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**Institutionalization of
Health Communication
Methodology in Honduras**

Prepared by

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January 17, 1989

for

Applied Communication Technology
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The research reported here was conducted as a part of the HEALTHCOM Project, a program of the Bureau for Science and Technology, Office of Health and Office of Education, United States Agency for International Development. It was supported through a subcontract to Applied Communication Technology from the Academy for Educational Development's prime contract, #DPE-1018-C-00-5063-00.

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Introduction

This report examines the extent to which the methodology introduced by the Mass Media and Health Practices (MMHP) and HEALTHCOM Projects has been institutionalized in Honduras. The United States Agency for International Development (USAID) has assisted the government of Honduras in establishing these projects. The Academy for Educational Development (AED) and Applied Communication Technology (ACT) provided technical assistance to the projects. The data for this report were obtained from reports written by AED, ACT and the Ministry of Public Health of Honduras, as well as from interviews conducted in Tegucigalpa, Honduras from December 5-9, 1988. A list of persons interviewed is attached as Appendix A.

History of MMHP and HEALTHCOM¹

The primary objective of the MMHP project in Honduras was to introduce the correct mixing and administration of oral rehydration solution (ORS) and other practices related to the treatment and prevention of infant diarrhea. The project and the evaluation were also designed to develop and test a methodology for improved public health communication applying insights from development

¹ Based on material included in "The Mass Media and Health Practices Evaluations in Honduras and The Gambia: Summary Report of the Major Findings", Applied Communication Technology, Menlo Park, California. September 1985; and in Healthcom Semiannual Report #6, Academy for Educational Development.

communication and social marketing for specific behavioral objectives. The interventions used extensive pre-program research, including behavioral analysis, to design messages and employed multiple channels (radio, health workers and printed materials) to deliver these messages in an integrated way. A monitoring and evaluation component was also incorporated to provide feedback during the interventions.

The activity in Honduras, which began in January 1980, was known as the Proyecto de Comunicación Masiva Aplicada a la Salud Infantil (PROCOMSI). At the beginning, the project operated only in Health Region 1 in Honduras, and promoted the use of locally-produced packets of oral rehydration salts called "LITROSOL." In the early stage, the project taught rural mothers and grandmothers how to obtain, mix and administer LITROSOL, to seek help if diarrhea did not improve, to breastfeed young children instead of bottlefeeding, and to follow recommended practices in food preparation and hygiene.

In 1983 the project was extended from Health Region 1 to Health Regions 2, 4, and 7. At the same time, health technologies were expanded to include tuberculosis, immunization, and malaria, as well as oral rehydration therapy (ORT). Because the expansion was based on the same methodology and management systems, it was called PROCOMSI II. The project also supported the new Program of Diarrheal Disease Control (DDC) by distributing PROCOMSI I materials at the national level.

In 1985, a transition was made in Honduras from the MMHP Project to HEALTHCOM (Health Communication for Child Survival). The stated objectives of HEALTHCOM are to (1) continue institutional development of large-scale

health communication activities, (2) expand oral rehydration therapy coverage through use of both public and private sector channels, and (3) begin applying health communication strategies to acute respiratory infections (ARI).

The HEALTHCOM Project is developing two parallel strategies to support the National Child Survival Policy: (1) strengthen the institutional capability to conduct national health mobilization every six months as stipulated by the Ministry of Public Health, and (2) implement sustained ARI, DDC, and EPI (expanded program of immunization) communication components directed at health personnel (both institutional and community) and mothers with children under five.

The HEALTHCOM resident advisor is based in the Health Education Division (HED) of the Ministry of Public Health and collaborates with fourteen consultants in the areas of DDC, ARI, and EPI. These professionals have designed and conducted developmental investigations and have developed communication plans for each component. The plans include research, social marketing, behavioral analysis, training, audiovisual production, and logistical strategies.

In preparation of this report, the author reviewed copies of documents which specified ACT's responsibilities to AED in its HEALTHCOM subcontract in regards to studies of institutionalization. The information contained in the subcontract about institutionalization is as follows:

"The Subcontractor will design and implement in Honduras and The Gambia a case evaluation of Project implementation activities conducted in those countries. The evaluations will assess impact of the intervention on health behavior, cost efficiency, institutionalization of the methodology, and modification of the methodology required by

the site. Institutionalization of the project methodology, for the purposes of this Subcontract, refers only to the ability of a host country institution or set of institutions to apply the project methodology in an on-going way, as part of the normal routine of how it (or they) conduct public health education."

