

Registered Company Number 07787718 (England & Wales)
Registered Charity Number 1144562

Trustees' Annual Report and Accounts

For the year ended 31st March 2017

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Contents

3	About Newborns Vietnam
	About our five-year strategic plan goals
4	Legal and administrative information
5	Structure, governance and management
	Objectives and activities for the public benefit
6	Our values
7	Chairman's statement and annual review
8	Review of 2016-2017 activities
8	Advocacy and raising awareness
9	Post-graduate training for junior doctors
11	Infection prevention
12	Research
13	Neonatal nurse training
13	Equipment
14	Fundraising
16	Financial Review
	Next year: our targets for 2017-2018
17	Trustee's statement and responsibilities
18	Independent Auditor's Report to the Members and Trustees of Newborns Vietnam
20	Statement of Financial Activities
21	Balance Sheet
22	Notes to the Financial Statements

About Newborns Vietnam

Newborns Vietnam is dedicated to reducing neonatal mortality and promoting the health of newborns and their mothers in countries with high levels of neonatal mortality particularly in southeast Asia and Vietnam in particular.

Our vision is a world where there are no preventable deaths of newborn infants, where every birth is celebrated, and mothers and babies survive and realise their full potential. We are determined to do more to stop babies from dying the day they are born, or in days after their birth.

Outside high-income settings there are almost no neonatal nursing training programmes, or structured competency based post-qualification training for junior doctors. This is a critical factor in explaining why outcomes of neonatal intensive care remain poor in low resourced countries.

By working in partnership with our public sector partners in Vietnam we are building capacity at local, regional and national hospitals to give all newborn infants and their mothers access to a safe, consistent standard of care delivered by appropriately trained health professionals.

About Our five-year strategic plan goals

The Newborns Vietnam five-year strategy 2017- 2022 sets out an ambitious vision to support improved outcomes for premature, sick babies and their families in Vietnam.

- to develop a substantial neonatal post graduate training programme in neonatology for junior doctors and specialist training for neonatal nurses that could be adopted as a national curriculum and in time for neighbouring countries,
- to build capacity at Vietnam National Children's Hospital to become a centre of excellence, coordinating training and the overall management of managed neonatal network for the twenty eight provinces the hospital serves,
- to develop a training and implementation plan for the managed neonatal network with different levels of care and a safe transport system to improve overall care and survival in the provincial and district hospitals,
- continue to evaluate the impact of our education interventions on mortality and morbidity, and through our research and evidence base address the factors that limit improvements in care in middle income countries,
- provide essential medical equipment and improved facilities that support our training programmes.

Legal and Administrative Information

Charity name

Newborns Vietnam

Charity registration number

1144562

Company registration number

7787718

Legal Status

The organisation is a charitable company limited by guarantee and as such is governed by its Memorandum and Articles of Association.

Registered company office

75 Maygrove Road,
London NW6 2EG

Bankers

Barclays Bank
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London N1 8EH

Vietcombank
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Chairman of the board of trustees

Mr. Kenneth Atkinson

Trustees

Dr. Duncan Macrae (Vice Chairman)
Mr. Luke Humphreys
Dr. Susan Blake
Mr. John Nicholas Robinson
Dr. Andrew Lyon
Mrs. Suzanna Lubran
Professor. John Colin Partridge
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Auditors

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Solicitors

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Structure, governance and management

Governing document

Newborns Vietnam is registered as a charity with the UK's Charity Commission and is a company limited by guarantee, incorporated in England and Wales on 26th September 2011 and governed by its Memorandum and Articles of Association dated 15th September 2011.

Newborns Vietnam is also licensed by the People's Aid Co-ordinating Committee (PACCOM) of the Vietnam Union of Friendship Organisations (VUFO), to operate as an International Non-Governmental Organisation in Vietnam.

Management

Members of the company elect a voluntary Board of Trustees (whom are also known as Directors), to be responsible for the overall governance and direction of the charity.

The Board currently has nine Trustees, including a Chairman, Vice Chairman, and Treasurer. Typically the full Board meets four times a year, with additional meeting held by specialist committees, currently comprising a Medical, a Finance and a Sports/Events Committee, each of which is under the direction of two or more Trustees.

Objectives and activities for the public benefit

In accordance with the Charities Act 2011, Newborns Vietnam is required to confirm that the activities it undertakes to achieve its objectives are all carried out for the public benefit as described by the Charity Commission.

The beneficiaries of the charity are newborn infants and their mothers who need specialist care due to complications of pregnancy, pre-term birth or associated birth issues. The charity's object is to save lives, by reducing neonatal mortality and morbidities.

