

**CHORNOBYL CHILDHOOD ILLNESS PROGRAM**

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**FINAL REPORT**

May 13, 1998 – September 12, 2002

Submitted to:

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# **CHORNOBYL CHILDHOOD ILLNESS PROGRAM**

## **SUMMARY OF FINAL REPORT**

### **INTRODUCTION**

For several years now, it has been popular to downplay the aftereffects of the Chernobyl accident. Immediately after the disaster in April 1986, 134 persons developed radiation sickness and 28 people died within four months. These were primarily workers at the nuclear reactor plant and liquidators. But, the large number of deaths from leukemia that some predicted would occur in the exposed general population never materialized. While there was a great deal of anecdotal speculation about a rise in the incidence of newborn malformations, breast cancer, and other health problems in Eastern and Central Europe, scientific studies to date have not demonstrated a relationship between the Chernobyl radionuclide fallout and an increase in any disease other than thyroid cancer.

The results of USAID's Chernobyl Childhood Illness Program, however, demonstrate that serious health problems persist sixteen years after the accident. This factor should be of serious concern to the people of Ukraine and the world.

### **CCIP PROGRAM ACCOMPLISHMENTS**

- 116,000 adolescents were screened by ultrasound examination for thyroid cancer and by the Children's Depression Inventory for depression;
- 9 adolescents were found to have thyroid cancer, or one in approximately 13,000 screened. This figure is over 75 times the normal of one case of thyroid cancer in 1 million children/year;
- 1,967 adolescents were found to have single or multiple thyroid nodules. These are lesions which may be precancerous;
- 13 percent of those screened had serious depression;
- 354 adolescents had attempted suicide and 813 expressed serious suicidal ideation;
- over 1,200 psychologists and physicians were trained in newer psychosocial treatment approaches or ultrasound methodologies.

### **IMPLICATIONS OF CCIP'S FINDINGS**

These findings demonstrate what international experts are beginning to realize -- that the release of radionuclides from the Chernobyl accident have serious long-term effects on the health of those exposed. CCIP also demonstrated that the Ukrainian health care system was capable of mounting a sustained effort to screen a large number of persons over a short period of time. Our Ukrainian physician and psychologist colleagues were excellent partners who participated positively and constructively in program planning and implementation activities. Everything which the four participating Oblast Health Administrations and our one NGO partner agreed to do in our Memoranda of Understanding was done as promised. In fact, our Ukrainian counterparts exceeded CCIP's initial screening target by over 36,000 persons.

Some problems were encountered. Initially, physicians were reluctant to leave their hospital based practices where they could earn extra fees for performing ultrasound examinations on patients.

This problem was solved by providing per diems to CCIP mobile team physicians and psychologists as incentive payments for attaining screening targets.

Another problem we encountered were the less than adequate referral and communications systems between the oblast and national levels of Ukraine's health infrastructure. In one case, a patient whose surgery for thyroid cancer was postponed never received a follow-up appointment. Fortunately, a year later when he entered military service, a physician detected the thyroid tumor and the young man was operated on.

A third and major problem has been the shortage of mental health services and psychologists to whom adolescents with psychosocial problem can be referred.

### **THE NEED FOR THE SCREENING PROGRAM TO CONTINUE**

The CCIP's cohort of 116,000 radiation exposed adolescents and young adults must continue to be screened periodically. This is particularly true of those found to have single or multiple thyroid nodules, those with a history of attempted suicide, and those with serious suicidal ideation. Furthermore, from a recent study in Belarus, the incidence of Type 1 Diabetes among adolescents exposed to Chernobyl radiation is rising. Our Ukrainian cohort should be screened for this disease also.

The CCIP has addressed the issue of Program sustainability with its Ukrainian partners. Each participating oblast has established an NGO that will be responsible for the follow-up screening and referral of the adolescents and young adults in the cohort. Future activities, however, will require the full support of the Ministries of Health and Emergencies as well as the Oblast Health Administrations.

## ACKNOWLEDGEMENTS

The CCIP would like to acknowledge the fine support, assistance, and input of USAID's staff, particularly Ms. Pamela Mandel. Her guidance was always tempered with a sensitivity to the personalities and issues involved. It has been a great pleasure to work with her. From Olena Radziyevska, M.D., USAID's Project Officer, we have learned a great deal about how to deal with Ukraine's capable, but resource poor, health delivery system. She is someone who has a wonderful ability to meld the interests of two cultures to produce a successful Program.

Speaking for my colleagues at the University of Pittsburgh; Fordham University Graduate School of Social Service; Overseas Strategic Consulting, Ltd.; Drew University; Counterpart International; Children's Hospital of Philadelphia; and Medical Service Corporation International, I would like to thank USAID for giving our Consortium the opportunity to work in this very important Program. Special thanks go to our capable CCIP office staff, Dr. Irina Grishayeva, Andriy Bulygin, and Mrs. Dasha Sharovarova in Kiev, and to MSCI's Program Manager, Richard Joseph in Arlington, VA.

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## **INTRODUCTION**

The purpose of this Final Report is to advise USAID on the accomplishments of the Chernobyl Childhood Illness Program (CCIP) which began on May 13, 1998 and ended on September 12, 2002.

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

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

By the end of November 1999, four Ukrainian American Health Centers (UAHC) were established and fully operational in Volyn, Rivne, Zhytomyr and Cherkassy Oblasts. Each Center was staffed by a part time Physician/Director and a full time secretary. The Oblast State Health Administrations provided rooms for use by the CCIP. The CCIP purchased a desktop and laptop computer, a printer, a fax machine and a copy machine for each Center. In addition, the CCIP provided a van, a portable ultrasound machine, a thermal printer and an image recorder to each UAHC.

In December 2000, CCIP negotiated 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 Ukrainian American Health Center and mobile screening unit. KCPO, through Professor Cheban, also provided in-country technical support to the CCIP and was responsible for the quality control of all screening data. The fifth mobile unit focused part of its effort in the Slavutych area to screen at-risk children living in that city and to obtain screening information on a comparison group whose families moved to the contaminated area after the disaster.

Opening ceremonies were held for each of the five UAHCs and the events were attended by representatives from USAID, Ukrainian Oblast Government Officials, and CCIP team members. The Center in Volyn Oblast was officially opened by Dr. Marilyn Pifer and the Deputy Director of Volyn Oblast State Administration, Olexander Zhurakivshy, in April 1999. The Center in Rivne Oblast was formally opened in March 2000 by Dr. Marilyn Pifer and the Head of Rivne Oblast State Administration. The centers located in Zhytomyr and Cherkassy Oblasts were officially opened in September 2000, and the Center in Kyiv Oblast in 2001.

Memorandums of Understanding were developed between the CCIP and the Oblast State Administrations and were signed as follows:

- Volyn Oblast State Administration – December 1998
- Rivne Oblast State Administration – April 1999
- Cherkassy Oblast State Administration – July 1999
- Zhytomyr Oblast State Administration – August 1999
- Kyiv City Public Organization for Assistance to Sustain the Health of the Nation - May 2001

## **1.2 Sign Memorandums of Understanding with the Ministry of Health, Ministry of Emergencies, and the Institute of Endocrinology and Metabolism**

This task was completed with the signing of the Ministry of Health Memorandum of Understanding (MOU) in August 1999 and the Ministry of Emergencies MOU in October 1998.

The Memorandum of Understanding with the Institute of Endocrinology and Metabolism (IEM) was signed during the fall of 1999. Following the signing of the MOU, the Director and Deputy Director of IEM met with us to discuss further compensation for his staff. After consultation with USAID, and further negotiations with IEM, we decided not to use the IEM as the repository for CCIP screening data. Rather, the Computer Coordination Center (CCC) which was initially planned for the IEM was established at the CCIP's office in Kiev.

