



**LIFENET INTERNATIONAL**  
TRANSFORMING AFRICAN HEALTHCARE



## From LifeNet's President

Dear friends,

Four years ago in the summer of 2009, I took my first trip to Burundi. What I witnessed there shocked me. Just emerging from a long civil war, Burundi's people were facing almost unimaginable poverty and suffering.

When I landed in Burundi that summer I was greeted by Carol Hanselman, our first volunteer, who had traveled ahead of me to learn about Burundi's health problems and figure out how LifeNet could help. We soon discovered that most of what we learned or were told in the US was wrong. As entrepreneurs, we weren't interested in charity, and we didn't want to come up with a band-aid to alleviate the symptoms of poor healthcare. We wanted to innovate a solution that would strike at the core of the problem and improve the health and lives of the poor for generations to come.

And so we stepped back. We asked questions. We listened. That's how LifeNet was born, based on addressing local needs and building local capacity. I invite you to flip through the pages that follow to learn more about how we accomplish our vision, but at our heart, we are guided by Jesus' simple instruction to his followers in Luke 10:9: "Whenever you enter a town...Heal the sick in it and say to them, 'The kingdom of God has come near to you.'" We hope that you will be inspired by the healing work that God is doing through LifeNet.

Sincerely,

Michael L. Spraggins, Jr.



## From LifeNet's Executive Director

Dear friends,

In the year and four months since I came to Burundi, I've seen LifeNet grow from two expats and two locals working in ten clinics to what it is today: four expats and nine locals serving forty clinics run by every major church denomination in the country. We have changed offices, staff housing, and headquarters, and have guided our programming from ideas to reality. Much has changed, but God's presence in our work remains constant.

In the process of choosing which stories to share with you, it was clear to me that LifeNet's story is God's story. God brought us to Burundi, led us to partner with church actors serving their communities through church-based health centers, inspired us to create our franchise model, and sent us excellent team members who have dedicated themselves heart and soul to our mission. God has sustained and equipped us every step of the way.

Going forward, I am confident that He will lead the way and continue with us in this work. Thank you, friends, for your part in this story,

Stefanie Weiland





© Chris Bartlett

## Burundi In Context

Nestled on the shores of Lake Tanganyika in East Africa, the country of Burundi is rebuilding after years of conflict. Between 1993 and 2005, an ethnic-based civil war killed over 300,000 people and forced some 1.2 million into refugee camps or exile. During this time life expectancy plummeted from 51 to 44 years and the poverty rate doubled, from 33 to 67%.

Since the end of the civil war, Burundi has made strides in improving the health of its now 8.5-million population. In 2006 the government announced free health services for children under five and pregnant women and initiated performance-based financing (PBF) in public clinics, measures that have decreased infant and maternal mortality rates and increased clinic capacity.

But Burundi's health needs remain urgent. Life ex-

pectancy at birth is 54 years for women, 52 years for men. 139 Burundian babies out of every 1000 do not reach their fifth birthdays, and Burundi's maternal mortality ratio is the world's fifth highest. The International Monetary Fund ranks Burundi the third-poorest country in the world, one in which nine in ten people rely on smallholder agriculture to survive. Transparency International ranks Burundi the world's third most corrupt country, meaning that aid money meant to assist the poorest and most vulnerable ends up in the wrong pockets.

Rural health clinics, the population's first and sometimes only line of defense against disease, continue to be crippled by lack of equipment, pharmaceuticals, and knowledge.

Enter LifeNet.

# Our Partners Network

**Bujumbura Mairie**  
 CLIPA Hospital  
 Kinama Centre de Santé  
 Kigobe Centre de Santé  
 Van Norman Clinic

**Bujumbura Rural**  
 Ijenda Hospital  
 Magara Centre de Santé

**Bururi**  
 Bubera Centre de Santé  
 Buhinga Centre de Santé  
 Matana Hospital  
 Mayengo Centre de Santé  
 Mugara Centre de Santé  
 Murinda Centre de Santé  
 Nyagihotora Centre de Santé  
 Nyavyamo Centre de Santé  
 Karonda Centre de Santé  
 Kagongo Centre de Santé  
 Kiremba Centre de Santé  
 Ruhora Centre de Santé

**Cibitoke**  
 Rusagara Centre de Santé

**Gitega**  
 Gatabo Centre de Santé  
 Kibimba Hospital  
 Youth for Christ Shammah Clinic  
 Kibuye Hospital  
 Mariya Mwiza Centre de Santé  
 Vision Santé Clinic