The aims of our charity are; to advocate for increased policy attention and global funding, develop interventions to reduce neonatal mortality and specifically neonatal nursing and clinical training programmes that are suitable for the local context that can be replicated across Vietnam and in other resource poor settings, together with the provision of life-saving equipment, and in partnership with public health providers, to support the development of managed neonatal networks with national and regional centres of excellence to cascade skills and knowledge to the poorest areas and those with the least access to services.

Our Values

It is vital, as we grow as an organisation, that we ensure everybody understands what it is that makes us Newborns Vietnam. Our values are at the heart of everything we do as we continue in our mission to end preventable newborn deaths.

We are determined advocates working to raise awareness of neonatal mortality and advancing solutions informed by research and our direct experience. Our work is guided and informed by our commitment to getting the basics of newborn care right for every baby.

We believe passionately that every child, no matter where in the world they are born, deserves the chance to celebrate his or her first birthday and to grow into a healthy independent adult who can contribute to society without being burdened by the effects of adverse events during the first day or weeks of life.

Openness – we are committed to a culture of team work and collaboration

Inclusiveness – we respect people, value diversity and are committed to equality.

Partnership – we know that we will not advance neonatal care on our own, we collaborate with others and together we support our public health partners to bring about change.

Stewardship – we take great care of the resources entrusted to us by others, whether this is money, time or trust, and we are open and transparent in our reporting.

Chairman's statement and annual review

My first full year as Chairman of Newborns Vietnam was also the year of the birth of my own son, for our family this was a day of joy but for many families this is a day of immeasurable sorrow. In 2016, worldwide, 7,000 newborn babies died every day, most of these deaths are entirely preventable. For these babies, the first few hours, days and weeks are the most critical that they will ever face in their lives. For families, whether their baby is in hospital for a few days or many months, or sadly does not survive to come home, the journey they face is difficult and full of challenges. I am immensely proud to be leading the growth of a charity that aims to give the gift of life to more parents.

In 2016, our focus has been the growth of the charity with planning for the recruitment of new trustees, and supporting committees to allow our excellent medical experts to focus more directly on the health challenges.

This year has been the final year in our current three-year strategy period, and as such has provided us the opportunity to reflect on our programmes, which have secured tangible improvements in care at the Da Nang Hospital for Women & Children. In particular the significant improvements in survival of the preterm baby, particularly the very immature baby with a gestation below 33 weeks and/or birthweight $\leq 1500\text{g}$. Survival in this group of very preterm babies increased from 65% in 2014 to 86% in 2016. These are the babies where outcome is most dependent on the quality of nursing and medical care and this improvement reflects our four-year investment in training.

There has been a significant reduction in Hospital Acquired Infection, with a fall in the proportion of deaths caused by infection. Preventing infection and better management of the infected baby, with appropriate use of antibiotics, not only reduces the number of babies dying but prevents much long-term disability among survivors. Reduction in infection rates remains one of our greatest challenges if we are to achieve better outcome for all newborn babies in Vietnam.

Our work has developed in new and exciting ways - amongst many highlights we have expanded our neonatal post graduate training for junior doctors to Vietnam National Children's Hospital, Hanoi, and nurse training to Quang Nam Children's Hospital, and we have directly supported further research projects to assess the impact of our training programmes on long-term outcomes.

As ever, we wouldn't have been able to achieve any of this without the dedication of our volunteer neonatal consultants, nurses, public sector partners, sponsors, our cyclists and runners, who provide Newborns Vietnam with the resources we need to deliver our programmes to improve the survival of babies born premature or sick.

We are continually humbled by the passion and dedication of our supporters, and are incredibly grateful for all they give to Newborns.

Mr. Ken Atkinson, Chairman of the Board of Trustees

Review 2016-2017 Activities

Over five hundred babies born every day in Vietnam need some form of special care to survive and grow into healthy children. Outside high-income settings there are almost no neonatal nursing training programmes, or structured competency based post-qualification training for junior doctors. This is a critical factor in explaining why outcomes of neonatal intensive care in Vietnam country remain poor.

In 2016, we have continued to address this deficit and raise awareness of the benefits of specialist education, appropriate levels of staffing, and equipment.

In 2016, we signed a new three-year Memorandum of Understanding with Da Nang Department of Health to provide medical and nursing education programmes and a partnership agreement with Quang Nam Children's Hospital for neonatal nurse training.

We were honoured to be awarded a Certificate of Merit for our work in 2016 by the Da Nang People's Committee.

In February 2017, the Vice Ministry of Health, Nguyen Viet Tien launched the Newborns Vietnam neonatal post graduate training for junior doctors at the Vietnam National Children's Hospital, Hanoi.

Advocacy and raising awareness

We continue to gather evidence to demonstrate that investment in specialist neonatal training for nurses and doctors is essential to support better hospital based newborn services in low resource countries to levels closer to those seen in the developed world.