## **1.3 Prepare and distribute the CCIP "Policies and Procedures Manual"**

A CCIP "Policies and Procedures Manual" was drafted by staff from Medical Service Corporation international and was reviewed by the UAHC Directors and CCIP Team members during the Spring of 1999. The protocols for both thyroid cancer and psychosocial screening were also completed during the Spring of 1999 and included in the Manual. The Manual was then translated into Ukrainian and distributed to the UAHCs for their use. Throughout the life of the CCIP, the Manual was revised and updated periodically.

## **1.4 Promote Health Information Through School Health Programs**

A table summarizing all CCIP training activities and the number of participants attending each course is included in Attachment A. Also, see Sections 2.2.1 for a description of training programs for ultrasonographers and Section 3.1.6 for training programs for psychologists.

Dr. William Schwartz and his Ukrainian colleagues Drs. S. Krivopostov, S. Postipovov and A. Volosevets, Professors of Pediatrics from Kyiv National Medical University, conducted a training seminar in Lutsk during October 1999, and two seminars in Zhytomyr and Rivne Oblasts during April 2000 for school health officials. Two additional seminars were held in Zhytomyr and Cherkassy during October 2001. The main emphasis of these programs was to teach techniques for recognizing problems among school children that might be associated with post-Chornobyl trauma. Such symptoms include abdominal pain, headache, coughing and fatigue. At the suggestion of the Volyn participants, two new topics (anemia and common renal problems) were added to the later lectures in Zhytomyr and Rivne. Dr. Michael Norman joined the team for the two lectures held in April 2000 while Dr. Thomas Foley participated in the lectures during October 2001.

## **1.5 Implement a Public Awareness Campaign about the Need for Screening Children for Thyroid Cancer and Psychosocial Problems**

The objective of the Public Awareness Campaign was to disseminate information about the CCIP Program and to encourage participation in the thyroid and psychosocial screening programs. Overseas Strategic Consulting, Ltd. (OSC) and the CCIP completed the following tasks during the second year of the CCIP:

## **Media Relations and Research**

OSC researched media outlets available for dissemination of public information in Ukraine, beginning in Volyn Oblast. Appropriate newspapers, radio and television stations at the oblast and rayon level were identified. Contacts were established and maintained with media representatives for the following outlets:

- newspapers – “Volyn,” “Viche,” “Lutskiy Zamok,” “Polissya,” and “Nashe Zhittya”. These have a combined circulation of over 70,000 copies; and
- TV and radio – Volyn State Television and Radio Broadcasting Company (regional radio and TV broadcasting), Studio “Avers” (regional cable TV broadcasting), and “Radio Lutsk”.

Media monitoring was conducted weekly to track media coverage of CCIP, thyroid disease, and Chernobyl-related issues.

## **Press Releases**

OSC and the CCIP wrote and distributed press releases announcing major milestones and ongoing CCIP-related activities of the Ukrainian-American Health Center (UAHC) in Lutsk, Volyn Oblast. The press releases also announced the beginning of thyroid and psychosocial screening in the oblast and specific raions. These were disseminated to oblast and raion newspapers, radio and television stations. As a result of the printed articles and radio broadcasts, the UAHC in Lutsk received a number of inquiries from the population about the program, and requests for interviews with the program implementers from local media representatives.

## **Media Coverage of the CCIP**

OSC assisted the CCIP with obtaining media coverage of the CCIP conference in Lutsk in September 1999. Media representatives from nearly all regional and raion TV and radio stations, as well as newspapers, were invited and attended the event. Media interviews with Dr. George Contis, CCIP Program Director, and Dr. Grigory Vashchilin, Volyn UAHC Director, were held. The press event resulted in 10 regional television broadcasts, 3 regional radio broadcasts, and a number of regional and raion newspaper articles.

## **Cooperation with Oblast Health Departments**

The CCIP worked closely with the Oblast Health Departments to inform government officials of the CCIP activities and ensure their cooperation. The Department provided support by printing articles in its official monthly newsletter “Nashe Zdorov’ya” and assisting CCIP in disseminating information to the raions.

## **NGO Outreach**

OSC contacted a wide range of local NGOs to create new venues for dissemination of public education materials and increase public awareness and support for the CCIP. Among the NGOs contacted were the Volyn Health and Charity Organization, the Ukrainian Red Cross, the Health and Charity Christian Association of Volyn, the Lutsk Farmer’s Association, the New Life Cultural-

Educational Center, the Volyn Foundation for Active Rehabilitation of Disabled People, the Volyn Oblast Union of Large Families, and the Women's Agribusiness Association.

### **Development of Public Education Materials**

Work on the Public Awareness Brochure began in the summer of 1999. Over the course of several months, several versions of the Brochure were drafted and submitted for review to a focus group organized by the Center for Social Monitoring of Ukraine. The purpose of utilizing a focus group was to ensure that information was presented in a clear, direct and accessible manner. The focus group identified a number of revisions to the original drafts of the brochure which were incorporated in the final version submitted to USAID in April 2000 for its review and approval.

The Brochure was printed and 200,000 copies were sent to all UAHCs in June 2000. Over the life of the CCIP, the brochure was distributed at relevant oblast events and through the schools, local sanatoriums, the Ukrainian-American Health Centers and the sites visited by the mobile screening teams. A copy of the Public Awareness Brochure is attached to this Report (Attachment B).

A CCIP video, developed in cooperation with the Ukrainian television company "Studio Plus," was reviewed and approved by USAID and the CCIP in the Spring of 2000. The video was then reproduced and distributed to the UAHCs as well as to local oblast television stations for public viewing. Attachment G is a copy of this video.

### **Development of a Public Education Materials Distribution Mechanism**

A model distribution network was established in Lutsk where arrangements were made for distribution of CCIP's brochure with the Volyn Oblast Charity and Health Fund, a very active NGO in the Oblast, and the Volyn Oblast Health Department. Distribution included inserts in newsletters and dissemination of the materials at relevant oblast events. The materials were also available to the public at the Ukrainian-American Health Centers.

The video was distributed to oblast TV companies for broadcasting in the regions and was made available for public viewing at the Ukrainian-American Health Centers. "Studio Plus," the production company which produced the video, has very strong ties with oblast media companies and helped to secure free air time at the oblast level. "Studio Plus" also produces weekly and daily newscasts for select Ukrainian oblasts and agreed to incorporate the broadcast of the CCIP video in its programs in the targeted oblasts.

## **1.6 Conduct CCIP Management and Sustainability Conferences**

One of the primary objectives of the CCIP was to ensure sustainability of the screening program after USAID funding ended in 2002. One mechanism the CCIP utilized to promote sustainability was through two conferences which focused on methods for continuing the Program.

The first CCIP Management and Sustainability Conference was held October 10 – 12, 2000. The purpose of that conference was twofold. First, CCIP activities over the previous six months were reviewed and members from each UAHC team were invited to give a brief presentation on their progress. In addition, Mr. Nikolai Nagorny, Chernobyl Program Coordinator from the International Federation of the Red Cross



and Red Crescent Societies (IFRC/RCS) discussed the similarities between the IFRC/RCS screening program and CCIP Program.

Second, the topic of sustainability was discussed in detail. Members from the UAHC teams and Oblast Health Administrations discussed alternative approaches to continuing the CCIP and the UAHCs after funding for the CCIP ends. A key option was to assist the UAHCs to become Non-Governmental Organizations (NGOs).

