An Envisioned Future

Village Health Works’ Five-year Strategic Plan
2021 - 2025
“Deo compared Kigutu to ‘a small sunflower seed, no bigger than the tip of my finger.’ He went on, ‘But this sunflower seed, as everyone will tell you, has the potential to grow into an enormous flower that is bigger and taller than any of us here.’”

—VHW Founder and CEO Deogratias Niyizonkiza, in Strength in What Remains by Tracy Kidder
Acknowledgements

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Thank you to our Board of Directors for their guidance and support.

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Thank you to volunteers Ian Jackman and Bill Bullard for their support.

*Designed by Danielle Alling, Ritual Made.*
Village Health Works’ Core Ideology

**OUR MISSION**

Village Health Works’ mission is to provide quality, compassionate, and dignified healthcare and education to improve the lives of individuals, contribute to resilient communities, and strengthen health and education systems. In collaboration with those we serve, we develop grassroots and long-term solutions to address illness, poverty, violence, and neglect.

**OUR CORE PURPOSE**

To cultivate healing, hope and opportunities for transformation.

**OUR CORE VALUES**

- We value the dignity inherent in each individual
- We aspire to excellence in all we do
- We proceed with boldness and perseverance
- Compassion and justice are at the heart of our organization
- We are accountable to each other and to our community

**OUR HOLISTIC MODEL**

- **HEALTH CARE**
  Health care is at the heart of what we do. Through community health programs, primary care, and inpatient services, we are able to improve both the individual health and overall wellness of our community.

- **EDUCATION**
  Through our teacher training and strong student support initiatives, our programs empower not only young people, but our entire community to reach their full potential.

- **NUTRITION & FOOD SECURITY**
  Our programs grow food for both our patients and the community at large. Through educational programs, we empower the population to develop healthy and nourishing farming and eating practices.

- **COMMUNITY ENGAGEMENT**
  The community we serve is the inspiration and driving force behind everything we do and is how we deliver every element of our programming.
Executive Summary

We are always at our strongest when we come together to confront our shared difficulties. The people of the small African nation of Burundi face daunting challenges on a daily basis. Burundi is one of the poorest countries on Earth, lacking in natural resources, infrastructure, and basic services. Eighty percent of the population lives on less than two dollars a day and the challenges of health provision are so great that one in 33 women dies in pregnancy or childbirth. In 1993 a medical student named Deogratias Niyizonkiza was forced to flee Burundi when, like its neighbor Rwanda, it was ravaged by civil war that caused years of strife and instability. When Deo returned to his country, he was determined to help the people of his remote village of Kigutu. He brought together the community, including former enemies, and together they built a health center overlooking Lake Tanganyika. The clinic was a Burundian accomplishment, built by local people with their own hands on land they donated and serving the whole neighboring population.

Deo’s initiative is Village Health Works. This first project—the clinic—was opened in 2007, and VHW has positively impacted the lives of hundreds of thousands of people in the region, creating a health care system where none existed and running programs that improve peoples’ lives in countless ways. Village Health Works is now an integral part of the local culture and it remains Burundian to its core. VHW employs local people at all levels of the organization and supports them as they grow as professionals, using their profound understanding of local conditions to seek solutions to the challenges the country continues to face.

These challenges are manifold—the weak physical and systems infrastructure; the lack of trained professionals; the many resource limitations faced by the central government. Together, they threaten human development and unity in the community in three major areas—a lack of access to quality health care; a lack of access to education; and a lack of access to sufficient nutritious food.

VHW is embarking on an ambitious program with five objectives that seek to address these problems where we work and in the country at large. At the heart of the initiative is a new health center, the Kigutu Hospital and Women’s Health Pavilion, and a school, the Kigutu International Academy. Building upon VHW’s strong foundation as an integrated, grassroots, community-driven model, these institutions will serve as a hub for care, learning, and research that can have a meaningful local, national and regional impact.

In creating Village Health Works, Deo Niyizonkiza mobilized a community that stretches from the village of Kigutu to the many friends throughout the world that have helped us grow. This community shares a vision driven by compassion and hope. Its most profound contribution is to give the people of Kigutu and Burundi the opportunity and power to create meaningful and lasting change for themselves and their neighbors. The hospital and school can teach a new generation of health care professionals, teachers, and skilled workers. In turn, they can empower those who will follow them—each of them leaders creating a more hopeful future for all.
Community members visiting our Kigutu campus. The community has been instrumental to our success from our first days, when they donated land (their only asset) and worked tirelessly to build campus roads and numerous buildings by hand—including our first medical facility.

Objectives

In the next five years Village Health Works will:

**HEALTH CARE**

**Open a teaching hospital to provide a full continuum of care and increase our focus on medical education and research**

The WHP will not only introduce an emergency obstetric and surgical capacity, it will also enable the physical and systems infrastructure needed for robust training, learning and research. This will permit us to provide a full continuum of care—from Community Health Workers (CHWs) earning the community’s trust to timely and effective outpatient and inpatient care. By 2025, our teaching hospital will contribute to the long term capacity of the Burundian health care system through the education of medical professionals. It will also serve as a convening institution for partner organizations from Burundi and foster international collaborations within the East African Community and beyond. As the first hospital of its kind in the region, our objective is not only to provide the highest level of care centered on rights and dignity, but to fundamentally transform the possibilities for healthcare in Burundi.

**EDUCATION**

**Open a boarding school to develop a generation of ethical problem-solvers and entrepreneurial leaders and build the capacity of educators**

We will become a model for excellence and innovation in education through the continued strengthening of our community education initiatives and by launching KIA. KIA is an affordable, boarding high school for disadvantaged but promising youth from across Burundi. Hallmarks of KIA include active instruction and hands-on learning, a vibrant and inclusive community, and a unique curriculum focused on English, STEM, entrepreneurship and building the critical 21st century skills that young people need to lead in a complex world. KIA will also serve as an engine for the professional development of educators from across the country through its partner organization, the Teacher Leadership Institute (TLI). The TLI aims to improve the quality of teaching and learning across Burundi by offering innovative short courses and piloting new models that build on KIA’s student-centered and skills-based approach. By 2025, the first class of KIA students will have graduated, on their way to becoming a new generation of innovators and problem-solvers. Meanwhile, hundreds of teachers from across the region will be equipped with new instructional skills.
### NUTRITION & FOOD SECURITY

**Enhance access to nutrition services and increase food security in our community**

Building on current efforts to address chronic malnutrition we will reinforce a community-driven, sustainable food system that supports the adoption of healthy diets by prioritizing nutrition-sensitive agriculture that creates opportunities for economic growth. The Integrated Community, Agriculture, and Nutrition (ICAN) program will empower local people and increase the availability, affordability, and consumption of safe, nutritious foods. By 2025, ICAN will have evolved from a pilot program into an innovative model ready for scale. In collaboration with local partners, we envision that this model will not only help define best practices, but will also contribute to the long-term health and prosperity of Burundians beyond VHW’s immediate catchment area.

