



facing the world

fighting for children with facial deformities

2022 / 2023 UPDATE



- A Post Pandemic Strategy
- Building for the Future

Katrin Kandel
CEO (Voluntary) Trustee

**We are fighting for children born with
facial deformities.**



Please help us change their lives.

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EXECUTIVE SUMMARY

Facing the World (FTW) is a children's medical foundation (the Foundation) pioneering a bold new approach to building capacity for complex craniofacial treatment and care in countries where demand is high and access to specialist healthcare is limited. The blueprint for the approach is being rolled out in Vietnam with the long-term aim of replicating the platform in other countries. The goal is to create self-run centers of medical excellence able to provide crucial life-changing surgery to children born with facial deformities. This is being achieved using the "teach a man to fish" approach: i.e. transferring medical expertise to the centers established by the Foundation in partnership with local hospitals.

Without specialist medical intervention, the future for children born with severe facial deformities in low- and middle-income countries (LMICS) is one of social isolation, poverty, and further life-threatening health complications. These tragic outcomes are avoidable for the tens of thousands of children affected.

Facing the World is fighting for these children, to give them a better life.

Beginnings

The Foundation's journey began in 2002. Children needing complex facial surgeries were brought to the UK and treated at a cost of between £50,000 and £1 million per child. Following an invitation to Vietnam, a compelling need was identified, and the Foundation began developing partnerships and running medical missions there in 2008. A bespoke multidisciplinary team of specialist medics from the Foundation's network was invited to operate jointly with Vietnamese medical teams on complex surgical cases. The development and refinement of this approach has continued and now involves year-round collaborations between hospitals in Vietnam and the United Kingdom, Canada, Australia and the United States.

'Teach a man to fish' - three-pronged approach

Since 2008, the Foundation has been developing a clear, sustainable strategy combining a three-pronged approach rooted in education:

- **Training fellowships:** Vietnamese medics in all the specialities required for craniofacial surgery, as well as ancillary specialists, are offered international training fellowships in craniofacial units in the UK, the USA, Australia and Canada to observe and learn new techniques.
- **Medical Missions:** multidisciplinary missions to Vietnam are run using teams of international specialists working with their Vietnamese counterparts to carry out complex surgeries.
- **Technology:** telemedicine mentoring takes place between medical teams internationally, and key technology is donated to partner hospitals.

A sustainable solution: the platform

The model of accepting one to two cases for treatment a year at high cost has been replaced with a platform that makes specialist treatment and care accessible for thousands of children and their families. The ongoing training and development opportunities created by the Foundation's network of experts enable the medical teams in Vietnam to work at increased capacity to treat more children born with facial deformities. This model is scalable in a field - medical - where talent traditionally is not scalable.

Telemedicine and technology

Critical to the scalable and replicable approach is telemedicine. The Foundation has partnered with a platform that enables the development of a 'hub-and-spoke' outreach program within Vietnam. The platform facilitates a two-way mentoring educational system for international partners. The Foundation collaborates with its Vietnamese partners to identify game-changing technology needs, which are then met through donations. To date, £2.4 million worth of technology has been donated to partner centers in Vietnam.

Run by volunteers

The Foundation is run primarily by volunteers who care passionately about the cause, donating their time and expertise. Major corporations and foundations support the unique approach and have donated generously in terms of services and medical technology. The hands-on Board of Trustees is comprised of international medical experts as well other leading experts from the fields of finance, law and technology.

2022 UPDATE: THE PROGRAMME RESTARTS POST COVID RESTRICTIONS

The Foundation's focus throughout 2022 has been to build for the future:

1. **TREATMENT:** Throughout the toughest of conditions caused by COVID-19 restrictions, the Foundation's partner hospitals have continued to provide specialist treatment and care to patients in desperate need. It has been gratifying to see that the model of year-round access to training alongside the cutting-edge technology donated by the Foundation has enabled the Vietnamese centers to continue with their work.
2. **TEACHING:** Technology is key to the programme, and over the last two years the Foundation has seen its role intensify. Each of the partner hospitals has now integrated the telemedicine platform donated by the Foundation into their teams. The centers have been able to access international presentations and to participate in appropriate online conferences. The expansion of the international hospital network supporting the Foundation's approach includes 37 international hospitals:

○ Toronto Hospital for Sick Children	Canada
○ Women's and Children's Hospital	Australia
○ Alder Hey Children's Hospital	UK
○ Birmingham Children's Hospital	UK
○ Charing Cross Hospital	UK
○ Chelsea & Westminster Hospital	UK
○ Evelina Children's Hospital	UK
○ Great Ormond Street Hospital	UK
○ Guy's Hospital	UK
○ Moorfields Eye Hospital	UK
○ Ninewells Hospital	UK
○ Northwick Park Hospital	UK
○ Parkside Hospital	UK
○ Royal National Throat, Nose & Ear Hospital	UK
○ St Bartholomew's	UK
○ St George's Hospital	UK
○ St Mary's Hospital	UK
○ St Thomas' Hospital	UK
○ The Royal Free Hospital	UK
○ The Royal London Hospital	UK
○ The Royal Marsden Hospital	UK
○ University College Hospital	UK
○ Wellington Hospital	UK
○ Western Eye Hospital	UK
○ Whipp's Cross Hospital	UK
○ Children's Hospital of Philadelphia	USA
○ The Johns Hopkins Hospital	USA
○ The R Adams Cowley Shock Trauma Center	USA
○ Seattle Children's Hospital	USA
○ 108 Military Central Hospital	Vietnam
○ Da Nang General Hospital	Vietnam
○ Hong Ngoc General Hospital	Vietnam
○ Viet-Duc University Hospital	Vietnam

3. **ACCREDITATION:** Following the International Accreditation of 108 Military Central Hospital and Viet-Duc University Hospital awarded by the Royal College of Surgeons, the Foundation's third partner hospital, Hong Ngoc General from the public sector, will look to apply in 2023.
4. **TECHNOLOGY:** Since the beginning of the pandemic, the Foundation has donated just over £1 million worth of game-changing technologies to partner hospitals. These donations include GE monitors and a Stryker endoscopy tower which has enabled the first laparoscopic craniofacial operation to be performed in Vietnam. The equipment and monitors in particular have been utilized to upscale post-operative patient care for the thousands of children who so desperately need the help.

Due to the Covid-19 pandemic, missions to Vietnam and fellowships to the UK, Canada and the US were paused from March 2020 to July 2022. In August 2022 the Foundation was delighted to be able to re-start the fellowship program, and welcomed 10 fellows between August and December. There are 20 fellowships planned for the first half of 2023. December 2022 saw the first craniofacial mission to Hanoi since 2019. The Foundation is currently planning its first multidisciplinary mission to Hanoi in April 2023.



