

Annual Report 2013
Theme for the issue: Innovation & Impact

Quotes:

“If you want something new, you have to stop doing something old”

— [Peter F. Drucker](#)

“Imagination is not only the uniquely human capacity to envision that which is not, and, therefore, the foundation of all invention and innovation. In its arguably most transformative and revelatory capacity, it is the power that enables us to empathize with humans whose experiences we have never shared.”

— [J.K. Rowling](#)

“Chance favors the connected mind.”

— [Steven Johnson, Where Good Ideas Come From: The Natural History of Innovation](#)

“Vulnerability is the birthplace of love, belonging, joy, courage, empathy, and creativity. It is the source of hope, empathy, accountability, and authenticity. If we want greater clarity in our purpose or deeper and more meaningful spiritual lives, vulnerability is the path.”

— [Brené Brown, Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead](#)

Letter from Robin



Robin with Cao Hung Vy, VCF's most famous patient whose story was brought to life in the movie "The Journey." This picture is on the day before his third and final open heart surgery in December 2013, which was dangerous, but he was determined to go forward, saying, "I have a girlfriend now and I want to be able to get married and have children." Vy's story with VCF started when Vy was 17 and literally at death's door. His case of Pulmonary Atresia Level 4, required three surgeries. Now he is working and planning for his future.

Dear Friends,

Vulnerability leads to innovation and the necessity of change to secure the future. From our fears during the Global Financial Crisis- precisely the fear of failure to raise funds- came innovative thinking on how to approach our funding challenges in a different way.

Innovation at VCF is invariably tied to a desired impact. What did we want to achieve?

*- **VCF financial stability:** While researching ways to reach this goal, we saw the promise in attracting **investors in impact** in addition to donors and how our unique connection to VinaCapital advisors enabled us to go in this direction where other non-profit organizations cannot.*

*- **Expansion of VCF:** The desire to **expand our work** to other countries in the region and other sectors for **greater impact** and to **attract investors in impact**, led to the creation of **Lotus Impact Fund**.*

The startup of Lotus Impact has been the cornerstone of VCF innovation in 2013 and indeed, our biggest project ever. Taking an idea which was introduced by the Acumen Fund over a decade ago, and making it work for

VCF was an intimidating, but extremely exciting challenge. Now we are well on our way.

*In this issue, you will hear about the journey and the impact explosion that will occur with the work of **Lotus Impact**, and how it will impact the financial stability of VCF and our work.*

*In all of our development programs, you can see how the vulnerability of the poor has inspired us to create ways to impact their lives. Finding sustainable solutions to the poverty challenges takes many minds to make the way clearly to the final approach and program design. Without the commitment of donors and investors in our work, nothing can happen, and we are extremely grateful for those who put their trust in our **innovation to create impact**.*

All the best, Robin

Lotus Impact- two or four page spread

LINK TO THIS article

<http://www.thegiin.org/cgi-bin/iowa/resources/about/index.html#1>

Why did VinaCapital Foundation start Lotus Impact?

- Biggest philanthropy trend today is investing or financial social impact and programs
- Interest in expansion to South East Asia
- Management fee residuals will significantly benefit the work of VCF
- Strong IMPACT ethic- all VCF programs have measurable impact so this is a natural step up to the next level.

What We Do

Lotus Impact actively invests in private enterprises that help solve social and environmental problems with solutions that generate sustainable income and employment.

How We Do It

A disciplined investment process is essential to long-run impact in frontier and emerging market environments. Lotus Impact has built a process that merges local market knowledge with thorough financial and social review and analysis.

Who Are We?

Managing Director, James Dien Bui

Over 15 years experience in economic development and impact investing in North America and Southeast Asia.

James oversees social impact investments in micro-finance, workforce development, affordable housing and sustainable agriculture. He also leads the development of impact metrics and evaluative studies. Prior to joining Lotus Impact, James worked as principal consultant on affordable housing, workforce development and clean energy projects for a number of clients including the IFC, FMO and non-profit organizations worldwide. He helped raise and implement over USD50 million for social impact projects, particularly in post Hurricane Katrina reconstruction and clean water projects in Southeast Asia. A disciplined investment process is essential to long-run impact in frontier and emerging market environments. Lotus Impact

Don Lam, Director, Lotus Impact

CEO VinaCapital Group

16 years of experience in financial investment in Vietnam.

Don is the current CEO and co-founder of VinaCapital Group. He has overseen VinaCapital's growth from manager of a single USD10 million fund in 2003 into a USD 1.5 billion full-service investment firm managing numerous listed and unlisted funds, and offering a complete range of corporate finance and real estate advisory services. Before founding VinaCapital, Don was a partner at PricewaterhouseCoopers (Vietnam), where he led the Corporate Finance and Management Consulting practices throughout the Indochina region. He also is the Vice-Chairman, Global Agenda Council on ASEAN, World Economic Forum and has contributed extensively to numerous impact investing dialogues.

Advisory Committee

Gillian Arthur, Director, Sanne Group

Based out of the Bailiwick of Jersey, Gillian is the Director of The Sanne Philanthropic Foundation, a not-for-profit organization that provides advisory and grant-making services to high net worth donors. She leads the research, selection and monitoring and evaluation activities, particularly in areas of Children and Youth, Economic Empowerment and Climate Change. Prior to joining Sanne, Gillian served as Managing Director at Actis and at CDC Capital Partners where she integrated environmental, social and governance practices into the investment process and developed external verification of them, dealt with high-risk investment cases and helped reduce ongoing operating costs by USD8 million.

Tammy Phan, Senior Manager, American Express

Based out of Singapore, Tammy recently joined American Express, bringing her extensive business development and management consulting experiences across a number of sectors in Southeast Asia. Prior to American Express, she worked at Red Square Vietnam, a boutique private equity firm. Tammy led market research and due diligence for investments in the media, agriculture and hospitality sectors. She was also the youngest member of Accenture's Nonprofit Practice Executive Team where she helped leading North American and global nonprofits tackle challenges, such as scaling relief services for 1.5 million Burmese refugees, and identified USD38 million in cost savings by streamlining back office operations across 4,100 chapters.

Terence Mahony, Vice-Chairman, VinaCapital

Based out of Hong Kong, Terry is a recognized leader and pioneer in emerging market investing, with an extensive global financial career spanning over 40 years. Terry has held senior investment and fund management positions, including CIO and Managing Director, at Baring Puma Latin American Fund, HSBC's Global Emerging Markets and Trust Company of the West Asia. He serves on the boards of various investment funds as a non-executive director including Advance Emerging Markets Trust, Pacific Assets Trust, Impax Asian Environmental Markets, CITIC Capital Investment Management, JOHIM Global Investments Funds and Vietnam Azalea Fund.

Mark Viso, President and CEO, PACT

Based out of Washington DC, Mark leads PACT, a US-based international NGO spanning 30 countries creating sustainable impact in livelihood, healthcare and natural resource management for over 3 million disadvantaged people. Prior to PACT, Mark held senior positions at World Learning and World Vision, helping each organization grow its international portfolio with diversified funding and

develop data-driven analytics for impact measurement and executive management. Mark is a founding member of EKI Micro Credit Organization Board and an executive member of NGO/World Bank PRSP Consultative Commission.