Our five-year pilot nursing and medical education training programmes in partnership with Da Nang Department of Health and Da Nang Hospital for Women and Children has highlighted the many challenges that Vietnam faces, the deficit of specialist education in neonatology, neonatal units being overstretched, understaffed and pushed beyond their capacity. This experience has formed the foundation for the development of our six core policy statements to guide our work, inform our training programmes and maximise impact within the constraints of the local context.

We continued to raise awareness and support for our initiatives for:

- a national review of the medical education training system, so that it supports the development of medical leaders ('consultants') who have advanced knowledge and expertise in managing complex neonates, and the development of specialist neonatal nurses,
- promoting the idea that adequate numbers of both doctors and nurses should be available to care for sick neonates at all times including nights, weekends and public holidays,
- development of infection control policies for hospitals and neonatal intensive care units covering areas, that include handwashing, disinfection and environmental cleanliness and appropriate antibiotic policies aiming to minimise the development of antibiotic resistance whilst maintaining effective antibiotic therapy.

How did we do?

Our 2016 report to the Vietnamese Ministry of Health detailed how dedicated neonatal nurse training and competency based post graduate training could be embedded in the medical sector training system. We outlined ten strategies that we believe would move neonatal care in Vietnam closer to international standards of care, contribute to a reduction in neonatal

mortality, a reduction in deaths from hospital acquired infection and compliment and support the Ministry of Health's Early Essential Newborn Care programme to address outdated practices in newborn care.

The Ministry of Health approved the Department of Maternal and Child Health to work with Newborns Vietnam and experts from the United Kingdom to explore the development of specialist training within the Vietnamese medical education pathways and the British managed neonatal network system, with care delivered through organised networks at regional and national level, and the extension of our neonatal post graduate neonatal training for junior doctors to the Vietnam National Children's Hospital, Hanoi.

Post Graduate Training for Junior doctors

The latest WHO data shows Asia Pacific regional neonatal mortality at 9 deaths/1000 live births, whilst Vietnam's rate is 12/1000. Neonatal mortality accounts for three quarters of all infant deaths in Vietnam and more than half of mortality in under-fives.

For emerging middle-income countries, the transition from good basic care to providing high quality neonatal intensive care is challenging and recent research, 'Inpatient care of small and sick newborns, a multi-country analysis of health system bottle necks and potential solutions', highlights that staffing shortages/low staffing levels and lack of specialist training are the critical factors explaining why outcomes of neonatal intensive care remain poor.

Newborns Vietnam believes that post graduate education of doctors in neonatal medicine will lead to improvements in the care of sick neonates in Vietnam. There are formal systems for post-qualification training in pediatrics and its sub specialties in many countries, and multiple studies suggest that these offer benefits beyond traditional medical education.

Our neonatal post graduate training programme is adapted from the UK Royal College of Paediatrics and Child Health curriculum. The objective is to provide a pilot structured neonatal competency based training that would support their development to deliver good standards of safe care, to develop clinical leadership and management skills to produce professionals sensitive to the needs of children and their families.

Our wider goal is to develop a proven training model that could be adopted as a national programme, hence improving inpatient care for pre-term and sick term newborns thereby reducing mortality and long-term disabilities from poor care and reducing the burden of long-term care for the families and society.

Clinical placements at United Kingdom Hospitals are an important focus of our neonatal post qualification junior doctor's training programme. The doctors spend time in a training capacity to observe all aspects of neonatal care and undertake training assignments.

In the Newborns Vietnam junior doctor training model, trainees participate in group presentations, one-on-one mentored "critical reflection" on their performance, analysing medical information, and reconsidering and questioning patient care encounters and didactic teaching in order to develop a practice of life-long learning. Evidence of their learning, along with these reflections, is incorporated into an eportfolio that that is guided by a series of formative reviews with their clinical mentor. The portfolio is reviewed iteratively during the training programme and provides a summative assessment of the junior doctors' readiness for Level 2 training.

In Vietnam, this type of competency-based education can provide a process by which rigorous assessment as an improved alternative to traditional apprentice-like training in subspecialties.

How did we do?

Pilot post graduate neonatal training programme, Level 1 - Da Nang Hospital for Women & Children February 2016 – March 2017

Despite the local constraints, a high volume of patients (with a wide variety of pathology), low staffing levels (both medical and nursing), limited diagnostic and treatment facilities and access to other specialties, neonatal care has improved in many ways following the introduction of pilot post graduate neonatal training programme:

- a systematic and structured approach to case presentation on daily bedside rounds,
- a systematic and structured review of all investigations followed by appropriate management changes on daily bedside rounds,
- improved documentation in the medical records,
- earlier recognition of clinical deterioration before sudden patient 'collapse',
- improved survival of patients with specific conditions, e.g. prematurity, hyperbilirubinemia, neonatal sepsis,
- improvement in nutrition and growth (documented by systematic recording of growth parameters for each patient),
- improved patient safety, e.g. reduction in Healthcare Associated Infections (HAI),
- improved long-term outcomes from reductions in poor care.

