

## Re | Communications Designer

Good design does more than look spiffy. It innovates. It informs. It improves. The designer must be able to delve into the audience's mind, emphasize usefulness, prune the extraneous, and ultimately promote the user's well-being.

The majority of my work has been in the B2C spectrum. However, I design for the human being, and I've found that whether directed towards businesses, consumers, or employees, there is quite often one at the heart of that equation.

I've included pieces you'll find relevant. Thank you for your valuable time.

**Your task is not to foresee the future,  
but to enable it.**

Antoine de Saint Exupéry

**Eric  
Gross**

[ericgrossdesign.com](http://ericgrossdesign.com)

# Eric Gross

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510 289 8906

Photoshop  
Illustrator  
InDesign  
After Effects  
Cinema 4D  
Google Analytics  
Mailchimp  
HTML, CSS  
Python, C++  
GitHub  
Asana  
Slack

## Sutter Health CPMC

### Communications Designer San Francisco | 05.2013 -

Design print and digital for CPMC's Communications Team.  
Created annual reports, brochures, social media, power points,  
digital displays, and interactive PDFs.

**Key Projects:** New Hospital Transition Guides, CEO Presentations,  
HCAHPS Dashboards, Launch EPIC EHR

## EricGrossDesign.com

### Freelance Design and Marketing Oakland, CA | 11.2012 -

## KTVU Channel 2 News - Cox Broadcasting

### Art Director San Francisco, CA | 03.2010 - 11.2012

Oversaw major redesign of KTVU's Studio and News Graphics,  
while reducing a critical kpi: time-to-air. Art directed video  
productions in studio and in the field. Worked with directors,  
photographers, video editors, and producers.

### Sr. Designer San Francisco, CA | 12.2005 - 03.2010

Created high definition animations for marketing, investigative  
news and large-scale event productions.

## Chattahoochee Tech. Institute

### Instructor Atlanta, GA | 04.2002 - 09.2002

Taught Adobe Photoshop & Illustrator classes.

## WSB-TV - Cox Broadcasting

### WSB-TV Atlanta, GA | 01.2000 - 12.2005

Created animations and graphics for Atlanta's No. 1 newscast.

## Bachelor of Science - Visual Arts

### State University of New York New Paltz | 09.1993 - 05.1997

## SailAlameda.org

### Website Redesign Sailing Non-profit | 02.2017

Created a beautiful website for a great cause. Easier to use  
backend allowed volunteers to focus on content. Improved  
marketing, social media, and learned Google Analytics.

**Results:** New Users +46%. Increased registrations from 148 to  
298 (275% revenue increase).

## Screensaver Automation

### Python Sutter Health CPMC | 12.2018

Wrote a python program to schedule and automate the  
messages displayed on CPMC's screensavers. Learned Node-  
based Linked Lists and archiving via JSON.

## HomeCook

### C++ Codecademy CPP Challenge | 03.2019

Used C++ while improving my chef and coding skills. Learned  
multi-dimensional vectors, Github and Peer-Coding.

**Results:** I now know what I'm making for dinner, and it's going to  
be delicious. Oh, and we won 1st place!

# Sutter Health

Healthcare

## Report to the Community

### Creative Brief:

Informative, yet visually stimulating for those who will likely skim the content. Must convey sense of far reaching impact, yet resonate on a personal level.

### Target Audiences:

Philanthropic Foundations  
Non-Profit Government Auditors

**SUTTER HEALTH BAY AREA COMMUNITY HEALTH**

# 2018

ANNUAL IMPACT REPORT

**SUTTER HEALTH BAY AREA PROGRAM OUTCOMES**

**Community Investment Outcomes**

| 215                     | 273,272       | 498,786    | 105,105    |
|-------------------------|---------------|------------|------------|
| ORGANIZATIONS SUPPORTED | PEOPLE SERVED | DISCOURSES | SCREENINGS |

**ACCESS TO HEALTHCARE**

- 93 ORGANIZATIONS SUPPORTED
- 224,010 PEOPLE SERVED
- 16,853 DISCOURSES
- 5,139 SERVICES PROVIDED

**ACCESS TO MENTAL & BEHAVIORAL HEALTH**

- 85 ORGANIZATIONS SUPPORTED
- 23,851 PEOPLE SERVED
- 8,472 MENTAL HEALTH CONNECTIONS

**ACCESS TO BASIC NEEDS**

- 55 ORGANIZATIONS SUPPORTED
- 1,843 HOUSING CONNECTIONS

**HEALTHY EATING & PHYSICAL ACTIVITY**

- 42 ORGANIZATIONS SUPPORTED
- 15,412 PEOPLE SERVED
- 324,216 MEALS PROVIDED

**SUTTER HEALTH BAY AREA AFFILIATES**

EMPLOYEES: 25,000+

Medi-Cal patients served: **164,781**

Charity Care patients served: **20,369**

Charity Care patients served: **1 IN 3**

**SUTTER HEALTH BAY AREA OVERVIEW**

**Community Benefit Expenditures**

| Category                               | Expenditure (\$) |
|--|------------------|
| Community Health Improvements Services | \$8,125,964      |
| Health Professions Education           | \$37,363,023     |
| Subsidized Health Services             | \$36,625,964     |
| Research                               | \$13,666,840     |
| Financial and In-Kind Contributions    | \$20,295,088     |
| Community Building Activities          | \$694,659        |
| Community Benefit Operations           | \$1,989,639      |
| Financial Assistance                   | \$52,227,094     |
| Means-Tested Programs                  | \$13,340,260     |
| Medicaid                               | \$269,633,064    |