WHO IS FACING THE WORLD?

Facing the World was founded as a result of the experiences of a number of the craniofacial surgical specialists within the volunteer medical team. They had offered their services to a cleft lip and palate outreach program and had been disturbed by the number of children that they would have been able to treat had it not been for the want of an appropriate medical infrastructure.

The Vision – a world in which all children with congenital facial deformities have access to life-saving surgery.

The Mission – to achieve lasting improved quality of life for children with facial deformities in developing countries by building capacity for specialist treatment and care.

This will be achieved via a combination of teaching through fellowships and teaching through the missions, complemented by the donation of technology leading to greater efficiency.



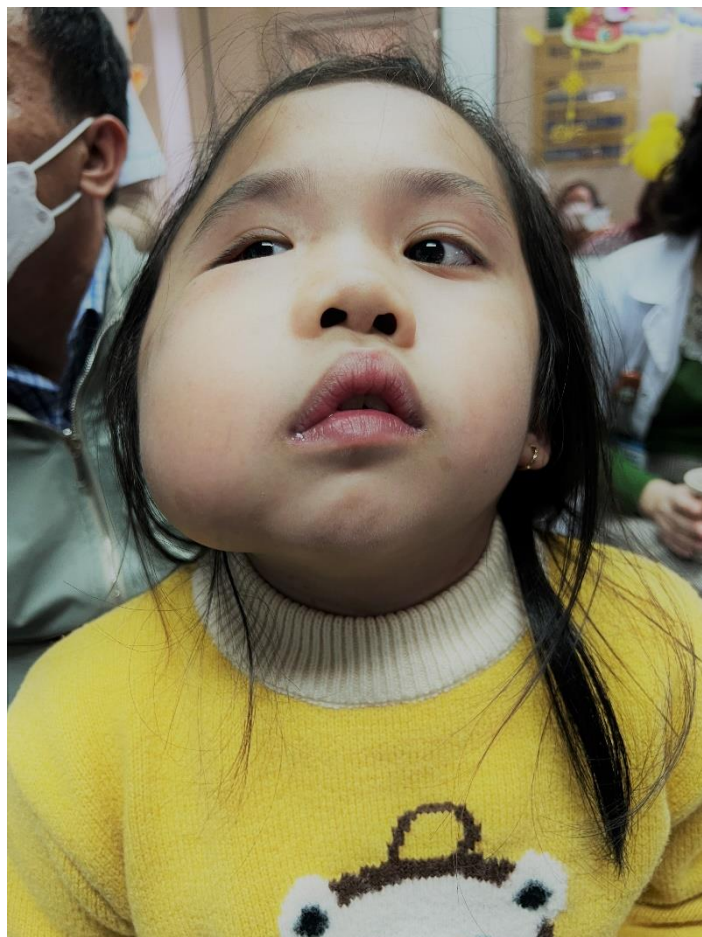
WHAT PROBLEM DOES FACING THE WORLD ADDRESS?

Communities and families are severely affected when faced with the needs of children with craniofacial conditions requiring extensive treatment and complex surgeries. The children often cannot attend school and, sadly, do not have the opportunity to become fully engaged members of society. Children suffer psychological trauma as a result of living with the stigma of facial deformities.

Parents may well be required to stay at home to take care of children long term, often with crippling economic effects. Often the family is blamed or excluded, and many children are abandoned. In developing countries, due to the lack of surgical centers with appropriate expertise, children born with severe congenital facial anomalies do not always have access to the surgical intervention they need.

The vast majority of these children have the risk of further medical complications, including difficulty breathing, eating, speaking or seeing. Many live with the possibility of life-threatening complications. Access to healthcare without financial burden results in happier and more productive societies, but developing countries cannot provide this to all, with often devastating results both direct and indirect.

Craniofacial surgery itself is a relatively new specialisation and worldwide there are limited numbers of surgeons and teams capable of performing this surgery. Treatment requires the involvement of numerous specialists and often stretches over years. A team can consist of: craniofacial surgeon, otolaryngologist, neurosurgeon, anaesthetist, oculoplastic surgeon, paediatrician, paediatric dentist, audiologist, orthodontist, prosthodontist, speech pathologist, psychologist, clinical geneticist, dressing nurses, intensivists, ophthalmologists, orthoptists, optometrists and theatre staff. Facing the World's training involves all the medical teams required for the treatment of complicated craniofacial conditions. The description for each role and its necessity on the team are outlined in [Appendix 7](#).



HOW IS THE PROBLEM ADDRESSED?

- By implementing formal bilateral training initiatives in order to build the skills of medical teams in Vietnam, actively seeking to train surgical teams to “upskill” already competent medics in the latest techniques and skills in order to broaden their caseload. This is achieved through the international fellowship program in conjunction with the running of missions.
- By providing surgical treatment and leading craniofacial teams in collaboration with the Vietnamese colleagues, all donating their services to help children with congenital facial deformities.
- By sourcing and donating required medical technology to enable complex craniofacial surgeries to be carried out more efficiently by the medical teams in Vietnam.
- By communicating throughout the year with partner hospitals via telemedicine technology and through fellowships, enabling the exchange of ideas and the discussion of patient treatment plans, thereby achieving continuous ongoing education.
- Through the establishment of sustainable, replicable craniofacial centers with appropriate outreach potential in Vietnam.