Overall, we are moving towards all doctors being able to assess, plan and rationalise the treatment they are delivering which in turn is based on better knowledge and understanding of the underlying pathology. This contrasts with previous practice of simply reacting to a sudden clinical deterioration. The doctors have become more aware of their professional duty and patient safety.

Specific evidence: (Metrics for individual competency assessments and programme effectiveness)

- Review of eportfolio
- Evidence from data collection for all babies admitted to the neonatal unit – Feb 2015 – March 2017
- Reduction in preterm babies admitted with hypothermia
- Number of babies receiving surfactant within two hours
- Reduction in use of antibiotics
- Early feeding established
- Reduction in line days
- Reduction in length of stay
- Increase in breastfeeding

Provided training placements for two doctors at Liverpool Women's hospital under the supervision of Consultant Neonatologist, Dr Nim Subhedar a member of the Newborns Vietnam teaching team.

Pilot post qualification programme, Vietnam National Children's Hospital February 2017 – April 2018

The Level 1 training programme was launched on Monday 13th February, fifteen doctors enrolled and the doctors have rapidly adapted to the formal case presentation format for wards.

Infection prevention

Infection is a major cause of death and disability and avoidable harm in newborn babies. Hospital-acquired infection is a problem worldwide, with low rates being widely recognised as a marker of high quality and safe care. Excluding congenital abnormalities, deaths from infection is the largest single group cause of death.

Vietnam, with a large population and a high burden of infectious disease is faced with a huge challenge implementing effective infection prevention and control. Bacteria resistant to standard antibiotics are a threat world-wide, but are a particular problem in Vietnam. The World Health Organisation has listed Vietnam among the countries with the highest rate of antibiotic-resistant infections. The relative ease of access to antibiotics, poor understanding of the need to carefully control their use, and inadequate in-hospital infection control systems, poor hand washing, results in a high level of hospital acquired infections, and the development of multi-drug resistant bacteria which are hard to treat, placing an additional strain on limited resources.

Preventing infection and better management of the infected baby, with appropriate use of antibiotics, will not only reduce the number of babies dying but will prevent much long term morbidity among survivors. Infection is associated with a high risk of damage to the developing brain of the preterm baby. Reduction in infection rates remains one of the greatest challenges if we are to maintain improvements in outcome for the preterm and sick newborn baby.

In 2014, we established the baseline for hospital acquired infection at the Da Nang Hospital for Women and Children and developed 4 specific areas for intervention, infection prevention and control measures, antibiotics, central line management and feeding strategies. The content of the programme was adapted from successful programmes in United Kingdom to suit the local context, the goal was to reduce the incidence of hospital acquired infection (HAI) by 10% from 2014 to 2016.

The Newborns Vietnam Infection Prevention training programme took place in 2015 -2016 with development of guidelines for prevention and management of infection and to develop and sustain good practice in all aspects of infection control and stringent hand washing to reduce infection at least to the typical average for European neonatal intensive care units. Ongoing refresher training and quality improvement audits have realised good results.

The simple act of hand washing saves newborn infants lives, it only works if the nurses and doctors can dry their hands in a hygienic way:

How did we do?

There has been a significant reduction in Hospital Acquired Infection (HAI) at the Da Nang Hospital for Women and Children from 2014 to 2016, and this has been associated with a fall in the proportion of deaths caused by infection.

HAI per 1000 care days has fallen by more than 40%, from 5.4 in 2014 to 3.2 in 2016.

We defined HAI as a positive blood culture taken after 3 days of age (i.e. late onset sepsis). The infection rate has shown a steady fall from 2014 to 2016, a reflection of better quality of care and the results of environmental improvements, our wider training initiatives, including the Infection Prevention programme.

Infection rate (per 1000 admissions) has fallen by 11% from 35.5 in 2014 to 31.7 per 1000 admissions in 2016.

Infection rates per 1000 care days has fallen by 28% from 3.9 in 2014 to 2.8 per 1000 care days in 2016.

For the preterm baby, the most vulnerable group, there has been a fall in infection rates of 28% from 2014 to 2016.

Infection is still an important cause of, or major contributor to, death. Over the 3 years, babies who had a positive culture had a 3-fold higher risk of dying compared with those who did not have a positive culture (30% vs 3%).

Infection remains one of the major contributors to cause of death despite, overall, the reduction in rate of infection. Further reduction in infection rates will continue to make a major contribution to increasing survival.

