

**International Federation of Red Cross and Red Crescent Societies**

**Minsk Delegation**

**BELARUS – RUSSIA – UKRAINE**

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

**THIRD EVALUATION MISSION**

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## EXECUTIVE SUMMARY

The explosion of the fourth reactor of Chernobyl Nuclear Power Plant triggered on the 26 April 1986, the worst disaster ever of the civil nuclear industry. Since 1990, the Red Cross National Societies of Belarus, Ukraine and the Russian Federation are conducting together with the International Federation of Red Cross and Red Crescent Societies an assistance programme known as Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) in the most affected areas.

The following is the report of the Third Evaluation Mission carried out in the three affected countries between 30th August and 10th September included. The mission was assigned the following objectives, namely: a) to review the programme's achievement since the second evaluation mission (February 1996) b) to review programme's impact on the NSs c) to make recommendations for the future of the programme, d) to examine a request from Moldova RC for screening of Chernobyl Liquidators living in Moldova.

Chapter two reviews the context in which the programme is developing and looks at significant changes that have occurred in the affected areas. These changes may affect the further development of the programme in the coming years, therefore it is important to monitor them.

Chapter three looks at health issues in the affected areas and in particular the thyroid gland cancer in children and adolescents. Other health problems are reviewed as well as the trends in their development. Health care delivery system is in a phase of transition and this affects further affected communities' health.

Chapter four review the activities of CHARP and its impact on communities through its various components. The key role of Mobile Diagnostic Laboratory is carefully evaluated. Critical issues regarding the programme's long term sustainability are raised as this is likely to be the major challenge for the years to come.

Chapter five deals with the important issue of rehabilitation. Post disaster rehabilitation is a complex process that requires thorough co-ordination between all parties involved. The NSs are only one among the partners involved in this process that must be lead by government authorities. Various projects also working in this sector are listed in this part of the report.

Chapter six reviews the recommendations put forward by the mission for further development of the programme. Long term sustainability has been critical for all these recommendations as the programme funding remains largely from external sources. Priorities were set in the various activities carried out by CHARP.

After the conclusion, Annexes are included to complement further the information of the readers.

# CHARP THIRD EVALUATION MISSION

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## 1. INTRODUCTION

The Federation's Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) has been implemented jointly with the Red Cross (RC) National Societies (NSs) of Belarus, Ukraine and Russian Federation since January 1990. Regular internal and external evaluations are part of the monitoring process of this programme, in order to keep its strategy close to the most cost effective one. More than three and half years after the Second Evaluation Mission visited the three affected countries, in February 1996, the Third Evaluation mission was carried out from 30 August to 10 September, 1999.

The mission was lead by Dr Jean Pierre Revel, Senior Officer Relief Health at the Federation Secretariat, Geneva, and consisted of the following: Prof. Pierre Pellerin, External Federation Consultant, Nikolai Nagorny, CHARP Co-ordinator and Dr Alexander Komov, CHARP Medical Co-ordinator. Since Participating NS were invited, Ms Daniela Hueber, German RC Desk Officer for Former Soviet Union (FSU) took part in the whole mission in order to familiarise with CHARP, a unique programme by many aspects. Participating NS. Representatives of the relevant NSs accompanied the mission during the visit of each country.

According to the Mission's terms of reference, the objectives can be summarised as follows:

- 1.1. **Review programme's achievement** since the last mission, in particular assess how the recommendations were implemented.
- 2.2. **Review programme's impact on NSs**, how these were affected through the programme's activity, in sectors as important as capacity building, health and disaster preparedness.
- 3.3. **Make recommendations for the future of the programme.** The mission must be concerned with the long term sustainability of the programme, and recommendations should be realistic.
- 4.4. During the Briefing session carried out in Minsk Regional Delegation, the mission was tasked with a fourth objective: to look at the request forwarded by both the Moldova RC and Embassy in Minsk to provide screening to Chernobyl Liquidators living in Moldova.

The detailed agenda (annex 1), together with full Terms of Reference (annex 2) are attached in annex.

At the end of the field visit, the general impression was very positive since it allowed to assess significant changes that occurred both in the context in which the programme is developing and in the programme's implementation as well. The following is the report of the mission elaborated on the basis that was agreed between all participants and including the recommendations that were discussed in detail with Jurgen Kronenberger, Head of Federation

Regional Delegation in Minsk and member of the International Chernobyl Co-ordination Committee (ICCC).

