A CHILD’S CLEFT CONDITION IS NOT ‘FIXED’ WITH A SINGLE SURGERY. IT OFTEN REQUIRES MANY YEARS OF REHABILITATION, PROPER CARE AND SUPPORT. TRANSFORMING FACES PROVIDES THAT SUPPORT. WE GO THE EXTRA MILE TO ENSURE A CHILD WILL GROW UP TO HAVE A FAIR CHANCE AT LIFE.

NATTANON TANGJAI
Thailand

Nattanon Tangjai was born with a cleft lip and cleft palate on October 8, 2003 and was admitted to our project in Thailand two months later. A neighbour, who had heard about our project in Chiang Rai, recommended that his parents visit the clinic.

His parents were in shock and felt depressed when they first saw their son. They felt very glad and relieved once they received counselling and guidance.

On February 19, 2004, Nattanon’s cleft lip was repaired, followed by his palate in November. Since then, Nattanon has participated in speech therapy sessions and regularly receives dental check ups, hearing sessions and psycho-social support.

Nattanon is now studying in grade 3 at Thamphatong School. Mrs. Anchalee Ruechanukul, his teacher, told us that Nattanon is a cheerful child with many friends. He loves to play, always has good grades in different subjects and loves to support his friends and school activities. He also has a younger brother.

TF has monitored Nattanon’s progress for nearly 10 years to ensure he receives the care he needs.
In 2012, Transforming Faces reached a milestone. Since 1999, we have transformed the lives of 10,430 children and adults with cleft lip and palate.

How did we do it?

With your support, we reached out to socially committed hospitals and cleft specialists. We engaged with local and international universities interested in innovation and improving quality of care. We established grassroots networks with community health workers, teachers, religious, and lay workers. We empowered parents to support their children’s treatment and be the drivers in the transformation process.

Although we may be a small charity, our supporters and partners have allowed us to make a big impact where it matters – in the lives of children affected by cleft lip and palate.

In 2012, through our speech camps, PACT training in Africa and Community Rehabilitation Centres (CRCs) in Peru, we enabled more patients and families to access cleft care, closer to home.

As part of our mandate to provide multi-disciplinary care, we committed more funds to train medical personnel in countries where the lack of cleft specialists is a chronic problem.

On my trips to our project countries, I often meet children who are now growing into adulthood. It is a great thing to witness the transformation we have been able to achieve. As our patients grow older, Transforming Faces continues to adapt to meet the needs of our partners.

2013 presents a new set of challenges.

Our partners will be attending the 12th International Cleft Congress on cleft lip and palate and related craniofacial anomalies in May, which will allow them to learn, present their research, and network with the international cleft community. Our partners have also asked us to facilitate increased communications. So, we’ve implemented an online forum to allow our partners to share their experiences. Our monitoring and evaluation system will allow partners to accurately and safely store patient data. This will allow them to better treat patients as a multi-disciplinary team.

Surgery is an important part of a child’s treatment, but it’s just the beginning of the journey. Providing multi-disciplinary and long-term cleft care requires a significant amount of close collaboration and team work.

I would like to thank our board of directors, volunteers, staff, program partners and supporters for your commitment to Transforming Faces.

Esteban Lasso
Executive Director
A TRANSFORMATION IS NOT AN EASY FIX. TF LOOKS AT THE BIG PICTURE, CO-ORDINATES AND PROVIDES CARE AND SUPPORT IN ALL AREAS OF RECOVERY FOR BETTER LONG-TERM RESULTS.

LIVES TRANSFORMED
by the numbers, in 2012:

- Total Patients Treated: 1,210
- Surgeries (including primary, secondary, bone grafts, etc.): 209
- Interventions (pre and post-surgery): 26,223
- Countries: 8
- Partners: 10
- Since 1999, we have transformed the lives of 10,430 children through 182,002 interventions such as surgery, audiology, dentistry, orthodontics, counselling, and speech therapy.