**Kayanza**  
 Gasenyi Centre de Santé  
 Maramvya Centre de Santé

**Kirundo**  
 Nyambuye Centre de Santé  
 Rutare Centre de Santé

**Makamba**  
 Bukeye Centre de Santé  
 Gihisha Centre de Santé  
 Kayogoro Centre de Santé  
 Muresi Centre de Santé

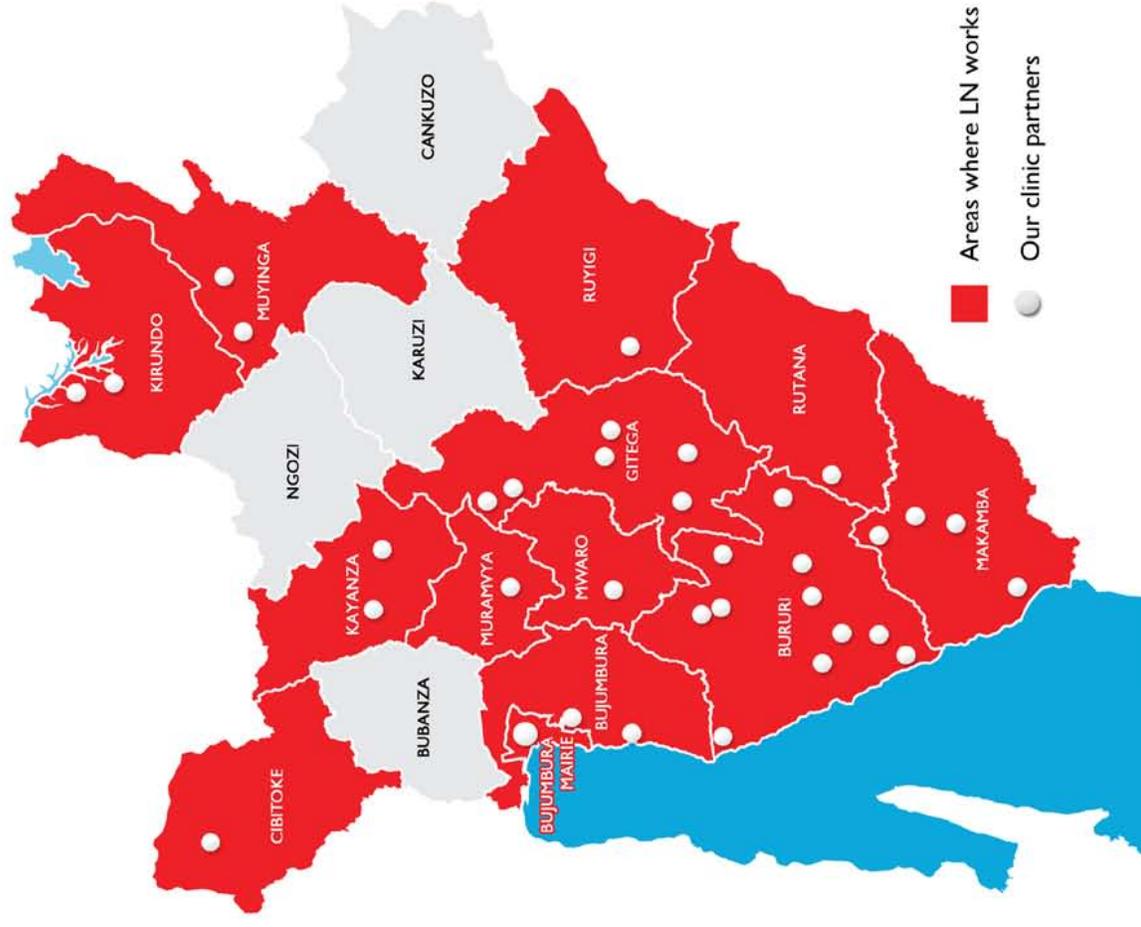
**Muyinga**  
 Kagari Centre de Santé  
 Bwasare Centre de Santé

**Muramvya**  
 Kivoga Centre de Santé

**Mwaro**  
 Muyebe Centre de Santé

**Ruyigi**  
 Nyankanda Centre de Santé

**Rutana**  
 Gakwende Centre de Santé



■ Areas where LN works  
 ● Our clinic partners

# Building Clinical Capacity in Africa: Our Story



## Developing the approach

Guided by our belief that every individual should have an equal opportunity to lead a healthy and whole life, LifeNet works to provide sustainable, quality primary healthcare to Africa's poor. The idea for LifeNet was born when business entrepreneur Michael Spraggins considered sub-Saharan Africa's staggering mortality figures and saw in them an underserved market. Michael recruited investment analyst Jonathon O'Connor and registered nurse Carol Hanselman to join him in developing a new kind of solution to Burundi's healthcare delivery challenges. In 2009, Carol traveled to Burundi to assess the viability of a program to ramp up Burundi's supply of pharmaceuticals, but she soon discovered that the most important missing component in the supply chain was further upstream: at the point of diagnosis and consultation. In pursuit of an asset-light model that could be replicated on a large scale, LifeNet tested a program to provide microloans and basic equipment to nurses to enable them to better serve their communities.