## 2. CONTEXT

As already mentioned in previous reports, as a result of the cross border effects of radioactive contamination, CHARP is one of the very few programmes involving different NSs from neighbouring countries. Since the collapse of the Soviet Union, in November 1991, these countries evolved with various political, social and economical dynamics. These lead to situations extremely diverse from one country to the other, sometimes within the same country, and often even from one region to another.

### 2.1. Socio-economical context

Since the last evaluation mission, it is clear that, economically, the situation has significantly changed outside the contaminated areas. Country and oblast capital cities are much more alive and trade is going on. However, one can wonder who can afford the luxury articles displayed in most of the shops.

Outside capital cities, the steady decline of the economy is equally obvious with increasing numbers of outdated factories closed down and rusting equipment. In contaminated areas, the situation is even worse as the mere production from these regions is suspected radioactivity contaminated. Polessje, the broad region contaminated is already first among the poorest of the rural regions of these three countries. It was of particular interest to review the contaminated areas in the three affected countries at the end of the summer, when agricultural activities are at their maximum.

In the still state owned collective farms, continuously decreasing access to fertilisers and pesticides further reduce the production. Main activities include milk and meat production in collective farms, plus some subsistence agriculture in private family garden. Family gardens produce mainly potatoes and vegetables (such as cabbages, pumpkins, cucumbers and onions) which can be stored for consumption during the coming winter. Traditionally, and during the short summer and fall periods, the population is used to complement its diet with the "gifts from the forest", mushrooms and berries, as well as some game. Since most of these are collected in areas where caesium accumulated after the disaster in April-May 1986, careful information is needed on their actual health effects.

### 2.2. Effects of the norms for radioprotection

Initially created to prevent or limit radioactivity health impact, the norms for radioprotection, when used too drastically, may have a counter-productive impact in the long term. The debate is still going on between those who think that norms should be eased and those who think that, in the contrary, they should be further sharpened. However, recent developments and discussions in the scientific community may result in significant adaptation of these norms in the years to come. If adequately translated in the reality, these may ease the situation of quite a lot of the affected communities.

It is worth looking carefully at the stigmatisation resulting from some mis-information about the norms application. To sharpen the norms more than internationally accepted levels indicates a high degree of care for the population, but one must wonder: at what costs? In most cases, this will result in the exclusion of large quantities of locally produced food stuff which, with a low

level of caesium, could be consumed without any real health impact. This exclusion from the market has a direct economical impact as it limits the income of producers.

Economically, if this is the only reason for local agricultural production to be rejected, this will further reinforce the stigmatisation of the region and its people. This will accelerate the already existing vicious circle leading to further impoverishment of these already poor communities. By all means, one should avoid this secondary victimisation and, on the contrary, start the process of rehabilitation through careful education and information of affected communities. The final decision in this regards lies with the Governments and Red Cross NSs have only a limited role to play in informing them as well as the communities. The role of the media, both local and external is critical in this regard.

### 2.3. Demography

Population in these regions is affected by two mechanisms which have lead to negative crude growth rates for several years. The decrease in the birth rate started long ago and is now lower than the mortality rate. This results in an overall ageing population with varying severity in the three countries.

On top of this, the migration of youngest and most educated people from rural areas to urban and peri-urban areas lead to further vulnerability of the rural communities. It is of particular importance that people migrate mainly for economical reasons. Even though salaries in remaining factories are low and paid with long delays, they are always higher than in rural areas. Business is only emerging and may be subject to a lot of disillusion in most cases...

A second level of migration might be represented by those young and most educated people leaving their countries once employed by international business companies or international organisations...

### 2.4. RC Branches

This downgrading spiral also affects the Red Cross National Societies through sharp reduction of their membership. In some oblasts, the trend was stopped or even reversed some years ago, but in others, due to lack of programmes with sufficient visibility, Branches are still suffering a lot.

According to reports and testimonies collected during the various meeting held during the mission, through its various components, CHARP has significantly contributed to the visibility of RC branches. Various training have been organised both for MDL's technical staff and branch leadership. To ensure adequate data management and reporting for the programme, each RC Branch received up-to-date office equipment contributing to further increase their effectiveness.

The MDLs are well known and enjoy an extremely high and rewarding reputation in each oblast where they are working; this goes from the authorities to the communities living in the most remote areas. Regular media coverage ensured the dissemination of the emblem in most communities.