ETHIOPIA
In Ethiopia, some communities hold traditional beliefs that birth anomalies, such as cleft lip and palate, are the result of a curse. Awareness is often lacking about the causes of cleft and feeding techniques. Hirut Mengistu, an Assistant Speech therapist at our project in Ethiopia, is in charge of intake at Yekatit 12 Hospital. Hirut gives feeding advice and counselling when mothers first visit. After sufficient weight gain, babies are then referred to the surgical team.
BEYOND A SINGLE SURGERY: THE POWER OF COMPREHENSIVE CLEFT CARE

IT STARTS AT BIRTH – Counselling, Nutritional Guidance & Referrals

When a baby is born with cleft lip or palate, it’s vital that the attending medical team offers parents immediate support and information on care options.

Breastfeeding can present a challenge, but there are several options for feeding during the first weeks and months of life. The nursing team helps walk new mothers and families through these options and supports them in their choice.

Social workers and psychologists help new parents address any challenging circumstances or emotions they may be experiencing so they can move confidently forward with treatment. For older children who have gone without cleft treatment for years, counselling helps overcome any negative experiences and helps them adjust to transformation.

SPEAKING OUT: SPEECH THERAPY

Speech therapists are highly trained professionals who identify and help children solve problems that keep them from speaking clearly and competently. Speech therapy is integral to the rehabilitation process and prepares children for a more confident childhood and allows them to perform at school.

SURGERY AND CLEFT REPAIR

Ongoing co-operation between surgeons and other medical specialists ensures the best possible results for all surgeries. Ideally, lip surgery is completed at 3 to 6 months and palate surgery at 9 to 12 months. In some cases, lip, nose and palate revisions are done, as necessary, when the child is 3 to 18 years of age. In some cases, bone grafts and jaw surgery are also needed.

Primary surgery is an important element in the transformation process, but long-term follow-up is essential.

HEAR THAT?: EAR NOSE AND THROAT (ENT) AND AUDIOLOGY

Children with clefts can be at higher risk for infections and hearing loss, so early diagnosis and ongoing monitoring by an audiologist is important to a child’s healthy development. ENT specialists play a vital role in treating ear infections. They also insert ventilation tubes (grommets) when necessary.

A HEALTHY SMILE: ORAL HEALTH EDUCATION, DENTISTRY AND ORTHODONTICS

Good oral hygiene is critical, as is the work of dentists and orthodontists in correcting the bite for healthy chewing, speaking and breathing. Continued dental assessments, oral health education, cleaning, extractions, and orthodontic treatment are vital to ensure that children maintain healthy teeth and are able to speak and smile confidently.

COMPREHENSIVE FOLLOW-UP

There is an overwhelming belief that a child’s cleft condition is ‘fixed’ with a single surgery, but follow-up and rehabilitation are absolutely vital to address hearing, dental and speech issues. This can lead to issues with communication, employment, marriage, and normal social interaction, if left untreated.

To support families affected by cleft lip and palate, we partner with community-based workers, teachers and schools. We provide in-home treatment, pay travel costs for appointments and fund parent support groups.

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A GLOBAL FAMILY: MEET OUR PARTNERS

TF works through local partners, who leverage a variety of resources – financial, human, and physical – to care for patients’ total needs. Here are a few examples of our resourceful partners in action in 2012:

**CHINA**
China Cleft was formed and will act as a national Chinese cleft society, where hospitals involved with cleft care can set standards of care and a common platform, improve awareness about cleft with the policymakers and the public, and improve access. Our partner, Jiangsu Stomatological Hospital in Nanjing will continue to be an important participant in China Cleft.

**ETHIOPIA**
185 patients visited the speech therapy unit at Yekatit 12 Hospital in Addis Ababa and were provided with an assessment. From these patients, 38 received ongoing speech therapy training over the course of 517 sessions.

Mesay Gebrehanna returned to Ethiopia after obtaining her Master’s degree in Germany. She is now collaborating with Addis Ababa University to develop a speech diploma program because there are very few qualified speech therapy professionals in Ethiopia.

