

CHORNOBYL CHILDHOOD ILLNESS PROGRAM

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Third Annual Report
May 13, 2000 – May 12, 2001

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INTRODUCTION

The purpose of this Third Annual Report is to advise USAID on the progress of the Chernobyl Childhood Illness Program (CCIP) during the period May 13, 2000 – May 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 Third Year Implementation Plan.

1.0 INSTITUTIONAL ACTIVITIES THAT SUPPORT BOTH PROJECT COMPONENTS

1.1 Establish Ukrainian American Health Centers

As of November 1999, the initial four Ukrainian American Health Centers (UAHC) have been established and are fully operational. Due to scheduling conflicts, opening ceremonies for the two UAHCs in Zhytomyr and Cherkassy were delayed until October 2000. Both opening ceremonies were attended by Ukrainian Oblast Government Officials, representatives from USAID, and CCIP team members.

In December 2000, 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 was finalized and signed in April 2001. KCPO, through Professor Cheban, will also provide in-country technical support to the CCIP as well as quality control of screening 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.

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 children in the target population 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 comparison group whose families moved to the contaminated area after the disaster.

1.2 Finalize Memorandums of Understanding with the Ministry of Health and the Institute of Endocrinology and Metabolism

This task has been completed with the signing of a Memorandum of Understanding (MOU). In a meeting with Dr. Bobyliova and USAID officials, CCIP staff agreed to provide her with reports on CCIP Program activities on a periodic basis. Copies of this Annual Report and the recently signed MOU with KCPO will be provided to Dr. Bobyliova 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.

Dr. William Schwartz and his colleagues, Drs. Postipovov and Vololovets, Professors of Pediatrics from Kyiv Medical University, completed two training seminars during October in Zhytomyr and Cherkassy. The main emphasis of both programs continued to be instructing school health officials on techniques for recognizing health and psychosomatic problems among school children that may be associated with post-Chornobyl psychosocial trauma. These include abdominal pain, headache, coughing and fatigue. As Dr. Thomas Foley was in Ukraine to attend the CCIP October Conference, he was also able to participate in both seminars.

A table in which all CCIP training activity and the number of participants are summarized, is attached to this Annual Report as Attachment A.

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 citizen participation in the thyroid screening program.

The Public Awareness Brochure was finalized and approved by USAID. The Brochure was printed (200,000 copies), sent to the four UAHCs in June 2000 and continues to be distributed at relevant oblast events and through the schools, local sanatoriums, the Ukrainian-American Health Centers and as the mobile screening teams visit raions throughout the targeted oblasts. 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. UNICEF was happy to comply with this request, but needed to print new brochures. We will follow-up with this program during Year Four.

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 Conferences

The first CCIP Management and Sustainability Conference was held October 10 – 12, 2000. The purpose of this conference was twofold. First, CCIP activities over the past six months were reviewed and members from each UAHC mobile team were invited to give a brief presentation on their progress over the quarter. 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 introduced. Members from the mobile teams and Oblast Health Administrations discussed alternative approaches to continuing the CCIP and the UAHCs after funding for the CCIP ends in 2002. A key option was to assist the UAHCs to become Non-Governmental Organizations (NGOs).

In addition to CCIP American team members, 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 provided information on fund raising activities by NGOs and Mr. George Connors presented a discussion on NGO financial planning and management. This conference was the first step in a process that will develop over the next 12 - 18 months.

The second CCIP Sustainability Meeting was held 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. Drs. Contis and Foley from the CCIP American team attended, 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 worked with the Directors to explain the fundamentals of forming an NGO in Ukraine with in-depth presentations on NGO registration, organizational development and fund raising. Mr. Connors continued his discussion of 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 future sustainability. The meeting was conducted in a "workshop" environment so that oblast participants could obtain one-on-one practical experience.

