



# LIFENET INTERNATIONAL



## **CONTINENT**

Africa



## **COUNTRY**

Burundi



## **HEALTH FOCUS**

Primary health care,  
Maternal and child health, Malaria



## **AREAS OF INTEREST**

Franchising, Private providers



## **HEALTH SYSTEM FOCUS**

Service delivery

# LIFENET INTERNATIONAL, BURUNDI

A relational franchise network providing medical and management training to faith-based health centres to improve the quality of care provided to low-income patients in rural and urban areas in Burundi.

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# CONTENTS

ABBREVIATIONS .....	4
CASE INTRODUCTION.....	5
1. INNOVATION AT A GLANCE.....	6
2. CHALLENGES .....	7
3. INNOVATION IN INTERVENTION.....	8
3.1. Capacity building through medical and management training .....	8
3.2. Programmes supporting health centre operations .....	8
3.3. Accreditation and Branding .....	9
4. IMPLEMENTATION.....	9
4.1 Innovation in Implementation.....	9
4.2. Organization and people .....	10
4.3. Business model.....	10
5. OUTPUTS AND OUTCOMES.....	11
5.1. Impact on health care delivery.....	11
5.2. Organizational milestones.....	11
5.3. Community perceptions.....	11
6. SUSTAINABILITY .....	12
7. SCALABILITY .....	12
8. KEY LESSONS.....	13
8.1. Implementation lessons.....	13
CASE INSIGHTS.....	14
REFERENCES.....	15

## ABBREVIATIONS

CPR	Cardiopulmonary resuscitation
LN	LifeNet International
NGO	Nongovernmental organization
Q1	First quarter
RBF	Results-based financing
US\$	United States dollars
WHO	World Health Organization

# CASE INTRODUCTION

LifeNet International (LifeNet) is a nongovernmental organization aiming to improve the quality of care provided to low-income patients in rural and urban areas in Burundi. All health centres in Burundi are mandated by the national Ministry of Health to deliver a basic package of prevention and curative services, but 45% of these are unable to do so due to shortages in human resources, infrastructure, equipment or medication (Chi et al., 2015). Whilst many donors and nongovernmental organizations have focused on establishing new health centres, LifeNet has chosen instead to define a target population of existing faith-based health centres with which to partner.

Founded in 2009, LifeNet operates as a relational franchise network providing medical and management training to these faith-based health centres. The medical curriculum comprises four modules, which cover the basics of health care safety for providers, issues regarding maternal and neonatal survival, and the management of common conditions experienced by children under the age of five. The three-part management curriculum focuses on sharing best practice principles, including professional ethics, financial management and pharmacy management (including logistics and human resources management). LifeNet supports its franchise health centre partners to achieve financial sustainability, offers long-term mentoring, and provides ongoing evaluation of the quality of care. The franchise network is comprised 57 health

centres across Burundi. A pilot model is currently being implemented in Uganda.

The faith-based health sector has a long history of delivering health services in developing countries. The LifeNet case study illustrates that there is a valuable opportunity to partner with such facilities in order to strengthen the quality of services delivered. Strengthening the capacity of existing health facilities, whether faith-based or private, is an important priority that should not be neglected alongside efforts to increase the number of new health facilities in a country. LifeNet demonstrates the use of social franchising as a mechanism to encourage the active engagement of all health facilities within a network in order to improve standards and enhance skillsets. In addition to strengthening clinical skills, training that includes management and financial skills is beneficial to primary health care workers, especially nurses, who work in settings with changing demands and limited external support.

*“Yes, it works well because when LifeNet just gives us training, we improve our knowledge. And this knowledge brings us to accommodate many patients. And good service pushes even more people to confidently use health facilities. It is thanks to LifeNet that we got the dentistry training. LifeNet also gave us materials and now patients in this locality, they used the Ntare Health Centre, 14 km away, for tooth extraction, but now they come to us.”* (LifeNet partner nurse)  
(Translated from French)

# 1. INNOVATION AT A GLANCE

## Organization Details

Organization name	LifeNet International
Founding year	2009
Founder name	Michael L. Spraggins, Jr.
Founder nationality	American
Current heads of the organization	Michael L. Spraggins, Jr. (President) Stefanie Weiland (Executive director)
Organizational structure	Nongovernmental organization
Size	29 employees in Burundi

