

The CHANGE Project
FY00 FIRST QUARTER REPORT
October 1, 1999 - December 31, 1999

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Overview

This quarterly report covers the period October 1 - December 31, 1999, completing the first quarter of the second year of operation for the CHANGE Project.

The CHANGE Project FY00 First Quarter Highlights

- CHANGE continued its leadership role in new global initiatives on new vaccine introduction, injection safety, and improvement of social scientist involvement in malaria research and control. In addition, CHANGE staff participated in an “experts meeting” to reexamine the WHO global strategy for dengue fever prevention and control.
- Implementation of existing CHANGE field applications continued:
 - The first application of a CHANGE tool, Negotiated Improved Practices, was launched with technical assistance from CHANGE, PAHO and CDC. Research and analysis were completed, and will be presented next quarter at the “Third Interagency Meeting”.
 - CHANGE met with the new FUTURES Group team, which has been awarded the Jamaica Adolescent Reproductive Health Project, to begin refining scopes of work and timelines of activities.
 - CHANGE staff and consultants returned to Malawi and Zimbabwe to meet with partners and to receive feedback on the draft Community Surveillance Kit. During these visits, arrangements for pilot testing in Malawi and Zimbabwe were discussed and staff is following up on the next steps.
 - All five national Polio Lessons Learned case studies were completed and results were presented at the Task Force on Immunization meeting in Harare.
- CHANGE explored collaborations with BASICS, MOST/Nicaragua, JSI/Egypt, and the Africa Bureau.

The CHANGE Project activities for the first quarter of FY00 are described in more detail in the following sections:

Global Leadership
Tools and Approaches Development
Partnerships and Program Activities
Research Agenda
Operations

Global Leadership

Global Advocacy for Vaccines and Immunization

Since June 1999, CHANGE Project Director Dana Faulkner has participated on the Advocacy and Communications Task Force (ACTF) of the Global Alliance for Vaccines and Immunization (GAVI). GAVI is a new global initiative formed by a broad spectrum of public and private sector partners including WHO, UNICEF, the World Bank, USAID, the Rockefeller Foundation and the Bill and Melinda Gates Children's Vaccine Program.

GAVI will be formally launched on January 31, 2000 at the World Economic Forum (WEF) in Davos, Switzerland. Bill Gates, Gro Brundtland, James Wolfenson, and Carol Bellamy are scheduled to appear before heads of state and global corporate leaders to announce the Gates Foundation gift to GAVI and launch GAVI's global challenge for additional contributions and support. During this quarter, Ms. Faulkner worked with the launch subcommittee of the advocacy task force and representatives of the WEF to plan the GAVI panel presentations at Davos, selected a public relations agency, prepared press materials, and conducted media outreach in support of the launch. In January, Ms. Faulkner will travel to the WEF meeting in Davos to support UNICEF's on-site media operation and staff the GAVI media center.

Also during this quarter, CHANGE consultant Matthew Freedman traveled to Geneva, Switzerland to meet with Tore Godal and Lisa Jacobs of the GAVI secretariat. Mr. Freedman briefed them on the status of the preliminary long range strategic communications plan for GAVI drafted by CHANGE, and discussed follow up steps for its further development following the January 31 Davos launch.

Injection Safety

CHANGE has continued to participate in the development of a new global coalition on injection safety, the Safe Injection Global Network (SIGN). In October 1999, CHANGE Project Director Dana Faulkner attended the initial meeting of SIGN partners in Geneva, which was attended by representatives of USAID, WHO, UNICEF, CDC and the World Bank, among others. During this meeting, Ms. Faulkner served as rapporteur for the discussion group identifying behavior change issues for the SIGN strategic plan. Building on this work, CHANGE has been asked to work with the SIGN secretariat to develop a "tool box" of behavior change interventions and approaches that can be utilized in country programs.