Where it is implemented, CHARP Psycho-Social Support (PSS) Programme contribute even further to the capacity building process as it develop knowledge and skills relevant to other RC programmes, such as First Aid, Social Welfare, Visiting Nurses and Disaster Preparedness. It further create links and networking with other non RC professionals. For these reasons, it is reasonable to foresee further development of this component and possibly its integration in NSs' long term development programmes. It is reasonable to develop PSS as a service delivery of the NSs within their capacity building framework. A PSS Focal point should be established in order



to provide technical advice for all programmes run by the NSs. In such a set up, both PSS and capacity building would benefit mutually. On the other hand, this may be expected to contribute to fund-raising and increased quality in the delivery of humanitarian work.

Though part of CHARP set-up, PSS was not reviewed during the mission as it had been subject to a special evaluation mission in January, 1999 (report available upon request at Federation Secretariat, RHS).

#### 4.2. MDLs' activities

All the detailed activities of the six MDLs are included into the reports put together by the CHARP Medical Co-ordinator (full copies may be made available on request). However, one should be very cautious before making comparison, since CHARP is not a scientific project. Because of its humanitarian mission, aiming at providing as many people as possible with full medical check-up, MDLs do not survey each year the same population, therefore population samples are by no means comparable. In terms of thyroid pathology, and in particular cancer, huge discrepancy exist from one area to another. Better targeting of MDLs activities based on contamination by radioactive iodine is not possible at this stage as the mapping for radioactive iodine is not available. Due to the short half life period of iodine radioisotopes, overall monitoring and mapping of its contamination was not possible in due time.

##### 4.2.1. *Thyroid Gland screening.*

To detect pre-cancerous stages and/or cancers when still small is absolutely vital to ensure treatment with best survival rates. Initiated at the beginning of 1994, this activity remains the corner stone of the MDL's work. It aims at identifying at its early stage the development of a cancer so as to ensure most effective treatment. Results for the first semester of the last three years are presented in the table next page.

Of particular interest is the report from Brest, where the MDL started its work in October 1997. In the period covered by this table (January to June) there is a significant difference between 1997 and 1998. If this difference decreases in the near future, it may be seen as a "bias of search" This shows probably how effective is active detection by MDLs in identifying cases that would have probably gone un-noticed otherwise.

### 3. HEALTH ISSUES

General health situation of the population in such a context must be carefully assessed taking into consideration both the background conditions and the direct effects of Chernobyl disaster. One of the most striking characteristics is the development of vicious circles which constantly aggravate the situation.

#### 3.1. **Thyroid gland cancer**

Since it was first mentioned in Belarus in 1991, significant increase in the thyroid cancer in children and adolescents is the only disease so far that can be related to the Chernobyl disaster. This increase can be explained by the conjunction of several specific factors, which taken independently would not have had such a dramatic effect.

Among these factors, widespread chronic iodine deficiency in the population played a major role. The massive amount of radioactive iodine released by the explosion in the fourth CNPP reactor was very quickly absorbed by the thyroids in need for iodine. Delayed or lack of effective counter measures such as the total ban of the milk consumption and the provision of stable

iodine have added to the toll. Children who were between 0 and 2 - 5 years of age at the time of the disaster were the most affected by the contamination through radioactive iodine. It is in this group that highest figures for cancer are now reported.

So far, due to thorough screening and active detection of these cancers at an early stage, the mortality remains low: around ten children and adolescents are said to have lost their lives over a number of more than a thousand cases in this age group.

The significant increase over the last nine years in the number of cases in the oblasts covered by the programme are summarised in the table N°2 (Annex 4) where consolidated data are provided.

Of particular interest is the increased number of thyroid gland cancers with lymph nodes and further metastasis extension reported to the mission whilst in Rovno, and repeated in Kiev, in young adults between 20 and 30. So far, both confirmation of this fact and the direct link between these tumours and the disaster have not been established; but it requires further investigation.

Besides the cancers, signs of thyroid dysfunction are widely reported in the screened population. Increased levels for auto-immune thyroiditis and various levels of enlargement of thyroid gland are reported in all age groups. These may be related to on going problems of iodine deficiency. Provision of stable iodine at prophylactic levels is said to be organised, but no clear information was given on the quality control and monitoring of this programme.

### **3.2. Other health problems**

In Former Soviet Union, (FSU) health concern was a top priority. Among other things, this resulted in very strict and restrictive definition of "Healthy Children". Nowadays, in Belarus, only 10 to 15% of the children are said to be healthy and therefore 85 to 90% are "NOT healthy" which lead to all sort of health complaints.