At the same time there has been a decrease in the use of antibiotics. This is important because antibiotic resistance is a major problem in Vietnam and the cause of many untreatable infections. Good antibiotic stewardship (*using correct drugs for appropriate reasons and for the minimum length of time*) is an essential part of the fight against HAI.

Antibiotic days per 1000 care days has also fallen by more than 40%, from 710 in 2014 to 393 in 2016. This is due to better understanding among the doctors and nurses about the appropriate use of antibiotics.

Excluding transfers in from other units, infection as the principal cause of death, per 1000 admissions, has fallen by about 15%, from 7.3 in 2014 to 6.2 in 2016.

Paper towels were introduced in 2016, this is another step towards achieving our goal of keeping more babies safe from infection.

Research

We completed our study funded by the Peter Stebbings Memorial Charity; Nursing & Parental perceptions towards Neonatal Care in Central Vietnam. The aim of this study was to explore changes in the perceptions and attitudes of nurses and parents towards their experiences in the Da Nang Hospital for Women and Children's neonatal unit following a neonatal nursing education intervention in a single neonatal unit in central Vietnam. The results of our interviews highlight many interesting changes in the responses over three time points. For nurses, this included changes in their perception of their nursing and parental role, a growing awareness of ethical issues and challenges communicating sensitive information with parents, and professional standards. For parents these changes included a growing sense of wanting more participation in their infants' care through both information sharing about their baby's condition and practical advice around baby cares, a growing awareness of ward practices which affect their engagement and satisfaction with care, and an increase in positive feedback for nurses.

Our data collection and research at the Da Nang Hospital for Women and Children to date, has focused on the impact of our education interventions on infant outcomes and specifically neonatal mortality, from 2012-2016 when there was a 50% reduction in mortality. While this is an impressive achievement, the true test of improvement in neonatal care is morbidity.

We have commenced a new longitudinal study that will examine long term outcomes of former premature infants discharged from the Da Nang Hospital for Women and Children neonatal intensive care unit. All infants less than 1500 grams and/or less than 34 weeks gestation are eligible for this follow-up study until at least 24 months of age. The infants will return to a high-risk infant follow-up clinic to have a neurodevelopmental assessment completed by trained physicians at 6-9 months, 12-15 months, and 18-24 months corrected age.

How did we do?

The nursing and parental perceptions study has demonstrated that the introduction of an educational intervention can produce short term effects upon both nursing and parental experience of neonatal care. Further research is required to determine the long-term impact of the intervention, the ability of nurses to translate knowledge into clinical practice through assessment of nursing knowledge and competence, and the impact and needs of parents. Understanding more about these factors will allow us to continue to improve the experiences of parents and nurses and highlight how these areas may contribute towards the reduction of neonatal mortality and morbidity in Vietnam.

Nursing & Parental perceptions towards Neonatal Care in Central Vietnam: a longitudinal qualitative study, Dr. Katie Gallagher et al was accepted for publication in BMC Paediatrics.

Neonatal Nurse Training

Our highly successful Nurse Practice Educators training course in 2015 equipped the senior nursing team at the Da Nang Hospital for Women and Children to develop learning resources and the teaching skills to play a major role in providing training in Early Essential Newborn Care (EENC) in 2016m at provincial and district hospitals across central Vietnam and to junior staff within the Da Nang Hospital for Women and Children.

To build on this success and to provide greater support to the provincial hospitals in the neighbouring provinces that refer sick and preterm babies to the Da Nang Hospital for Women and Children we launched our third neonatal nurse training course in February 2017 at the Da Nang University of Medical Education and Pharmacy. Junior and senior nurses from Quang Nam Children's hospital joined the course alongside junior nurses from Da Nang.

For the first time, following feedback from the previous courses, in addition to the theory taught by Canterbury Christ Church University we added an integration of theory to practice with competency assessments, this element being taught by Advanced Neonatal Nurse Practitioners and Clinical Educators from United Kingdom, NHS Hospitals.

How did we do?

In February 2017 we launched the course at the Da Nang University of Medical Technology and Pharmacy.

In partnership with our hospital partners we selected seventeen nurses to participate in the course and provided induction materials and study information.

Equipment

We have continued to provide essential items of equipment and medical text books to support the development of a library for junior doctors at the Da Nang Hospital for Women and Children.

Our focus this year has been on equipment to further reduce infection risks, specifically the major incidence of late on set sepsis in the neonatal unit around line infection and long-term lung damage.

The use of manual ventilation during transfer from the delivery room or operating theatre can expose a baby to prolonged periods of uncontrolled ventilation, increasing risk of lung damage. A Neopuff is a device that has been developed to overcome the limitations of the resuscitation. Devices like this are now standard in neonatal units in the developed world and are used for

resuscitation at the time of birth as well as for ongoing management of babies in the neonatal unit. The Neopuff allows close control of inspiratory pressure, length of time of breath and applies a constant end expiratory pressure. The device is very effective and the close control minimises the potential damage to the lungs.