WHO Global Strategy for Dengue Fever/Dengue Hemorrhagic Fever Prevention & Control

Against a background of growing political awareness and concern about dengue fever, there is now an urgent need to identify priorities for action that will contribute to more effective implementation of available measures to reduce the burden of disease. This quarter, Project

Deputy Director, Julia Rosenbaum, presented a discussion paper as part of CHANGE's participation in an "experts meeting" to reexamine the World Health Organization's global strategy for Dengue Fever/Dengue Hemorrhagic Fever Prevention and Control. The paper examines the contribution of behavior change approaches to disease prevention and control and suggests how incorporating a comprehensive behavior change approach might contribute to dengue control efforts. Our work in the development of an integrated behavior change strategy in the Dominican Republic was highlighted as an example of an innovative approach to behavior change. As a result of several behaviorally oriented discussion papers, the experts group recommended several new additions to the Global Strategy. In addition, public health colleagues from around the globe expressed interest in expanding their dengue prevention and control approaches to include a behavioral orientation. CHANGE will pursue select collaborations to further refine tools and approaches.

Improving the Involvement of Social Scientists in Malaria Research and Control

Network of Social Scientists

During the past quarter, Susan Zimicki and consultant Nancy Pollock worked out a strategy for reaching social scientists in Africa. CHANGE will begin contacting institutions and organizations, asking them to either circulate an announcement to social scientists or provide us with names and contact information. CHANGE will then contact individual social scientists and ask them to provide information about themselves.

Three databases will be produced. The first is a directory of social scientists that will be available on the Internet with the intent of enhancing networking among social scientists. This database will contain only basic information (name, contact information, degrees, research interests, and preferred research methods), and be searchable by name, country of residence, and categories of research interests and methods. The second database will be available to institutions, such as the World Health Organization and international donors, and will include basic information for social scientists interested in receiving requests for proposals or information about meetings. Finally, a database of social science researchers interested in possible consultancies, which will include information about their work experience and publications in addition to the basic information, will be made available to funding and academic institutions.

The template for collecting information has been drafted; once pretested, it will be made available in paper, electronic and web-accessible formats. We have had preliminary discussions with a programmer to determine the best software to use for creating a searchable database that will be Internet-accessible.

Meeting to Determine Priorities in Home Treatment for Malaria

A draft agenda has been developed, discussed and approved for the meeting to determine priorities in home treatment for malaria, scheduled for May 5-12, 2000. CHANGE is currently assisting Vicky Marsh of the Kenya Medical Research Institute, a consultant to WHO, in

identifying social scientists who have worked in the area of home treatment or who might be able to contribute to research in this area. In order to identify potential participants and keep up to date on recent research, Susan Zimicki, CHANGE Project Research Manager, attended the meeting of the American Society for Tropical Medicine and Hygiene. The results of a study of an intervention that increased access to appropriate treatment were presented. In addition, reports from the CDC field trial of insecticide-treated nets carried out in western Kenya were presented. These reports show a substantial effect of bednets on child mortality in an area where malaria transmission is particularly intense as well as evidence that use of nets by women of childbearing age - that is, use throughout pregnancy, from conception onwards - reduces maternal anemia and preterm delivery.

CHANGE is providing partial support for Holly Williams to visit the London School of Hygiene and Tropical Medicine to begin working with Caroline Jones on a background paper for the home treatment meeting. Joseph Diederich, CHANGE Project Operations Manager, was instrumental in resolving inter-agency problems in this matter.

Tools and Approaches Development

Development of Tools & Approaches for Behavior Change

During this quarter, Susan Zimicki articulated CHANGE's strategy for identifying promising 'out-of-the-box' theories that might stimulate new thinking about tools and approaches. It involves four kinds of work:

- 1) When interventions fail to change behavior, one important reason is a misdiagnosis of the problem. This happens because developmental research fails to take into account the entire situation leading to the behavior and all the factors contributing to it, and/or because research methods are inadequate. To address these issues, CHANGE needs to develop improved frameworks for understanding problems (and, eventually, development of better frameworks will lead to a strategic planning system) as well as some new research tools. Early results of this task are work on two tools - diagnostic role play and pile sorts - and a process model framework.
- 2) Social marketing is the application of marketing principles to achieve social goals. In the 20 years since social marketing was "invented", its parent discipline has developed new approaches (permission marketing, viral marketing, relationship marketing, and different approaches to branding). It seems reasonable to look at innovations in marketing to see whether any can be applied to the social goals we are addressing. Early results of CHANGE's efforts in this line have led to the identification of two possible tools: Value-based Branding and Network Marketing (the 'Tupperware' approach).
- 3) The models of health promotion that form the basis for behavior change interventions are mainly oriented toward individual behavior change. This orientation reflects the geography of their development – in societies that value individualism – and their intellectual grounding in the discipline of individual psychology. Thinkers from other social science disciplines and other social contexts have developed explanatory models that may point to new types of interventions to stimulate behavior change, for example at the community or institutional level. CHANGE will be taking a systematic, focused look at other social sciences to see what they have to offer. A short list of focus areas includes social change theory, network analysis, norms and applications of chaos theory (sociology); group processes (social psychology); game theory, household economics and social capital theory (economics); attention to family structure and decision making and to life cycle approaches (demography); and the notion of culture as dynamic (anthropology). Early results of this approach are the identification of network analysis and game theory as promising sources of ideas for new tools.
- 4) Recently, for philosophical, political and financial reasons, empowerment/participation models have received renewed attention. Unfortunately, interventions based on these models have not been as easy to replicate, implement on as large a scale, or as productive of measurable results as interventions based on models grounded in psychological theories. CHANGE

