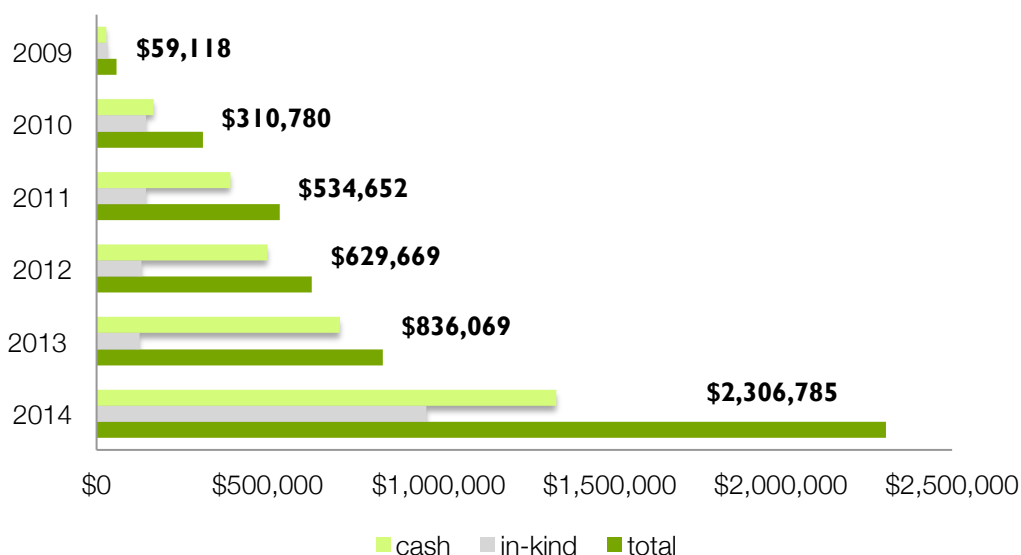


I. Timeline

- 2008:** Peter Greer challenges Michael to use the principles of microfinance for healthcare in Africa
- 2009:** Carol Hanselman makes first scouting trip to Burundi to assess needs and create first prototype
- 2010:** Jonathan O'Connor moves to Burundi to set up LifeNet.
LN 1.0 (pharmaceutical distribution/loans) and LN 2.0 (Avon lady community health workers) do not meet the needs of the environment. LN 3.0 (training+) created and prototype tested with private, government, and church based clinics
- 2011:** Church based clinics prove to be the most effective avenue of healthcare and best partners for LifeNet. Model is implemented with 10 partners
- 2012:** LN hires ED Stefanie Weiland who strategically grows the LN clinic network to double its size in one year, and expands model to include pharmaceutical distribution
- 2013:** LN is recognized by SEAD, CHMI, S4H, as an effective, scalable model; Network doubles again and consistently doubles the quality of care in partner clinics; loan program repurposed for equipment and piloted in one clinic
- 2014:** Training reorganized and expanded around major health outcomes of reducing maternal, neonatal, and child mortality; 1st shipment of medical supplies for equipment loans received; Network expands to goal of 60 by year-end; LN assessment team scouts Uganda for expansion

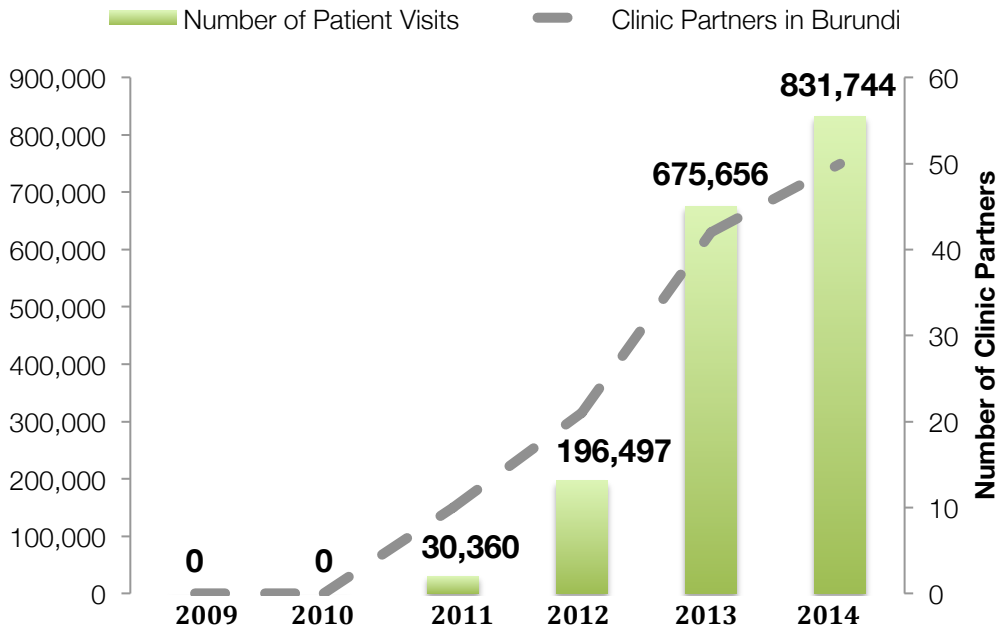
II. Finances

Yearly Expenditure

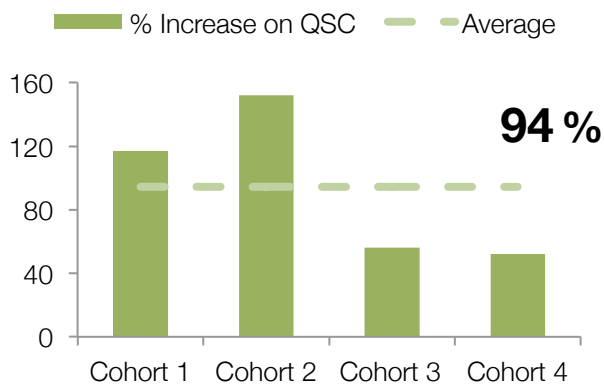


III. Impact

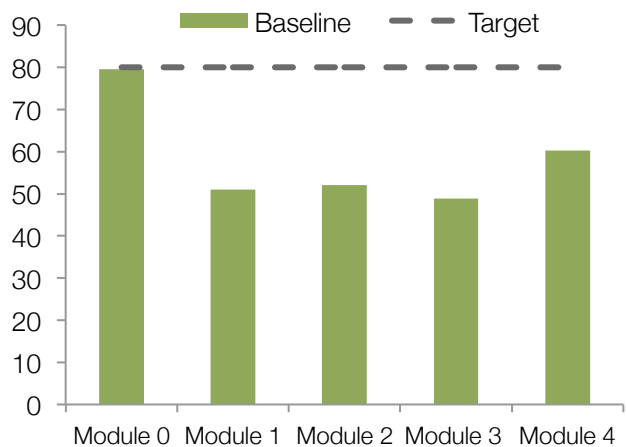
Clinic and Patient Growth



% Increase in Quality Score (2012-2013)



QSC Evaluation (2014)



IV. Mission & Vision

LifeNet exists to transform African clinics to provide quality, sustainable health care.

Vision: Expand to 10 countries, partnering with 1,000 clinics, to impact 10 million patients