Through engagement with local nurses, the team discovered critical gaps in local nursing education and clinic capacity.

The clinics we encountered were uniquely positioned to address the health needs of their communities, and the clinic staff with whom we engaged wanted desperately to provide high-quality care. But they were up against crippling structural barriers. Clinics without basic medical equipment could not offer patients the services they needed. Staff expended scarce time and resources traveling to and from the capital city of Bujumbura to search for essential medicines. Administrative staff struggled to keep track of earnings and expenses. Medical staff neglected to wash hands between patients or clean thermometers between uses; maternity nurses did not know infant CPR; nurses administered dangerous and even lethal doses of medication – all for lack of basic training.

## Honing the model

These realities drove LifeNet's move to a conversion franchise concept for primary care clinics guided by the values of impact, scale and sustainability. Now through our conversion franchise model we improve the quality of health systems from the ground up, partnering with church-based clinics and hospitals to provide them medical training, business training, access to pharmaceuticals, and loans to expand the scope of their services. Within one year of establishing our program, we expanded our partner network from 10 initial partner clinics to 40 clinics and hospitals in 14 provinces in Burundi together seeing over 600,000 patient visits a year. In the same year, LifeNet partner clinics achieved 72% improvement in their quality of care; to date, our first cohort of ten clinics has shown improvement of 112% – all at an average cost of 66 cents per patient visit. This means that for less than 30% of total healthcare delivery costs, we are doubling

the quality of care our partner clinics provide. This rate of improvement has been externally verified by Burundi's Ministry of Health, which runs its own independent quality assessments.

We prioritize partnership with church-based clinics because we have found that they provide more patients higher-quality care at lower cost than their counterparts. Churches often operate networks of health centers as well as educational and religious facilities, making them powerful vehicles for community-wide change. Within the private health sector, church-based clinics tend to prioritize social good over profits while also recognizing the need for financial sustainability, balancing compassion with accountability. LifeNet multiplies the impact of this “by the community, for the community” system by making strategic investments in the people behind it.

## Scaling up

All of our programs are designed for multiplication and scale-up. Our franchise model allows us to replicate any clinic-level intervention in all of our clinics and to efficiently add partners to our expanding network. In June of 2012, LifeNet partner clinics saw a collective total of 2,778 patient visits. In June of this year our network received over 67,062 patient visits. The average LifeNet partner clinic served 1,200 patient visits last month and this number is grow-

ing as LifeNet-franchised clinics gain reputations in their communities for quality care.

We are now doubling care in our partner clinics at an average cost of 33 cents per patient visit. By 2020, we plan to double the quality of care received in 10,000,000 patient visits to 1,000 franchised clinics operating in 10 East African countries.

# How We Do It:

## 4 program verticals



© Chad Bartlett

### Medical Training

In Burundi, a country with fewer than 300 doctors for a population of 8.5 million, nurses deliver 80% of all healthcare. LifeNet operates at the frontlines of the healthcare system by delivering medical training directly to nurses. Our approach stresses knowledge transference and local ownership: our medical education experts work closely with local nurse trainers, who then train partner clinic staff on-site once a month. We designed our curriculum for the local context and to align with the health priorities set by the Burundi's Ministry of Health, covering best practices for addressing HIV/AIDS, malaria, reproductive health, maternal, neonatal and child health, and more.

### Management Training

In order to provide the highest-quality medical care for years to come, clinics need not only medical knowledge but also business competence. We train managerial staff at each of our partner clinics in financial management and accounting, pharmacy and human resource management, key data analysis, and planning and budget-



ing. With these skills, clinics avoid stock-outs, manage debt, and break even or operate at a profit, ensuring their sustainability. The success of our medical and business training is based on the trust relationships we build with partner clinic staff, which lead to lasting behavior change and heightened capacity.

### Pharmaceutical Supply Chain

Through our pharmaceutical access program we link rural partner clinics with local wholesalers and deliver medicines directly to clinics. Before launching the program, we discovered that clinic nurses were often purchasing medicines themselves: taking time away from their clinics and sometimes spending several days to travel to the capital, buy whatever was in stock at whatever price and quality available, and pile supplies into public transportation to return to their clinics. Since implementing our program we have dramatically decreased the occurrence of stock-outs in our partner clinics' pharmacies, increased the quality and variety of the medicines they offer, and saved clinics invaluable time and resources previously dedicated to procurement.



### Growth Financing

Filling a gap in local capital markets, our growth financing loan program increases the scope of services clinics offer and the revenue they generate. Employing a proprietary underwriting system, we disburse mid-sized loans of \$5,000 to \$30,000. LifeNet loans have financed the purchase of crucial medical equipment and projects such as maternity wards, hospital expansion, and immunization programs. Partners are eligible to apply for an equipment loan once they have achieved a score of 75% on our quality metric.



