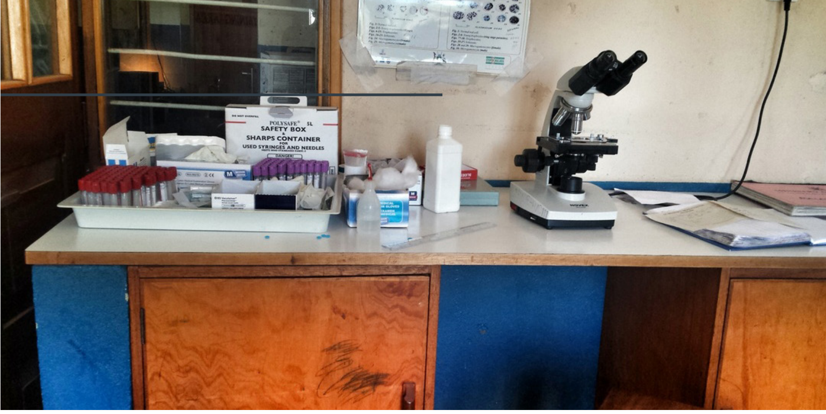
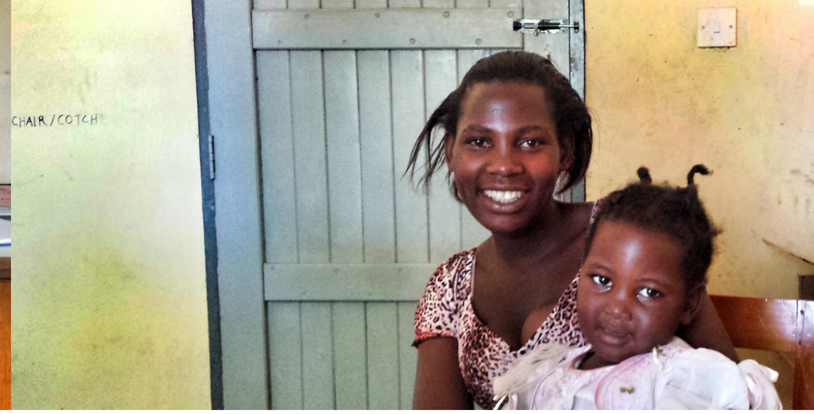




LIFENET INTERNATIONAL

LifeNet International (LifeNet) is a non-profit organization that aims to improve the quality of healthcare for rural, low-income populations in East Africa through health systems strengthening. Utilizing a franchise conversion model, LifeNet trains existing faith-based community health clinics in medical and management best practices. With a focus on strengthening local capacity and improving quality of care, the key support components offered through the LifeNet franchise include medical training, management training, pharmaceutical supply, and growth financing. Founded in 2012, there are now 60 LifeNet franchised primary health centers in Burundi. As of 2015, 10 partnerships have been initiated in Uganda and the organization is looking toward expansion in the Democratic Republic of the Congo by 2016.

WWW.LNINTERNATIONAL.ORG

RECOGNITION

Selected for the Social Innovation in Health Initiative (2015), a collaboration of the WHO, UNICEF, UNDP, World Bank, Skoll Centre for Social Entrepreneurshp at Oxford University, and the Bertha Centre for Social Innovation and Entrepreneurship at University of Cape Town.

Stefanie Weiland, LN's Executive Director, named as the Segal Family Foundation's System Innovator Awardee (2015).

Selected by the Pfizer Foundation to join its first cohort of innovators in its Global Health Innovations Grant program (2015).

YEAR FOUNDED
2012

TYPE OF ORG
NON-PROFIT

OFFERING
HEALTH WORKFORCE TRAINING
SYSTEMS SUPPORT (SUPPLY CHAIN, INFRASTRUCTURE, LOGISTICS)

COUNTRIES
BURUNDI
UGANDA

THE STORY

As of 2013, Burundi had a population of over 10 million people, and only 12% of the population is urban. The World Bank classifies Burundi as a low-income country;[1] data is sparse, but according to the most recent World Bank and Central Intelligence Agency (CIA) estimates, approximately 70% of the population in Burundi lives below the poverty line.[2,3]