**Total quantifiable community benefit expenditures: **\$453.7 MILLION****

**SUTTER HEALTH BAY AREA AFFILIATES IN 2018**

**Community Investment Outcomes**

| 25            | 50,109        | 16,001     | 7,524      |
|---------------|---------------|------------|------------|
| ORGANIZATIONS | PEOPLE SERVED | DISCOURSES | SCREENINGS |

**ACCESS TO HEALTHCARE**

- 120 ORGANIZATIONS SUPPORTED
- 17,091 PEOPLE SERVED
- 1,700 PCLP CONNECTIONS

**ACCESS TO MENTAL HEALTH**

- 17 ORGANIZATIONS SUPPORTED
- 27,622 PEOPLE SERVED
- 791 HEALTH SERVICE CONNECTIONS

**ORAL/DENTAL HEALTH**

- 2 ORGANIZATIONS SUPPORTED
- 7,523 PEOPLE SERVED
- 219 SERVICES PROVIDED

**MILLS-PENINSULA MEDICAL CENTER**

**Community Investment Outcomes**

| 25            | 50,109        | 16,001     | 7,524      |
|---------------|---------------|------------|------------|
| ORGANIZATIONS | PEOPLE SERVED | DISCOURSES | SCREENINGS |

**ACCESS TO HEALTHCARE**

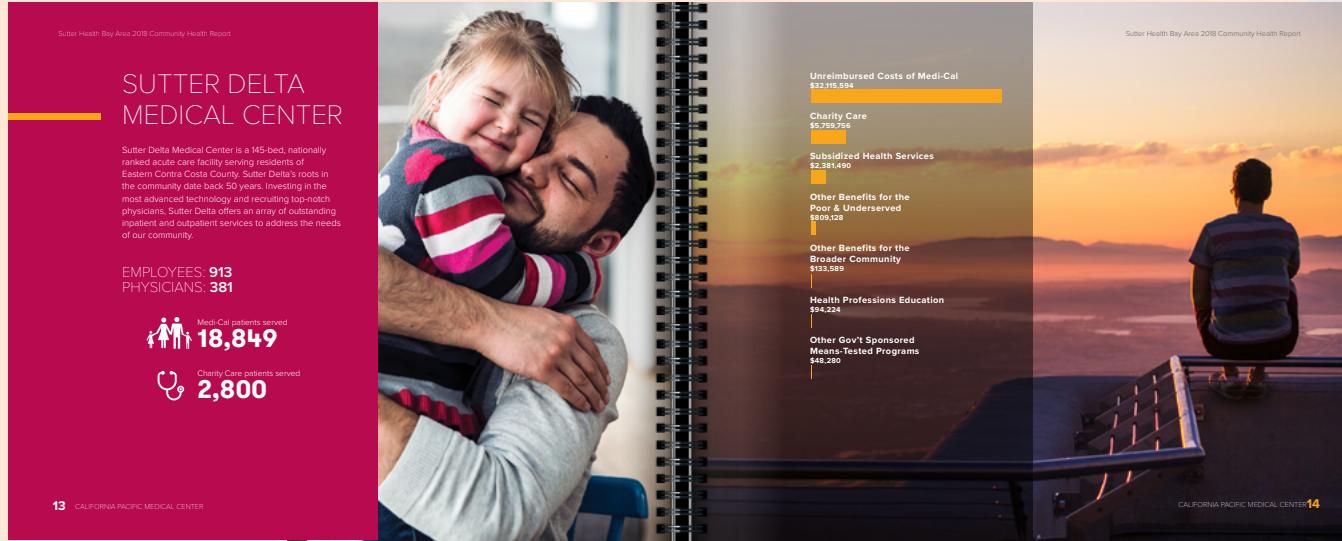
- 120 ORGANIZATIONS SUPPORTED
- 17,091 PEOPLE SERVED
- 1,700 PCLP CONNECTIONS

**ACCESS TO MENTAL HEALTH**

- 17 ORGANIZATIONS SUPPORTED
- 27,622 PEOPLE SERVED
- 791 HEALTH SERVICE CONNECTIONS

**ORAL/DENTAL HEALTH**

- 2 ORGANIZATIONS SUPPORTED
- 7,523 PEOPLE SERVED
- 219 SERVICES PROVIDED



# Fountainhead Law Group

IP Attorneys

## Key Note Presentation

### Creative Brief:

Create an easy to customize presentation template that accommodates different scenarios.

### Target Audiences:

Apple Inc., Microsoft, Nvidia.

### > Today's Presenters



Chad R. Walsh

PATENT ATTORNEY

20+ years in the Tech Industry  
Specialist in litigating and prosecuting software and electronic inventions before the US Patent and Trademark Office



Andrew J. Lee

PATENT ATTORNEY

Focuses on prosecution and strategic intellectual property counseling.  
Practice includes: Internet-based software and services, CG, and consumer electronic devices

Former Oracle Corporation software engineer



George B. F. Yee

PATENT ATTORNEY

Focuses on prosecution and prosecution primarily electronic and computer architectures

Practice includes: Software, GUI, Database,

Microprocessor Architecture and many more

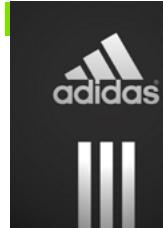
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Intellectual Property

OKAY, LET ME  
SHOW YOU  
WHAT I MEAN.