Economical restrictions and decreased food production lead to poor hygiene and diet. Climatic hardship makes it impossible to have locally produced vegetables and fresh fruits several months per year, causing vitamins deficiency. Among adults, alcohol and tobacco consumption is significantly increased and this lead to heavy death toll, either through diseases such as cancer or through accidents.. In this regard, men are far more affected than women, and this is increasingly affecting young generations.

Serious threats are to be taken into consideration in the overall health situation. Dissemination of multi-resistant tuberculosis, HIV/AIDS and drug addiction have not yet reached the Chernobyl affected areas but in large cities, they start to be a real problem. Lack of adequate funding in the most vulnerable populations prevent any consistent treatment to be carried out, increasing the risk for dissemination and resistance.

Health care delivery system is also affected by financial cut-off. Once developed up to remote villages, health centres and rural hospitals are now facing crucial shortage of staff, drugs and equipment is not maintained any more as it was then. In some cases humanitarian donations contributed to bridge some gaps but the long term sustainability of this system is very questionable. Lack of qualified health personnel is also a major problem in district hospitals and rural health centres.



Red Cross Visiting Nurses Programme (VNP) was once a flagship programme of the NSs in FSU. It is facing serious budget difficulties and in all countries, the number of nurses has been significantly reduced, a result of finance drastic reduction. There is an urgent need to revitalise this programme, taking into consideration the increasing needs that cannot be met by Ministry of Health structures and the high potential of NSs. In some oblasts and in many rural communities, there are no more Visiting Nurses, therefore, the NS's visibility is seriously questioned in these areas. Unless the programme is revitalised through new agreements with Ministries of Health, active search for funding and new training programmes, one can fear that this programme will disappear when the last Visiting Nurses will retire.

#### 4. CHARP ACTIVITIES

Since 1992, most of the programme's activities rely on screening for diagnosis with immediate feedback of information to the persons who were checked. This is carried out through the unique system of mobile teams.

##### 4.1. The Mobile Diagnostic Laboratory (MDL) concept

In order to provide maximum efficiency to the screening of affected populations disseminated over large areas, the concept of MDL was developed. In 1992, it included a whole body monitoring equipment to provide information on the level of radioactivity in the body. In 1996, the 2nd Evaluation recommended to discontinue this type of measurement as this was not cost effective and not sustainable in the long term. In the second term of 1997, the "New MDL's" were put into service in the oblast of Brest, Gomel and Mogilev, in Belarus, Rovno and Zhitomir in Ukraine, and Briansk in the Russian Federation.

This approach is praised by all health authorities met during the mission. *"No other cost/effective alternative to screening exist than MDL"*, said Prof. Mikolay Tonko, Director for the Ukrainian Institute of Endocrinology in Kiev, who continued: *"The work done by Red Cross MDLs is extremely useful"*. In most of the meetings with Oblast Officials, a request to extend the service and add new MDLs was handed over such as the one in Briansk, (Annex 4).

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*Table 1: MDL suspected cases of thyroid gland cancer, (adults and children) from January to June, 1997 to 1999.*

	1,997		1,998		1,999		TOTAL	
	<i>Adults</i>	<i>Child.</i>	<i>Adults</i>	<i>Child.</i>	<i>Adults</i>	<i>Child.</i>	<i>Adults</i>	<i>Child.</i>
BREST	4	0	37	5	32	4	73	9
GOMEL	0	0	1	6	0	0	1	6
MOGILEV	0	0	6	2	6	0	12	2
ROVNO	1	0	8	0	4	2	13	2
ZHITOMIR	0	0	0	0	0	0	0	0
BRIANSK	0	0	0	0	5	1	5	1
TOTALS	5	0	52	13	47	7	104	20

Looking at the rate for confirmation of diagnosis, in four out of six MDL teams, it is above 90%. In the remaining two, problems in counter reporting have been identified and will be addressed through regular contact with Ministry of Health relevant services. This is the best way to evaluate on a regular basis the quality of the service provided to affected communities.

#### *4.2.2. Other medical examinations*

Together with medical examination, blood and urine examinations are also provided to all persons attending the MDL's. In some of the villages, this is frequently the only thorough medical check-up received since years by local populations. The mission witnessed the case of a 42 year old man who has never been checked since 1990.

Results presented by the CHARP team show very high rates of complaints, standardised per 1,000 persons. Although this is to be put in perspective with the above mentioned strict definition of "Health", several questions are to be raised by such high figures.