Example Pipeline Investments

- I. **The opportunity:** A proven model in workforce development with 100% employment rate for graduates that will create jobs for 20-30 former street youth trained as caterers within six months targeted towards the growing demand for catering in Vietnam.
 - **Seed investment into catering business** for at-risk, marginalized and street youth trained through hospitality training program of parent company.
 - **Invest into Restaurant business of parent company;** Life-changing opportunity for disadvantaged youth from all over Vietnam.
 - **Expand brand/model;** Build brand and model across Vietnam and offer more opportunities for youth.
 - **Workforce Development Impact:** #jobs created, %Employment rate immediately after graduation and quality of education

- II. **The opportunity:** Enable business graduates to have an impact on agricultural and rural economic growth in Myanmar thru microfinance.
 - **Student loans for MBA program** at a leading economics institute in Yangon.
 - **Strengthening business skills in rural Myanmar is crucial as agricultural sector set to expand rapidly;** MBA grads among Myanmar's greatest HR needs.
 - **Ensure students can graduate and prosper;** With a combination of fair repayment terms and assistance with internships and job placement.
 - **Microfinance Lending Impact:** #Graduates, %Loan Repayment, %Graduates employed; workforce development

- III. **The opportunity:** Expand a proven model for clean water projects that can scale to communities across Cambodia.
 - **Micro-enterprise clean water solution** for semi-rural communities.
 - **Significant health and economic benefits;** Clean water a foundation for sustainable community development.
 - **Expand this model;** Reach at least 5,000 households at affordable cost of under \$200/house.
 - **Micro-enterprise Clean Water Impact:** #Households with clean water access, %decrease in child mortality in the community

Graphic Lotus Impact by the numbers:

Name	Lotus Impact Fund LP
Size of Fund	USD 50 million.
Structure	Unlisted limited partnership.
Target Sectors	Initial focus on microfinance, education, health, housing, with secondary focus on agriculture and technology investments with a social impact.
Life	10 years.

Investment Size	USD250,000 to 7 million, with no investment exceeding 20% of aggregate commitments without the approval of the LP Advisory Committee.
Investment Period	6 years.
Target IRR	7%.
Fees	2.5% management fee. 20% carry subject to a 5% hurdle.
Co-investment Opportunities	Co-investment rights may be extended to LPs if needed to support funding requirements in excess of the Fund's investment mandate.

Links to further reading on this subject

LINK **Impact Investing 2.0 A Way Forward, 2014**

LINK TO THIS article

<http://www.thegiin.org/cgi-bin/iowa/resources/about/index.html#1>

Quotes

“Entrepreneurship is when an individual retrieves a red hot idea from the creativity furnace without the constraint of the heat of lean resources, and with each persistent blow of the innovation hammer shapes the still malleable idea against the anvil of passion, vision, insight, strategy, and principles to forge a fitting vessel of a creative concern.”

— Amah Lambert, *Cracking the Stock Market Code: How to Make Money in Shares*

“And it is change that always provides the opportunity for the new and different. Systematic innovation therefore consists in the purposeful and organized search for changes, and in the systematic analysis of the opportunities such changes might offer for economic or social innovation.”

— Peter F. Drucker, *Innovation and Entrepreneurship*

Social entrepreneurs are not content just to give a fish or teach how to fish. They will not rest until they have revolutionized the fishing industry.”

— Bill Drayton, *Leading Social Entrepreneurs Changing the World*

“For skeptics that claim no one can serve two masters — financial success and social impact — these cases are a clear signal of the diversity of paths towards high performance in impact investing. And they are but

the tip of the spear. We are confident that in the coming years, many more pioneering impact funds will mature and inspire us with their successful track records. The idea that it is possible to combine financial return and social impact will come to be regarded as common sense. And in so doing, we will have unlocked the potential of an important tool that can help solve some of our most intractable problems.”

LINK Impact Investing 2.0 A Way Forward, 2014

The Climate Change Innovation Center: Funded by World Bank

Mission: *Invest in climate innovation enterprises that address social and environmental problems while generating sustainable income and employment*

Partners: *AIT, TU Delft, Spark, Lotus Impact*

Model: insert picture of model

Engage: A vital component for target groups to become active and enthusiastic about the process and goal of climate change mitigation

- Capacity building will lay critical groundwork of support for developing the ecosystem for VCIC
- Complemented by targeted outreach activities including workshops and extensive SME mapping and aggregation and compilation of ecosystem players from existing databases

Expose: Further profitability in climate innovation requires exposure to ideas across all areas of business, redirected perspectives and innovative technologies.

- Exposure will spur innovation on climate mitigation and adaptation solutions resulting in a full scaling up of market-oriented businesses and opportunity creation for SMEs
- Access and awareness of new technologies will engender this innovation growth
- VCIC's role will provide training and mentorship opportunities

Empower:

- Leverage our engagement, exposure and leadership within climate change ecosystem in Vietnam to provide training program and business counseling for SMEs and entrepreneurs
- Facilitate and intermediate spillover effects of beneficiaries being empowered to implement and make active use of conveyed information and strategies

Enable:

- Central to our approach, provide financial enabling environment through grants and investments

- Enable beneficiaries to fully utilize their potential and maximize the impact of their endeavors
- Assure continued access to high quality information, tools and services
- Organize large-scale conferences and lead policy dialogues with government

Lotus Impact Strategy

The Lotus Impact Fund (the Fund) is an impact investment fund that generates measurable social and environmental impact alongside financial returns, targeting small and medium private enterprises (SMEs) in Southeast Asia. The Fund does not seek to replace current private investment nor traditional forms of development, but rather seeks to address a gap that:

- traditional equity and credit markets have not addressed;
- grow businesses that have lower levels of financial returns but higher in social returns and
- act as a vehicle for sustainable economic development.

Southeast Asia is rapidly becoming a regional center of trade with some of the fastest growing economies in the world. However, the region's eclectic nature lends to economic focus (and investments) in a few major countries (e.g. Thailand, Singapore, Indonesia), while leaving Laos, Cambodia, and Myanmar behind, despite the market potential. Currently, foreign direct investment in the lesser-developed countries is directed towards traditional forms of investments, leaving a significant gap between private investments and traditional development aid. This gap largely includes SMEs that fall into the "Missing Middle",¹ a financing gap between \$250,000 to \$3million USD, an investment range that development aid cannot address, too little for multilateral institutions, and too risky for financial institutions. Globally, impact investment has a projected market potential of \$650 billion U.S. dollars.² In fact, over a quarter of impact fund managers express an interest in investing in East and Southeast Asia.³

The strategy for this Fund is compelling and different from other investors in that it seeks to directly derive social benefits from the investment in addition to positive returns. Traditional operating vehicles seek very high returns that are not possible in most social ventures. This is particularly important in a region where an impact fund can complement, if not replace, traditional economic development models either through nongovernmental organizations (NGOs) or official development assistance. Furthermore, it can help catalyze markets where governments are not ready to incentivize them through public policy. Lastly, the Fund seeks to also invest in small and medium private enterprises, or other entities or mechanisms that support SMEs. Though this may lead to higher overhead, small and medium enterprises are the key economy drivers in these emerging economies.

¹A term coined during the Missing Middle Initiative at the January 2010 World Economic Forum in Davos to reference small and medium private enterprises that lack access to finance, yet are poised for growth (and social impact) as they are generally counted in the "informal" economy

²Calvert Foundation, "Gateways to Impact," 2012.

³Saltuk, Bouri, and Leung, "Insight into the Impact Investment Market," *JP Morgan*, December 14, 2011.

The Fund will make a combination of debt and equity investments in SMEs with the primary investment vehicle being debt. As the Lotus Impact Fund will be primarily capitalized by debt (75% to 80%) and the number of investment opportunities with a strong exit potential for equity is limited, our investment strategy expects to invest 85% to 90% of our capital in debt investments and the balance in equity investments, as appropriate equity investments arise.

The Fund will operate under Lotus Impact (Lotus), a private firm wholly owned by the VinaCapital Foundation (VCF), a US registered 501(c)3 entity with origination in the United States. VCF is also an international non-governmental organization based in Vietnam that is supported generously by the VinaCapital private equity firm. Lotus Impact serves as the general partner to the Fund, and will extract resources from both VCF and VinaCapital, in addition to strategic advisors familiar with the social investment sector to maximize returns on investment in addition to social and environmental benefits.

The Fund's geographical focus is across four countries including Vietnam, Cambodia, Laos and Myanmar. Target investment sectors include education, housing, healthcare, water, green technologies, agriculture and microfinance.

The Fund seeks to concentrate on early-stage and growth-stage businesses with revenues up to 5 million USD. Deal sizes will be between \$250,000 USD and \$7 million USD with a target net IRR of a minimum 7%. Investments will be made mainly through debt and convertible debt, with equity stakes acquired only when a traditional exit opportunity is feasible and clear. Each investment must qualify with social targets and rigorous monitoring of social impact will be an important part of our investment.

