

1. Introduction

1.1 Background

24. On 26 April 1986, the explosion of the fourth reactor of the Chernobyl nuclear power plant in the Kiev region in the north of Ukraine triggered the worst disaster ever of the civil nuclear industry. Vast areas of Ukraine, Belarus and Russia were contaminated, hundreds of thousands of people were evacuated and millions still live in the affected areas. The activities supporting affected populations continue to this day.

25. In 1990, at the request of the Alliance of Red Cross and Red Crescent Societies of the USSR (the Alliance) the IFRC, in partnership with the Red Cross Societies of Belarus, Russia and Ukraine, initiated the *Chernobyl Humanitarian Assistance and Rehabilitation Programme* (CHARP). In the 22 years of its existence CHARP provided hundreds of thousands of beneficiaries with medical screening for thyroid gland pathologies, health education and PSS, distributed medical supplies, multivitamins and milk, and contributed to scientific cooperation on coping with the consequences of nuclear and other technological disasters.

26. With continued technological developments and the involvement of many states in nuclear and radiological activities, as well as an inevitable risk of technological accidents and disasters (such as the nuclear disaster in Fukushima Daiichi, Japan, in 2011), there is a pressing need to review and strengthen the International Red Cross and Red Crescent Movement's preparedness and response to nuclear and radiological accidents and other technological disasters. The IFRC General Assembly in 2011 called for the establishment of ways to facilitate the sharing of internal and external knowledge and evidence-based data and information, and to consolidate those knowledge resources to assist National Societies to plan better for nuclear emergency preparedness. The unique character of CHARP, including its longevity, highly technical nature and number of stakeholders involved, provides a valuable opportunity for the IFRC to learn from its experience.

27. With this in view the IFRC Europe Zone commissioned the present review to study, analyse and document CHARP experiences. The review contributes to overall international efforts to learn from the Chernobyl accident. Resolution A/68/L.21 of the 68th session of the UN General Assembly (December 2013), for instance, explicitly requested the UN coordinator of international cooperation on Chernobyl "to continue to collect, document and disseminate all experiences and lessons learned from tackling the human consequences of the Chernobyl nuclear accident for application and replication in other nuclear disaster situations and to fully utilize those experiences in the areas of disaster risk reduction, preparedness, response and recovery worldwide".

1.2 Review purpose and objectives

28. The *purpose* of the review is for the IFRC to build its understanding of and capacity to best support its work towards preparedness and response to nuclear and radiological accidents, as well as other technological disasters. The review aims at analysing IFRC experience in response to the Chernobyl nuclear accident, identifying *key lessons* and *best practices*, assessing overall *effectiveness* and *impact* of CHARP, and *documenting* CHARP experience to preserve institutional memory within the IFRC (see Annex 1 *Terms of reference* for details).

1.3 Methodology

29. The review methodology was based on the *desk review* of the secondary data and interviews with key informants. The review team examined over 180 key background documents (see Annex 3 *List of documents reviewed*). The document review formed the basis for producing a comprehensive timeline of significant CHARP events, actions and decisions (see Annex 5 *CHARP Timeline 1986–2015*).

30. During the *field mission* the team visited the main CHARP areas in Ukraine, Belarus and Russia, the National Societies' headquarters and Red Cross branches, and a number of medical centres specializing in treating radiation-related pathologies (see Annex 4 *Field visits itinerary*). In Belarus the team observed two Red Cross MDLs, one of them during the actual medical screening. The team *interviewed* over 60 key informants, including current and former leadership, managers and volunteers of the Ukrainian, Belarus and Russian Red Cross Societies, medical staff, government and public health officials, as well as officials of some of the key UN agencies (see Annex 2 *List of people interviewed*).

31. Following the terms of reference, the review team focused on assessing the programme on the basis of two out of five commonly used OECD/DAC evaluation criteria – *effectiveness* and *impact* – in particular the impact on health services in communities and the changes in the National Societies' nuclear accident management capacity. The team also felt it appropriate to address some aspects of programme *relevance* and *sustainability*.

32. In formulating recommendations the review team focused on identifying key lessons and best practices that could serve as a reference for Red Cross Red Crescent programme managers for making best-informed decisions in nuclear and radiological emergencies. It therefore decided *against* including any *generic* recommendations repeating the basics of professional emergency response management, any *context-specific* recommendations or any recommendations *not directly based on CHARP experience*.

33. The key *methodological challenges* for the review process can be summarized as follows:

- *Understanding the rationale behind decisions*. The rationale behind decisions and programming choices made in CHARP could only be understood by taking into account the information, analysis and technical means available to decision-makers at the *time* and in the *context* when these choices were made, in particular since many standards commonly applied today in humanitarian assistance were developed years after CHARP started.

- *Data availability and quality.* Nearly all statistical data in CHARP documents revealed a serious lack of consistency and substantial gaps. Therefore all quantitative data contained in the review are *estimates* based on the team members' emergency response and development experience and knowledge of the programme.
- *Emotional bias.* A strong sense of emotional attachment to the programme with feelings of ownership and pride in its achievements among nearly all IFRC and National Societies interviewed, inevitably resulted in a strong emotional bias in presenting the information, a certain defensiveness and difficulty to seeing what in CHARP could be done differently or improved.
- *Previous experience bias.* The review team also had a certain degree of potential bias related to previous experience with CHARP of two of its three members. Dr Jean-Pierre Revel participated in the programme during 1990–2000 as IFRC health adviser and a member of CHARP evaluation teams (1996, 1999). Mr Nikolay Nagorny worked in CHARP from 1990 as an assistant to the IFRC delegate, logistician and later CHARP coordinator. To reduce the potential bias each team member focused on the areas where they had least previous experience.