# Measuring Our Impact

One of LifeNet's strengths is monitoring and evaluation for measured impact, using tools developed in-house and proven successful in the local context. We apply our Quality Score Card (QSC) quarterly to measure partners' performance across key areas including pharmacy operations, management, and clinical practices. To create the QSC, our nursing and public health specialists drew on standards established by Burundi's Ministry of Health, as well as the USAID/Smiling Sun Health Services "Quality and Monitoring Supervision Clinic Preparedness Guide, January 2010," and the IFC Self-Assessment Guide for Health Care Organizations from the Joint Commission International. The QSC covers all indicators that the Ministry of Health includes in its own health center evaluations and then goes beyond to quantify staff adherence to LifeNet-taught best practices. With it, we calculate a robust composite score for each clinic that indicates the impact of our interventions on clinic quality over time. In addition to the Quality Score Card, LifeNet also administers pre- and post-training tests to partner clinic staff and regularly sees scores double after trainings.



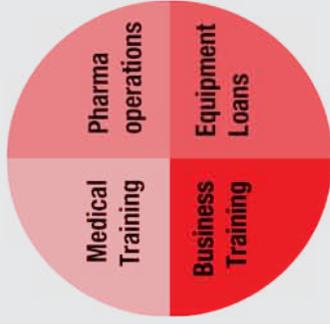
© Chad Bartlett

Pre- and post-test scores on nurse training tests in percent change and straight change in percentage

Month	Average percent change pre/post	Change in pre/post test
July 2012	63%	29%
August 2012	49%	26%
September 2012	84%	33%
October 2012	71%	32%
November 2012	82%	36%
December 2012	90%	40%
January 2013	110%	41%
February 2013	145%	46%
March 2013	105%	44%

For less than 30% of total healthcare delivery costs, LifeNet is doubling the quality of our partner clinics' care

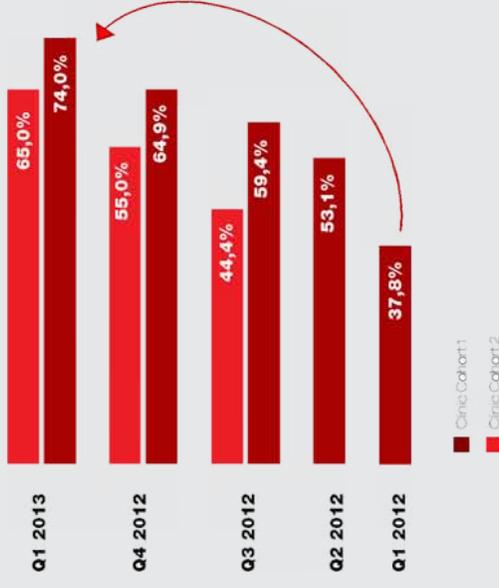
### Comprehensive Health Systems Strengthening



### Financially Self-Sustaining Network of Partners

- 40 clinics and hospitals
- 612,000 patient visits/year
- \$135,000 in medicines sold/year
- Church partners from 6 denominations
- 781 medical practitioners and 40 clinic managers

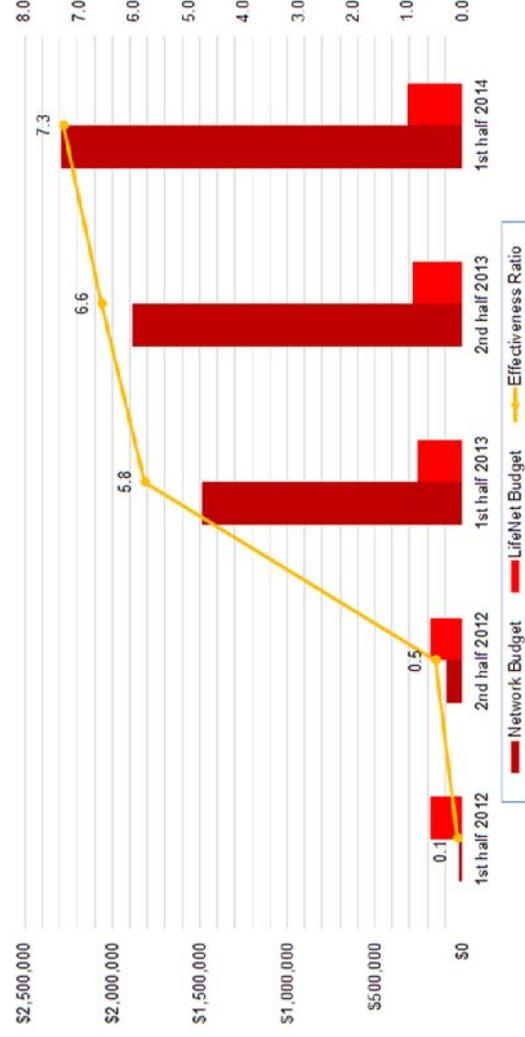
## 2x Quality of patient care



## LifeNet's Increasing Leverage



The effectiveness ratio measures how many times greater our partner clinic network's combined budget is than LN's budget. Even as we take on more and more partner clinics and see greater and greater improvement in their quality of care, we do so at a decreasing cost ratio.