With regard to the basic health infrastructure in Burundi, there are an estimated 735 primary health care clinics within the health system – of these, 423 are public, 207 are private, and 105 are faith-based – and 66 primary and secondary referral hospitals.[4] Life expectancy at birth in Burundi is 56 years.[5] Health outcomes data reveal persistent problems with respect to maternal and child health despite free, government-provided healthcare for children under the age of five and pregnant women.[6] The under-five mortality rate is 83 deaths per 1,000 live births, and the maternal mortality ratio is 740 deaths per 100,000 live births [7]– this number remains strikingly high compared to the WHO average maternal mortality ratio for developing countries of 239 deaths per 100,000 live births.[8]

In response to the status of health and healthcare he observed in Burundi in 2009, American entrepreneur Michael Spraggins began prototyping solutions to improve healthcare delivery. By 2012, Spraggins and his team had a promising model that integrated business and medical capacity building, and LifeNet was founded. Since its founding, LifeNet programming has expanded to include the provision of microloans, basic healthcare equipment, nurse education, and clinic capacity building.

THE INNOVATION

LifeNet aims to improve the quality of care for primarily low-income, rural populations in East Africa by using a franchise conversion model to partner with existing health centers. Under this model, LifeNet brings partner clinics under the LifeNet brand and implements programs to enhance their medical and management capacity. The LifeNet strategy has four key parts: medical training, management training, pharmaceutical supply, and growth financing. Each of these components contributes to building partner clinic capacity and improving quality of care for patients.

LifeNet has found success in forming partnerships with faith-based clinics, which tend to offer care that is higher quality than both the public and private sectors, and lower cost than the private sector. Forming partnerships with existing clinics allows LifeNet to leverage community resources as they work to complement and support established, trusted clinics. Partner facilities do not pay a fee to LifeNet; rather, the cooperation and time commitment required from partner facilities, as well as the food and lodging they provide to visiting LifeNet teams, operates as the franchise fee.

1 *Burundi: WHO statistical profile*. World Health Organization, 2015. http://www.who.int/gho/countries/bdi.pdf?ua=1

2 Central Intelligence Agency. The World Factbook. “Burundi.” Accessed October 2015. https://www.cia.gov/library/publications/the-world-factbook/geos/by.html

3 The World Bank. 2006. World Development Indicators. *Poverty headcount ratio at national poverty lines (% of population)*. http://data.worldbank.org/indicator/SI.POV.NAHC?page=1

4 Chaumont, Claire, Carmen Muhorane, Isabelle Moreira-Burgos, Ndereye Juma, and Leticia Avila-Burgos. “Maternal and reproductive health financing in Burundi: public-sector contribution levels and trends from 2010 to 2012.” *BMC Health Services Research* 15 (2015): 446. doi: 10.1186/s12913-015-1009-7

5 *Burundi: WHO statistical profile*. World Health Organization, 2015.

6 UNICEF. “Burundi: Government commitment to maternal and child health care.” *In The State of the World’s Children 2009: Maternal and Newborn Health*, 83. Vol. 9. Unicef, 2008.
http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf

7 *Burundi: WHO statistical profile.* World Health Organization, 2015.

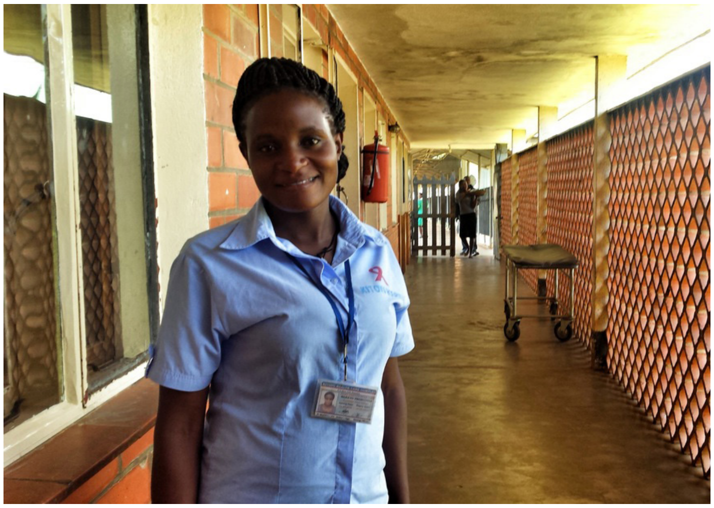
8 World Health Organization. Fact sheet N438. “Maternal mortality.” Accessed October 2015. http://www.who.int/mediacentre/factsheets/fs348/en/