### COMMUNITY ENGAGEMENT

**Promote resilience, social cohesion and community-building by maintaining a strong connection with those we serve**

The collaboration and communication that have been a key part of our success will increase in importance as we extend our impact in the next five years. The trust we have built has been instrumental in the evolution of our holistic model, which recognizes the interconnectedness of problems and solutions. Through expanded training and capacity building we will empower community leaders to support and guide their community members. We will also continue to promote social cohesion by directly addressing the root causes of trauma, and supporting behavior change at the household level on various issues such as gender-based violence. We will continue to recognize and elevate the strengths that the community brings to this work, from volunteer days to maintaining the roads and campus, to the use of traditional music, drumming, poetry, and dance as a means for communicating crucial health messages.

### OPERATIONS

**Create the organizational strength and internal infrastructure to reach our goals**

We firmly commit to building our internal capacity to successfully navigate these changes by continuing to develop more rigorous and efficient systems of management in key areas such as human resources, finance, fundraising and monitoring and evaluation. These strategic investments will allow us to remain adaptable even as we ensure that we can safely and reliably meet the increased demands of our expanded activities. From a transformation of our energy generation systems, to investments in physical buildings, to extensive fundraising and innovative revenue generation, we are further committed to ensuring a reliable and resilient infrastructure platform upon which VHW can carry out its mission.

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“*At Village Health Works, we ground everything we do, every new step we take, in prioritizing dignity, worth, and human resilience. These are the foundations of our organization and they will remain the foundations of every program and every new initiative of VHW. We look ahead with hope to a brilliant future and a revitalized community, in a nation of boundless opportunity.*”

—DEOGRATIAS NIYIZONKIZA, CO-FOUNDER AND CEO
AN ENVISIONED FUTURE

KIGUTU
Our campus provides a central location for care and teaching.

CATCHMENT AREA
Our many community-rooted interventions provide direct outreach and support for the 200,000 people we serve.

BURUNDI
Through strengthening systems, training, and partnerships we will dramatically extend our reach.

EAST AFRICA & BEYOND
We will advance our model and impact beyond Burundi through research and collaboration.

CURRENT SERVICES

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2021 - 2025
**Village Health Works: The Path to the Present**

Burundi is afflicted by one of the greatest crises of well-being in our world today—one of health, education, and basic safety. Village Health Works was founded in the belief that a different story was possible for Burundi, where hope, community collaboration, and radical support can help achieve a healthier, more prosperous reality.

**Part 1 Contents**
- The Current Situation in Burundi
- Village Health Works’ History
- Our Success
The Current Situation in Burundi

Over the last fifteen years we have been able to achieve significant advances in health and wellbeing, which are all the more notable given that Burundi is a country still emerging from decades of political and economic instability. With over eighty percent of Burundians earning less than two dollars per day, it is by many measures the poorest country with among the worst health outcomes in the world: this nation of 11.9 million people is ranked 185 out of 189 countries in the United Nations Human Development Index, a broad measure of life expectancy, schooling, and national income. The foreign aid community’s neglect of Burundi is particularly striking in comparison to neighboring Rwanda, which shares many aspects of Burundi’s recent history including the civil war in the 1990s. Rwanda has since established universal health insurance and in 2019 had a GDP per capita of $801 compared to Burundi’s $265.

HEALTH CARE

The impact of these conditions on health in Burundi is dire. Maternal, perinatal, communicable, and nutritional diseases account for 55% of all deaths. Burundi has one of the highest maternal mortality rates in the world, with a ratio of 548 per 100,000 live births—more than twice as high as neighboring Rwanda (248), and substantially higher than peer East African nations such as Kenya (342), Uganda (375), and the Democratic Republic of Congo (473). By comparison, the rate in Norway is less than 2. The severity of these difficulties is in part due to an extreme scarcity of trained professionals in all areas of practice. Advanced clinical training in particular is not available in Burundi, driving many bright and motivated Burundians to leave the country in order to finish their training. As a result, Burundi has one of the lowest densities of physicians in the world, with one physician per 20,865 people and one midwife per 45,723 people. As stark as the resource gap is for the country as a whole, it is even worse for the vast majority living in rural areas. An estimated 70% of physicians in Burundi practice in Bujumbura, the country’s largest city, which contains only 10% of the country’s population. In our catchment area it can take up to 15 hours by foot to reach the nearest health facility equipped with comprehensive emergency obstetric care, a typical journey for most Burundians.

EDUCATION

These difficulties are also reflected in the realities of education, a vital consideration in a country with a median age of seventeen. Although progress in primary school access has been a welcomed first step, Burundi continues to have some of the lowest education outcomes in the world. Secondary school transition and graduation rates are low, with upper secondary completion rates of just 5%. This attrition is in part due to the high participation rate of children in subsistence agriculture (over 80% for students in grade 6).

Moreover, government expenditures are extremely low with only 5% of GDP spent on education, compared to 12% in Rwanda, 15% in the Democratic Republic of Congo, and 21% in Tanzania. Furthermore, teachers in Burundi receive weak training and virtually no in-service professional development, resulting in educators with limited subject matter expertise and a consequent reliance on traditional, rote teaching techniques.

FOOD SECURITY

The consequences of Burundi’s poverty are especially severe in the area of nutrition—58% of Burundian children are afflicted by malnutrition and over half of the general population lives in chronic food insecurity. Although 90% of the population engages in subsistence agriculture, total annual production of food only covers 55 days per person per year. In addition, as many refugees and internally displaced persons have been resettled, they face tensions over land use, an interruption in the intergenerational transmission of farming knowledge, adding to the burden of climate change and environmental degradation. These structural factors not only highlight the need for improved food systems, but also underscore the importance of an integrated approach focused on the multidimensional nature of problems including capacity building and overall systems strengthening.
Village Health Works’ History

OUR FOUNDER

VHW was founded by internationally recognized humanitarian Deogratias (Deo) Niyizonkiza. Born and raised in rural Burundi, Deo was a promising medical student in 1993 when he was forced to flee the catastrophic civil war, eventually settling in New York City. Deo arrived in the United States with only $200 and soon found himself homeless, sleeping in Central Park. Eventually, through his resilience and the kindness of strangers he resumed his education and went on to study at Columbia University and the Harvard School of Public Health.