Acceptable indicators of institutionalization include:

- Personnel competency such as could result from in-service training;
- The modification of routine procedures and job descriptions within operational units; and
- The modification of management expectations such as are reflected in policy and/or management directives, plans for future-year activities, and changes in staffing and budgetary allocations reflecting an on-going accommodation of the methodology with the institution(s).

Key institutionalization questions to be emphasized are:

- How long does institutionalization require?
- Where is the best institutional location for expertise in the methodology?
- What institutional procedures and plans evidence adoption of the methodology?

- How do personnel and budgetary allocations evidence adoption of the methodology?
- What were key elements in the process of institutionalization?

Institutions Involved in Health Education and Its Evaluation

The entities principally involved in implementation of MMHP/HEALTHCOM methodology are the HED and Maternal-Child Health Division (MCH). The Unit for Science and Technology is the primary counterpart for evaluation activities. USAID, through its contractor AED, supplies technical assistance and financial support. A USAID-funded umbrella agreement called Health Sector II provides a broad range of support to the Ministry. Technical assistance under Health Sector II is provided by Management Sciences for Health (MSH).

a. Division of Health Education

The Division of Health Education is the principal unit of the Ministry of Public Health responsible for health education. It is headed by Dr. Daniel Dávila Nolasco, who took over in February 1988. He appears genuinely interested in the methodology and is actively trying to learn the various facets of the approach. Continuity of leadership is important for stable implementation. Each time new leadership is installed, an investment must be made in learning the technical aspects and jargon of the MMHP/HEALTHCOM methodology.

The Division is not new but it has increased in importance and in size in the 1980's. It currently is staffed by 22 people. Of these, about 15 are technical people. The staff is a fusion of personnel drawn from several sources: a few have been associated with the Division for a long time, some came from an independent unit within the Ministry that produced educational material, and some worked previously with PROCOMSI. The Division has been growing by incorporating units within the Ministry that are involved with education. The direction seems to be one in which all work related to health education will be done out of the HED in collaboration with the appropriate division or divisions responsible for programmatic issues.

Currently, the Ministry of Public Health pays for the salaries of all but two people, who are paid by UNICEF. Activities related specifically to the design and implementation of education efforts (materials, per diem, radio spots, etc.) are all paid from USAID funds.

The Division's recent history (particularly post 1984) has involved considerable change. In eight years, there have been 4 directors. Many new staff members have been added, either in expansion or in replacement of departing personnel. The environment of change results in stresses in incorporating new individuals, with consequences for productivity and morale. In this context of change, USAID's ongoing support for the activity has been an important contribution to continuity and stability. The resident advisor, Dr. Patricio Barriga, was able to play a positive role in facilitating communication among the personnel. This contribution and the appointment of Dr. Dávila have been beneficial to morale.

Two problems endemic to the public sector also confront the HED. They are an uneven quality of staff in civil service positions, and a difficulty in retaining skilled staff who become very attractive to the private sector and other development organizations. The salary differences between public and private sectors are high. The Ministry of Public Health permits personnel to take on additional private employment, which may help with retention, but has consequences for the priority given by staff to their Ministry of Public Health responsibilities.

The HED functions as an entity providing services to the various divisions within the Ministry. Each division will have to obtain specific line items in its budget if educational activities are desired. Elaboration of the budget is to be done jointly between the other divisions and the HED. At present, the Health Sector II agreement between USAID and the Ministry of Public Health provides support for health sector activities. With Health Sector II resources available to support Division expenses, there are ample funds for the HED to function for the next seven years. Thus, funds should not be a key limitation over the short term for further institutionalization of the methodology. However, if funds from the U.S. or from other donors dry up, the Honduran government budget could not support the same level of activity.

There is a critical lack of space in the Ministry of Public Health, with the result that the Division was assigned space near the Hospital del Tórax, several miles away from the Ministry. This has relieved the space constraints of the HED appreciably but has also brought problems of its own. The Division is now physically isolated from other divisions which results in serious difficulties in coordination and communication.

b. The Unit for Science and Technology

The Unit for Science and Technology (UST) is under the direction of Dr. Fidel Barahona and receives technical assistance from Management Sciences for Health under the local direction of Dr. Gustavo Corrales. The staff are mostly young physicians rather than statisticians.