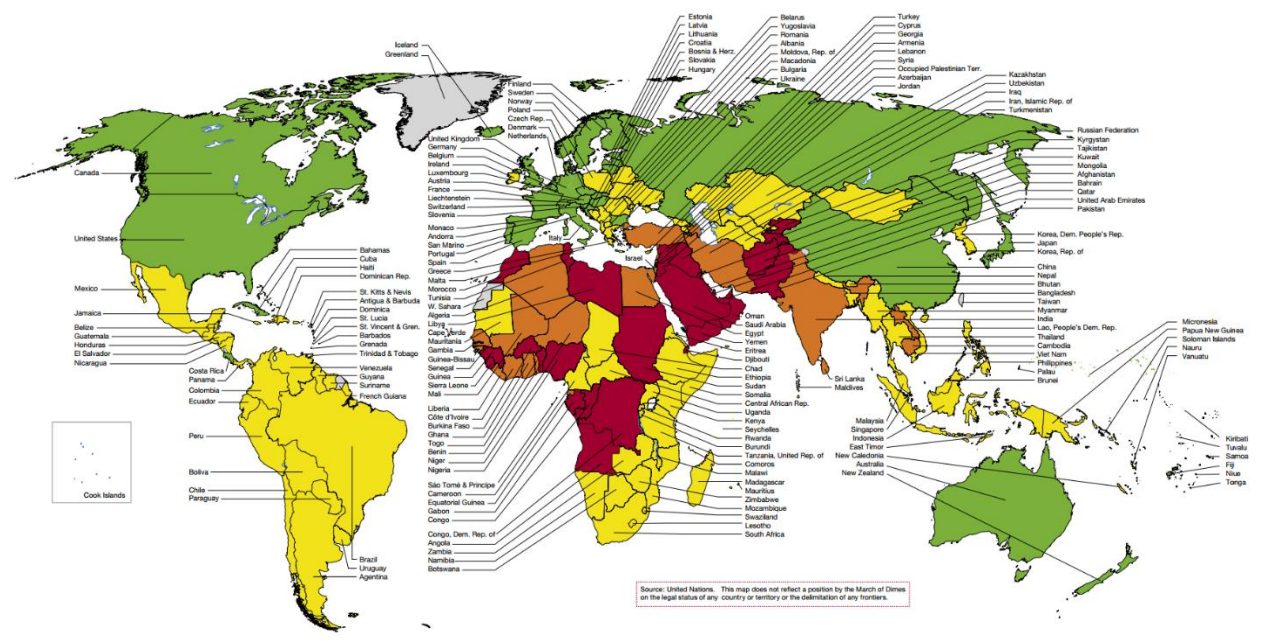
OVERVIEW OF GLOBAL STATISTICS

In 2006, the March of Dimes Foundation published the results of the first global report on birth defects ([Appendix 4](#)). They estimate that 6% of total births annually (7.9 million births) result in serious birth defects of a genetic or partially genetic cause. (This figure does not include birth defects where the cause occurred during pregnancy, through environmental factors such as alcohol misuse, rubella, syphilis, and iodine deficiency. These affect hundreds of thousands more births.)

The report estimates that 90-94% of all infants with serious birth defects are born in low- and middle-income countries (LMICs). According to WHO, the annual medical cost for care of children with birth defects averages US\$ 1.4 billion, and 3.5 million of the children with more serious defects will die each year before reaching the age of five. The Lancet Commission on Global Surgery 2015 echoes the need to increase access for LMICs to surgical and anaesthetic care. The commission report calls for global investment in surgical and anaesthetic services in LMICs. Without this, the commission estimates that between 2015 and 2030 the LMICs will continue to have losses in economic productivity estimated cumulatively at US\$ 12.3 trillion. FTW is providing these urgently needed services focusing on combating the burden of craniofacial birth defects.

Facing the World focuses on the international education and training of medical and ancillary specialists involved in the in-country treatment and care of children with craniofacial birth defects. The Foundation's resources are currently fully directed towards Vietnam where we are establishing a blueprint for a platform which can then be replicated. The aim is to upscale in-country existing medical services, thereby achieving a sustainable solution through the establishment of multidisciplinary surgical centers of excellence. As can be seen in the map below there is a global need.

The project is ring-fenced so that all funds raised go only to the project and are clearly tracked.



MARCH OF DIMES GLOBAL REPORT ON BIRTH DEFECTS, 2006.

CONTEXT: WHY VIETNAM?

The Vietnam Red Cross has recorded over 4.8 million deaths and approximately 500,000 children born with birth defects believed to be due to exposure to Agent Orange.



The occurrence of severe facial birth defects is by some estimates between 4 and 10 times higher in Vietnam than in neighbouring countries. This is believed by many to have been compounded by the effects of Agent Orange. The Foundation was initially invited to Vietnam to help in 2008. As a result of strong government support and in-depth knowledge of the medical structure, the Foundation has determined that Vietnam is the appropriate country to roll out the sustainable, replicable platform approach.

Medical structure in Vietnam resulting in the Foundation's strong alliances with all sectors

In Vietnam, there are three medical systems running in parallel: the state system, regulated and reporting to the Ministry of Health; the military system, reporting to the Minister of Defence as well as the Ministry of Health; and the private system, also regulated by the Ministry of Health but able to make non-medical decisions quickly.

FTW has a hub-and-spoke structure, where the private hospital, Hong Ngoc General, is the Foundation's partner hub, with 108 Military Central Hospital's Center for Craniofacial and Plastic Surgery (<https://www.facebook.com/craniofacial108/>) and Viet-Duc University Hospital and their extensive medical networks throughout Vietnam. 108 Military Central and Viet-Duc are among the top hospitals in Vietnam and via their networks of approximately 100 further hospitals and clinics the Foundation's reach extends throughout the country, thereby enabling treatment for the poor, primarily children, born with severe facial deformities.

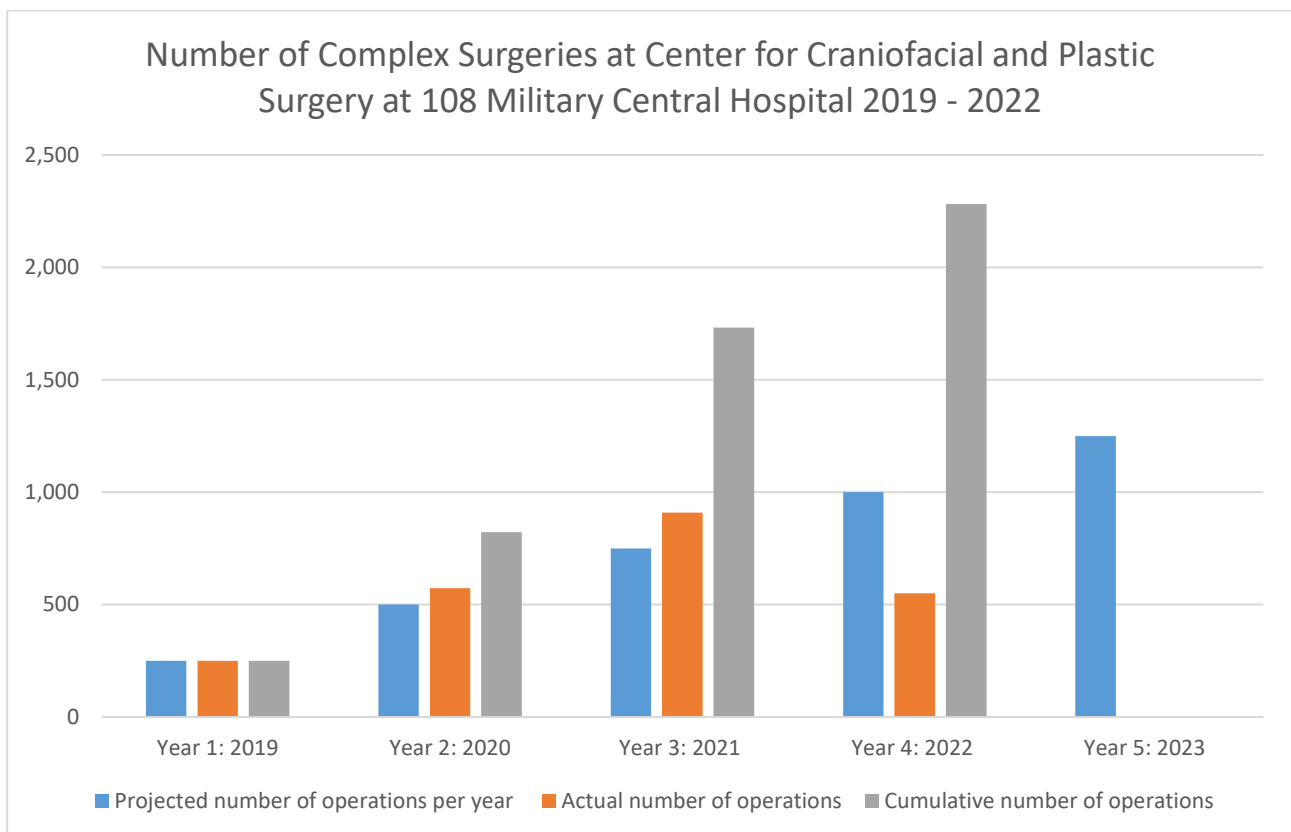
108 Center for Craniofacial and Plastic Surgery - the first of its kind in South East Asia.