CCIP American team members and three consultants gave presentations on various techniques related to sustaining the UAHCs. Mr. Mikael Barden, from Counterpart Alliance, offered recommendations on NGO registration in Ukraine. Ms. Ellie Cox from MSCI spoke about fund raising mechanisms, and Mr. George Connors, Senior Vice President of Century National Bank in Washington, D.C., presented a discussion on NGO financial planning and management.

The second CCIP Sustainability Meeting was held April 26 - 27, 2001 for the UAHC Directors and key members from their staff. The meeting's focus was primarily on sustainability issues. Drs. Contis and Foley from the CCIP American team attended, as well as Ms. Lyuba Palyvoda, from Counterpart Alliance and Mr. George Connors.

Ms. Palyvoda worked with the Directors to explain the fundamentals of forming an NGO in Ukraine including NGO registration, organizational development and fund raising. Mr. Connors discussed financial planning, management, and the development of UAHC business plans. He provided each UAHC with a software package which he had developed specifically to assist them in developing business plans for their NGO's future sustainability. The meeting was conducted in a "workshop" environment so that participants could obtain one-on-one practical experience.

## **1.7 Present the CCIP's Findings at International Conferences**

CCIP staff were invited to attend and present preliminary findings at two international conferences held in Ukraine during April and June 2001. The first conference, "**Fifteen Years After the Chernobyl Accident: Lessons Learned,**" was held April 18 - 20, 2001. This conference was sponsored by the Ukraine Ministry of Emergencies in cooperation with a number of international organizations. Dr. Contis read a paper entitled "*Ukraine's Holistic Medical/Public Health/Psychosocial Approach to the Consequences of Chernobyl in Children.*" Dr. Irina Grishayeva, CCIP's Deputy Director, and Dr. Sergi Rak, the Rivne UAHC Director, also made presentations on behalf of the CCIP.

The second international conference, "**The Health Effects of the Chernobyl Accident: Results of 15 Years' Follow-up Studies,**" sponsored by the Ukraine Scientific Center for Radiation Medicine, was also held in Kyiv June 4 - 8, 2001. Two CCIP papers were accepted by the organizing committee for presentation at the conference, while a third paper was presented as a poster. The first paper: "*A Holistic Approach For Dealing With the Long Term Health Effects of the Chernobyl Disaster*" was presented by Dr. George Contis during the Plenary Session on June 4, 2001. The second paper, "*Thyroid Screening of Children at High Risk for Thyroid Neoplasia after the Chernobyl Accident*" was presented by Dr. Thomas Foley. The poster entitled "*Screening, Referral, and Treatment of Psychosocial Abnormalities in Children after the Chernobyl Accident*" was presented by Dr. Irina Grishayeva.

Drs. Contis and Foley were invited to Minsk, Belarus on June 9, 2001 to attend the Third International Meeting on "**Biological Effects of Low Dose Radiation (Molecular and Genetic Effects of Low Dose Radiation).**" The meeting was sponsored by The Belorussian Committee on The Children of Chernobyl and USAID. Dr. Contis presented a paper, "*A Holistic Strategy for the Screening and Treatment of Ukrainian Adolescents at Risk for Thyroid Cancer and Depression After the Chernobyl Disaster.*" Dr. Thomas Foley presented a paper which discussed the thyroid abnormalities found by the CCIP.

Dr. Foley was an invited Lecturer, representing CCIP, at the NCI Sponsored International Workshop entitled "**Chernobyl Thyroid Cancer Activities**" at the Four Points Sheraton Hotel, Bethesda, MD, September 10 - 11, 2001. His lecture entitled "**USAID Project: Thyroid Cancer**" delivered on September 11, 2001, discussed CCIP's current screening results to international scientists from the United States, Western Europe, Ukraine, Belarus and Russia.

The CCIP was also asked to present a paper at the **Fifth Annual Scientific and Practical Conference entitled "2001: International Cooperation in Chernobyl"** held in Slavutysh, Ukraine, September 12 - 14, 2001. Dr. George Contis prepared a paper entitled "*The Health Aftereffects of Children Exposed to Chernobyl Radiation Fallout*" which was read by Dr. Irina Grishayeva.

Copies of the papers presented at the international conferences are attached to this Report as Attachment 3.

## **1.8 Publication of an Article on CCIP in USAID's Frontlines**

An article entitled, "USAID'S Chernobyl Childhood Illness Program Addresses the Problems of a Nuclear Disaster" was accepted for publication in the June 2001 issue of the USAID Publication Frontlines. A copy of the June 2001 issue of Frontlines is attached to this Report as Attachment D.

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

### **2.1 Define the Criteria for the Highest Risk of Thyroid Cancer as well as the Size and Location of the Target Population at Risk**

Based on data from the experiences of thyroid screening programs in Belarus and Ukraine, the following were determined to be at greatest risk for the development of thyroid cancer:

- a child who as a fetus in April 1986 had a gestational age of 12 weeks or greater. Prior to 2000, these children had the highest risk of developing thyroid cancer. (After CCIP began, the number of children with cancer in this group decreased dramatically).
- children ages < 6 years in April, 1986. (Since 2000, children ages 0 to 1 year have the highest risk for thyroid cancer).
- children living in areas with iodine deficiency. The greater the iodine deficiency, the greater the uptake of radioiodine, the greater the exposure to radiation (highest radiation dose), and the higher the risk for thyroid cancer.
- children who were exposed to > 1 cGy of radiation. This dose, in association with exposure during the age 0 to 6 years which is the most rapid phase of thyroid growth, produces the highest risk for thyroid cancer from chromosomal rearrangements and mutations.

With this information, the following selection criteria were established for the target population of young adolescents which CCIP would screen:

- males and females with birth dates between 1980 and 1986 inclusive;
- individuals who lived in raions designated by the Ministry of Emergencies to be highly contaminated with radioiodine in 1986; and
- eligible individuals who agreed to participate.

The size and location of the target population at risk were identified with the assistance of the Ministries of Emergencies and Health. Data was provided by each Oblast Health Administration Office on the names of the victims exposed to nuclear contamination who would be screened, and the name and location of the raion schools, clinics and summer camps where the screening would occur. Based on this information, the Director of each UAHC prepared the schedule of the mobile team's screening visits. CCIP's Deputy Director worked with the UAHC secretaries to ensure that the scheduling process was followed.

### **2.2 Implement the Screening Program for Thyroid Cancer**

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

All mobile team ultrasonographers were trained on the Hitachi ultrasound machines purchased for the CCIP. While visiting Ukraine, Dr. Thomas Foley worked with the ultrasonographers to ensure that the physicians were performing adequately, and that the data collected was standardized across the five oblasts.

In April, 2002, Dr. Cheban and his ultrasonographers implemented CCIP's Quality Control Program to ensure that screening and data collection was uniform and standardized in all five UAHCs.

(See Section 2.6 below). The results of this program showed that there was good correlation between the findings of the screening ultrasonographers and Dr. Cheban's ultrasonographers.

### 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 in Year Two and were used in all five oblasts.

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

Equipment for the five mobile teams was purchased after Memorandums of Understanding were signed by the respective Oblast Health Administrations. Each UAHC was provided with the following equipment:

- Hitachi ultrasound machine and linear probe,
- B/W video printer,
- Video disk recorder,
- Desktop computer,
- Laptop computer,
- Laser printer,
- Copy machine
- Fax machine, and
- Russian manufactured van.

### 2.2.4 Implement the Screening Program

One of the most important accomplishments of the CCIP was the number of children screened. As of August 17, 2002, a total of 116,655 adolescent children had been screened for thyroid cancer. They had 118,503 ultrasound examinations and 115,191 examinations by the Children's Depression Inventory (CDI) in the five target oblasts. A summary of screening activity through the end of the Program is provided in Table One.

