



Zhao before surgery

TRUSTEES' ANNUAL REPORT & ACCOUNTS 2020



GIVING SMILES, SAVING LIVES

Operation Smile has provided hundreds of thousands of safe surgeries for those born with cleft lip and cleft palate worldwide. With more than three decades of expertise, Operation Smile is one of the largest medical volunteer-based organisations in the world and we deliver free, safe surgery to children and young adults in developing countries who could not otherwise access or afford medical care.

In addition to mobilising our highly accredited medical volunteers, we train local medical personnel and partner with hospitals, governments and ministries of health in order to ensure that safe surgery is a right for everyone in need, not a privilege.





Annika before surgery



Annika after surgery



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CHAIR'S WELCOME

Dear Supporters and Friends,

I could never have imagined a year ago, when I wrote the last report, what was to unfold in the year ahead. What an extraordinary time it has been. The effect of the global pandemic has been terrible to witness.

It quickly became clear that we could not continue with our planned work, and in March we made the very difficult decision to postpone most of our medical missions, leaving almost 10,000 patients waiting for surgery.

This did not stop us caring for our Operation Smile family, and around the world our volunteers and staff continued to support as many patients as they possibly could. We used all that we had learned in the previous 38 years and began to apply it in any way possible.

In response of the pandemic we provided medical supplies, PPE and oxygen concentrators.

We provided nutritional assistance, hygiene kits and virtual health services to support peoples' health needs.

We continued with our outreach programmes, adding patients to our cleft registers and letting them know that once it's safe to do so, we'll be there for their cleft care needs once more.

In places like Vietnam, alongside our hospital partners and ministries of health, we have gradually resumed surgeries, maintaining the safety of our patients, volunteers and staff as our top priority.

Even more than ever, we recognise that the work we accomplished last year simply wouldn't have been possible without your unwavering

commitment and support to help us make our world a more caring and compassionate place for all.

For 38 years we have provided access to the highest quality surgical care for patients and families living in the most vulnerable communities in the world. The incredible passion, loyalty and ambition of our volunteers, partners, staff and supporters means we have been able to continue restoring the health and dignity of thousands of people affected by cleft lip and cleft palate. We have worked hard to support and strengthen health care systems wherever we work, through building trust and fostering relationships. We are helping to forge a new global safe surgery infrastructure for the benefit of all patients, not just those with cleft.

The events of the past year have validated what we already knew to be true. Operation Smile is a global family, driven by love and hope. At the heart of this family are our volunteers and staff, all of whom want to say thank you to you, without whom we could not do the work we do. And, more importantly, I want to thank you all on behalf of all those children, and their families, who you will not meet, but who's lives you have changed forever by your generosity.

We hope that this report will show you how much your support has enabled us to achieve. For that, we say a heartfelt thank you for remaining by our side. On behalf of the Board of Trustees and those whose lives have been changed this year, thank you again.



A handwritten signature in black ink, appearing to read 'Maria Moore'.

Dr Maria Moore, BDS (Hons)
Chair OSUK Board of Trustees



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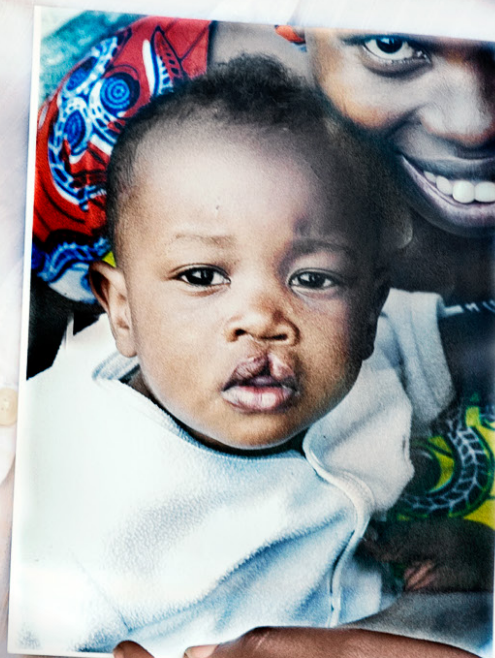
‘Every 3 minutes, a child is born somewhere in the world with a cleft lip or cleft palate. That statistic doesn’t change – even in a global pandemic.’

Kathy Magee
Operation Smile Co-Founder & President

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‘There are places that when I go, cars don’t go there. So if I have to walk, I will walk. If I have to crawl, I will crawl. If I have to swim to that place, I will swim. My mission is to go as far as I can go to spread the message wide, so that we will be able to help patients with cleft lip and cleft palate.’

Clement Ofosuheneng
Patient Coordinator, Operation Smile Ghana





THE LIVES WE TOUCH, THE PEOPLE WE HEAL

In the UK cleft conditions are operated on within the first three to six months of a child being born. However, in many countries medical resources are scarce and, even when available, the cost of surgery and aftercare is out of reach for many children and their families. That's where Operation Smile comes in. We make it possible for children with cleft to smile again.

Children suffer around the world

It is estimated that every three minutes a child is born with a cleft lip or cleft palate. They may be unable to eat, speak, socialise or smile. In many cases, their parents can't afford to give them the medical care they need.

A 45 minute surgery can change a life


It takes as little as 45 minutes to perform a safe, effective reconstructive surgery that can change a child's life forever. Our patients receive a thorough medical screening to ensure they are healthy enough for surgery, as well as critical follow-up care.

100% volunteer-based medical expertise

Surgeons, nurses, anaesthetists and other medical volunteers give hundreds of thousands of hours to travel to more than 150 medical mission sites each year to provide free surgeries and transform the lives of patients born with cleft lip or cleft palate.

A vision towards sustainable health services

We believe that safe, effective, well-timed surgery is a fundamental human right that should be accessible to all families. In many countries where we work, there are not enough trained medical professionals to handle the growing need and backlog of cleft cases. That is why training doctors, providing medical equipment and educating local medical professionals on the best surgical practices are high organisational priorities.



ABOUT OPERATION SMILE

Operation Smile is an international medical charity, founded in 1982. We have provided free surgery and comprehensive care to children and young adults born with cleft lip and cleft palate across the world for over three and half decades.

The Operation Smile Global Alliance

Operation Smile UK is part of the worldwide alliance of Operation Smile Inc (OSI). With 39 partners and foundations, we collaborate and fundraise to enable the implementation of the global strategies designed to address the issues of cleft conditions and safe surgery throughout the world.

Our volunteer network is managed through this alliance with a robust process of credentialing our global pool of surgeons, anaesthetists, paediatricians, nurses, speech

therapists, nutritionists and other volunteers. Alongside our international credentialed volunteers, we have a portfolio of credentialed resident volunteers within the countries where we work who organise local missions for Operation Smile in addition to their everyday caseloads.

OSI manage our cleft care programmes globally through the programme and finance departments who work directly with our country partners. Our medical standards are managed by the Medical Oversight Committee based in the US and its team of resident medical officers (RMO) based in Africa, Latin America and Asia.



'In the settings we go into, we know that patients may not have access to the full complement of these specialties, so we've always set the stage for excellence – never modeling mediocrity.'

Dr. Bill Magee

Operation Smile Co-Founder and CEO

Arun Saraswatula
Pediatrician
儿科医生

Operation Smile UK

Operation Smile UK (OSUK) is a registered UK charity with objectives which include fundraising within the UK for our global cleft care and surgical teaching programmes. With an independent board and medical subcommittee, we adhere to the UK legal framework which includes company and charity specific laws and regulations.

Our Board of Trustees meets quarterly to review our finances, operations, medical programmes and our risk register.

With the utmost respect for our donor interests, we select

programmes to support and disburse funds for their execution via OSI. Our impact and programme reports are compiled with in-country staff and OSI programme and finance teams. These are then reviewed by OSUK as part of the accountability process. We contribute to the global organisational direction by meeting with global colleagues on a regular basis.

With guidance from OSUK Medical Subcommittee, we support the recruitment of medical volunteers by attracting a wide range of UK medical professionals, placing them on medical missions and programmes around the world. At the end of FY2020, we have 108 active medical volunteers within the UK.



1. The quality of a child's care comes first

We make sure that every person we have the privilege of treating receives the same quality of care we would expect for our family members. We enforce our standards of care so we may improve the quality of care in all of our programme countries around the world.

2. Our staff, volunteers and donors are the lifeblood of our organisation

We have been able to treat hundreds of thousands of people only through the commitment, passion, and generosity of the Operation Smile family.

3. A network of collaborative, sustainable healthcare organisations fuels our success and expansion

As our medical missions have led to the establishment and staffing of indigenous healthcare facilities, we have fostered long-term collaboration with organisations that share our commitment to providing permanent access to safe surgical care.

A woman with dark hair tied back, wearing a yellow shirt, is smiling and looking down at a small yellow frog toy she is holding. The background is slightly blurred, showing an indoor setting with other people.

OUR GUIDING PRINCIPLES

‘We envision a future where health and dignity are improved through safe surgery.’

Through our expertise in treating cleft lip and cleft palate, we create solutions that deliver safe surgery to people where it’s needed most. As we grow and evolve, we must stay true to the principles at the heart of our identity and approach to surgical care. These are five guiding principles that inspire and motivate our staff, our volunteers, and our donors. They are the core of who we are.

4. We invest in youth because they will champion the future

We have always embraced and cultivated youth volunteerism worldwide, and we have always included youth on our surgical missions and within the organisation as a whole. Young people embody a contagious ‘can-do spirit’ and creativity that inspires and renews all of us.

5. When we help children and their families, we transform these families, their communities and ultimately, our world

A single life-changing surgery can be a catalyst for socio-economic transformation: that individual no longer faces a future of isolation and pain of living with a cleft condition. A family and their community find hope as we work side by side using the power of caring to mobilise our fellow human beings.

EVERYONE DESERVES SAFE SURGERY

One of our guiding principles is that the quality of a child's care always comes first. This principle has pioneered a global movement over the past 38 years, advocating 'safe surgery' in resource-poor environments where the lack of access to surgery accounts for 11% of all death and disability.

Through an integrated, patient centred approach, we use our experience and expertise to bring surgical and preventive treatment to those with cleft conditions who are in need of our care. We work to alleviate the bottlenecks and barriers such as educational, financial, social and geographic obstacles that block families from accessing healthcare.

We believe that where you live shouldn't determine if you live

Our model of safe surgery is in alignment with the World Health Organisation and the United Nations' Sustainable Development Goals and underpins the belief that safe surgical care is an essential service that every country's healthcare system should provide.

International and local medical missions

Each year, we conduct more than 100 medical missions, and each one of them unique. In some countries we supply medical equipment, in others, we deploy specialised medical volunteers. Regardless of the location, we work with the local community to create solutions that deliver the highest quality of care possible.

Over the years, we've perfected the medical mission model. On an international mission, medical and non-medical volunteers from around the world come together and work seamlessly to deliver exceptional care to our patients. The same quality of care is provided on local missions, which are conducted by volunteers from the host country. It's an important milestone when a foundation builds the capacity to host a mission on its own.

Planning a medical mission can take months. Our dedicated patient coordinators execute country-wide awareness and recruitment campaigns in advance to advertise the services

we provide. At the same time, our programme coordinators handle the logistics required to secure the supplies and the space needed to host our patients, their families and our volunteers. The mission itself lasts less than two weeks and includes health screenings, speech and nutrition therapy, dental care, surgery and post-operative care.

Sustainable Solutions In Action

Volunteerism is at the heart of our organisation. Our skilled network of medical professionals generously give their time for free.

What started as a family-led, medical-mission based organisation has grown into a global network of passionate individuals united in the belief that **access to safe surgery is not a privilege, but a universal human right.**

Empowering local health professionals through training and education creates surgical solutions that last. We're proud that most of our medical volunteers are from the low-and middle-income countries we serve. By partnering with Ministries of Health, academic institutions, corporations, local health professionals and other organisations, our goal is to change lives and revolutionise how entire health systems deliver surgical care where we work.

This year, 5,520 hours were volunteered by UK medical volunteers including surgeons, paediatricians, anaesthetists, operating theatre and recovery room nurses, medical record assistants and educators.





‘Our Medical Global Standards designate how all care and treatment should be provided at the patient level on a world-wide basis. The ideal of safe surgery is one that must be pursued in cooperation with others and shared among health care professionals of all medical disciplines.’

Geir Stangeland
Associate Chief Medical Officer, Operation Smile

SAVING LIVES THROUGH STRATEGIC PARTNERSHIPS

Training & Education

We're proud that nearly 85% of our medical volunteers are healthcare professionals from the low- and middle-income countries we serve. A majority of them have received training and education from us. We're investing in strengthening healthcare systems and partnering with universities, non-profits and governments with one mission in mind: **delivering safe surgery to people where it's needed most.**

We have a long-standing partnership with the American Heart Association (AHA) through which we have provided training to thousands of healthcare providers globally. This includes: Basic Life Support, Paediatric Advanced Life Support, Advanced Cardiac Life Support and Paediatric Emergency Assessment, Recognition and Stabilisation and Advanced Cardiac Life Support.