The strategy of the fund to deliver impact revolves around making prudent investments in our target countries to maximize measurable social and environmental benefits, and in effect for many but not all cases, increase the livelihoods of underserved communities. As the Lotus Impact Fund will make many investments across sectors and countries, the social and/or environmental impact will be assessed during the whole investment process. In addition to the direct impacts, Lotus will look at secondary and indirect impacts as relevant to the project and overall mission.

Financial and social impacts are executed in parallel both pre and post investment. This approach lends itself to a synergistic approach to any investment opportunity. The sourcing stage centers on leveraging our in-depth target country knowledge to build a long pipeline of potential targets.

These companies go through an initial social screening with the deal team using a variety of IRIS and proprietary indicators to gauge the social impact of the target company. If the target company passes the social screening, the deal team conducts an extensive social due diligence. During this process, the team refines the metrics in the previous stage and uses these as a foundation to examine the historical and projected social impact of the organization.

Following this, the social due diligence is presented alongside the financial due diligence as a component of the investment committee proposal. If the committee approves, Lotus Impact disburses the funds.

During the post-investment phase, Lotus monitors and evaluates the social metrics defined previously and in accordance with the company's business model. Lotus Impact also recommends ways to maximize the company's social impact, directly or indirectly.

When a favorable exit opportunity arises, Lotus Impact strives to ensure that core social impact components are maintained. This is primarily achieved by identifying buyers that align strongly with the social mission of the target.

Heartbeat Vietnam- 2 pages



Case Study: Tran Thi Kim Nguyen

Kim Luyen is the youngest child in the family of 7 and her heart disease was a huge shock to her family, emotionally and financially. Luyen's father passed away long time ago and left behind a mother struggling to take care of her children and provide well for them. The oldest son helps her now. They have to work hard to afford the daily living expense for the whole family.

Every day, Kim's mother has to work from dawn to dusk on their small plot of land. She is also a freelance worker. Even with their hard work, the income per month is still low and very unstable. Sometimes, they do not have enough money to buy food. The family has to use salt porridge instead of rice for meals. The family might not survive without food generously donated by the neighbor.

Luyen's mother also has to provide a large amount of money for the school fee for the children. Before the surgery, Kim Luyen was still able to go to school like other children despite of her poor health. She was determined to stay in school even though her condition made her

very tired and she fainted easily. At first, the family didn't realize she had a problem. But one day she fainted while she was studying at school and was sent to the hospital. Luyen was diagnosed with congenital heart disease and the family told she needed to have the surgery as soon as possible to reduce the risk. However, due to the financial circumstance of her family, Luyen was only able to receive medicine for treatment until VCF found her in an outreach clinic in Nghe An.

On November 27th 2013, Kim Luyen underwent the open heart surgery at Hoan My Da Nang Hospital. After the surgery, her health has improved dramatically and she has returned to school. On December 2nd 2013, Heartbeat Vietnam received a thank-you letter from her brother expressing his grateful thoughts and feelings about how well his youngest sister recovers from the surgery.

Copy of letter in VN- on dropbox

English Version of the thank you note

Tran Tho
Group 13, Quynh Thanh Ward, Quynh Luu District
Nghe An Province

Dear Heartbeat Vietnam/VinaCapital Foundation,

My name is Tran Tho, the brother of Tran Thi Kim Luyen from Group 13, Quynh Thanh Ward, Quynh Luu District, Nghe An Province.

As you know, Luyen was born on February 23, 2007 with congenital heart disease called Ventricular Septal Defect.

Our family has 7 people, though my dad passed away a long time ago, leaving 5 children and our mom. My mom works from early sunrise to sunset in the fields in order to raise our family and provide us with an education. Our family was in a very difficult financial situation, making it even harder to take care of Luyen's medical needs.

Through The Fund for Children of Nghe An Province, our family was grateful to learn about Heartbeat Vietnam/VinaCapital Foundation, which assisted Luyen financially in order for her to receive her surgery in time. Luyen's surgery was very successful.

On behalf of my family as the eldest son, I would like to send our deepest thanks and utmost gratitude to Heartbeat Vietnam/VinaCapital Foundation. I hope Heartbeat Vietnam/VinaCapital Foundation will continue to grow with its successes as it keeps walking on the path of saving the children of Vietnam.

Thank you very much.

Quynh Luu, December 2, 2013

Tran Tho

Story- Former patient from Phu Quoc revisited



Nine year old Ha Thanh Ly after life changing surgery thanks to the VinaCapital Heartbeat Vietnam Program.

After growing up known as the boy with the chicken chest, nine-year-old Ha Thanh Ly has overcome extraordinary odds to survive a rare condition. Born with his heart outside his chest, Ly was in danger all the time, as his heart was not protected. Life was difficult for Ly growing up in the small village of Ham Ninh, on Phu Quoc, a small fishing island off the south coast of Vietnam. While many of his friends would play football and run around as children do, Ly would struggle to even walk without getting out of breath.

This was because of a congenital heart defect called Ventricular Septal Defect with Ectopia. The odds of surviving were stacked against Ly whose heart had formed outside of his rib cage and cartilage had encased it on his chest creating a bump, giving him the nickname 'Chicken Chest'.

Ly's family could not afford the surgery and feared daily that he would not survive without the operation. When Ly was just two years old his father died, leaving his mother to bring up Ly and his two sisters on an unstable income of just 600,00VND(\$28/£17.50) per month.

He was diagnosed by doctors in Ho Chi Minh City when he was a toddler but his mother could barely afford the transportation costs to the mainland and providing her son with food at the hospital, let alone the cost of the surgery. Distraught, his mother returned to Phu Quoc thinking that her son would never live a normal life but appealed for help from many benefactors to help fund the operation Ly desperately needed. She said, "When I heard that he had to have surgery and what it would cost I just picked him up and started the trip home, knowing I could never save enough to save him. "

In 2008, the family heard the news they were all praying for when the VinaCapital Foundation contacted the family and informed them that, through the Heartbeat Vietnam Program, they had found a donor to pay for the surgery and matching funding from VinaCapital, which amounted to \$3,438 in total. Ly underwent open heart surgery on May 30, 2008.

Since then his life has been transformed and the only thing to show for the ordeal he had to go through is a small scar on his chest. His grandmother, Quyen Thi Nguyen said the family was overwhelmed when they heard about the donation for the surgery and that Ly was now like any other boy his age.

"When the family was told that they had a donor to cover the whole cost of the operation we were so happy. Before the surgery he would play with his friends but he always tired very easily and found it hard to breathe which made him upset. He is much better now and after the surgery he gained weight and became a lot healthier. He feels very happy now and is pleased he can play with his friends more. As a family we feel relieved and happy because there is now no reason to worry about him, and now he is not the main topic of the conversation. Before getting the donation for the surgery the family had to find between 50 and 60million VND and we all felt helpless. We could not borrow money from anywhere around where we live because they

are all very poor as well. We waited nearly a year to get help but when we heard the news we were all so happy.”

As well as the support of the heart surgery cost, the VinaCapital Foundation also provided family grants for Ly’s family so that they had enough money for regular checkups. The donor also ensured that the family would be better off by agreeing to build a new house for them on the land they had previously been living on.

Mrs Nguyen said: “Ly’s mother was also told that the donor would also pay for her to build a new house which cost around 20million VND. This was not something she had asked for help but it was very good news and it has made a big difference to the way we now live.”

HBVN Numbers

- ✧ The cost of heart surgery for a child in Vietnam ranges from \$1,000 for keyhole surgeries to \$4,500 for the most expensive cases. HBVN does not discriminate against the expensive cases and also accepts immigrant cases which have no provincial support, so we have many cases that are high cost. However, over the last 847 cases the average total cost was \$2,230 per case.
- ✧ Because of our zero overhead policy and match funding agreements with our provincial government partners, the cost per surgery to a private donor is just \$1,000. We partner with the Vietnam’s top hospitals and surgeons in Ho Chi Minh City, Hanoi, Hue, and Da Nang to ensure that the children receive the best care possible.
- ✧ To date, Heartbeat Vietnam has saved over 3,400 children and aims to help all 6000 on our waiting list. Giving them a second chance at life is only the first critical step in helping them achieve a better life than was previously imagined. Once a child has his or her health, a world of possibilities opens up, and they can finally start imagining a future that stretches beyond tomorrow.