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Intellectual Property

### > Example Story



#### Adidas vs. Payless Shoe

After a jury trial awarding plaintiff \$305 million in damages based on a reasonable royalty, an accounting of profits, and punitive damages, defendant moved for judgment as a matter of law. The court also reduced the award to \$96 million, largely due to the solely economic nature of the plaintiff's harm.

##### KEY TAKE AWAYS

- Criticism of Accounting Method
- Punitive Damages, reduced as "Solely Economic in Nature"
- Most importantly, the degree of reprehensibility of the defendant's misconduct vs. the disparity between the harm suffered and the damages awarded.

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Intellectual Property

### > Relevant Case Rulings



1978

#### Parker v Flook

Algorithm is patent-eligible only if the implementation is novel and non-obvious



2015

#### Apple v Samsung

Design Patent wins significant damages

2000

#### A&M v Napster

Addressed the impact of peer-to-peer file-sharing on copyrights

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### > Project Phases A THREE PHASE APPROACH



#### RESEARCH

I have include a series of line art icons. They are made as a matching series with the same weight and style.

Hopefully these will match your content if not, let me know what icon imagery you need.

eric@engrossdesign.com



#### REVIEW PERIOD

Look the same colors used are the same from the charts and data slide. Consistency is the key to good branding.

Use the Home>Paragraph>Increase List Level to:  
Change Font Styles



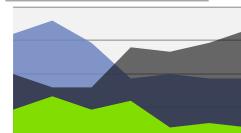
#### LAUNCH!

Insert estimate for when the contract is ready to execute.

### > Metrics

#### Chart Header

Primary Metric ■  
Secondary Metric ■■  
Tertiary Metric ■■■

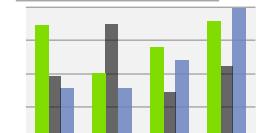


#### SubHeader

The light green color in this chart is meant to emphasize your point. Focus your audiences' attention by using fewer colors. The secondary emphasis is made with the dark

#### Chart Header 2

Primary Metric ■■■■■  
Secondary Metric ■■■■■  
Tertiary Metric ■■■■■



grey, and additional stats should be charted in even lighter greys. Most importantly use this text block to make your profound statement. The data thus supports your idea, showing a well-researched hypothesis or a convincing call-to-action, in an almost obvious conclusion.

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Intellectual Property

## InBound Marketing Pieces

### Creative Brief:

The keynote design was well received and I was asked to renovate some of the firm's print designs and to generate a LinkedIn marketing template.

### Target Audiences:

Apple Inc., Microsoft, Nvidia.

# Fountainhead Law Group

IP Attorneys



The Fountainhead Law Group brought solid counsel to our leadership and board. They got to know us and our business, and turned our ideas into valuable assets.



Convert innovation into powerful Intellectual Property while staying cost effective!

### Why Fountainhead Law Group?

**Winning IP-Strategies.** We take a holistic approach to protect your ideas and innovations. Not every situation requires the full blown protection—and incurred expenses—of a trade secret patent. At times a simple contract and signed agreements will suffice. We offer the guidance, to identify which situations merit which courses of action. Our goal is to create Enterprise level value, with protection and profitable IP strategies for your business to succeed. Delivered “Face to Face” to insure every step is understood.

**Consistently High-Quality.** Our work is performed solely by our Senior Partners—well seasoned, strong attorneys with extensive technical backgrounds and years of industrial and legal experience.

**Flexibility.** Startups require unique and different solutions than the Fortune 500 giants. We pride ourselves on adapting to fit your company's unique needs.

**Fountainhead Law Group PC** is a Silicon Valley patent specialty firm of former BIGLAW attorneys working on a more expertise driven and cost effective platform designed to deliver high quality IP services at highly competitive rates. Our attorneys' strong technical backgrounds and years of industry and legal experience result in deep insights needed to develop a winning IP strategy for your business.



**Chad R. Webb** has a BSEE from UCSD, an MSEE from SCU and a JD from the SCU School of Law. Chad was an analog-mixed signal circuit engineer, and later, patent agent with National Semiconductor Corp. Chad began his legal career at Townsend and Townsend and Crew (now Kilpatrick Townsend & Stockton) in 2000, where he prosecuted and litigated software and electronics cases.



**Andrew J. Lee** has a BA and MEng in Computer Science from Cornell and a JD from Boalt Hall (UC Berkeley School of Law). Andrew was a software engineer at Oracle, where he gained expertise with large-scale, distributed software systems. Andrew began his legal career at Townsend and Townsend and Crew in 2006, where he prosecuted cases in software and networking.



**George B.F. Yee** has a BS in Biomedical Engineering from Boston University, an MEng in Electrical Engineering from the University of Illinois at Chicago, and a JD from the SCU School of Law. George was a senior software design engineer at Teradyne Telecommunications in Illinois, where he developed control software for automated test systems. George was formerly with Townsend and Townsend and Crew for over 10 years, including 4+ years as a partner, where he prosecuted software, electronics and mechanical cases.