The unit has been able to complete and publish the results of large national surveys; the analyses and presentations tend to be simple but the reports are readable and informative. Among the projects completed are the National Nutrition Survey and the National Epidemiology and Fertility Survey and a number of small studies (e.g. condom use and other practices followed by prostitutes). The Ministry of Public Health will face a need for carrying out evaluations of nutrition education program effectiveness (e.g. exposure, learning, behavior change, health status changes) or monitoring LITROSOL use over time. However, useful input for program decision-makers will require quick turnaround of findings and closer coordination with program personnel. For this activity to be fully institutionalized, responsibilities and tasks would need to be clearly defined and structured. The divisions of the Ministry of Public Health would need to learn to ask for and use data in program planning, and the UST would need to learn to participate closely in the implementation process. It appears that the notion of having an external unit evaluating the educational programs of the HED has not yet received serious discussion.

c. The Academy for Educational Development

The Academy for Educational Development maintains a full time resident advisor in Honduras, Dr. Patricio Barriga, an Ecuadorian with a doctorate in non-formal education.

As noted earlier, Dr. Barriga played a key role in sustaining quality and productivity during periods of transition in leadership. With the new Director on board, he is resuming his role of advisor to the director, and becoming less involved in day to day management. Since Division heads will inevitably change, and since the position must be filled by an M.D., the problem of having a head of the HED who is unfamiliar with the techniques used in its work may be a recurring one. The presence of a consultant from the Academy has been a buffer for times when the Division's head has been unfamiliar with the methodology.

It seems essential that the Academy continue to play a role for at least the next few years when Health Sector II funds will be available. The requirements for eventually reducing the level of technical assistance are a comprehensive communication plan and stable, effective leadership of the HED. When these have been achieved, the Academy's contribution could be delivered through periodic consultants and not necessarily through a permanent advisor. However, a resident advisor is recommended for the next three years; major aspects of HEALTHCOM are still in the process of being institutionalized and difficult areas of work are on the agenda. In spite of the early, spectacular success with LITROSOL, the HED could quickly lose prestige if it fails in the forthcoming areas of work.

Health Education in Honduras

a. Current Activities of the HED

The current priority for health education efforts in Honduras is an emphasis on acute respiratory infections (ARI), which at the moment dominates the work of the HED. The rationale for the emphasis is that ARI is the principal cause of morbidity and mortality according to Honduran health statistics. The ARI program follows conventional wisdom for the most part (as reported, for example, in publications by the World Health Organization or as explained in ARI news):

- Teaching mothers to recognize and treat mild ARI cases at home. Treatment includes nose cleaning, adding drops of manzanilla (chamomile) to stuffed noses, controlling fevers, giving liquids, breastmilk and continuing with the usual diet, and humidifying the environment.
- Teaching mothers how to recognize worsening respiratory infections and signs of severe ARI and urging them to take the child to the health post if any such signs appear.
- Teaching mothers how to prevent ARI (breastfeeding, adequate complementary feeding, vaccinations for measles and whooping cough, avoidance of cooking smoke, and tobacco smoke).

There have been tremendous efforts made to teach mothers how to treat ARI at home. Dr. Patricio Barriga was impressed by ethnographic results that suggested

that stuffed noses were an important cause of breastfeeding cessation (this is not reported as an important cause of breastfeeding cessation in the world literature) and has emphasized the use of chamomile drops to the nose. For this purpose, thousands of white handkerchiefs with the ARI logo have been distributed (mothers are supposed to dip an end in chamomile water and squeeze two drops into a stuffed nose every so often). The appearance and cleanliness of these handkerchiefs after a few days in the household is unknown. It would be useful to investigate the actual use given to them.

Work is still being done at a reduced level with regard to diarrheal diseases. A plan of activities for 1987-89 called for major efforts to improve availability of LITROSOL (including the distribution of a plastic bag - LITROBOLSA) and reinforcement of the diarrheal disease campaign. In addition, EPI has received attention during national vaccination campaigns.

The Ministry of Public Health envisions a new communication project focusing on nutrition, which will also be housed within the HED. It is intended to offer an environment of integration of nutrition objectives (weaning, maternal lactation, and growth monitoring) with current HED activities. These projects will have separate resident advisors but be backstopped in AED/Washington by the same person, to ensure close coordination.

