Annex 7 - Project objectives, outputs and outcomes

Under the goal of contributing to the control and prevention of Chagas disease transmission, including treatment of sero positive children, in San Francisco de Opalaca, Intibucá, the following project objectives were defined:

1. To implement a process of participatory research that addresses the ecological, social, economic and anthropological components related to the vectorial transmission of *T. cruzi*;
2. To implement a strategy for the ecosystem approach for the control and prevention of vectorial transmission of *T. cruzi* among the study population;
3. To strengthen the organized structures of Lenca communities for participation in an ecosystem approach to reduce Chagas disease;
4. To strengthen the synergy and cooperation among different institutions and sectors in the application of an ecosystem approach to control and prevent Chagas disease.

A summary of project outputs and outcomes has been compiled from the Antigua workshop proceedings – February 2006 – Annex 9; and the project Final report – March 2006 – annexes 2 and 3.

KEY RESULTS:

1. Development of model (first of its kind in Honduras) for the ‘collective’ treatment and monitoring of Chagas disease with community participation.
2. Treatment of sero positive children in the age range of 6 months to 15 years old in communities target for Chagas disease transmission control (394 children).
3. Control of the *Rhodnius prolixus* Chagas vector in targeted communities. (The primary Chagas vector in the area.) There has been some reporting of continued existence of *Triatoma dimidiata*, which deserves further attention.
5. Awareness in targeted communities about Chagas disease and what do to about it. Prior to the project, there was little, if any, awareness of Chagas disease in these communities.

ALL RESULTS (including key results):

*Research and data collection:*

6. Baseline survey carried out of entomological, anthropological and socio-economic data in pilot communities of the project.
7. Baseline research carried out on biological, biomedical, anthropological and sociodemographic aspects of targeted population, for the development of an eco-system model for prevention and control of Chagas.
8. Serological testing for Chagas disease of all children (3993 girls and boys) aged 6 months to 15 years old in the 40 communities fumigated for the Chagas vector insect.
9. Characterization of targeted communities according to prevalence of Chagas disease in children less than 15 years of age (high, medium, low, or none).
10. Geographical Information System of the houses and public buildings in the 16 pilot communities targeted by the project. This includes the characterization of houses according to factors of risk of re-infestation, altitude above sea level, number of residents, and other relevant data.
11. Data base of clinical results and treatment data for 394 sero positive children treated from the 34 communities of San Francisco de Opalca, and three communities of La Esperanza and 3 communities of Intibuca (= 40 communities) (*registro de datos*).

**Training and education/capacity building:**

12. Training and accompaniment to local action research committee (CLIA) members to carry out interviews with the local population about local awareness and perceptions of Chagas disease in targeted communities.

13. Education of targeted communities about Chagas disease (via workshops, home visits, and the local research committees). Previous to the project, there was little, if any, awareness of the causes and effects of Chagas disease among the population.

14. Training of 170 community leaders of parents associations.

15. Workshops delivered to 380 teachers about prevention and control of Chagas.

16. 79 teachers (45 women and 34 men) of 34 education centers trained in the prevention, treatment and monitoring of Chagas disease. (These teachers then participated in the treatment follow-up of infected children, and in development of school children committees for capturing and monitoring the presence of the Chagas insect.)

17. 640 parents (mothers and fathers) of infected children trained in the treatment, supervision and reporting of adverse reactions to Chagas treatment.

18. Workshops delivered to communities about required changes in domestic hygiene habits for the prevention of Chagas disease.

19. 690 families trained in proper management of domestic and peri-domestic spaces of newly constructed houses and of organic materials for control of Chagas vector infestation. (Follow-up house visits were made to 346 households.)

20. Production of training materials (‘rotafolios’) appropriate for community training.

21. Clinical training delivered to 10 doctors of the Cuban Medical Brigade working in Intibuca, about the treatment and follow-up of cases of Chagas disease. A team of one Honduran and four Cuban doctors then assisted the project in supervising the treatment of infected children.

**Treatment and fumigation:**

22. Fumigation of 100% of houses (1790) in the municipality of San Francisco de Opalca, three communities of the municipality of Intibuca, and in 3 communities of the municipality of Esperanza.

23. 42 local residents trained and participated in fumigation activities.


25. Treatment and follow-up of children who tested positive for Chagas disease – 394 children (349 in San Francisco de Opalca -- 177 boys and 172 girls; 19 children in Esperanza; 28 children in Intibuca). Two children who tested positive were not treated. One child died, and one child was pregnant.

26. Control of the *Rhodnius prolixus* Chagas vector, which is the main Chagas vector in the area. There has been some reporting of continued existence of another vector, that of *Triatoma dimidiata*.