1.7 Invitation to Two International Conferences

The CCIP was invited to attend and present its screening findings at two international conferences to be 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. 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, CCIP Deputy Director, and Dr. Sergi Rak, the Rivne UAHC Director, made 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 June 4 - 8, 2001. Two CCIP abstracts of formal papers have been accepted by the organizing committee for presentation at the conference, while a third paper will be presented as a poster. The title of the first paper is: "A Holistic Approach For Dealing With the Long Term Health Effects of the Chernobyl Disaster" and will be presented by Dr. George Contis during the Plenary Session on June 4. The second paper, "Thyroid Screening of Children at High Risk for Thyroid Neoplasia after the Chernobyl Accident" will be presented by Dr. Thomas Foley later in the week. The poster entitled "Screening, Referral, and Treatment of Psychosocial Abnormalities of Children after the Chernobyl Accident" will be presented by Dr. Irina Grishayeva. This international conference is being sponsored by the Ukraine Scientific Center for Radiation Medicine.

Both Drs. Contis and Foley will travel to Minsk, Belarus on June 9 to attend the 3rd International Meeting on "Biological Effects of Low Dose Radiation (Molecular and Genetic Effects of Low Dose Radiation)." This meeting is being sponsored by The Belorussian Committee on The Children of Chernobyl and USAID. Drs. Contis and Foley will present papers and discuss the findings of the CCIP at a conference of international experts involved in post-Chernobyl studies. (The travel costs of attending this conference will be paid by the sponsors and will not be charged to the CCIP.)

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. In May, we were informed that there was a delay in publishing this issue of Frontlines, but the USAID Frontlines editorial staff expect the issue to be printed and distributed in early June.

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 efficient.

As can be seen by the number of children screened, as presented in Table 1 below, the UAHCs' scheduling process has accelerated. 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

During the past year, the most important accomplishment of the CCIP was the significant increase in the number of children screened. As of May 18, 2001, a total of 53,702 children have been screened by ultrasound and 53,333 by the Children's 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

OBLAST	TOTAL SCREENED : THYROID	THYROID ABNORMALITIES IDENTIFIED	TOTAL SCREENED: PSYCHOSOCIAL	PSYCHOSOCIAL ABNORMALITIES IDENTIFIED
VOLYN	15,818	1,290 (8.2%)	15,810	2,031 (12.8%)
RIVNE	12,242	712 (5.8%)	11,882	2,393 (20.1%)
CHERKASSY	11,635	722 (6.2%)	11,635	1,479 (12.7%)
ZHYTOMYR	14,007	1,160 (8.3%)	14,006	1,705 (12.5%)
TOTAL	53,702	3,884 (7.2%)	53,333	7,608 (14.3%)

The increase in the number of children screened is vividly demonstrated in the graph shown below (Attachment B). Note the acceleration in the month of August 2000 which coincided with CCIP's introduction of "performance incentive" payments to the mobile teams' staff.

To date, three children (one each from Cherkassy, Rivne and Volyn Oblasts) have been found to have thyroid cancer. A fourth child from Rivne who was attending a summer camp, was diagnosed with possible thyroid cancer. After he returned to his home, however, which was outside of the targeted raions in Rivne, the UAHC did not receive further information on his status. Our Rivne UAHC secretary has been asked to check on his condition and what treatment was provided.

The percentage of children with benign and malignant abnormalities (where normal = 0.1 percent) is consistent with the percentage reported from radiation contaminated areas in other countries. The incidence of three children with thyroid cancer among 53,702 screened is considerably higher than the 1:1-2 million incidence among populations not exposed to nuclear fallout.

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 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 suggested 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

OBLAST	NUMBER WITH SOLITARY NODULES	NUMBER WITH MULTIPLE NODULES	NUMBER WITH OTHER THYROID ABNORMALITIES
VOLYN	188	131	971
RIVNE	394	122	196
CHERKASSY	274	31	417
ZHYTOMYR	167	83	910
TOTAL	1023	367	2494

Although screening has increased dramatically over this time last year, we still continue to experience occasional delays. The reasons include:

- winter weather hindering travel to the affected rural areas;
- flu outbreaks closing schools in a number of raions for several weeks; and
- although schools are informed of the mobile unit's schedule, in some instances, children are not available for screening when the mobile unit arrives. They may be out of school due to illness or for other reasons.

