



- 1) This report shall be used by both APCA staff and partners to report on all the activities including trainings that have been conducted with funding from APCA.
- 2) This report is due to APCA 2 weeks after the activity has been conducted

APCA Activity report

1) Summary Table

Activity/Training course Title	Palliative Care sensitization and awareness Workshop in Burundi
Country	Burundi
Location/venue of activity/training (Provide details)	Hotel Tulipe, 28 November Boulevard, Bujumbura-Burundi Tel.: +257 22 27 81 22/22 27 81 23/22 27 81 24 Email: info@tulipehotel.bi
Date(s) of activity/training	28th March, 2014
Implementing partner	YOWLI BURUNDI, People's Health Movement Burundi, Health Healing Network Burundi
Project name	Palliative Care Workshop in Burundi
Donor	APCA-OSIEA
APCA strategic objective (Can be filled by APCA staff)	
Report prepared and submitted by;	YOWLI BURUNDI
Date report submitted	April 4th, 2014

2) INTRODUCTION AND BACKGROUND (4 sentences)

Include brief information on the project under which the activity is funded such as; the donor, grant dates, countries of operation, overall goal/aim of the project.

- The first Palliative Care Sensitization and awareness workshop in Burundi was successfully conducted in Bujumbura on March 28th, 2014 under the theme “**Les soins palliatifs au Burundi: Etats des Lieux et Perspectives d’Avenir**”. The project was funded by The African Palliative Care Association (APCA) through the Open Society Initiative for East Africa (OSIEA) support. Burundi is the country of operation where the activity was implemented.
- **Aim of the Project:** The project aim was to mobilize local support towards the development of palliative care in Burundi through a one day advocacy workshop for 25 local stakeholders.
- **Grant date:** Fund was received through Bank transfer on March 22nd, 2014 and fund was meant to support a one day workshop.

Include brief information on the activity/training such as; health facility/organization/institution, activity/training goal and objectives, target group, # of participants/beneficiaries, where they are coming from)

The workshop was conducted under the patronage and close collaboration with the Ministry of Public Health and AIDS Control(MoH) and partner local organizations to mobilize the local support for the Palliative Care development in Burundi. The YOWLI BURUNDI Association was the main local partner organization which implemented this activity together with the Local Committee(LoC) on Palliative care.

30 delegates from different organizations/Institutions and aspiring individuals joined the workshop and we were thrilled by their contribution during the workshop. Participants came from a wide range of backgrounds and organizations/institutions as follow:

-Top Decision makers, the MoH: A Delegate from the Ministry of Public Health and AIDS Control(Director of the national program on Chronic Diseases and Non Communicable Diseases). In the same line, we were keen to welcome one provincial Medical officer and a delegate from the health District level.

-Health Facilities: Delegates from major public health facilities of Bujumbura and upcountry namely: The teaching hospital of Bujumbura(CHUK), the Military hospital of Kamenge and the provincial referral hospital of Rutana

-Civil society: The Burundi’s Association on defense of ill persons right(ABDDM)

-The national Nurse syndicate(SYNAPA)

-Health care providers: Different aspiring and potential Palliative care providers joined us as well as interested individuals in the field of Palliative care(Medical Doctors, Nurses and psychologist)

-University of Burundi, faculty of Medicine: A presenter from the faculty of Medicine has given a presentation on the management of chronic diseases and the place of Palliative care.

-Palliative care expert: Dr Christian NTIZIMIRA from Kibagabaga hospital of Rwanda, A delegate from APCA joined us and has been of unprecedented importance for the success of our workshop.

3) ACTIVITY/TRAINING DETAILS

- *Activity/training preparations; outline the steps undertaken to accomplish the activity*

-Initially, in September 2013, Ciza Bonne, a Clinical/Nurse officer Manager of the Public health center of Vugizo in Southern Burundi attended the APCA/HPCA Conference In Johannesburg where he had a short presentation on the situation of Palliative care in his health province entitled "Assessing the existence of a palliative care system and related trainings in Makamba, Southern Burundi". During the same conference, Ciza Bonne was honored to attend the first Ministers of Health session that resulted in the Consensus statement for the integration of Palliative care in health systems through Africa and attended various workshops and sessions where he raised his awareness in Palliative care and created a professional network with other delegates including the organizers and supporters.

-On return home, Ciza made initial contacts with MoH and other aspiring local organizations or individuals, Finally a Local Committee(LoC) on Palliative care was formed

-Ciza in collaboration with the partner organizations mostly the YOWLI association and LoC Members started to seek technical and financial support from APCA and locally

-APCA accepted to give technical and financial support

-Major steps: We held the first meeting to instigate a coordinating committee of seven members followed by two meetings prior the activity where each member of the coordinating committee was respectively given tasks to perform. In mean time, phone calls, Emails and SMS were used between the coordinating committee members and APCA to share information.

-On the workshop day and shortly before and after, small meetings were done between the committee members them selves and the delegate from APCA for evaluation, follow up and to finalize logistical issues and reporting via a formation of three small groups each having tasks to accomplish.