## Innovation Value

Value proposition	A relational franchise network providing medical and management training to faith-based health centres to improve the quality of care provided to low-income patients in rural and urban areas in Burundi.
Beneficiaries	Medical and administrative staff of faith-based primary health centres
Key components	<ul style="list-style-type: none"> <li>• Dual medical and management training</li> <li>• Inclusive involvement of all staff</li> <li>• Long term mentoring partnerships</li> <li>• LifeNet quality accreditation and return for In-kind franchisees' fees from established faith-based centers</li> <li>• Ongoing quality of care evaluation</li> </ul>

## Operational Details

Main income streams	Donor grants, private individual contributions and pharmaceutical revenues
Annual expenditure	US\$ 919,622 (2014)
Cost per client	US\$ 1.10 per patient visit (accounting for expenditures and total number of patient visits in 2014)

## Scale and Transferability

Scope of operations	The franchise network is comprised of 57 health centres across Burundi. A pilot model is being implemented in Uganda.
Local engagement	Partnership agreements with different denominational churches across Burundi.
Scalability	<p>Country considerations for scaling include:</p> <ul style="list-style-type: none"> <li>• The presence of a strong faith-based health sector with the capacity to contribute.</li> <li>• English or French speaking populations. LifeNet is one of very few international NGOs that is able to deliver all training in French.</li> </ul>
Sustainability	<p>LifeNet supports its franchise health centre partners to achieve financial sustainability through better management practices.</p> <p>LifeNet itself remains mainly donor funded but is starting to explore options for revenue generation to enhance its own financial sustainability as a franchisor.</p>



## 2. CHALLENGES

Burundi, a small land-locked country of 10.2 million people, located on the shores of Lake Tanganyika, has undergone frequent political changes in recent decades. The 13-year long civil war ended in 2005, but most recently, in 2015, election tensions resulted in tens of thousands of Burundians fleeing to neighbouring countries in east and central Africa. Despite instability over the past decade, Burundians have made multiple attempts to strengthen their health system. The country is still heavily reliant on external aid from multilateral and bilateral donors, together responsible for 60% of the health expenditure in Burundi. Donors and charities have had a significant influence on health care delivery by contributing to infrastructure rebuilding and new health financing mechanisms, such as the nationally adopted performance-based financing scheme (Chaumont et al., 2015).

Burundi has a tiered health system with a central level responsible for policymaking and regulatory functions, a decentralised district level with 17 provincial health bureaus coordinating service delivery in the districts, and a peripheral level comprised of 63 hospitals and 735 primary health care centres. Despite all health centres being mandated to deliver a basic package of prevention and curative services, 45% are unable to deliver these services due to shortages in human resources, infrastructure, equipment or medication (Chi et al., 2015). Estimates from 2004 suggest an acute shortage of health workers, with a density of 0.03 physicians per 1 000 population (absolute number of 200) and 0.06 nurses per 1 000 population (absolute number of 1 348). This

has changed little in the past decade due to a lack of training facilities, and the emigration of health professionals. Nurses, 75% of whom have the most basic qualification, provide 80% of health services. The result of poor quality of basic service provision is reflected in a maternal mortality rate of 740 per 100 000 live births and an under-five mortality rate of 83 per 1 000 live births in 2013 (World Health Organization, 2015).

Over half of Burundi's health centres are government facilities, 28% are privately-owned and 14% are faith-based. Despite instability in the country, the eight mission-district hospitals and 105 faith-based health centres have continued to be a vital source of health-care provision for many Burundians. Increasingly the role of the faith-based community in health service provision is being recognised as a vital contributor in many African countries. Current perceptions indicate this sector is responsible for between 30% and 70% of service provision in Africa. Communities often perceive these facilities to be of higher quality (Olivier et al., 2015).

LifeNet International (LifeNet) has identified a unique gap in Burundi to help strengthen existing health services. Where many donors and nongovernmental organizations have established new health centres, LifeNet has defined a clear target population of faith-based health centres with which to partner, whose capacity can be enhanced.

### 3. INNOVATION IN INTERVENTION

LifeNet is committed to improving the quality of health service provision in Burundi by focusing on three main aspects: capacity building, supporting existing health centres, and accreditation and branding.

