

# **Project Progress Report: Strengthening Capacity for Epilepsy Management in Primary Healthcare in Burundi**

**Reporting period:** Q4 2025-Q1 2026

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**Chapter:** Burundian League Against Epilepsy

**Budget:** 10,000 USD

**Amount given:** 5,000 USD

## **1. Project Overview**

### **Project Aim:**

To build the capacity of healthcare professionals in Burundi, including doctors, nurses, and community health workers, on epilepsy management, reduce stigma, and improve patient care pathways at the primary healthcare level.

### **Objectives:**

1. Deliver interactive training for healthcare providers to improve knowledge and skills in epilepsy recognition, management, and referral.
2. Raise awareness and advocate for epilepsy care integration in primary health services.
3. Engage stakeholders to strengthen local ownership and sustainability of epilepsy management initiatives.
4. Collect baseline data and contact information of participants to facilitate ongoing mentorship and follow-up.

## **2. Activity Summary**

### **2.1 Project launch and stakeholder engagement**

The project was officially launched on 10<sup>th</sup> February 2026 at the office of the Department of Non-Communicable Diseases of the Ministry of Public Health, which oversees epilepsy care in Burundi. Additional partners included the Directorate of Prevention, Health Security, Care and Health Services, representatives of patient advocacy groups, local health authorities, and provincial health offices from Bujumbura, Burunga, and Gitega. Other stakeholders engaged in the launch comprised representatives from the National Institute of Public Health (INSP), the Burundi Medical Association, nursing councils, and leading hospitals providing neurological services.

Their participation helped foster broad ownership, strengthen collaboration, and alignment with national health priorities, while the project received formal endorsement from the Burundian League Against Epilepsy.

## **2.2 Mapping of target healthcare facilities and staff (doctors, nurses, CHWs)**

For this activity, the project team conducted a comprehensive mapping of healthcare facilities and staff across the Bujumbura, Burunga, and Gitega provinces, the initial target areas of the project. In each province, five district hospitals were selected to target doctors and nurses for training. Working closely with the Provincial Health Directors, district health authorities, and hospital managers, the team identified suitable community health workers (CHWs) from surrounding primary care facilities to participate in the training.

The mapping process was carried out in collaboration with the Department of Non-Communicable Diseases (NCD) of the Ministry of Public Health, ensuring alignment with national priorities and integration into existing health structures. A complete list of healthcare providers, including doctors, nurses, and CHWs, was established, which will serve as the basis for training invitations, follow-up, and ongoing mentorship. Baseline data on staff distribution, facility capacities, and prior experience in epilepsy care were also collected to inform training content and planning.

This activity ensured that the project targets the most relevant healthcare personnel and lays the foundation for equitable and effective capacity-building interventions across urban and rural settings.

## **2.3 Adaptation of training materials**

For this activity, a team of epilepsy experts, including neurologists and public health specialists, developed training materials specifically tailored for doctors and nurses. The materials were created in close collaboration with the Department of Non-Communicable Diseases (NCD) of the Ministry of Public Health, ensuring alignment with national priorities and clinical practices.

The team utilised the WHO Mental Health Gap Action Programme (mhGAP) tool as the core framework, adapting its content to the Burundian context. This included:

- Translating content into French and Kirundi for accessibility across healthcare cadres.
- Developing case-based modules, interactive exercises, and practical examples relevant to primary healthcare settings in Burundi.
- Integrating job aids, visual reference tools, and step-by-step clinical protocols to support daily practice.

The materials aim to equip healthcare providers with the knowledge and skills to:

1. Recognise early signs and symptoms of epilepsy.
2. Provide immediate and appropriate care in primary healthcare settings.
3. Educate patients and caregivers to reduce stigma and improve adherence.
4. Ensure timely referral to specialised care when needed.

By contextualising the WHO mhGAP tool for local use, this activity ensures the training is both evidence-based and practical, enhancing its relevance for doctors, nurses, and community health workers who will implement it in their facilities. The finalised materials are now ready for distribution in the upcoming training workshops.

#### **2.4 Development of job aids and quick reference tools**

As part of the project's capacity-building efforts, a set of job aids and quick reference tools was developed to complement the training materials for doctors, nurses, and community health workers. These tools were designed to simplify the application of clinical guidelines in everyday practice and to reinforce knowledge gained during training.

Key steps and achievements for this activity included:

1. **Content Development:** The content was derived from the WHO mhGAP epilepsy modules and the training materials previously adapted for local use. Emphasis was placed on practical decision-making, symptom recognition, emergency care, and referral pathways.
2. **Collaboration with Experts and Authorities:** Neurologists, public health specialists, and representatives from the Department of Non-Communicable Diseases (NCD) of the Ministry of Public Health reviewed and validated the tools to ensure clinical accuracy, relevance, and consistency with national guidelines.
3. **Design and Format:** Visual aids, flowcharts, checklists, and step-by-step guides were developed to make the tools quick to read and easy to use in busy clinical settings. Tools were produced in French and Kirundi, catering to all healthcare cadres.
4. **Pilot Review:** Draft tools were pre-tested with a small group of doctors, nurses, and community health workers to ensure clarity, usability, and practicality. Feedback was incorporated into the final version.
5. **Production and Distribution:** Finalised tools were printed and prepared for distribution during upcoming training workshops, ensuring each participant has a ready-to-use reference for patient care.

These job aids and quick reference tools are expected to enhance the retention of knowledge, improve clinical decision-making, reduce errors, and strengthen the management of epilepsy at the primary healthcare level, particularly in rural and underserved areas.

### **3. Lessons Learned / Challenges**

During the first phase of the project, several operational and contextual insights emerged:

#### **Challenges:**

1. **Infrastructure limitations:** Frequent power outages, unstable internet connectivity, and occasional fuel shortages have the potential to disrupt both in-person and virtual training sessions for healthcare professionals.
2. **Capacity gaps:** There is a notable absence of prior structured epilepsy training for healthcare providers, highlighting a significant skills and knowledge gap at the primary healthcare level.
3. **Low awareness:** Many healthcare professionals and community health workers remain unfamiliar with epilepsy management and the practical application of clinical guidelines, which underscores the need for targeted, context-specific education and awareness campaigns.

#### **Lessons Learned:**

- The project confirmed that structured epilepsy training has not been systematically conducted in Burundi, making this initiative a critical first step toward strengthening neurological care.
- Stakeholder engagement is essential for overcoming logistical challenges, ensuring participation, and promoting ownership at the provincial and facility levels.
- Practical, contextually adapted materials and job aids are highly valued by healthcare providers and are necessary to reinforce knowledge and support daily clinical practice.

### **4. Next Steps**

- Conduct the first national training workshop for 30 providers
- Roll out provincial trainings for additional cohorts.
- Activate WhatsApp peer-support groups for ongoing mentorship.
- Plan community awareness sessions led by trained CHWs.