As mentioned above, there was a dramatic increase in the number of children screened during the summer of 2000. There were several reason for this. First, 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). For example, images of hypertrophied thyroid glands will not be kept, but a note will be made on the child's record of this finding. This will substantially decrease the amount of time that will be required for screening those children with normal thyroid glands.

Second, we agreed to provide a monetary incentive to both the ultrasonographers and the psychosocial workers for each child screened over 30 per day. This has led to almost double the number of children screened daily and has encouraged the teams to work longer hours and with greater efficiency. To ensure that quality is maintained, we have placed an upper limit of 60 children per day per site.

Third, the CDI and follow-up counseling done by the psychologists takes approximately three times longer than an ultrasound examination. Because it is important that both the CDI and individual psychosocial interviews be conducted for each child screened by ultrasound, we agreed with the UAHC Directors that a third psychologist would be added to each team. With the addition of the third psychologist, almost all children are now receiving both thyroid ultrasound and psychosocial screening examinations.

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 April 2001 and his next trip will be in June 2001.

As Dr. Cheban is now part of the CCIP, he will begin to work with the UAHC ultrasonographers to ensure that screening and data collection quality control is maintained.

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 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 Oblast UAHCs

We are in the process of ordering, purchasing and outfitting a fifth mobile team. Unfortunately, we cannot actually purchase the equipment until the Kiev City Public Organization for Assistance to National Health Reservation of Ukraine receives accreditation from the Government. This accreditation is necessary so that the equipment may be imported free of customs duty. We expect that the additional van, ultrasound equipment and image recorder will be delivered in late June 2001 to the KCPO.

2.3 Strengthen the Referral System for Patients with Thyroid Cancer

Referral forms for the thyroid and psychosocial components were amended in Year Two and are 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 financial incentive to the referral physician and/or psychologist when he/she submits a completed referral form for each child examined.

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 were discussed 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 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. Dr. Schwartz and his colleagues from the Medical University of Kyiv presented two seminars in Cherkassy and Zhytomyr during this year. These were attended by approximately 100 physicians and school health officials. We are planning for one additional follow-up training session during the fourth year of the Program.

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. Begin Psychosocial Screening Program.

The use of the Children's Depression Inventory (CDI) continues to be 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 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 14.3 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 crisis intervention 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 May, July, October and December, 2000. During these visits, one of his tasks was to continue 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 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 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 are initially 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 during Year Two.

3.1.5 Obtain Baseline Psychosocial Needs Assessment Based on Existing Studies

Drs. Michael Christensen and Irina Grishayeva are continuing to work on this task. This entails an analysis of CCIP psychosocial screening data on the Chernobyl child victims in Ukraine and a comparison of CCIP findings with existing data from other studies.

3.1.6 Psychosocial Training Programs During Year Three

In keeping with USAID's recommendations, we decreased the number of training programs during Year 3 and have limited those planned for Year 4. We will, however, continue to provide reinforcement training to those psychosocial workers who have been previously trained.

Cosponsor a Three Day Reinforcement Training Event for UNESCO Staff in Koristan

This advanced training session was taught by Dr. Michael Christensen and took place May 23 -25, 2000 in Koristan near the Chernobyl contaminated zone. This three day seminar was a continuation of the UNESCO seminar taught last year by Drs. Arthur Pressley and Michael Christensen from Drew University. 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. Arthur Pressley visited Ukraine during the summer to conduct a five day advance training program in Cherkassy Oblast, July 10 - 14, 2000. Both UAHC mobile psychologist 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. Arthur Pressley returned to Ukraine to conduct 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 this 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 Psychologists

Dr. Pressley also worked with CCIP mobile psychologists on October 9 - 10, 2000. The purpose of this session was 1) to assist the mobile psychologists with the preparation of their presentations for the October CCIP Management and Sustainability Conference, and 2) to present 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 purpose was to ensure that the mobile psychologists would begin to understand the connection between their work and the work of the ultrasound physicians on the mobile teams. The training is also intended to teach the psychologists 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.