At Harvard, Deo met Paul Farmer, founder of Partners in Health (PIH), and he worked with Farmer for several years. While at Dartmouth Medical School Deo returned to Burundi where he saw appalling poverty and inhumane conditions for patients in hospitals. He became determined to build on the experiences he had acquired at PIH to help change the situation in his native country. He realized the conditions he saw could improve if community members, many of which were former enemies from the war, were mobilized to come together and enact change for themselves. Deo worked to organize the community in his childhood village of Kigutu, and soon its members were inspired to donate land (their only asset) and work by hand on projects that included laying the foundation for our clinic and building the road that links Kigutu to the main road leading to the capital.

Deo has received many honors and awards including an honorary degree from Williams College, being named by The Carnegie Foundation of New York as a Great Immigrant: The Pride of America, the Eisenhower Medallion Award, the 2016 Presidential Medal: Ordre de l’Amitié des Peuples from the government of Burundi, and the Dalai Lama Unsung Hero of Compassion Award. Deo’s story is told in Pulitzer-Prize winner Tracy Kidder’s book Strength in What Remains.

DEVELOPING OUR MODEL

VHW was founded on the concept that improving the physical and mental health of our most impoverished and marginalized fellow human beings is not only possible, but essential for sustainable development. Our approach focused first on treating and preventing illness by providing high quality, dignified primary health care reinforced by community-focused activities aimed at prevention, early identification and the provision of continued support for patients across each level of treatment and recovery.

After two years of preparation, the original health center opened in December of 2007. This was only the first step in a campus that would grow to include a 50-bed health facility, a farm with demonstration gardens, a preschool, and a community center that hosts numerous educational and cultural activities for staff and community members.

A core realization of these early years was that a holistic approach that embraces the connections between different aspects of life was not only necessary to make meaningful change, but could itself lead to a virtuous cycle, where new solutions and ideas emerge. Through ongoing discussions with our community, it soon became clear that it was imperative for VHW to extend its services in order to provide youth with increased opportunities for future success. As a result, our education program was expanded and our long-standing work in food security and economic development was strengthened.

THE NEXT CHAPTER

Building on this approach, VHW’s next phase of capital projects will significantly expand our reach. The WHP will form the missing piece in the continuum of high-quality care and KIA will build upon our current pre-school and primary education services by offering an innovative secondary education to young people from across Burundi. Working with our community, we will pilot and scale refined models in our agriculture, food security and community development. Throughout this next chapter of growth, we will continue to focus on the critical role our community brings to this work and on the potential of our shared endeavor to contribute to peace-building, reconciliation and resilience in our catchment area, while sharing lessons learned and serving as an inspiration to others.
Our Success

We have demonstrated success over the last 15 years in each of our five strategic areas:

HEALTH CARE

Improving the health of our community

We have seen substantial improvements in health indicators for our community. Ten years ago, the infant mortality rate for our catchment area was a staggering 62 per 1,000 compared to a national average of 53 per 1,000. Today, the infant mortality rate has dropped by more than half to 25 per 1,000 while the national rate is 47 per 1,000. With malaria a serious problem in Burundi, 94% of children under 5 in our catchment area used insect-treated bed nets compared to just 40% at the national level. Furthermore, childhood stunting is notably lower in our catchment area at 42% compared with 52% at the national level. While our goal remains to eliminate stunting altogether, these improvements represent an important step towards achieving that objective.

Growth of clinical services

We have seen tremendous growth in the demand for our health services. Over the past decade we have added new services, including mental health and non-communicable disease management. Our clinic has increased patient consultations from approximately 10,000 in 2008 to 50,000 in 2019. These numbers would have likely been much higher without the tireless work of our 200+ Community Health Workers (CHWs), who performed over 78,000 visits to households in our service areas, a 40% increase over 2017.

EDUCATION AND NUTRITION

Improving education

We work with students, teachers and parents to ensure that the more than 700 young people in our community, from pre-kindergarten through 12th grade, are given the opportunity to learn and thrive. Working in partnership with the government school, we have improved the quality of instruction in our classrooms through ongoing teacher training, by creating a more dignified learning environment with upgraded school buildings, and through the provision of basic services, like nutritious meals. Together with the community, we have created a vibrant preschool, the first of its kind in the area, as well as a Girls Empowerment Program and an English Access Program for high school students across the region. These efforts have already led to impressive results. In 2018, our primary school drop out rate was 8% compared with 47% nationally, and the global acute malnutrition rate (a standard measure of severe malnutrition for children) at our school was 1.7% compared to 4.9% for the province as a whole.

Strikingly, more than 93% of students achieved passing grades on the 9th grade national exam—compared to 0% before our involvement 5 years ago. These experiences have given us critical understanding as we launch our next phase, KIA and its sister institution, the TLI (Teacher Leadership Institute).
COMMUNITY ENGAGEMENT & OPERATIONS

Community engagement and voluntersim

The community we serve is our largest and most important donor. Our clinical staff works in the original buildings that our community constructed using hand-made bricks, on the land they themselves donated. Every month, hundreds of community members volunteer to landscape our grounds, to maintain roads to the clinic, and guide the direction of our growth. We train and support hundreds of CHWs to engage with our community at the household level. Major decisions are discussed with local leaders, who are invaluable guides in navigating the complex relationships that exist in any community.

Building local capacity

In addition to professional training at all levels, from carpentry to nursing, we are enabling members of all ages within our community to learn new skills and foster social connection. Community members receive hands-on training in basic construction skills as we build our hospital. The agricultural training program builds local capacity through our on-site demonstration garden and kitchen, seed cultivation and distribution program, in-field support for home garden development, and our organization of agricultural and fishing cooperatives. We further support self-sufficiency through training in both basic financial literacy and income-generating craft cooperatives, such as sewing and baking. To build capacity in communication, parenting, and conflict resolution we have established ongoing support groups for women and men, including the popular Twiyugurure (“opening up”) series. At the same time, children are nurtured through sports, dance groups, and music composition and performance using traditional Burundian instruments.