believes that a re-examination of empowerment/participation models and interventions based on these models may prove fruitful to answer the questions: “Do these types of interventions really work? Are longer evaluation periods needed to observe measurable behavior change? Are different measures needed?”

Technical Agenda

In order to further the development and implementation of our technical agenda, CHANGE participated in an October 27th meeting on measuring gender norms in the context of HIV/AIDS behaviors. The meeting, sponsored by the HORIZONS Project, brought together researchers and program specialists from over 20 organizations to examine the role of norms in shaping key HIV behaviors, and documented approaches to changing norms. CHANGE Deputy Director Julia Rosenbaum contributed to the agenda of the meeting, presented a framework for developing normative approaches, and most importantly, began to form linkages for possible partnerships in the future with organizations and researchers looking to apply normative approaches to behavior change.

Matrix

During this quarter, CHANGE staff began revising the Matrix for publication on the CHANGE web site. The introduction to the Matrix was rewritten to provide a fuller explanation of how it was developed, the kinds of approaches and tools that CHANGE is interested in developing, the ways we are identifying new tools and approaches, and the ways in which others can collaborate with us. Renny Seidel, AED Director of Publications and Communications for Social Development Division, is currently editing this introduction and the descriptions of approaches and tools to ensure that they are clear to readers and appropriate for publication on the web. Lynda Nygren, AED Internet Art Director, is developing a template for the CHANGE web site.

Partnerships and Programs

Community-based Dengue Control Activities in the Dominican Republic

The passage of Hurricane Georges over the Dominican Republic in September 1998 has increased the risk of dengue and dengue hemorrhagic fever. Levels of household and community infestation of mosquitos are significantly higher than acceptable norms. The CHANGE project has been assisting the Ministry of Health (MOH/SESPAS) in developing an innovative behavior change strategy to support community-based dengue control efforts. Working in partnership with the MOH, the Pan American Health Organization (PAHO), the Centers for Disease Control and Prevention (CDC), the Dominican National University and local NGOs, CHANGE is providing on-going technical assistance in conducting innovative formative research, household trials and larval surveys which will lead to the development of a strategy to increase community and household participation in dengue control.

This quarter saw the first application of a CHANGE tool, Negotiating Improved Practices (or NEPRAM in Spanish). This innovative methodology involves communities in systematically testing and modifying efficacious behaviors for feasibility. Households are given options to try over time and asked to adapt methodologies as needed. Field researchers systematically monitor the adherence, adaptation and impact of the behavioral options as practiced in the field setting.

CHANGE, PAHO and CDC provided technical assistance to test the NEPRAM tool. All behavioral options focused around reducing household mosquito breeding sites, the most prolific of which is the 55 gallon water drum used to store water in response to intermittent water supplies. Two newly designed container covers, one washing procedure, and one ovicidal bleach cleaning treatment were offered to communities. A series of four visits to participating households were used to monitor adherence, changes in the use of the control measures, and the impact of household behaviors on egg and larval production of the *Aedes aegypti* mosquito.

Research and analysis were completed this quarter, and will be presented to the Interagency Group early next quarter when they come together for the “Third Interagency Summit to Develop and Integrated Behavior Change Strategy for Dengue Control”. At the meeting, all formative research findings will be applied to the development of the national behavior change strategy, as well as detailed planning for the first “small scale intervention” in a district in the western part of Santo Domingo municipality. The strategy and pilot intervention will focus on reducing household mosquito breeding sites through individual, household, community, institutional, and national level interventions.

