations. A new feature of CHARP activity is that now multivitamins are supplied together with some medicaments, including L-thyroxine, which is extremely needed by the people with thyroid gland pathologies. Unfortunately, the local pharmaceutical industry does not produce this kind of medicaments.

The medical and psychological screening obviously confirms a rather poor health state of the population from the affected areas. There is a high incidence of the thyroid gland pathologies and cancer, especially in children and persons who were children at the time of the disaster. The experts from research and scientific centres in the three countries involved in CHARP, as well as scientists from other countries, forecast that the highest rate of these illness is to be expected in the years 2005-2010. For instance, at the first International Seminar "Radiation and Thyroid Cancer" held in July 1998 in Cambridge University, UK, an American scientist, basing on their studies, presented a prognosis that it can be expected even more than 100,000 cases of this disease. This, along with deterioration in living

conditions and a drastic reduction in health and social welfare services throughout the former Soviet Union, point to a clear and compelling need for the Programme to continue.

According to the data collected by the MDLs, mostly people in remote radiation polluted areas were checked for the first time since the Chernobyl accident because the capacities of governmental services are critically limited nowadays. For instance, in Ukraine the Red Cross MDLs are the only mobile laboratories which are operating in the rural areas, therefore CHARP remains to be a unique programme because it provides the population with a vital medical and psychological assistance just on the spot.

The financial support from the European Community Humanitarian Office enabled CHARP to help hundreds of thousands of people, living at radiation polluted areas and to save many human lives. People appreciate it very much. Taking into account the fact that this kind of services of such level and quality will hardly be provided in the near future by the local Governments, given to the complicated economic situation in the three countries, for numerous beneficiaries living in the areas affected by the Chernobyl disaster, CHARP will remain the only possibility to get a necessary medical and psychological assistance.