A combination of these training programmes are carried out in all countries where we work to refresh or teach life-saving techniques and practises to our colleagues all over the world. AHA training is part of a safe surgery package of training interventions.

Last year we coordinated 73 training programmes in 23 countries, providing a total of 2,367 certifications.

Cleft Research

We are currently conducting medical research to determine the causes of and find cures for cleft conditions. This project, known as the International Family Study, is led by our academic partners at the University of Southern California and Children's Hospital Los Angeles. The research uses genetic analysis, maternal and paternal questionnaires on environmental exposures and lifestyle habits. More than 15,000 individual saliva samples from a vast array of ethnicities and more than 7,000 families have been collected.

We believe this study allows us the opportunity to promote scientific research in heavily understudied populations, allowing them representation in the emerging field of genetic research to ultimately promote scientific discovery and methods for global health improvement.

Year-Round Comprehensive Cleft Care Centres

Our patients' need for care does not stop when a medical mission ends. That's why we have

established 31 centres in 16 countries that provide year-round solutions for those who require more complex treatment than a single medical mission can provide. At these centres, patients receive free services including dentistry, orthodontics, speech therapy, nutritional counselling, psychosocial care, and cleft and orthognathic surgeries from our dedicated staff and volunteers.

Our long-term goal is to establish year-round centres in every country we work in. The multidisciplinary care we provide at our centres in Colombia and Morocco represents the standard of services we are working to make available to every patient.

G4 Global Alliance

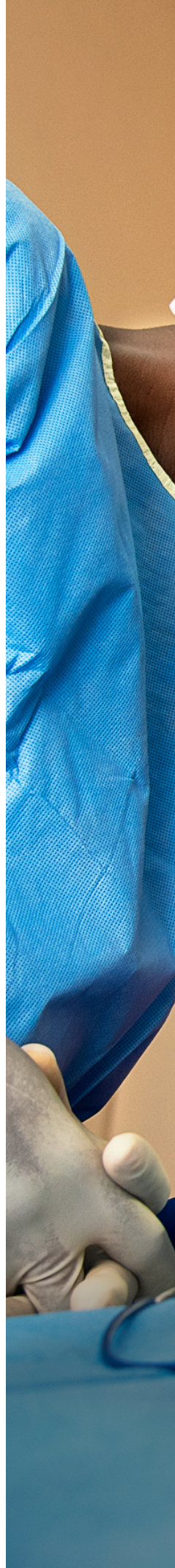
Operation Smile is part of The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance). The G4 Alliance exists to increase global political priority for surgical and anaesthesia care and to mobilise resources to help provide access to safe surgical care for patients in need. They comprise of more than 70 organisations working in over 160 countries, united in advocating for the neglected surgical patient.

Measuring Our Impact

Our reporting incorporates both quantitative and qualitative impact measurements to allow us to measure direct surgical impact and social impact. We always report on direct mission outcomes for patient numbers, screening and surgical outputs, number of surgical procedures performed by case, age and gender and the number of volunteers attending the mission.

As results go beyond surgery, these outputs are also supported by qualitative reports around patients' lives. We do not have the resources to track every patient, but we follow selected individuals who will have been operated upon during a mission. We also report on other components such as our local partner's participation, how the mission has positively contributed to the country strategy and note challenges and successes of the mission.

Our Medical Oversight Committee reviews all the surgical outcomes and evaluates the quality of the surgeries performed. This is a key evaluation for us as we pride ourselves on following and improving our comprehensive Medical Global Standards and will not compromise on this aspect of our work.





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‘At Operation Smile, we take nothing for granted and we are steadfast in our appreciation to all those whose support helps us provide life-changing surgeries without cost to patients or their families. We strive to foster long-term partnerships because we recognise we cannot work alone.’

Kendra Davemport
Chief Development Officer, Operation Smile



TAKING A HOLISTIC APPROACH

Reinforced by more than three decades of leadership in performing safe surgery in resource-limited environments, we know that a single surgical procedure is a small part of a larger, multi-tiered process that is focused on the entire well-being of the patient.

Our compassion for those we serve is put into action well before the surgeon makes the first incision and long after the final suture is closed. This commitment to the completeness of patient care doesn't only ensure the best possible outcomes; it's the right thing to do. Guided by our Medical Global Standards our incredible nurses and plastic surgeons – together with our paediatricians, child life specialists, paediatric intensivists, anaesthetists, among other critical medical specialties – deliver surgical results consistent with the world's finest hospitals.

Child Life Specialists

These certified professionals provide psychosocial care and educate patients and their families about the entire surgical experience, easing their fears and anxieties through therapeutic play and activities. This way, they can build trust between children, families and the medical mission or care centre team.

Nutritionists

Malnutrition is a dire health risk and a significant barrier to surgical intervention for many young patients in need of cleft surgery. Patients receive health evaluations on screening day during medical missions to determine if they are healthy enough to undergo surgery. Those who are malnourished are given support to reach a healthy weight and are invited to join the next available medical mission.

Speech Therapists

Our speech therapists have a wide range and depth of educational and clinical experiences in cleft and other craniofacial disorders. They partner with the medical team to provide insight into which types of procedures or non-surgical options ensure the best speech outcome for every individual patient. Additionally, they work with patients and families on nutrition and general speech and language development.

Dentistry

Our dentists focus on oral health, providing care to surgical and non-surgical patients. This may include extractions, creation of obturators and other strategies that improve the intra-oral function, speech and aesthetics of our patients. Throughout the programme, they also provide preventative and home-care instructions to patients and their families.



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‘Ten percent of surgery is the surgeon.’

Dr Bill Magee

Operation Smile. Co-Founder and CEO

COMPREHENSIVE CARE WE PROVIDE



Nutrition
counselling



Cleft surgery



Dentistry



Orthodontics



Orthognathic
surgery



Speech language
pathology



Psychosocial
support



CARING NEVER STOPS

In 2020 the worldwide spread of the new coronavirus that causes the disease known as COVID-19 posed incredible challenges. Safeguarding the health and wellbeing of all, including everyone involved with Operation Smile, has been at the forefront of our activities. The safety of patients, caregivers, volunteers, staff, supporters and partners in each of our communities around the world has always been, and will continue to be, our top priority.

Our Global Response to the COVID-19 Pandemic

Thanks to our generous donors we never stopped caring for our patients and their families. As we have prepared ourselves to return to providing surgery to children in need around the world, we have supported our patients, their families and their communities, and we have protected doctors and nurses all around the world.

- Supporting health care workers and hospitals: We're helping frontline health workers stay safe and empowered to better serve their patients by providing life-saving supplies and equipment as well as remote training to bolster their response.
- Ensuring the health and wellbeing of patients and their families: We're providing nutritional assistance, hygiene kits and virtual health services to support people and their health needs so they can thrive.

Fortifying the Front Line

The pandemic has placed enormous stress on health workers and hospitals everywhere. Healthcare systems that were already stretched are at severe risk of being overwhelmed during the pandemic.

By redirecting life-saving supplies like gloves, masks and gowns from our care centers and warehouses, we're keeping health workers safe from the virus.

Donations of personal protective equipment are being distributed around the world by our teams in many countries such as Ghana, Nicaragua, Madagascar, Ethiopia, Malawi and Vietnam.

Our partners made hundreds of thousands of these donations possible in Africa. With local and international supply chains disrupted, partnerships like this are critical to bridge the gap.

Health workers also need adequate equipment to care for their patients now and into the future.

The equipment we've donated is helping COVID-19 patients breathe.

Plans are also underway to remodel and outfit intensive care units at partner hospitals in Malawi, Madagascar, Mozambique, Ghana, Kenya, Rwanda, Morocco and Egypt. Alongside our partners Diamedica, KidsOR and Lifebox, we purchased 120 oxygen concentrators and 200 pulse oximeters for hospitals in Malawi, Madagascar, Mozambique, Ghana, Kenya, Rwanda, and Morocco.

Education and training are core components of Operation Smile's work and critical to our pandemic response. We're delivering essential basic life support training through distance learning, and leading virtual seminars to address challenges facing health workers in low- and middle-income countries so they can be better prepared to battle the virus.

We've entered a new reality. The way we work will change drastically to enhance infection protection and control protocols. We're strengthening our standards and continually evaluating the quality of care we deliver, so our patients receive the best possible results.



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‘We want to stand beside the communities that we serve. We are still in contact with our patients, and we are looking at opportunities to reach out to more people.’

Abhishek Sengupta
Operation Smile India Executive Director

GLOBAL COVID DONATIONS

Phase 1: March – April 2020



7.5m

Surgical gloves



1000

Bottles of hand sanitiser



21k

Goggles



200

Pulse oximeters



200k

Face masks



750

Face shields



120

Oxygen concentrators



300

Nutrition pouches



Continuing our commitment to patients

Around the world we're supporting patients and their families in new ways, caring for their health and safety through this uncertain time.

As many of our patients are now living in lockdown, our main priority has been keeping them healthy and well so they survive this crisis with dignity and are ready for surgery as soon as possible. If patients haven't been able to come to us, we have mobilised our staff and volunteers to go to them.

Children at risk of malnutrition have been offered a nutrition-packed supercharged form of peanut butter. It's officially known as RUTF — Ready-to-Use Therapeutic Food — and thanks to your kind support we have been able to supply RUTF in Ethiopia, Rwanda, Ghana, Malawi, Madagascar, Honduras, Nicaragua, Venezuela, Dominican Republic and Guatemala.

In countries like Madagascar and Nicaragua we are also supporting families with hygiene kits, which include items such as soap and masks, to keep them safe from the virus while they continue to social distance as best they can.

In India a 21-day lockdown placed incredible stress on many of its poorest people — day labourers.

In response we partnered with the Inga Health Foundation and local governments in Mumbai and Durgapur. There, we distributed food and personal hygiene items to 700 families and workers in the informal sector who are being hit the hardest by a nationwide lockdown.

Technology to the rescue

As many of us learnt new ways to communicate with our loved ones using technologies such as video conferencing, Operation Smile has been doing the same to reach out and support our patients and medical volunteers.

From our Managua cleft centre in Nicaragua, we're connecting patients who have received surgery with virtual speech therapy and psychosocial services over the internet and phone. Speech therapist Scarlet Gomez, OS Nicaragua, said that the virtual sessions are both highly effective and appreciated by patients and their families.

VOICES FROM THE FRONTLINES

DOREENLOVE SERWAH **Nurse from Ghana**



Doreenlove is a nurse and an Operation Smile medical volunteer in Ghana, where she served as clinical coordinator. Today, she works as the nursing lead at a local hospital, providing life-saving care to patients as well as educating her team of health workers on the necessary safety protocols that equip them with the skills and knowledge to handle the demands brought on by Covid-19.

'As a nurse leader in my unit, I've been educating the nurses and other health workers on the need to adhere to the precautionary measures put in place by the World Health Organisation to help combat the COVID-19 pandemic. Involvement with Operation Smile has given me confidence in my leadership abilities, as I have clinically coordinated missions. I believe it has made me a more effective team player. The numerous educational sessions I've conducted for my nurses before, during and after missions have also given me insight to their general strengths and weaknesses, how to deliver information better, mentor efficiently, motivate adequately and manage better.'

Mr Ankur Pandya is a plastic surgeon who works both within the NHS in the UK and as a Wing Commander in the Royal Air Force. He has been to 43 medical missions all over the world and he's a member of the Operation Smile UK's Medical Subcommittee.

'I am a plastic and reconstructive surgeon, so I operate on patients on a daily basis. Once Covid-19 started, we had to rethink our roles. We started offering trauma services where patients could just walk in. I have been to 43 medical missions and have learnt so much from these experiences. I have a lot of understanding of how to react in emergencies, mobilise people, motivate people, try and encourage people to work as teams, get hold of logistics and if something is missing, try and come up with different ideas. So, going on missions and working with new teams with people from all over the world has definitely had a major bearing on working during a pandemic. Once things are safer, I have absolutely no issues to go back working on medical missions. I don't think you can keep your life on hold fearing the worst, because when you do that innocent people who do not have a voice, who do not have anyone to advocate for them, are going to suffer.'

ANKUR PANDYA **Surgeon from the UK**



OVERCOMING NUTRITIONAL BARRIERS TO SURGERY

Children born with a cleft condition are susceptible to malnutrition due to the difficulties they face when feeding. Malnutrition remains one of the most significant obstacles to receiving care for Operation Smile's young patients. Malnutrition affects children with cleft conditions, especially babies with cleft palate, in the early developmental stages of their lives.

Without timely medical intervention patients face challenges with breastfeeding and struggle to receive proper nourishment when it's most critical making them more susceptible to infections and diseases.

If a child is malnourished, it is not safe to operate on them. This means that many families arriving at Operation Smile medical missions leave disappointed. However, we try and help every child that comes to our screening sessions and will therefore support malnourished children through our nutrition programme, until they are ready for surgery.

