

**CHORNOBYL CHILDHOOD ILLNESS PROGRAM**

USAID Cooperative Agreement  
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**Eleventh Quarterly Report**  
November 13, 2000 – February 12, 2001

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## **INTRODUCTION**

The purpose of this Quarterly Report is to advise USAID on the progress of the Chernobyl Childhood Illness Program (CCIP) during the period November 13, 2000 - February 12, 2001. This Report will provide a review of the activities related to the Objectives, Activities and Indicators of Outcome that were presented in the CCIP's Revised Third Year Implementation Plan.

### **1.0 INSTITUTIONAL ACTIVITIES THAT SUPPORT BOTH PROJECT COMPONENTS**

#### **1.1 Establish Ukrainian American Health Centers**

As of November 1999, all four Ukrainian American Health Centers (UAHC) have been established and are fully operational.

CCIP began negotiations with Dr. Anatoly Cheban and the Kiev City Public Organization for Assistance to National Health Reservation of Ukraine (KCPO), a PVO established by members of Endopolymed, to operate a fifth CCIP mobile screening unit. A Memorandum of Understanding is being finalized and will be signed in early March 2001. It is not our intent to establish a UAHC at KCPO as we did with the four oblasts, but to provide a mechanism for this organization to work with the CCIP as a "floating" screening unit which will serve those areas that require additional assistance. KCPO, through Professor Cheban, will also provide in-country technical support to the CCIP as well as (quality??) control of data. The CCIP will purchase a Russian van, ultrasound machine, image recorder, one laptop and one desktop computer, a fax machine and a copy machine for KCPO.

#### **1.2 Finalize Relationship with the Ministry of Health**

This task has been completed with the signing of a Memorandum of Understanding (MOU). In a meeting with Dr. Bobylivova and USAID officials, CCIP staff agreed to provide her with reports on CCIP Program activities on a periodic basis. Copies of the CCIP Second Annual Report, the Policies and Procedures Manual, the MOUs between the CCIP and Oblast Health Administrations, and CCIP Public Education Campaign material have been provided to Dr. Bobylivova and the MOH.

#### **1.3 Finalize the CCIP Policies and Procedures Manual**

Although this task has been completed and the Manual translated into Ukrainian, the Manual is a document that is continually being revised and updated as required.

#### **1.4 Expand Information Activities Through School Health Programs.**

There was no activity under this component during the quarter. Dr. William Schwartz and his colleagues, Drs. Postipovov and Vololovets, Professors of Pediatrics from Kyiv Medical University, will continue to work with school health officials to provide instruction on techniques

for recognizing health and psychosomatic problems among school children that may be associated with post-Chornobyl psychosocial trauma.

### **1.5 Increase Public Awareness about Thyroid Cancer and Psychosocial Effects in Chornobyl Victims and the Need for Screening Children**

The objective of the Public Awareness Campaign is to disseminate information about the CCIP Program and to encourage citizens' participation in the thyroid screening program.

The Public Awareness Brochure has been finalized and approved by USAID. The Brochure was printed (200,000 copies), sent to the four UAHCs and is being distributed at relevant oblast events and through the schools, local sanatoriums, the Ukrainian-American Health Centers, and the mobile screening teams. We have contacted UNICEF to inquire whether they would be willing to distribute some of our brochures with their iodized salt campaign material. In return, we would distribute their iodized salt brochures to the children we are screening in the four target oblasts.

The CCIP video, developed in cooperation with the Ukrainian television company "Studio Plus," was reviewed and approved by USAID and the CCIP. The video has now been reproduced and distributed to the four UAHCs as well as to local oblast television stations. Inexpensive television monitors and VCRs will be purchased so that the video may be shown to the children and their families in the field while they wait to be screened by the mobile teams. The video will also be available for public viewing at the Ukrainian-American Health Centers.

### **1.6 CCIP Management and Sustainability Conference**

The second CCIP Sustainability Meeting is tentatively scheduled for April 26 - 27, 2001. At the request of the four UAHC Directors, CCIP was asked to include only the four Directors and key members from their staff so that they could focus primarily on sustainability issues. Several of the CCIP American team members will attend as well as Ms. Lyuba Palyvoda, from Counterpart Alliance and Mr. George Connors, Senior Vice President of Century National Bank in Washington, D.C.

