

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

Chernobyl humanitarian assistance & rehabilitation programme (CHARP), Belarus, Ukraine and Russia

Appeal no. 01.81/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Below: click on programme title to go to relevant text and figure to go to programme budget

Programme title	2004 in CHF
Strengthening national societies	
Disaster management	873,776
Total	873,776²

¹ Identified by blue in the text.

² USD 666,000 or EUR 563,000.

Context

The Chernobyl power plant explosion on 26 April 1986 was the world's worst civil nuclear industry accident. More than 17 years on, the terrible legacy of this disaster still affects vast parts of Belarus, Ukraine and the Russian Federation. Tonnes of cancer-causing isotopes spewed into the atmosphere above northern Ukraine and around the world. Radioactive pollution in Belarus, Ukraine and the Russian Federation covers an area three times the size of Denmark. The United Nations (UN) estimates that almost seven million people continue to live in contaminated areas.

The health consequences continue to be studied. To date the only pathology that can be attributed to the radiation exposure is an increase in thyroid cancer among individuals who were children at the time of the accident. The thyroid cancer incidence rate among people exposed to radioactive iodine stands at 100 cases per 100,000 people, 16 times higher than in non-affected countries. Scientists predict that the incidence will peak during 2006-2020. The psychological and social impact on the population living in contaminated areas is huge. Their plight has been highlighted at numerous international Chernobyl conferences.

Since 1990, the International Federation together with the national Red Cross societies of Belarus, Ukraine and Russia have been running the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) to address basic health needs of those living in highly affected regions of the three countries. The social-economic difficulties that have arisen since the break-up of the Soviet Union have added to the tragedy, rendering those affected by Chernobyl even more vulnerable. For most, the Red Cross is the only organisation providing health support and medical advice, and, most importantly, screening for radiation-induced health effects.

The **goal** of CHARP is the provision of thyroid health screening and psychological support to the affected population to reduce and mitigate the impact of the disaster. The programme **objective** is to identify as soon as possible thyroid gland cancer and other thyroid pathologies of people in the most remote areas, where state health authorities have little, if any, capacity. The Red Cross programme is an attempt to bridge the detection gap. It focuses on high-risk groups: those who were under 18 years at the time of the accident as well as those who still live in highly contaminated areas. The services are rendered by six mobile diagnostic laboratories, three of which are situated in Brest, Gomel and Mogilev regions of Belarus, two in Rovno and Zhitomir regions of Ukraine and one in Bryansk region of Russian Federation.

The national Red Cross society CHARP teams carry out daily management, planning, budgeting, reporting and training of personnel. Each national Red Cross society has a CHARP coordinator at its national headquarters. At regional level, the chairpersons of regional Red Cross committees undertake management where the mobile diagnostic laboratories are based in coordination with local authorities and specialised medical dispensaries. The Federation's delegation, via the CHARP programme coordinator, coordinates and facilitates humanitarian efforts to improve the lives of those affected (For further details, refer to the Coordination, Management and Strategic Partnership section.)

After 13 years of programming, CHARP specialists have accumulated unique practical expertise, such as providing medical screening in remote areas, rendering psychosocial support and performing fine needle biopsy in the field. The result is quality and cost-effective services to the most vulnerable population. From the beginning, the programme has contributed towards a better understanding of how to: support the affected population; establish ways of early detection of serious disease; improve quality of living; and provide necessary psychological support. It has also highlighted the important role of the Red Cross and Red Crescent in the preparedness for and response to technological disasters. This expertise is available to others, if ever needed, through the International Federation and national societies engaged in Chernobyl.

Red Cross and Red Crescent Priorities

National Societies Strategy

Within hours of the Chernobyl disaster, the Red Cross national societies of Belarus, Russia and Ukraine were assisting the affected population.

The Chernobyl programme is among the most important areas of work for the three national societies, in terms of service delivery and building organisational capacity. CHARP has revived a number of the Red Cross branches and increased their visibility. In 1998-99, computers and other office equipment supplied within the CHARP

programme to the regional Red Cross committees improved their operational capacity. In addition, the Federation delegation organised numerous workshops and training courses for Red Cross workers on the most up-to-date techniques in providing appropriate medical, psychological and social assistance.

Existing visiting nurses networks of the Belarus and Ukraine national societies have been involved in health and social support to vulnerable population groups in areas affected. These nurses provide social and psychological assistance either at home or in medico-social centres. The services are complementary to those of the mobile diagnostic laboratories doctors. Red Cross volunteers, predominantly from pedagogical and medical institutions, are also trained and involved in these activities. Unfortunately, in the Russian region of Bryansk, the visiting nurses service ceased in 1997 because of a lack of funds.