-The coordinating committee sent out invitations to participants and made physical contacts with potential presenters and some delegates where it was required to confirmation their attendance

-MoH was initially contacted through a written correspondence then follow up was done physically or through phone call.

- *Include information on facilitators of the activity/training such as the names, professions, organizations/firms they work for, citizenship and experience.*

The workshop facilitators included:

- Dr Christian NTIZIMIRA MD Palliative Expert & Educator Palliative Care Fellow, Ohio; Head of Palliative care Services/Kibagabaga Hospital Rwanda and APCA Delegate to the workshop,

- Dr Godefroid KAMWENUBUSA, Director of the National Integrated Program of Chronic and Non Communicable Diseases(CNCDs) at the Ministry of Public Health and AIDS Control, Minister of health's Delegate to the workshop,
 - Dr Fiacre MAKURAZA from Burundi, Internal Medicine specialist and Lecturer at the Teaching Hospital of Kamenge, National University of Burundi, Faculty of Medicine, presenter to the workshop.
- *Briefly Highlight the methodology used to implement the activity/training*

Four Presentations on various topics related to Palliative care concept in Burundi and related experience in other East Africa Community's countries and elsewhere were performed followed with teamwork sessions. After presentations, participants had opportunities to exchange on various issues affecting Palliative care in Burundi and Questions and Answers took place followed by clarifications where required by the PC Expert Dr Christian. After all presentations, Four groups were formed each having a specific theme related to Palliative care development in Burundi to work and report on during group work followed by restitutions from each group to the whole audience. the SWOT analysis tool was used to help identify the key challenges hindering palliative care in Burundi and recommendations were formulated towards PC development in Burundi. Finally, a Document on Palliative care priority interventions in Burundi and the advocacy plan was a fruit of this workshop and group work. This document along with the workshop report will be transmitted to the MoH and other partners including APCA, OSIEA for future implication.

- *Activity/training content/outcomes/proceedings/resolutions etc*

After the workshop, a document highlighting the teamwork recommendations was produced using SWOT approach. This document will be shared with the the Ministry in charge of Health and AIDS control(MoH) and other stakeholders for future implication towards Palliative Care in Burundi. The MoH delegate promised a support to the workshop recommendations and argued that he will take to further steps the produced document outlining the priority interventions drawn from participant's recommendations within MoH through his Programme on CNCDs. The rest of participants raised their awareness in Palliative care and were sensitized to support Palliative care implementation in Burundi.

In regard to presentations contents, four presentations took place as follow:

-The first and last one was made by the APCA delegate, Dr Christian NTIZIMIRA on Palliative care Experience in Africa with main focus on East African sub-region and lastly Dr Christian presented on the African common position on controlled drugs.

-The second presentation was done by Dr Fiacre MAKURAZA specialist in internal medicine, Faculty of Medicine, King Khaled Teaching hospital. Dr Fiacre presented on the chronic diseases management using palliative care.

-The third presentation was done by the MoH delegate Dr Godefroid who presented on the Chronic and Non Communicable Diseases in Burundi and the place of palliative care. He also highlighted the situation of PC in Burundi which's at its infancy.

Beneficiaries'/participants' expectations.

Participants have drawn their expectations depending upon the area of intervention:

- Share of good practices and experience on Palliative care provision in Burundi
- MoH implication and integration of PC into national health system
- Policy and guidelines development to avail necessary drugs and PC of quality to needy patients and their families
- Capacity building of Human resources
- Collaboration and partnership to raise awareness and further advocacy

4) ACHIEVEMENT AND CHALLENGES

- *Achievements should be based on the set objectives of the activity/training*
- *State the challenges that affected the achievement of set goals, attendance, welfare of the participants/beneficiaries/facilitators, etc*
- *State the ways that these challenges were addressed or could be resolved in future*

Achievements based on set objectives:

-30 participants who attended the workshop including the MoH delegate were sensitized and raised their awareness in regard to Palliative care need and its integration in the health system of Burundi. The MoH Delegate promised to give his support towards the development of PC in Burundi through MoH.

-PC experience in Africa and most specifically in East African Sub-region was shared amongst 30 participants

-Key issues, Opportunities, challenges, strength, priority interventions and required resources were identified through group work after presentations and Q/A using SWOT analysis tool then recommendations were drawn and a document for further implication including advocacy plan in regard to PC implementation in Burundi was produced and will be shared with MoH and other aspiring stakeholders.

-New contacts and partnership between potential stakeholders was created towards Palliative care in Burundi

Challenges:

-Short Time: A one day workshop was not enough especially for a country like ours where Palliative care is a new concept at its embryonic phase and not a mode of care yet. We would like to have more time for advocacy and awareness activities.