Attracting partners

VHW plays an important advocacy role, increasing Burundi’s visibility and attracting key institutional partnerships. We have a strong relationship with the Burundian government, which provides some staff salaries, medical supplies, preferential customs clearance, waived visa fees and other in-kind support. VHW has also fostered a growing number of collaborations with foundations and academic institutions. These include grants from institutional donors such as the Bill & Melinda Gates Foundation, the Mastercard Foundation and a partnership with Global Affairs Canada through the Primate’s World Relief and Development Fund as well as numerous local partnerships.

The reality of COVID-19 and its collateral impact has been felt in Burundi, affecting everything from fundraising, to the movement of goods and people, to international aid and trade. The grave threats to health and well-being in the world’s most vulnerable places will further tax already struggling health and education systems. Already, global food supply is strained as are critical supply chains for immunizations and other basic goods. An increased global awareness of the importance of health and health systems has been matched with greater challenges in securing partners willing to invest in the most difficult environments.

At the same time, the coalescence of a global movement for racial justice, a pandemic and worldwide economic upheaval underscores humanity’s fundamental interconnectedness. This once-in-a-century moment is also proving to be a time for rapid innovation, increased levels of awareness, and a re-imaging of old approaches. In Burundi, the absence of many pre-existing structures provides an opportunity for leap-frogging and a chance to ensure solutions are developed in a way that respects human dignity. Linking our programs to chronically-strained public sector systems requires more effort, but also provides the opportunity to create model programs under standards that we set. Our location also permits us to identify solutions to rural challenges, which are directly relevant to the vast majority of Burundians and others living in rural settings.
The VHW campus has grown substantially since our first days—and our ambitious plans for the next five years will see even further growth. This map provides an outline of what our campus looks like now as well as how it will be expanding in the years to come.
PART 2

Village Health Works’ Envisioned Future

**Long-Term Vision to 2050**

In the next few decades, Village Health Works aims to become a recognized leader in providing transformative, community-rooted healthcare, education and leadership development for communities across Africa and beyond.

**Five-Year Strategic Plan and Tactics**

- VHW Long-Term Strategic Objectives
- Health Care Strategy
- Education Strategy
- Nutrition and Food Security Strategy
- Community Engagement Strategy
- Operational Strategy
The VHW Longterm Strategic Objectives

As part of a growing network of local institutions with long-term commitments to tackling the toughest problems in the most challenging settings, we hope to shift expectations for what is possible and to ensure that a culture of hope, dignity and resilience defines this work for the next generation of leaders. We look forward to providing thought leadership, training and facilitation for partners who wish to adapt aspects of our program models to their own settings.

**BY 2050 WE AIM TO HAVE ACHIEVED THE FOLLOWING:**

- **VHW** is a leader for healthcare in Africa providing a model for high-quality care in a dignified environment.
- **VHW’s teaching hospital (WHP)** is a unique and respected training and research facility for doctors, nurses and other health care professionals, sharing the knowledge it generates through partnerships, conferences, publications, and alumni networks.
- **KIA** is a thriving, educational institution with hundreds of graduates creating positive change in their communities and a network of high performing educators who are improving learning outcomes and innovating in classrooms across Burundi.
- **VHW’s Integrated Community, Agriculture and Nutrition (ICAN) program** serves as a leading model for achieving nutrition equity amongst the most vulnerable populations globally.
- **VHW’s community-focused model** continues to draw on strengths in music, drumming and the arts, preserving this cultural history, and is prized as an effective model for healing and transforming communities in post-conflict and fragile settings.
- **VHW** is a highly capable, well-managed organization with a clear long-term strategy, an innovative revenue model and an ability to efficiently use resources to maximize impact.
Health Care Strategy

VHW WAS BUILT ON THE IDEA THAT THE RIGHT TO health care is both fundamental and realizable. We have spent the last fifteen years working to address disparities in health, healing communities riven by conflict in the process. Over time, VHW has created a robust primary care system and community health program, providing an array of programs addressing upstream determinants of illness. We will shortly finalize the third pillar: comprehensive, high-quality inpatient care. With this comes new opportunities to contribute to clinical education, training, and research in collaboration with local and international institutions.

1. Provide a continuum of care
To provide a continuum of high-quality health care across inpatient, outpatient, and community settings. Open the WHP to build on the primary health foundation laid since 2005 with the opening of the new teaching hospital which forms the missing piece of this care continuum.

2. Establish capacity-building programs
To focus on teaching, learning, and research as the means of both ensuring quality and extending impact.

3. Cultivate a patient-centered clinical culture
To cultivate a clinical culture that prioritizes dignity and patient voice, inquiry and growth through learning, and connection to a broad network of justice-driven healthcare providers.

4. Support health systems strengthening
To work with national and regional partners to leverage our work for the good of the broader health system, including by training and retaining a healthcare workforce for Burundi.

Image: Patients in our children’s ward at our clinic. The five areas of our clinical program—maternal and infant health, child health, infectious diseases, non-communicable diseases, and mental health—work together to support the health of individuals as well as the communities to which they belong.
**HEALTH CARE STRATEGIC OBJECTIVE #1**

To provide a continuum of high-quality health care across inpatient, outpatient, and community settings.

**TACTICS:**

1. **Build on the primary health foundation laid since 2005 with the opening of the new teaching hospital**
   - **Phase 1:** Open with focus on establishing 24/7 emergency obstetric care. Fulfilling goal of comprehensive obstetrical and neonatal care. Estimated mid-2021.
   - **Phase 2:** Expand 24/7 care to include emergency and essential surgery. Fulfilling goal of providing complete complement of clinical care for a district level hospital (Internal Medicine, Pediatrics, Obstetrics and Surgery). Estimated within 2 years of opening.
   - **Phase 3:** Implement fully realized vision of a teaching hospital with education, training and research programs. Estimated within 4 years of opening.

2. **Strengthen outpatient services**
   - Repurpose existing clinical space into VHW’s outpatient ambulatory center.
   - Quality improvement to existing scope outpatient services through patient feedback, training and data-driven quality assurance initiatives.
   - Addition of new outpatient services to complement expanded inpatient service scope and draw on the expertise of additional specialized clinical staff.