In December 2018, FTW opened the first Center for Craniofacial and Plastic Surgery in Vietnam. This was the result of nearly three years of strategic positioning among various members of the medical establishment, the government and FTW. Senior members of 108 Military Central Hospital had attended FTW fellowships in the UK and Canada. A blueprint has been developed, with a clear and measurable five-to-eight-year plan including all ancillary specialists under a true multi-discipline approach.

To date, more than 2,200 operations for complex cases have been carried out by the Center, despite the constraints caused by the Covid-19 pandemic, far exceeding expectations. This shows that the approach is working. In addition, 35 medics from the new Center have taken part in the fellowship program and three telemedicine platforms from Teladoc/InTouch Health have been donated to the hospital as well as other crucial medical equipment.

This is the first truly multidisciplinary start-up approach to craniofacial surgery in Vietnam. It is a unique approach which, with the vast and ever-expanding international fellowship network, will offer a clear strategy with measurable outcomes, resulting in a model which can be replicated elsewhere. After five to eight years, it is expected that the Center will be able to reach and treat 60% of all children born in Vietnam annually with facial anomalies.





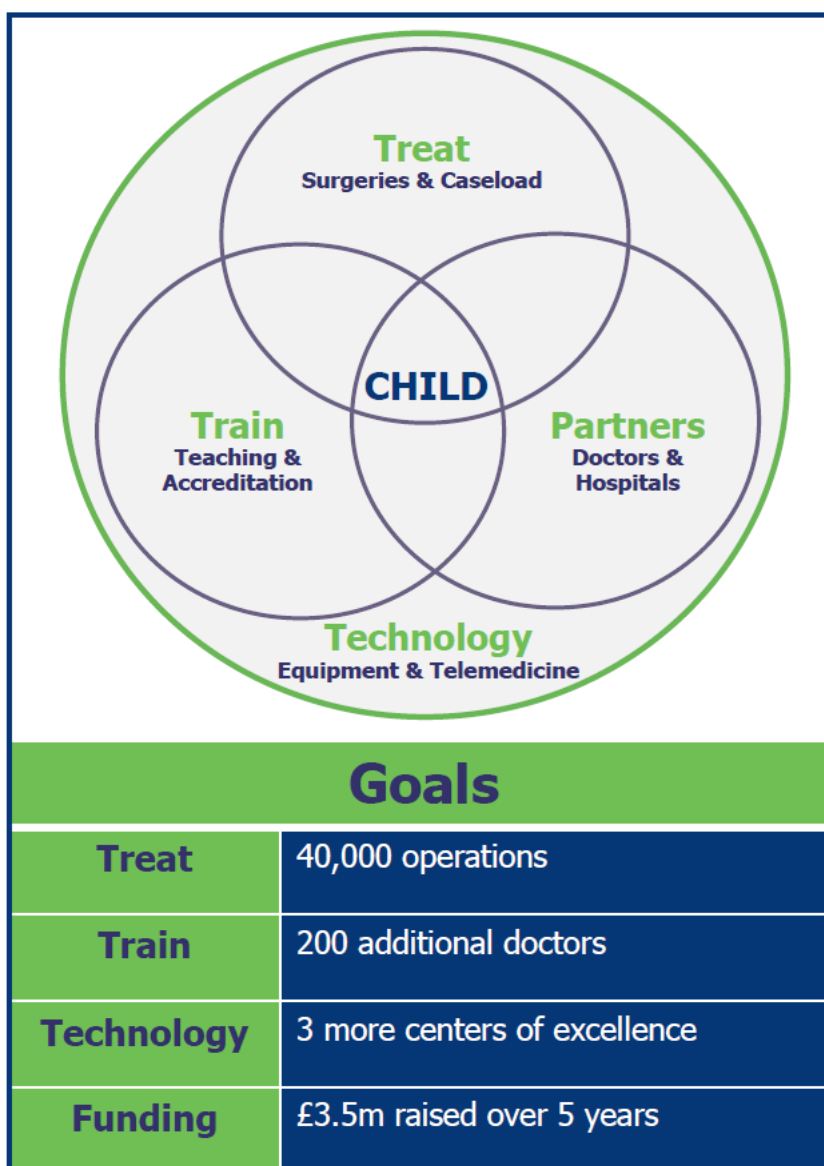


PROPOSAL: WHY THE FOUNDATION NEEDS TO RAISE FUNDS AND WHAT THEY WILL BE USED FOR

Funds are needed to expand the current collaborations the Foundation has in Vietnam with the goal of creating more opportunities to build capacity for craniofacial treatment and care.

The current “Vietnam Blueprint” project began in March 2015 with site visits to Hanoi, Da Nang and Ho Chi Minh City (HCMC). Meetings were held with the heads of hospitals, clinicians, representatives of the Ministry of Health, the People’s Committee, PACCOM, the Minister of Foreign Affairs, and other relevant departments to enable a complete assessment of the resources required and steps to be taken, and to ensure that government support for the project was established. Further follow-up site visits were carried out in November 2015 to hospitals in Hanoi and HCMC. The visits were key to gaining an in-depth understanding of the medical system and to selecting appropriate partner hospitals in Vietnam.

Meetings were held with representatives of VAVA (the Vietnam Association for Victims of Agent Orange) to explore and understand the extent of birth defects in Vietnam and resulted in a formal collaboration. An MOU was signed with VAVA ([Appendix 14](#)) and structures were put in place to establish sustainable, replicable, multidisciplinary craniofacial teams. It was also determined which instruments and technology would be required.