The next activity, far more complicated than the previous ones, is emphasizing growth monitoring. All parties agree that progress in the area of growth monitoring should be farther along than where it is now. It would be useful at this point to carry out some empirical investigation to help refine the program objectives. Without a solid programmatic plan it is difficult to adequately design

the educational component. The Academy for Educational Development will be assigning its resident advisor, which should accelerate the process. Dr. Gustavo Corrales of MSH will also be devoting a lot of attention to operational research about growth monitoring over the next year; perhaps this will help advance the definition of a program of growth monitoring.

There is a concern that the target audience of the health education programs (i.e. the mother or other caretaker) is being exposed to too many diverse messages. It might be useful to take a comprehensive look at the situation to ensure that current efforts maintain a limited focus at any given time, in order not to confuse the mother. There is the real danger that if prioritization of activities is not carried out, certain aspects may receive less attention than they deserve and others receive more attention than they need. The HED needs to find a way to balance emphases on ARI, immunizations, diarrheal diseases, and child nutrition.

One of the factors that contributes to fragmentation of messages is the organization of educational effort around vertical programs within the bureaucratic structures. From the mothers' perspective, many of the proposed behaviors are closely related. For example, feeding children during illnesses applies to diarrheal diseases, ARI and other problems. Or, mothers could be taught a simple list of symptoms or indicators that should trigger taking the child to the health center. Growth monitoring has the potential to provide an umbrella under which the various components could be integrated.

A comprehensive assessment of important areas of child survival and nutrition is necessary to identify the key behaviors that need to be emphasized through radio, printed materials, or through interpersonal communication. The extent to which

topics are integrated or kept as distinct components in the delivery phase (e.g. diarrheal disease program, ARI, immunizations, etc.) is a subject that needs to be explored more thoroughly. There may be good technical or structural reasons for keeping the topics separate.

PROCOMSI I and II relied on the use of multiple channels of communication. HEALTHCOM, as currently functioning in Honduras, clearly emphasizes printed media (posters, etc.) and group and interpersonal communication. Radio is used relatively less than in the initial efforts. Great efforts are being devoted to training personnel, both in Tegucigalpa as well as in the regions. Training personnel is a slow process, though many have already been trained. Workers are being trained in the planning of health education, the use of formative evaluation techniques, and the production of educational materials.

The relative allocation of emphasis between interpersonal and mass media in health education is a persistent dilemma. Personal communication has a definite role to play in health education since only some aspects about some behaviors can be addressed adequately through radio. On the other hand, personal communication can only reach a few people given the limited access people have to health centers and its personnel. The HED programs are exploring different balances between interpersonal and mass communication strategies.

b. Acceptance of the Methodology Within the Ministry of Public Health

There is reasonable interest and appreciation for the methodology of HEALTHCOM within the Ministry in spite of criticisms about specific features of the work (e.g. a particular poster, the ARI component, etc.). One indication of the value assigned to the Division's work is that other units within the Ministry seek out their assistance on educational activity. It is evident that the vocabulary of HEALTHCOM has percolated to many in the Ministry and that terms like "focus group interviews" are known and used by some.

The work of the HED has the reputation of being competent but expensive relative to existing expectations for health education. Its approach to program development is recognized as careful and deliberate but slow in producing educational programs.

c. Efforts at Regionalization

Each health region has a small unit (2 people or so) working in the area of health education. These people have responsibilities for coordinating educational programs as well as for producing educational materials using simple technologies (other types of personnel are also being taught how to make posters and the like). Observations of the kinds of materials produced locally show them to be less well designed than the centrally-produced materials from the artistic and conceptual point of view.

There are tradeoffs between the benefits of appropriate locally-produced messages and the quality of national centrally-produced efforts. In general, the commitment of local staff may create more aggressive utilization of locally-generated educational materials. On the other hand, the quality of staff and production resources will be higher at a central level, and it is feasible to invest much more in planning and producing educational materials if the effort is amortized across a larger target audience.

In Honduras, the momentum toward decentralization is evident. The result over time will almost certainly be an erosion of the use of the MMHP/HEALTHCOM methodology, because the local units have neither the skills nor the resources to apply it well. The government should give serious consideration to the way in which decentralization is accomplished. One attractive model would be to retain the benefits of central planning and development, but work much more closely with regional staff in the creation of materials, in order to maximize their ultimate utilization.

d. Growing Emphasis on AIDS Prevention

Lots of agencies have put AIDS education on the agenda of the Ministry of Public Health. The division responsible for AIDS education so far has been the Division of Epidemiology. Discussions are underway to involve the HED, and soon AIDS prevention may become a principal activity of the Division.