Jamaica Adolescent Reproductive Health Strategy

CHANGE received field support from the USAID field mission in Jamaica to conduct an in-depth analysis of reproductive health behaviors among adolescents, to identify barriers to adolescent reproductive health, and to determine a few key areas for application of innovative behavior

change approaches.

CHANGE activities in Jamaica will be carefully coordinated with a large, five-year bilateral Adolescent Health Project, which was awarded this quarter to the FUTURES Group. This quarter, CHANGE met with the new FUTURES Group team to begin refining scopes of work and timelines of activities. CHANGE also initiated a document review as part of the analysis of reproductive health behaviors and identified the CHANGE project consultant to support the activity. Next quarter, all Cooperating Agencies (CAs) working on the USAID/Kingston Adolescent Health portfolio will meet with MOH officials in Jamaica, and initiate in-country activities.

Nicaragua - Micronutrients

Following a national micronutrient survey that found both Vitamin A deficiency and iron deficiency anemia to be serious problems of public health, the Nicaraguan government assigned high priority to preventing and controlling micronutrient deficiencies. With USAID's support, the government began an aggressive Vitamin A and iron supplementation program and supported Vitamin A fortification of sugar. CHANGE was asked to collaborate with the MOST project in Nicaragua to review the design and implementation of current micronutrient behavior change activities, and provide recommendations to strengthen the design and implementation of the current BCC plan. Next quarter, Julia Rosenbaum will travel to Nicaragua to work with MOST and local counterparts to strengthen BCC activities and identify opportunities for innovative tool applications in support of micronutrient goals.

Community Surveillance Kit

In Washington

During this quarter, CHANGE staff and consultants continued to devote considerable effort to preparing for the pilot testing of the community surveillance kit in Zimbabwe and Malawi. CHANGE discussed the kit progress several times with USAID's Worldwide Polio Eradication Coordinator as well as with representatives of the CORE group of NGOs. By the end of the reporting period, CHANGE had re-visited both countries to meet with partners on the kit and was within a few days of completing the revision of the draft kit based on feedback and suggestions from pretests and meetings with partners and potential users.

At the regional meetings in Harare

The CHANGE Project Manager of Tools & Approaches, Mike Favin, attended the Task Force on Immunization (TFI) meeting from November 30-December 3 and the Social Mobilization Advisory Group Meeting from December 6-8 in Harare, Zimbabwe. A brief update on the kit was given at the general meeting and questions were addressed. During the TFI meeting, CHANGE organized a meeting with Mac Otten (AFRO Surveillance Advisor), Grace Kagundu (AFRO Social Mobilization Advisor), and CORE representatives. Following discussions on the need to

track the impact of community involvement in surveillance, while at the same time minimizing the burden of reproduction, explanation, completion and processing of forms, the generic recommendations for reporting have been simplified.

At the social mobilization meeting, CHANGE presented the concept of the community surveillance kit (including a two-page description of the kit) and a status report. There was much interest and a strong desire to immediately see the kit. CHANGE stressed that the kit was designed for NGOs and international volunteers to work as liaisons between communities and the health system, i.e., that it was not a universal kit to help MOHs directly establish community surveillance.

In Zimbabwe

CHANGE met twice with Dr. L. Shodu, Zimbabwe's Director of Family and Child Health, along with Mrs. E. Mabuzane, the EPI Manager. Despite some issues that must be resolved, the MOH is enthusiastic about the activity. CHANGE also had very positive meetings with Ms. Diane Lindsay from CARE, Ms. Leanne MacCulloch from Peace Corps/Zimbabwe, and Mrs. Ellen Tagwireyi from World Vision. All three organizations will assist in the recruitment and training for the pilot tests. Although World Vision, CARE, and the Peace Corps had tentatively agreed to schedule the Coordinator training in the second half of January, the MOH proposed some additional steps that are likely to delay the beginning of the pilot test until late February. These include:

- Approval of the pilot test by Provincial Medical Directors in their meeting now scheduled for mid-December;
- Selection of the pilot districts by the Provincial Medical Director (in part on the basis of areas of suspected under-reporting and/or high reported disease incidence);
- MOH review of the revised generic kit, with requested modifications sent to CHANGE (the MOH hoped to do this in a workshop that WHO will be requested to fund). Part of the adaptation process is to ensure that the kit is consistent with MOH policies and IMCI guidelines.

