**Supplementary material 1:** Main components of a community-based epilepsy program

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| **Aspect** | **Description** | **Activities** | **Parameters to monitor** |
| Screening and diagnosis | Simplified tools to facilitate the detection of PWE  | - Train community health workers on the 5 questions- Train health personnel on epilepsy diagnosis | - Percentage of enrolled persons enrolled in the epilepsy clinic, who will be confirmed as PWE by visiting physicians or specialists |
| Epilepsy treatment | Simplified approaches to AED prescription and basic management of complications | - Train local health personnel on AED prescription and monitoring treatment outcomes- Training on management of complications | - Percentage of AED prescriptions and management plans judged as optimal when reviewed by visiting physicians or specialists |
| Epilepsy clinic | A health unit established within a healthcare facility, with personnel trained in basic epilepsy care including diagnosis, treatment and follow-up. | - Consultations, follow-up of PWE (monthly or otherwise, depending on seizure frequency)- Regular supply of AED- Supervision of Community Health Workers (CHW) | - Number of PWE registered and treated- Frequency of seizures- Number of complications, adverse effects or deaths amongst PWE- Number of active CHW |
| Community Health Workers (CHW) | Proximity follow-up for PWE; serve as focal points for epilepsy care in the community. CHW are trained to counsel families and refer suspected PWE to the epilepsy clinic. | **-** Home visits to PWE- Monitor seizure frequency, AED use and adverse effects- Community sensitization- First aid in case of seizures- Refer suspected cases of epilepsy- Epilepsy surveillance | - Number of home visits- Number of educative talks delivered to community- Number of new PWE referred- Number of epilepsy-related events reported to the clinic |
| Community awareness program | Strategies to educate the population, stakeholders, health workers and teachers about epilepsy to reduce stigma | - Meetings with target audiences (school, market, church, authorities, communities, women associations) | - Number of people reached- Behavioural change in the population |
| Onchocerciasis eliminationprogram | Ideally, a bi-annual CDTI program to reduce OAE and alternative treatment strategies if applicable. | - Community sensitization about the importance of ivermectin use.- Ensure ivermectin use by all PWE. | - CDTI coverage in the village- Epilepsy yearly incidence |
| Social rehabilitation program for PWE | Program to assist PWE to resume school and/or work, and better integrate the society | - Build skills in PWE via training sessions- Assist school enrolment of PWE- Establish associations for PWE | - Number of children with epilepsy who resume school or succeed professionally- Major changes in quality of life (e.g. self-dependence, fulfilment, relationships/marriage) |
| Sustainability plan | Ensuring that the epilepsy program gets established | - Advocacy meetings with the elites, local authorities, communities, government- Collaboration with social organizations | - Number of stakeholders contacted and collaborations initiated- Number of PWE Associations- Community involvement in epilepsy care |