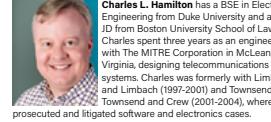
**Lam Doan** has a BS in Computer Science & Engineering from UCLA and a JD from the SCU School of Law. Prior to becoming a patent attorney, Lam was a hardware engineer at Unisys Corporation where he developed code for mainframe emulation software. Lam began his legal career in 2008 and has prosecuted software and electronics cases, including early cases in Software Defined Networking.



**Brian N. Young** has a BS in Electrical and Computer Engineering from the University of Arizona, and a JD from the University of Texas School of Law. Brian was a software engineer at Motorola and AMD before entering the legal field. Brian began his legal career at Townsend and Townsend and Crew in 2000, where he prosecuted inventions for software and electronics.



**Kent J. Tobin** has a BA in Chemistry from UCSD and a JD from the Hastings College of Law. Kent was an organic chemist with Telos Pharmaceuticals prior to entering the legal field. Kent began his legal career with Mount & Stroh in San Francisco in 1994. After that, Kent was a patent associate at Limbach and Limbach (1997-2000) and later a partner at Townsend and Townsend and Crew where he prosecuted electronics and electronics manufacturing cases from 2000-2009.



**Charles L. Hamilton** has a BSE in Electrical Engineering from Duke University and a JD from Boston University School of Law. Charles spent three years as an engineer with The MITRE Corporation in McLean, Virginia, developing telecommunications systems. Charles was formerly with Limbach and Limbach (1997-2001) and Townsend and Townsend and Crew (2001-2004), where he prosecuted and litigated software and electronics cases.

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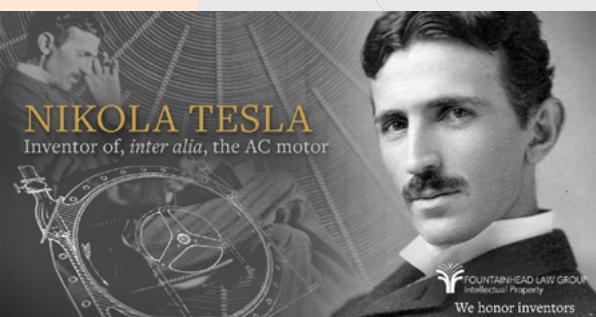
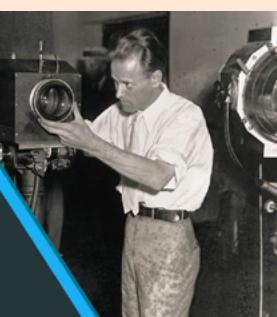


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Philo Farnsworth,  
American  
inventor, all  
around cool guy.

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WE HONOR INVENTORS



FOUNTAINHEAD LAW GROUP  
Intellectual Property  
We honor inventors

# Sutter Health

Healthcare

## Medical Ethics Outreach

### Creative Brief:

Entice practitioners to engage in a relatively young program designed to help patients and families facing emotional dilemmas.

### Target Audiences:

Physicians and Nursing Staff  
Individual Philanthropic Donors



### Ethics Consultation

PMH's Ethics Consultation Service, based at PMHC, provides patient consultation service to all the hospitals in the Sutter West Bay Region. Each year has been the busiest than the prior year for the consultants. The Ethics team consists of three ethicists who provide de-briefing sessions to discuss complex cases that may be a source of moral distress for providers. The Ethics team regularly consults with clinical care teams to assess early intervention of the consultation service or answer any questions that providers or patients may have of ethical relevance.

Physicians continue to remain the top requesters of our service as they deal with ethical dilemmas while taking care of patients. Recurring themes include challenging issues with surrogate decision making, advance directives, informed patients, decision making capacity and patients' refusal of treatments, conflicts between patients and medical teams regarding the appropriate course of action, and of the decision making, and organizational ethics issues. ■



### Walking the Fine Line

#### What We Do: An all too real, too often scenario

Meet Rose. An eighty-five-year-old widow who has been in a long-term care facility for six months. She was admitted with severe osteoarthritis and osteoporosis pain.

Her family initiated her placement because she was overmedicating herself at home, confusing her medications, and not eating adequately. The family reports, she has been a "complainant" for years.

The family and physician are reluctant to give her strong pain medicines; they don't want her to be "doped up." As a result of home. She is currently taking two Tylenol every four hours which does not adequately control her pain (and risks liver and kidney toxicity). She is in too much pain to walk, but quickly gets up and walks around in the wheelchair. So she requests bed rest and frequent repositioning. Staff feels she is demanding and hard to please.

She has a son who calls and tries to visit once a week, but she becomes tired of hearing her constant complaints of pain.

Her daughter lives out of town, and calls weekly.

The son asks the doctor to make her more comfortable and asks what her rights are. But the son also requests that the doctor not give her whatever she received six months ago (at the time of admission) when she drooled and was unable to sit up or eat.

Her sister has called the state regulatory agency to complain that the facility is neglecting her and not taking care of her plan.

The doctor agrees to try Naloxone, a nonsteroidal anti-inflammatory drug (NSAID). After two weeks, she has had tarry stools, abdominal vomit blood, and is hospitalized for a severe gastric bleed.