Story of one special donor- **Todd Gilmore- IRONMAN** raises funds to save **26 children**



TODD GILMORE

It is every parent's worst nightmare to hear that their child has been born with a medical condition, but luckily for Todd Gilmore there was help on hand to ensure his son was born safely. This is a privilege that many families in Vietnam do not have access to and as a result many children die when born with serious defects.

Since the birth of his second son, Canadian born Todd, 42, has dedicated a large part of his life to competing in the grueling Ironman challenges and has given a huge boost to the Heartbeat Vietnam program in the process by raising around \$26,000.

Todd said: "I first became aware of the good work Heartbeat Vietnam does through the SPE Golf and Tennis tournaments. I chose to do an Ironman in 2011 and registered a year in advance for 2012 in Idaho and did it again in Frankfurt last year.

Ironman in the US, has a foundation called The Ironman Foundation INC, which asks athletes if they would like to nominate a charity that the foundation would help through a website to collect and issue information about your cause, and then hopefully through your efforts of racing you can raise money.

“One of my sons has a congenital condition relating to blood pressure, so I know very well what families go through when they have needs that you can’t meet for whatever reason. “I was fortunate in my circumstances to get him to a children’s hospital in Singapore when he was 12 days old and three weeks later we were able to get him back home and he is still doing well now.”

“So I know what these families go through and it is one of the reasons I chose to support Heartbeat Vietnam because you have children with congenital conditions but because of their lack of funding, their parents just can’t do anything. They have just got to watch this poor child perish in front of their eyes or live a life that is terribly deprived because they couldn’t reach anywhere to do the surgery.”

Todd has lived in Vietnam for more than seven years and currently works as a Drilling Engineer at Premier Oil Vietnam Offshore B.V and was the chairman of the SPE Golf and Tennis Tournament in 2011 and again in 2012.

His son’s birth coincided with a commitment to a healthy lifestyle and in this period he went from 90kg to a fit 73kg. Todd’s first triathlon, which consisted of a 750m swim, 40K on and off road mountain bike and a 10k beach run, was in May 2009. He was bitten by the bug and competed in his first Ironman, The Ironman Coeur D’Alene in 2012.

During last year’s race Todd pulled his calf muscle in his right leg, but unlike many who would have stopped the race then Todd limped for six more hours to walk across the finish line.

Todd’s two boys, Nicholas, 12, and Benjamin, 10, have become his biggest supporters and he has seen firsthand just what the money raised has done to change the lives of children in Vietnam.

“In year one we raised \$16,000 and in year two we raised \$10,000,” he said.

“In 2012 I was solitary training a lot and my kids they knew I was doing this, they would have been eight and ten at the time, and the little one said to his older brother that he needed to eat quicker so that daddy could go to bed and raise money for children. They saw that the morning away from them was the fact that I was going to go and raise some money for some other children in need.”

In year two I trained again following a similar regime and between the two events we visited three children that had been helped by the money raised by bicycles on two separate occasions and it was really good. It really helped in the next fundraising as well because I could say that I had been and visited these children and I am not just some mouthpiece for the charity, I am passionate about it and I enjoy doing it.”

Todd has not put an end to his Ironman challenges and will take on his third this year with his fundraising initiative starting in May.

Retrospective Study of over 3,400 Heart Cases

Aim

This study attempts to examine all the cases that the Heartbeat Vietnam program has helped treat, in order to understand the effectiveness of the program and the areas in which the program needs to improve. There were five areas which the study evaluates:

- the medical facilities at which these surgeries took place,
- the medical condition of the child after surgery,
- the family's financial situation,
- the child's education.

Implementation

Over 40% of the cases have been reached either by telephone calls or mail. In many instances families had moved and rather than giving up, VCF volunteers used their connections with the local authorities to get rural social workers to forward the survey to the family through relatives.

Results

To date, VCF has been able to collect 1,341 responses from families all around Vietnam. About 300 cases were collected by telephone and were asked about each child's health after surgery, including what level of care he/she still needs, whether they need medications, whether or not they were able to go to school and learn, the status of the school records, etc. The rests were returned by mail, many of which were accompanied by letters from the families.

Main Findings

- 84% of the children who were surveyed had excellent or good health conditions and were living a normal life
- After 3 months of surgery, 94% of the heart cases had no complications
- Only 2%, of children were having any type of complication after one year
- 97% of the children had post operative checkups at the same hospital where they had surgery
- For 24% of cases families needed to take the child for check-ups more than 5 times
- After the surgery or during check-ups, 11% of children required another surgery

- Only 44% families can afford to purchase the medication when the children fall ill and need medical treatment
- Only half of the families surveyed were eating 3 meals a day
- Of the children surveyed, 43% were not yet in school. However, of those who are in school 22% are currently receiving above average or average marks in school
- In one school year, only 5% missed school on a regular basis; when they did miss school it was typically due to common childhood illnesses.

Graphic HBVN by the numbers: Number in 2013: 274 Total at the end of year: 3342

Outreach

Case: Vo Thi Be Ty, 4yrs, Pulmonary Stenosis

Vo Thi Be Ty was born in 2008, far out in the countryside of Quang Ngai province. As the elder sister of a younger brother, she should have been the big hope of her family and caregiver of her younger brother, but she could not, because of her congenital heart disease, pulmonary valve stenosis, which caused continuous pneumonia and fatigue.

Her mother is a typical young woman from the countryside, the rigors of a hard life making her look much older than she is. She shared with tears: "Our family is very worried for her health. Our daughter's health now is the most important thing for us and the treatment cost is a terrible burden to us. But we are determined to find help for her. Her father is a sea fisher with very unstable income and I am a housewife taking care of the two children. I really want to go to work to help my husband with living cost but our daughter's disease makes me have no time for working as she needs my continuous care. Our biggest wish now is having money to afford the surgery cost and to see my daughter as healthy as other children."



IMPACT- Outreach by the numbers:

4917 children seen in clinics this year

3572 cardiac ultrasound screenings

241 post operative checkups

351 children diagnosed with congenital heart defect

299 children who need heart surgery

23 clinics in 8 provinces and 18 districts

Funding needs: VCF wants to add pediatricians to our outreach efforts to be able to help rural families with children with non-communicable diseases and disabilities. The VCF team is very grateful to Fedex for continuing support of Outreach Clinics.

Critical Response- 2 pages

Critical Response: Children's Hospital I breaks barriers for nurses by requesting they be trained in Pediatric Advanced Life Support, formerly only for doctors.

VCF had to break down barriers with the trainers as well who thought that the nurses could not learn PALS. To prepare them for the rigorous course, VCF added a day of Basic Life Support to the training.

The first training course for nurses on Pediatric Advanced Life Support (BLS/PALS) for Nurses took place in Children's Hospital #1 in April, 2013. This was the first course for nurses in the country and included 30 nurses from 10 departments in the hospital. A second course was held in August for 31 more nurses. The nurses did very well in the course scoring as high as doctors in most instances.

One of the three nurses who got best scores in the post test was Ms Le Hai Anh who had 16 years of experience and now serves as the head nurse in the operating theater. She was outstanding in the course with right answers to the instructors' questions and also had good questions during the course. She commented, *"This is the first time I have great opportunity to join in such a professional and exciting course like this. The training materials including books, presentations, and medical equipments are precious. The instructors are very dedicated and enthusiastic. I think this is a great experience for all of us who work in Emergency Department which requires high concentration with pressure in saving lives. I would like to become an instructor so that I could use what I learn today to train our nurses in our department. I hope there will be more and more training courses for nurses like this in many other hospitals because nurses are always the first person to reach an emergency case"*

Some pictures taken in PALS course for nurses at Children's hospital #1:



A practice station on Vascular access



A practice station on Intubation



A practice station on Needle Thoracentesis Ms Le Hai Anh (right)



A practice station on Airway using Bag Valve Mask

Funding needs- each PALS course costs \$3500-4500 depending on location. Each crash cart costs \$6500 and includes all the equipment needed to save a child quickly when seconds count as well as training on the use and maintenance of the cart.