**TABLE 1: SUMMARY OF TOTAL 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>	33,699	4,274 (12.7%)	32,355	3,499 (10.3%)
<b>RIVNE</b>	27,083	1,103 ( 4.0%)	26,573	5,022 (18.5%)
<b>ZHYTOMYR</b>	28,521	1,719 ( 6.0%)	28,450	2,832 (9.9%)
<b>CHERKASS Y</b>	22,429	906 ( 4.0%)	23,420	2,979 (13.2%)
<b>KIEV</b>	4,923	569 (11.5%)	4,393	907 (18.4%)
<b>TOTAL</b>	<b>116,655</b>	<b>8,571 ( 7.3%)</b>	<b>115,191</b>	<b>15,239 (13.0%)</b>

CCIP identified nine children with thyroid cancer, one each from Kiev (Slavutyich) and Zhytomyr Oblasts, two from Cherkassy Oblast and 5 from Rivne Oblast. Of these children, eight were operated on successfully and one suspected thyroid cancer case from Rivne is scheduled for surgery.

The incidence of nine children with thyroid cancer among 116,655 screened, or 1:12,962 screened is over 75 times higher than the 1 child per million per year among populations not exposed to nuclear fallout. Of the eight confirmed cases, all had papillary thyroid carcinoma (PTC), the form of thyroid cancer reported to be associated with exposure to ionizing radiation. The diagnosis of PTC was confirmed at surgery in five cases and by fine needle aspiration biopsy in one. The patients were known to have been exposed to radiation. In two additional cases, the diagnosis of PTC was confirmed at surgery, but there was no confirmed exposure to radioactive iodine. One was born two years after the Chernobyl accident and the second patient was born in Russia and lived only four miles from a nuclear power plant.

In Table 2, the number of thyroid abnormalities are identified. The thyroid is considered abnormal when an ultrasound image shows a solitary thyroid nodule, multiple thyroid nodules, or other deformities such as diffuse enlargement, absent lobe, ectopic location of the thyroid or unusual shape of the gland.

Of particular interest to the CCIP was the number of children with single (solitary) and multiple nodules. Endocrinologists suggest that those nodules less than 10 mm in diameter may be early, occult thyroid carcinomas (PTC). Although the natural history of occult PTC is unknown, some of these nodules likely are occult PTC which may enlarge and later spread by metastasis to local tissues (regional lymph nodes), or more distant organs and tissues. Children with nodules greater than 10 mm are more likely to have active PTC and these patients need to be examined by Endocrinologists to determine if the nodules are benign or malignant.

Of 620 nodules that were larger than 10 mm, the endocrinologists recently evaluated 176 (28 percent) and found four cases of PTC. The remaining 444 patients are known to the oblast endocrinologists and oblast UAHCs which plan to evaluate them.

**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>	333	77	3,864
<b>RIVNE</b>	430	165	508
<b>CHERKASSY</b>	364	86	456
<b>ZHYTOMYR</b>	310	120	1,289
<b>KIEV</b>	74	8	487
<b>TOTAL</b>	<b>1511</b>	<b>456</b>	<b>6,604</b>

(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 either a single nodule or multiple nodules plus another thyroid abnormality.)

CCIP mobile teams experienced occasional delays due to:

- winter weather hindering travel to the affected rural areas;
- flu outbreaks closing schools in a number of raions for several weeks;
- delay in obtaining waivers from USAID for the procurement of equipment;
- length of time required to examine children (up to 7 minutes for ultrasound examination and much longer to administer the CDI and individual psychosocial interviews);
- children not being available for screening when the mobile unit arrived, even though schools were informed of the mobile team's schedule; and
- difficulty in locating affected children during the summer when they attended summer camps or stayed at home to work on the family farms.

Screening increased dramatically in the summer of 2000 when CCIP introduced "performance incentive" payments to the mobile teams' staff. In addition, we agreed that the ultrasonographers would not record the ultrasound image of the thyroid unless there was an apparent abnormality (e.g., nodule or lymphadenopathy). While images of hypertrophied thyroid glands were not kept, a note was made on the child's record of this finding. This approach substantially decreased the amount of time that was required for screening those children with normal thyroid glands.

We also agreed to provide a monetary incentive to both the ultrasonographers and the psychosocial workers for each child screened over 30 per day. This resulted in almost a doubling of the number of children screened daily, encouraged the teams to work longer hours, and improved the ultrasonographers' efficiency. To ensure that quality was maintained, we placed an upper limit of 60 children screened per day per site.

Another problem we observed was that the CDI and follow-up counseling done by the psychologists took approximately three times longer than one ultrasound examination. Because it was important that both the CDI and individual psychosocial interviews be conducted for each child screened by ultrasound, after consulting with the UAHC Directors, we agreed to add two more psychologists to each mobile team. With the addition of the two psychologists, almost all children received both thyroid ultrasound and psychosocial screening examinations.

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

Because the existing referral system for patients with suspected thyroid cancer and other diseases was not entirely effective, a consultant to CCIP spent one week in June 1999 to evaluate the existing referral system. He worked with counterparts from the MOH and the targeted Oblasts, and with Drs. Foley and Contis during his visit. He developed recommendations to strengthen the referral system and the mobile screening teams' relationships with the raion, oblast and regional health centers.

Revised referral forms for the thyroid and psychosocial components were finalized during the summer of 1999, were amended in Year Two and were subsequently used by the mobile screening units in all oblasts. Copies of the referral forms are attached to this Report as Attachment E.

During the final three years of the CCIP, bi-monthly referral reports were prepared by each UAHC secretary and collated by CCIP's Data Base Manager. Each report contained 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 was the responsibility of each UAHC secretary to contact the family, or if direct family contact was not possible, to contact the appropriate school officials, to determine whether the child and family followed through with the referral. The referral report also contained information on the diagnostic and/or therapeutic assistance provided by the health institution. We monitored whether the child and family received financial assistance for travel costs associated with the referral. We also provided financial incentives to the referral physician and/or psychologist when he/she submitted a completed referral form for each child examined.

Compliance with the patient referrals was low, reportedly because parents could not afford the transportation costs to take their child to the referred specialist. As a result, and after discussion with USAID in 2001, it was decided that a special effort would be made to evaluate children with thyroid nodules greater than 10 mm in size. A protocol was developed to implement this outreach referral effort which was reviewed and approved by all five UAHC Directors. This outreach effort involved sending a Pediatric Endocrinologist to examine children with nodules, and a nurse to draw blood for thyroid and hormone tests. Children requiring a fine needle biopsy were referred to the local oblast health center or Kiev (the results of this activity are described in Section 2.2.4).

#### **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. After the MOU with the Institute of Endocrinology and Metabolism was cancelled (see Section 1.2 of the Second Annual Report), we eliminated this task.

#### **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 encountered. These algorithms were incorporated into the CCIP's *Policies and Procedures Manual*, and were discussed and modified after consultation with the oblast Endocrinologists during our Management Conferences.

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

See Section 1.4.

##### **3.1.2 Introduce the Children's Depression Inventory (CDI) as the Screening Tool for Children in Target Oblasts. Pilot Test the CDI in Ukraine. Implement the Psychosocial Screening Program.**

The Children's Depression Inventory (CDI) was introduced in the Spring of 1999 and was an integral part of CCIP's psychosocial screening program and its holistic approach to caring for the child victims of Chernobyl. The mobile teams' psychosocial workers who used the CDI found it easy to administer and simple to analyze. Based on the results of the CDI, as well as one-on-one interviews with children by the mobile team psychologists, children with severe depression were referred to local institutions.