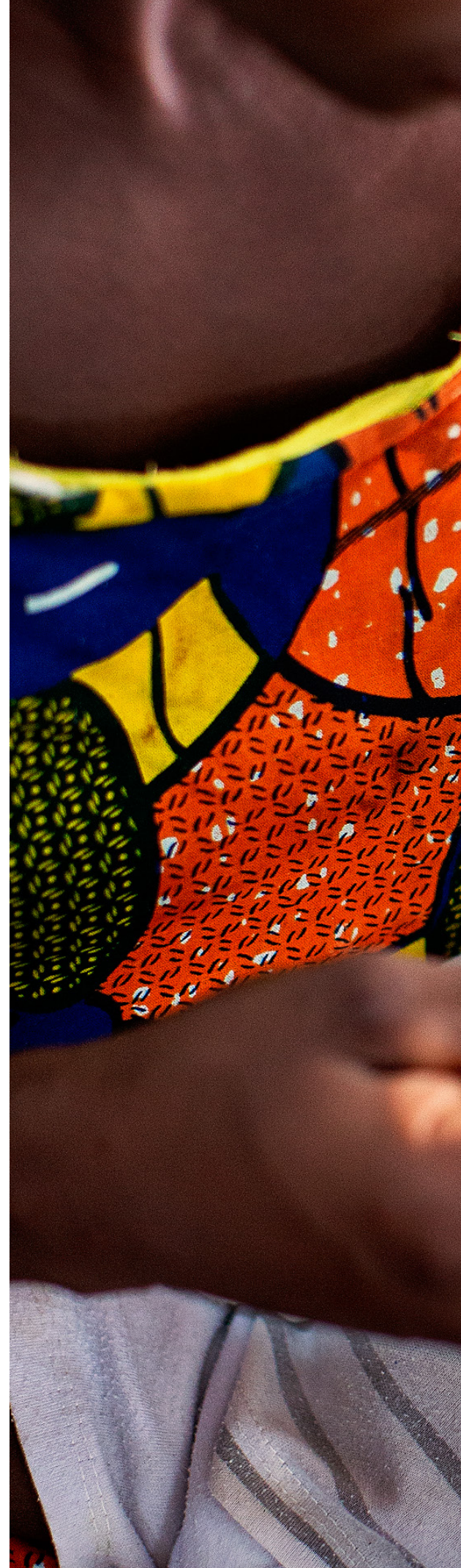
Operation Smile Nutrition Programmes

Operation Smile's global nutrition programmes primarily focus on malnourished children under the age of five. Patients receive foods high in energy and vitamins and their parents or guardians are provided with feeding techniques specific to their child's needs. Patients remain on the programme until they are ready to undergo surgery and for one month post-operatively.

Programmes vary since they are tailored to each country's needs and capabilities. However, they all:

- Provide nutritional education and feeding techniques to mothers and families, including provision of obturators and strainers
- Give guidance on positioning during feeding, how to prepare nutritious food using locally available items, as well as provide and administer RUTF (Ready-to-Use Therapeutic Foods)
- Conduct monthly weight and health assessments in regional health centers with local healthcare professionals
- Educate and empower local healthcare professionals in addressing the nutritional needs of children with cleft lip and cleft palate.

As part of our commitment to removing malnutrition as a barrier to care, Operation Smile is conducting research and evaluation of all nutrition programmes to maximise the impact of our work.





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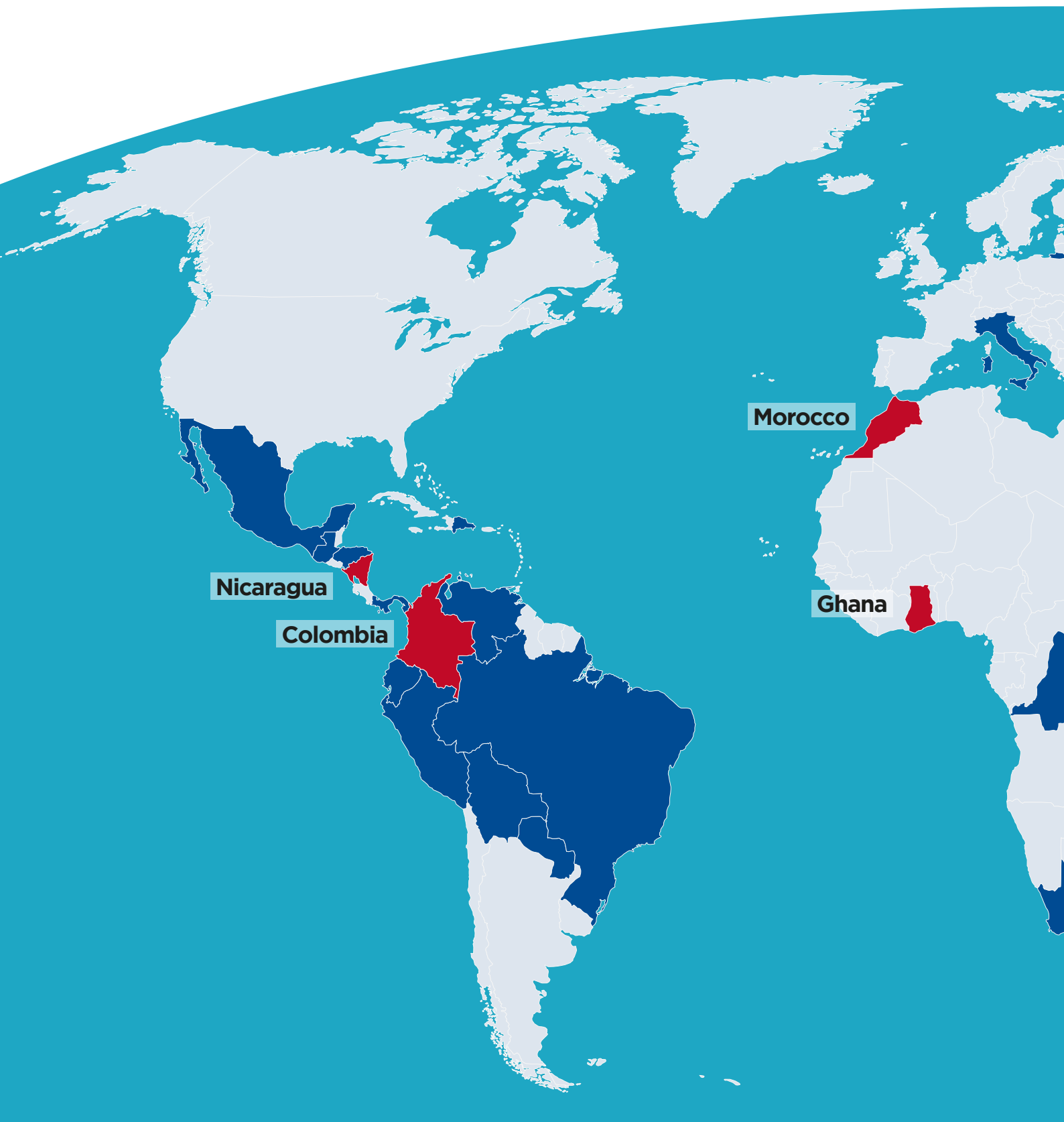
‘We train our mothers to use what they have to create nutritious food for their children. We ask what they have available: fish, beans, banana. Then, we work with them to create a practical solution, teaching them how to help their child,’

Dede

Volunteer Nutritionist, Operation Smile Ghana

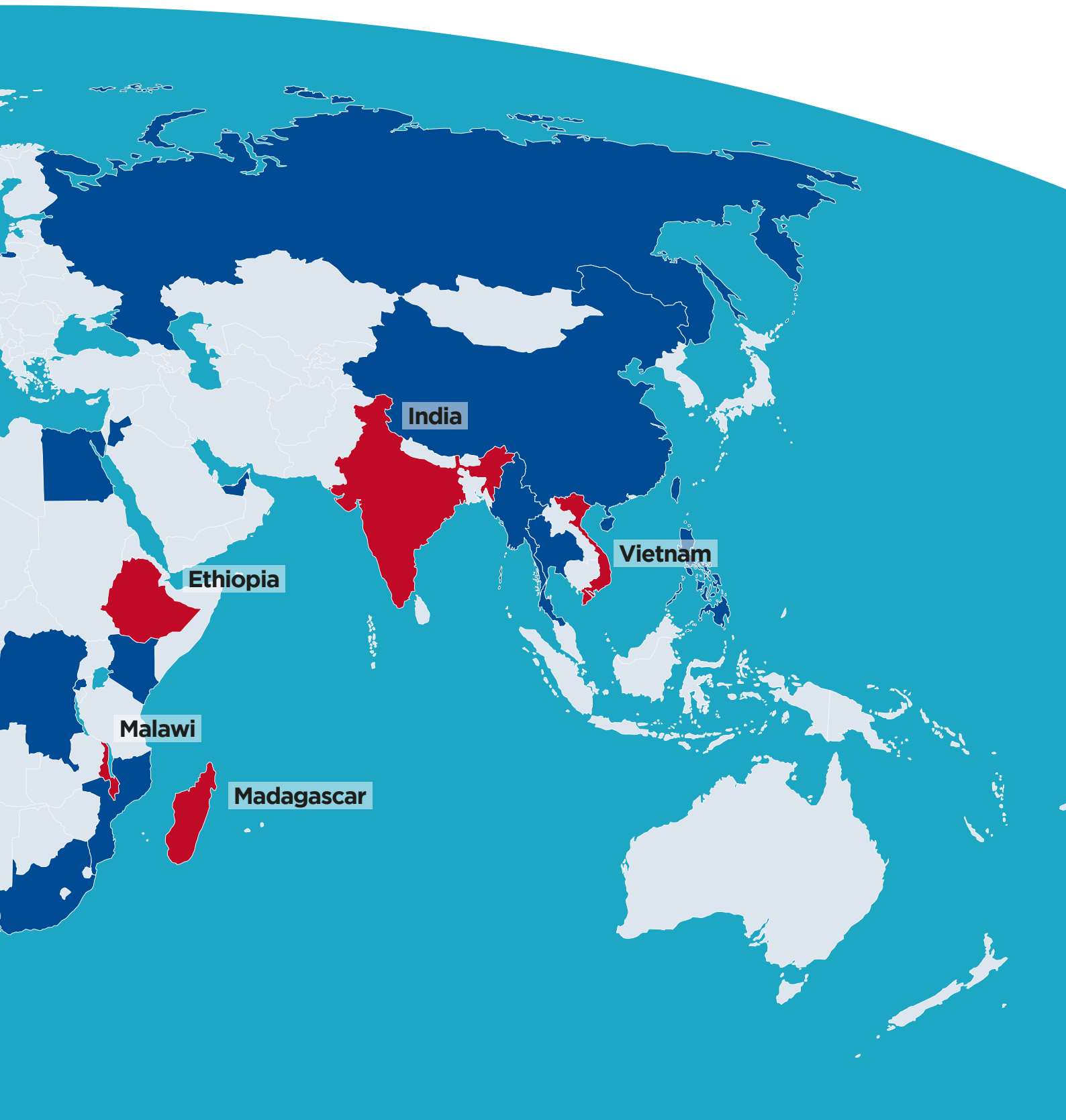
WHERE WE WORK

Operation Smile programmes are currently active in 34 countries. We have been a global leader in the delivery of high-quality surgical services in these low and middle-income countries for more than 38 years.





Our focus at Operation Smile UK is to fundraise in order to support our programmes globally. Within the global alliance network, OSUK focuses on certain countries, many where we have had significant grants on a multi-year basis. This allows us to plan ahead and manage complex and large projects.



GHANA

With a population of over 28 million people, the Ghanaian government spends less than five percent of its gross domestic product on health. This has resulted in a chronic shortage of human resources for health and a dearth of equipment needed to provide safe and effective surgery. In the country the estimated backlog of untreated cleft cases is around 2,500, with an additional 1,000 added each year. For the past eight years, it has been Operation Smile's duty to step forward and deliver high quality surgical care to Ghanaian children and adults suffering from cleft conditions.

Since 2011, Operation Smile has coordinated 18 medical programmes in Ghana, delivering surgical treatment to more than 1,700 patients and free health evaluations to more than 3,600 children and adults. Through an integrated, patient-centred approach, Operation Smile offers a scalable solution for equitably increasing access to surgical care in Ghana. Our experience and expertise uniquely position us to bring exceptional surgical care to those suffering from cleft lip and cleft palate and extend education and training opportunities to health care professionals throughout the country.

OUR APPROACH:

Deliver high quality care

In fiscal year 2020, Operation Smile Ghana implemented a nationwide multi-media awareness campaign to mitigate one of the most predominant barriers to care: awareness of the possibility of cleft surgery. Educational advertisements on TV, radio, billboards, and social media helped Operation Smile identify patients across the country. Many of these patients received care during our local and international medical programmes.

Address malnutrition

In Ghana malnutrition rates remain unacceptably high—19 percent of Ghanaian children under the age of five are stunted, or moderately to

severely undernourished. Malnutrition is a significant barrier to receiving surgery safely as it increases the risks for surgical complications. To mitigate this barrier, Operation Smile Ghana has implemented a nutrition programme to help patients reach a healthy weight for surgery. Conducted year-round in five regions, the nutrition programme offers monthly intervention assessments, ongoing treatment for patients suffering from nutritional deficiencies, and parental education.

