1. **Extent of the problem.** – There are approximately 300,000 people living in Bangladesh with an untreated cleft lip or palate. Another four to five thousand babies are born with this condition each year.
2. **Why aren't mothers referred as soon as the baby is born with a cleft** - Women face socioeconomic and cultural barriers to seeking professional help during pregnancy and childbirth. Some deterrents are cost, long distances to health facilities, lack of knowledge and a tradition of using untrained local practitioners. **Only 23% of births take place at a healthcare facility**.
3. **What are the effects on a child with an untreated cleft?** – Most babies born with a cleft condition have difficulty feeding and many suffer from malnutrition. This contributes to weakening of the immune system and frequently results in higher infant mortality. Many of these children as they grow will suffer from social isolation, severe depression, malnutrition and ear, nose and throat infections. Children with an untreated cleft rarely attend school because they are ostracized and discouraged by a school system that is ill-equipped to handle children with special needs. They will remain illiterate which in turn perpetuates the poverty cycle.
4. **Cause of a cleft condition** - Cleft lip and/or palate is a congenital abnormality that is seen frequently. On average, about 1 in every 500-750 babies born **in the world** will have a cleft condition. The cause of cleft lip and/or palate is typically a genetic one, but there is also evidence that environmental factors during early stages of pregnancy may play a role. Infection, lack of adequate nutrition or exposure to certain chemicals, drugs or medications may also be contributing factors.
5. **Global Incidence** - Cleft lip and palate together is more prevalent in males, while cleft palate only, is more likely found in females. It is also suggested that the prevalence of this condition may vary with ethnicity. Evidence indicates that Asian, Latino and European people are most likely to have the condition, while it is least likely in people of African origin.
6. **Types of surgery** - Whilst surgical repair for a simple unilateral cleft lip may take comparatively little time, many of our clients have complicated conditions that may require lengthy and often multiple operations. Around 40% of the children that Operation Cleft surgeons treat have both a cleft lip and cleft palate.
7. **How many operations does Operation Cleft undertake each year?** We are currently funding between 1000 and 1200 operations annually.
8. **Who provides the surgery?** We contract the services of eight highly qualified Bangladeshi plastic surgeons. All have either British, or Australian specialist surgical qualifications (FRCS or FRACS). Many have also had extra training in the USA and Europe.
9. **Do you fly foreign surgeons in to perform the surgery?** – We never fly surgical teams into Bangladesh or patients out of the country for treatment.

10. **Where were the Operation Cleft surgeons trained?** – Our lead surgeon Professor Shafquat Khundkar trained as a plastic surgeon at the Victorian Plastic Surgery Unit, Preston & Northcote Community Hospital, Victoria, under Sir Benjamin Rank in the late 1970's. Prof Shafquat returned to Bangladesh and took up the post of Professor of Plastic and Reconstructive Surgery at DhakaMedicalCollege and Hospital. During his term of appointment he was responsible for training local plastic surgeons in Bangladesh (including many of those now utilised by Operation Cleft). Professor Khundkar has been our clinical advisor since the inception of the project in September 2005.
11. **What is the cost?** - We have established a comprehensive price per operation which includes: surgeons fee; assistant's fees, anaesthetist fee; suture and other consumable charges; operating theatre charges (including nursing and other staff); hospital ward charges; pharmacy and diagnostic expenses like x-rays, blood tests etc. We pay the surgeons and it is their responsibility to negotiate the charges for the hospital, clinical staff and ancillary costs and pay them accordingly.
12. **Ten operations a month are undertaken by each of our surgeons**. These may be performed at the hospitals in which they are residents or through our surgical outreach program at "mini" surgical camps. Most of our surgeons, being the leaders in their field, also consult at hospitals across Bangladesh. Mini camps are the preferred format as it provides a unique opportunity for training of registrars at facilities where there is no resident plastic surgeon. Our team also undertake a number of major surgical camps for between 60 – 100 operations over three or four days. (These camps are also used for surgical training.)
13. **Training** - The training component of Operation Cleft is ultimately very important to our surgical team, to the healthcare sector of Bangladesh and to the project. The number of qualified plastic surgeons in Bangladesh is still very limited. Each of our surgeons (all either Assoc. or full Professors) is not only a highly qualified plastic surgeons but also has extensive teaching experience at medical colleges in Bangladesh. Hands on training for registrars working as assistant surgeons alongside our team is invaluable. Contributing to the training of future plastic surgeons will ultimately make the service more widely available to the people of Bangladesh and will also ensure long term sustainability of the project. Our team now operate at more than 40 facilities across Bangladesh often performing their monthly quota of operations at "mini camps". They consult at hospitals where there is no resident plastic surgeon performing cleft repair surgery for 2 – 3 days, training registrars at those facilities in cleft lip and palate repair surgery and post operative follow up requirements.
14. **To ensure the integrity of the project** - surgeons are required to provide information on the hospital facilities at which they intend to operate before we authorise their use. (A limited form of hospital accreditation). Hospitals used for project surgery must meet the minimum standards criteria prescribed by our surgical consultant.

15. **In addition to the surgical aspect of the project** we have supported some speech and language therapy services to children post cleft palate repair surgery. This is quite challenging since this therapy is in an embryonic stage in the country and our clients are spread very widely. Nevertheless we have been able to arrange some speech therapy camps which have also served to provide valuable training for final year students and interns who have graduated from the speech and language therapy courses at CRP, an arm of the Bangladesh Health Professions Institute in Dhaka.
16. **It is a Bangladesh government condition of our approval** to work in that country, that the project is implemented by a local non-government organisation. Further that we must submit or resubmit on a three yearly basis a detailed operational budget to the NGO Affairs Bureau for approval. To meet this requirement our work in Bangladesh is administered on our behalf by the Centre for Disability in Development, a highly regarded non-government organisation. We fund the appointment of one and a half EFT (CDD) staff to maintain accounting and medical records relating to work done. They are also responsible for the logistics of surgical camps, promotion, and travel arrangements where necessary. In country auditing is provided pro bono by Rahman Rahman Huq, a member firm of KPMG.
17. The current three year agreement with CDD and the NGO Affairs Bureau concludes on 30th June 2014.
18. **In Australia** we maintain an office in Blackburn with a part time administrator supplemented as necessary by volunteers (Rotarians and non Rotary volunteers). Accounting is undertaken by a Rotarian (free of charge), and audit fees are donated back to the organization by McPhail and Partners. Oversight of the project is vested in the eight Trustees of the Foundation who are all members of the Rotary Club of Box Hill Central.
19. **The Manager, Julie Stein**, is responsible to the Foundation Board for the day to day administration of the project including – communications with CDD and the surgeons in Bangladesh; maintenance of records (including medical records of all patients with before & after photos of each child); receiving and receipting of all donations; payments to Bangladesh for services rendered; the development of promotional material (hard copy and electronic) and organising speaking engagements, etc.
20. **The organisation has tax exemption status and is** a Public Ancillary fund with DGR status. Project funds are transferred to CDD via RAWCS (Rotary Australia World Community Services) for disbursement to surgeons, hospitals etc. on a fee for service basis.
21. **Fundraising** is conducted throughout Australia and internationally with support from many Rotary Clubs and our team of 16 Ambassadors located in Victoria, ACT, NSW, QLD and SA and another 5 in the USA, Hong Kong and Bangladesh. There are also a significant number of individuals, schools, community groups and businesses who support the project.
22. We have established for promotional purposes that the cost per operation is around $AUD250. This cost is all inclusive and covers the surgical, medical and hospital costs as well as the associated administrative and promotional expenses both in Bangladesh and Australia. It also makes provision for variations in exchange rates.