Initially, the number of children screened for psychosocial abnormalities in the participating oblasts was less than the number screened for thyroid abnormalities. One reason for this was that the ultrasonographic screening was a much faster process than administering the CDI and then providing a follow-up individual interview for children displaying signs of depression. A second reason was that in some instances, the mobile psychologists encountered children who were very depressed or suicidal. When such a case presents itself, the mobile psychologist had to deal with the child immediately and provide crisis counseling. If the team remained in the village for several days, the psychologists counseled the child a number of times. The mobile psychologist also worked with the teachers and provided consultations for the child's parents.

Since one mobile team psychologist could not cope with this work load by herself, CCIP hired two additional psychologists for each mobile team. Amendments to the MOUs with each Oblast State Administration were prepared in April 2000, and the additional mobile psychologists joined the screening teams. As a result, the gap between the number of thyroid and psychosocial screenings was effectively closed by early 2001.

The results of the psychosocial screening program are summarized in Table 1 above. As the data show, approximately 13 percent of all children examined were found to be suffering from depression and were referred to local psychologists and school psychologists/physicians for further diagnosis and treatment. While crisis intervention was not part of CCIP's initial program design, we realized that counseling during the screening process was one of the CCIP's most valuable support activities provided to the children at-risk. By the end of the Program, 114,511 children were examined by the CDI, 108,291 received individual interviews by mobile team psychologists, and of this number, 27,925 obtained individual counseling.

Dr. Arthur Pressley (Drew University) was instrumental in training the mobile team psychologists in the use of the CDI and also provided training to reinforce their counseling skills. Dr. Pressley made a number of trips to Ukraine during the life of the CCIP to provide oversight of the CDI program. While in Ukraine, he worked with CCIP's Dr. Irina Grishayeva in addressing the validity and



reliability of the instrument, and in analyzing the results of the CDI exams. He met with the mobile screening psychologists to refresh their training, and assisted Dr. Grishayeva with the analysis of data for publication and presentation at the international conferences described previously.

### **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 were found to suffer from depression, Drs. Robert Chazin (Fordham University), Irina Grishayeva, and Michael Christensen (Drew University), in collaboration with their Ukrainian colleagues, identified several centers where the children with psychosocial disorders might be referred. Children were initially referred to the raion level psychological centers. For more complex problems, referrals were 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 used our computerized referral reporting system to monitor referrals made by the mobile teams. One problem which we encountered was the stigma associated with psychosocial disease. We were also told that the children were reluctant to tell their parents about their depression because they feared they might not be allowed to seek professional help. This may have been the key factor which kept children from obtaining follow-up care from a local psychologist.

### **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 during Year Two.

### **3.1.5 Obtain Baseline Psychosocial Needs Assessment Based on Existing Studies**

Dr. Grishayeva in conjunction with Drs. Chazin and Contis, analyzed the CCIP psychosocial screening data on the Chernobyl child victims in Ukraine and compared the CCIP findings with existing data from other studies.

### **3.1.6 Conduct Psychosocial Training Programs**

Psychosocial training was an indispensable part of the CCIP, but at USAID's request, we decreased the number of training programs during Years 3 and 4. Dr. Grishayeva continued to provide reinforcement training to those psychosocial workers who had been previously trained. The following paragraphs describe the various psychosocial training programs conducted by the CCIP. The Summary of CCIP Training Programs (Attachment One) contains a brief synopsis of all CCIP training.

## **Introduce and Improve Community Outreach Psychosocial Programs**

Planning for the initial Community Psychosocial Training programs was completed in early 1999. Two training programs (totaling 90 paraprofessionals) were conducted in March at the UAHC in Lutsk by Drs. Michael Christensen and Arthur Pressley from Drew University. Ukrainian counterparts from the participating communities, the Volyn Red Cross organization, and UNESCO were selected for training. The training for the Red Cross staff focused on basic techniques for dealing with the trauma related to the

Chornobyl disaster. This included active listening; empathetic response; the nature of stress and trauma; recovery from chronic stress and post traumatic stress disorder (PTSD); how to recognize mental illness; how, when and where to refer; and how to start and facilitate community support groups. The training program for UNESCO staff included refresher courses on the above topics as well as advanced training in providing psychosocial services to children at risk and their families.

At that time, four Ukrainian organizations were identified to work with the CCIP's Psychosocial Component to provide community outreach assistance at the grassroots level. Partnerships were formed with the Ukraine Red Cross in Volyn Oblast; the UNESCO Chornobyl Psychosocial Centers; Postgraduate Institute for Teachers, Department of Psychology in Lutsk; and the Ukraine State Centers for Social Services for Youth (National and Regional Centers).

### **Cosponsor a Five Day Reinforcement Training Event for UNESCO Staff.**

This advanced training session took place September 26 – 30, 1999 at Sanatorium "Danyshi" in Zhytomyr Oblast, and was taught by Drs. Pressley and Christensen. The purpose of the training was to focus on counseling theory and practice, on the introduction of family systems theory, on facilitating group sessions, and on case management. The participants were 25 UNESCO Volunteers and the cost of their accommodation and meals was covered by UNESCO. Reports from the participants indicated that they readily grasped the new technologies which were introduced to them, and they were enthusiastic about the training program.

### **Training Session for Rivne Psychologists**

A joint training session for eight UAHC mobile team Psychologists and 29 Psychologists, teachers and administrators from Rivne and three oblast sanatoriums was held February 9 – 12, 2000. This seminar was co-taught by Drs. Grishayeva and Pressley. The goal of this training was to develop a relationship between the UAHC mobile team psychologists and the staff of the local sanatoriums.

The intent was for the sanatorium psychologists to supplement the care provided by the school psychologists when referrals were necessary. We wished to strengthen and encourage this process as the sanatorium psychologists will work with the children from the contaminated areas while schools are closed for the summer recess.

### **Advanced Training – Zhytomyr:**

Dr. Presnell presented an advanced training program in Clinical Family Therapy and Relationship Consultation at Sanatorium "Danyshi", Zhytomyr, March 11 – 15, 2000. The goals of this training were based on the input from previous trainers and from institutional personnel closest to the persons affected by the Chernobyl disaster, with special consideration given to the needs of the affected children. The seminar focused on teaching family system tools and on building upon and enhancing existing psychotherapy methods for treating a host of individual, family, and institutional problems. Another goal sought to advise human services professionals to facilitate healing in persons who seek their help.

Participants were trained to recognize the impact on individuals and families of various problem-related stressors. Among these are social and economic upheaval and uncertainty; changing political, institutional, and family structures; the breakdown of traditional family coping strategies; and the

prevalence of addictions, post-traumatic wounds, and domestic violence. Participants were encouraged to focus on therapeutic strengths and positive coping skills of families rather than on family pathologies.

### **Three Day Reinforcement Training Event for UNESCO Staff in Koristan**

This advanced training session was taught by Dr. Christensen and took place May 23 -25, 2000 in Koristan near the Chernobyl contaminated zone. It was a three day seminar which was a continuation of the UNESCO seminar taught the previous year by Drs. Pressley and Christensen. The purpose of the training was to provide reinforcement of counseling theory and practice, family systems theory, the facilitation of group sessions, and case management. All of these topics were introduced during the initial seminar held in September 1999. Approximately 25 UNESCO Volunteers participated and the cost of their accommodation and meals were covered by UNESCO.

### **Training Session for Cherkassy Psychologists**

Dr. Pressley conducted a five day advance training program in Cherkassy Oblast, July 10 - 14, 2000. Both UAHC mobile team psychologists and local community professionals attended the seminar.

As with previous programs, this course sought to build on the basic theory and case studies offered in February 2000. Advanced counseling techniques and case studies were used to provide mobile unit psychologists and sanatorium psychologists with additional training in dealing with the children of Chernobyl.