Educate human resources for health

Training human resources for health in low- and middle-income countries is at the heart of our strategy for building local capacity to deliver care. Through strategic partnerships, we delivered hands-on skills training workshops and lectures for surgeons, anaesthetists, paediatricians, nurses, speech therapists and nutritionists within the mission setting. These training programmes ensure local providers are equipped with the skills necessary to provide safe surgical care locally and create a sustainable model for the future. In addition, we offer Basic Life Support (BLS) and Paediatric Advanced Life Support (PALS) training in partnership with the American Heart Association (AHA) for Ghanaian health providers.





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‘When they come to the shelter and then they see so many people with cleft, it strengthens them. They may have thought that they were the only one with a cleft, but now what are they seeing? People with various degrees of cleft. So at the shelter, it’s like a family.’

Clement Ofosuhemeng
Patient Coordinator, Operation Smile Ghana



INDIA

With a growing population and less than five percent of gross domestic product (GDP) expenditure directed toward public health care, the healthcare system in India is ill-equipped to address the estimated backlog of 200,000 cases of cleft lip and cleft palate. Operation Smile is taking steps to address this crisis. Since 2002, Operation Smile has executed medical programmes in 24 cities across India, extending surgical treatment to more than 22,000 patients. India is expected to be one of our high-investment and high-volume countries over the next several years.

OUR APPROACH:

State-level approach

In order to reduce the backlog of patients in India, Operation Smile initiated partnerships at the state level to target regions with the largest numbers of patients awaiting cleft care. Starting with the state of West Bengal, Operation Smile, in partnership with the Inga Health Foundation, began scaling programmatic activity to provide surgical care through medical programmes at multiple sites throughout the region.

Education & training opportunities

Extending opportunities for education and training is critical to closing gaps in human resources for health and empowering local health care providers to care for patients in their communities. Our medical missions and our centres offer numerous opportunities for organic skills exchange between care providers. In addition, we offered ongoing training and lectures for nurses and other health care specialists to grow our pool of frontline caregivers.

Year-round multidisciplinary care

Our year-round care centres, in partnership with the Inga Health Foundation, provide sustainable access to surgical and multidisciplinary cleft care in Mumbai, Bangalore, Srinagar and Durgapur. This partnership allows both organisations to have greater impact than what each could accomplish individually and provides patients with continuous access to care channels for surgery and rehabilitation. On average, the four centres are expected to provide over 7,000 individual patient consultations and surgically treat more than 1,000 patients in need.



“

‘You have to keep following up. A child might need two or three surgeries. A child almost always needs prolonged speech therapy. You need orthodontic care, because, many times, you need to do a lot of work with the facial bone structure before the child is even ready for surgery. A lot of these kids are malnourished, so we need to have a proper nutrition programme so the child is healthy enough to get surgery.

You need to provide comprehensive and complete care from the cradle until the end of growth.’

Abhishek Sengupta
Executive Director, Operation Smile India

MADAGASCAR

In Madagascar only 20 percent of the population is able to reach surgical services within two hours, and a staggering 95 percent of the people face financial ruin if they require surgery. Hospitals outside of the capital lack basic necessities like electricity, oxygen and running water, and surgical equipment is incredibly rare. These factors have contributed to an estimated backlog of 3,400 cases of unrepaired cleft lip and cleft palate across the country.

Since 2007, Operation Smile has delivered surgical treatment to more than 3,000 Malagasy children and adults suffering from cleft lip and cleft palate. We have executed 25 medical programmes across the country, bringing care to some of the most remote populations in Madagascar. With over three decades of experience mobilising cleft care and resources in low-and middle-income countries, we have the skills, expertise, and knowledge to provide innovative and dependable care to the Malagasy people.

OUR APPROACH:

Deliver care to patients

Operation Smile's global experience has taught us that the patients we treat often face multiple and overlapping structural, financial and cultural barriers to accessing care. One of those barriers is the awareness that care is available or even possible. To address this, Operation Smile is implementing broad outreach and education programmes for community leaders in the country and harnessing local partnerships to extend our reach. We also continue to engage nine patient advocates, who play a critical role in enabling patient access to care. Often former patients or parents of patients, patient advocates educate communities on cleft care and bring patients to our missions. Our patient awareness and outreach efforts supplement our medical programmes by providing remote populations with the information they need to locate our services and receive the free surgical care that they deserve.

Offer comprehensive care services

As of 2018, 47 percent of children under five are stunted from being chronically malnourished. Patients with poor nutrition are at increased risk of experiencing complications during and after surgery. To mitigate this barrier to care, Operation Smile offers nutrition clinics for parents and distributes Ready-to-Use Therapeutic Food (RUTF), an energy-dense and micronutrient-enriched fortified peanut paste that has been carefully formulated to provide a child's basic nutritional needs, to patients to support healthy weight gain. In addition, the programme has integrated parent workshops that teach families special feeding techniques and strategies for patients with cleft lip and cleft palate.

Train local health care workers

Extending opportunities for education and training for local health care workers is critical to closing gaps in human resources for health. Our AHA courses have been amongst our most impactful, extending skills in Basic and Advanced Paediatric Life Support to thousands of health providers worldwide. In addition, we facilitate educational exchanges and focus groups in nutrition and speech therapy for Malagasy nutritionists and speech therapists to continue building our approach for providing comprehensive care services to patients.





Brunel with her father

“

‘I dream that after surgery, she’ll go to school and be like any other child’

Brunel’s father

MALAWI

Malawi is characterised by a heavy burden of disease, evidenced by high levels of both child and adult mortality and high prevalence of diseases such as HIV/AIDS, malaria and tuberculosis. There is also evidence of a growing burden of noncommunicable diseases.

Operation Smile expanded its reach into Malawi in 2012. Since then, Operation Smile has been working under the umbrella of the Ministry of Health and is committed to the creation of programmes leading to the self-sustainable treatment of cleft conditions through capacity-building and working within Malawi's existing cleft infrastructure.

In 2018 Operation Smile embarked on an exciting, ambitious project to provide surgery to every adult and child living with a cleft in Malawi. With the support of the Kentown Wizard Foundation, Operation Smile has significantly increased activity in the country over this period, reaching patients from up and down the 'warm heart' of Africa.

To date, Operation Smile has conducted seven medical missions in Malawi, providing free life-changing surgery to 1,544 Malawians. Operation Smile has also arranged training for hospital staff and medical students, such as Basic Life Support (BLS). Over 562 health care professionals in Malawi have benefited from these medical programmes.

OUR APPROACH:

Patient centered care

At the core of our work remains our patients, their needs and their ability to live thriving lives integrated within society. The patient management team has remained in close communication with families to ensure they have adequate support, information and can access services when needed.

Operation Smile Malawi conducts patient outreach across the country through various means including visits to communities and health facilities, use of media, posters and phone calls. Our network of community volunteers and partner organisations have been key to reaching out to our patients. To increase the coverage of our outreach the team organised a major campaign which brought together all patient coordinators,

including the national coordinator, to reach remote areas and other rarely visited communities.

Address malnutrition

To deliver surgery in Malawi, we have to overcome many challenges. Malawi has one of the highest rates of malnutrition in sub-Saharan Africa, resulting in many children not being strong enough to undergo surgery. We have implemented a nutrition programme that identifies patients in need. Our outreach team works in all three regions of the country to support our nutrition programme. We provide RUTF and other supplement alongside the teaching on feeding techniques.

We are also sequencing patients into care in hospitals in Lilongwe and Blantyre to help us achieve our goals.

Training and education

We strive to build local capacity and self-sustainability through training medical professionals and the procurement of equipment. This is essential in order to run frequent surgical programmes across the country to achieve our goal of eradicating cleft in Malawi, alongside having the necessary monitoring system in place to promote early and accurate identification of birth defects.

This March Operation Smile Malawi partnered with the Ministry of Health to host the country's first Anaesthesia General Meeting (AGM) in ten years. The AGM was attended by 78 anaesthetic providers, two anaesthetist representatives from the Ministry of Health and Dr Charles Kabetu, Operation Smile's Regional Medical Oversight Director. Alongside the AGM, 3 UK anaesthetist volunteers trained clinical officers using World Federation of Societies of Anaesthesiologists methods in anaesthesia, respiratory care and SAFE Obstetrics.





“

‘It’s not what we do, or how we do it, but WHY we do the work we do. And at the heart of our work are our patients.’

Ibrahim Nthalika
Programme Manager,
Operation Smile Malawi

MOROCCO

Operation Smile first provided care to Morocco in 1998 and Operation Smile Morocco was officially founded a year later. Since then the Foundation has established care centres in Casablanca, El Jadida (dental only) and Oujda that provide the following services daily to patients: dentistry (including the production of obturators), speech therapy, orthodontia and psychology.

Operation Smile's global volunteer network includes more than 400 Moroccan medical professionals and dozens of non-medical volunteers who donate their time to care for patients in Morocco and around the world.

OUR APPROACH:

Deliver high quality care

Patient numbers continue to increase in Morocco due to ongoing centre support and cleft awareness campaigns carried out on dental missions. On its missions, Operation Smile Morocco operated on more than 450 patients and provided dental treatment to another 3,500 patients.

Along with orthodontics and dentistry, speech therapy remains one of the most essential and prominent disciplines of care provided by Operation Smile Morocco due to the lack of knowledge surrounding the impact of cleft conditions on a patient's speech.

Cleft centres

In the years following its inception, Operation Smile Morocco discovered that cleft surgery acts as only a single step along the path

of a patient's journey toward healing.

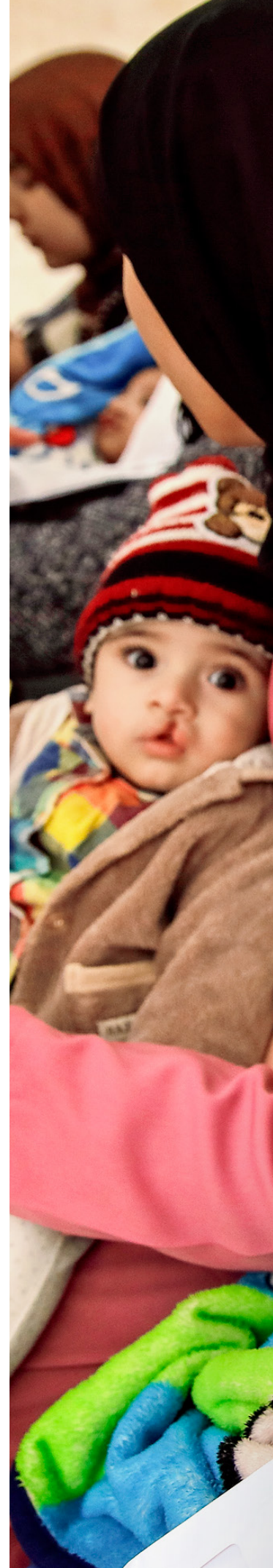
Operation Smile Morocco established its first care center in 2008 in Casablanca, which supplied the organisation with the infrastructure and innovative equipment needed to provide patients with year-round multidisciplinary care services.

In 2014, Operation Smile Morocco opened its second center in El Jadida, followed closely by the third in 2019 which is located in Oujda.

Women in medicine inspiring a generation

To mark International Women's Day on 8th March 2020, Operation Smile conducted its first international medical mission comprised entirely of female volunteers. The mission was held in Oujda, Morocco, where a team of 54 female volunteers from 25 countries performed more than 290 comprehensive health evaluations and delivered nearly 130 surgeries.

During this incredible mission, our volunteers were very busy training the next generation of female medical professionals. We held surgery and dental workshops at the comprehensive cleft care centre in Oujda.





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‘What motivates me are the smiles of the babies, being able to see them and just imagining them going through life with the change. You’re giving them a chance to live, a chance to grow, the power to study and go further and be something in society. We are giving them hope.’

Nour Mahmoudi
Programme Manager, Operation Smile Morocco

FUNDRAISING STATEMENT

Thanks to the kindness and generosity of our diverse supporters, we have achieved an income of £3.8M. Our expenditure was £1.7M on raising funds and £1.5M on charitable activities giving us a net position of £473K an increase of 108% on the previous year after unrealised loss of £9K on donated shares.

At Operation Smile, we hold ourselves accountable to the trust our donors and supporters place in our work to improve health and dignity through safe, effective and timely surgery of those suffering from cleft.

Committed to being the best steward of the gifts we receive, we direct funds to programmes that bring the highest standards of care to people living with cleft and other facial and dental conditions. Our stringent medical standards require the purchase of high-quality, and therefore high-cost, medical supplies, which are then shipped worldwide to our programme sites.

Most importantly, we pride ourselves on following the highest standards of accountability, effectiveness and efficiency. Our codes of conduct set out a global standard for all Operation Smile offices to comply with.

With over 38 years' experience of looking after children, we have a global policy for child protection which is implemented across all our offices. This policy is reviewed annually.

OSUK's fundraising approach is primarily through consented and/or legitimate interest or solicitations.