Ms. Palyvoda will work with the Directors and explain the fundamentals of forming an NGO in Ukraine with in-depth presentations on NGO registration, organizational development and fund raising. Mr. Connors will continue his discussion of financial planning, management, and the development of UAHC business plans. This meeting will be conducted in a "workshop" environment so that oblast participants can obtain one-on-one practical experience.

## **1.7 Invitation to Two International Conferences**

The CCIP has been invited to attend and present its screening findings at two international conferences to be held in Ukraine later this Spring. The first conference, "Fifteen Years after the Chernobyl Accident. Lessons Learned," will be held April 18 - 20, 2001. This conference is sponsored by the Ukraine Ministry of Emergencies in cooperation with a number of international organizations. A CCIP abstract entitled "Ukraine's Holistic Medical/Public Health/Psychosocial Approach to the Consequences of Chernobyl in Children," has been accepted for presentation. Dr. Irina Grishayeva will make the presentation on behalf of the CCIP.

The second international conference, "The Health Effects of the Chernobyl Accident: Results of 15 Years' Follow-up Studies," will also be held in Kyiv in June 2001. Two CCIP abstracts of formal papers have been accepted by the organizing committee for presentation at the conference.. The titles of the two papers are: "Screening, Referral, and Treatment of Psychosocial Abnormalities of Children after the Chernobyl Accident" and "Thyroid Screening of Children at High Risk for Thyroid Neoplasia after the Chernobyl Accident." This international conference is being sponsored by the Ukraine Scientific Center for Radiation Medicine.

## **1.8 CCIP Publication in USAID Frontlines**

An article entitled, "USAID'S Chernobyl Childhood Illness Program Addresses the Problems of a Nuclear Disaster" was accepted for publication in the March/April issue of Frontlines. The CCIP USAID Program Officer and CCIP Staff are now working with the editors of Frontlines to finalize the publication.

## **2.0 THYROID CANCER COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF THYROID CANCER**

### **2.1 Define the Size and Location of the Target Population at Risk**

The size and location of the target population at risk have been identified with the assistance of the GOU's Ministries of Emergencies and Health. Data have been provided by each Oblast Health Administration Office on the names of the victims exposed to nuclear contamination, and the name and location of the raion schools, clinics and summer camps where the screening will occur. Based on this information, the Director of each UAHC prepares the schedule of the mobile team's screening visits. CCIP's Deputy Director has continued to work closely with the UAHC secretaries to ensure that the scheduling process becomes more effective.

As can be seen by the number of children screened, as presented in Table 1 below, the UAHCs' scheduling process has improved. CCIP continues to exercise care when scheduling sites so that there is minimal time spent in driving from one screening location to the next.

## 2.2 Implement the Screening Program for Thyroid Cancer

The most important accomplishment of the CCIP for this reporting quarter is the rapid increase in the number of children screened. As of March 2, 2001, a total of 44,971 children have been screened by ultrasound and 44,617 by the Childhood Depression Inventory (CDI) in the four target oblasts. A summary of screening activity to date is provided in Table One.