# Updates

LifeNet's network has quadrupled in the past year, expanding from 10 initial partner clinics to our current 40, and we will be adding 20 more to our network by the end of 2013. As we expand we are constantly improving our programming: we are reorganizing the content of our medical training around the health outcomes of reduced maternal mortality, reduced infant mortality, and reduced child mortality, priorities that mirror the Millennium Development Goals and the post-2015 Development Agenda.

We are also placing fresh emphasis on clinics' financial sustainability and access to quality pharmaceuticals. We are developing a system for measuring sustainability, as well as tracking sales volumes of medicines and monitoring clinics' stocks of the medicines included in the government's National List of Essential Medicines. Our goal is to increase our clinics' solvency and management capacity so that they are thriving enterprises that re-invest and make improvements with their own earnings. To that end, we are also leveraging a donation of laboratory and diagnostic equipment that we will receive by the end of 2013 and begin leasing to partner clinics for a fraction of the market value. This investment will increase the services clinics offer and the revenue they generate.

We are thrilled to announce our expanded pharmaceutical supply chain, made possible by our new partnership with Joint Medical Store (JMS). Uganda's foremost private pharmaceutical wholesaler, JMS is a private not-for-profit established in 1979 as a joint venture between the Uganda Catholic Medical Bureau (UCMB) and the Uganda Protes-

tant Medical Bureau (UPMB). Unlike wholesalers in Burundi, JMS quality-assures all of its pharmaceuticals either in-house or through documented third parties. To provide our clinics with the safest, highest-quality medicines possible, LifeNet will begin importing from JMS later this year. Currently 50% of the clinics with which we work are purchasing medicines from us; we aim to raise that percentage to 80% by the end of the year. We are also thrilled to facilitate the distribution of JMS pharmaceuticals in Uganda: on June 3rd we disbursed a loan to the Catholic diocese of Masaka, Uganda to enable the diocese to take on the role of JMS distributor in rural southeast Uganda.

LifeNet strives to leverage resources efficiently and adapt quickly to local realities. In this spirit, in April we decided not to build up a headquarters office in Washington DC but instead to locate our headquarters in the field, at the Burundi country office. Stefanie Weiland will remain in the role of Country Director and take on the additional role of Executive Director of LifeNet.

Our approach to development is attracting attention: LifeNet was just inducted into the International Partnership for Innovative Healthcare Delivery (PIHD) Network, a network of healthcare delivery entrepreneurs recognized for excellence and collaborating to overcome the key challenges in scaling innovations. And we are proud to be featured for the second time in the Global Health Group's May 2013 "Clinical Social Franchising Compendium," an annual compilation of profiles of the best healthcare social franchising programs around the globe.

## A baby's life saved

Our nurse trainers often work alongside our partner clinic nurses to provide hands-on coaching. During one coaching session a mother brought in her four-month-old baby, who was suffering from a fever. The LifeNet nurse trainer allowed the partner nurses to conduct a consultation without assistance. Each of the three nurses diagnosed the baby and reached three different courses of treatment, each of them *lethal* given the baby's age and weight. Our nurse trainer then intervened, showing the nurses the proper treatment – a correct dosage of Tylenol – and how to use age and weight to calculate dosage.

139 in 1000 Burundian children die before reaching their fifth birthday. LifeNet training saved not only a single life that day but also the lives of future children to visit that partner clinic in need of medicine. We envision a future in which 139 is driven down to 0.

# An amputation avoided

A nine-year-old boy traumatically injured his foot in a motorbike accident. Skin and muscles were torn to the depth of the bones. Infection was creeping up the boy's leg and his fever was rising. LifeNet nurses met the boy during an in-clinic training session and learned that his dressing had not been changed for two days due to the clinic nurses' lack of wound care knowledge.

Our nurse trainers gathered the supervising doctor and the clinic's nursing staff to demonstrate proper wound care, training them to dress the wound properly and treat the infection twice a day with the right antibiotics. When LifeNet trainers returned the following week the boy was healing quickly. His fever was down and his foot had been saved from amputation: he would soon walk again.

## Seven infants' lives saved



“Thank you very much LN Nurse Trainers for teaching us how to resuscitate a new born. Since you taught us this lesson in August, we have saved seven babies born with respiratory deficiency. As we received these cases simultaneously, we applied the techniques you taught us, and those babies were saved...After hearing how we are resuscitating babies, the nurses from Gitega’s main hospital are asking us to go and teach them how to do it. So we thank you very much for the good work you are doing for us.”