Donor for PALS courses in 2013: Exxon Mobil; Thanh Ha Fish Company; Children's Heartlink

IMPACT: Each PALS course trains 32 doctors or nurses and has the potential to effect over 30,000 patients seen by those doctors and nurses in a year. The cost per doctor trained is \$115

Each crash cart is saving at least 2 children per week- at least 100 lives saved each year. Cost per life saved the first year \$60, second year and beyond- no cost!

Thanh Ha Fish Sauce Limited Company sponsors the Critical Response program for Phu Quoc Island

Thanh Ha is one of the leading companies producing and distributing genuine Phu Quoc fish sauce. They are not only trying to improve their business but also passionate to support the local community. Through VCF, Thanh Ha made this donation to show their commitment to collaborate with VCF in improving pediatric emergency care in Vietnam, and especially in their company home province. The purpose of this training and the donation of crash carts is to build capacity for the medical system of Phu Quoc District, Kien Giang Province to improve the quality of medical services, and to reduce child mortality.

Thanh Ha sponsored the training programs and needed equipment to 34 ER, Cardiac and Neonatal doctors and nurses of Phu Quoc hospitals. The total cost for training and 3 crash carts was \$18,876 USD.

VCF CEO Robin Austin commented, "We are so grateful for this donation to this rural island community which is often forgotten. This program saves tens of thousands of lives every year, and we are delighted to be able to offer this important training and essential equipment to Phu Quoc."

The PALS program is an intensive training course developed by the American Heart Association to provide a fast approach to assess and resuscitate children in cardiac or respiratory arrest. This training lasted 2 days, and includes lectures and hands on skill stations which all participants must pass before taking the certification exam.

After the training, doctors and nurses will have the full ability to use a crash cart which is enables them to have all the equipment needed to react to a child extremely rapidly when seconds count.

Newborn Care – 2 pages

Survive to Thrive program impact surpasses expectations because of the determined and dynamic women leaders and nurses at Danang Women and Children's Hospital.

Babies in the central region around Danang have a better chance of surviving to thrive because of VCF's work with the Neonatal ICU at Danang Women and Children's Hospital.

Our goals for this program were:

- **To design and construct a near international standard NICU and HDU** with proper infection control equipment, special lighting and air handling for the babies, an area for isolation of infectious children. This was completed in 2011.
- **To provide equipment to assist the doctors in saving children so that the unit could reduce infant mortality.** The team at DW&C now has a mortality rate of 6.2/1000 babies, far below the national average of 16/1000. This is a reduction of 25% over the previous year. However with growth and referrals from other provinces, the unit needs additional equipment to meet the needs of a 20% increase in neonatal cases.
- **To provide training to teach and train doctors in the latest science and procedures to save babies.** Dr. Steven Ringer, chief of Newborn Care at Harvard Medical School was moderator of VCF's interactive 6 session neonatal care tele-medical education series broadcast to 4 locations in Vietnam and webcast worldwide. His team will visit Vietnam in April 2014 to provide Train The Trainer sessions in four regions on neonatal procedures.
- **To enable the unit to become a center of excellence, and a referral center for babies from the 5 surrounding provinces.** The unit is now receiving difficult cases from all the provinces in their region.
- **To enable the unit to create a training center for doctors and nurses in their region** to come and learn about evidence based care for neonates and neonatal procedures that will save babies in the rural areas where most infant mortality occurs. This will begin in March, 2014.

The VCF team is very pleased to work with the DW&C team because of their dedication and determination. We will continue to find the funds for needed equipment and provide the training as requested by the unit. They have been fantastic partners



Doctors and nurses of NICU, Da Nang Women & Children hospital at the medical equipment handover ceremony of 10 Pulse Oxymeters from funds from the Australian Consulate in Ho Chi Minh City.



Infusion pump is installed to use at NICU. Australian Aid donated 15 infusion pumps for Danang Women and Children's NICU.

Case Study

Nguyen Ngoc Chuc was born in November 21st 2013 and admitted to Da Nang Women and Children's NICU because of respiratory distress. She was delivered normally, at full term with birth weight of 1700 grams. She was diagnosed with respiratory failure with esophageal atresia and pulmonary atresia, and IUGR (intrauterine growth restriction). After being admitted in NICU, she had an operation on her esophagus, ventilator support for 13 days, parenteral nutrition using infusion pumps, and monitoring of oxygen saturation and heart rates. After two weeks, she was able to feed and breathe and waiting for interventional cardiac procedure.





Australian Government
AusAID

The World Bank in Vietnam

VCF Receives first World Bank- Australian Aid Grant for Blended Learning Program in Neonatal Care

The overall goal of the Vietnam Neonatal Tele-Education and Training Initiative is to systematically increase the local capacity and capabilities of local Vietnamese medical staff and their affiliated medical institutions to significantly address neonatal healthcare issues. By leveraging tele-education technology coupled to a train the trainer (ToT) model of capacity building, the program seeks to achieve evidence-based results that are measured, evaluated and ultimately shared among stakeholders and policymakers.

Background on Neonatal Care in Vietnam

Healthcare in Vietnam has improved a great deal in the last twenty years, especially in pediatric care. However, the general level of basic healthcare for newborns and children is still lagging behind. Neonatal mortality for the nation is 16/1000 live births. Unreported deaths are estimated to be very high because of the burden and cost of registration of the birth and the death of the child. Health professionals outside the cities, where most neonatal mortality occurs, still lack the skills and ongoing training to deal with delicate problems such as those affecting newborns. Many newborns still die of pathologies and conditions that in other countries would be treated easily, such as respiratory distress, prematurity and hypothermia. Many more suffer from long lasting consequences such as permanent brain damage resulting from neonatal jaundice, an illness that is not very difficult to treat, if diagnosed in time and treated with the right machines.

Prematurity and low birth weight are the principle causes of mortality for newborns, accounting for 23% of all neonatal deaths. Other causes of death included asphyxia, malformation, sepsis and pneumonia. Concerning the morbidity pattern, pneumonia, jaundice, local infections and malformation were the most common pathologies among sick newborns admitted to hospitals in the study

Tele-education Enhances Train the Trainer Model

Among the options available to provide valuable training for doctors, tele-education provides a cost-effective approach when used in conjunction with a targeted training of trainers (ToT) model for three critical reasons. First, tele-education itself provides live instruction from sources that would normally would not be available and also create access to sources of knowledge of the highest quality. According to the Vietnam Pediatric Association, the topics identified in the baseline interviews are seldom offered and often do not provide in-depth practical training exercises. Moreover, the topics are typically only offered at a major hospital located in Hanoi, which generally does not provide timely or convenient access for doctors in the rural provinces. At the same time, a recent study by VCF to evaluate the effectiveness of its tele-education workshops showed that 96% of doctor participants believe tele-

education is a valuable learning tool to increase knowledge and skills of medical professionals in Vietnam. Further, 76% agreed that tele-education is the best model to provide education and training on topics currently not available in Vietnam. Accordingly, tele-education affords a unique strategic opportunity to address a current gap in medical education and training in Vietnam. In this Pilot, Dr. Steven Ringer, a worldwide expert in neonatology at Harvard, provides industry authority and opportunity to help train neonatologists in Vietnam. In terms of cost, tele-education is only about 1/4 of the cost to either send Dr. Ringer to Vietnam to provide lectures, or even 1/20 of the cost to send 20 Vietnamese neonatologists to Harvard for the lectures.

Second, the ToT model leverages worldwide expertise to focus on live trainings in the field with selected doctors in Vietnam who ultimately become the first cadre of “trainers” to systematically train more doctors throughout Vietnam. Moreover, a robust monitoring, evaluation, reporting and learning system further provides feedback that supports learning based on measureable outcomes. In this program, the cost of sending Dr. Ringer to Vietnam focuses on in-depth quality control, program and training assessment and collaborative work with the Vietnam Pediatric Association to certify the ToT workshops. To this end, the knowledge transfer component for tele-education is completed at only a fraction of the cost of building the capacity of 20-40 trainers who can subsequently increase the knowledge and skills of more doctors in other areas in Vietnam.