The essential next step in the battle against hospital acquired infection and over use of antibiotics in vulnerable newborn babies is a sterile facility to produce Total Parenteral Nutrition (TPN) fluid. The management of sick and pre-term newborns is complex and many infants need intravenous treatment to provide fluids, nutrition and medication. The infection incidence is far higher for babies with a PICC (peripherally Inserted Central Catheter) line and who are receiving Total Parental Nutrition (TPN). To safeguard the preparation of Total Parenteral Nutrition the solution is now made under a Laminar Airflow Console Workstation designed to create a particle-free working environment and provide product protection.

How did we do?

With grants from the Direct Aid Program funded by the Australian Government we have been able to provide ten Neopuffs and a Laminar Flow Cabinet for the safe preparation of Total Parental Nutrition (TPN) at the Da Nang Hospital for Women and Children.

Fundraising

Sports events are fundamental to the work and growth of Newborns Vietnam with the majority of our funding coming from our Cycle a Difference sponsored cycle rides and sports events. Cycle a Difference, has been our primary vehicle for fundraising from 2013, these epic challenges have raised the profile of our work and significant funds thanks to the incredible efforts of the Vietnamese and international cycling community

2016 was an exciting year; our first twenty-four hour cycling event at Caravelle Saigon, (Ho Chi Minh City) to keep the hotel sign lit by pedal power. A great start to the long night with the British Consul General, Ian Gibbons launching Bright Lights and taking the first turn in the saddle. Another epic night was in Da Nang, where Quang Tran completed a 160 km run in twenty-four hours with heroic support from the Da Nang runners.

Great achievements by the Newborns Vietnam relay and sprint teams at the Ironman 70.3, Da Nang where our male team retained the trophy for a third year, and a fantastic time and fundraising from one of our long-term supporters at the Ironman Kona World Championships, one of the world's toughest races!

The 2016 Cycle a Difference Asian Business ride, our bespoke three day cycling event for companies from Vietnam and the region was highly successful and generated very substantial funds and a new network of new supporters in Hong Kong and Singapore.

Another first, this time on water, the Kayaking, water babies postman, our local hero, the Executive Chef at the Hyatt Regency Danang Resort and Spa paddled 40 kms up the Hoi An waterways and along the coast to Da Nang to make some very special collections. All along the route restaurants and hotels had their own special event at the waterside to welcome him with drum rolls and garlands of flowers to show their support and post donations in a very British post box.

The British Business Group Vietnam (BBGV) and Newborns Vietnam held our first gala dinner, a Mad Hatter's Charity Ball on 25th March at the Caravelle Saigon. It was an evening of fancy dress, competitions and dancing and a significant sum was raised to support our work to reduce mortality and improve morbidity for babies born in Vietnam. Huge thanks to all the

companies and individuals for their sponsorship and auction and raffle prizes and the BBGV for hosting the gala, and to all who attended for their support and generosity.

We would like to say thank you to all our cyclists, runners and paddlers, your passion for making a difference is inspirational and is a wonderful example of how sport can transform lives, one Km, one event at a time. Huge thanks to our Cycle a Difference sponsors Premier Oil and Hogan Lovells, Vietnam and our strategic partner, Vietnam Airlines.

How did we do?

We continued to build our reputation for unique Vietnam cycling challenges for a great cause with very positive outcomes, our 2016 Cycle a Difference Asian Business Ride was oversubscribed with an increase in total funds raised over the 2014 event.

We offered a wider range of sports events with an increased number of athletes and cyclists choosing to participate in marathons, Ironman and other events for Newborns.

We held our first gala dinner reaching out to the Ho Chi Minh City Business community.

We built a new network of volunteers whose support makes our sports events possible.

Financial review

Newborns Vietnam continues to operate on a sound financial basis, meeting its fundraising targets in line with expectation, and therefore delivering its programmes as planned.

Charitable spend this year has been lower than last year due to reduced spend on equipment, but spend on training increased. Income was also less than the previous year, however at the end of year having fulfilled its planned programme, the charity's cash resources have increased by over a third to over £185k.

Reserves Policy

Bearing in mind the charity's minimal operational expenditure obligations, primarily because no staff are employed, or premises rented, the Trustees decided that in this year it was not necessary to hold reserves. The trustees' plans for 2017/18 are predicated on budgeting to meet the programme deliverables and they will continue to reconsider on a regular basis, the requirement for reserves and specifically holding a small reserve for unforeseen circumstances.