#### 3.1. CAPACITY BUILDING THROUGH MEDICAL AND MANAGEMENT TRAINING

Over the past six years LifeNet has invested many hours to better understand the specific needs of the faith-based primary care centres in Burundi. The characteristics of these centres include having strong governance oversight or influence by the local church or pastor, being entirely nurse-led, and being recognised as official providers of care by the national Ministry of Health. The nurses delivering services at these health centres hold between two and four years of clinical training following junior high school. They provide a range of adult and paediatric services, including obstetric deliveries. Knowledge and basic medical skills are often acutely lacking, and nurse-providers deal with disease complexities beyond their training level on a daily basis. *“The three nurses came up with three different treatments, three different doses, all fatal. Other alarming instances would include lack of hand washing between patients, the nurses who are delivering babies did not know CPR, amongst others.”* (Gloria Havyarimana, Burundi Country Director, LifeNet)

Training is neither new nor novel, and occurs from time to time through the support of donor agencies in Burundi. LifeNet identified several gaps in current training programmes: 1) training is ad-hoc and the topic of training often depends on the donor's interest; 2) training is purely related to medical and clinical topics, but neglects equipping health centre staff with the skills to manage their own financial flows and 3) normally, one representative per health centre receives training and has to travel to Bujumbura, the capital city, for the training period. Knowledge transfer to whole health centres is insufficient.

The LifeNet training programme has undergone multiple cycles of iteration to develop robust medical and management training modules delivered over the course of two years. The medical curriculum comprises four modules, which cover the basics of health-care provider safety, issues regarding maternal and neonatal survival, and the management of the common conditions experienced by children under five. A chronic disease module is currently under development. The three-part management curriculum focuses on sharing best practice principles, including professional ethics, financial management and pharmacy management, which incorporates logistics and human resources management. Each module comprises six to eight lessons and is completed over a six-month period. A new three-day dental training programme was implemented in 2015 to provide nurses with the practical skills to perform much needed procedures in a country with fewer than ten active dentists.

The dual focus on medical and management training yields different outcomes. The medical training supports lives being saved and morbidity reduction in Burundi. The management training programme supports the sustainability of faith-based health centres in the face of challenges with the national results-based financing scheme.

#### 3.2. PROGRAMMES SUPPORTING HEALTH CENTRE OPERATIONS

LifeNet provides their health centre partners with access to three additional programmes to support health care delivery:

##### *Pharmaceutical delivery*

Historically, medicine procurement processes for clinics would entail staff travelling from their rural locations to purchase medicines in Bujumbura and often not at a wholesale price. Now, LifeNet supports their partners by finding high quality medicines at the most affordable prices and delivering it to their doorsteps on a monthly basis. Twenty-five health centres currently receive their monthly medicines through this programme.



### Medicines assurance programme

To combat counterfeit medicines, LifeNet has become part of the GPHF-Minilab global network. Through this programme, it is possible to test and assess the quality of medicines purchased and to report any counterfeit medicines.

### Growth financing programme

Microscopes are an examples of equipment that is necessary but lacking in most health facilities. LifeNet has provided equipment to their partner clinics through a rent-to-own repayment programme.

### 3.3. ACCREDITATION AND BRANDING

On joining the network and completing the first module of training, the health centres receive LifeNet's branding, marking them as health centres of quality. As a member of the franchise network, the partnering health centre is asked to make a monthly contribution. For already cash-strapped health centres, a financial payment would be prohibitive. A more novel and relational contribution is thus requested from the health centres. *"The cost to them is the meals they share with us, the cover of meals, they cover lodging... so the way they pay us is through the meals and lodging."* (Gloria Havyarimana, Burundi Country Director, LifeNet)

## 4. IMPLEMENTATION

### 4.1. INNOVATION IN IMPLEMENTATION

LifeNet has adopted its own way of delivering training, which has resulted in resilient relationships with partner health centres. Teams of university-qualified nurse and management trainers adopt and train ten health centres. Monthly, each training team will visit their allocated health centres and deliver a medical and management lesson. This implementation approach includes the following:

#### Inclusive training

Contrary to many other training programmes, where one trainee gets identified and removed from the facility for a period of time, the LifeNet team believes in inclusive training and builds the capacity of all staff at the health centre. Four days per week, the LifeNet teams drive out from Bujumbura to the surrounding rural areas to deliver the training at the site of the health centre. *"We find the nurses where they are, so they don't have to move. So we have the most people delivering care at one time."* (Medical Programme Manager, LifeNet)

#### A mentoring relationship

The team delivering the training are all nurses. This form of peer learning enhances the receptivity of the health centre staff. Since 2015, visits have

altered to include a mentorship component alongside the training lessons. The LifeNet visiting team spends a full day at the health centre to observe and guide staff before or after the training session. During the weeks between training sessions, health centre staff are free to contact the LifeNet team for ongoing support.