- Delay in signing the Sub-agreement document
- Logistical issues: Delay in Fund disbursement and transfer
- Venue change: Initially, the workshop was to be held at the STAR Hotel but due to financial reasons(pre-booking), the workshop was shifted to another venue
- Unavailability of certain participants: WHO, USAID, AFRICAN UNION

Ways challenges were addressed:

- The workshop content was framed to meet the need of participants and organizers and to allow a good understanding of Palliative care in Burundi context in a relatively short time(one day) and enabled participants identify challenges, opportunities, strength and draw their recommendations towards PC development in Burundi.
- The coordinating committee and the implementing partner organization(YOWLI Burundi) worked hard to read and get understood on the Sub-agreement document in spite of distance. An extra-ordinary meeting was arranged to sort out the Sub-agreement issue.
- To cope with delay in fund disbursement and transfer whilst money was needed to make possible the workshop, the Coordinating committee asked one of the major implementing partner association(YOWLI Burundi) to lend the Local Committee money and ensure that urgent expenses like: Venue hire and other administration expenses are covered in time.
- To cope with change of Venue: An other venue was hired using money from YOWLI Association that was given back after fund transfer. All participants were informed of this change.
- Unavailability of certain participants: We had to confirm the attendance from all delegates some days prior the workshop. Those who confirmed their unavailability were directly replaced by other potential partners.

5) EVALUATION OF ACTIVITY/TRAINING

- *Methods used to evaluate the activity/training (e.g. questionnaires, debrief sessions/meetings, tests, exit interviews, etc)*

At the end of the workshop, the organizing committee held a session with the APCA facilitator to harvest its comments and appreciation. We also, with an exit interview, evaluated the appreciation of the methodology and the outcomes as of set objectives with key participants: MoH delegate, Civil society delegate and one Medical practionner. Framed questionnaires were used to interview these delegates and two debrief meetings took place between the Coordinating committee and the APCA delegate and between the Coordinating committee members them selves.

- *Evaluation results in summary (a table can be used to present the results)*

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- *Facilitator’s analysis of the evaluation results*

The organization, coordination and the execution of the activity received a merit degree from the APCA facilitator and other presenters including MoH delegate.

- *Beneficiaries/participants feedback on the activity*

After the Workshop, Participants feedback were collected and the following are some quotes:

- I find the workshop utmost important as a starting point towards PC in our Country, Congratulations to YOWLI association for having organized this workshop
- It was interesting because PC responds to human rights, dignity and comfort
- Excellent and Innovation in Health care
- So impressing to hear about palliative care development in Burundi
- Very nice to have aspiring individuals who foresee
- I was amazed seeing such initiative and hearing about PC in Burundi, I think we have to commit all for the mode of care.

6) LESSONS LEARNT

- *State the observations made during the activity/training which could inform future activities or the project or the palliative care agenda in relevant settings*

Palliative care seems to be a new concept of care in Burundi amongst either Health professionals or non health professionals as it was demonstrated in Q/A, exchange and discussions. MoH has no clear policy on Palliative care. As consequence, Palliative care is not yet a mode of care in Burundi whilst there are rising CNCDs. MoH is aware of CNCDs trend and set on a national programme on those diseases but yet palliative care. There’s lack of awareness and sensitization in regard to Palliative care at all levels: Public, private, community, civil society, CBOs and other individuals or patients. Palliative care providers need training. No training facilities neither Curriculum for Education in Palliative care whether in Medical or Nursing schools/Universities. Network and collaboration towards PC in Burundi was born but needs to be strengthened.

7) RECOMMENDATIONS

- *These include both the participants’/beneficiaries’ and the facilitators’ recommendations based on the activities conducted the outputs and outcomes of this specific activity.*

Reference to the document [BOB, NJARI, ROGER].....

8) NEXT STEPS/FOLLOW UP

- *Include work/action plans or any other deliverables/activities that shall ensure continuity and sustainability or that require follow up*

-This workshop was only the beginning and a way now was traced towards Palliative care in Burundi through it. We primarily plan to conduct training sessions as of the workshop recommendations targeting health professionals and other stakeholders to raise their awareness on Palliative care issues to influence their implication and strengthen advocacy at all levels starting from the MoH and on community level.

- We also plan, to follow up with the MoH's promise regarding the Palliative care support, Policy, Education, Drug availability etc...

-We look forward to strengthen partnership and collaboration nationally and internationally

9) CONCLUSION

- *Make a general analysis of how well the objectives were met and key outcome of the activity/training.*

In general, we realized that the main goal and objectives of our workshop were met. Participants were sensitized and raised their awareness in Palliative care need with a particular focus on Burundi.

Key challenges/gaps were identified using SWOT Tool and recommendations were formulated which resulted in a drafted document highlighting the priority interventions towards Palliative care in Burundi and an advocacy plan was made. This document will be shared with MoH and other potential stakeholders. MoH delegate promised to support Palliative care integration in Burundi's health system and we are proud of that. New contacts, partnership and collaboration were developed between attendees and Further follow up will be instigated.

10) APPENDICES

- *Activity/training program/agenda*
- *List of participants/beneficiaries (Refer to APCA template for format)*
- *Daily registration forms (signed by participants and scanned)*
- *Copy of evaluation form(Daily and end of activity where relevant)*
- *Detailed evaluation report*
- *Other relevant information/documents e.g. speeches.*
- *Photos and filled out and signed consent form (where applicable)*