27. 387 new houses built in 12 communities, through a partnership between the local municipal government, FUNDEVI, and World Vision.

28. Key behaviour changes in domestic household hygiene habits of inhabitants of new houses constructed through the project, which favor the prevention of re-infestation of the Chagas vector.
29. Municipal ordinance for proper management of domestic and peri-domestic space of five meters around the house for purposes of control of the Chagas vector.

Community participation:
30. Involvement of key community actors: teachers, health volunteers (drawing on the existing health volunteer network, reporting to the Ministry of Health), mothers and fathers of infected children, school children, local community leaders, community elders, local municipal authorities, and the network of auxiliary mayors.
31. Active community participation in project activities, including: community monitoring of the Chagas insect; construction and improvements of houses; management of domestic and peri-domestic space.
32. The development of community structures for sustained community participation in activities for the prevention and control of Chagas disease in the 16 pilot / targeted communities:
   a. Local research committees (CLIA) set up in 16 communities. An average of 12 members each. (17 members in the larger CLIA). Trained to identify, monitor and undertake vigilance activities for control of the Chagas vector.
   b. 17 school children vigilance committees (of an average of six children, equal number of girls and boys) set up in each of the 16 communities. Trained to identify, capture and report on presence of Chagas insect in their homes and in the school.
   c. The establishment of a functioning network of community vigilance committees, led by the leaders of the CLIA. Women’s participation in these committees has been a major challenge.
33. A total of 73 teachers, 82 auxiliary mayors, and 17 CLIA representatives involved in the monitoring and supervision of treatment of children who tested positive for Chagas disease.
34. Participation of 68 members of the network of auxiliary mayors, and 70 health volunteers (members of the health volunteer network) in supervising and monitoring the carrying out of the municipal ordinance requiring proper management of domestic and peri-domestic space for control of the Chagas vector. (This included community cleaning days, and education workshops.)
35. Development and functioning of the network/ system of community vigilance committees in the 16 (pilot) communities. This involves 247 community members-- 90 women and 157 men. (This network is led by members of the local CLIA committees.) Representatives of the network report monthly to the local government about any presence of the Chagas vector, about insects captured in the domestic and peri-domestic space of houses, as reported by the school children vigilance committees and the community vigilance committee.

Project sustainability:
36. The transfer of project activities to the leadership of municipal authorities for the continuation of the Chagas monitoring activities upon closure of the project.
37. The set up of a multi-stakeholder Round Table for the continued monitoring of Chagas at the municipal level, consisting of members of the municipal corporation (corporacion municipal), traditional elders (Vara Alta) and local research committee and vigilance committee members. (previously referred as ‘mesa ecosistemica’.)

Sharing of learning and dissemination of results:
38. Promotional video produced for prevention and control of Chagas.
39. Development and production of educational materials for control and prevention of Chagas (used in training and workshops with school children and with community members).
40. Participation of the project (via the project coordinator) in the National Chagas Plan meetings for on-going exchange of learning and feedback from key stakeholders Including participation in trimestral evaluation of National Chagas Plan activities.
41. The sharing of results with World Vision affiliates in Australia and the USA, resulting in the design of new projects incorporating the learning from this project. Also, the writing of articles about Chagas disease, published in the World Vision International newsletter.
42. Participation in meetings and exchange of experiences with the Central American Initiative for the Control of the Vector Transmission and Transfusion of Chagas disease (IPCA: Iniciativa de los países de América Central para el Control de la Transmisión Vectorial y Transfusional de la enfermedad de Chagas).
43. Presentation of results to the working group of the WHO Country Cooperation Project on Chagas (TCC/OPS/Chagas). Results shared at a workshop in which participated people working on Chagas in Honduras, Guatemala and El Salvador.

44. **Strategic alliances developed with:**
   a. The municipal authorities of San Francisco de Opalaca, La Esperanza and Intibuca, to implement the project
   b. The Ministry of Health for coordination of training and treatment of children in the communities
   c. Japan cooperation (JICA) for fumigation in communities
   d. The Honduras Social Fund (FHIS), the Foundation for Rural Housing (FUNDEVI), and the Honduran Project Foundation (Fundacion MB) for the construction of 387 new houses (in 12 communities)
   e. World Vision’s DPA staff of the area
   f. The Cuban Brigade to assist with treatment and follow-up of infected children
   g. The local doctor and health volunteers for treatment and follow-up of infected children
   h. With the Ministry of Education for the participation of local teachers and school children in identification of Chagas vector insect, and for set up of school children committees for monitoring presence of Chagas vector.
   i. The Adult Education Project of ADROH for training activities in San Francisco de Opalaca.
   j. The National Plan for the Elimination of Chagas disease in Honduras, for coordination of efforts and participation in meetings for learning and information exchange.