#### Recognition and reward

To encourage the personal learning of each member of the health centre, and to recognise their collective achievement, time is taken to celebrate at the end of each module. In addition, health centre staff are given the opportunity to request an additional training lesson on a topic of their choice. In contrast to many other training models, LifeNet does not offer financial compensation for learners, as they feel it creates a false incentive and undermines the inherent value of education and quality improvement.

#### Partnering with church-leaders

LifeNet considers the faith-based health centres they work with to be partners, rather than clients. Church leaders play a valuable role in governing, supporting and financing the health centres, which cannot be neglected. As part of each training day, the LifeNet team and the head of the health centre visit the pastoral team and share a meal.

## 4.2. ORGANIZATION AND PEOPLE

LifeNet International is located in a house in the Burundian capital, Bujumbura. The house-turned-office is a visible symbol of what is found inside – an organization of 29 employees functioning like a family. Through the turbulence of the recent political uprisings in Bujumbura, to the demanding schedule of driving out into the rural areas of Burundi to deliver training to health centres, the team remains focused on the shared vision and determination to bring about an improvement in the health care delivered to Burundians.

Since 2012, Executive Director, Stefanie Weiland, and her senior management team have approached the growth and development of the organization with thoughtfulness and authenticity. They believe culture is developed by modelling the desired behaviour. In interactions between staff at all levels, friendship and respect is visible. *“I have to lean back and realise it is happening. I was used to harsh rules and very competitive teams. Coming here, you see how people get together for the wellness of other people. It is not about competition. It's about people's lives and it is so much more rewarding.”* (Employee, LifeNet)

Several organizational practices are in place to nurture the positive organizational culture:

### *‘Témoignages’*

Weekly, the team gather to share and encourage each other with positive experiences at various health centres. When challenges are experienced, staff members have the platform and openness to share and receive advice from their fellow team members.

### *Learning and connecting*

Three out of four weeks each month, the LifeNet team travels across Burundi, conducting daily training sessions at various health centres. During first week of the month, each of the training teams learns the content of the new modules and practises their training skills. Employees are also encouraged to undergo ongoing skills development. One day per month is spent on a team activity outside the office to connect on a personal level and “have some fun.”

### *Collective prayer*

Although open to people from all religions, the LifeNet team cherishes their Christian faith and each journey out to rural health centres starts and ends with a collective prayer.

### *Team recruitment*

Potential new employees have to illustrate their training skills during a practical component of the interview process. LifeNet employees are the custodians and owners of its organizational culture, and thus depending on the position being recruited, relevant team members are involved in the selection process.

### *Caring about people, not just work*

For all employees at LifeNet, an open door policy exists with their supervisors. Staff members know they are valued in all dimensions and are encouraged to come forward with new ideas or suggestions. Across the organization, employees share new ideas or projects they were embarking on. *“Listen, even if the problem is not professional... if I know you care about me personally, I am prone to give more of myself to my work, I know I am valuable.”* (Gloria Havyarimana, Burundi Country Director, LifeNet)

## 4.3. BUSINESS MODEL

LifeNet International is a not-for-profit organization registered in the United States of America, with its main site of operations in Burundi. The idea for a mission-driven organization was seeded in 2008 when Michael Spraggins Jr received some encouragement from a trusted friend. Michael, a successful businessman in the construction industry, had no health experience but had sufficient passion to apply the business skills and acumen he possessed for a greater good. Burundi was identified as a place of hope and opportunity, without the abundance of nongovernmental organizations found elsewhere in the region.

Over the past six years, the LifeNet model has been through multiple iterations, refined at each stage according to the needs of the local community. In the beginning, LifeNet did

pharmaceutical logistics and infrastructure loans. While spending significant amounts of time in health centres in an attempt to establish a pharmaceuticals business, the gaps and opportunities for training in basic medical care became evident. By 2012, a few training modules had been developed and management consulting support was provided to guide the health centres through their financial challenges. Over the past three years, the organization and team have grown to allow for a more comprehensive and

replicable model (See more on scalability in Section 6 below).