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

3.2.1 School Psychologist Training Programs During Year Three

Zhytomyr

Drs. Robert Chazin and Meredith Hanson from Fordham University 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.

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.

Zhytomyr

Drs. Robert Chazin and Meredith Hanson presented a five day seminar in Zhytomyr in early 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 has been carefully revised after each training program to more closely fit the practice needs of the trainees and address the mental health problems they confront.

Greater emphasis is now being given in the training programs to the use of assessment in developing interventions for use with the various problems confronted by these trainees in their work. The interventions now being taught draw on cognitive, cognitive-behavioral and solution focused therapy. All are taught in the context of a strengths and ecological assessment of families and children experiencing crisis and trauma.

One significant difference in this last 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 are 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 are strongly supported by the data collected through the CDI. Taken together, the CCIP's psychosocial training and data collection activities clearly identify youth depression and suicidal ideation as a critical psychosocial issue for many professionals in various mental health occupations in Ukraine.

3.2.2 Prepare Handouts and Family/Patient Counseling Materials on Psychosocial Problems.

A booklet entitled "Handbook for Family Therapy Training in Ukraine" was prepared by Drew University during the last quarter of Year 3. This Handbook provides an orientation to family therapy and includes training material on family/patient counseling and counseling models that may be followed by Ukrainian community leaders.

3.2.3 Develop Community Based Support Groups and Mental Health Promotion Programs During Year Two

Training Session for Zhytomyr Psychologists

A joint training session for sixteen UAHC mobile team psychologists and 15 para-professionals from the local community was held May 27 - 31, 2000. This seminar was co-taught by Dr. Irina Grishayeva from the CCIP, and Drs. Michael Christensen and Arthur Pressley from Drew University.

The primary focus of this training was to present seminars 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 assumed 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.

3.3 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 able to provide outreach services to rural communities and the referral support necessary to help 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 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.

We are presently reworking 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 local representatives from each oblast to ensure that they, in turn, can work with and train leaders from local communities to offer counseling to children experiencing depression. A training seminar was planned for May, but was postponed until early July. If this initial seminar proves to be successful, we will hold several additional seminars over the next nine months to train a cadre of community leaders from each oblast.

4.0 ADMINISTRATIVE ISSUES

4.1 Visits to Ukraine

In addition to the training programs described above, the following visits were made by CCIP team members.

July 2000

Dr. George Contis and Mr. Richard Joseph from MSCI visited Ukraine during July 21 - August 3, 2000. A number of operational and administrative issues were discussed, several of which have been reviewed in detail above. The primary purpose of the trip was to meet with UAHC Directors to discuss ways of improving the screening process and ensuring the sustainability of the CCIP after USAID funding ended.

Meetings were held with all four Directors and representatives from the Oblast Health Administrations. It was agreed by all that the number of children screened each week needed to increase. The Directors accepted our proposal to increase the per diems provided to the mobile teams, as well as not to record ultrasound images of children with normal thyroids.

A meeting with Dr. Olga Bobyliova, First Deputy Director of the Ministry of Health, Ms. Pam Mandel and Dr. Eliot Pearlman from USAID, and other MOH staff was held on August 1, 2000. The issues of improving the screening and CCIP Project sustainability were discussed. Dr. Bobyliova was receptive to organizing NGOs to support the UAHCs, provided that funding could be obtained.

October 2000

Drs. George Contis from MSCI, Thomas Foley from the University of Pittsburgh, William Schwartz from Children's Hospital in Philadelphia, and Michael Christensen and Arthur Pressley from Drew University visited Ukraine during October 8 - 17, 2000. The primary purpose of their trip was to attend the October CCIP Management and Sustainability Conference and the two opening ceremonies of the UAHCs located in Zhytomyr and Cherkassy. Drs. Contis, Foley and Christensen, as well as Mr. George Connors, also met with USAID officials to review the CCIP Evaluation Team's preliminary report. A number of operational and administrative issues were discussed with USAID and UAHC Directors, several of which were reviewed in detail above.