Expansion of MMHP/HEALTHCOM methodology to AIDS is an example of diffusion of the methodology. However, there is danger that the topic of AIDS, about which there is great coverage in the media and in Honduran political circles², might dominate maternal and child concerns.

While it is gratifying to see the interest in applying the MMHP/HEALTHCOM methodology in new areas, it is important to maintain a focus on a limited set of objectives. The HED must be assertive in insisting on a limited, well-defined set of priorities. This may involve the HED establishing a formal mechanism for coordinating intra-ministerial education priorities.

e. LITROSOL Production in the Private Sector

To date, the Ministry has supported ORS distribution only through its own channels. In order to expand access to ORS, the use of other channels is necessary. The Ministry of Public Health has taken an active role in working with commercial sector to develop a plan for private sector production and distribution. The packets will be produced by laboratories in San Pedro Sula and will be offered for sale widely through pharmacies and "pulperias" (small neighborhood all-purpose stores). One of the product names will be HIDROSOL. There will be commercial advertising of these products; the contract specifies that the content of the

² The Honduran Congress recently allocated funds to AIDS education after a public outcry (fueled by the press) about the lack of government participation in efforts to deal with the "emerging epidemic". These funds had to be spent quickly and it is not clear that DES will undertake this phase of the work because of the short time frame.

messages will be subject to review by the Ministry of Public Health. The Ministry will also share its experience in formative research with the commercial sector.

The availability of ORS through commercial channels may increase its use since large sectors of the population consult pharmacies for health advice. How strongly ORS will be "pushed" by producers and retailers remains to be seen since profits will be a driving force. Nonetheless, ORS availability through the private sector is an important step in cementing its use among Honduran consumers of pharmaceutical.

f. Issues for Consideration

This short review of health education activity in Honduras suggests a number of issues that merit consideration by USAID and the government of Honduras in determining their objectives and priorities for future efforts. These include:

- Consolidation of all health education efforts of the Ministry of Public Health in the Health Education Division (HED). This would necessitate a review of the structure and magnitude of the Division.
- Improvement of institutional links and communication channels between the HED and its client divisions.
- Conversion of the post of Director of the HED from a political to a technical position to ensure substantive continuity. This would also allow an exception to the rule that only an M.D. can lead a division.

- Strengthening the efforts for monitoring implementation and for evaluation of process and impact of communication activity. The monitoring function might best be assigned to the HED; the Unit for Science and Technology might be more appropriate for impact evaluation.
- Development of an integrated, coordinated communication plan for child survival and well being. Use this to set priorities in health education. This will enable the Ministry to assess its relative efforts in growth monitoring, AIDS prevention education, acute respiratory infection, private sector ORS promotion and diarrhea disease management.
- Limitation of production of educational materials to the central level but enhancement of efforts to adapt the program to regional opportunities and needs.
- Continuation of a stress on the importance of pre-program research for the development of educational interventions.

Institutionalization Questions

In this section, we consider some of the implications of the review of the Honduran experience for the questions posed at the beginning of the document. Because the questions are complex, there can be no clear cut answer; the objective here is merely to gather the information that relates to the question in one place, and encourage the reader to reflect on the implications.

a. How long does institutionalization require?

The experience in Honduras has shed some light on the length of commitment necessary to enable the methodology to take root within the institutional structure. For example:

- Activities in Honduras began in 1980 and have continued to the present with the presence of a resident advisor and external funding. A substantial capacity to define and carry out educational programs in the Ministry has been created. Nonetheless, the momentum is still not self-sustaining, in part because of the high levels of leadership turnover. Some assistance, perhaps through consultants, is required for at least the next few years.
- The topics (nutrition and growth monitoring, AIDS, and respiratory infection) to be addressed in the coming years present difficult

challenges, in many ways much more difficult ones than were encountered with diarrheal disease. The abilities to do independent task analysis, research design and strategy development seem to be the most difficult social marketing techniques to institutionalize. Just as the image of health education rose quickly after the successes of PROCOMSI I, the perception of HED could tumble sharply if these more difficult areas are not developed adequately.