**ARGENTINA**
Fundacion GAVINA is utilizing local resources to close the gap in cleft care in Northern Argentina. A strategic alliance was created with the CEPSI Children’s Hospital Eva Peru in Santiago del Estero. This alliance allowed 44 children to undergo surgery. A referral system with Tucuman’s maternity has been developed to provide feeding counselling and ensure parents receive appropriate guidance.

**GHANA**
Our team based at Korle Bu Teaching Hospital in Accra visited the Cape Coast region to treat new patients. They hope to focus more on public education in order to dispel myths and help more children.

**INDIA**
The partnership in India has grown as more districts are seeking community-based rehabilitation (CBR). In 2012, our project began in Cuddalore district, which has a population of 2 million and has relatively high rates of poverty and unemployment. The district was heavily damaged in the 2004 tsunami. In the future, the CBR project will also expand to the Villupuram district.
PERU
In early 2012, four Community Rehabilitation Centres (CRCs) were launched in the outskirts of Lima, Peru. Our goal was to treat 100 children in the first year of our three year pilot project. The response was overwhelming. A total of 140 children were treated and an additional CRC was opened to meet demand.

Some patients find that transportation is a barrier to accessing care. So, the CRC’s will help those patients to access care, closer to home.

THAILAND-LAOS
Speech and Dental Camps were recently launched in Thailand-Laos to deal with the lack of speech therapy services. This is an innovative pilot project, which is partially co-financed with Smile Train. We have also partnered with the Tawanchai Cleft Center to develop a birth registry to better track cleft patients and co-ordinate care.

PARTNERS IN AFRICAN CLEFT TRAINING (PACT)
In Ghana, Nigeria and Ethiopia, our Partners in African Cleft Training (PACT) project supports local surgeons and specialists in the development and delivery of advanced training programs in plastic surgery, anaesthetic nursing and speech therapy.

In Ghana, two surgeon-nurse pairs were trained on pre-operative evaluation, operative techniques for primary and secondary cleft repair and post-operative management of cleft patients. This training was team-based and included surgeons and nurses attending the same lectures, operating together, and participating in post-operative management.

Five nurse anesthetists from Nigeria received training in Ghana to provide safe anesthesia for children undergoing cleft repair.

Also, four assistant speech therapists were trained in Ethiopia, including two participants from Nigeria and Ghana. These assistants will be able to provide basic speech therapy assessment and treatment where there is a shortage of speech therapists.
EMPOWERING OUR PARTNERS

TF is leveraging local human resources and international support to provide local and creative solutions.

TF donations are not a handout. They are a helping hand that allows our partners to effectively treat patients close to home. It empowers our partners, parents, and patients.

Our partner organization in India, Sri Ramachandra University, applied for a grant from Mahindra, an Indian multinational automaker. The grant program, called "Spark the Rise," is a competition where ideas which will "help India to rise" were submitted. Over 1,000 project ideas were received over a period of 6 months.

**Project E-MPOWER: E-technology for Management of Projects for individuals With communication disorders from Rural areas** is a mobile app that will be piloted in our community projects for newborn hearing screening at the Kanchipuram and Thiruvanamalli cleft palate projects.

In the first round of the competition, Project E-MPOWER mobilized the SRU student population and earned almost 8,000 votes on Facebook. This was enough to advance them to the jury round, where the made a detailed presentation to a panel of judges, and they were awarded a grant totalling CAD $7,800.

TF assisted our partners in setting up the pilot project, which is currently underway.
A HAND UP

Our partners do not believe in handouts. In this spirit, our Argentinian partner was able to source $15,000 from a local rotary club to pay for a new dental chair, equipment and supplies.

Beautiful Before & After in Peru

In some countries, parents do not often have the ability or desire to photograph their babies due to the suspicions and shame associated with cleft.

In Peru, the Photographic Clinic, encourages parents to showcase their photos. Parents and children also work closely with psychologists.

KusiRostros hope to achieve a healthy attachment between parents and children, so that the children can grow up a bit more confident and happy.