The unique approach developed over the last ten years.



Fellowships · In-country Training · Technology Donation

Fellowships for Vietnamese medical teams are key to the Foundation's success. The program started in the UK in 2015 and now includes top internationally renowned units beyond the UK such as Toronto Hospital for Sick Children (SickKids) in Canada, Adelaide's Women's and Children's Hospital in Australia, and The Children's Hospital of Philadelphia, Johns Hopkins Hospital, and University of Maryland Shock Trauma Center in the USA. Since inception, over 100 Vietnamese medics have been offered fellowships, giving them the opportunity to observe and learn new techniques and approaches. The Difficult Airways Society (UK) has introduced its guidelines into Vietnam as a result and is collaborating intensively with the country. Over the next five years, at least 200 more fellowships are planned to top hospitals internationally.

In-country Training builds on the fellowships. Structured teams of international medics, all active in the fellowship program, go to Vietnam on medical teaching missions in which they and the Vietnamese teams carry out joint operations, further building on the new approaches and techniques observed during fellowships. Speciality topics are chosen by the Vietnamese medical teams. Since 2008, there have been a minimum of two missions to Vietnam per year. Mission numbers will increase over the next five years to between four and six per year. All missions now include teaching conferences to which medics throughout Vietnam are invited.

Telemedicine: a crucial element for long-term scalability. Through the Teladoc/InTouch Health platform, the Foundation has been able to donate telemedicine capability to all of its partner hospitals in Vietnam. This connectivity allows international experts to continue advising and teaching on a regular basis without physically being in the country. This will eventually be rolled out in clinics across Vietnam, facilitating an outreach program to bring expertise and screening to remote areas without the large capital expenditure that would otherwise be required.

Technology needs are identified in collaboration with the Foundation's partner hospitals in Vietnam. Since this phase of the program began, approximately £2 million of medical technology has been donated, including Teladoc/InTouch Health telemedicine to Hong Ngoc, Viet-Duc, K (Cancer), and 108 Military Central hospitals as a start to extending the national and international linking and treatment capabilities.

Official status in Vietnam and other recent developments. In Vietnam, the Foundation has been granted PACCOM registration and has signed MOUs with the Vietnam Agency for Victims of Agent Orange/Dioxin (VAVA), the Vietnam Red Cross and Direct Relief. Direct Relief, one of the world's largest foundations, has earmarked potentially \$100 million in donations annually to Vietnam now that direct relationships have been facilitated by the Foundation.

Through intensive collaborations with Viet-Duc University Hospital, 108 Military Central Hospital and Hong Ngoc General Hospital and their respective inclusive networks, the Foundation is actively working with all three Vietnamese medical systems and is able to leverage its approach and expertise through the vast range of hospitals. The Foundation has a Vietnamese patron and long-term financial supporters, giving it a sound platform from which to continue to expand its services throughout Vietnam.

Establishment of a Fellowship Program

The fellowship program is crucial to the success and sustainability of the project. Each year sees the expansion of the volunteer network of international hospitals hosting the Vietnamese medics for fellowships in the UK, the USA, Australia and Canada, whose medical teams all donate their valuable time for the purpose.

It is proposed that over an approximate one-year period, a minimum of 20 clinicians will participate in tailor-made international fellowships where they will see a range of complex craniofacial and reconstructive plastic surgery cases treated with a multidisciplinary approach. To date the Foundation's network has hosted more than 100 medics and expects to be in a position to offer 200 fellowships over the next 5 years. This training experience is supported by multiple visits by medical experts to Vietnam, making sure the program is relevant and meets the needs.

Continuous training for the Vietnamese medical teams is offered through the fellowship program, with access to online conferences, and two-way mentoring via the Telemedicine system, all of which further complements the teaching. Long-term, this will enable onward in-house training with back-up from external centers of excellence. Sustainable upscaling is achieved when teaching is a continuous process and not just a one-week, mission-dependent occurrence.



Fellowship Program Features

Training An observing fellowship has been found to be most effective for a maximum period of six weeks with two to four clinicians at any one site.

Furthermore, a second visit within the first six-month period allows for greater assimilation of appropriate techniques and approaches. The Foundation constantly reviews and adjusts the approaches in conjunction with ongoing feedback from the Vietnamese partners as well as from the hosting centers internationally.

Selection process Following discussion with management to ensure the correct approach, a junior/senior clinician from each speciality is chosen by the hospital in Vietnam; appropriate exams are taken as necessary to enable the chosen medic to observe in the host country.

Benefits A program is tailored to the medics' skills, knowledge and training needs. Clinicians will shadow the craniofacial team of the international volunteer medics and colleagues in other surgical units. They will have the opportunity to observe and then, depending on the type of fellowship, participate in an extensive array of cases relevant to the multidisciplinary approach.

While on the fellowships, the visiting clinicians will also have the opportunity of, and will be supported in, attending training courses and conferences covering all relevant aspects of craniofacial and reconstructive plastic surgery.

Technology requirements Efforts are ongoing to help all partner hospitals source the technology needed for the successful establishment of a craniofacial unit. It is anticipated for 2023 that the information technology project from Teladoc/InTouch Health will be further extended. This will enable both national and international telemedicine capability between the Foundation's Vietnam partners and international network.



Estimated Costs associated with providing the program over the next 5 years

It is estimated that the annual funding required to implement the proposal is in the region of £700,000, made up of the following components :

1. **Fellowships** The cost to provide an average two-week fellowship is approximately £11,100 per fellow, depending on location. A minimum of 200 fellowships are expected to be awarded over the next five years ([Appendix 9, Tables 1, 2 and 3](#)).
2. **Missions** Four one-week annual missions and general operation at approximately £160,000 ([Appendix 9, Table 5](#)).
3. **Technology** In addition there will be significant technology needs, with any funds not used by the fellowship program to be used for the purchase of medical instruments, approximately £100,000 per annum.