♦3 Is this really a reflection of population's physical condition? Or is this a way to express psychological stress; somatisation being a culturally acceptable way to complain?

- ♦3 Is there a bias introduced by the MDLs' team who want to show how effective they are and play the high number of complaints and symptoms against the health status of the population?
- ♦3 What causes could rationally explain such high rates?
- ♦3 Finally, how to improve such a situation?

The problem is that with less and less resources available for health, it will be more and more difficult to bring the traditional solutions and we'll have to find innovative ways to address this issue.

#### *4.2.3. Provision of drugs, multivitamins and milk powder*

Since the beginning, CHARP's action was complemented with distribution of clean milk powder and multi-vitamins to prevent further deterioration of the nutritional status of a limited number of children hosted in institutions. The overall efficiency of this intervention must be re-assessed against the costs (both direct and indirect) that have significantly increased in the recent years.

Request for increased provision of drug, in particular L-thyroxin for substitution, was forwarded more than once in all three countries visited. Again, this must be carefully assessed since other NGOs claim to distribute this drug. Further investigation is under way.

#### *4.2.4. Training programmes*

CHARP had new equipment and procedures introduced which required further training of the staff. Even though the first years witnessed a high turnover in the staff, we have now reached a phase in which MDL teams are very stable and the long term investment in training pays off. The result is homogenous teams with high technical qualification and equal concern for the quality of the work produced. This in the long term is benefiting to the communities and the RC Branches.

Regular updating of knowledge as well as training for new techniques when these are introduced should be maintained.

### **4.3. Sustainability and funding of the programme**

Since the 1996 Evaluation, the long term sustainability of the programme has always been a major concern of ours. The 4th recommendation clearly recommended that Operating NSs take amore important role in the funding of the programme. In March 1998, the Extended ICCO Meeting held in Kiev, further reinforce this recommendation with a plan for funding where ONSs would have an increasing role. Unfortunately, due to major financial crisis, neither Governments nor ONSs have been able to commit themselves for increasing support. In Belarus, the Government was informed about the financial situation of the programme and the need for increased local participation.

In the mean time, ECHO who has been major donor since 1994, announced its decision to pull out in spring 1999. Further discussions with ECHO did not result in any "Phase out process". Therefore, in June 1999, a donor meeting took place in Frankfurt to ensure funding for the end of the year. Together with reduction of some activities, adequate funding must be actively sought for with other "Non-traditional donors" in order to ensure continuation of the screening programme until the children of the group most at risk have reached the age of 20, which should be in the year 2,006. At that time, international scientific community is anticipating that if no other disease is detected, the file may be closed.

## 5. REHABILITATION

Post disaster rehabilitation is a complex process aiming at restoration of affected people's living conditions, either as close as possible to what they were before the disaster or, if this is not possible, to conditions in which affected communities can do the best out of their daily life. It requires thorough co-ordination between all parties involved. The NSs are only one among the partners involved in this process that must be lead by government authorities. Though we are still far from the date of closure and since the disaster occurred more than thirteen years ago, rehabilitation of affected communities should now be a priority for all partners: authorities, communities, but also humanitarian organisations and the media.

### 5.1. Role of the governments

Since Governments have the overall responsibility for the liquidation of the Chernobyl consequences, it is their role to initiate major actions so as to move into rehabilitation. Since by mandate, RC NSs are auxiliary to government authorities, it is not in the mission's intention to brief on what should be done. However, it might be important to share our findings and highlight what seem to be our priority sectors.

First sector to be tackled will be economical consequences through the impact on local food production, since most of the affected areas are rural. In this regard, as already mentioned, the discussions about norms of radioprotection will be critical. Governments convinced of the accuracy of the norms as they are likely to be recommended in the near future, should start preparatory work. Careful education and information should be provided through various channels, on the health effects of caesium and the acceptable limits of its consumption as prescribed by WHO. Depending on the levels of remaining radioactivity in least contaminated areas, the decision to start (or restore) agricultural production may be considered. For those volunteering, incentives in the form of fertilisers and equipment must be provided for during several years as a lot of work has to be done to fully rehabilitate areas which have been left unattended for more than ten years...

### 5.2. Role of the media

Several studies have demonstrated the critical role of the media in building up or on the contrary decreasing the stress related to radioactivity (B.M.Sjoberg). One of the primary rule for all messages should be consistent and take into consideration Hippocrate's well known address: "do no harm!" In particular it is important to avoid conveying any message that may result in secondary victimisation of people living in the affected areas. Too often, it is thought that describing negative images may help affected people as this will bring sympathy or material assistance.