Finally, there is now an investment opportunity for the province hospitals to send their doctors to access the newly trained “trainers” that are now located regionally in Vietnam. This creates better access as well as ongoing localization of the knowledge and skills training into appropriate, standardized techniques for the Vietnamese doctors. In this program, the Vietnam Pediatric Association (VPA) has committed to work to develop a nationwide certification process for the workshops provided by the newly trained doctors. Ultimately, this provides not only consistent standardization, but also a practical incentive for rural doctors to be trained and improve healthcare throughout Vietnam.

Sidebar- Dr. Ringer

Steven A Ringer MD PhD



Dr. Ringer is the Chief of Newborn Medicine at Brigham and Women’s Hospital (BWH) in Boston Massachusetts, and is Assistant Professor of Pediatrics at Harvard Medical School. BWH is a major academic medical center affiliated with Harvard Medical School, and is the largest maternity hospital in Massachusetts, with over 9000 births annually. The 48 bed NICU serves over 1400 infants each year, including over 120 with birth weights less than 1000 grams.

Dr. Ringer was born in Boston, Massachusetts and received his BA from Brandeis University. He then received his MD and PhD (Biochemistry) from Case Western Reserve University in Cleveland, Ohio. He completed his residency in Pediatrics at Rainbow Babies and Children’s Hospital, and his fellowship in

Neonatal-Perinatal Medicine at the then Joint Program in Neonatology of Harvard Medical School, at Brigham and Women's Hospital, Beth Israel Hospital and Children's Hospital of Boston.

He was Medical Director of the NICU at Brigham and Women's Hospital from 1988-2006, and Director of Newborn Services from 1988- 2000, and has been Chief of Newborn Medicine since 2000. He is the member of the Steering Committee of The Neonatal Resuscitation Program of the American Academy of Pediatrics, and has actively taught resuscitation through that program for over 20 years across the United States and in many countries across the world. He is on the editorial board of NeoReviews.

He is actively involved in several areas of clinical research with the bulk of his effort spent on the development of international programs for advancing newborn care in the developing world. He has expanded his efforts over the past 5 years to include work in Ethiopia, and India and has been actively involved in programs aimed at developing and improving care, as well as multiple teaching and training programs in numerous provinces and all major cities of Vietnam (including Da Nang) for over 12 years.

Instruments in Hand- Donations of Equipment

Nothing can save more lives than giving the equipment needed to save children. However there are challenges to donating equipment. It is VCF's desire to assure the sustainability of the program and the continued use and operation of the equipment.

VCF practices an eco-friendly approach to gifts of equipment. Best practice includes:

- **Giving equipment that is needed.** All VCF equipment donations are related to building capacity and have been requested by the hospitals.
- **Giving equipment that is appropriate.** All VCF donations result from an expert specifying the model that has the specifications needed for the patients in that unit.
- **Include training with the equipment.** Many hospitals lack medical equipment and staff who are trained to use the equipment.
- **Include equipment in excellent working order with availability of parts, warranty work and with instruction manuals attached.** Due to limited budget for crash carts, buying company refurbished, like new, defibrillator machines was one way to make our donor dollars go further, however, in recent years we have trouble importing medical equipment that is not brand new, despite it being in excellent working condition. Our crash carts used to use company refurbished defibrillators in excellent condition, now we buy a new model that cost \$3000 more per cart.
- **Sign an agreement with the receiving hospital to maintain the equipment** to company standards. Often this is available from warranty providers, but many hospitals simply do not

have qualified bio-medical technicians to maintain the equipment and calibrate it regularly to insure it works properly. If at all possible, we include an extended warranty.

- **Involve the receiving hospital in the release of equipment from Customs.**

Fresenius Kabi Vietnam, donated ten infusion pumps to the Pediatric Hospital #1 improving the capability of the Cardiac Intensive Care Unit to save children's lives in critical situations. VinaCapital Foundation, which collaborates with and assists Pediatric Hospital #1 on a regular basis, worked with the management of Fresenius Kabi Vietnam to provide this capacity enhancing equipment. Infusion pumps, one item of the wide range of products of Fresenius Kabi, are used to administer pharmaceuticals to critically ill patients on a continuous basis in the proper amounts. The donation will dramatically improve Pediatric Hospital #1's capacity and will help reduce child mortality.

Mr. Jan Walter, Managing Director for Fresenius Kabi in Vietnam, states *"All of us at Freseniskus Kabi have a dedication to quality care and saving lives. This commitment is particularly strong when it comes **to the most vulnerable patients** - the children. We truly hope that our donation of infusion pumps will help making a difference and will support the delivery of not only the best possible medical care at Pediatric Hospital #1, but will also generally contribute to the development of the health care system and the medical standards of care."*

The infusion pumps will be put into use immediately at Pediatric Hospital #1. Robin King Austin, CEO of VinaCapital Foundation, with programs in all provinces of Vietnam, is passionate about saving the lives of children. *"This important donation will enable the fine cardiac doctors at Children's I Heart Center to open up two additional cardiac ICU beds in the heart unit. This means that at least 100 more children per year can be saved with open heart surgery and cared for in this specialized post op ICU. The Children's I Heart Team is one of the best in the nation, so it is very appropriate that they have the capacity to save more children. We are very grateful to Fresenius Kabi Vietnam for making this donation possible."* says Ms. Austin.



Handover ceremony and plaque unveiling at Children's Hospital 1

Brighter Path

VCF's Brighter Path program is a highly successful, grassroots education and empowerment program that reaches into the poorest and remotest ethnic communities to reward and equip those most likely to make a sustainable difference at the local community level. Education and health are the pillars on which progress in individuals, families and communities rests. There are great bodies of literature that validate this premise, and VCF focuses on these 2 critical factors in all program work. VCF is proud to partner with Talisman, VinaCapital and HSBC to target a vulnerable and underserved group of bright young ethnic women with great promise but who are likely to forego education due to a number of factors beyond their control. Keeping these young ladies in high school and through university will not only raise a family out of poverty but will create a young female community agent for change.

Program Objective and Background:

The objective of the Brighter Path program for young disadvantaged and underserved ethnic minority women in Vietnam is to instill hope and determination for an improved future by providing the critical tools necessary to overcome poverty, poor health and geographical remoteness. By guaranteeing the poor but brightest ethnic female achievers full scholarships plus expenses to attend high school and university and to support this education focus with fulltime mentoring and annual workshops designed to equip the women with life skills, health/hygiene education, financial literacy and the motivation to excel- these young women are very likely to enjoy significantly higher paying jobs than the rural norm, contribute to the reduction of poverty within their rural families and communities, and increase ethnic integration and assimilation into the mainstream socio-political and economic environment of Vietnam. The net effect of the program is to increase the value of human capital in a sustainable way- for years to come these women will continue to positively impact the poverty 'hotspots' of Vietnam where they grew up.

The majority ethnic group in Vietnam is *Kinh* who comprise 86% of the population and control nearly all the wealth in the country. The remaining population is made up of 53 officially recognized ethnic minority groups. According to the General Statistics Office of Vietnam, although ethnic minorities

comprise a little more than 14% of the population, they make up nearly 50% of the total number of poor and according to the Ministry of Health, compared to the Kinh, ethnic minorities are 3- 4 times more likely to be unhealthy and lack access to basic health care- especially if they are children. Factors that keep ethnic minorities in poverty include institutional discrimination by Kinh countrymen, low education levels, poor Vietnamese language skills (Vietnamese is often not their mother tongue), lack of access to health care, and geographical isolation.

Looking beyond the statistical “averages,” ethnic girls are even more disadvantaged than ethnic boys. Girls often lack the same opportunities, financial resources and family support to further their education as the boys. Factors such as the perceived low economic value of women’s domestic contributions, the need for girls to work to support their families, household chores in a single parent home, the need to deal with female hygiene issues, lack of privacy in school toilets, and early marriage- all impede educational opportunities for girls beyond the compulsory 5th grade.