A SUSTAINABLE SOLUTION

This project has a sound business model, strategy and plan, with clear milestones

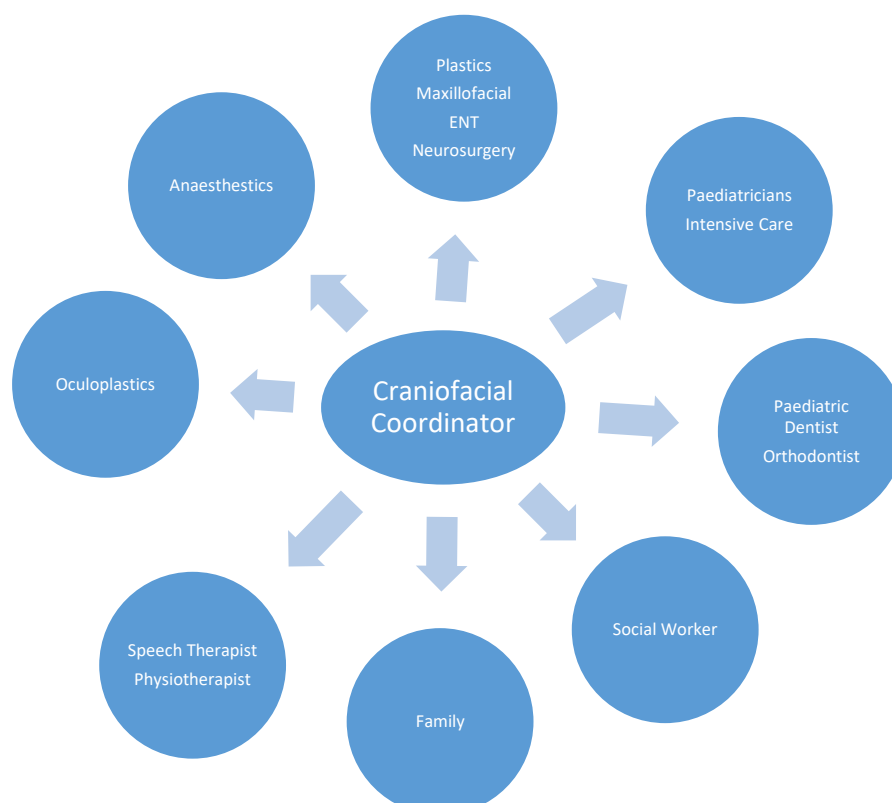
By approaching the local plastic and maxillofacial surgery departments holistically with a view to creating a replicable, sustainable platform the Foundation will be able to make a significant impact in delivering surgical and ancillary care to patients born with congenital facial deformities. The key to success will be the national development of an effective wider multidisciplinary team as described above.

Moreover, it is hoped that through networking with hospitals, medical schools and government agencies, international conference exposure, and the development of local educational resources, the Foundation will be able to benefit entire hospitals as well as overall medical systems. The ability to document and track the development of the newly opened 108 Military Central Hospital's Center for Craniofacial and Plastic Surgery offers a unique ability to test and prove the model.

Management team: Facing the World has a well-established and experienced team that has been involved in international training programs for many years. It has been active in Vietnam since 2008. Training has always been, and will continue to be, provided by experienced consultant medics. The international and diverse hands-on Board of Trustees ensures an efficient delivery of the project goals coupled with a clearly defined strategy. There is a commitment to keeping overhead costs to a minimum. The optimal team size for missions is approximately 15 specialists for larger missions and three to four specialists for smaller teaching missions on one topic. The Foundation is PACCOM registered in Vietnam. All of the medics donate their time for free, as do all the medics and staff in Vietnam.

Does this project go to the root of the problem? It is logical that improving the skills of the local medical team in a clearly defined structure will enable more patients to be treated. The selection of partner hospitals which will benefit from investment in infrastructure, and are thereby able to support these new-found skills and knowledge, has been a key element of the approach and will yield significant replicable benefits.

Multidisciplinary Team



MEASURING SUSTAINABILITY

Assessment in medicine is changing. An important component of these changes is a growing emphasis on work-based assessment. Work-based assessment should form part of any overall curriculum with the purpose clearly stated and the feedback at the heart of educational planning. Key to the success of this program is the ability to make an objective assessment of the impact of training and the sustainability of skill acquisition. To achieve this, the Foundation has introduced validated work-based assessment forms and medic-feedback forms ([Appendix 10](#)).

Coupled with this, in 2018 a telemedicine system was introduced through Teladoc/InTouch Health that allows for correspondence and regular discussions of patient cases in a multidisciplinary forum with a strong visual component available at any time. This provides a real opportunity for regular teaching and feedback regarding complex cases throughout the year.

It also provides an opportunity to gather demographic and patient data from which epidemiological studies can be initiated. It is important to measure the success of the training provided during the missions. Operations and new techniques taught by the Foundation's medics and anaesthetists have to be demonstrated and documented on a regular basis by way of pre-, intra- and post-operative photo documentation, and detailed notes of the medical technology and methodology used (for example plating systems, suture materials and techniques, wound dressing, and patient follow-up).

The onward in-house training with back-up from external centers of excellence will ensure the maintenance of clinical standards and outcomes.



THE CHILDREN TREATED BY THE PROGRAM





THE OUTCOMES



APPENDIX 1: AWARDS

- **VUFO's Certificate of Merit** for significant contributions to Vietnam's socio-economic development in 2021.
- **International Accreditation** Viet-Duc University Hospital and the 108 Military Central Hospital have both been awarded international accreditation by the Royal College of Surgeons of England.
- **Points of Light Award** in recognition of excellence, commended in 2017 by the Rt Hon Theresa May, then British Prime Minister.
- **Medal for Peace and Friendship among Nations** awarded by the Vietnam Union of Friendship Organizations.
- **The Vietnam President's Medal for Friendship.**
- **Official endorsement** by the UK All-Party Parliamentary Group for Vietnam and the Vietnam-UK Network.
- **The People's Health Medal** awarded by the Vietnam Minister of Health, 2022, for significant contribution to the development of Vietnam's Health.



APPENDIX 2: DA NANG - A SUCCESSFUL IMPLEMENTATION OF A 10-YEAR PROJECT

Successful establishment of the first craniofacial unit in Vietnam.

Landmarks 2008 - 2018

- FTW collaborates with Da Nang General Hospital to set up Vietnam's first craniofacial surgery unit.
- UK volunteer team visits Da Nang in 2009 for the first craniofacial surgical mission, initiating the training program.
- Fellowship program is initiated to enable Vietnamese medics to supplement their Da Nang training by shadowing leading medics in the UK.
- The Medical Library is established at Da Nang General Hospital, with books donated by FTW.
- Regular donations of technology are made by FTW, including Zeiss loupes, Stryker drills, and 3D printer and press for medical-grade titanium implants.
- Da Nang General Hospital's surgeon Dr Anh wins Vietnamese Surgeon of the Year award over successive years.
- Vietnamese Government officially recognises the contribution of FTW, with Certificate of Merit for the Foundation's humanitarian activities in Da Nang.
- Vietnam's first ever craniofacial conference is held in Da Nang, leading to greater recognition of FTW and laying the foundation of its expansion into other medical centers seeking the same type of service as provided to Da Nang General Hospital.