OSUK has voluntarily signed up to the Fundraising Regulator and Information Commissioner's Office (ICO) code of conduct which covers fundraising practices and the use of donor's data respectively.

As a member of the Fundraising Regulator, we hold ourselves accountable to our donors and have the utmost respect for our donor base. We work to remain compliant to the General Data Protection Regulations (GDPR) and Data Protection Act 2018. During this financial year all staff had refresher training on data management and data security, GDPR and its compliance.

The Head of Data & Insight is the first point of contact for any queries or complaints made via the above regulators and the Chief Operating Officer is notified of any queries or complaints made. Board agendas have a standard item of update on GDPR which allows us to focus on reporting to the Board any issues that are or have raised concerns or reports to ICO.

Agents working on our behalf are contracted and provided with guidance through training for reporting complaints to Operation Smile. Some, not all, subscribed to the Institute of Fundraising, DM Associations and Telephone Preference Service Assured. With regards to PCI Compliance our agents are requested to submit on an annual basis confirmation of their security status/vulnerability reports if any.

People carrying out fundraising activities on our behalf are provided with a fundraising pack, which stipulates their responsibilities and liabilities. There is an ongoing stewardship and reporting process in place for accountability.

For the last financial year from the 1st July 2019 to 30th June 2020 Operation Smile have had no official complaints via the Information Commissioner's Office.

We remain committed to the care of our donors, supporting their requests for contact and privacy, communicating with them only as appropriate.

Fundraising activity

Throughout the year we raised funds through our generous donor base, which include individual donors, corporates, students, community fundraisers, trusts and foundations.

Our diversified direct marketing fundraising activities included:

- Appeals
- Newsletters
- Email solicitations
- Regular monthly giving
- Digital campaigns (pay-per-click)
- Facebook fundraising
- Facebook ads

We also partnered with third party agencies to recruit new supporters, and communicate with current supporters through the following activities:

- Press ads and press inserts- recruitment of single gift donors.
- Cold direct mail - recruitment of single gift donors.
- Warm direct mail - postal communication and fundraising from database of supporters.
- Telemarketing - recruitment of regular donors.
- DRTV - recruitment of single gift and regular donors.
- Digital acquisition - recruitment of single gift and regular donors.

Communications

As the fundraising landscape continues to change, in 2019-2020 we increased our activity within the digital space with a goal of growing our online fundraising and awareness.

During the year we launched our new website which has been designed to improve the online user experience and provide a donation platform that is easy to use and responsive. To build awareness about our work and the needs of those with cleft, we executed a PR awareness campaign that covers some of our key activities, such as the first Operation Smile All Women's Mission that was held in March 2020 in Oujda, Morocco.



OUR ACHIEVEMENTS



Iddrisah before surgery

OUR GLOBAL ACHIEVEMENTS



8,686

Patients healed



31

Countries visited



111

Surgical & dental
medical missions



12,327

Patients receiving
medical evaluation



31

Care centres in
19 countries



72.1%

Of all missions
conducted by local teams



Iddrisah after surgery

OUR UK ACHIEVEMENTS



108

Active UK
medical volunteers



22

Medical missions with
UK medical volunteers



17,598

Supporters
in the UK



4,740 hrs

Volunteered by UK
medical volunteers



£1.5M

Given to medical
programmes



£217,131

Value of donated
medical care

THANK YOU

Our life-changing work is made possible by our partners, supporters and volunteers. Operation Smile is extremely grateful that, despite the disruption of Covid-19, our valued corporate partners have continued to provide essential support. Many thanks to each of our partners and to their employees for this inspiring commitment.

Generous Individuals, Charitable Trusts And Foundations

Allergan International Foundation
Bridor Trust
The Carmela and Ronnie Pignatelli Foundation
The Diana Edgson Wright Charitable Trust
The Duncan Bannatyne Charitable Trust
The Grace Charitable Trust
The Grace Trust
The Imago Trust
The John Beckwith Charitable Trust
Jon Wood
The Kentown Wizard Foundation
The Polonsky Foundation
R & H Woods Charitable Trust
Rockcliffe Charitable Trust
R U B White Charitable Trust
The Saints and Sinners Trust
The Shelagh Fitzgibbon Charitable Trust
Souter Charitable Trust
The Traynor Foundation
The Tupil Charitable Trust
UBS Optimus Foundation

The Waterloo Foundation
Veta Bailey Charitable Trust
The Whitcombe Family Charitable Trust
The Zochonis Charitable Trust

Corporate Partners

Johnson & Johnson
Align Tech
MiSmile Network
AS Watson Group
Superdrug
Savers
The Perfume Shop
Mediterranean Shipping Company
The Bannatyne Group
Molnlycke Healthcare
Galderma
The Harley Medical Group
STEP Private Client Awards

Smile Ambassadors

Anthony Andrews
Duncan Bannatyne
Tom Burke
Saira Khan
David Webb





‘While COVID-19 has changed so much for so many, it has not changed what Operation Smile was founded and built on. It’s our promise, and our responsibility, to the children and their families: that no child will be left behind. As long as children are waiting – we stand ready to help. Thank you for standing with them - and us.’

Dr Bill & Kathy Magee
Co-Founders, Operation Smile.



Patients waiting for screening in Mozambique

To support

Operation Smile's global cleft and safe surgery programme initiatives

To maintain and expand

our programme support primarily in Africa, Asia & Central America

To provide

excellent care and service delivery through our medical and non-medical volunteers



LOOKING AHEAD

Even though we had to adapt to the challenges posed by the coronavirus pandemic, we remain committed to our mission. Our focus for 2020-2021 therefore remains consistent with last year's goals, to provide the best quality comprehensive care to our patients where it's needed most.

To grow

both our unrestricted and restricted income to support the above

To raise

our national profile through use of mixed communication channels and donor-centric communications

BOARD OF TRUSTEES

DR MARIA MOORE BDS Hons, Chair



'It's extraordinary to witness the impact of Operation Smile. Not just on the children themselves, but their family members and all those around them. It's amazing.'



Dr Maria Moore has been involved with Operation Smile since 1999, first as a donor and then as a dental volunteer in Guwahati, India. Maria has attended international missions to India, Panama, Colombia and The Philippines and is an active and dedicated fundraiser. She became chair of Operation Smile United Kingdom in December 2015. Having graduated with honours in dentistry from Birmingham University in 1988, Maria's career spans both the NHS and the private sector. Maria now owns and manages a successful dental practice in Virginia Water and gives her time to Operation Smile in her capacity as chair of the board.

Dr William P Magee Jr co-founded Operation Smile in 1982 with his wife Kathy in Norfolk, Virginia, USA. He is a plastic and craniofacial surgeon and serves as Operation Smile Inc Chief Executive Officer at our global headquarters. Over three and half decades, Dr Magee has not only trained and mentored physicians worldwide but he has taken Operation Smile into over 60 countries, building Operation Smile into a highly respected and leading organisation in cleft care provision for infants, children and young adults across the world.

DR WILLIAM P MAGEE JR D.D.S., M.D.



'Love by definition is self-sacrifice. Love is a decision to make someone else's problem your problem.'

ANDREW BRUCE BSc, MBA



'As the world changes, Operation Smile adapts. We have recently focused on safe surgery and health systems strengthening, especially in countries where access to surgery is a privilege. We work hard to change it.'



Andrew Bruce is a successful and experienced international investor. He is the chief investment officer of Caledonian Advisory with global industry experience in organisations including, Société Générale, Macquarie Bank and D.B. Zwirn. He joined Operation Smile UK in September 2018 and brings operational, fundraising and leadership skills and his knowledge of the investment and asset management industries.

CATHERINE DE MAID LLB



'I lived and worked in South Africa for almost 13 years, which is how I first got involved with Operation Smile, initially as a volunteer and then as a director. It was a life-changing experience, and I formed friendships which are still going strong today. When I took the decision to return to the UK four years ago, I was delighted to be asked to join the Board in the UK. It allows me to stay connected to the global family which is Operation Smile, and to Africa in particular, which will always hold a special place in my heart.'



Catherine is a UK qualified solicitor, specialising in private client work, philanthropy advice and charity law. She works for independent law firm Burges Salmon LLP. Her expertise in the area of governance contributes significantly to the Operation Smile board. Whilst working in South Africa, Catherine helped establish Operation Smile South Africa, our regional hub for sub-Saharan programmes, and was an active member of their board for eight years until October 2017. Catherine has attended a mission to the Democratic Republic of Congo, has assisted World Care patients in Cape Town and attended a Cape Town mission which took place on a US navy ship. On her return to England, Catherine became a member of the board of trustees of Operation Smile UK in February 2018. In addition to her legal expertise, Catherine brings her knowledge of Africa to our board.

Christopher has spent his career managing global communications agencies, specialising in advertising, digital, PR, media and direct marketing. He is an expert in managing communications agencies globally, overseeing advertising, digital, data, PR, media and direct mail agencies around the world. He worked for 32 years at Havas, most recently as global chief operating officer. He is now a non-executive director, investor and adviser helping companies to realise their true potential. He joined Operation Smile UK's board of trustees in February 2018. Christopher brings a wealth of communication expertise to Operation Smile and works with us to ensure an appropriate and relevant mix of communications across diverse channels.

CHRISTOPHER PINNINGTON BA



'At Operation Smile, we take nothing for granted and we appreciate all donors and partners, whose support helps us to provide life-changing surgeries without cost to patients or their families. We cannot work alone and help those children and adults without our caring supporter base.'

DR PHIL MCDONALD MB ChB, FRCA



'Whenever we go to a site we keep going back again to treat everyone with a cleft. We also train the local medical professionals, so they can provide surgeries to their people in the future.'



Dr McDonald graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Dr McDonald has been Medical Director and a trustee on the board of Operation Smile UK since it was registered in 2002. He was featured in the BBC1 documentary about Operation Smile, 'The Facemakers', in June 2000 and in the 2009/10 Blue Peter Charity Appeal, 'Send a Smile', which also supported the charity. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Phil is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

OSUK MEDICAL SUBCOMMITTEE

Operation Smile's Medical Subcommittee sets the standards for recruiting and credentialing medical volunteers within the UK. They provide oversight and guidance for Operation Smile UK supported programmes to the board and to the CEO.

MEMBERS

The Medical Subcommittee is comprised of experts in their fields, who attend medical projects regularly and are in contact with fellow Operation Smile volunteers.

Dr Phil McDonald Chair – Consultant Anaesthetist, St. Richard's Hospital, Chichester



Dr McDonald graduated from Liverpool University in Medicine. He is a consultant in anaesthetics and intensive care at St Richard's Hospital, Chichester. Dr McDonald has been medical director and a trustee on the board of Operation Smile UK since it was registered in 2002. He has been an anaesthesia volunteer with Operation Smile since 1995 and has been on numerous medical projects in Colombia, the West Bank, Romania, India, China, the Philippines, Kenya and Ethiopia. Dr McDonald is committed to the provision of sustainable healthcare solutions in developing countries and has worked tirelessly to develop the anaesthesia capacity of Jimma University Medical Centre, Jimma, Ethiopia through the establishment of their Anaesthesia Residency Programme.

Mr Hall has been a Consultant Plastic Surgeon working at Addenbrooke's University Hospital in Cambridge UK since 1996. He set up the Cleft Service in Cambridge but has now handed over the management of the East Anglian Cleft Lip and Palate service so he can concentrate more on working with Operation Smile.

Mr Hall became a volunteer surgeon with Operation Smile in 2009 – his first mission was in Jimma, Ethiopia. Mr Hall have been to 15 medical missions. However, since 2012 Mr Hall has focussed his energy on Jimma, Ethiopia where he has returned on many occasions. There he has been helping the skilled local surgeons to develop their own plastic and reconstructive surgery service and a curriculum for training the next generation. Jimma is now becoming established as a reconstructive and cleft centre for the south of Ethiopia serving a population of approximately 20 Million people who have not had access to reconstructive surgery in any formal way until now.

Mr Per Hall FRCS (Plast) – Consultant Plastic Surgeon, Lead Clinician Cleft Network East Addenbrookes, Cambridge



Qualifications: MBBS, MS, MCh, Dip.Nat.Board(Gen)(Plast), FRCS(Ed), FRCS(Glas) Eur.Dip.Hand Surg, FRCS(Plast), DMCC, OstJ., RAF.

Wing Commander Ankur N Pandya is a Consultant Plastic, Hand & Reconstructive Surgeon, working both within the NHS and a full time Officer in the Royal Air Force Medical Services.

He has been a volunteer with Operation Smile since 2006 and has completed 43 international missions all over the world. He was the Regional Medical Officer for Operation Smile in the Central Region (2008-2010), The Deputy Chief Medical Officer worldwide in charge of Governance and Quality Assurance (2010-2015) and has concentrated on volunteering and teaching on Operation Smile missions in cleft and post burn conditions.