The economic and social realities for ethnic people, and especially the girls, are compounded by poverty- extremely difficult living conditions in inhospitable and low yielding agricultural and subsistence environments, counter-productive cultural traditions and social norms, remoteness and discrimination. All these factors result in an extremely low number of girls that have the opportunity and support needed to complete their educations or in some cases- receive any formal education at all.

Most often ethnic minority students and their families live in highland areas of Vietnam that are inaccessible and mountainous. Options for transportation are limited; children often walk as much as 10 km through difficult terrain to get to the nearest early secondary school and further for high school. The schools in the highlands are often so poor that they cannot afford to provide dormitories, so many families construct makeshift barracks close to schools to house their children. Daily diets consist of corn, rice, salt, and fish sauce; often the students are compelled to forage for food in the forest. Lack of nutrition and poor housing/learning conditions make learning and studying even more difficult. Many families choose to support their children’s schooling only until they are considered literate after which the children are required to work to support the family.

There are, however, an increasing number of farsighted ethnic minority parents who understand the importance and therefore desire that their daughters continue their public education. They realize that education is a critical means of escaping poverty and building a better life in the future. Even with this realization however, many ethnic families are so poor that they must insist that their daughters drop out of school before completing secondary education to gain their minimal economic contributions. Many of the girls are forced to marry early for economic reasons and have multiple pregnancies. The greater the number of ethnic school dropouts, the greater the likelihood that ethnic families and communities will remain in poverty and poor health. According to the Ministry of Education and Training, ethnic children are 3 times more likely to drop out of school than their Kinh colleagues and that statistic doubles for ethnic girls.

A Surge in Impact Inspires VCF to Expand Programs for Ethnic Girls

A Brighter Path started when the girls were in 10th grade and continues until they graduate from university and beyond. These scholarships are funded by Talisman with matching funds from VinaCapital Group. In 2012, we experienced a milestone that was frankly far beyond our expectations, but equaled our hope. **Every girl** in the program was accepted to a college or university.

This year, when we gathered the girls for the empowerment weekend, we were stunned by the positive changes. All the girls had survived the first year in college. They had all been able to live on their own away from their families. The change in their confidence level and physical affect was amazing. Young women now, instead of girls, even the shyest, poorest girls had transformed into ladies, many with a keen sense of self, proper grooming and even fashion. As we talked about the changes to the girls, we found that they had feared that first year greatly and their relief at succeeding in living alone and making the grades they needed was empowering. This was proof that our program was working and it inspired us to do more in this area.

The HSBC Mekong Initiative for Ethnic Girls will fund 15 girls in a Ho Chi Minh City university for 4 years. The program will replicate the successful Brighter Path model, with annual empowerment gatherings and workshops, and will provide funding for school fees, books, clothing, and housing to make it possible for these girls to stay in school. The nominees for this program will be interviewed in the first quarter of 2014. HSBC and VCF hope that other companies will join this effort and sponsor additional qualified girls for their university years at \$5,000 for each girl for the 4 years.

LOTS OF PICTURES

2013 Empowerment Weekend Sponsors- KY International, HSBC, Standard Chartered Bank, Hewlett Packard Company, Mariposa

Impact of Brighter Path:

- The girls confidence grew substantially after the first year of college. They expressed surprise at their ability to live on their own, but also said it was difficult at first
- There was a marked increase in poise and self-assurance especially noticeable among the poorest and shyest girls. Some of the girls who were most shy, were now willing to take the microphone in workshops or participate in group exercises. They can now speak and give their opinions confidently to a crowd.
- The girls had developed a sense of style and were always appropriately dressed for the occasion and carrying themselves with good posture and a relaxed nature. This is a strong contrast from last year and an incredible contrast from the first year.
- All the girls indicate that this scholarship is reducing the financial pressures of their families'. Their parents can now save money for their daily expenses.
- Their mindset has changed after they received this scholarship. They used to think that they would not be able to have chance to go to school because of their situation. From this moment onwards, they can dare to work toward their dream.

- These girls are now part of a vision for a brighter future for the younger ethnic minority girls. They now realize that if they study well, someday they may be awarded the scholarship.
- Most of the girls had never met other ethnic people. They have developed strong bonds and life-long supportive relationships.
- Every single girl in this program is determined to do her best. They are committed to success and to help their people.

Heartbeat Myanmar: Vietnam's Advance Cardiac Doctors Reach Out to Assist Myanmar

An International Collaboration to Improve Capacity for Pediatric Cardiac Care in Myanmar

The mortality rate for children under 5 in Myanmar is 70/1000. The incidence of congenital heart defects is 1/100 children, and without correction, most of these children will suffer and die before they are 18 years old. With surgery, the children can live a normal, productive life.

In this country of 60 million people less than 400 heart surgeries were done in 2012, including less than 100 for children. There are only 4 fully trained cardiac surgeons in the whole country and only one fully trained pediatric cardiologist. The situation is dire for children with heart defects. In the provinces, according to a medical leader in Yangon, families are told simply, "There is nothing that can be done, your child will die. You must accept your fate." A doctor at Yangon General Hospital told our assessment team, "Our children are dying like rats and bugs in the provinces."

The backlog of cases of children with CHD is most certainly over 50,000. Building capacity for pediatric cardiac surgery, pediatric ICU and pediatric cardiac catheterizations/interventions is urgently needed to address this backlog of cases.

The Solution

Yankin Children's Hospital in Yangon was built in 2012 and a new heart program began. Surgeries began with the leadership of Dr. Win Win Kyaw, Chief Surgeon. Her team and facility were new and they requested VCF help in developing their heart program. VCF was very impressed by the team and their desire to help poor children in Myanmar have access to pediatric cardiac surgery.

VCF consulted with advanced surgeons in Vietnam and they all agreed to help with the training both in Vietnam and in Myanmar. In 2013 Yankin hospital received interest in a grant from the Irawaddy Foundation to build a Children's Heart Center at Yankin Children's Hospital enabling the capacity for

surgery to rise dramatically. They expect to finalize the grant funding soon and will need additional trained staff to build capacity for children's cardiac care.

Phase 1: complete

Generously Funded by Thoi Bao Community Foundation, Ottawa Canada

Step 1: During April 1-5, VCF sent one of our development staff and two VN advanced surgeons to see the 4 cardiac units, observe, talk to the doctors and surgeons, and report back on training needs, recommendation for handling difficult cases, ICU HR capacity and equipment availability for difficult cases.

Step 2: Eight members of the Yankin Children's Hospital team came to Vietnam from August 18-September 14. The team studied and operated with the team at University Medical Center and worked in the CCU. The team also studied at the library at University of Medicine and Pharmacy accessing and printing journal articles to which they did not have access in Myanmar. The team also spent time at the Pediatric Hospital Number 1, with cardiologists, heart surgeons, in the catheterization lab doing interventions, and in the CCU and in the Neonatal ICU.

"All surgeons and nurses are very kind and helpful. I had a chance to do open heart surgery. As you know, we have 3 perfusionists in Myanmar. 2 were retired. Now, Dr Aye Aye Aye has a chance to run the pump and Nurse Soe Moe Aung has also a chance to do it. Now, I can do VSD, TOF and PDA with VSD/ASD, AS on pump by myself, this is over 80% of the cases we have. We want to say thanks a lot. I don't know how can I choose the words?" Win Win Kyaw, Surgeon, Yankin Children's Hospital



Impact: The team at Yankin Children’s hospital completed 258 surgeries on children in 2013 which is a 38% rise over the number for the whole country in the previous year.

Phase 2: Continue to train the current team

This phase will consist of four segments.

- A. Myanmar specialists returning to Vietnam for further training- Dr. Oo to Children’s 1 for pediatric cardiac catheterization training with Dr. Tin for 2-3 months,
- B. Vietnamese surgical teams from Ho Chi Minh City and Hanoi will visit Yangon and provide training and surgical expertise for more difficult and urgent cases. Teams from University Medical Center in Ho Chi Minh City and Vinmec in Hanoi will travel to Yangon.
- C. Humanitarian Training Heart teams from Geneva, Switzerland (Dr. Kalangos); Portland, Oregon, USA (Dr. Aubyn Marath); Massachusetts, (Dr. Anthony Pezzella); Russell Lee, Sydney, Australia (Operation Open Heart) will visit Yangon to teach procedures and do surgeries. Pediatric Cardiac Intensivists Casey Culbertson and Winston Nguyen will also visit Myanmar to train the post operative ICU team. VCF will communicate with all the

teams to assure a smooth and organized training curriculum based on the needs of the Yangon team.