*Nurse Yacinthe of Mariya Mwiza Clinic on September 12, 2012*

# Stocked shelves mean better care

The impact of LifeNet's pharmaceutical access program on our rural partner clinics cannot be underestimated. For two weeks in May the entire country of Burundi ran out of paracetamol, a basic pain and fever reducer. Because we had planned ahead and built up our inventory, we were able to supply our partner clinics with this essential drug. Pastor Manase of Nyagihotora Clinic recounts that before LifeNet began delivering medicines to his clinic, he had had no other choice but to travel hours from Bururi Province to Bujumbura to search for medicines, despite his lack of knowledge of what to purchase. Staff at Nyankanda clinic in Ruyigi Province, meanwhile, were traveling three hours by bicycle to the nearest pharmacy to pedal back with whatever medicines they could before partnering with LifeNet. Our pharmaceutical program resolves questions of drug availability, price, and quality, as well as transportation and security concerns. It saves clinics precious time and resources, allowing clinic staff to focus on saving lives.



# Our Team



**Michael L. Spraggins, Jr.**  
Founder, President

Michael is CEO of Spraggins Inc., a builder services company based in Orlando, Florida. He has held principal roles in a variety of entrepreneurial and investment ventures with an emphasis on distribution, service, and franchising. Michael founded LifeNet in 2008 with the vision of making quality healthcare an enduring reality for the world's poor.

**Hahna Kimbrough**  
US Director

Hahna is a graduate of Princeton University Woodrow Wilson School of Public and International Affairs. She has conducted research in South Africa, Zambia, and Kenya and developed best practices standards for development with Geneva Global and Global Scripture Impact. In 2010 she served as Emergency Operations Manager for the Clinton-Bush Haiti Fund. Prior to joining LifeNet, Hahna led research at World Faiths Development Dialogue. Hahna speaks English and French.



**Stefanie Weiland**

Executive Director, Burundi Country Director  
Stefanie is a graduate of the London School of Economics, Georgetown University's School of Foreign Service, and the Monterey Institute of International Studies, with degrees in development, management, and security. She has extensive development management experience in Eastern Europe, Asia, and now Africa, managing the Burundi country program and international operations and expansion. Stefanie speaks English, French, and Japanese.

**Monica Slinkard**  
Medical Director

Monica is a graduate of the Yale School of Nursing and Davidson College with degrees in biology, Spanish, and nursing. An Advanced Practice Nurse with a Master's in nursing, Monica has supervised center-wide Advanced Practice Nurse teams as a senior medical manager. She practiced direct patient care in Washington DC, with specialties in adult primary care and women's health. Monica now trains LifeNet's stellar team of local nurse trainers and manages the medical training program. Monica speaks English, Spanish, and French.



**Elin Henrysson**  
Business Director

Elin holds degrees in international relations, French and anthropology from the London School of Economics and Wheaton College. Of Swedish nationality, she grew up in five different African countries. Before joining LifeNet, she served as a development program manager and worked in areas including peacebuilding and interfaith relations. Elin manages LifeNet's pharmaceutical supply program, clinic management training, and equipment loans. She speaks Swedish, English, and French.



**Vered Kater**  
Nurse Trainer Consultant

Vered has degrees from Tel-Aviv University, University College Hospital - London, Hebrew University, the University of Pennsylvania, and Hadassah University Hospital, and is a former faculty member at Jerusalem's Hadassah-Hebrew University School of Nursing. Vered has taken part in nursing projects in over ten countries and has played a main role in developing LifeNet's medical curriculum and training program. Vered speaks Dutch, Hebrew, English, German, and French.

# Our Team



**Gloria Kwizera Hakizimana**  
Operations Manager

After earning her master's in Business Administration from Taylor University in 2009, Gloria served as transitional General Manager at Ka-za Finance, a microfinance project based in Bujumbura, Burundi. She has been a lecturer in marketing at Burundi's International Leadership University since early 2013. At LifeNet, Gloria coordinates operations and logistics and manages office financials. Gloria speaks Kirundi, Kiswahili, French, and English.

**Gabriel Ngambe**  
Nurse Trainer

Originally from the Congo, Gabriel has spent ten years in Burundi. He obtained his A0-level nursing degree, the highest level of certification, from Mwaro University. He then worked as head nurse at several health centers in Bujumbura and taught at the Muramvya Paramedical School before coming to LifeNet. Gabriel speaks Lingala, Kiswahili, and French.



**Armand Giramahoro**  
Global Health Corps Fellow

Armand graduated from the University Lumière de Bujumbura in 2010 with a degree in law. He joined LifeNet in July 2012 as a Global Health Corps Fellow. He coordinates the logistics of countrywide travel and trainings and also gives business trainings. Armand is remaining at LifeNet after the conclusion of his fellowship year, giving business trainings and facilitating relationships with partners and local government actors.