Training Opportunities in Peru

An interdisciplinary congress about the family-based approach to cleft care took place in Lima, Peru on November 23-25, 2012. The Congress aimed to educate cleft practitioners, medical students and parents about the importance of holistic care and support the parents’ role in treatment. A nurse coordinator, social worker, speech language pathologist, plastic surgeon and orthodontist from the Cleft Lip and Palate Department at the Hospital for Sick Children (SickKids) attended and lent their expertise. The Congress was co-funded by Transforming Faces and Smile Train.

It is integral that our local teams have access to new training opportunities. This Congress served to re-energize the Peruvian team with new ideas for providing comprehensive cleft care in their own communities. It also served as a catalyst to set up the Peruvian Cleft Palate - Craniofacial organization. This will help build awareness and knowledge about the team approach to cleft care.
2012 REVENUE & EXPENSES

**Total Revenue:** Grants, Donations, Sponsorships and other income  $1,136,659

Surgery and Rehabilitation Expenses: Patient coordination, transportation and accommodation, Cleft surgeries, Speech therapy, dental and orthodontic care, social-psychological support, nutrition and breastfeeding counselling  $523,841

Training Expenses: Training for cleft specialists, team assessments, public education, Capacity Building, Project Promotion  $225,062

Project Management Expenses: monitoring and evaluation, program support  $141,223

Administration, Governance and Communications, Fundraising  $170,877

**Total Expenses**  $1,061,003

Excess of revenue over expenses  $75,656

Please contact us at 416-222-6581 if you would like to receive our complete audited financial statements.

YOUR GIFTS AT WORK

2012 EXPENSE ALLOCATION (%)

A private charitable foundation covers our overhead and provides a match for all donations of $200 or more. This allows us to direct 100% of donations to cleft services.

- **Funds Covered by the Private Charitable Foundation.**
- **Funds from Private Foundations, Unions, Corporations, Community Groups and Individual Donations.**

HOW YOUR DOLLAR TRANSFORMED LIVES

- 59¢ Surgery and Rehabilitation
- 25¢ Training
- 16¢ Project Management

100% of your donation is directed to program services and cleft lip and palate care

100% of your donation is directed to program services and cleft lip and palate care

84% Projects

11% Communication/Fundraising

5% Administration
HOW IT WORKS

WHAT MAKES TRANSFORMING FACES UNIQUE?

• We go beyond the initial cleft surgery. Whenever possible, our cleft teams include: audiologists, dentists, nurse co-ordinators, orthodontists, social workers, speech therapists and surgeons.

• We work in partnership with local cleft specialists, in their cities and towns, using existing infrastructure and knowledge.

• Our partners provide well-managed cleft treatment programs to the highest possible standards. We support the staff with training and ongoing professional development.

• We know every child is beautiful – before and after their cleft care. Patients and families receive psycho-social support to guide them through their transformation.

WHY GIVE?

• 100% of donations are directed to our projects.

• How? A private charitable foundation covers our administrative costs.

• All donations of $200 or more are matched by the private charitable foundation, allowing donors to double their impact.

• Your donation ensures cleft patients are able to realize their full potential – at school, in their communities and in the workplace.

A NOTE ABOUT FUNDRAISING:

We hosted two events in 2012. Beautiful Before & After raised $34,741.00 and Salsa for Smiles raised $8,500.00 for our projects! Thanks to all those who came out to support us!
“I think that I should help other kids if they need help. I feel responsible for them. If no one helps them or cares about them, those kids will not get better. I am happy that my friends helped me to raise money so that every kid could get better, could learn, and live better.”
- Aleena Sheikh Chaudhery, who raised $545.00 at her 8th birthday party
(This was matched by a private charitable foundation!)

IN GOOD COMPANY
We are fortunate to have the support of caring organizations that believe strongly in our work.

THE ABBYSINNIAN FOUNDATION
THE POWER OF PARTICIPATION
The volunteer Board of Directors sets our direction and guides us to be the effective and accountable charity we are. We extend our gratitude to Cindy Guernsey, Jill Martin, Nan Hudson, Jackie Elton, David Sloly for their time and valuable expertise.

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All photos taken by Transforming Faces staff, volunteers or partners.