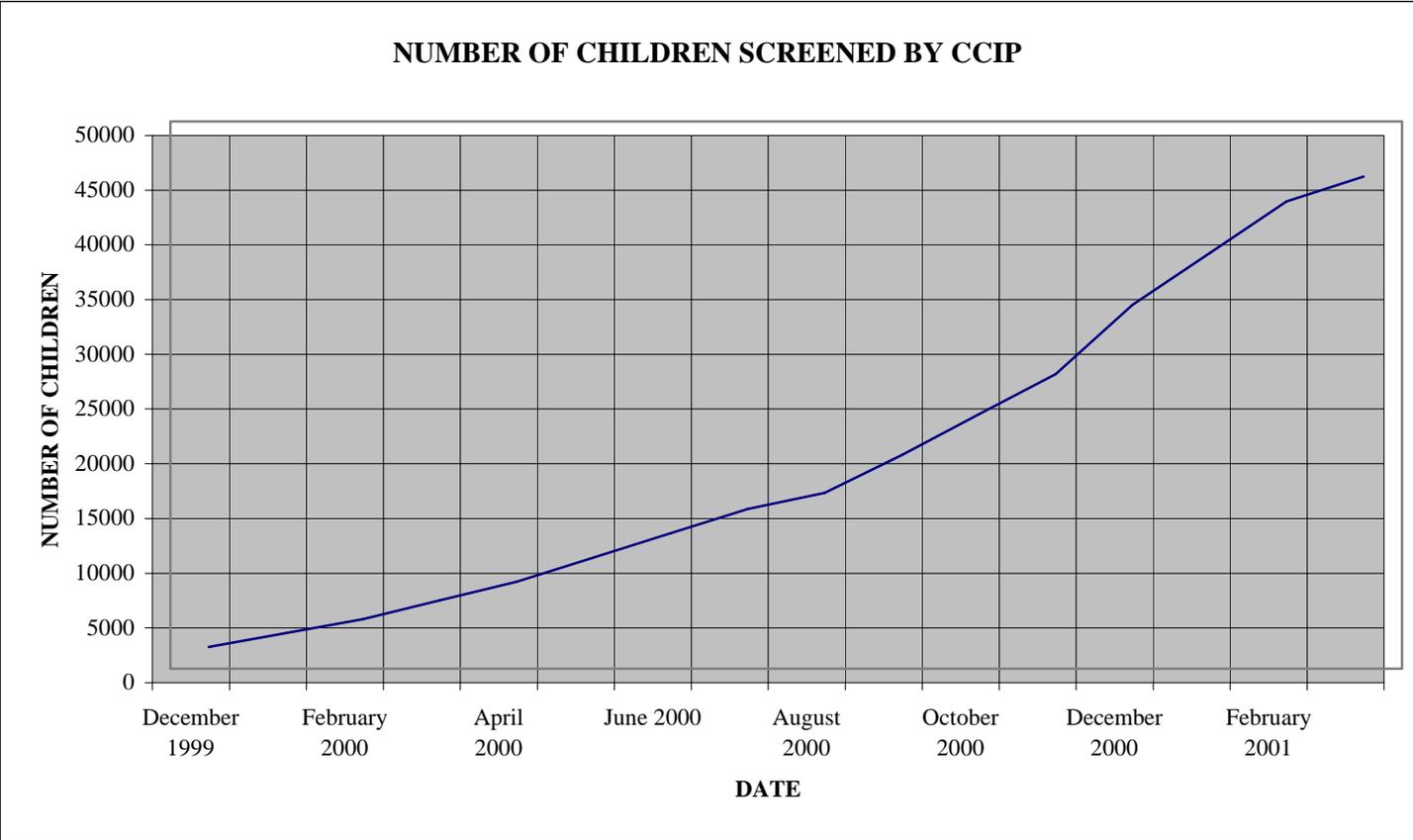
**TABLE 1: SUMMARY OF CCIP OBLAST SCREENING ACTIVITIES**

| <b>OBLAST</b>    | <b>TOTAL SCREENED : THYROID</b> | <b>THYROID ABNORMALITIES IDENTIFIED</b> | <b>TOTAL SCREENED: PSYCHOSOCIAL</b> | <b>PSYCHOSOCIAL ABNORMALITIES IDENTIFIED</b> |
|------------------|---------------------------------|---|-------------------------------------|--|
| <b>VOLYN</b>     | 14,027                          | 292 (2.1%)                              | 14,034                              | 1,860 (13.3%)                                |
| <b>RIVNE</b>     | 11,042                          | 519 (4.7%)                              | 10,682                              | 2,181 (20.4%)                                |
| <b>CHERKASSY</b> | 9,775                           | 583 (6.0%)                              | 9,775                               | 1,232 (12.6%)                                |
| <b>ZHYTOMYR</b>  | 10,729                          | 902 ( 8.4%)                             | 10,728                              | 1,336 (12.5%)                                |
| <b>TOTAL</b>     | <b>45,573</b>                   | <b>2,296 (5.0%)</b>                     | <b>45,219</b>                       | <b>6,609 (14.6%)</b>                         |