In Malawi

While the response to the community surveillance kit in Malawi has been very encouraging, two major issues arose during the consultant Nancy Pollock's October trip that need to be resolved before plans for the pilot can be finalized. The Ministry of Health and Population insisted that a non-PVO site be included in the pilot test, and the PVOs needed reassurance that implementation expenses for the pilot test would be covered. Because PVOs in Malawi work in close partnership with the MOH, they felt that the MOH counterparts should have equal access to the training and other benefits of the pilot. In addition, considering the objective of the project and given the limited coverage of PVOs in the country, the inclusion of non-PVO areas was seen as a way to increase the value of the pilot for the country, and to increase the probability of finding AFP cases.

During and after this visit, CHANGE explored ways of satisfying the Ministry and its partners within the surveillance project directions from USAID and applicable U.S. Government regulations. CHANGE followed up with a letter inviting the Ministry of Health to participate in the pilot test and discussions with the CORE Group for funds to support PVO pilot activities. The CORE Group agreed to provide funds for the Malawi PVOs and to sponsor Ms. Pollock to attend the Harare meetings and to meet with partners in Zimbabwe and Malawi to facilitate plans for the pilot test.

Following the Harare meetings, CHANGE/CORE consultant Nancy Pollock spent over a week in Malawi to try to iron out a number of issues that would allow the pilot test of the kit to proceed with the Ministry of Health, Peace Corps and NGO partners in that country. Through meetings with partners, several issues were clarified.

CHANGE has agreed to follow national guidelines in supporting the participation of the Ministry as well as NGO staff in the Coordinator training. However, we could find no immediate response to the Ministry's insistence that equity be maintained among both partners. While the MOH was pleased to be invited to participate in the pilot, it was concerned that it did not have access to funding for follow-up and supervision as the PVOs did through the CORE Group. Because the ministry has not allocated funds for the pilot, it is unable to support supervision and follow-up costs at this time and is reluctant to embark on a pilot project without this support. While this issue is being resolved, the MOH in Malawi has been sent the revised kit for review and adaptation.

Lessons Learned on Communication and Social Mobilization for Immunization and Polio Eradication

In partnership with WHO/AFRO, UNICEF, and BASICS, the CHANGE Project helped plan a series of lessons learned studies in Africa on communication and social mobilization support for polio eradication and routine immunization. Between October and December 1999, five national studies were conducted in Mozambique, Zambia, Mali, Democratic Republic of the Congo, Zambia, and Nigeria. CHANGE staff led national study teams in Zimbabwe and Mali in October and CHANGE consultant, Nan Lewicky, participated in the Mozambique study in November. CHANGE drafted the Mozambique and Mali study reports and actively participated in preparing a summary of the five studies. The CHANGE Project Manager of Tools & Approaches, Mike Favin, attended the Task Force on Immunization (TFI) meeting from November 30-December 3 and the Social Mobilization Advisory Group Meeting from December 6-8 in Harare, Zimbabwe. The TFI meeting included a presentation of the five lessons learned studies, which generated much interest.

During the work-planning sessions, CHANGE was asked to take the lead on several activities, but because of uncertain funding, CHANGE agreed only to participate in several potentially interesting activities (as well as maintain the lead on the kit). These additional activities include gathering experiences and disseminating useful guidelines on responding to rumors, conducting

formative research and developing strategies on hard-to-reach groups, and improving interpersonal counseling on immunization.

South Africa

Soul City reports that they have been pretesting segments of the radio program for children between the ages of 8 and 12. After a long delay, due mainly to their reorganization as an independent organization, the paperwork is nearly complete, thus allowing CHANGE to provide funding.

HIV/AIDS Stigma – ICRW

Due to personnel time constraints, ICRW has not been able to move the concept paper forward as anticipated. Moreover, they are finding it difficult to refocus from managing one large study, which is what they originally proposed, to structuring a grants program that will fund multiple small studies in different regions.