The benefits for franchised health centers include participation in LifeNet trainings and the pharmaceutical supply program; additionally, once they score high enough on the trainings, health centers gain access to the growth financing program. Participation in the LifeNet franchise benefits clinics as it helps them to elevate their quality of care, driving increases in patient volumes and revenue. The patients served by franchised clinics can benefit from improved quality of care in their communities, increased service offerings due to new equipment, and reliable supplies of medicine.

In January 2015, LifeNet launched a new piece of their model: a Dental Training program in Burundi to combat the country's shortage of dentists. The program taught basic dental procedures to 71 nurses from 36 health centers located in 13 of Burundi's 17 provinces. LifeNet offered trainings in eight locations, each lasting three days. The trainings were structured to incorporate volunteer patients, and in this way the program provided treatment to 1,289 patients during the trainings.

LifeNet worked to improve the quality of care provided in more than 740,000 patient visits over the course of 2014. As of October 2015, there are 60 LifeNet franchise primary health centers throughout Burundi, which together serve almost 1 million patients each year. In 2015, LifeNet launched operations in Uganda, a country with the lowest human development rating from the UNDP. Of the over 37 million people living in Uganda, a low-income country according to World Bank classifications, only 15% reside in urban areas. Life expectancy at birth is 57 years. Nearly 7% of children die before age five, and the maternal mortality ratio is above the WHO developing country average at 360 deaths per 100,000 live births.[9] To date, LifeNet has initiated partnerships with ten health centers in Uganda, with plans for significant growth within the country by the end of 2016.

9 *Uganda: WHO statistical profile.* World Health Organization, 2015. http://www.who.int/gho/countries/uga.pdf?ua=1



THE MODEL

LifeNet partners with primary health centers and implements programs to improve the quality of care that clinics deliver. LifeNet establishes these partnerships through a series of steps, beginning with identifying potential partner clinics and initiating trial partnerships. Upon launching a formal partnership, LifeNet measures the clinic's baseline quality of care using their Quality Score Card (QSC) – which includes key indicators such as handwashing, newborn assessments, and accuracy of record keeping – before introducing their training curriculum.

LifeNet's franchise conversion model breaks down into four programs. The first two – the Medical Training and Management Training – are offered simultaneously to all LifeNet clinics upon joining the network. These trainings cover the basics of clinical and management operations in first-level healthcare facilities (note that these first-level health facilities provide services such as deliveries, emergency care, and hospitalization in addition to primary care). The third program – the Pharmaceutical Supply Program – facilitates and simplifies the acquisition of essential medicines for clinics, and is also offered to LifeNet partners immediately upon joining the network. Once a clinic has scored 80% or higher on the QSC, the clinic has the opportunity to participate in the fourth program – the Growth-financing Program – which offers loans and an equipment rental/purchasing program.

Medical Training

- Medical training for nurses
- Organized around reducing key mortality
- Focus: infection prevention, maternal care, newborns, children under age five, and other urgent health issues specific to the local context (e.g. wound care)