Together with the authorities, the regional Red Cross branches in all three countries fund part of the running costs: Red Cross office rentals, fuel and vehicle maintenance. However, the ongoing economic crisis has delayed efforts of national societies and local governments to strengthen local sustainability. Efforts are ongoing to ensure greater local resources to support affected populations in the three countries. But continued international support to Red Cross branches is still needed for the time being.

Movement Context:

The Chernobyl disaster continues to affect the lives of those living in affected regions. In recognition of this, CHARP has continued to receive support from a number of national societies: British and German Red Cross funded the programme in the initial stages. Danish, French, Japanese and the Netherlands Red Cross joined later. The Finnish, Icelandic and Austrian Red Cross Societies also offered support. In addition, the European Commission's Humanitarian Office (ECHO) was a major donor from 1994 to 1999.

At present, the main CHARP donors are the Netherlands Red Cross, the Japanese Red Cross, the British Red Cross and British Government/DFID, as well as the Austrian Red Cross.

A consultant provided by Netherlands Red Cross reviewed CHARP in 2003. The main conclusion was that the programme – even in its reduced extent limited to the screening of people on thyroid gland cancer – is relevant. The report found that CHARP addresses needs and should continue within objectives set by an evaluation in May 2002 (the fourth of the programme). One reason is that it provides complimentary cover to a health system, which, because of scarce resources, cannot cover all needs. The consultant recommended that CHARP modifies some aspects of management and is more integrated into local health systems to enhance sustainability (the full report is available on request). The Federation delegation is working with the national societies and ministries of health in the three countries to implement the recommendations.

Strengthening the National Society

1. Disaster Management

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Background and achievements

Over 13 years, CHARP has provided ongoing essential assistance to populations in remote areas. The support included medical and psychosocial help. After the 2002 evaluation, the programme was redesigned. It took into account the type of assistance required and the continued lack of government resources to provide assistance to all in need. The recommendations strengthened the focus on continued screening for thyroid cancer (palpation and ultrasound) of established priority groups (individuals who were 18 years old or under at the time of the disaster and living in highly contaminated areas). As well as thyroid screening, mobile diagnostic laboratories were to carry out diagnosis and treatment of ailments when necessary.

Detection of thyroid pathologies and, in particular, thyroid cancer in the early stages is extremely important, to ensure appropriate treatment. For that purpose, those attending mobile diagnostic laboratories for screening receive an ultrasound examination of the thyroid gland. If this is found to be abnormal they are referred to the nearest diagnostic centre where a thyroid biopsy is carried out. This determines whether the thyroid gland is cancerous. Since 1994, laboratory specialists have detected 504 cases of thyroid gland cancer (443 cases in adults and 61 in children). Specialised institutions confirmed these. The number of cancers diagnosed has increased every year, with 164 diagnosed in 2002.

A number of persons with abnormal scans cannot afford to attend the specialised centres for biopsy. The nearest diagnostic centres may be far away and transport costs are not provided. The programme is gradually addressing this by either carrying out a fine-needle biopsy (specialists travel to the field) or training mobile diagnostic laboratory staff to carry out biopsies on site. At present, specialists of the Brest mobile diagnostic laboratories are performing fine needle biopsies in the field. This has improved immensely the accuracy of diagnosing thyroid cancer. In 2004, CHARP is planning to provide training for laboratory specialists of Mogilev and Gomel mobile diagnostic laboratories (Belarus) to use this method.

In Bryansk (Russian Federation), a pathologist from the local diagnostic centre was included into the mobile diagnostic laboratory team to perform fine needle biopsies in district hospitals. This method is also suitable for Zhitomir and Rovno mobile diagnostic laboratories (Ukraine) because of local legislation. It is planned to negotiate and sign appropriate agreements with Ukrainian health care authorities concerning this issue.

Currently, a system of providing reliable follow-up for the patients, on the basis of closer co-operation between mobile diagnostic laboratory specialists and specialised medical institutions, is being developed. In particular, Zhitomir Red Cross branch has established electronic communication with the specialised institutions that supply information to the Red Cross on patients who were referred by mobile diagnostic laboratory doctors. This system is going to be extended to other oblasts. It will ensure reliable feedback within CHARP.

Between 1990 and 2003, CHARP assisted approximately 2,700,000 beneficiaries. It distributed 112 million multivitamin tablets to children in the contaminated areas. In total, 84,000 patients received social and psychological assistance. The mobile diagnostic laboratories examined 735,000 people. One-third of those checked were referred to medical institutions for further examination or treatment.

Overall Goal:

The health of the population affected by the Chernobyl nuclear disaster is improved.