APPENDIX 3: MEDICAL EQUIPMENT DONATIONS

COMPANY	EQUIPMENT	NUMBER OF UNITS	TOTAL VALUE
2015			
Zeiss	Vario 700 Microscope	1	£66,270
2015 Total:			£66,270
2016			
Proximie	Vaddio Zoomshot 20	2	£27,200
Stryker	Head and Neck surgical equipment including drills and saws	2	£161,668
GE Healthcare	Ultrasound equipment – Logiq e R7	2	£108,000
2016 Total:			£296,868
2017			
GE Healthcare	Ultrasound Equipment – Voluson F8	3	£600,000
	Ultrasound Equipment - Logiq F8	2	£73,328
	Ultrasound Equipment – Voluson P8	1	£66,987
	Ultrasound Equipment – B40 Monitors, Gas modules and ECG machine	21	£129,161
Stryker	Maxillofacial instruments	2	£36,406
2017 Total:			£905,882
2018			
Teladoc/InTouch Health	Gateway Server	2	£124,908
2018 Total:			£124,908
2019			
Carl Zeiss Ltd	Loupes	12	£13,676
Stryker	Endoscopy Equipment	1	£200,938
2019 Total:			£242,606
2020			
Stryker	Maxillofacial instruments	26	£95,250
GE Healthcare	Ultrasound Equipment – B40 Monitors and Gas modules	15	£89,515
Teladoc/InTouch Health	Telemedicine carts annual charges	2	£28,176
Teladoc/In Touch Health	2 Lite V2 Telemedicine Carts	2	127,446
2020 Total:			£340,387
2021			
Stryker	Endoscopy Equipment	3	£17,434
Zeiss	Vario 700 Microscope and drapes	1	£65,815
GE Healthcare	Ultrasound equipment - B450 Monitors	22	£308,000
Private Donor	Endoscopy Equipment	5	£9,500
Teladoc/InTouch Health	Lite V2 Telemedicine Carts and annual charge	2	£113,113



GE Healthcare	Ultrasound equipment - B450, V100, Fetal Monitors & PDM Modules	10	£52,000
Teladoc/In Touch Health	Telemedicine carts annual charges	4	£51,299
2021 Total:			£617,163
2022			
Private Donor	Storz suction units, telepac, sinuscope, light cable	12	£41,000
GE Healthcare	PDM modules	4	£18,000
Stryker	Drills, saw kits and drive motor and console	12	£41,000
InTouch	2x Lite V2 Telemedicine Carts annual charge	3	£28,545
	2x Lite V2 Telemedicine Carts annual charge	1	£26,969
	2x Lite V2 Telemedicine Carts annual charge	1	£31,453
2022 Total:			£171,790
TOTAL VALUE 2015 – 2022:			£2,402,704

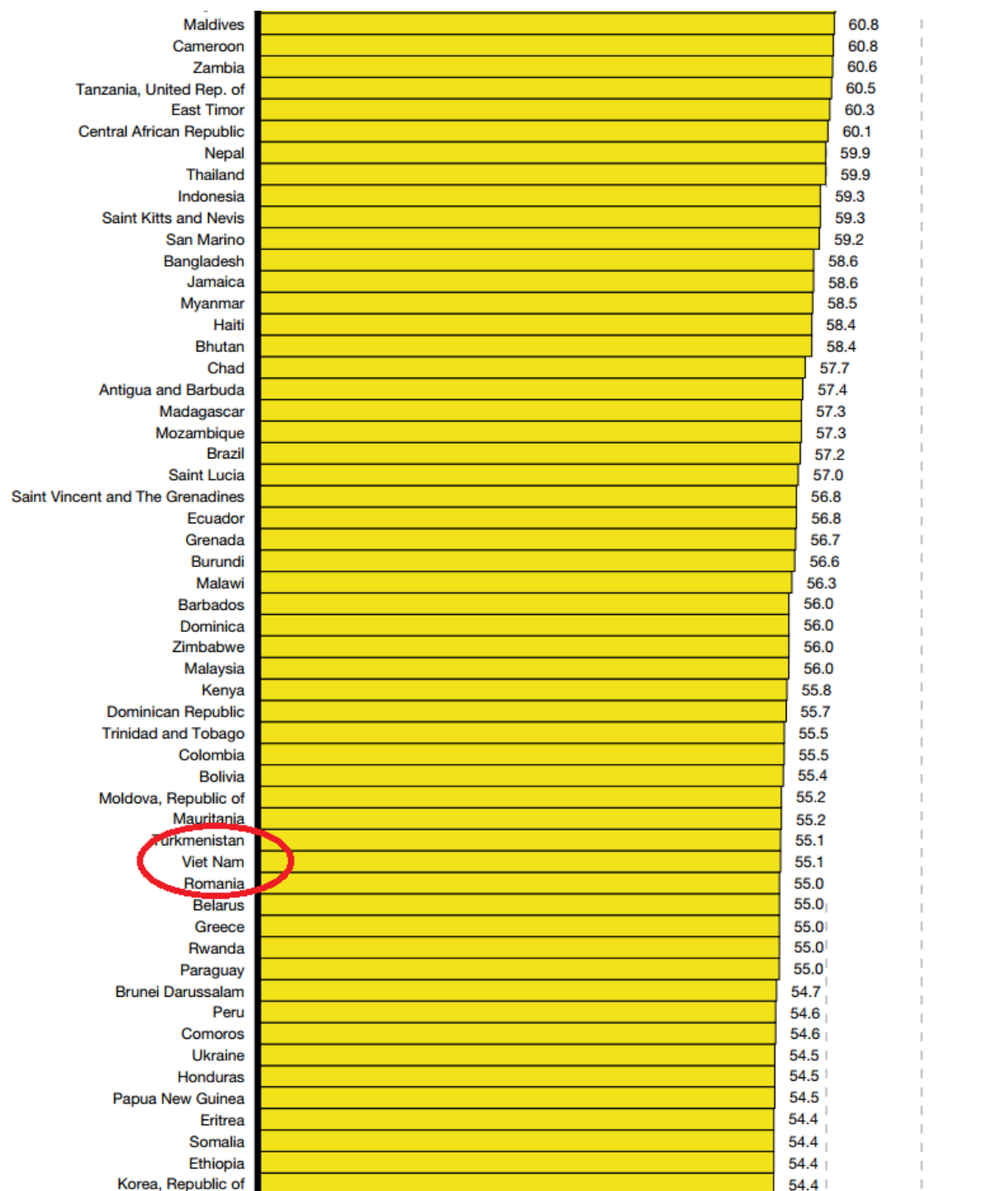


APPENDIX 4: 2006 GLOBAL REPORT ON BIRTH DEFECTS*

Executive Summary: March of Dimes Global Report on Birth Defects, 2006.

Source: March of Dimes Birth Defects Foundation.