Management Training

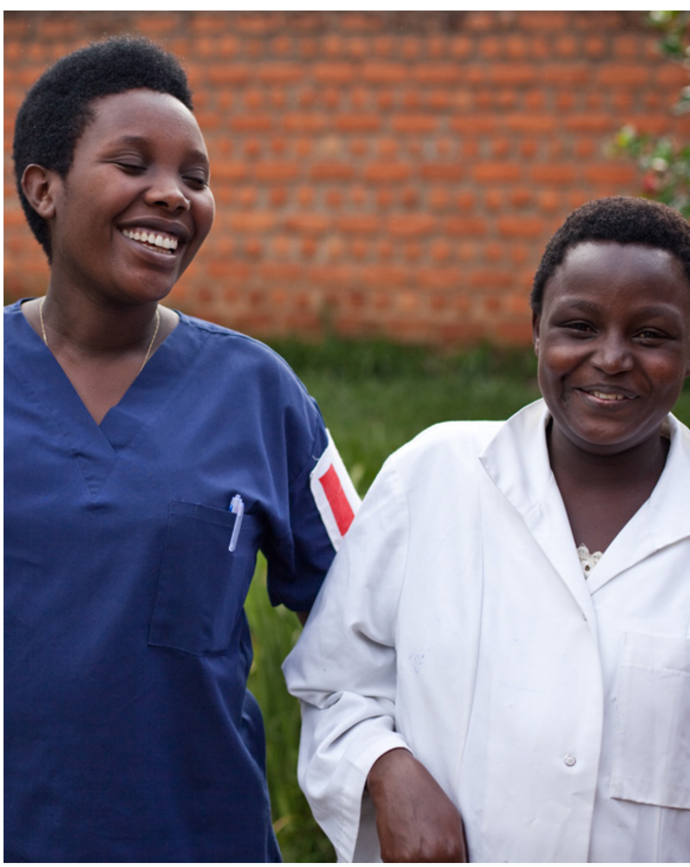
- Training for health center administrative staff
- Aims to facilitate the sustainability of the clinic
- Focus: financials, human resources, data collection, infrastructure, planning and budgeting

Phamarmaceutical Supply Program

- Connect partner health centers with local and regional wholesalers
- Deliver essential medicines to clinic pharmacies
- Helps clinics avoid stock-outs and diversify their supply of medicines
- Allows nurses to dedicate more time to patient care by removing the need for them to spend time traveling to purchase medicines

Growth-financing Program

- Clinics can apply for loans ranging from US$200-US$15,000; past funds have been used for needs such as laboratory diagnostic equipment and delivery beds
- The "rent-to-own" program allows clinics to rent equipment until they are able to purchase it
- Additional equipment diversifies the services clinics are able to provide, thereby increasing clinic revenue
- Periodic check-ins and trainings ensure that clinics are using the equipment
- All equipment the program offers can be maintained given available local resources