Careful education and information could be also provided to external communities in order to prevent stigmatisation and negative attitude towards those who live in affected areas.

### 5.3. Role of the RC branches

In FSU as in any country in the world, RC NSs have a unique network to sustain efforts for rehabilitation. VNP, PSS and Disaster Preparedness can play a significant role in the dissemination of the messages. Through community mobilisation, they can restore confidence and contribute to reverse the negative trends. In this regard, CHARP is leading the way since the beginning by demonstrating through the medical screening the resilience of affected



communities, even though the number of reported complaints is high. PSS is boosting this effect through encouraging experience sharing and active listening.

#### **5.4. Other projects**

The number of projects focusing on the rehabilitation of the affected areas is rather limited. Most of them have limited scope or geographical coverage. The mission was able to hear or visit the following.

##### **5.4.1. ETHOS Project**

The mission visited in Olmany (Stolin District, Brest Oblast, Belarus) the pilot project implemented by the French Firm ETHOS with a view to facilitate the rehabilitation through careful monitoring of the levels of radioactivity in the environment. Limited in its scope and its geographical extension, this programme is focusing on education and information and is implemented through the schools. Its budget is relatively high compared to the number of people involved and it would be interesting to have a "Less expensive" version so as to see how it easily can be replicated. Since it is mainly depending on external funding, and in particular European Union, its long term sustainability is at risk. The pilot phase is now over and a project proposal is now submitted to have the same methodology extended to the whole rayon. 50% of the funding is now secured according to the director of the French institution and there is a keen interest to co-operate with CHARP in the implementation of this second phase. A possible sector for co-operation could be the training and information to the community, an area also tackled by the other project: GERIRAD.

##### **5.4.2. GERIRAD Project**

Somehow at the opposite of the previous one, GERIRAD project is a research project carried out by a consortium of universities and looking at the affected population's knowledge on radioactivity. Field visits and surveys were carried out in Mogilev Oblast and RCMDL team was interviewed in this process. The pilot phase was concluded in the summer 1999 and the report was circulated just before the mission started. It includes some interesting recommendations on education messages to be disseminated through school and other community network.

##### **5.4.3. UNESCO/OCHA Psycho-social Rehabilitation Programme**

Probably the oldest programme of its kind, the UNESCO Programme was first contacted in November 1996 during the initial needs assessment mission for CHARP/PSS. Its main characteristics is to rely on fixed community centres which have been thoroughly rehabilitated. Budget is also a major issue and since UNESCO has pulled out, the programme's funding was taken over by OCHA. Two more centres are planned to be opened in the near future. Most of the times, budget for centres' rehabilitation is coming from external sources.

## **6. RECOMMENDATIONS FOR CHARP**

Since CHARP has been recognised as a unique programme which needs not only to be continued but even extended, the following recommendations have been proposed in order to ensure CHARP's long term sustainability. The various components of the programme have been carefully reviewed and priority has been set and the core activities have been identified. These are the one to be continued by any means.

### **6.1. Continue Screening for thyroid gland cancer**

Since thyroid gland cancer is so far the only health consequence from Chernobyl disaster, early detection and treatment of this cancer MUST be ensured. Through the MDL strategy, CHARP gained recognised expertise which MUST NOT be lost. Health check-up as a complementary

service offered to the community must also be continued increasing the cost/effectiveness of the MDLs.

The equipment provided in mid 1997 are still in perfect working condition. In remote areas, efficiency can be further boosted by provision of a stabilised power supply that would prevent damage to the QBC lamps and other electronic equipment. It is anticipated that this equipment could be still working for another three years provided running costs are adequately covered.

It must be emphasised at this stage the importance of keeping the programme going as an extremely effective tool for screening and detection, thus carrying out a role of secondary prevention. In the case of another nuclear accident, this will represent an invaluable tool for immediate action and screening of affected population. There is a disaster preparedness component that must not be overlooked.

As mentioned by a mission member, this programme demonstrates the capacity of the NSs to run in a cost/effective way a technically sound programme. It is clearly adding value to the local capacity.

## **6.2. PSS, Education & information programme**

One cannot foresee any effective personal rehabilitation if anxiety is still wide-spread among the population. One way to reduce this is to combine psychological rehabilitation with information and socio-economical incentives. In this regard, the positive image of the RC may be an important asset to mobilise the community. Several components are to be developed.