Programme Objective:

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

Expected results:

- Six mobile diagnostic laboratories will have screened 90,000 people for thyroid gland pathologies in the target group of individuals who were under 18 years old at the time of the accident and living in contaminated areas.
- Prevention of death from thyroid cancer because of timely detection and referral to medical institutions for treatment.
- Stress and anxiety linked to radiation is reduced for 15,000 people annually through psychosocial support.
- Immunity is improved for 15,000 children living in highly contaminated areas through winter supplies of multivitamins containing C, D and B group with iron, folic acid and stable iodine.
- Red Cross national societies have well trained and equipped mobile diagnostic laboratory teams carrying out diagnosis and treatment of ailments of the affected population in remote rural areas of the six highly-affected regions of Belarus, Ukraine and Russia.
- The sustainability of CHARP is increased because of a new management strategy that hands over more programme responsibilities to Red Cross national societies and gradually integrates activities into the health care system.

[<click here for project logframe>](#)

2. Coordination, Management and Strategic Partnerships [<Click here to return to title page>](#)

Background and achievements:

The Federation's Minsk delegation was established in April 1996 to provide support to the national societies of Belarus, Moldova and Ukraine. At the same time, the delegation maintained a small representative office in Kiev, with the purpose of providing daily support, coordination and management of the CHARP programme, along with the Red Cross national societies of Belarus, Russia and Ukraine.

At present, the CHARP programme is supervised and coordinated by the International Chernobyl Coordination Committee (ICCC), composed of the presidents of the three Red Cross national societies (Belarus, Ukraine and

Russia Red Cross) and the head of the Federation's delegation in Minsk. The main tasks of the ICCC and the Minsk head are to develop programme strategy. The Minsk delegation coordinates strategy implementation in accordance with international standards and the role and policies of the International Federation. In these tasks, it works closely with all levels of the Red Cross national societies.

The programme coordinator based in Kiev carries out overall management. The day-to-day management of CHARP at the country level is through programme managers of the three national societies. At regional level, chairpersons of regional Red Cross committees run the programme where the mobile diagnostic laboratories are based, in conjunction with local authorities and specialised medical dispensaries.

The complete management and implementation structure is:

- 30 personnel of six Red Cross mobile diagnostic laboratories carrying out day-to-day medical screening and rendering psycho-social support in the field;
- Six oblast Red Cross chairpersons;
- Three national society programme managers;
- One health advisor; and
- One CHARP coordinator at the delegation dealing with overall programme management.

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

The Federation delegation and national societies have close connections with the ministries of health and ministries of emergencies (or corresponding ministries) in each country. The ministry of health coordinates its activities with mobile diagnostic laboratories. Good relations have been established with medical institutions as well as leading scientists dealing with Chernobyl-related issues in the three countries and abroad.

The Federation is a member of the UN interagency task force. Since it was launched, CHARP has maintained cooperation with several international agencies, including WHO, UNICEF, USAID, Japanese Sasakawa Foundation and others.

The Federation reference centre for psychological support, hosted by Danish Red Cross, renders essential assistance to this component of the programme. The UNESCO-Chernobyl programme provides training on stress, grief and coping. Other bodies lending support include the state pedagogical university (Belarus), the Belarus health psychology association and the Belarus-Dutch centre for information and health.

The programme management structure is currently being reviewed, after the May 2003 report. The new structure will consider a lack of staff as well as sanction the recruitment of a medical person to provide technical support and share responsibility of monitoring field visits. The programme coordinator will be able to focus more on strategy development, general planning, budgeting, monitoring and supervision. Job descriptions providing clear roles and responsibilities have been developed.

National society implementation of CHARP will increase, reflecting the findings of sustainability assessment. The direct role of the Federation will gradually decrease and instead focus on coordination of technical support, as well as assistance in planning, financial management, monitoring, international representation and advocacy. At the end of 2006, the role of the Federation will mainly be to coordinate partnership support to the programme.

The proposed new management structure and strategies were agreed at the International Chernobyl Coordination Committee meeting in September 2003.

Goal:

An improved programme through better coordination of resources, revised strategic direction and increased participation of partners in Belarus, Russian Federation and Ukraine

Objective:

Efficient and cost-effective coordination and management of partners and available programme resources, contributing towards provision of health screening to the target population, as well and other services, as determined by specific needs

Expected Result:

- The delegation provides effective support to the three Red Cross national societies in management, technical and financial support, programme monitoring and coordination with external partners.
- The delegation facilitates discussion on strategy, as well as a follow-up on the developments in the sustainability issues related to assisting the affected communities, through advocacy on increased participation of national societies and local government structures of Belarus, Russian Federation and Ukraine.
- The Kiev sub-office and Minsk delegation have an efficient, cost effective management of programme resources.