January/February 2001

Drs. Thomas Foley from the University of Pittsburgh and George Contis from MSCI visited Ukraine during January 29 - February 6, 2001. 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.

April/May 2001

Drs. Contis and Foley, and Mr. George Connors, returned to Ukraine in April, 2001 to attend the Sustainability Meeting held in Kiev. During this visit, they also reviewed procedures for maintaining the screening database, discussed methods for improving the referral system and initiated changes in UAHC personnel.

4.2 Employment Changes

Employment of Mr. Andriy Kutlakhmetov

Mr. Andriy Kutlakhmetov was hired as the CCIP Program Administrative Assistant in September 2000. Mr. Kutlakhmetov had previous managerial experience and brought to the CCIP the necessary skills for improving the CCIP's referral and data collection systems, for strengthening communications with UAHC staff, and for assisting U.S. advisors with Program activities.

Resignation of Mr. Oleg Tartak

Mr. Oleg Tartak, CCIP Deputy Project Director resigned in October 2000. Mr. Tartak was replaced by Mr. Andriy Kutlakhmetov, the CCIP Program Administrative Assistant.

Employment of Ms. Dariya Olexandrivna Bulatova

Ms. Dariya O. Bulatova was hired in January 2001 as the CCIP Administrative Assistant. She is 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.

Resignation of Mr. Andriy Kutlakhmetov

Mr. Andriy Kutlakhmetov resigned in April 2001. MSCI nominated Dr. Irina Grishayeva to replace Mr. Kutlakhmetov as CCIP Deputy Director, and USAID concurred.

Resignation of Volyn and Cherkassy UAHC Secretaries

The UAHC Secretaries from Volyn and Cherkassy were discharged from their positions in April 2001. New secretaries were hired in May 2001. Ms. Olga Petrovska - Demyanchuk was hired to replace Ms. Olena Danilenko in Volyn Oblast, and Ms. Oksana Rezun was hired to replace Ms. Helen Rebenko in Cherkassy Oblast. The UAHC Directors were informed of the situation and agreed with MSCI's actions.

4.3 CCIP/US Team Meetings

On June 8, 2000, the CCIP Team met at Fordham University in New York City to discuss Program activities and progress. This was the second CCIP team meeting in the US and topics for discussion included management and administrative issues, CCIP sustainability, future training plans, screening procedures and other technical and administrative issues.

Our third meeting was held on November 30, 2000 at MSCI in Arlington, VA where we brought everyone up to date on Program activities and discussed implementation issues. We have found these one day sessions to be very useful and we will continue to hold these meetings every six months 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 Ukraine Government. We now are preparing for an extension of our registration and accreditation with the assistance of USAID and Counterpart International.

4.5 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. Dr. Riaz Awan, the US Department of Energy Project Director stationed in Slavutych has agreed 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.

4.67 No Cost Extension Request

A request for a no-cost extension was submitted to USAID in February and approved in May. MSCI has sufficient funds available to support the twelve month no-cost extension. The CCIP will now end on May 10, 2002.