LifeNet remains 90% donor-funded and receives support from Spraggins Inc. and various family foundations. A small but steadily growing revenue stream, which stood at US\$ 38 538 in 2014, is generated through the pharmaceutical programme. The overall programme's total cash expenditure in 2014 was US\$ 919 621, with a further US\$ 198 287 of in-kind contributions.

## 5. OUTPUTS AND OUTCOMES

### 5.1. IMPACT ON HEALTH CARE DELIVERY

Ongoing measurement and evaluation of activities is key for LifeNet to determine whether they have been able to improve the capacity of their partner health centres to deliver quality care. From 2012 to the first quarter of 2015, over 1.7 million patient visits have occurred throughout the network and over 300 hours of training are delivered per month. The effectiveness of the partnership and training is assessed as an increase in knowledge and an overall improvement in quality of care.

Prior to the delivery of every training module, staff members at the health centre are evaluated to establish their pre-existing knowledge of the topic. In addition, a post-lesson evaluation is performed. Data from the first quarter of 2015 shows a 34% and 21% increase in knowledge of basic health sanitation and safety, and care for new-borns, respectively. There was also a 29% and 42% increase in knowledge on financial management, and logistics and maintenance respectively.

Semi-annual evaluations are performed by the LifeNet team to assess the overall quality of care at the health centre through the aid of a customised Quality Score Card. The scorecard, developed by experts, draws on best practice guidelines from the Burundian Ministry of Health and other benchmarked tools. A composite score of more than 80% is required and where centres fail to reach this target, revision training and support is provided.

### 5.2. ORGANIZATIONAL MILESTONES

LifeNet International has been recognised by international groups working in innovation and faith-based health care. From 2013 to 2014, the organization was part of the Centre for Health Market Innovations Primary Care Collaborative, as well as the Social Entrepreneurship Accelerator at Duke University. LifeNet is increasingly being cited as an example of how to achieve scale and invited to share its lessons at international gatherings.

### 5.3. COMMUNITY PERCEPTIONS

LifeNet's health centre partners have many positive things to say about the impact of their work, especially the training component. *"And what I like in LifeNet, we are elevating the knowledge level of nurses. Nurses who were not able to do something, LifeNet teaches them to do something and they do it very well and will save lives."* (LifeNet nurse trainer)

Partner facilities have also felt better equipped to see more patients and offer additional services as a result of the training:

*Yes, it works well because when LifeNet just gives us training, we improve our knowledge. And this knowledge brings us to accommodate many patients. And good service pushes even more people to confidently use health facilities. It is thanks to LifeNet that we got the dentistry training. LifeNet also gave us materials and now patients in this locality, they used the Ntare Health Centre [14 km away] for tooth extraction, but now*

*they come to us...* (LifeNet partner nurse)  
(Translated from French)

Nurses in the partner facilities expressed their appreciation for the training and maintain that their skills have remarkably improved since the

start of the training. *"Yes, everything is going pretty well, and things got even better since we started partnering with you guys; things got even better. We are learning while at the same time working! That is fabulous."* (LifeNet partner nurse)  
(Translated from Kirundi)

## 6. SUSTAINABILITY

One of LifeNet's main goals is to support its partner health centres to achieve financial sustainability. In 2006, Burundi implemented two health-financing reforms: the abolition of user fees for pregnant women and children below the age of five, and the introduction of performance or results-based financing (RBF). The intended outputs of the RBF scheme were to increase the quantity and quality of health care through providing financial incentives to enhance performance. Instead of receiving a fixed annual budget, health centres receive subsidies for day-to-day operations, small equipment and infrastructure and financial motivation for health workers, as it relates to the prescribed minimum package of services. Recent published studies, however, find that although there has been an improvement in maternal and child health care services, there has been no visible impact on other services (Falisse et al., 2015; Ireland, Paul, & Dujardin, 2011). The health centres forming part of the LifeNet network have experienced challenges associated with RBF. Payments have been slow and sporadic with the imposition of frequently changing targets. *"You have to claim for the*

*repayment. However, the processes are lengthy and sometimes the money never comes at all. For instance, we are still waiting since September when we declared last December."* (Nurse, LifeNet partner facility) (Translated from Kirundi)

The financial management and pharmaceutical training modules provided to health centres have been key components of LifeNet's capacity building strategy towards health centre sustainability. Getting the basics in place, including financial accounting, record keeping and data analysis, have been important. However, there is an increasing need to provide even more in-depth and individualised expertise to guide centres to gather the right data to support better decision-making.