Source: <https://www.practicalbioethics.org/case-studies-walking-the-tightrope>

### Questions addressed by the ethics service

Does the patient have the ability to make their own medical decisions?

Who is acting as the patient's decision maker?

What are the patient's wishes and values regarding health care?

How can physicians and staff help patients achieve their goals?

These are some of the issues facing our medical community. We will hold educational seminars and in-depth small group discussions to give physicians the skills and build confidence to effectively care for patients. To learn more, head to:

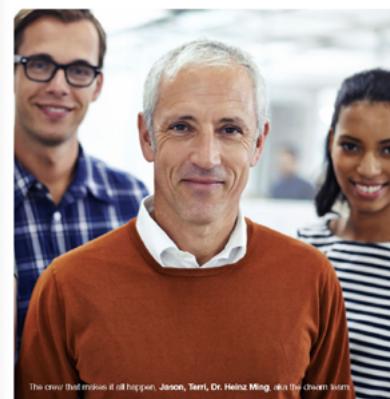
[pmhc.org/case-studies-walking-the-tightrope](https://www.practicalbioethics.org/case-studies-walking-the-tightrope)



### Meet Your Team

**Erin Yates**, left, with Terri, is a member of the program since the first few days of it being established. She says that she was drawn to join the program to be a connector with a physical therapist while her brother was recovering after undergoing a nerve-sparing prostatectomy.

**Dr. Heinz Ming, RN, CNM**, right, joined the program in November 2012 after his last classes and patient consults with Dr. Andronik.

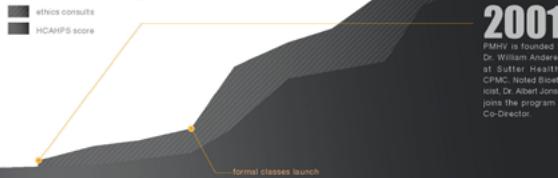


The crew that makes it all happen, Jason, Terri, Dr. Heinz Ming, aka the dream team.



Madeline L., lead research analyst, and inspiring this clinic.

## Number of Consults vs. Overall Rating of Care



**2001**

PMHRY is founded by Dr. David Andereck at Sutter Health's CPMC. Note Bioethicist, Dr. Albert Jonsen joins the program as Co-Director.

**2004 2005 2007 2010 2014 2020**

Dr. Andereck and Dr. Jonsen begin to note indications in certain cases that allow them to identify patients where ethical issues or decisions have been well before health care team members were able to identify them.

Formal testing begins with randomization and data collection. Enrolls 354 patients and concludes in 2010.

Formal classes launched with a formalized learning analysis of data collected from studies.

Insight from students recorded for future classes.

Future Research agenda starts to be developed. First-year medicine residents are surveyed about the Moral Values in Medicine project.

Number of Ethics Consults witnesses a seven fold increase.

Teaching Workshop Series Launched ethics becomes highlighted.

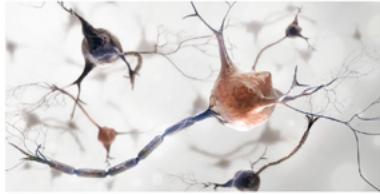
The need for Neuro Ethics becomes highlighted.

Our goal is to have a neuroethics specialist on the physician and staff on-boarding processes at Sutter Health CPMC. Ultimately we want to have a neuroethics specialist at our four main campuses to help carry on the mission.

## Measured Impact

Since the inception of the program there has been a significant improvement in patient satisfaction. There are other outside events that have contributed to improved satisfaction.<sup>18</sup>

**Neurons in the brain**  
With its unique functions, the brain is where scientific and philosophical ideologies meet.



### ■ Neuroethics

Neuroethics refers to two related fields of study: what the philosopher Anita Reeves has called "the ethics of neuroscience" and the neuroscience of ethics.<sup>[1]</sup> The ethics of neuroscience comprises the bulk of work in neuroethics. It concerns the ethical, legal and social impact of neuroscience, including the question whether technology can be used to predict or alter human behavior and "the implications of brain function for society... integrating neuroscience knowledge with ethical and social thought".

Some neuroethics problems are not fundamentally different from those encountered in bioethics. Others are unique to neuroethics because the brain, as the organ of the mind, has implications for broader philosophical problems, such as the nature of free will, moral responsibility, and the nature of personhood.<sup>[2]</sup> Examples of neuroethics topics are given later in this article "Key issues in neuroethics".

The origin of the term "neuroethics" has occupied some writers. Reeves and Rose as cited in "References".<sup>18</sup>

## Future of the Industry

As neuroethics enters its second decade, the field confronts new techniques and technologies, as well as new – and frequently controversial – clinical treatments. The foremost goal is to improve patient care. Our brain scientists, clinicians, ethicists and legal scholars address the newest developments and application of:

- neuroimaging,
- neurogenomics,
- predictive biomarkers,
- neuromodulation,
- brain-computer interfacing, and
- neuropsychopharmacology.