Wg Cdr Ankur Pandya Consultant Plastic & Reconstructive Surgeon Portsmouth Hospitals NHS Trust and Royal Air Force Medical Services



Dr Annemieke Miedema Consultant Paediatrician and Paediatric Intensivist



Dr Miedema graduated from Maastricht University Medical School in the Netherlands and went on to train as is a paediatric intensive care doctor. Having spent time in Australia and Canada she came to the United Kingdom in 2012 to work as a Consultant in the Paediatric Intensive Care department at Birmingham Women's and Children's Hospital, where she focussed on Education and Improving patient pathways.

Since 2009 Dr Miedema has volunteered as an Intensivist and team leader for Operation Smile, joining numerous surgical programmes around the world, including Cambodia, Vietnam, Philippines, China, Jordan, India, Ethiopia, Kenya, South Africa, Namibia, Madagascar, Malawi, and Paraguay.

In 2019 Dr Miedema returned to work in the Netherlands where she continues to support Operation Smile as a consultant, medical volunteer and member of the UK Medical Subcommittee.

Jackie Matthews works as a cleft clinical nurse specialist (CNS) for South Thames cleft service, at St Thomas's Hospital. She is an outreach CNS, covering Kent, east and west Sussex; she assesses new-borns, establishes feeding and supports patients through the cleft pathway to surgery, and beyond, as part of the wider MDT. Her experience is as a surgical nurse, theatre recovery and health visitor (public health).

Mrs Matthews has volunteered since 2011 and is part of the UK Medical subcommittee. She attended 5 medical missions in countries like Mexico, Santo Domingo, Ghana and Malawi. She is involved with teaching and representing the charity for fundraising events. She is passionate about giving everyone the healthcare and support they deserve to live their life to the full.

Jackie Matthews RN-Cleft Clinical Nurse Specialist South Thames Cleft Team, Guy's and St Thomas' NHS Foundation Trust





REFERENCE AND ADMINISTRATION

Registered Charity Name:
Operation Smile United Kingdom

Charity Registration Number: 1091316

Company Registration Number: 04317039

Registered Address: Unit A, Genoa House,
Juniper Drive, London SW18 1FY

For more information about the charity,
please visit: www.operationsmile.org.uk

BOARD OF TRUSTEES:

Dr Maria Moore, BDS (Hons)

Chair – Board of Trustees

Dr William Magee, Jr, DDS, MD

Co Founder and CEO
of Operation Smile Inc

Andrew John Bruce, BSc, MBA

Chair – Finance & Audit
Subcommittee, Board Member

Catherine de Maid, LLB

Board Member

Dr Philip McDonald, MBChb, FRCA

Chair – Medical Subcommittee
and UK Medical Director

Christopher Pinnington, BA

Board Member

CEO & COMPANY SECRETARY:

Karen Jaques, BA, MA, RN



SUBCOMMITTEES, AMBASSADORS, BANKERS, AND PRINCIPAL ADVISORS

KEY MANAGEMENT PERSONNEL:

Karen Jaques, BA, MA, RN
Chief Executive Officer

Jean Leigh, FCIS
Chief Finance & Operating Officer

SMILE AMBASSADORS:

Anthony Andrews
Saira Khan
Duncan Bannatyne, OBE

Tom Burke
David Webb

BANKERS AND ADVISERS:

CAF Bank Limited
25 Kings Hill Avenue, Kings Hill,
West Malling, Kent, ME19 4JQ

Barclays Bank Plc
Leicester, LE7 2BB

Virgin Money
Jubilee House, Gosforth,
Newcastle upon Tyne, NE3 4PL

AUDITORS:

Moore Kingston Smith LLP
Chartered Accountants,
Devonshire House,
60 Goswell Road,
London, EC1M 7AD

SOLICITORS:

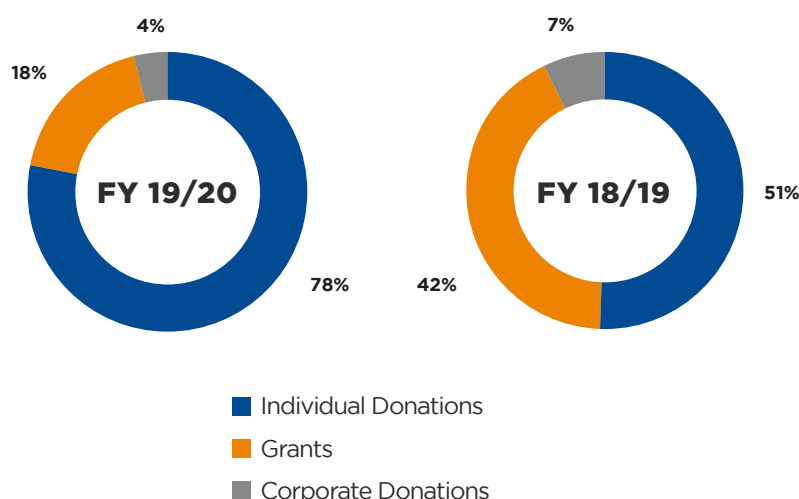
Russell Cooke Solicitors
2 Putney Hill, London, SW15 6AB

FINANCIAL OVERVIEW

FINANCIAL YEAR 2019-2020

In 2020 Operation Smile UK generated a total income of £3.8M (2019: £4M) including gifts in kind of £224K (2019: £225K) and investment income of £30K (2019: £28K).

SOURCES OF INCOME



Income for the year to 30 June 2020 decreased by 6% when compared to the same period in the previous financial year. Although a decrease was anticipated, OSUK has been able to maintain a relatively strong position despite the uncertainty brought on by the Brexit negotiations and in the second half of the year, the Covid-19 pandemic.

The activities within our multi-year projects in Africa, Asia and South America slowed down with the restricted income expected being reduced as a direct result. This income will be received once activities ramp up again in FY21. Our mission model has been paused with Operation Smile refocusing energy on other cleft related activities.

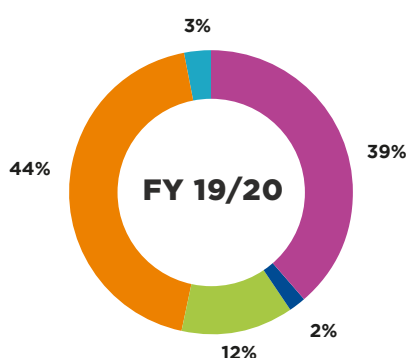
Our Individual Giving has remained robust as has our Legacy income. This has helped cushion some adverse effects on income due to the reduction in our community and events and corporate income.

During the year, Operation Smile received a share donation to the value of £26K which has remained unsold at the end of the year, at a valuation of unrealized loss of £9K. Our gifts in kind income remains unchanged.

Operation Smile UK continues to invest in its direct marketing, corporate and trust and foundations. With renewed focus on digital communications, we are further integrating our messages across all our communications to ensure we can maximize our donor support and income in FY21.



EXPENDITURE AS % OF INCOME



- Programmatic Expenses
- Support Costs
- Surplus to Reserves
- Other Charitable Activities - Resource Country Aims
- Property and Property Management

Our total expenditure for the year was **£3.3M (2019: £3.77M)**. We spent **£1.5M (2019: £2.4M)** on programmatic expenditure in line with our charitable goals - to educate and treat cleft lip and cleft palate where it is needed the most across the developing world. This included £224K (2019: £225K) in gifts in kind and £384K (2019: £523K) in restricted income allocated to the Cleft Free Malawi programme, a multi-year funded project.

Our other multi-year funded projects in Madagascar, Vietnam and Nicaragua were delayed. Nicaragua was severely affected by the internal political climate and all were affected by the Covid-19 pandemic thus reducing spend during the year.

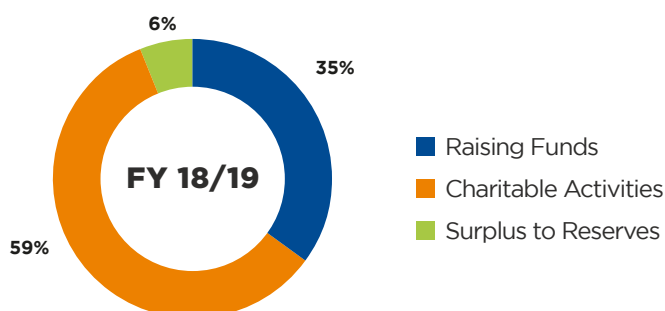
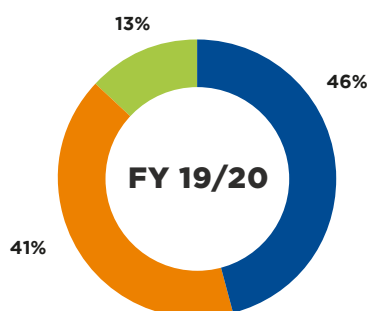
Gifts in kind during the year represents 4,760 hours of OSUK volunteer time on missions and providing education and training.

We remain very conscious of the need to wisely spend all funds entrusted to us by our supporters. This is balanced with continued investment across our fundraising portfolio to safeguard income generation as the fundraising climate changes always with the ultimate goal of achieving our charitable goals. For every £1 raised £0.83 is spent on our charitable aims and £0.17 on property, administration and retained surplus.

Comparing spending ratios in 2020 and 2019, expenditure in fundraising rose by 26% as a conscious strategic objective to increase ability to raise our funds through individual giving. The significant decrease in charitable activities is primarily related to the curtailment of our restricted income and mission activities due to Covid-19 pandemic.

USE OF FUNDS 2019 & 2020

INCOME APPLICATION



- Raising Funds
- Charitable Activities
- Surplus to Reserves

Balance Sheet

At 30 June 2020, total net assets were **£2.1M (2019: £1.6M)**. Cash held was **£1.9M (2019: £1.5M)**. The increase in net assets and cash held was a result of curtailment in activities because of Covid-19 pandemic during the year; this meant funds remained unused. Furthermore, OSUK seeks to minimise its risks to commitments funded by conditional multi-year grants by retaining sufficient fund for unforeseen events. Investments on balance sheet represents donated shares not sold by year-end.

Reserves Policy

The trustees have determined an appropriate level of reserves to be **six months of projected operating costs** - which in FY20/21 is budgeted to be £500K.

This liquidity-based approach allows the charity to maintain sufficient funds to enable it to continue its work

during any adverse fundraising periods. At 30th June 2020, the free reserves of the charity amounted to £1.7M (2019: £1.4M). The trustees are pleased with the result achieved as it will assist us in achieving our long term aims of finding and treating cleft conditions in low- and middle-income countries.

GOVERNANCE AND STATEMENT OF TRUSTEES RESPONSIBILITIES



Fabiano before surgery

Governance

Operation Smile UK is a registered charity with the Charity Commission in England and Wales and a Charitable Company Limited by Guarantee registered with Company House.

Under charity law, trustees have legal duties and responsibilities and under company law the board act as company directors of the charity.

Operation Smile UK works collaboratively and in partnership with Operation Smile Inc in the United States. They are separately registered organisations with different management teams and Boards of Trustees.

The Board reviewed its organisation and workings in the year with regard to the Charity Code of Governance and its Terms of Reference (ToR). This makes clear the responsibilities of the Board and where there are clearly delegated authorities to act on behalf of the Board. The delegated authorities are discharged through the subcommittees, the Chief Executive Officer and the Chief Finance & Operating Office. The Charity Code of Governance and the ToR are reviewed periodically regarding fit for purpose and changing circumstances.

Governing Document

OSUK is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association restrict the liability of members on winding up to £1. In the case of a winding up, none of the accumulated funds is distributable to the members but shall be given or transferred to Operation Smile Inc for its charitable purposes. Under the powers within its Articles of Association, the trustees delegate the day to day management/responsibilities of the charity to the Chief Executive Officer. She is accountable to the Trustees and is guided by approved business plans, budgets, policies and supporting procedures.

Appointment and Retirement of Trustees

Potential OSUK trustee candidates are nominated at a trustee's meeting by a serving member of the Board. If the trustees present agree to pursue the proposed nomination, the candidate would then be met by at least two active trustees to discuss the activities and goals of the charity. Following these meetings, the serving trustees report back to the Board. If the consensus is to move forward with the nomination,

the nominee is invited to attend the next trustee's meeting where he/she would be formally appointed as an active trustee on the Board. Trustees are appointed for a rolling three-year term, re-appointed at the first board meeting of the year in which the third year expires if they are recommended for re-election/appointment.

Trustee Induction and Training

New trustees undergo an induction at their first quarterly meeting where they are briefed on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the decision-making process, the business plan and financial performance of the charity, and the charity's programmatic goals and strategy. Following this meeting, new trustees get the opportunity to meet OSUK staff members. The new trustee's induction concludes with a meeting with the Chief Executive Officer to discuss feedback and any other queries/questions.

Ongoing development and training is addressed through making available opportunities for external training. Trustees can request at any time to attend any of these training courses.

Subcommittees

The Medical Subcommittee meets annually with ad hoc communication as required throughout the year, reporting to the board as required. Minutes are circulated to the Board.

The Finance and Audit (F&A) Subcommittee meets at least three times a year but primarily before any scheduled board meeting to review the finances and related policies and make recommendations to the Board for approval.

Remuneration of all Staff

The governing principles of Operation Smile UK's remuneration policy is to ensure the delivery of OSUK's objectives by attracting and retaining a motivated workforce with the skills and expertise necessary for organisational effectiveness.