The increase in the number of children screened is vividly demonstrated in the graph shown below. Note the sharp acceleration in the month of August 2000 which coincided with CCIP's introduction of "performance incentive" payments to the mobile teams' staff. Another observation we would like to make is that the percentage of thyroid abnormalities is greatest in the most contaminated oblast (Zhytomyr - 8.5%), while the lowest percentage of abnormalities are found in Volyn Oblast (2.1%), the least contaminated Oblast among the CCIP's four target Oblasts. Cherkassy, the Oblast where there is a large population transplanted from the contaminated zone reports the second highest percentage of thyroid abnormalities at 6.0%.

To date, one child in Volyn Oblast has been found to have thyroid cancer. The percentage of children with abnormalities (where normal = 0.1 percent) is consistent with the percentage reported from radiation contaminated areas in other countries. The incidence of one child with thyroid cancer among 44,971 screened is considerably higher than the 1:1-2 million incidence among normal populations.

Table 2 shows the number of thyroid abnormalities identified. The thyroid is considered abnormal when an ultrasound image shows solitary thyroid nodules, multiple thyroid nodules or other structural abnormalities such as diffuse enlargement, absent lobe, ectopic location of the thyroid or abnormal shape of the gland. Of particular interest is the number of children with single and multiple nodules. Endocrinologists have recently been suggesting that these lesions may be precancerous. For this reason, we believe that all children we have screened who have been found to have nodules will have to be screened periodically for the rest of their lives. This finding will have important implications for not only the individual Oblast Health Administrations, but for the Ukrainian Government as well.



**TABLE 2: SUMMARY OF CHILDREN WITH THYROID ABNORMALITIES**

| <b>OBLAST</b>    | <b>NUMBER WITH SOLITARY NODULES</b> | <b>NUMBER WITH MULTIPLE NODULES</b> | <b>NUMBER WITH OTHER THYROID ABNORMALITIES</b> |
|------------------|-------------------------------------|-------------------------------------|--|
| <b>VOLYN</b>     | 166                                 | 126                                 | 489  |
| <b>RIVNE</b>     | 303                                 | 98                                  | 22   |
| <b>CHERKASSY</b> | 223                                 | 28                                  | 332  |
| <b>ZHYTOMYR</b>  | 126                                 | 54                                  | 722  |
| <b>TOTAL</b>     | <b>818</b>                          | <b>306</b>                          | <b>1565</b>                                    |

Please note that the difference between the children with abnormalities in Table 2 and the total number of abnormalities in Table 1 is due to a number of children having both a single nodule or multiple nodules, plus another thyroid abnormality.

### **2.2.1 Provide Ultrasonography Training for Physicians**

The mobile team ultrasonographers have been trained on the Hitachi ultrasound machines purchased for the CCIP. While visiting Ukraine, Dr. Thomas Foley continues to work with the ultrasonographers to ensure that the physicians are performing adequately, and that the data collected are standardized across the four oblasts. His latest visit was in January/February 2001 and his next trip will be in April 2001.

### **2.2.2 Finalize Data Formats and Patient ID Numbering System**

The data entry forms and the CCIP database for tracking the children screened were finalized last year and are now being used in all four oblasts. The same patient ID numbering system and data formats will be utilized by the fifth mobile team.

### **2.2.3 Purchase Vans, Office Equipment and Ultrasound Equipment for the UAHCs.**

We are in the process of ordering, purchasing and outfitting a fifth mobile team. We expect that the additional van, ultrasound equipment and image recorder will be delivered in late March 2001 and will be located in Kiev at the Kiev City Public Organization for Assistance to National Health Reservation of Ukraine, under the supervision of Dr. Anatoly Cheban. This organization is a Ukrainian registered PVO, and will work in Kiev Oblast and elsewhere in the country where children at risk are located. For example, the fifth mobile unit will focus a considerable amount of its efforts in Rivne Oblast due to the large number of targeted children residing in that oblast. In addition, the fifth mobile unit will visit Slavutych to screen at-risk children living in that city and to obtain screening information on a control group.