Next year: our targets for 2017-2018

We will complete our pilot post graduate training for junior doctors at Level 2 at the Da Nang Hospital for Women and Children and Level 1 moving to Level 2 at the Vietnam National Children's Hospital. We will complete our third neonatal nurse training course and work with the Ministry of Health to introduce the concept of a newborn nursing module within the general nursing and midwifery training curriculum.

We will work with the Ministry of Health to present and assess the benefits of the British model of competency based post graduate training programme in neonatology for doctors, and a managed neonatal network with different levels of care and a safe transport system to improve overall care and survival in the provincial and district hospitals,

We will build capacity at Vietnam National Children's Hospital in Hanoi to become a centre of excellence, coordinating training and the overall management of managed neonatal network for the twenty-eight provinces the hospital serves.

In collaboration with Vietnam National Children's Hospital, we will develop a training plan to improve basic newborn care at a district hospitals and neonatal intensive care at provincial hospitals.

We will continue to evaluate the impact of our education interventions on mortality and morbidity, and through our research and evidence base address the factors that limit improvements in care in middle income countries.

Trustees' statement and responsibilities

The trustees (who are also directors of Newborns Vietnam Ltd. for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to charities in England & Wales requires trustees to prepare financial statements for each financial year that give a true and fair view of the resources of the charity for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgments and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in business.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approval

This report was approved by the Board of Trustees on 13th December 2017 and signed on its behalf by:



Chair of Trustees

Independent Auditor's Report to the Members and Trustees of Newborns Vietnam

We have audited the financial statements of Newborns Vietnam for the year ended 31 March 2017 which comprises the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Sections 495 and 496 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at

[www.frc.org.uk/our-work/codes-standards/audit-and-assurance/standards-and-guidance/standards-and-guidance-for-auditors/scope-of-audit/uk-private-sector-entity-\(issued-1-december-2010.aspx\)](http://www.frc.org.uk/our-work/codes-standards/audit-and-assurance/standards-and-guidance/standards-and-guidance-for-auditors/scope-of-audit/uk-private-sector-entity-(issued-1-december-2010.aspx))

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2017 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006.

Opinion on other requirement of the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- the charitable company has not kept adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report; or
- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements.

Anthony Epton

Anthony Epton (Senior Statutory Auditor)
for and on behalf of
Goldwins Limited
Chartered Accountants and Statutory Auditor
75 Maygrove Road
West Hampstead
London NW6 2EG

21 December 2017

Statement of Financial Activities

(Incorporating Income and Expenditure Account)

For the year end 31st March 2017

		Unrestricted funds £	Restricted funds £	Total 2016/17 £	Total 2015/16 £
Income from:					
Donations (Individual & Corporate)		15,313	5,740	21,053	98,917
Charitable activities		-	5,082	5,082	23,307
Other trading activities	5	99,210	-	99,210	105,214
Investments		707	-	707	161
Total income		115,230	10,822	126,052	227,599
Expenditure on:					
Raising funds	6	14,391	-	14,391	36,183
Charitable activities	7	42,866	14,423	57,289	106,116
Total expenditure		57,257	14,423	71,680	142,299
Net income / (expenditure) for the year		57,973	(3,601)	54,372	85,300
Transfer between funds		(3,601)	3,601	-	-
Net income / (expenditure) before other recognised gains and losses		54,372	-	85,300	85,300
Other recognised gains/(losses)					
Foreign Exchange gains / (loss)		2,016	-	2,016	(419)
Net movement in funds		56,388	-	84,881	84,881
Balance brought forward		132,511	-	132,511	47,630
Total funds carried forward	13	188,899	-	188,899	132,511

All of the above results are derived from continuing activities.

There were no other recognised gains or losses other than those stated above.

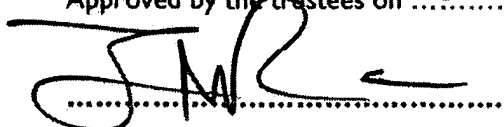
The attached notes form part of these financial statements.

Balance sheet at 31st March 2017

		Unrestricted Funds	Restricted Funds	2016/17 £	2015/16 £
Current assets					
Stocks	10	1,839	-	1,839	2,059
Debtors	11	3,850	-	3,850	1,094
Cash at bank and in hand		196,815	-	196,815	154,321
		202,504	-	202,504	157,474
CREDITORS					
Amounts falling due in one year	12	(13,605)	-	(13,605)	(24,963)
NET CURRENT ASSETS		188,899	-	188,899	132,511
FUNDS					
	13				
Unrestricted funds				188,899	132,511
Restricted Funds				-	-
TOTAL FUNDS				188,899	132,511

The financial statements have been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.

Approved by the trustees on 15th December 2017 and signed on their behalf by:



John Nicholas Robinson – Trustee

Company registration no. 07787718

The attached notes form part of the financial statements.

Notes to the financial statements for the year ended 31st March 2017.