**Denis Coyantutse**  
Nurse Trainer

Denis earned his A1-level nursing diploma in the Lukole A Refugee Camp in Tanzania in 2004. After he received his diploma, he worked in coordination with Medecins Sans Frontières as a nurse in the refugee camp hospital until 2007, when he returned to Burundi. Denis is a pastor in the Moravian Church. He speaks Kirundi, Kiswahili, French, and English.



**Dorine Gahimbare**  
Nurse Trainer

Dorine attended two years of nursing school in Burundi and then completed two more in Uganda to receive her A0 nursing degree. She then taught at the Mwaro University School of Nursing in Burundi for four years before joining LifeNet. Dorine speaks Kirundi, Kiswahili, French, and English.



**Saidi Kashindi**  
Nurse Trainer

Saidi graduated from the University of Ngozi in 2008 with an A0-level nursing degree. Saidi worked as a medical consultant and nurse in health centers in Ngozi and Bujumbura before joining Médecins Sans Frontières in 2010. At MSF, Saidi focused on addressing obstetric fistula, cholera and measles before joining LifeNet as a nurse trainer. He speaks Kirundi, Kiswahili, Lingala, French, and English.



# Our Team



**Audifax Bigirimana**  
Assistant

Audifax began his working life as a bricklayer for the Bureau des Nations Unies au Burundi (BNUB). He later worked as driver and interpreter for many foreign PhD students conducting their research in Burundi, after which he was asked to join LifeNet, where in addition to driving he collects data from partner clinics. Audifax speaks Kirundi, Kiswaahili, French, and English.

**Oscar Niyokindi**  
Assistant

Oscar is responsible for collecting and recording clinic data and driving in Bujumbura and upcountry to ensure that pharmaceuticals, equipment and staff are where they need to be. Oscar is an alumnus of Sunshine College. Before coming to LifeNet he spent two years as a driver at the Dutch embassy in Bujumbura. Oscar speaks Kirundi, Kiswaahili, French, and English.



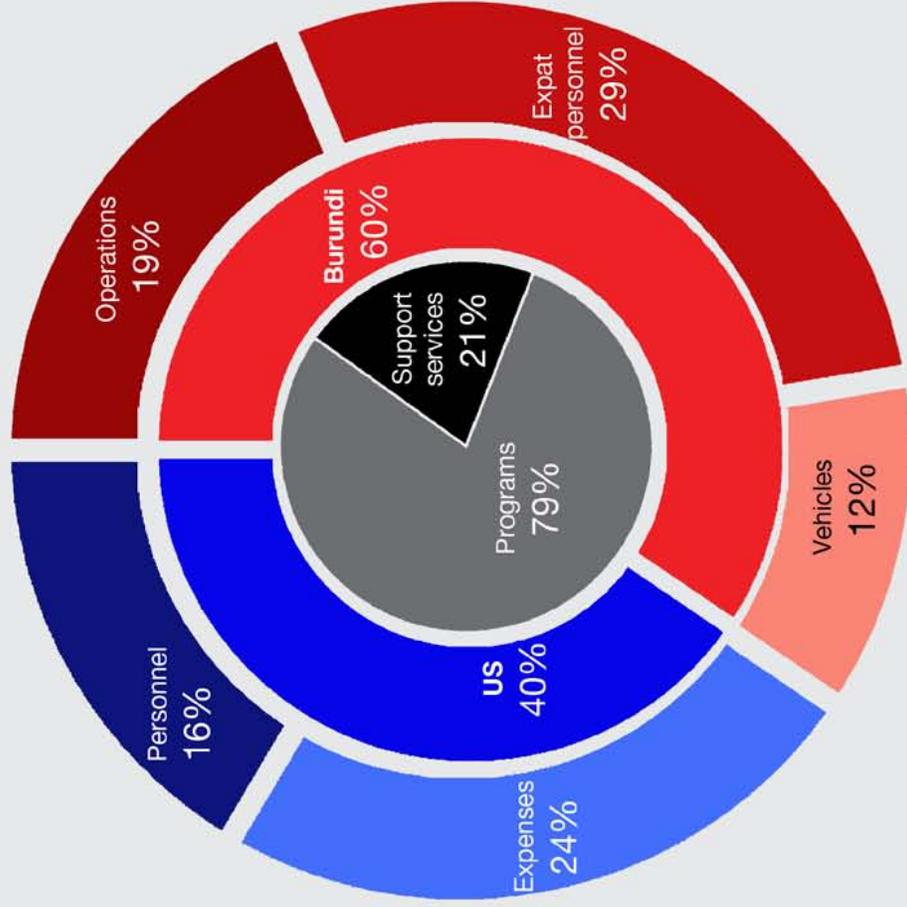
**Jean-Marie Ndekezi**  
Assistant

Jean-Marie completed his study of automobile mechanics at the Technical School of Burundi in 1994. After graduating he worked as a mechanic and driver at a string of organizations, including Concern Worldwide and Mines Advisory Group, before joining the LifeNet team. Jean-Marie speaks Kirundi, Kiswaahili, and French.