Maternal Health

CHANGE has received funding from the SO2 team in USAID's Global Bureau to develop tools and approaches for priority behavioral issues in reducing maternal mortality and to plan field applications. During this quarter, CHANGE held meetings with the following individuals to identify key behavioral problems, innovative approaches, and programming opportunities for CHANGE to consider:

USAID

Mary Ellen Stanton
Holly Fluty Dempsey
Annette Bongiovanni

Save the Children

Lisa Howard-Grabman

MotherCare

Nazo Kureshy

JSI Healthy Mother/Healthy Child Project, Egypt

Ali Abdel-Megeid, Deputy COP for Technical Services

CHANGE has conducted a survey on approaches to negotiation of improved services and service utilization. CHANGE plans to broadcast an e-mail on several listserves as a way to identify experiences in this area, hold a workshop of key practitioners, and develop a flexible approach (which CHANGE outlined in a very preliminary way).

Following discussions with JSI Healthy Mother/Healthy Child Project in Egypt, CHANGE staff are scheduled for a planning visit in February 2000 to explore joint field activities, initially to focus on improving health provider behavior.

In November, CHANGE staff also met with Annette Bongiovanni of the LAC bureau to discuss maternal mortality initiatives. The CHANGE Deputy Director followed up with Dave Nicolas, Director of QAP, to invite possible collaboration in Nicaragua maternal mortality issues. Next quarter, CHANGE will include a brief assessment visit with maternal mortality program specialists when in Nicaragua for a MOST project collaboration.

Africa Bureau Meeting

The Africa Bureau has requested that CHANGE organize a meeting to discuss the future of interventions to improve health in Africa, touching on lessons learned, priority areas, and new approaches. A draft agenda for a meeting was submitted, and a consultant to assist with planning the meeting was identified. We anticipate that the meeting will be held in late February or March, depending on the availability of key people.

Collaboration with BASICS

In November of this quarter, CHANGE staff met with colleagues at BASICS to consider areas of potential collaboration. The following areas were identified and are being explored:

Immunization

- Increasing and sustaining demand
- Designing, implementing, and evaluating innovative approaches to reduce tetanus
- Polio eradication while strengthening routine immunization
- Assure injection safety through comprehensive solutions

Nutrition

- Facilitating use of effective approaches to identify priority household behaviors

Child Health

- Adaptation, testing, and dissemination of sustainable CBC approaches to homecare, recognition, referral and compliance
- Enhancing local capacity to respond to referral system and compliance problems
- Improving and maintaining health worker case management and community skills at first level facilities

Research

Evaluation

The guidelines for evaluation of CHANGE activities were completed. We anticipate that CHANGE will participate in four types of activities:

- 1) Some that involve no new approach or tool, such as providing assistance with strategic planning, or organizing a workshop.
- 2) Some that will involve the first trial or pretest of a new approach or tool
- 3) Some that involve using the final version of a new approach or tool
- 4) Some that involve multiple implementations of a new approach or tool (implementations in multiple sites or repeat implementations in one site) or that involve a long period of follow-up.

For each type of activity, the guidelines specify the kind of information to collect and the type of assessment. For example, for a meeting involving no new tool, evaluation is optional, but if one is to be carried out, the guidelines suggest that the assessment should answer two questions: “Were the meeting objectives accomplished?” and, if appropriate, “Was there a change in knowledge or attitudes among the participants?” The information to be collected should include the statement of the meeting’s objectives, some interviews regarding people’s expectations of the meeting, a debriefing of the beneficiaries (both attendees and those who asked that the meeting be convened), and, if appropriate, pre- and post-tests of attendees to determine, for example, if knowledge or attitudes changed.

In contrast, if the activity involves the implementation of a final version of an intervention tool, then the guidelines recommend that the assessment comprise a quantitative analysis of final and proximate outcomes, controlled for confounding; information about the cost of implementing the intervention; and some judgements about scalability and replicability. The information to be collected would include either pre-post or time series measurement of intermediate (process indicators) and final outcomes, determinants and confounders in units (households, villages, districts) where the intervention is implemented and in control units where it is not implemented. In addition, the guidelines for information about the costs of implementation should be collected prospectively.

Operations

Consistent with CHANGE's annual workplan, the following work products have been submitted to Elizabeth Fox, the CHANGE Project's Cognizant Technical Officer (CTO):

Report or Request	Submitted	Accepted
Annual Report	T	
Year 2 Workplan	T	
Fourth Quarter Monitoring and Program Performance Report	T	T