### **Advanced Training Session for Cherkassy Psychologists**

Dr. Pressley conducted a four day advance training program in Cherkassy Oblast October 5 - 8, 2000. Thirty-six clinical psychologists, social workers and local community professionals attended the seminar. The primary topic for the course was marriage and family therapy. Included in the seminars were discussions of substance abuse, neurological disorders, and speech problems among young children. As with previous seminars, teaching techniques included lectures, role-playing and case studies.

### **Advanced Training Session for Mobile Team Psychologists**

Dr. Pressley worked with CCIP mobile psychologists on October 9 - 10, 2000 to assist the mobile psychologists with the preparation of their presentations for the October CCIP Management and Sustainability Conference. He also conducted a seminar on the emotional issues related to thyroid dysfunction. The various emotional and cognitive problems that sometimes develop as a result of an under- or overactive thyroid were discussed. The intent was to ensure that the mobile team psychologists would understand the connection between their work and the work of the ultrasound physicians on the mobile teams. The training was also intended to teach the psychologists how to anticipate some of the early signs of thyroid dysfunction and become more sensitive to the behavioral and cognitive manifestations related to this medical problem.

Dr. Pressley returned to Ukraine in June 2002 to work with Dr. Grishayeva and conduct an advanced training seminar for the mobile screening psychologists who provide counseling to those

children who have attempted suicide or have had suicidal ideation. The seminar covered the following topics:

- the cultural and social dimensions of suicidal ideation;
- understanding the personality traits and biochemical influences of suicidal behavior;
- fundamentals for developing a healthy peer counseling group;
- using contemporary music in peer counseling sessions;
- the art of making a good referral to a specialist;
- recognizing the signs of domestic violence in teenagers;
- recognizing signs of alcoholism; and
- behavioral indicators of thyroid disorders in teenagers.

### **3.2 Introduce and Improve Psychosocial Programs at the Oblast and Community Levels**

#### **3.2.1 School Psychologist Training Programs**

##### **Volyn**

A training program to strengthen oblast level school psychologists was developed by Dr. Robert Chazin (Fordham University) in the Spring 1999. Thirty seven school psychologists from Volyn and Rivne Oblasts participated in the first training program held at the UAHC in Lutsk during May 1999. Three psychologists who were members of the mobile teams from Volyn and Rivne Oblasts also participated. Dr. Chazin, Dr. Meredith Hansen and Dr. Carol Cohen from Fordham conducted the one week training session.

##### **Cherkassy**

Drs. Chazin, Hanson and Cohen presented a five day seminar in Cherkassy for 39 school psychologists on November 1 – 5, 1999. UAHC mobile team psychologists from Volyn and Rivne also attended to provide first hand information on psychosocial problems which they were encountering. The focus of this seminar was on clinical practices, psychosocial assessment, intervention strategies, counseling techniques, and clinical work with families and children.

Training included content similar to that introduced in the earlier training program conducted in Volyn. The curriculum included methods of engaging and assessing clients; planning and implementing treatment plans; and evaluating the therapy that was provided. Substantive topics that were covered included trauma assessment, eco-maps as assessment tools, motivational interviewing with alcohol-involved families, and group intervention strategies. A case study format was introduced to provide maximum opportunity for the participants to tailor the general concepts to meet the particular needs of the children and families with whom they work.

##### **Rivne**

Drs. Chazin and Hanson presented a five day seminar to 42 participants in Rivne Oblast on February 14 – 18, 2000. As with other seminars for school psychologists, the focus was on clinical practices, psychosocial assessment, intervention strategies, counseling techniques, and clinical work with families and children.

In preparation for this training, Drs. Chazin and Hanson reviewed the Cherkassy training evaluations and revised the curriculum and format to better adapt the curriculum to the special needs of the psychologists. The five day intensive meeting schedule was utilized again. Certificates of successful completion of the training were awarded the final day of the course.

Using the same course evaluation instruments utilized in the prior training events, data concerning the trainees' evaluation of their experience were again collected. Preliminary data analysis indicate that the trainees' changed significantly and in the desired direction. The changes in attitudes and knowledge closely paralleled the changes that were observed in the Cherkassy training. Further, these trainees reported that their training experience was excellent and, in written and verbal comments, requested further assistance from the CCIP team.

### **Zhytomyr**

Drs. Chazin and Hanson presented a five day seminar in Zhytomyr for approximately 40 school psychologists and UAHC mobile team psychologists on June 12 – 16, 2000. As with the courses taught in the other three oblasts earlier in the Program, the focus of this seminar was on clinical practices, psychosocial assessment, intervention strategies, counseling techniques, and clinical work with families and children.

Drs. Chazin and Hanson returned to Zhytomyr for a five day seminar in November 2000. This program was a basic course offered to professionals assigned to work with troubled children. The format used followed that which was developed at the start of the CCIP Program and presented in the four prior professional trainings conducted by Drs. Chazin and Hanson. The original format and content was carefully revised to fit more closely the needs of the trainees and address the mental health problems they confront.

Greater emphasis was given in the training program to the use of interventions for various problems confronting these trainees in their work. The interventions which were taught drew on cognitive, cognitive-behavioral and solution focused therapy.

One significant difference in this training session was the greater mix of participants. The trainees included one school principal, four school vice principals, as well as teachers, social workers and psychologists. All were already involved in counseling troubled youth. A wide array of clinical assessment and intervention instruments were presented as was done previously.

As in the prior professional training programs conducted by Drs. Chazin and Hanson, participants showed particular interest in working with severely troubled youth, particularly those youngsters suffering from depression, some of whom demonstrated suicidal ideation and suicidal attempts. The trainees' reports on the prevalence of depression among youths were consistent with the reports of the professional trainees from all five previous training sessions, as well as the findings of the mobile unit outreach workers. These verbal reports were strongly supported by the data collected through the CDI. Taken together, the CCIP's psychosocial training and data collection activities clearly identified youth depression and suicidal ideation as a critical psychosocial issue for many professionals in various mental health occupations in Ukraine.

In Zhytomyr October 28 - November 2, 2001, Drs. Chazin and Hanson presented an advanced training seminar to reinforce previous psychosocial training programs for professionals from the four target

oblasts (school psychologists and other education professionals). The focus was on treating depression in adolescents.

### **3.2.2 Develop Community Based Support Groups and Mental Health Promotion Programs**

#### **Zhytomyr**

Drs. Christensen and Pressley taught a five day training session on Mental Health Promotion for Youth in Zhytomyr on October 1 – 5, 1999. This community level program reviewed methodologies related to case management, mental health promotion, the facilitation of support groups, and self-care. The persons attending this training were volunteers from several oblast youth organizations. Approximately 30 individuals attended.

On May 27 - 31, 2000, a joint training session was conducted for sixteen UAHC mobile team psychologists and 15 para-professionals from the local community by Drs. Grishayeva, Christensen and Pressley. It focused on diagnosis and psychotherapy using play and art therapy. Given the cognitive approach of most Ukraine psychologists, and the depression displayed by many children from this region, it was felt that this teaching approach could be an effective assessment technique for our mobile team psychologists. Content lectures were given during the morning sessions while case studies were presented and discussed during the afternoon sessions.

#### **Cherkassy**

Drs. Christensen and Grishayeva taught a five day seminar in Cherkassy from February 19 – 24, 2000. This community level program was presented to Social Services for Youth Organizations and community mental health promoters. The course reviewed methodologies related to case management, mental health promotion, the facilitation of support groups, and self-care. Approximately 35 individuals attended this seminar.

#### **Training Session for Zhytomyr Psychologists**

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

The concept of "Democratic Community Psychology" was discussed during 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 was 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 were "facility based" and not able to provide outreach services to rural communities and the referral support necessary to help all of the affected children.