OSUK takes every step possible to ensure that remuneration should be equitable and coherent across the organisation. It accepts the need to balance pay levels and pay increases appropriately within the context of our charitable purposes

but also believe salaries must be realistic when set in the London work context.

In relation to deciding remuneration for OSUK's senior executives, Operation Smile UK considers the potential impact of remuneration levels and structures of senior executives on the wider OSUK workforce. The wider employment offer made to senior employees considers pay as one part of a package that also includes personal development, personal fulfilment and association with the public benefit delivered. It also recognises that it is, on occasion, possible to attract senior executives at a discount to public sector or private sector market rates.

Remuneration for the year ended 30th June 2020 was comprised of salary and pension contributions. There are no other pecuniary benefits for senior or other staff at Operation Smile UK.

Risk Management

A record of all risks is maintained in the risk register.

The Finance and Audit Subcommittee reviews the risk register biannually and takes appropriate action to mitigate or reduce the risk to OSUK. It is not deemed necessary at the present time for more frequent reviews as there are adequate policies and procedures in place to minimise adverse effect of risks envisaged. The CEO has the responsibility to bring any new or increased risk to the attention of the Board at any time. Any threats are reported to the chair and/or the responsible Board member based on materiality as defined by the board from time to time and to the wider Board at board meetings.

As part of its annual review, the Board discusses recommendations from the F&A Subcommittee and ratifies recommendations as they see fit, noting any major risks to the organisation. The Board is satisfied that OSUK's current systems and procedures are sufficient to manage the likelihood and impact of assessed risks.

Charity & financial regulatory compliance and law remain a priority for the charity with required policies and procedures regularly under review. In line with this, data protection is reviewed with staff regularly and staff are reminded of the need for confidentiality and compliance with general data protection regulation and data security.

GOVERNANCE AND STATEMENT OF TRUSTEES RESPONSIBILITIES...

Code of Practice and Vulnerable Persons Policy

OSUK has in place a code of practice and vulnerable persons policy to oversee its interactions with the public whilst fundraising and during service delivery. There is a reporting procedure in place and operationally OSUK has noted the new Charity Commission whistleblowing hotline.

Trustees Responsibility in Relation to the Financial Statements

The trustees who are also directors of OSUK for the purposes of company law are responsible for preparing the Trustees Annual Report, and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice).

Company law requires the trustees to prepare the financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company, and of its income and expenditure for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities Statement of Recommended Practice on Accounting and Reporting (SORP).
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards, including FRS 102, 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 company will continue in business.

The trustees are responsible for keeping proper 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 Companies Act 2006. They are also responsible for safeguarding the assets of

the charitable company and hence take reasonable steps for the prevention and detection of fraud and other irregularities.

None of the trustees have any beneficial interest in any contract to which the charity was party during the year.

Trustees Indemnity Insurance

As permitted by the Memorandum and Articles of Association, the Trustees have the benefit at a cost of £600 (2019: £553) of trustees liability insurance which is a qualifying third party indemnity provision as defined by Section 234 of the Companies Act 2006.

The indemnity was in force throughout the last financial year and continues into the current financial year. All of the trustees shown on page 51 of the Trustees Annual Report, even those who have retired, are covered by this policy.

Statement as to Disclosure to Auditors

Insofar as the trustees are aware at the time of approving the Trustees Annual Report:

There is no relevant audit information of which the charitable company's auditor is unaware.

The trustees have taken all steps that ought to have been taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of any such information.

The maintenance and integrity of OSUK's website is the responsibility of the trustees. The work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Public Benefit

The trustees have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Resources expended seek

to prevent poverty in the countries in which they are spent by transforming the lives of children with cleft conditions and other facial deformities. Cleft and facial deformities can inhibit food intake and cause malnutrition; each successful treatment increases the advancement of health for these children and increases their chances of being socially accepted.

We are also required to describe how significant activities undertaken by the organisation further our charitable purpose for the public benefit. In response, the trustees hereby clarify that the benefits that we have provided and will continue to provide directly relates to our aims and objectives of improving healthcare in developing countries. Furthermore, we can confirm that:

- Feedback from beneficiaries and 'partner countries' affirms that we are reaching our intended beneficiaries with life-changing results.
- Feedback from our partners and our country offices indicates safe surgical practises and up-skilling of healthcare workers and their care of cleft patients.
- Our volunteers from across the UK and the world feedback to us that they benefit from the exposure to different operating environments and cross practice contact.
- Any private benefit gained from the work of the charity (in particular salaries of its employees, and fees paid to consultants) is a necessary part of its cost of operations.

Auditors

Moore Kingston Smith LLP were re-appointed auditors in the previous financial year and they have indicated their willingness to continue in office. They are deemed to be re-appointed in accordance with Section 487(2) of the Companies Act 2006.

Approved by the board of trustees

Signed on their behalf by:

Dr Maria Moore
Chair

Fabiano after surgery





INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF OPERATION SMILE UK

Opinion

We have audited the financial statements of Operation Smile United Kingdom ('the company') for the year ended 30 June 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law in United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally

Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as of 30th June 2020 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.
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK. This includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence



we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- The trustees use of the going concern basis of accounting in the preparation of the financial statements is not appropriate.
- The trustees have not disclosed in the

financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report. The trustees are responsible for the other information. Our opinion on the

financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material

misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees annual report.

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us.
- The financial statements are not in agreement with the accounting records and returns.
- Certain disclosures of trustees remuneration specified by law are not made.
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees responsibilities statement set out on page 60, the trustees (who are also the directors of the charitable 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, and for such internal control as the

trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

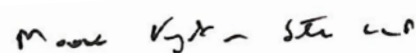
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting

estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Neil Finlayson (Senior Statutory Auditor)
for and on behalf of Moore Kingston
Smith LLP, Statutory Auditor

Devonshire House, 60 Goswell Road,
London, EC1M 7AD

Date: 22/12/2020



STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 JUNE 2020

		Unrestricted Funds £	Designated Funds £	Restricted Funds £	2020 Total Funds £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	2019 Total Funds £
INCOME AND ENDOWMENTS:	Note								
Donations and Legacies	2	2,716,301	-	921,181	3,637,482	2,008,211	-	1,825,039	3,833,250
Charitable Activities	2a	96,833	-	1,156	97,989	119,405	-	15,500	134,904
Interest/Investments	-	30,298	-	-	30,298	27,889	-	-	27,889
Total Income and Endowments		2,843,432	-	922,337	3,765,769	2,155,505	-	1,840,538	3,996,043
EXPENDITURE:									
Raising Funds	3	1,692,183	51,593	-	1,743,776	1,386,349	-	-	1,386,349
Charitable Activities	3a	893,529	9,941	636,515	1,539,985	543,717	-	1,837,339	2,381,056
Total Expenditure		2,585,712	61,534	636,515	3,283,761	1,930,066	-	1,837,339	3,767,405
Net Unrealised Losses on Investments		9,104	-	-	9,104	-	-	-	-
Net Realised Gains on Investments		-	-	-	-	842	-	-	842
Net Income for the Year		248,616	(61,534)	285,822	472,904	226,281	-	3,200	229,481
Transfer Between Funds	9	88,466	(88,466)	-	-	-	-	-	-
Net Movement in Funds		337,082	(150,000)	285,822	472,904	226,281	-	3,200	229,481
Reconciliation of Funds									
Total Funds Brought Forward		1,428,252	150,000	3,200	1,581,452	1,201,971	150,000	-	1,351,971
Total Funds Carried Forward	9	1,765,334	-	289,022	2,054,356	1,428,252	150,000	3,200	1,581,452

There are no recognised gains or losses other than those disclosed above. All results derive from continuing operations.



BALANCE SHEET AS AT 30 JUNE 2020

			2020 (£)		2019 (£)
	Note				
FIXED ASSETS	6		31,122	-	15,266
INVESTMENTS	7		16,939	-	-
CURRENT ASSETS					
Debtors	8	327,660	-	261,542	-
Cash at Bank and in Hand		1,921,742	-	1,460,609	-
Total Current Assets		2,249,402	-	1,722,151	-
CURRENT LIABILITIES					
Creditors:					
Amounts Falling Due Within One Year	9	(237,376)	-	(155,965)	-
Net Current Assets		-	2,012,026	-	1,566,186
LONG TERM LIABILITIES					
Amounts Falling Due After One Year	10	-	(5,731)	-	-
NET ASSETS		-	2,054,356	-	1,581,452
REPRESENTED BY:					
Restricted Funds		-	289,022	-	3,200
Designated Funds		-	-	-	150,000
General (Unrestricted) Funds	11	-	1,765,334	-	1,428,252
		-	2,054,356	-	1,581,452

The financial statements have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 and with Financial Reporting Standard 102 effective 01 January 2015. The notes on pages 65-72 form an integral part of these financial statements.

Approved, and authorised for distribution by the Board of Trustees:

on:

12/11/2020

And signed on its behalf by:



Dr Maria Moore
Chair

Company Registration No: 04317039



CASH FLOW STATEMENT FOR THE YEAR TO 30 JUNE 2020

		2020 (£)	2019 (£)
Net Cash Provided by Operating Activities	Note A	496,708	(65,353)
Cashflows from Investing in Activities:			
Cost of Purchasing Tangible Fixed Assets		(35,575)	(14,018)
Change in Cash and Cash Equivalents on 30th June		461,133	-(79,371)
Cash and Cash Equivalents on 1st July		1,460,609	1,539,980
Total Cash Held on 30th June		1,921,742	1,460,609
Note A			
Reconciliation of Net Expenditure to Net Cash Provided by Operating Activities			
		2020 (£)	2019 (£)
Net Income/(Expenditure) for the Year		472,904	229,481
Depreciation of Tangible Assets		19,720	3,348
(Increase)/Decrease in Investments		(16,939)	-
(Increase)/Decrease in Debtors		(66,118)	189,289
Increase/(Decrease) In Creditors		87,141	(487,471)
Net Cash Inflow from Operating Activities		496,708	(65,353)

NOTES TO THE ACCOUNTS

Accounting Policies

BASIS OF PREPARATION

The charity constitutes a public benefit entity as defined by FRS 102. 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) including update bulletin 2, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice.

GOING CONCERN

The trustees have assessed whether the use of going concern is appropriate and have considered events or conditions that may cast significant doubt on the ability of OSUK to continue as a going concern.

The Trustees have given due consideration for the effects of the Covid-19 outbreak, which occurred before these financial statements were signed. This assessment has also included a potential loss of income as a consequence of Covid-19.

The trustees have made this assessment in respect of a period of at least year from the date of approval of the financial statements. In particular, the trustees have considered the charitable company's forecasts and projections and have taken account of pressures on donation and grant income.

The charity is largely sheltered from the expected effects of this due to its loyal donor base and a significant legacy pipeline, although projects have been significantly curtailed as a result of the restriction on travel.

Annual budgets have been revised taking this into account with prudent figures for both income and expenditure and the charity holds significant reserves and has liquid assets in the form of cash held in short term deposits.

The Trustees have concluded that with the reserves policy and cash liquidity requirements of the charity, there is

a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

The principal accounting policies adopted in the preparation of the financial statements are set out below:

a) Income and expenditure

All incoming resources are included in the Statement of Financial Activities when the charity is entitled to (or has physically received) the income and the amount can be quantified with reasonable accuracy.

Gift Aid income is accrued when there is a valid declaration from the donor or HMRC small donations rule is applicable.

For legacy income, entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to OSUK that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and OSUK has been notified of the executor's intent to make a distribution. Where legacies have been notified to the charity, or where OSUK is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

For event income, entitlement is counted at the date of the event. Where income is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued. Expenditure is accounted for on an accrual basis. Support costs including governance costs which are not directly attributable to raising funds or charitable activities are allocated based on staff time and department headcount.

Raising funds

Raising funds relating to direct marketing has been allocated between charitable activities and fundraising costs based on an allocation process which analyses the use of staff time in the various direct marketing cost areas and the proportion of raising awareness and education to fundraising within these campaigns. Currently this analysis allocates 29% (2019: 30%) of costs towards charitable activities as the content relates to education and raising awareness of cleft and 71% (2019: 70%) towards cost of raising funds.

Charitable activities

All cost relating to medical mission programmes are recognised in the year in which they are agreed upon. Total cost of charitable activities also includes a proportion of direct marketing costs relating to charitable activities as above. Proposals for funding which are in the final stages of the approval process are recorded as commitments.

Allocation of support costs (including governance costs)

Support costs are costs of providing strategic direction and ensuring public accountability; governance costs are recognised as part of support costs. All support costs have been allocated between cost of raising funds and expenditure on charitable activities and on the basis of staff time.

b) Critical accounting estimates and areas of judgement

In view of the trustees applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

c) Tax

Costs are recorded gross of VAT; the charity is not VAT registered and this position is under ongoing review. It is not liable for income tax or corporation tax on income or gains derived from its charitable activities as it falls within the various exemptions available to registered charities.



d) Fund accounting

The general unrestricted reserve comprises net to read net accumulated unrestricted surpluses. Restricted funds are subject to restrictions imposed by the donor; any amounts in designated funds represent amounts which the trustees have allocated to specific 'projects' from general unrestricted reserves. Designated funds may at the discretion of the trustees be brought back into general reserves.

e) Fixed assets

Tangible assets are stated at cost which includes its purchase price and the cost attributable to bringing it to its working condition for its intended use. Depreciation is calculated on a straight-line basis for both office equipment and fixture and fittings. The cost of an asset, less its estimated residual value if appropriate, will be written off over the estimated economic life of that asset.