Several questions remain for LifeNet, as a donor-led organization, regarding how it could achieve greater sustainability. As part of their scaling strategy, the team is spending dedicated time investigating different options for revenue generation.

## 7. SCALABILITY

When executive director, Stefanie Weiland, joined the team in 2012, LifeNet already had ten faith-based health centre partners. From the early days, founder Michael Spraggins Jr had aspirations to have an impact across multiple countries. Under Stefanie's leadership and influenced by Michael's strong business skills, LifeNet adopted a conversion franchise model in Burundi. Instead of starting up new health facilities, it partnered with existing faith-based health centres, and sought to

enhance the quality of care through training, mentorship and support.

*From the beginning, they were thinking about scale so much. They wanted to do something they would be able to scale to create an entirely different system. What could we do with this franchising thing, which was something that Michael had done with his own business? How could we do that? They tried a*

*bunch of stuff. They learned a lot. They made a lot of mistakes.* (Stefanie Weiland, Executive Director, LifeNet)

The long-term vision of LifeNet is to partner with 1 000 health centres across ten African countries, and in so doing to provide quality care for over 20 million patient visits. To achieve this goal, new countries are being identified, followed by in-depth country analyses. In 2014, the team explored Uganda. The eastern regions of Uganda have been identified as a preferred location for new

operations. Two other countries being explored for expansion by the LifeNet team are Zambia and Malawi. Some considerations for the team in selecting expansion sites in Africa include:

- the presence of a strong faith-based health sector;
- English or French speaking populations;
- scaling through partnerships and mechanisms to provide expert services to local faith-based networks and local ministries of health, or by licensing training materials.

## 8. KEY LESSONS

### 8.1. IMPLEMENTATION LESSONS

#### *Getting started*

Despite founder Michael Spraggins Jr's own interests in pharmaceutical logistics and distribution, Burundi presented many other more pressing challenges. If a nurse did not have the knowledge to prescribe the correct treatment, no amount of available drugs would have ensured a good patient outcome. In order for LifeNet to make a meaningful impact on health care in Burundi, it was important to develop an organization that focused first on listening to the needs of people living there. After five years of building a strong foundation and training programme, the team was able to return to the original vision of pharmaceutical logistics. In 2014, LifeNet started its medicines distribution programme.

#### *Maintaining efforts*

People are central to every activity, process or component of the programmes and training implemented by LifeNet. The team invests in building strong and resilient relationships within their own organization, and with partners and

stakeholders. They consciously create spaces for sharing and connecting in life and work. These relationships continue to sustain LifeNet employees and their health centre partners amidst the difficulties experienced in Burundi.

#### *Overcoming challenges*

Even with good ideas and new approaches to building the capacity of health centres, concentrated effort and patience was required. Traditionally, training is conducted by large international agencies and nurses earn international per diem rates for attending. LifeNet was an outlier in requesting a contribution to the training, even in the form of a meal. Changing the paradigms around foreign NGOs being wealthy and expectations of health staff being paid to attend training was not easy. Over the past six years, by sharing multiple meals, the church pastoral team and staff have come to appreciate the contribution on both sides of the partnership. *"But for LifeNet, we learned they do not give per diems. It is fine with us, though. The training brings much more value than money."* (LifeNet partner nurse)



# CASE INSIGHTS

1. The faith-based health sector has a long history of delivering health services in developing countries. There is an opportunity to partner with these facilities in order to strengthen the quality of the services they deliver. Strengthening the capacity of existing health facilities, whether faith-based or private, is as important a consideration as increasing the number of new health facilities in a country.
2. Social franchising is a mechanism to encourage the active engagement of all health facilities to improve their individual standards and quality. There is an awareness by individual health centres that the quality of their facility contributes to the reputation and success of all the facilities that form part of the network.
3. Primary health care workers, especially nurses, working in settings with changing contextual demands, require training that extends beyond the acquisition of clinical skills, and includes management and financial skills.



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