

Project Progress Report:

Strengthening Capacity for Epilepsy Management in Primary Healthcare in Burundi

Reporting period: Q1-Q2 2026

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Chapter: Burundian League Against Epilepsy

Budget: 10,000 USD

Amount given & Used: 5,000 USD

Amount requested for second term: 5,000 USD

1. Project Overview

This project continues to address critical gaps in epilepsy awareness, diagnosis and management at the primary healthcare level in Burundi through a comprehensive approach combining capacity strengthening, mentorship, community outreach and stakeholder engagement.

During the reporting period, the project progressed from inception into active implementation, generating momentum toward improved provider competencies, stronger referral pathways, and increased public awareness to reduce stigma and narrow the epilepsy treatment gap.

Progress toward objectives

Notable progress was achieved across all project objectives:

- Capacity building activities strengthened frontline healthcare workers' knowledge and skills in epilepsy diagnosis, management and referral.
- Community and media outreach increased awareness and contributed to stigma reduction.
- Multi-stakeholder engagement improved local ownership and positioned epilepsy more strongly within broader health system discussions.
- Foundational systems for mentorship, follow-up and future scale-up were established.

2. Activity Progress

2.1 Training and Capacity Building

The project successfully delivered a cascade model of training at national and peripheral levels.

A national training workshop in Bujumbura reached 30 healthcare providers, strengthening competencies in:

- epilepsy recognition and diagnosis
- first-line management
- referral decision-making
- Integration of epilepsy into primary care

This was followed by decentralised training in Cibitoke, Mabayi, Rumonge and Makamba hospitals, extending reach to peripheral facilities and strengthening service readiness beyond tertiary levels.

Key achievements

- Increased provider confidence in epilepsy management
- Expanded geographic coverage of trained personnel
- Strengthened foundation for decentralised epilepsy care

This blended central-peripheral training approach has emerged as a promising model for broader national scale-up.

2.2 Mentorship and Peer Support

The project established an early but promising mentorship ecosystem to sustain learning beyond workshops.

Operational WhatsApp peer-support platforms enabled:

- case discussions
- peer consultation
- problem-solving
- continued professional learning

This low-cost digital mentorship approach has shown strong engagement and represents an innovative strategy for sustaining support in resource-constrained settings.

Emerging result:

The mentorship model is beginning to foster a growing community of practice around epilepsy care in Burundi.

2.3 Community Awareness, Advocacy and Integrated Outreach

Significant progress was made in advancing community awareness, stigma reduction, and early detection through an integrated outreach model implemented by trained Community Health Workers (CHWs), in collaboration with the Department of Non-Communicable Diseases of the Ministry of Public Health and with strong technical leadership from staff and specialists of the Burundian League Against Epilepsy.

Building on earlier awareness activities in Bujumbura, a flagship integrated outreach campaign was conducted in Bubanza (23–24 April 2026) in partnership with the Ministry of Public Health, district health authorities, local administration and the Burundian League

Against Epilepsy. The campaign adopted a people-centred, integrated approach that combined epilepsy awareness and stigma reduction with diabetes and hypertension screening, demonstrating practical synergies between epilepsy and broader chronic disease interventions at the community level.

To maximise reach and community engagement, pre-campaign mobilisation included radio broadcasts and sensitisation through local churches, helping to address misconceptions around epilepsy, encourage participation and foster community ownership.

Over the two-day campaign, 536 individuals were reached through sensitisation and screening, generating important results:

- Improved public understanding of epilepsy, including dispelling myths and reducing stigma.
- Increased identification and referral of individuals with suspected epilepsy and other chronic conditions.
- Strengthened collaboration among community structures, health authorities and epilepsy specialists.
- Demonstrated feasibility of integrating epilepsy into broader primary healthcare outreach platforms.

A major strength of the activity was the direct involvement of epilepsy specialists, which enhanced the technical quality of education, strengthened trust within communities, and improved referral messaging. The campaign also served as a proof of concept for integrated community-based epilepsy programming, showing how epilepsy services can be embedded within wider NCD prevention efforts.

Beyond service delivery outputs, the outreach generated broader programmatic value by reinforcing multisectoral collaboration, testing scalable community engagement approaches, and contributing to the reduction of the epilepsy treatment gap. It further highlighted the potential of integrated outreach models to support future scale-up within Burundi's primary healthcare system.

Key lesson: Integrating epilepsy awareness with broader NCD outreach not only improves efficiency, but also increases acceptability, reach and sustainability of interventions.

Institutional and Faith-Based Awareness

Targeted awareness sessions at:

- École Internationale de Bujumbura
- Église Guérison des Âmes de Kinindo

extended engagement to students, families and faith communities, expanding social dialogue around epilepsy.

2.4 Media Engagement

Media engagement became an important pillar for public education and stigma reduction.

Radio awareness sessions, including on Radio Maria Burundi, reached broad audiences with messages on:

- epilepsy recognition
- myth dispelling
- stigma reduction
- care seeking

This reinforced the role of media as a scalable channel for epilepsy education.

2.5 Academic and Clinical Engagement

The project also contributed to strengthening pre-service capacity through engagement with medical interns at the Teaching Hospital of Kamenge.

This creates an important bridge between service delivery and long-term workforce strengthening.

3. Cross-Cutting Results and Added Value

A major achievement during this reporting period has been demonstrating that epilepsy interventions can be effectively embedded within broader health systems strengthening efforts.

The project generated added value through:

- Integration of epilepsy with NCD platforms
- community-health facility linkages
- digital mentorship innovation
- multisectoral collaboration
- proof of concept for scalable models

4. Lessons Learned

Several important lessons emerged:

4.1 Integrated approaches increase impact

Combining provider training, community awareness and media engagement yields stronger and more sustainable outcomes than isolated interventions.

4.2 Partnerships are critical

Collaboration with institutions such as MEMISA, MSV, THARS, Enabel, Village Health Action, and Swiss Cooperation offers significant opportunities for complementarity and scale.

4.3 Digital peer mentorship is feasible

Low-cost digital platforms can sustain learning and support decentralised providers.

5. Challenges

Fuel shortages remain a significant operational challenge, contributing to:

- increased transport costs
- delayed field implementation
- Reduced efficiency in supervision

Adaptive planning and stronger coordination have helped mitigate these constraints.

6. Next Steps

The next phase will focus on consolidation and expansion through:

Priority actions

1. Deepen collaboration with the Ministry of Public Health and the NCD Department
2. Conduct quarterly refresher mentorship and return-site visits
3. Expand integrated community awareness activities
4. Scale up the use of visual education materials in health facilities
5. Strengthen monitoring, documentation and evidence generation
6. Explore partnerships for a broader national scale-up

7. Strategic Outlook

Beyond immediate outputs, this project is helping lay the foundations for a stronger, more integrated epilepsy response in Burundi. Early results suggest a scalable model for reducing the epilepsy treatment gap through strengthening primary healthcare, community engagement, and innovation.

Overall, the project is on track and demonstrating promising progress toward sustainable improvements in epilepsy care.