Early in the CCIP, we provided training to the Red Cross and to a group of young community volunteers from Zhytomyr. Unfortunately, neither one of these groups were able to implement community outreach activities among depressed youth. The Red Cross volunteers, although eager to work with CCIP children, were unable to do so because 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 as they were too young and were not adequately motivated.

## **4.0 ADMINISTRATIVE ISSUES**

### **4.1 Personnel**

#### **Outreach Coordinator and Community Psychologist**

Dr. Irina Grishayeva, Ph.D., was hired as the Outreach Coordinator and Community Psychologist in January 1999 to provide full-time technical expertise to the psychosocial component of the CCIP. She worked with Drs. Pressley, Christensen, Chazin, Hanson and Cohen to plan and coordinate their psychosocial training programs. With the resignation of Mr. Andriy Kutlakhmetov in April 2001, Dr. Grishayeva was appointed to the position of CCIP Program Deputy Director and assumed Program administrative duties in addition to her psychosocial component obligations.

#### **CCIP Program Deputy Director**

Four individuals filled this managerial position during the four years of the CCIP. First was Mr. Victor Karpenko, who subsequently resigned to work for UNICEF in December 1998. He was replaced by Mr. Oleg Tartak who left the Program in October 2000. Mr. Andriy Kutlakhmetov replaced him until April 2001, when Dr. Grishayeva took over the responsibilities of this position.

#### **CCIP Administrative Assistant**

Ms. Dariya O. Bulatova was hired in January 2001 to serve as CCIP's Administrative Assistant. She was responsible for maintaining the CCIP data base and referral systems, and coordinating CCIP activities through the five UAHC secretaries. Ms. Bulatova served until the end of the Program.

#### **CCIP Data Manager**

Mr. Andriy Bulygin was hired as the CCIP Data Manager in May 2001. He was instrumental in organizing the CCIP screening database and assisting with the interpretation of the statistics. He also coordinated the efforts of the UAHC secretaries and ensured that they provided standardized data to the CCIP's Kiev Office where the data was collected and stored. Mr. Bulygin served until the end of the Program.

### **4.3 CCIP/US Team Meetings**

Three CCIP Team meetings were held over the life of the Program. The first was in December 1999 at the offices of Overseas Strategic Consulting, Ltd. in Philadelphia. On June 8, 2000, the CCIP Team met at Fordham University in New York City. Topics for discussion at both meetings included management and administrative issues, future training plans, screening procedures, CCIP sustainability and other technical and administrative issues. CCIP's third meeting was held on November 30, 2000 at MSCI in Arlington, VA where Program activities and implementation issues were discussed.

These one day sessions were very useful and a productive way to review the CCIP's activities, progress and problems.

#### **4.4 CCIP Registration with the Ukraine Government**

In December 1999, with the assistance of USAID and Counterpart International, the CCIP finalized the registration process with the Government of Ukraine.

#### **4.5 Screening in Slavutych**

In January 2001, USAID gave formal permission for one of the CCIP mobile units to screen children who live in Slavutych, Chernigiv Oblast. Dr. Riaz Awan, the US Department of Energy Project Director stationed in Slavutych agreed to assist us in arranging for this visit with local health and administration officials. We began screening in Slavutych immediately following the delivery of the equipment and van for the fifth mobile screening unit. One young woman with thyroid cancer was identified and had surgery in July 2002.

#### **4.6 No Cost Extension Requests**

Two no-cost extensions were submitted to USAID. The first in February 2001 and the second in April 2002. Because MSCI did not maintain a resident staff, it was able to conserve sufficient Program funds to support the no-cost extensions through September 12, 2002. These funds were also used to implement the Quality Control Program and the Nodule Follow-up Program which were not part of the original Program plan.

#### **4.7 CCIP Management Conferences in September, 1999 and March, 2000**

##### **CCIP Management Conference in Lutsk, September 6 – 7, 1999**

During September 6 – 7, 1999, a conference was held in which representatives from the then four UAHCs met to discuss the goals, purpose, methods, and requirements of the CCIP. This meeting was hosted by the UAHC in Lutsk, Volyn Oblast, because it had already begun its screening activities. Drs. Contis and Foley were present. The Director of the Volyn UAHC, Dr. Grigory Vaschilin, played a major role in this conference as he was able to describe to his Ukrainian colleagues his CCIP screening experience to date. His involvement as well as the sincere conviction with which he spoke about the importance of the CCIP had a positive effect on his colleagues from the other oblasts.

Other subjects covered in the Conference were the reporting requirements, the data analysis package, the proper use of the ultrasound equipment, the methods for administering the Childhood Depression Inventory (CDI), as well as CCIP management issues.

By the end of the Conference, an excellent rapport had been developed among the participants. As a result of this conference, we subsequently learned that there has been regular communications between the UAHC secretaries, the psychosocial staff, and some of the ultrasound physicians from the participating oblasts. This is the kind of team spirit which we were hoping to develop among our Ukrainian colleagues. We were especially pleased that this occurred so early in the Program and believe that it will have a lasting effect on the CCIP's sustainability.



### **CCIP Management Conference in Rivne, March 15 – 17, 2000**

A CCIP Management Conference was held in Rivne during March 15-17, 2000. The four UAHCs gave reports on the results of the screening program in their oblasts. Parallel sessions for both the ultrasound and psychosocial components were held in which the staff involved in these components discussed their findings. There was also a general session in which CCIP management issues were reviewed. Other subjects covered at the Conference included the participating UAHCs' experiences and comments regarding such topics as reporting, data analysis, the interpretation of ultrasound and Childhood Depression Inventory (CDI) findings, as well as CCIP management issues.

Dr. Marilyn Pifer, the wife of the U.S. Ambassador, agreed to open the conference. Other USAID officials also spoke at the opening session on March 15, and Mrs. Richard Goughnour, wife of the USAID/Kiev Mission Deputy Director, participated.

Drs. Foley, Chazin and Presnell from the CCIP American Team attended the conference. The Director of the Rivne UAHC, Dr. Sergei Rak, and the Rivne mobile team hosted the conference. More than 50 participants from the four UAHCs attended. There was excellent press and TV coverage of the Conference.

### **CCIP End-of-Program Briefing at USAID/Kiev**

On September 5, 2002, Drs. Contis, Foley and Grishayeva, and Mr. Arsenault briefed USAID/Kiev on the findings of the CCIP, the conclusions reached, and the actions recommended to the Ukrainian Government for the continuation of the screening program.

### **CCIP Conference: "Lessons Learned and Future Plans for Ukraine"**

On September 6, 2002, CCIP and UAHC staff met with an invited audience of Ukrainian health professionals representing some 20 national and oblast level organizations. A significant part of the conference was devoted to issues related to sustaining the screening program. Reports were presented by all five UAHCs on their work, and future plans for continuing the screening program were discussed by the corresponding Oblast Health Administration representatives.

### **CCIP Management and Sustainability Conferences**

See Section 1.6 above for details.

#### **4.8 Provision of Matching Assistance**

##### **4.8.1 Contribution of Medical Supplies**

World Vision donated a shipment containing medical supplies, valued at \$39,893, which were distributed to Ukrainian medical institutions.

#### **4.8.2 Contribution of New Medical Textbooks**

Two shipments of medical textbooks, organized by Dr. Thomas Foley from the University of Pittsburgh, and donated to Ukraine as CCIP's cost sharing contribution, were distributed by Counterpart International to over 50 Ukrainian medical and research institutions, universities and individuals. The medical textbooks were related to the diagnosis and treatment of thyroid cancer as well as pediatric care.

The total fair market value of both shipments was \$2,723,787.00. The recipients who received the books were effusive in their gratitude for the donation. In addition, a third container was sent to Belarus and distributed by Counterpart International. The value of that container was \$696,843.00.