## **2.3 Strengthen the Referral System for Patients with Thyroid Cancer**

Referral forms for the thyroid and psychosocial components were amended last year and are now being used by the mobile screening units in all oblasts.

Bi-monthly referral reports are now being prepared by each UAHC secretary and collated by our CCIP Administrative Assistant. Each report contains the names of the referred child, the type of referral made, and the raion or oblast health organization to which the child was referred. It is the responsibility of the UAHC secretary to contact the family, or if direct family contact is not possible, to contact the appropriate school officials, to determine whether the child and family followed through with the referral. The referral report also contains information on the diagnostic and/or therapeutic assistance provided by the health institution. We are monitoring whether the child and family received financial assistance for travel costs associated with the referral. We have also begun to provide a small financial incentive to the referral physician and/or psychologist for each child seen for a referral examination.

## **2.4 Strengthen the Thyroid Cancer Registry**

Once the screening programs were operational in each oblast, it was our plan to hire a short-term data management and network communication advisor to evaluate the existing Thyroid Cancer and Screening Database at the IEM. Our intent was to refine and expand the existing Thyroid Cancer Registry for Ukraine. Now that the MOU with the Institute of Endocrinology and Metabolism has been cancelled (see Section 1.2 of the Second Annual Report), we will postpone this task until we learn from the MOH what our options are regarding Ukraine's Cancer Registry.

## **2.5 Reevaluate and Modify the Disease Management Protocol**

Dr. Foley prepared the algorithms for the management of thyroid cancer and other thyroid diseases which the screening teams will encounter. These algorithms were incorporated into the Policies and Procedures Manual, and discussed with the oblast endocrinologists during the March 2000 CCIP Management Conference.

## **3.0 PSYCHOSOCIAL ILLNESS COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF PSYCHOSOCIAL PROBLEMS**

### **3.1 Strengthen the Psychosocial Institutions at the Central Level**

#### **3.1.1 Continue Working with the Medical University of Kyiv to Provide Training for School Health Officials and to Modify Training Materials**

As mentioned in Section 1.4, Dr William Schwartz continues to oversee the training program and modification of training materials to improve the ability of school health officials to

identify problems related to thyroid disease. We anticipate that he will supervise one additional follow-up training session during the fourth year of the Program.

### **3.1.2 Continue Psychosocial Screening Program Using the Childhood Depression Inventory (CDI) as the Primary Screening Tool for Children in Target Oblasts.**

The use of the Childhood Depression Inventory (CDI) is an integral part of CCIP's psychosocial screening program and its holistic approach to the child victims of Chernobyl. The psychosocial workers who use the CDI have found it easy to work with and simple to analyze. Based on the results of the CDI, as well as on one-on-one interviews with children by the mobile team psychologists, children with depression are referred to local institutions.

The psychosocial screening program continues in all four oblasts (the results are summarized in Table 1 above). As the data show, approximately 16 percent of all children examined are found to be suffering from depression and have been referred to local psychologists and school psychologists/physicians for further diagnosis and treatment. With the addition of a third psychologist to each mobile team, the gap between the numbers screened for thyroid abnormalities and psychosocial abnormalities has diminished. In addition, the psychologists now can provide more immediate counseling to children found to have moderate to severe depression. While crisis intervention was not part of CCIP's initial program design, we have now realized that counseling during the screening process is one of the CCIP's most valuable support activities provided to the children at risk.

Dr. Arthur Pressley (Drew University) visited Ukraine in December, 2000. During this visit, he continued to work with CCIP's Dr. Irina Grishayeva in analyzing the results of the CDI exams, and to address the validity and reliability of the instrument. He also met with the mobile screening psychologists to continue their training, and assisted Irina with the analysis of data for a preliminary publication.

### **3.1.3 Identify Oblast and National Centers to Which Children with Psychosocial Problems Can Be Referred. Integrate These Centers Within the Referral System for Child Victims of Chernobyl**

In light of the large number of children who on screening are found to suffer from depression, Drs. Michael Christensen, Robert Chazin and Irina Grishayeva, in collaboration with their Ukrainian colleagues, have identified several centers where the children with psychosocial disorders may be referred. Children have initially been referred to the raion level psychological centers. For more complex problems, referrals are made to the oblast psychosocial centers, depending on individual needs and on whether the care provided at the first referral center was helpful.