Through the latest uses of these approaches, and analysis of paradigmatic cases, discussion will center upon what these advances mean for patients – and society – both at present and in the near future.<sup>19</sup>

<http://www.neuroethicsworkshop.com/neuroethics.html>



[cpmc.org/services/ethics/decade.html](http://cpmc.org/services/ethics/decade.html)



### Moving Forward

Here's how we can help you

- Access to a professional Bioethicist and ethics expertise
- Consultation Resources for Ethics Committees

- Education and Outreach
- Ethics Quality Review
- Work with Administration on Quality Measures
- Assist Medical Staff in Policy Development
- Needs and Resource Assessment

## reactions to the program:

"I truly appreciate the support that CPMC's Ethics program has provided Eden Medical Center's Ethics Committee. Anytime we have patients with ethical issues, CPMC's Bioethicist has gone above and beyond to provide guidance and advice and attend our meetings via conference call for complex patient cases."<sup>20</sup>

Anita Gandhi, MD  
Physician | Eden Medical Center

"Words simply can't express how much the conversations meant to our family. Watching a loved one suffer is never easy, but the whole team was great helping me understand the decisions and our future. I feel so blessed."<sup>21</sup>

Kristina M.,  
Patient's Mother | California Pacific Medical Center

# Thrive Networks

Research Driven NGO

THRIVE  
NETWORKS

## Focus In and Scale-Up

Using Evidence-based Outcomes to Transform the Work of Partners and the Quality of Life for Families and Communities

ANNUAL REPORT 2010



ii | Thrive Networks Annual Report

### Digital Monitoring & Evaluation System Receives High Marks

Thrive Networks successfully launched a digital monitoring system this year to provide accuracy, efficiency, and high-quality reporting. Donors, including Australia's Department of Foreign Affairs and Trade and The Bill and Melinda Gates Foundation, reviewed and gave positive feedback about the system.

### EDUCATION Simple Health Solutions Keep Children in School

Keeping children in school is the best way to improve their opportunities for financial security as adults. However, when a child's body is fighting a helminth infection, attending school can become physically impossible. The worm infection interrupts the body's ability to absorb nutrients, causing anemia and malnourishment that can impair the child's mental and physical development. With no energy or strength, paying attention in the classroom or simply getting to school becomes an insurmountable obstacle.

In November 2010, 2,750 primary students (50% of all enrolled students) in more than 3000 schools across four provinces in Vietnam were given safe, effective, and low-cost medication to cure infection by intestinal parasitic worms. This is the second round of the mass drug administration (MDA) to fight soil-transmitted helminths infection in children and was made possible by a four and half year, \$3 million grant from the DND/ICD CARES charitable foundation to Thrive Networks.

The deworming program has trained public health service providers and teachers with additional funding from The Vietnamese Ministry of Health and then through Health Environment Management Agency, the National Institute of Malariology, Parasitology and Entomology, and the Ministry of Education and Training. A major objective of this program in Vietnam is to assess & integrating hygiene education in schools with school-based deworming, conducting a further reduce infection rate.

Positive results of this research will provide the evidence base to scale up a nationwide integrated deworming and hygiene education program that will help to combat soil transmitted parasites, protecting the health of students throughout the country so that their academic dreams become reality.

Thrive Networks' digital monitoring effectively saves time and reduces reporting errors. We developed a database for 220 water schemes funded and built by Thrive Networks within the last 15 years, and the database identified numerous challenges and provided insight for future strategy for Thrive Networks' Water program.

National and provincial counterparts in Vietnam (NORMAWAS and PCPWA/AS) are eager to apply the digital monitoring system to their work in order to increase integrity and productivity, find and reduce water leakage, and improve their services to rural households. We intend to hand over the system and provide technical assistance to local counterparts in Ben Tre province to set up digital water network management for PCPWA projects.

In the coming year, use of the digital monitoring system will expand to other projects in Cambodia and Laos. Thrive Networks' digital monitoring system will also be used for our own research. We will use it to implement quality assurance (QA/QC) projects and expect to become more efficient at internal monitoring for project management, conducting an internal audit, and monitoring trips to the field. It will also support plans to conduct evaluations and consumer satisfaction analysis, focusing on WASH/DBA projects.

## Program Overview

### Creative Brief:

Donor solicitation and program update .

### Target Audiences:

Philanthropic Foundations

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- 7 Innovations in Public/Private Partnerships
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*Thrive Networks approaches our 30th year with a tremendous legacy of delivering sustainable sanitation, water, health, and education services to underserved communities in Southeast Asia. Our investment in programs that produce evidence-based approaches and solutions that we are scaling-up to reach tens of thousands of families.*

Today, Thrive Networks' existing government agencies research and influence to effectively implement policies and invest resources to create long-term sustainable outcomes. Thrive Networks' work with governments, NGOs, and other organizations to leadership in shaping their own future based on proven models and lessons learned from our own experience.

For our partners, Thrive Networks' work and our research can now be shared with our research and pilot programs that can be adopted by other non-governmental organizations around the world. Finding ways to adapt our proven approaches to different contexts is critical to our success.

As Thrive networks, we integrate evidence that pays off research and assessments into our programs. We believe that the most effective way to achieve our mission is to work with governments to implement the uptake of rigorous service providers. Thrive Networks' work is the result of our commitment to research and innovation, and we are excited to continue applying the results of our research to their health and improve their quality of living.