**TARGETS:**

1. All components of emergency obstetric and newborn care available 100% of the time, including:
   - Performance of c-sections
   - Assisted vaginal delivery
   - Blood transfusion
   - Removal of retained products
   - Manual removal of placenta
   - Administration of antibiotics, anticonvulsants and uterotonic drugs
   - Basic neonatal resuscitation and care

2. Acute high volume emergency surgery procedures available 100% of the time.
3. 50,000 patients reached annually with ambulatory and inpatient care by 2025 (representing an approximately 50% increase from 2019).
4. Full implementation of electronic medical records for inpatient and outpatient services.
5. 90% of households within our catchment area receive home visits annually by CHWs (100,000 home visits).
HEALTH CARE STRATEGIC OBJECTIVE #2

Capacity building programs focus on an integrated model of teaching, learning and research as the means to both ensure quality and extend impact.

TACTICS:

• Establishment of education and training programs that cover four domains:
  ◦ Continuing Medical Education (CME): VHW staff education and training programs for safe, efficient and high quality provision of care. Priority for activities prior to and in conjunction with clinical opening.
  ◦ Undergraduate Medical Education: Partner with the University of Burundi to host rotating medical students guided by a detailed Memorandum of Understanding (MOU).
  ◦ Graduate Medical Education: Recognition and certification by Graduate Medical Education governing body to house specialist training programs in obstetrics and gynecology, surgery, and family medicine.
  ◦ Allied Health Professional Training: Partner with existing training programs housed within Burundian academic institutions to provide education and training for rotating nursing students and allied health professions trainees.

• Creation of formal Institutional Review Board (IRB) to oversee and promote all research activities within VHW.

• Expansion of Quality Assessment and Assurance activities.
  ◦ Implement regular Morbidity and Mortality reporting for all clinical services.
  ◦ Expand Monitoring and Evaluation to include established indicators of quality care for each clinical service with regular reporting.

• Establishment of regional and international partnerships with academic medical centers for training, operational research, and thought leadership.

• Outfitting of appropriate learning and workshop spaces within the updated clinical infrastructure.

• Valuation of education, training, and research programming as one of several future revenue streams that can offset costs of direct patient care.

TARGETS:

• Establish Medical Student Education and Allied Health Professional Education within the first year of opening.
  ◦ MOU with at least one Burundian university for medical student rotations and at least one university for allied health professional training.
  ◦ Train at least 20 medical students and 20 allied health professionals in the first two years.

• Approval for Graduate Medical Education Programs within three years.

• Physician staff supported to produce at least one scholarly work in the form of a publication in a peer reviewed journal or poster presentation for an international conference per year.

• Compliance with regular reporting of Morbidities and Mortalities and Quality Indicators for all clinical services.

• Continuity partnerships established with at least three major European and North American academic medical centers.

• Teaching, training, workshop and research activities outside of traditional philanthropic sources contribute 5% of WHP operating costs.
HEALTH CARE STRATEGIC OBJECTIVE #3

Cultivate a patient-centered clinical culture that prioritizes dignity and patients’ voices, inquiry and growth, and connection to a broad network of justice-driven healthcare providers.

**TACTICS:**

- Institutionalization of patient feedback mechanisms, including qualitative research, advisory boards, and patient advocates.
- Formalization of a network of community-based health organizations who share this advocacy agenda.
- Prioritization of hiring and promoting clinicians who seek to shift clinical culture towards one that elevates patient experience, agency, and expertise, particularly that of women and other historically marginalized groups.

**TARGETS:**

- Quarterly community advisory board meetings to promote accountability to the patients and community we serve.
- Patient input incorporated into annual performance reviews for healthcare providers, including whether patients feel providers have treated them with respect and dignity.
- Minimum of 80% of patients prescribed medication at VHW feel that they have been given enough information about indications, purpose, and side effects.
HEALTH CARE STRATEGIC OBJECTIVE #4

Collaborate with national and regional partners to leverage VHW’s work towards broader health systems strengthening.

**TACTICS:**

- In line with the health education objectives above, establish training partnerships with Burundian public and private institutions to offer placements for health professional training and skills development.

- Contribute to the retention of a healthcare workforce for both VHW and Burundi generally through a dynamic practice environment and opportunities for continuing medical education (CME), graduate medical education (GME), and leadership development.

- Collaboration with Bururi Regional Hospital and Rumonge District Hospital on training sessions, patient consultations, educational rounds and complex case transfer.

- Share findings and best practices from VHW’s learning and research hub to shine a light on health delivery questions in our context and attract the best minds, both domestically and internationally.

- Partner with Burundian medical institutions and societies to introduce new disciplines and techniques, scale aspects of VHW’s model, and support cross-boundary collaboration.

- Expand VHW’s voice in national health care guidelines, particularly as they affect rural populations.

**TARGETS:**

- Updated MOU with Burundi’s Ministry of Health specifying collaboration with neighboring Rumonge and Bururi District Hospitals and participation in broader health systems improvement.

- 80% of health workers with increased capacity to offer quality antenatal care services in health facilities within the VHW catchment area.

- Quarterly participation in key national health task forces and UN health cluster meetings.

- $150,000+ annually in-kind support from the Burundian Ministry of Health, including clinical staff salaries, medications and supplies, customs exemptions, and waived visa fees for VHW visitors.
Education Strategy

URGED ON BY OUR COMMUNITY, OVER THE LAST ten years we have been able to improve long-term possibilities for young people by dramatically improving the education they receive at our local school. Over the next five years we will build on these experiences as we develop and test a model of secondary education that will transform the lives of young people from across Burundi, as well as provide innovative professional development to educators nationwide, through the establishment of KIA.

1. **Model transformative secondary education for Burundi**
   To be a model for innovative secondary education in Burundi through KIA.

2. **Improve teaching quality**
   To enhance the quality of teaching in classrooms across Burundi through the Teacher Leadership Institute.

3. **Build a lasting education institution**
   To lay the groundwork for a lasting institution by constructing the Knowledge Commons.

4. **Deliver outstanding education in our community**
   To provide quality education in our community through the delivery of key services.

Students at the Kigutu International Academy. The Academy offers an innovative curriculum and world-class instruction.
EDUCATION STRATEGIC OBJECTIVE #1

To provide a model for transformational secondary education in Burundi through KIA.

**TACTICS:**
- Recruit a diverse student body of promising youth from across Burundi.
- Use innovative instruction with an emphasis on experiential learning and building critical 21st century skills.
- Develop a four-year curriculum for KIA that emphasizes English and STEM and prepares graduates for higher education and employment.
- Establish a vibrant community that embodies and reflects KIA’s values.