3. International Representation and Advocacy [<Click here to return to title page>](#)

Background

During the last few years, international concern on the human impact of the disaster has been marginalised by a surge of interest in finding a technical solution to the problem of the Chernobyl plant itself. The tragic impact of the disaster on lives requires constant international advocacy work. In addition, the role of the Red Cross in response to the long-term effects of the disaster needs to be constantly highlighted to ensure better political and financial support.

A UN report, “The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery”, issued in 2002 proposes that the international community adopts a new developmental approach in the second ten-year recovery phase. This aims to give individuals and communities control over their own future. The report underlines that the international community must accept a share in the responsibility for the future well being of those whose lives were blighted by the accident.

The Federation is a prominent member of the International Chernobyl Research and Information Network (ICRIN), a UN initiative to support the ongoing international, national and civil society efforts towards the sustainable development of the affected territories. It aims to do this by compiling, consolidating and coordinating relevant scientific research, as well as commissioning research when required. The ICRIN aims to contribute to improving the complex and diverse health, economic, social, cultural, humanitarian, ecological and agricultural situations in the affected territories.

Through its membership of the ICRIN steering committee, the Federation participates directly in governing the network's initiatives, its strategies, approving implementation plans and other related activities. The Federation is also an important player in defining the criteria for inclusion of other organisations on the steering committee. The Federation's active membership of ICRIN provides an invaluable opportunity to influence and advocate on the future of Chernobyl programmes, thus impacting on the lives of vulnerable people.

The Federation is evaluating its participation in the ‘Cooperation for Rehabilitation of living conditions in Chernobyl affected areas in Belarus’ (CORE) initiative – led by UNDP, several embassies and NGOs – which aims to improve coordination of programmes in affected areas of Belarus. CORE is closely linked with ICRIN.

Goal:

Federation participation in international forums on Chernobyl leads to wider international community acceptance of the contribution and work of the national societies and the Federation

Objective:

The profile of the Federation and local national societies has been increased through active participation in ICRIN meetings and activities, as well as working closely with other ICRIN partners within other international forums. The Chernobyl agenda is pushed in directions that support the needs of the most vulnerable people ensuring that lessons learned from Chernobyl are applied to victims of other radiation disasters.

Expected Results:

- The Federation is seen as a valuable ICRIN member, contributing towards its main objective, and named as such in international community reports.
- International organisations and governments see the Federation and national societies as strong implementing partners in cases that address needs arising from disasters caused by radiation.

Appeal 2004: Chernobyl humanitarian assistance and rehabilitation programme (CHARP) in Belarus, Ukraine and Russia

This appeal highlights the main aspects of the Federation's assistance programme in Belarus, Ukraine and Russia in relation to the Chernobyl disaster. It draws on a more detailed plan of action, guiding international support to these Red Cross societies. This appeal programme is constructed along the lines of a logical framework whereby activities feed into expected results, which feed into project objectives (where relevant), programme objectives and designated goals. The plan of action includes all activities, indicators, means of verification, assumptions/risks, detailed budget plans, timetable of implementation as well as monitoring and evaluation mechanisms.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.81/2004

Name: Chernobyl

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	150,000	0	0	0	0	150,000
Teaching materials	0	12,000	0	0	0	0	12,000
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	162,000	0	0	0	0	162,000
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	90,000	0	0	0	0	90,000
Computers & telecom	0	9,600	0	0	0	0	9,600
Medical equipment	0	85,000	0	0	0	0	85,000
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	184,600	0	0	0	0	184,600
Warehouse & Distribution	0	1,980	0	0	0	0	1,980
Transport & Vehicules	0	52,680	0	0	0	0	52,680
TRANSPORT & STORAGE	0	54,660	0	0	0	0	54,660
Programme Support	0	56,795	0	0	0	0	56,795
PROGRAMME SUPPORT	0	56,795	0	0	0	0	56,795
Personnel-delegates	0	12,773	0	0	0	0	12,773
Personnel-national staff	0	259,225	0	0	0	0	259,225
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	271,998	0	0	0	0	271,998
W/shops & Training	0	48,900	0	0	0	0	48,900
WORKSHOPS & TRAINING	0	48,900	0	0	0	0	48,900
Travel & related expenses	0	24,000	0	0	0	0	24,000
Information	0	21,035	0	0	0	0	21,035
Other General costs	0	49,788	0	0	0	0	49,788
GENERAL EXPENSES	0	94,823	0	0	0	0	94,823
TOTAL BUDGET:	0	873,776	0	0	0	0	873,776