- Office equipment – over 3 years
- Furniture, fixtures and fittings (including IT hardware) – over 3 years

The charity currently adopts a minimum capitalisation limit of £1,000. However, where complements of furniture and

equipment are acquired with individual unit costs below the stated capitalisation threshold but collectively costs £1,000, then complements are capitalised at the time of purchase. There is no policy to review for impairment.

f) Investments

Investments are stated at market value at the balance sheet date. Realised and unrealised gains or losses for the period are accounted for through the Statement of Financial Activities.

g) Gifts in kind

The charity values gifts in kind (donated goods/services) against equivalent commercial value on the open market where these can be quantified. Medical volunteers have been valued using the relevant mid-band of NHS pay scale for time given during the project.

h) Pensions

The charity operates a contributory group personal pension scheme and therefore has no pension liability. The amount charged to the Statement of Financial Activities in respect of pension costs is the total of contributions payable in the year.

i) Leases

Rentals under operating leases are charged as per agreement; any benefit received/receivable as an incentive to sign an operating lease is spread over the lease term on a straight-line basis. However, where the period to review date on which the rent is first expected to be adjusted to the prevailing market rate is shorter than the full lease term then the shorter period is used.

j) Foreign currencies

Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions denominated in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the net movement in funds.

k) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short-term deposits with a maturity date of three months or less.



2. DONATIONS AND LEGACY INCOME

	Unrestricted Funds (£)	Restricted Funds (£)	2020 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2019 Total (£)
Donations	2,224,655	4,931	2,229,586	1,854,387	3,550	1,857,937
Legacies	447,075	50,000	497,075	86,776	-	86,776
Grants	44,571	643,580	688,151	67,048	1,596,596	1,663,644
Sub-total	2,716,301	698,511	3,414,812	2,008,211	1,600,146	3,608,357
Gifts in Kind	-	222,670	222,670	-	224,893	224,893
	2,716,301	921,181	3,637,482	2,008,211	1,825,039	3,833,250

2(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Restricted Funds (£)	2020 Total (£)	Unrestricted Funds (£)	Restricted Funds (£)	2019 Total (£)
Community Events	84,162	-	84,162	107,798	15,500	123,298
Special Events & Merchandise	12,671	-	12,671	11,607	-	11,607
Sub-total	96,833	-	96,833	119,405	15,500	134,905
Gifts in Kind	-	1,156	1,156	-	-	-
	96,833	1,156	97,989	119,405	15,500	134,905

3. RAISING FUNDS

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2020	Unrestricted Funds (£)	Restricted Funds (£)	Total Unrestricted Funds 2019
Direct Expenses	1,394,278	-	-	1,394,278	1,168,107	-	1,168,107
Staff Recruitment Cost	28,080	-	-	28,080	7,764	-	7,764
Property and Management Cost	67,496	51,593	-	119,089	32,215	-	32,215
Administration Cost	202,329	-	-	202,329	178,263	-	178,263
	1,692,183	51,593	-	1,743,776	1,386,349	-	1,386,349

3(A). CHARITABLE ACTIVITIES

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2020 Total (£)	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2019 Total (£)
Programme / Mission Expenses	792,565	-	636,515	1,429,080	464,319	-	1,837,339	2,301,658
Support Costs:								
Property & Management	1,588	8,758	-	10,346	861	-	-	861
Office Administration	33,651	-	-	33,651	24,022	-	-	24,022
Other Support Costs	19,860	-	-	19,860	23,599	-	-	23,599
Governance Costs:								
Audit and Accounting	12,595	-	-	12,595	10,032	-	-	10,032
Legal/Filing & Consulting Fees	6,085	-	-	6,085	2,426	-	-	2,426
Trustees Liability Insurance	618	-	-	618	600	-	-	600
Allocated Support Costs	26,567	1,183	-	27,750	17,858	-	-	17,858
	893,529	9,941	636,515	1,539,985	543,717	-	1,837,339	2,381,056

4. STAFF NUMBER AND COSTS

	2020 Total (£)	2019 Total (£)
Staff Salaries	654,209	532,548
Employer's NIC	64,510	55,570
Employer's Pension Contribution	32,340	29,392
	751,059	617,510
	£	£
Staff Recruitment	28,080	7,764
Training and Development	1,401	8,319
Total	29,481	16,083

Trustees And Key Management Personnel

During the year no (2019: NIL) trustee received reimbursement for expenses. £618 (2019: £600) was paid out in respect of trustees liability insurance as permitted by the Charity's Memorandum & Association. Key management personnel (SMT) as listed on page 51 and trustees received remuneration £160K; (2019: £158K).

Total average number of staff on a full-time basis employed in the year was:

	2020	2019
	16.40	14.65
Employees Earning:		
£60K - £70K	-	1
£70K - £80K	1	-
£80K - £90K	1	1

The employer's pension contribution in respect of the above amounted to £9.2K (2019: 9.1K)

5. NET INCOME FOR THE YEAR IS STATED AFTER CHARGING

	2020 (£)	2019 (£)
Auditor's Remuneration in Respect of Current Year	8,350	8,250
Other	1,670	1,782
Depreciation of Tangible Assets	19,720	3,348
Operation Lease Rentals - Building	57,787	20,000

6. TANGIBLE FIXED ASSETS (Office Equipment and Furniture & Fixtures)

	Office Equipment (£)	Furniture & Fittings (£)	Total 2020 (£)
Cost on 1st July 2019	28,158	6,132	34,290
Additions	26,955	8,620	35,575
Cost on 30th June 2020	55,113	14,752	69,865
Depreciation on 1st July 2019	12,892	6,132	19,024
Depreciation Charge for the Year	15,286	4,434	19,720
Depreciation on 30th June 2020	28,178	10,566	38,744
Net Book Values:			
30th June 2019	15,266	-	15,266
30th June 2020	26,935	4,186	31,121

7. LISTED INVESTMENTS

	2020 (£)	2019 (£)
Donated Shares/Investment Assets	26,043	23,063
Disposal/Sales Proceeds	-	23,903
Realised Gains	-	842
Unrealised Loss	(9,104)	-
Total Investment at 30th June	16,939	-

Operation Smile received one (2019: one) donation of shares which remained unsold at the year-end.

8. DEBTORS (All debtors are financial instruments measured at present value)

	2020 (£)	2019 (£)
HMRC - Gift Aid Reclaims	29,107	17,573
Prepayments	146,246	102,653
Pledges	-	2,150
Lease Deposit	25,000	12,000
Other Debtors	127,307	127,166
	327,660	261,542

9. CREDITORS (All creditors, excluding accruals, are financial instruments measured at present value)

	2020 (£)	2019 (£)
Trade Creditors	95,280	116,941
Due to Operation Smile Inc	5,460	427
HMRC - Tax and NIC Due	17,728	14,482
Deferred Income	74,175	4,623
Accrued Expenses	39,733	19,492
Other Creditors	5,000	-
	237,376	155,965

Deferred Income (Deferred income comprises donations received in advance of community events taking place in the financial year FY20/21)

	2020 (£)	2019 (£)
Balance as of 1st July	4,623	9,415
Amount Released to income Earned from Charitable Activities	(4,623)	(9,415)
Amount Received and Deferred in the Year	74,175	4,623
Balance as of 30th June	74,175	4,623

10. CREDITORS (Amounts falling due after 1 year)

	2020 (£)	2019 (£)
Rent Free Lease	5,731	-
Balance as at 30 June	5,731	-

The long term creditor relates to the rent free period of the new lease, which was entered into in 2019 when the charity moved offices

11. STATEMENT OF FUNDS

	Balance on 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance on 30th June 2020 (£)	Balance on 1st July 2018 (£)	Income (£)	Expenditure (£)	Transfers between Funds (£)	Balance on 30th June 2019 (£)
General Funds	1,428,252	2,843,432	(2,594,816)	88,466	1,765,334	1,201,971	2,156,347	(1,930,066)	-	1,428,252
Designated Funds	150,000	-	(61,534)	(88,466)	-	150,000	-	-	-	150,000
Restricted Funds	3,200	922,337	(636,515)	-	289,022	0	1,840,539	(1,837,339)	-	3,200
	1,581,452	3,765,769	(3,292,865)	-	2,054,356	1,351,971	3,996,886	(3,767,405)	-	1,581,452

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General / Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2020 Total (£)	General / Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	2019 Total (£)
Fixed Asset & Investment	48,061	-	-	48,061	15,266	-	-	15,266
Current Assets	1,960,380	-	289,022	2,249,402	1,568,951	150,000	3,200	1,722,151
Current Liabilities	(168,201)	-	-	(168,201)	(151,342)	-	-	(151,342)
Deferred Income	(74,175)	-	-	(74,175)	(4,623)	-	-	(4,623)
Long Term Creditor	(5,731)	-	-	(5,731)	-	-	-	-
On 30th June	1,760,334	-	289,022	2,054,356	1,428,252	150,000	3,200	1,581,452

Restricted Funds by Region

	Balance on 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance on 30th June 2020 (£)	Balance on 1st July 2018 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance on 30th June 2019 (£)
Africa	2,700	546,758	(544,917)	-	4,541	-	690,110	(687,410)	-	2,700
South Central America	500	32,207	(32,707)	-	-	-	31,440	(30,940)	-	500
North America	-	4,783	(4,783)	-	-	-	3,845	(3,845)	-	-
Asia	-	82,075	(32,074)	-	50,001	-	32,520	(32,520)	-	-
Europe	-	16,260	(9,566)	-	6,694	-	-	-	-	-
Other	-	240,254	(12,468)	-	227,786	-	9,117	(9,117)	-	-
OSI Global Surgery	-	-	-	-	-	-	1,073,507	(1,073,507)	-	-
	3,200	922,337	(636,515)	-	289,022	-	1,840,539	(1,837,339)	-	3,200

Designated Funds

	Balance on 1st July 2019 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance on 30th June 2020 (£)	Balance on 1st July 2018 (£)	Income (£)	Expenditure (£)	Transfers in/out (£)	Balance on 30th June 2019 (£)
Office Relocation	150,000	-	(61,534)	(88,466)	-	150,000	-	-	-	150,000
	150,000	-	(61,534)	(88,466)	-	150,000	-	-	-	150,000

During the financial year the charity moved offices and expenditure totalling £61,534 was incurred, which was significantly lower than anticipated. As a result of this the remaining balance of the designated fund of £86,687 has been transferred to general funds, as the fund is no longer required.

13. OPERATING LEASES

The company entered into a new lease for its office premises from 21 August 2019 for a lease term of 3 years.

The remaining lease commitment payable at the end of the year amounted to:

Amounts payable to end of lease:	2020 (£)	2019 (£)
Within 1 Year	58,334	-
Between 2 - 5 Years	66,485	-
	124,819	-

14. RELATED PARTIES

During the year: OSUK's chair is a close friend of a major donor who is closely connected to UBS Optimus Foundation which gave OSUK a grant of £NIL (2019: £1.1M) towards Operation Smile's global surgery projects in Nicaragua, Vietnam and Madagascar. These projects are being funded over a three (3) year period as per agreement. However, these programmes are being rescheduled because of the Covid-19 pandemic stall in activities.

On the Balance Sheet date, OSUK had a liability of £5,460 (2019: £427) to Operation Smile Inc in respect of missions/cleft surgery expenses.

There were no other related parties which require disclosure.

15. COMPANY LIMITED BY GUARANTEE

OSUK is a company limited by guarantee and has no share capital. By virtue of Section 30 of Companies Act 1958 (revised 2006) under which the company is incorporated, the company is not required to use the word 'Limited' in its name.

In the event of winding up, the members are liable to contribute towards any deficiency up to a maximum value of £1 each. On 30th June there were six (2019: six) registered members.

Capital commitments: There were no capital commitments not provided for in the financial statements (2019: None)



PHOTO AND VIDEO CREDITS

We work with an incredible group of visual artists who connect global audiences to the heart of each story we tell.

Their approach to portraying the beauty and dignity of patients, the passion of volunteers and supporters, and the orchestration of our medical programmes allows us to experience an indelible memory in the moment that the video or photo is captured, no matter where we are in the world.

Marc Ascher

Jörgen Hildebrandt

Zute Lightfoot

Erin Lubin

Rohanna Mertens

Margherita Mirabella

Will Moffit

Lorenzo Monacelli

Carlos Rueda

Jasmin Shah

Peter Stuckings

Purulia after surgery



Zhao after surgery

WE ARE FOREVER COMMITTED TO CHANGING
THE WORLD, ONE SMILE AT A TIME