**TARGETS:**
- All geographic regions and socio-economic levels in Burundi are represented in the student body.
- On a weekly basis students engage in experiential learning using VHW and the surrounding area as the classroom.
- Every KIA student participates in a student-led enterprise.
- KIA students perform well on exit exams (TOEFL, SAT’s, Cambridge International A Levels).

EDUCATION STRATEGIC OBJECTIVE #2

To improve the quality of teaching in classrooms across Burundi through the Teacher Leadership Institute.

**TACTICS:**
- Launch the Teacher Leadership Institute (TLI) to build the capacity of teachers and principals from across Burundi.
- Create demonstration classrooms at KIA where educators can experience and practice active, student-centered instruction.

**TARGETS:**
- 300 teachers have been exposed to new instructional techniques through a range of short courses and other innovative delivery approaches.
- All educators gain new instructional skills based on pre/post course evaluations.

EDUCATION STRATEGIC OBJECTIVE #3

To build a lasting educational institution that will positively impact Burundi through KIA graduates and a network of trained teachers.

**TACTICS:**
- Build the Knowledge Commons to accommodate KIA and the Teacher Leadership Institute with space for labs, group work and community gatherings.
- Strengthen KIA with an extensive network of supporters and partners, its own Board and a Strategic Plan for continued growth.

**TARGETS:**
- Up to 150 students have enrolled at KIA and its first class has graduated.
- $200K in earned income from tuition and professional development fees by 2024.
EDUCATION STRATEGIC OBJECTIVE #4

To deliver outstanding education in our community through the provision of key services.

TACTICS:

• Meet basic nutritional needs of all students using a sustainable model.
• Strengthen the early childhood development program and other enrichment programs through enhanced curriculum and training.
• Provide ongoing teacher coaching to primary and secondary school teachers through a partnership with KIA.

TARGETS:

• 25% reduction in the cost per student served in the nutrition program from 2020 level through local sourcing and improved efficiencies.
• Six malnutrition screenings conducted annually for every preschool student.
• Measurable improvements in teaching and learning outcomes based on survey and observation data.

The Knowledge Commons will reflect the spirit of KIA, with numerous spaces for students to learn, work and gather, including science labs, a STEM maker space, meeting rooms, an amphitheater for community gatherings and more.
Nutrition & Food Security Strategy

WITH THE VAST MAJORITY OF OUR COMMUNITY members engaged in subsistence agriculture, improving nutrition in our community has been an area of ongoing support. Over the next five years we will develop and implement our Integrated Community, Agriculture and Nutrition (ICAN) program to extend our nutrition services, enhance food security, and decrease the prevalence of malnutrition. With much of agricultural labor provided by women, these goals will include a particular focus on gender mainstreaming to ensure that the implications of any planned action for women and men, girls and boys are considered prior to implementation.

1. Provide direct community support
   Strengthening nutrition-specific interventions through our community-based health program.

2. Deliver WASH
   Increasing access to and improving quality of WASH—water, sanitation, and hygiene practices to improve community health and livelihoods.

3. Support systemic change
   Increasing access to nutritious foods through improved value chains and market linkages by establishing a community-driven, sustainable food system.

4. Move towards gender equality in nutrition programming
   Addressing the intergenerational cycle of poverty and malnutrition through the integration of women, girls, and adolescents in community-led interventions.
NUTRITION & FOOD SECURITY STRATEGIC OBJECTIVE #1

Strengthening nutrition-specific interventions through our community-based health program.

**TACTICS:**

- Enhance our Growth Monitoring and Promotion (GMP) program focused on strengthening the capacity of community extension workers and medical personnel to screen, diagnose, and treat malnourished children under five.
- Develop and implement improved targeted training for CHWs, Nutrition Promoters, Model Farmers, and Cooperative leaders via an expanded Medic Mobile platform.
- Increase VHW capacity to monitor and follow up malnutrition and relapse cases.
- Promote dietary diversity and Infant and Young Child Feeding (IYCF) practices through community outreach and individualized nutrition counseling during household visits.
- Integrate clinical and community based interventions for Maternal, Newborn, and Child Health (MNCH) care in order to optimize prevention and treatment of acute and chronic malnutrition.

**TARGETS:**

- Leveraged technology and data analytics (e.g. Medic Mobile) to enhance surveillance, tracking, and the utilization of data for program enhancement purposes.
- 100% of children diagnosed with malnutrition receive therapeutic treatment with a 75% treatment success rate.
- Developed and deployed Infant and Young Child Feeding (IYCF) education communication tools in collaboration with government and key community stakeholders.
- 97% of infants are exclusively breastfed for the first 6 months of life.
- 93.5% of infants born are breastfed within 1 hour after birth.

NUTRITION & FOOD SECURITY STRATEGIC OBJECTIVE #2

Increasing access to and improving the quality of water, sanitation, and hygiene (WASH) practices to improve community health and livelihoods.

**TACTICS:**

- Increase knowledge on water purification and access to quality water through community outreach, formation of water management committees, and regular water quality assessments.
- Develop training programs for schools and for Imboneza and elected leaders on effective sanitation practices in order to improve community sanitation and reduce occurrence of open defecation.
- Promote personal hygiene practices, such as handwashing with soap, through community awareness initiatives and implementation of School Hygiene Education Programs (SHEP).
- Rehabilitate and increase accessibility to existing clean water and sanitation facilities.

**TARGETS:**

- Designed modules for water quality assessments and trained community members on various aspects of water quality and safe utilization.
- 9 out of 18 (50%) collines certified as open defecation free.
- Developed a comprehensive curriculum for SHEP and trained teachers and students on different aspects of sanitation and hygiene practices that are disability and gender friendly.
- 5% reduction in the travel time required to obtain water (hours).
NUTRITION & FOOD SECURITY STRATEGIC OBJECTIVE #3

Increase access to nutritious foods through improved value chains and market linkages by establishing a community-driven, sustainable food system.

**TACTICS:**

- Implement an integrated model of our current community interventions under the title, Nutritional Resilient Family Program (NRFP), a pilot program designed to address food insecurity at the household level.
- Train smallholder farmers on nutrition-sensitive, climate-smart agriculture practices through the extension of current agricultural development programs to increase access to nutritious foods.
- Facilitate the implementation of climate-friendly food systems through encouragement of nationally adopted food based dietary guidelines by laying the groundwork for their development.
- Develop a strategic procurement process to link farmers and farmer associations with schools, clinics, churches, and other potential partners for the purpose of procuring locally produced foods and improving incomes of smallholder farmers.