- The question of how long external support is necessary is a complex one. The objective is to develop a unit with a "critical mass" of experience and personnel to ensure a self-perpetuating social marketing focus. If the Ministry of Public Health cannot find solutions to high turnover at the director levels and among its most skilled staff, the "critical mass" may never be achieved.

b. Where is the best institutional location for expertise in the methodology?

In Honduras, this can be answered very specifically: the Health Education Division. This is the only entity within the Ministry that can sustain an appreciation for the methodology over time. Two different considerations motivate this conclusion. One is that experience has shown that a structure that organizes communications-related activity along a model in which experts provide services to "clients" is most likely to result in effective interventions. The other is that the skilled personnel are scarce resources that can be most effective when concentrated in a single organizational unit.

- c. What institutional procedures and plans evidence adoption of the methodology?

The following items indicate successful incorporation of the methodology into the routine work of the Ministry of Public Health:

- Application of the MMHP/HEALTHCOM methodology to many topics (e.g. nutrition, ARI, AIDS, etc.) that go beyond the original focus on diarrheal disease;
- Support for the consolidation of all educational efforts in HED; and
- Interests expressed by many divisions in undertaking health education activities.

- d. How do personnel and budgetary allocations evidence adoption of the methodology?

Several important developments reveal the institutional acceptance of the Health Education Division's efforts:

- The HED has grown and is continuing to grow. What began as a small office of two people has grown to a staff of 22 specialized professionals and support staff.

- The Ministry of Public Health has cooperated in creating positions for the personnel of HED.
- New USAID loans and grants in the health sector contemplate ample funds for continued attention to health education.

e. What were key elements in the process of institutionalization?

Many factors have contributed to the success of the efforts and the institutionalization of the methodology. Some of the more generalizable principles include:

- The initial effort was done with sufficient intensity to achieve a highly visible outcome. The success of PROCOMSI became widely known and this helped ensure a good reputation for the methodology. If the effort had started out small, it might never have been recognized for the potential contribution it could make.
- Sustained availability of resources, both in terms of foreign personnel and in funds, from USAID through AED, ACT and other groups made it possible for the initial accomplishments to be consolidated and incorporated into the institution's structure and expectations.
- The appropriate use of research in program design and in evaluation enabled the project both to be effective, and to be able to document its successes persuasively to policy makers.

APPENDIX A

DR. PATRICIO BARRIGA	ASESOR RESIDENTE, HEALTHCOM HONDURAS
SR. ARTURO DIAZ	RADIO, DIVISION DE EDUCACION PARA LA SALUD
SR. HECTOR ESPINAL	SUPERVIVENCIA INFANTIL, DIVISION DE EDUCACION PARA LA SALUD
DR. DANIEL DAVILA NOLASCO	JEFE DE LA DIVISION DE EDUCACION PARA LA SALUD
DR. ENRIQUE ZELAYA	JEFE DE LA DIVISION DE EPIDEMIOLOGIA, MINISTERIO DE SALUD PUBLICA
DR. FIDEL BAROHONA	JEFE DE LA UNIDAD DE CIENCIA Y TECNOLOGIA, MINISTERIO DE SALUD PUBLICA
LIC. MARIA ROSA BONANO	DIVISION DE MATERNO INFANTIL, MINISTERIO DE SALUD PUBLICA
DR. IGNACIO GOSSET	ORGANIZACION PANAMERICANA PARA LA SALUD
DR. GUSTAVO BARDALES	PROYECTO USAID-522-0153
DR. PETER CROSS	MANAGEMENT SCIENCES FOR HEALTH
DR. GUSTAVO CORRALES	MANAGEMENT SCIENCES FOR HEALTH
DR. OSMIN PADILLA	DIVISION DE MATERNO INFANTIL, MINISTERIO DE SALUD PUBLICA
DR. JORGE MELENDEZ	DIVISION DE MATERNO INFANTIL, MINISTERIO DE SALUD PUBLICA
LIC. FRANCISCA ELENA DE ORDONEZ	REGION METROPOLITANA, CENTRO DE SALUD ALONSO SUAZO
DR. RUBEN VILLEDA BERMUDEZ	MINISTERIO DE SALUD PUBLICA
LIC. BETTY BOOTH	AVANCE
DR. PATRICIO FUENTES	UNICEF
MOISES SANCHEZ	DIVISION DE NUTRICION, MINISTERIO DE SALUD PUBLICA
ROBERT HALADAY	USAID/TEGUCIGALPA