**6.2.1. Psychological rehabilitation** must be at the top of priority list for everyone. RC NSs should play a significant role in developing PSS into service delivery within other RC programmes among which VNP will be a key element.

**6.2.2. Dissemination of adequate messages** will be of utmost importance. In this regards, clear signals can be given in the CHARP Newsletter published by the Federation Delegation in Minsk.

**6.2.3. NSs should initiate discussions** with all relevant ministries and media to start co-ordinated programmes for rehabilitation in all three countries.

## **3. Drug supplies (L-thyroxin & multivitamins)**

Though there was a constant pressure from various authorities to continue these supplies, careful revision must be done to check whether duplication exist and how to prevent it. The mission is of the opinion that these supplies should be kept as a second rank priority and considered if specific earmarked funding is provided for or once the two core activities are adequately covered. Regarding the supply of multivitamins, it should be preferred to supply limited number of vitamins (A, C and D at the minimum, possibly the B Group) in quantities that cover most of the daily requirements, to which some micro-nutrients (iron and folic acid, stable iodine if it is not already supplemented in the daily food) could be added. Most cost/effective procurement must be sought for so as to cover month from December to June when the diet is poorest in fresh vegetables and fruits.

## **4. Milk powder distribution**

Because of its limited impact and its high direct and indirect costs, the mission recommend to discontinue the distribution of this item in order to save money.



## 5. Administrative management

Since the programme is running smoothly, administrative management is also a sector where some saving can be done. The mission recommends that more telecommunication is used and less ICCC as well as Working Group meetings are taking place. The proposal is to have meetings twice a year, for longer periods if necessary in order to cover the entire agenda set for each meeting.

Since CHARP's funding is competing with an ever increasing number of relief programmes after all kinds of disasters, it is of utmost importance that both Governments and NSs from affected countries show their deep commitment to continue the programme. The recommendation for more involvement of ONSs remains valid and must be re-iterated. New network of sponsors, both local and external must be explored.

## 7. CONCLUSION

At the end of its long field visit, the mission's opinion can be summarised as follows: after more than nine years of existence CHARP remains a unique programme which achieves its objectives. The 3rd Evaluation confirmed the positive impression expressed by the 2nd one as well as the ECHO evaluation that was carried out in March 1996.

In the 3 affected countries, authorities praised the role played by CHARP and call for more MDLs to be put in service. This high appreciation is to put to the credit of all RC and MDLs' volunteers and staff who work tirelessly, sometimes in difficult conditions, to carry out their humanitarian task of screening and feedback of information.

CHARP is going to face the challenge of sustainability. Financial basis remains fragile and must be further strengthened. Based on the budget estimates for the coming years provided by the Delegation, active fund raising must be undertaken both internally and externally. This can be successfully taken only by seeking new approaches and investing more in rehabilitation. Links with other components of the programme, such as PSS, or other programmes like a revitalised VNP, must be further developed so as to guarantee the transition to rehabilitation.

**At the end of this report, the mission would like to express its gratitude to all those who have contributed to make it successful. Our thanks should be conveyed to numerous RC Volunteers and Members who, through their commitment and dedication, make the programme what it is and who achieve quite a lot over the years. Federation Regional Delegation in Minsk must be praised for the work carried out in monitoring and co-ordinating the resources between the NS of Belarus, Ukraine and the Russian Federation. Their role was critical for achieving the objectives of the mission. Each and everyone can take pride in what has been achieved and must find the resources to achieve even more in the near future.**

## ANNEX 2:

### TERMS OF REFERENCE FOR 3rd EVALUATION MISSION

#### 1. INTRODUCTION and HISTORICAL BACKGROUND

Further to the request for assistance from its 3 affected National Societies (NSs), the Federation Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) was launched in 1990. Since then, with the direct involvement of the operating NS of Belarus, Russian Federation and Ukraine, it is continuously working at community level, even in most remote areas to provide assistance to people living in most contaminated areas.

This programme is the first and unique of its kind and one of the very few (if not the only one) which has such a long history. Given the specific type of this disaster, adaptation are required from time to time. In the process of developing this programme, tremendous amount of information has been accumulated which could benefit both to local communities and to the international community. On going evaluation, as part of the normal monitoring process of any programme, must be carried out on a regular basis. This document sets the terms of reference for the 3rd evaluation of this type following the ones undertaken in October 1993 and February 1996. The current evaluation should cover these issues.