I Accounting Policies

Accounting convention

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102 - effective 1 January 2015) – (Charities SORP FRS 102) and the Companies Act 2006.

The charitable company meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. Income received in advance for the provision of specified service is deferred until the criteria for income recognition are met.

Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprise of trading costs and the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services to further the purposes of the charity and their associated support costs.
- Other expenditure represents those items not falling into any other heading.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's programmes and activities. These costs have been allocated to expenditure on charitable activities.

Resources expended

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Stocks

Stocks are valued at the lower of cost and net realisable value after making due allowances for absolute and slow moving items.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

Unrestricted funds are available to spend on activities that further any of the purposes of charity. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

Further explanation of the nature and purpose of each fund is included in these notes to the financial statements.

2 Detailed comparatives for the statement of financial activities

	Unrestricted funds £	Restricted funds £	Total 2015/16 £
Incoming from:			
Donations (Individual & Corporate)	73,797	25,120	98,917
Charitable activities	-	23,307	23,307
Other trading activities	105,214	-	105,214
Investments	161	-	161
Total income	179,172	48,427	227,599
Expenditure on:			
Raising funds	36,183	-	36,183
Charitable activities	54,879	51,237	106,116
Total expenditure	91,062	51,237	142,299
Net income / (expenditure) for the year	88,110	(2,810)	85,300
Transfer between funds	(2,810)	2,810	-
Net income / (expenditure) before other recognised gains and losses	85,300	-	85,300
Other recognized gains /(losses)			
Foreign Exchange gains /(loss)	(419)	-	(419)
Net movement in funds	84,881	-	84,881
Balance brought forward	47,630	-	47,630
Total funds carried forward	132,511	-	132,511

3 Exchange Rates

Exchange rate of Vietnam Dong to Pounds Sterling are those quoted as the transfer rate by the Vietcombank (Joint Stock Commercial Bank of Vietnam) for the day given at the bank headquarters.

4 Trustee Remuneration and benefits.

There were no trustees' remuneration or other benefits for the period ending 31st March 2017.
There were no trustees' expenses paid for the period ended 31st March 2017, other than those noted in the related parties note.

5 Other trading activities

	2016-17	2015-16
	£	£
Fundraising events	99,210	105,214

6 Cost of generating voluntary income

	2016-17	2015-16
	£	£
Fundraising activities	14,391	36,183

7 Charitable activities

	2016-17	2015-16
	£	£
Medical staff training	37,121	24,394
Medical equipment	8,514	59,902
Medical facilities	426	735
Research	4,133	16,000
	50,194	101,031
Add: Governance costs	7,095	5,085
	57,289	106,116

8 Governance costs

	2016-17	2015-16
	£	£
Bank charges	242	272
Operational costs	3,853	301
Audit fees	3,000	4,512
	7,095	5,085
Less: Allocated to charitable activities	(7,095)	(5,085)
	-	-

9 Analysis of staff costs and the cost of key management personnel

There were no employees employed during the year (2015: None).

10 Stock	2016-17	2015-16
	£	£
Finished goods	1,839	2,059

11 Debtors	2016-17	2015-16
	£	£
Donations made, but not yet received	3,850	755
Prepayments	-	339
	<u>3,850</u>	<u>1,094</u>

12 Creditors: amounts falling due within one year	2016-17	2015-16
	£	£
Accruals	3,000	3,000
Other creditors	10,605	21,963
	<u>13,605</u>	<u>24,963</u>

13 Movement in funds

	At 1.4.16	Net movement in funds	Transfer between funds	At 31.3.17
	£	£	£	£
Unrestricted				
- General fund	132,511	59,989	(3,601)	188,899
Restricted funds				
- Medical Equipment 1	-	(3,601)	3,601	-
- Medical Equipment 2	-	-	-	-
- Research	-	-	-	-
Total funds	<u>132,511</u>	<u>56,388</u>	<u>-</u>	<u>188,899</u>

13 Movement in funds (continued...)**Net movement in funds**

	Income	Expenditure	Movement in Funds
	£	£	£
Unrestricted:			
- General fund	117,246	57,257	59,989
Restricted funds:			
- Medical Equipment 1	5,082	6,346	(1,264)
- Medical Equipment 2	5,740	8,077	(2,337)
Total funds	128,068	71,680	56,388

14 Related party transactions

- A During the year under review, Mr N Robinson, trustee, paid £4,624 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mr N Robinson at the year end is £4,624.
- B During the year under review, Mrs S Lubran, trustee, paid £1,656 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mrs S Lubran at the year end is £1,656.
- C During the year under review, Mr Andrew Lyon, trustee, received £788.78 payment for travel expenses.

15 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. Each member is liable to contribute a sum not exceeding £10 in the event of the charity being wound up.