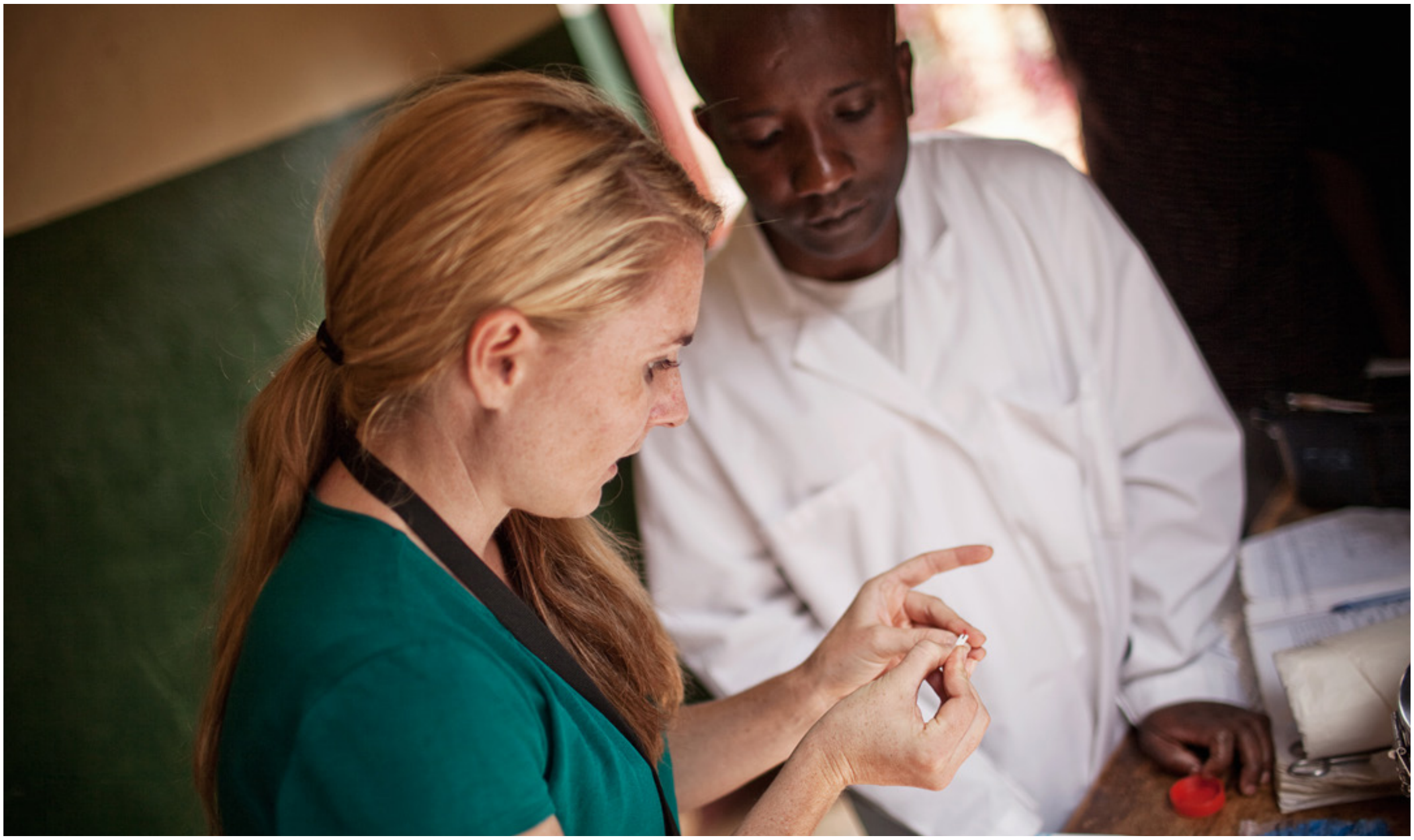


For both the Medical Training and Management Training programs, medical education experts design and update the curriculum, determine content, write lessons, and mentor the nurse trainers. Each module contains six trainings, and partner clinics are expected to complete one training each month. A LifeNet team composed of a nurse trainer, management trainer, and assistant (who drives, collects data, and surveys patients) visit every partner clinic once per month to work with the staff. This team spends a full day conducting formal training, one-on-one mentorship, shadowing, and on-the-spot correction and encouragement. This intensive phase of the partnership between LifeNet and each clinic is designed to last 2-3 years.

The LifeNet business model requires limited overhead costs (costs associated with staff and transportation are the most significant). LifeNet's major source of funding is corporate, foundational, and individual donations; funders include the Segal Family Foundation, the Sparrow Charitable Foundation, the David Weekley Family Foundation, and the Micah 6:8 Foundation. Additionally, "rent-to-own" program loan repayments generate revenue for LifeNet, which can then be reinvested into its programs; LifeNet also generates revenue through medicine sales. Finally, LifeNet also is currently exploring institutional partnerships.

LifeNet has a Monitoring and Evaluation team that uses the LifeNet QSC to perform comprehensive reviews of each clinic every six months beginning at partnership initiation. LifeNet nursing, public health, and development experts collaborated to create the QSC, and it was informed by USAID research, the Joint Commission International, and the Burundi Ministry of Health. The QSC uses over 100 measures to evaluate the effect LifeNet has on the quality of care at their partner clinics. LifeNet supplements the QSC data by having LifeNet trainers produce write-ups after monthly visits that verify progress, track challenges, and note achievements. LifeNet also evaluates clinic staff pre-and post-training module tests to ensure an understanding of the material. LifeNet's data indicates that quality of care improves by an average of 94% in partner clinics during their first year working with LifeNet.

By the end of 2016, LifeNet aims to grow their partnerships in Uganda. LifeNet has also conducted a baseline assessment in the Democratic Republic of the Congo, and aims to start partnerships with ten clinics there in January 2016. LifeNet hopes to expand the network even further over the coming decade, with a goal of 1,000 partner health centers in 10 East African countries by 2025.



Last updated October 2015.
LifeNet International provided the source data and is responsible for the accuracy of this document.

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