**TARGETS:**

- Development and implementation of the Nutritional Resilient Family Program (NRFP).
- 100% of smallholder farmers that partner with VHW trained on nutrition-sensitive, climate-smart agriculture practices through the extension of current agricultural development programs.
- Increased subsistence production on-site and ability to meet food gaps through developed partnerships with local farmers.
- Increase the Mean Dietary Diversity Score (out of 8 food types) from 2.4 to 3.5.

NUTRITION & FOOD SECURITY STRATEGIC OBJECTIVE #4

Increase capacity to mainstream gender equality and women’s empowerment in all aspects of nutrition programming.

**TACTICS:**

- Increase women’s access to agricultural resources and decision-making power to promote gender equity in agriculture.
- Promote gender equality and improved nutrition by reducing gender gaps in rates of malnutrition.
- Promote women’s empowerment in improving nutrition through the inclusion of model families and model farmers in the Nutritional Resilience Family Program (NRFP).
- Continuous gender-based analysis on equitable participation in nutrition-related activities at the household level.

**TARGETS:**

- Increased number of female farmers reached with agricultural assets or services.
- 100% of model families included in the Nutritional Resilience Family Program (NRFP) will consist of both the male and female caretakers in the household.
- Integrated module in the Annual Community Survey that assesses the participation of women and youth in nutrition-related activities at the household level.
Community Engagement Strategy

WE WILL CONTINUE TO PRIORITIZE A HOLISTIC approach to the wellbeing of our community, recognizing the interconnectedness of our programs and their power to help break the cycle of intergenerational trauma and to aid in post-conflict recovery. Our community engagement strategy aims to support the virtuous cycle that we have seen is possible by embracing the linkages between health, education, food security, livelihood development, music and the arts—and to communicate this integrated approach to a wider audience. We will continue to draw on local talents in traditional drumming, poetry and music to improve our health outreach, nurture our young people, and help preserve a rich cultural tradition. As the complexity of our work grows, we will strengthen mechanisms for accountability and feedback with the neighbors who were our first visionaries and philanthropists. We will seek to amplify their voices and perspectives as our work gains increased visibility beyond our catchment area.

1. Strengthen collaboration opportunities
   Further our health outreach and enhance direct service delivery at the household and community level through stronger collaborations.

2. Support social cohesion, peace-building, and breaking the cycle of trauma
   Bring community members together to promote understanding, solidarity, gender equality, and the common endeavor of community-building through shared activities.

3. Strengthen youth programming
   Support health and wellbeing, build connection, and foster cultural preservation and pride for our young people.

4. Reinforce mechanisms for accountability and representation
   Ensure accountability and representation from VHW to the community and from the community to VHW.

Our nationally recognized drumming team keeps Burundi’s traditions alive for a new generation.
COMMUNITY ENGAGEMENT STRATEGIC OBJECTIVE #1

Strengthen collaboration opportunities to extend health promotion and enhance direct service delivery at the household and community level.

**TACTICS:**

- Strengthen coordination between VHW’s health, education, and food security program areas to maximize the benefits of the integrated approach that has evolved over VHW’s first fifteen years.
- Improve coordination, communication, and referrals among community outreach workers who extend VHW’s direct services to a household level (Community Health Workers, nutrition promoters, model farmers, Imboneza, and Twiyugurure group leaders) by providing additional training and focused workshops.
- Expansion of partnerships and collaborations with local leaders, religious leaders, civil society groups and other organizations working in our catchment area to improve service delivery.
- Identify new community engagement program areas, like synergies between conservation and health (i.e. sustainable firewood harvesting, indoor air quality improvement and expanding the existing tree-planting initiative), that exemplify the value of VHW’s holistic approach.
- Codify lessons from our community engagement model to be shared with other communities, organizations, and stakeholders both within and outside of Burundi.

**TARGETS:**

- Implement a comprehensive data system for tracking cross-referrals between programs and evaluating the impacts of a holistic approach (i.e. students screened at school and referred for malnutrition or other clinical needs, patients identified for additional food security support, adolescents motivated to continue schooling through their engagement with sports and cultural programming).
- Incorporate into the mobile health platform the tracking of cross-referrals at a community level between CHWs and other community outreach programs.
- Conduct at least four joint annual campaigns aimed at community mobilization, in partnership with local authorities and development partners, such as blood drives, International Women’s Day, vaccination campaigns, and sports events or concerts with integrated health and education messaging.
- Organize semi-annual workshops and trainings with community-level workers to facilitate coordination and communication between program arms and optimize the planning, participation and value of these campaigns.
- Formalize staff positions focused on developing and expanding relevant partnerships within and outside of Burundi.
- Re-evaluate community engagement program initiatives annually to address evolving local need.
COMMUNITY ENGAGEMENT STRATEGIC OBJECTIVE #2

Support social cohesion, peace-building, and breaking the cycle of trauma.

**TACTICS:**

- Address the gender dynamics of the intergenerational cycle of violence and poverty through the integration of women, girls, and adolescents across program initiatives.
- Expand the popular Twiyugurure program, based on Parenting Journey’s curriculum for small group sessions on communication, conflict resolution, story-telling and behavior change at a household level.
- Strengthen the capacity of Imbonezas to manage community initiatives and support social cohesion.
- Improve mechanisms to prevent, recognize and address gender-based violence within households.
- Improve rehabilitation efforts for substance abuse, including programs to address addiction and support for family members in collaboration with the clinical program’s mental health focus.

**TARGETS:**

- Integrate standard measures for tracking participation of women, girls and adolescents across VHW programming.
- Increase by 50% the number and location of Twiyugurure “part 1” and “part 2” 3-month sessions, co-develop curriculum for “part 3” alumni sessions, and improve follow-up and evaluation to demonstrate longitudinal impact.
- Develop and implement expanded leadership skills training and a mentorship program for Imbonezas.
- Formalize collaborations with local government authorities and youth programs to mitigate gender-based violence.
- Develop a package of resources and services for individuals and families seeking recovery, support, and reintegration related to substance abuse.

COMMUNITY ENGAGEMENT STRATEGIC OBJECTIVE #3

Strengthen youth programming to support health and wellbeing, build connection, and foster cultural preservation and pride.