Thank you for your continued support as we work to build a better world for the people we serve. As we look to the future, we hope that they have the opportunity to continue to grow and flourish with your continued involvement, we are scaling up the delivery of affordable sanitation and water, health, and education services to underserved communities in Southeast Asia, Cambodia, and globally, and beyond the world's borders.



Lynn Foden      Melinda Griffith

### SPELL Scholarships Keep At-Risk Students in the Classroom

Poverty is the single greatest threat to ending a child's education early. SPELL - Scholarship Program to Enhance Literacy and Learning - is a holistic approach that helps students from the poorest districts in Vietnam graduate from high school.

In 2010, 1,941 girls and 755 boys received scholarships for school fees, books, uniforms and intensive academic tutoring. These students performed well and achieved the following:

- 93% of 9th grade SPELL students were accepted into secondary school
- 93% of 10th grade SPELL students graduated, matching to the national average
- 35% of 11th grade SPELL students were accepted to university, maintaining the trend of 35% in 2009 and an increase from 26% in 2004.

SPELL also supported training programs on teamwork and presentation skills for students. The program develops youth who are motivated to improve their communities. Almost 50% of SPELL students attended volunteer activities in 2010.

In 2011, SPELL continues to aim for high student graduation and achievement rates, and plans to provide laptops for 50% of students.



COMPASSION HOMES  
With small individual grants, Thrive Networks constructed 23 new, quality, Compassion Homes to pose to shelter 107 people. Some of these homes were built for families of SPELL Scholarship students (including Guy Khan, pictured above) and reinforced efforts to keep children most at risk of dropping out in the classroom and on to graduation.

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### Smart Incentives Encourage Private Sector to Build Rural Water Systems

model to project the total income over the life of the scheme.

The difference between the full life cycle costs and revenue is covered by the output-based subsidy. The subsidy design motivates private sector companies to invest in a scheme that without incentives, is not attractive enough.

When the subsidy is agreed upon, enterprises bid for the project through a competitive bidding process. The winners then finance, and construct the schemes.

Smart subsidies are paid to private installers, when all target households in the service area are connected to the scheme and have water with sufficient pressure and quality.

Thrive Networks calculated the full life cycle cost of construction, management, maintenance, and depreciation of rural water schemes, and then used a life cycle revenue

### Innovations in Public/Private Partnerships

Thrive Networks signed Memorandums of Understanding with Ha Nam and Son La provinces to pilot public-private water supply ecosystem models that will use an innovative approach to provide clean water to rural areas in Vietnam.

The Australian Water Association (AWA) is taking the lead in the development of the public-private partnership in Son La province. The bidding process will select private enterprises to deliver 3,000 new household water connections (3,000 household connections in Son La and 2,000 in Ha Nam).

In preparation for the bidding process, the following steps have been completed or are underway:

- i. Project locations have been selected in each province
- ii. A baseline survey was conducted in Ha Nam
- iii. Consultants have been contracted to manage the competitive bidding process to select private enterprise service providers



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## Research Driven NGO

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A World of Good in Southeast Asia and Africa  
By Lynn Fidell | January 25, 2017 | News, Global Health

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### Water, Sanitation and Hygiene Research

Thrive's WASH research strives to identify the best methods for increasing communities' access to clean water, improved sanitation and better hygiene behaviors.

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### Smart Subsidies Help the Rural Poor Climb the Sanitation Ladder

CHOMA has definitely accelerated delivery of the CBA model by expanding its reach to rural areas.

**Project Process**  
In less than four years, more than 11,000 hygiene latrines were built by poor Vietnamese families under the CHOMA program. In 2014, the project reached the percentage of poor households with hygiene latrines more than tripled. Improved sanitation coverage in the targeted areas could be attributed to the success of the CBA model, which has shown that the impacts of different programs interventions on increasing coverage.

**Findings and Lessons Learned**  
Free latrines by end line, the full CBA package resulted in an approximately 17 percentage point increase in toilet ownership as compared to controls. There is a clear additive effect from the combination of household and community-level interventions. The CBA model also demonstrated a significant increase in the number of households using toilets compared to the CCT-only package. The CHOMA program has definitely accelerated the delivery of properly designed facilities and toilet links to the Vietnamese rural poor, and the CBA model should be expanded as a form of sanitation policy by developing world governments.

**Authors:** Oh Nguyen, Cuong Nguyen, Tung Phung, Hinh Nguyen, Per Lieng, David Wertheimer, and Jeff Abbott  
**Project:** Smart Subsidies Help the Rural Poor Climb the Sanitation Ladder - View Poster  
**Additional material:** Smart Subsidies Help the Rural Poor Climb the Sanitation Ladder - PPT Download Powerpoint

## An Update on Thrive Networks' Newborn Health Program

In 2003, Thrive Networks began working to fill a desperate need in nine low-resource countries that have struggled to save newborn babies from needless death and disability. In many developing nations, babies born at home are severely disabled due to exposure to preventable diseases.

Although strides have been made in saving children under 5, little progress has been made in saving the newborns. The World Health Organization estimates that, in 2015, 5.9 million children under five die every year, with 41% – or an estimated 2.4 million – of those deaths occurring in the neonatal period (from birth to 28 days). Nearly 80 percent of these newborn deaths were in low-resource countries.