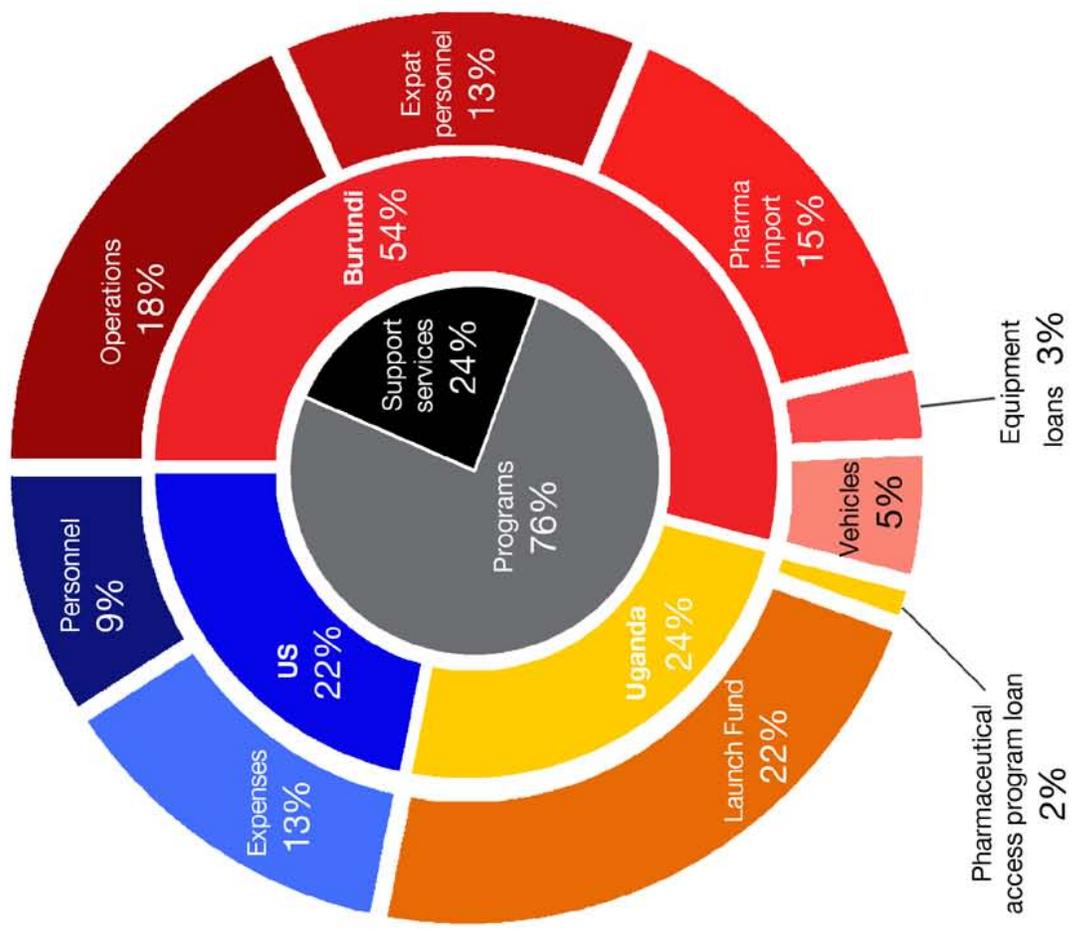


# Financials

LN 2012 Budget  
**\$439,294**



LN 2013 Budget  
**\$1,331,574**



# Supporters

LifeNet extends special thanks to all of our supporters to date:

Michael Spraggins  
Find Us Faithful Foundation  
Micah 6:8 Foundation  
Malcolm Street  
Mark & Rebecca Linsz  
Charlie & Lauren Carter  
Don Deluzio & Trinity Tile  
Steve Cosler  
Claire Bilby  
Mr. & Mrs. Thomas Austin  
Todd Harper  
Alan McCree Sr.  
Peter Greer  
Nicole Woudstra  
Michael Casciato  
Nathan Edgington  
Clint Aschliman  
Stasha Carrasquillo  
Lauren Lee  
Joseph Hughes  
Carol Stanfill  
Callie Tillet  
Elaine Handschu



## Contact

**In Burundi:**  
**Stefanie Weiland,**  
**Executive Director and Burundi Country Director**  
20 Avenue de la Démocratie  
Quartier INSS, Bujumbura, Burundi  
+257 76 170 119  
sweiland@LNinternational.org

**In the US:**  
**Hahna Kimbrough,**  
**US Director**  
+1 202 746 0427  
hkimbrough@LNinternational.org



© Hayley Maoh/11ten

**LIFENET INTERNATIONAL**  
TRANSFORMING AFRICAN HEALTHCARE

[www.LNinternational.org](http://www.LNinternational.org)