**TACTICS:**

- Celebrate and preserve Burundian culture by continuing the youth dance, drumming, and music programs as well as performances, poetry contests and instrument lessons for girls and boys from early elementary-school age through adolescence.
- Promote social connection, confidence and self-worth while mitigating youth substance abuse and other problematic behaviors through sports teams, leagues and local competitions for both girls and boys in a variety of team and individual sports.
- Expand access to vetted mentors and role models through these cultural and sports activities.

**TARGETS:**

- Re-establish production of recordings, video clips and short movies composed and choreographed by VHW’s community engagement team for public screenings and for transmission on national radio and television to reach larger audiences.
- Safeguard intangible culture through continued teaching of traditional instruments and dances.
- Maintain equal numbers of boys’ and girls’ cultural and sports clubs supported by VHW.
COMMUNITY ENGAGEMENT STRATEGIC OBJECTIVE #4

Reinforce mechanisms for accountability and representation from VHW to the community we serve and from the community to VHW.

**TACTICS:**

- Reinforce structures for community leadership, decision-making and communication to VHW.
- Facilitate ongoing collaboration between VHW, local government officials and other stakeholders, including organizations within or outside Burundi, interested in adopting elements of VHW’s community engagement model.
- Elevate historically marginalized, vulnerable, and stigmatized voices, with particular attention to women, people with disabilities, and the economically disenfranchised.
- Re-establish a community advisory board to provide a direct feedback loop and guide decision-making.
- Incorporate formal feedback sessions into community volunteer days and gatherings on campus.
- Host quarterly symposiums on topical issues with key regional and local leaders, government representatives, and other partners.
- Share best practices and lessons learned from VHW’s community engagement approaches through scholarship, participation in conferences, and by hosting representatives from partner organizations.

**TARGETS:**

- Young women participate in the MUTIMA girls’ empowerment program.
Operations Strategy

To meet our ambitious goals, VHW will invest in both the internal infrastructure (improved management systems and fundraising capacity) and external (our campus in Kigutu). The off-grid location of our campus will mean that we will continue to invest in infrastructure such as increased electrical capacity and staff housing, creating an environment that will retain and attract talent to this remote location while also allowing us to serve patients and teach students.

1. Build a reliable and resilient infrastructure platform on the Kigutu campus.

2. Strengthen internal functions—human resources, procurement, finance, development.
OPERATIONS STRATEGIC OBJECTIVE #1

To build a reliable and resilient infrastructure platform on our campus upon which VHW may carry out its mission.

TACTICS:

• Electricity: Grow VHW electrical network to increase power production.
• Water: Provide and expand our safe water distribution and treatment.
• Information Technology: Upgrade our connectivity and expand our network to ensure all on campus have reliable and resilient access.
• Housing and Recreation: Create new housing and recreational facilities that both fit our budget and accommodate our growing staff.
• Create a clear housing policy that is equitable and maximizes the quality of residential living, while ensuring that we do not negatively impact the surrounding community we serve.
• Maintenance, Construction, and Biomedical Engineering Staff: Attract the talent capable of maintaining, constructing, and troubleshooting VHW infrastructure, as well as training community and staff members to further develop their skill sets in these areas.

TARGETS:

• Electricity: 24/7 electricity to core functions, maximizing cost effective and clean energy sources.
• Water: Reliably and regularly test for acceptable PPM % for drinking water; no negative EPA via wastewater and hydroelectricity.
• Information Technology: Quality audio calls are always possible; all priority video calls are possible; internet connectivity to support education is reliable, and staff recreational use is possible and well managed.
• Housing and Recreation: Sufficient accommodation on campus along with recreational facilities.
OPERATIONS STRATEGIC OBJECTIVE #2

To build the internal functions to support our expanded objectives across the organization.

TACTICS:

• Human Resources: Increase Human Resources’ ability to attract, retain, and manage the teams capable of fulfilling our mission by building out HR leadership and systems as a core competency of VHW operations.

• Procurement and Supply Chain Management: Enhance the integration and efficiency of our professionalized procurement department that ensures timeliness, quality, and value.

• Monitoring and Evaluation: Expand our reporting capacities with a goal of both strengthening our programmatic impact and attracting additional institutional funders.

• Finance: Create a finance system capable of providing streamlined financial reporting, budgeting and revenue and expense forecasts, with the aim of improving the financial information needed for increasing program effectiveness as well as reducing budget to actual variance.

• Development: Increase revenue to meet our growing programmatic work through expanding the donor base (individual/board, institutional/government, and partnerships), building a team of talented professional development and communications staff, and communicating quantitatively and qualitatively the impact and value donors achieve when they invest in our work.

TARGETS:

• Human Resources:
  ◦ Develop and implement a staff retention strategy that clearly defines staff benefits, housing and recreational policy.
  ◦ Professionalize the HR department to ensure best practices are implemented in recruiting, managing, and developing our staff.

• Procurement and Supply Chain Management:
  ◦ Customs clearance cycle is 21 days maximum, with an average of 14 days.
  ◦ Inventory accuracy is 85% minimum across stock cards, electronic and physical count.
  ◦ Purchase order cycle ensures time between purchase request and purchase order is 30 days for international purchases, and 20 days for local.

• Monitoring and Evaluation:
  ◦ Integrate our various systems of tracking into a formal M&E plan.
  ◦ Improve and expand our systems of tracking information and data, including preparation and implementation of systems required to track activities at the WHP, at KIA, and in new food security aligned with this strategic plan.
  ◦ Continue to improve M&E capacity with a goal of driving quality and accountability.

• Finance:
  ◦ Ensure adequate and appropriate staffing for all functions.
  ◦ Train finance and accounting staff to run professional, routinized, and accurate processes.
  ◦ Improve all systems capabilities, including inventory and fixed asset management and accounts payable.
  ◦ Annual budget completed prior to year start.
  ◦ Budgeting is decentralized with managers responsible for developing annual budgets.
  ◦ Financial software systems upgrade.

• Development
  ◦ Meet capital and operations requirements by growing support from existing donors and attracting new funders via a diversified portfolio that includes government, institutional, and individual support.
  ◦ Add 3-5 new board members who can help grow our network of supporters.
  ◦ Grow donor retention rate at 95%.
  ◦ Recruit and hire 3-5 communications and development staff in both Burundi and US to strengthen our development operations.
## Projected Financials

### 2021–2025

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Village Health Works is a 501(c)(3) organization based in Burundi and New York. All donations are tax deductible.*

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