## **2. BACKGROUND INFORMATION ON THE CONTEXT**

More than 13 years after the explosion, the consequences of the Chernobyl disaster continue to unfold into a rapidly changing socio-economical context. This has some implication on the way the programme is carried out. Three major areas are to be taken into consideration.

### **2.1. Socio-economical context**

Since 1991, the Soviet system no longer exists and the structures and public services in which the affected communities were living have disappeared one after the other. Health care system is among the first to be affected. Buildings are not maintained any more, health professionals have left the most remote areas and shortages in drugs supplies are regularly reported since many years.

Contaminated environment limits or prevents adequate production of safe food products. Agriculture is also affected by the economical declines, fertilisers and pesticides are less and less affordable to collective farms. In the other sectors, industry in particular, lack of employment and delays in salary payment increase tremendously the number of vulnerable people. As a result, accessibility to basic food commodities is also limited to an increasing number of people, in particular in rural areas. This is further aggravated during long winter periods. The open economy sector remains extremely fragile and it has yet to prove its impact on day to day life.

### **2.2. Information on radioactivity levels**

Radioactive fallout continue to decrease through natural decay process. However, following the example of radioactive 131 Iodine, it must be stressed that health impact may appear even years after the radionuclide has completely disappeared from the environment. Today, people living in contaminated areas remain exposed to 137 Caesium. Strontium 90 and plutonium 239 are located in heavily contaminated areas, next to the forbidden zone, in which human settlements are not tolerated.

Norms of radioprotection as set by international institutions may have also an impact depending the ways they are being used and implemented. Too strict limits would exclude too much people from agricultural land, adding to the burden of people. Discussion going on at international level may lead to a revision of the norms, but this is not foreseen within such a time frame that could influence significantly the next years of CHARP.

### **2.3. Other relevant programmes**

Since many years, CHARP is a member of the UN Interagency Task Force on Chernobyl, being regularly invited in mission, meeting and any major events. Active collaboration with the WHO Thyroid project, based in Minsk, has been going on since the beginning of this important epidemiological programme. In the recent years, CHARP was approached by various organisations or institutions to develop collaboration. Among those, the ETHOS Project has demonstrated some relevance to our work and further collaboration with might be considered. (N.B. ETHOS Project is an EU funded pilot project based in Stolín, a small village of Brest Oblast in Belarus, and ran by a private

company based in Paris. It aims at looking at the various possibilities to decrease the levels of radioactivity in the immediate environment of affected people, so as to facilitate the rehabilitation.)

### 3. OBJECTIVES OF THE MISSION

The objectives of the current evaluation mission can be summarised as follows:

1.1. **Review programme's achievement** since the last mission, in particular assess how the recommendations were implemented. The mission should look at the various sectors of activity of the programme, including Mobile Diagnosis Laboratories (MDLs), drug and food supplies, Psycho-social Support Programme (mainly its integration with MDLs activity) and training component.

2.2. **Review programme's impact on NSs**, how these were affected through the programme's activity, in sectors as important as capacity building, health and disaster preparedness. Links with relevant national and international institutions and bodies should be explored as well.

3.3. **Make recommendations for the future of the programme.** The mission must be concerned with the long term sustainability of the programme, and recommendations should be realistic. They must provide detailed information for the future orientation and development of the programme, including a possible time frame. They must provide scientific justification for the activities of the programme, namely screening, provision of micro-nutrients and psycho-social support programme.

### 4. METHODOLOGY

To carry out this mission, several activities will be implemented. These can be listed as follows:

#### 4.1. Literature review

The programme has produced over the years quite a lot of detailed reports, these must be critically reviewed and recommendation must be made for making them more relevant to both the Federation's goal and objectives and to the benefit of the affected communities.

#### 4.2. Field visits, meetings and interviews

This will include meetings in the three capital cities as well as directly in affected oblast, with representatives of authorities. Special attention will be paid to the Oblast of Brest (Belarus) where new MDL has been introduced since the last evaluation mission. Detailed interviews will be conducted with both authorities and beneficiaries to assess how the programme can best address their needs.

#### 4.3. Tentative dates and agenda.

Depending on confirmation of official days off, possible dates for the mission would be between 30 August to beginning 10 September 1999. Agenda is to be further elaborated. Mission must agree on the recommendations during September and should produce its detailed report within one month after completion of the mission so that it may be disseminated to all interested PNSs.