- D. 2 Junior surgeons go to Frontier Lifeline in Chennai, India for training with Dr. KM Cherian's team for 1 year.
- E. Frontier Lifeline team will travel to Myanmar for training missions.
- F. 2 Junior surgeons will go to Vietnam for training for one year at University Medical Center, and Children's 1

Funding needed for Phase II: \$54,532

IMPACT in 2013: 258 children's surgeries saved at Yankin Children's Hospital

Tumor Mission

Famous Chicago Plastic Surgeons visits Vietnam to help Tumor Patients and Train Surgeons

"I would like to let you know a good news that on November 20th, I was honored as a best student with a 10 points mark (perfect) by my school. I will continue to do my best to reach a goal to be the best student in this semester. I hope to see you soon in Vietnam because both of you and all others gave me a new life which I thought that I would never have. Le Trung Tuan



Two weeks in August were filled with miracles for 12 patients suffering with horrible tumors. The joy of helping these children and young adults is beyond description. To imagine how horrific their life has been like until now and then to think about what a difference we have made makes our hearts sing for these children.

The mission was possible because of the generosity of Dr. McKay McKinnon and his wife Astrid who gave two weeks of their time away from their plastic surgery practice in Chicago to help patients in Vietnam. Dr. M did some marathon surgeries (*please see link to Tuoi Tre journalist Trung's story <http://tuoitrenews.vn/features/11935/an-american-doctor-with-a-golden-heart>*) and even operated on Saturday when he was flying out that night.

Le Trung Tuan, 13 years, whose tumor started in 2009, had a serious life change. The tumor was aggressive, and life threatening and the surgery very difficult, but Dr. McKinnon was joined by a Neuro surgeon Nguyen Van Sy from National Hospital of Pediatrics and Dr. Nguyen Thanh Liem in this surgery which took 9 hours. During the next surgery, in 2014, Dr. McKinnon will build Tuan a nose and move his eyes to the right place among other issues. This child was so thin that we supported the family with extra nutritional support to build him up. Only a month after surgery we heard the news that he was riding his bike and back in school where he is an excellent student and had gained 7 kilos.

IMPACT: Dr. McKinnon did 12 life-saving surgeries which all included training Vietnamese surgeons and were broadcast into the auditorium for additional surgeons to learn. Over 40 VN Surgeons watched the broadcasts. In addition, Dr. McKinnon did clinics in Hanoi and Ho Chi Minh City, seeing over 60 tumor patients. In many cases, he was able to teach the local surgeons how to approach the case. We were very pleased to see many replications of his surgical techniques in the time after the mission. Dr. McKinnon will return in July 2014 for follow-up surgeries.

Impact totals for 2013

HBVN	1096
Family Grant	128
Scholarships	20
Continuing Care	76
Outreach	19,668
PALS	2,678,400
Crash cart	9,776
STT	2,900
Tele-Medical Education	1,964,160

Brighter Path	188
Total tumor impact:	488
Total HB Myanmar impact:	37,032

Total impact 4,713,932 Beneficiaries of our work in 2013!!



VCF Impact:

Numbers are important.

Don't forget that these results and goals reflect children. That's who we're really fighting for. Our passion is changing the lives of poor children.

- ✓ Since 2006, **Heartbeat Vietnam** has provided life-saving surgeries for over 3,342 very poor children and assisted 244 families with 154 family grants for nutrition and transportation and 90 continuing care grants for at risk children.

Our goal for 2014 is saving another 500 children. It only costs \$1000 to save a child's life.

- ✓ Since 2007, **Outreach Clinics for Cardiac Care** have seen 27,152 children in 28 districts and 32 provinces offering free diagnosis including 14,591 cardiac ultrasounds, 1,568 pre and post operative checkups and counseling finding 6,055 children suffering with CHD and 4,705 children who need heart surgery, most who had never been diagnosed.

Our 2014 goal: add pediatric doctors to the clinics and also see children with NCD's, disabilities. Only \$8000 needed.

- ✓ Since 2007, **Instruments in Hand** has donated 3,506 pieces of capacity building equipment to hospitals in Vietnam with a value of over \$800,000.

In 2014 we hope to provide equipment to ICU's in Nha Trang, children's hospitals in Ho Chi Minh City and the NICU in Danang.

- ✓ Since 2008, **The International Symposia for Cardiac Care and Neonatal Care** included 39 interactive tele-medical-education Symposia to 6,447 doctors and nurses in 9 sites all over Asia, and broadcast worldwide with as many as 60 sites signed in to the webcast. The sessions were in Cardiac Surgery (17 sessions), Cardiology (3), Intensive Care (12) and Neonatal Care (7).

2014 will see us continuing this effective training program using a more interactive webinar format which will enable chats, extra info shared and questions during the broadcasts, as well as unlimited participants. The cardiology session series will continue from April- October from Texas Children's Hospital - \$6000 needed per session from sponsors.

- ✓ Since 2009, **Critical Response Emergency Care Program** trained and certified 470 doctors and 61 nurses and 39 trainers from 129 hospitals in Pediatric Advanced Life Support and donated 100 life-saving crash carts to emergency rooms and intensive care units in 65 hospitals. These crash carts are saving an average of 2 children per week.

In 2014 we hope to provide 60 additional crash carts and train PALS trainers for all Southern hospitals. This program saved over 10,000 children last year! Fully stocked carts are \$5100 each and PALS Training courses for Instructors cost \$7400 for 32 instructors.

- ✓ Since 2010, **Survive to Thrive**, has built neonatal capacity with upgrades and renovations to the Neonatal Intensive Care Unit at Da Nang Women and Children's Hospital and 42 pieces of life-saving equipment valued at \$193,960. The unit is now a regional referral site for 5 provinces and neonatal mortality has decreased 25% to 6.2/1000. The national average is 16/1000. In December we received a donation pledge from ExxonMobil for \$120,000 for additional equipment for the unit.

In 2014 Equipment donated by ExxonMobil will be delivered, and in January Dr. Ringer will visit to operate train the trainer course to help trainers from the major cities train district hospitals regionally in neonatal procedures.

- ✓ Since 2010, **A Brighter Path** has mentored and supported 47 disadvantaged ethnic minority girls with a unique 7 year scholarship and mentoring program. All girls were accepted to college or university and finished their first year successfully.

In 2014 we will start a HSBC Mekong Girls initiative supporting college expenses for poor ethnic girls with excellent school records. We hope to find other corporations to join HSBC in this effort. A gift of \$75k or 18,750/year will fund 15 college students.

- ✓ Since 2009, **The International Management Institute of Vietnam** was incubated at VCF and is now a self-sustaining social enterprise providing international quality management courses. This year IMIV has been self sustaining, with the help of Founding Sponsors and has offered public and in – house courses all year.

In 2014, we expect IMIV to complete their registration and licensure and move out of VCF organization, as well as to continue to build their capacity for in house management offerings in Vietnamese and English.

- ✓ In January 2013, VCF started the **Lotus Impact Investment Fund** to invest in social impact in South East Asia.

The fund will officially launch in January of 2014 with receipt of donations from anchor investors. Lotus Impact has been successful in garnering grants from USAID and World Bank for impact projects. Lotus is also an excellent candidate for the matching funds program at OPIC.

- ✓ In January 2013, VCF started **Heartbeat Myanmar** to help train up cardiac care teams to start saving children in Myanmar. Phase one was completed including assessment trip, first training trip with the 8 member heart team from Yankin Children's Hospital in Yangon coming to Vietnam for one month to train with advanced Vietnamese teams.

Training will continue in 2014 with the help of Vietnamese advanced surgical teams onsite in Myanmar and three international teams from Australia, USA and Switzerland. \$52,000 needed.

- ✓ **Since 2007, VCF has raised over \$8 Million USD for programs for children in Vietnam and Myanmar.**