As mentioned in Section 2.3 above, we are using our computerized referral reporting system to monitor referrals made by the mobile teams. One problem which we have encountered is the stigma associated with psychosocial disease. We have also been told that the children are reluctant

to tell their parents about their depression because they fear they may not be allowed to seek professional help. These may be factors keeping children from obtaining follow-up care from a local psychologist. As a result, we are closely monitoring the consultant reports coming in from psychologists to whom our teams are referring children with psychosocial problems.

### **3.1.4 Integrate the Psychosocial Screening Database with the Thyroid Screening Database**

The psychosocial screening database was successfully integrated with the thyroid screening database this year.

### **3.1.5 Psychosocial Training Programs During This Quarter**

There were no psychosocial training programs during this quarter. In keeping with USAID's recommendations, we have decreased the number of training programs planned for the rest of Year 3 and all of Year 4. We will, however, provide a diminished amount of reinforcement training to those psychosocial workers who have been previously trained.

## **3.2 Initiate and Introduce Democratic Community Psychology**

The concept of "Democratic Community Psychology" will continue to be discussed during any future reinforcement training courses offered to the staff of the Social Service for Youth Centers in the four participating oblasts and to the staff of the UNESCO Centers. The intent is to overcome professional-client distinctions and to promote peer counseling in the training of paraprofessionals who will serve as mental health promoters. While these two organizations were enthusiastic about our Program, they are "facility based" and not always able to work with the rural communities and provide the referral support necessary to reach all of the affected children.

Early on in the CCIP, we also provided training to the Red Cross and to a group of young community volunteers from Zhytomyr. Unfortunately, neither one of these groups were suitable for our requirements. The Red Cross volunteers, although eager to work with CCIP children, their responsibilities with pensioners and older people precluded them from working with CCIP children diagnosed with depression. The Zhytomyr community volunteer group did not prove to be a good fit with our program.

We are making plans to rework the "Democratic Community Psychology" training program. We believe this concept is important for the sustainability of CCIP in Ukraine, and we will provide reinforcement training to representatives from each oblast to ensure that they, in turn, can work with and train leaders from local communities so that counseling to those children experiencing depression may be provided. We plan to hold a training seminar in May and Dr. Michael Christensen is currently working on the training outline.

## **4.0 ADMINISTRATIVE ISSUES**

### **4.1 Visits to Ukraine by CCIP Team Members.**

Drs. Thomas Foley from the University of Pittsburgh and George Contis from MSCI visited Ukraine during January 29 - February 6, 2001. A number of operational and administrative issues were discussed, several of which are reviewed in detail above. The primary purpose of their trip was to meet with the four UAHC Directors to continue the work toward sustainability of the Program when USAID funding ends. Drs. Foley and Contis also met with USAID officials to discuss a number of Program issues.

### **4.2 Screening in Slavutych**

In January 2001, USAID gave formal permission for one of the CCIP mobile units to screen children in the target population who live in Slavutych, Chernigiv Oblast. We have contacted Dr. Riaz Awan, the US Department of Energy Project Director stationed in Slavutych to assist us in arranging for this visit with local health and administration officials. He in turn has provided the names of contacts who will help with this effort. We expect to screen in Slavutych immediately following the delivery of the equipment and van for the fifth mobile screening unit.

### **4.3 Employment of Ms. Dariya Olexandrivna Bulatova**

Ms. Dariya O. Bulatova was hired in January 2001 as the CCIP Administrative Assistant and will replace Mr. Andriy Kutlakhmetov, who is now the CCIP Deputy Program Director. She will be responsible for maintaining the CCIP data base and referral systems, and coordinating CCIP activities through the UAHC secretaries. Ms. Bulatova has had previous experience working as a technical translator for the Kyiv Polytechnic Institute, Linguistics Department.

### **4.4 No Cost Extension Request**

A request for a no cost extension was submitted to USAID in February. By its careful management of the Cooperative Agreement's budget through the Program's initial three years, MSCI expects to have sufficient funds available to support a twelve month no-cost extension. This request is under review by USAID/Kyiv.