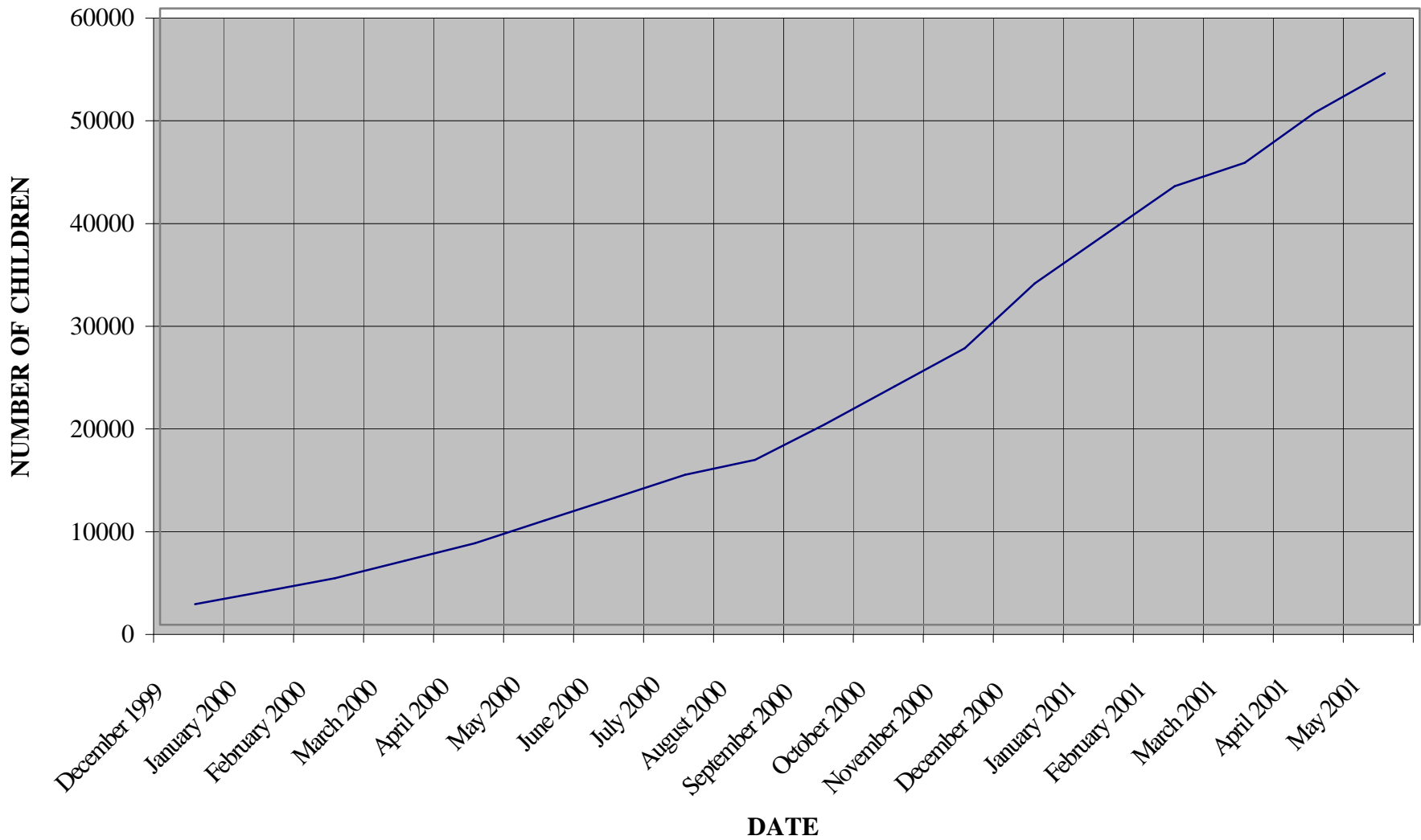
ATTACHMENT A: SUMMARY OF TRAINING SEMINARS

DATE	OBLAST	TOPIC	NUMBER OF TRAINEES	TRAINEE PROFILE	TRAINERS
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	
		Total	1,033		

ATTACHMENT B: NUMBER OF CHILDREN SCREENED BY CCIP



Screening Results

Date	Number
December 1999	1993
January 2000	3262
February 2000	4531
March 2000	6235
April 2000	7938
May 2000	10155
June 2000	12371
July 2000	14588
August 2000	16054
September 2000	19520
October 2000	23222
November 2000	26923
December 2000	33235
January 2001	37966
February 2001	42697
March 2001	44971
April 2001	49847
May 2001	53702