#### **4.9 Contribution to an Exhibition on the CCIP at the National Museum "Chornobyl", Kiev**

On September 9, 2002, Ms. Pamela Mandel and Dr. Contis attended a ceremony at the National Museum "Chornobyl." At that time, Dr. Anna V. Korolevskaya, the Scientific Director of the Museum, formally opened an exhibition devoted to the work of the CCIP. To this Exhibition, which will be part of the Museum's permanent collection, will be added a plaque commemorating those groups which participated in the CCIP. This plaque was presented by Ms. Mandel, USAID's Acting Director, Office of Health and Social Transition. A copy of the Text of the plaque is shown in Attachment I.

## List of Attachments

- Attachment A:** Summary of CCIP Training Programs
- Attachment B:** Public Education Brochure
- Attachment C:** International Conference Presentations
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**ATTACHMENT A:**

**SUMMARY OF CCIP TRAINING PROGRAMS**

<b>DATE</b>	<b>OBLAST</b>	<b>TOPIC</b>	<b>NUMBER OF TRAINEES</b>	<b>TRAINEE PROFILE</b>	<b>TRAINERS</b>
February 15 – 26, 1999	Kyiv	Thyroid gland pathologies	2	Ultrasonographers from Volyn Oblast	Institute of Endocrinology staff
March 24-28, 1999	Volyn	Treating post traumatic stress disorder (PTSD): coping with catastrophe; the nature of technological disasters; ordinary, chronic and traumatic stress; anxiety and depression; secondary traumatic stress and self-care for professionals; community development; mental health promotion	25	UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
March 29-April 4, 1999	Volyn	Basic training in mental health promotion: personal warmth, active listening, empathetic response, how to recognize mental illness, to whom to refer children	25	Ukraine Red Cross Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
May 17 – 21, 1999	Volyn	Counseling of children and families	37	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
July 1 – 2, 1999	Kyiv	Screening referral and counseling of children with depression; personality theory; psychopathology; personality assessment; clinical supervision	18	Clinical psychologists	A. Pressley (Drew University) I. Grishayeva (CCIP)
July 5 – 9, 1999	Rivne	Screening and referral, basic skills in counseling, crisis intervention, suicide prevention, support groups	29	Social Services for Youth Staff	A. Pressley (Drew University) I. Grishayeva (CCIP)
September 6 – 7, 1999	Volyn	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
September 26 – 30, 1999	Zhytomyr	Counseling theory and practice, group work, case management	32	Follow-up training for UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 1 – 5, 1999	Zhytomyr	The art of mental health promotion, group work, working with drug addicts	14	NGO leaders	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 19-20, 1999	Volyn	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough and fatigue	35	School physicians and school health officials	A. Volosevets, S. Krivopostov (National Medical University) W. Schwartz (Children’s Hospital of Philadelphia)

November 1 – 5, 1999	Cherkassy	Counseling of children and families	41	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
February 9 – 12, 2000	Rivne	Counseling children and adolescents, children and cancer, child abuse and domestic violence, play therapy and young children, substance abuse, screening children for depression, group counseling	37	Sanatorium psychologists and UAHC mobile psychologists from four target oblasts	A. Pressley (Drew University) I. Grishayeva (CCIP)
February 14 – 18, 2000	Rivne	Counseling of children and families	45	School psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
February 20 – 25, 2000	Cherkassy	The art of mental health promotion	37	Social Service for Youth Centers Staff	M. Christensen (Drew University) I. Grishayeva (CCIP)
March 11 – 15, 2000	Zhytomyr	Family systems theory and its application to family therapy and relationship consultation	37	Social Service for Youth Centers staff	W. Presnell (Drew University) I. Grishayeva (CCIP)
March 15 – 17, 2000	Rivne	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
April 5 – 6, 2000	Rivne	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	70	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children’s Hospital of Philadelphia)
April 7 – 8, 2000	Zhytomyr	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	80	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children’s Hospital of Philadelphia)
May 23- 25, 2000	Koristan	Advanced counseling theory and practice, group work, case management	25	UNESCO Community Development Staff	Michael Christensen (Drew University)
May 27 - 31, 2000	Zhytomyr	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile psychologists and paraprofessionals from the local communities	M. Christensen, A. Pressley (Drew University), I. Grishayeva (CCIP)
June 12 - 16, 2000	Zhytomyr	Counseling of children and families	40	School psychologists and mobile psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 10 - 14, 2000	Cherkassy	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile team psychologists and paraprofessionals from the local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)

October 5 - 8, 2000	Cherkassy	Marriage and family therapy. Topics included substance abuse, neurological disorders, and speech problems with young children.	36	Psychologists and professionals from local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 9-10, 2000	Zhytomyr	Data analysis and presentation techniques.	18	Mobile Team psychologists	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 10 -12, 2000	Zhytomyr	CCIP Management and Sustainability Conference.	50	UAHC and mobile screening team staff	
October 13, 2000	Zhytomyr	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	50	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 16 - 17, 2000	Cherkassy	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	45	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 30 - November 3, 2000	Zhytomyr	Advanced counseling techniques related to children	35	School teachers and officials, social workers, and psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
April 26 - 27, 2001	Kiev	CCIP Management and Sustainability Conference.	10	UAHC Directors, Secretaries and CCIP Kiev Staff	
June 10 - 14, 2001	Zhytomyr	Brief Treatment for Depressed Adolescents	35	Health Professions from the four Oblasts	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 2 - 6, 2001	Zhytomyr	Training of Community Leaders so that they may Provide Mental Health Services to Rural Areas	30	Community Leaders	A. Pressley (Drew University), I. Grishayeva (CCIP)
July 7 - 9, 2001	Kiev	Reinforcement Training for Mobile Psychologists	20	Mobile Screening Psychologists	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 28 - November 3, 2001	Zhytomyr	Advanced Training for Treating Depression in Adolescents.	35	School Psychologists and Other Health Professionals	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
December 10 - 14, 2001	Zhytomyr	Reinforcement Training of Community Leaders on Mental Health Support Services in Rural Areas	32	Mobile Team Psychologists, Psychologists, Teachers and Community Leaders	A. Pressley (Drew University), I. Grishayeva (CCIP)
June 10 - 14, 2002	Cherkassy	Reinforcement Training for Mobile Team Psychologists in Suicide Prevention and Dealing with Suicidal Ideation	15	Mobile Team Psychologists	A. Pressley (Drew University), I. Grishayeva (CCIP)
		<b>Total</b>	<b>1,200</b>		

**ATTACHMENT H: U.S. ORGANIZATIONS AND PERSONNEL WHO PARTICIPATED IN THE CCIP**

**Medical Service Corporation International**

- George Contis, M.D., M.P.H., Program Director
- Richard Farmer, M.D.
- George Connors, CPA
- Elena Cox
- Richard Joseph

**University of Pittsburgh, School of Medicine, Department of Pediatrics**

- Thomas P. Foley, Jr., M.D.

**Fordham University, Graduate School of Social Services**

- Robert Chazin, D.S.W.
- Meredith Hanson, D.S.W.
- Carol Cohen, Ph.D.

**Overseas Strategic Consulting, Ltd.**

- Robert Arsenault
- Joseph Keohan
- Andre Sinioukov

**Children's Hospital of Philadelphia, School of Medicine, Department of Pediatrics**

- William Schwartz, M.D.
- Michael Norman, M.D.

**Drew University Graduate School**

- Michael Christensen, Ph.D.
- Arthur Pressley, Ph.D.
- William Pressnell, D. Ministry

**Counterpart International, Inc.**

- Brian Propp
- Luella Propp
- Shelly Brewer