Thrive moved to identify and address many of the causes of these problems – problems such as respiratory distress, jaundice, hypothermia and infection. The causes are many, but include two crucial facts: critical equipment is either non-existent or unusable for use in low-resource settings, and doctors and nurses lack sufficient training on equipment use and infection-prevention procedures.

### Creating an effective, sustainable approach



Starting with Vietnam in partnership with a Vietnamese social enterprise, MTTS, we began providing appropriate equipment and training in hospitals to increase the rate of survival and reduce the rate of disabilities for thousands of newborns, ultimately working in a host of countries in Southeast Asia and parts of Africa.

More than 10 years out from the program's debut, our work has reached near-capacity in many of the countries we served. To date, we have provided more than 800 CMAP phototherapy machines. All are suitable for the low-resource settings where they are used. Our training and ongoing equipment maintenance ensure that our efforts will be sustained.

Although there is always more to do, we have completed our work in most locations, and will continue to focus our efforts in three key countries – Vietnam, Cambodia and Laos – where we previously conducted a vigorous newborn health program and continue to have active, sanitation and hygiene (WASH) and education programs underway.

We take this opportunity to summarize our most recent accomplishments in four nations:

The Philippines:  
Since we began our Newborn Health Program in the Philippines in 2012, we have reached 85 hospitals across the country. We have scaled our efforts to the point where our measures are sustainable and will have a lasting impact on newborn care. Among our efforts, we have:

- Installed 64 CMAP machines, designed to help newborns in respiratory distress to breathe.
- Installed 120 overhead phototherapy and 99 Finely phototherapy machines to help babies with jaundice.
- Trained more than 850 doctors, nurses and other clinicians and technicians on the use of equipment and on the importance of infection prevention efforts.
- Established an equipment maintenance and distribution service center in Manila.

**216** phototherapy machines    **850** people trained

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### The Effect of Smart Subsidies and Sanitation Marketing on Latrine Uptake in Rural Cambodia

Researchers wanted to determine whether sanitation marketing alone, Output-Based Aid (OBA) subsidy targeting the poor alone, or a combination of both interventions would make a difference in latrine uptake across different poverty levels in Cambodian villages.

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### The Role of Private Entrepreneurs in Enhancing Impact and Ensuring Sustainability of Rural Water Supply in Vietnam

In 2007, East Meets West (EMW) implemented a project that supported private sector operators, cooperatives, and local government operators of rural water supply systems. The project indicated that private operators not only provided better service than other arrangements modeled tested, but that their operations may also be more sustainable.

To further investigate this result, EMW conducted two additional surveys. An operator satisfaction survey was conducted to measure operators' respect to technical and financial criteria. A customer satisfaction survey aimed at finding out how well the owners/operators met the needs of their customers.

The customer satisfaction survey found the private sector managed its resources more prudently than either the cooperatives or the Government People's Committees, and its technical operations were also conducted with greater care. Moreover, the customer satisfaction survey indicated that the private owners/operators did not achieve better profitability at the expense of the quality of their services. This suggests that private operators provide higher quality service and were more responsive than the cooperatives or local governments, and provided higher water quality.

**Authors:** Elizabeth M. Mays, Office for East Meets West Per Lieng, Senior Advisor for East Meets West  
**Report:** The Role of Private Entrepreneurs in Enhancing Impact and Ensuring Sustainability of Rural Water Supply in Vietnam, Burma and Laos Executive Paper  
**Presented:** At a national workshop on Rural Water Supply and Sanitation for the Government of Vietnam, 2013.  
**Research funded by:** The GPOB Program at the World Bank.

Myanmar:  
We began working in Myanmar in 2012. The program started with the support of the Ministry of Health and the program grew from four hospitals to one, continuing to expand. In Central and Southern Myanmar, we served a total of 50 hospitals, where we distributed nearly 200 pieces of equipment and trained more than 500 clinicians and technicians. In addition, we provided crucial supplies such as hand sanitizers and pulse oximeters.

Our trainings have included sessions on jaundice detection and treatment, infection control, and delivery. We also began a nurse volunteer program in 2015, training more than 100 nurses on items such as infection prevention, basic newborns' resuscitation care, pediatric ultrasound, and basic first aid skills. We partnered with the Yangon Children Hospital (YCH) and Voluntary Services Overseas (VSO). After closing our work in Myanmar this past year, we handed over all relationships to VSO, offering the possibility that the program will be expanded in the future.

**200** pieces of equipment distributed    **500** people trained

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### Evolutions of a Sanitation Monitoring System Implemented at Scale in Vietnam

East Meets West (EMW)'s monitoring and evaluation (M&E) system has evolved in the years since it began. Initially designed for internal management, the system now involves monitoring and feedback processes that...

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Germany:  
In 2015, we began a program in southern and central Berlin to reduce infant mortality and morbidity. We developed capacity in four leading hospitals, all of which received intensive clinical and technical training and have been provided with a complete package of appropriate medical equipment and supplies, including CMAP phototherapy machines, radiant warmers and infection control materials. With the help of universities in Canada and Berlin, we trained 40 clinicians, and another 50 physicians who will continue to train other medical personnel.

**40** trained clinicians    **12** instructor physicians

Uganda:  
We began our program in Uganda in 2015, reaching 24 hospitals in all. The hospitals include those in the Embrace Infant Warmer program, which has been transitioned out of East Meets West and is now running on its own.