** Birth Defects Prevalence per 1,000 Live Births.*



WWW.MARCHOFDIMES.ORG/GLUE/MATERIALS/GLOBAL-REPORT-ON-BIRTH-DEFECTS-THE-HIDDEN-TOLL-OF-DYING-AND-DISABLED-CHILDREN-WALL-CHART.PDF

*Excluding consanguineous caused birth defects

APPENDIX 5: ORGANISATIONAL STRUCTURE

ORGANISATIONAL STRUCTURE

FTW is a UK-based children's medical foundation with no religious or political affiliations. It is one of the few organisations treating children with congenital facial deformities living in some of the world's poorest countries who are unable to access local treatment.

- (a) **Legal nature and structure:** FTW is a UK-registered non-governmental foundation governed by the Charity Commission for England and Wales. FTW is registered in Vietnam as an NGO and governed by PACCOM. Accounting and legal requirements are strictly adhered to.
- (b) **Focus:** FTW's focus is on alleviating the suffering of children living with congenital facial deformities. FTW offers extensive training for developing-world medical staff through an international fellowship program with top UK, Canadian and USA medical institutions complemented by in-country medical missions. FTW also donates medical technology to increase efficiency and technical ability.
- (c) **Legal supervision and accountability:** FTW is subject to UK charity law (principally the Charities Act 2006) and company law (principally the Companies Act 2006). FTW is overseen by the Charity Commission for England and Wales. The Foundation has outside accountants and lawyers, and has an annual audit. Accounts are filed annually at Companies House and in Vietnam and are publicly available.

GEOGRAPHICAL COVERAGE

Fellowship training takes place in the UK, the USA, Australia and Canada. The organisation of the treatment and care of patients in conjunction with the Vietnamese partner hospitals, and the management of the missions and fellowship program, are undertaken from the office in London.

APPENDIX 6: BACKGROUND INFORMATION ON FACING THE WORLD

Legal Name	Facing the World
Country of organisation:	UK (London)
Date organisation founded:	2002
Legal nature of organisation:	UK charity
Registration number:	Registered charity. No. 1092772
Type of organisation:	Company number 04427304, limited by guarantee
Board of Trustees:	Michael Chan Simon Fennell, Chairman Christopher Forrest Katrin Kandel, CEO (voluntary) Anil Patel Peter Schell Charles Schrager Norma Timoney Richard Porter
Number of employees:	Three (part time support staff). All other services offered by volunteers, including the CEO
Countries where operating:	United Kingdom, Vietnam, Canada, USA, Australia
Website:	www.facingtheworld.net
Address:	Suite 5 Bank Chambers, 567 Fulham Road, London, SW6 1ES
Email address:	info@facingtheworld.org.uk
Tel:	0207 351 7832
Supervising Authority:	Charity Commission for England and Wales
Auditor:	GC Accountants
Board of Directors	Yes
Internal Audit Committee:	No
Registered Office:	Suite 5 Bank Chambers, 567 Fulham Road, London, SW6 1ES



APPENDIX 7: REASONS FOR A MULTIDISCIPLINARY TEAM

- **Craniofacial surgeon** Either a plastic surgeon or oral/maxillofacial surgeon who has completed a subspecialty fellowship in craniofacial surgery. He or she will have secured specific training and experience in corrective/reconstructive surgery of the craniofacial complex (skull, face, jaws, etc.).
- **Otolaryngologist (ENT) ear, nose and throat specialist.** Many malformations involve defects in the airway passage, inflammation of the middle ear and/or hearing and speech defects. Such complaints are treated by the ENT specialist. He/she is also responsible for the hearing tests and examination of the speech defect.
- **Neurosurgeon** Many craniofacial conditions, including the majority of facial clefts and all encephaloceles, involve a neurosurgical element. Moreover, facial tumours may have a neurological association.
- **Anaesthetist** As many craniofacial surgeries involve operating on the midface, anaesthetists who are experienced at ensuring that the airway is not compromised during surgery are vital members of the team.
- **Oculoplastic surgeon** These are ophthalmology specialists in the reconstruction of the soft tissue around the eye and within the orbit.
- **Paediatrician** Craniofacial conditions are often associated with other medical challenges. Cleft lips and palates, for example, are associated with renal and cardiac complications.
- **Paediatric dentist**
- **Audiologist** Many patients with craniofacial conditions have malformations or suffer damage to the auditory canal, which affects hearing.
- **Orthodontist** As a member of the craniofacial team the orthodontist takes care of the non-surgical treatment of the malposition of the jaws. He/she is responsible for the pre- and post-operative treatment of jaw surgery.
- **Prosthodontist** plans and fabricates an obturator to close defects that surgery is not capable of closing. Many patients with craniofacial conditions suffer from missing eyes, ears and teeth, and may require a prosthesis (i.e. false eyes and dentures).
- **Speech pathologist** evaluates and monitors speech development to help determine if speech therapy, prosthetic devices, or surgery are needed to improve speech skills.
- **Psychologist** monitors the child's development and teaches the child how to deal with the social aspects of a facial deformity. The psychologist also aids the parents when needed.
- **Clinical geneticist** after thorough family research, will advise on heredity with regard to a syndrome.
- **Dressings nurses** Skin grafts, facial flaps, expanders and other techniques utilised during surgery need to be managed and maintained under the care of specialist dressings nurses.
- **Intensivists** Most craniofacial surgery patients need to spend at least one night in intensive care post-operatively.
- **Ophthalmologist** Medically trained medics who have undertaken further specialist training and study in matters relating to the human eye. They examine, diagnose and treat diseases and injuries of the eye.
- **Orthoptist** diagnoses and treats defects of vision and abnormalities of eye movement. These abnormalities can be congenital or caused by moving the eye orbits during surgery.
- **Optometrist** examines eyes, and prescribes and fits glasses or contact lenses.
- **Theatre staff** This includes theatre nurses, ODAs, ODPs and recovery nurses. In surgery that is as multidisciplinary and time-consuming as craniofacial surgery, it is vital that the theatre staff be experienced in the specific discipline.



APPENDIX 8: THE PARTNER HOSPITALS

Vietnam



Da Nang General Hospital



Viet Duc University Hospital



108 Military Central Hospital

UK

Alder Hey Children's Hospital
Birmingham Children's Hospital
Charing Cross Hospital
Chelsea & Westminster Hospital
Evelina London Children's Hospital
Great Ormond Street Hospital
Guy's Hospital
Moorfields Eye Hospital

Ninewells Hospital
Northwick Park Hospital
Parkside Hospital
The Royal Free Hospital
The Royal London Hospital
The Royal Marsden Hospital
Royal National Throat, Nose
and Ear Hospital

St Bartholomew's Hospital
St George's Hospital
St Mary's Hospital
St Thomas' Hospital
University College Hospital
The Wellington Hospital
Western Eye Hospital
Whipps Cross Hospital

NORTH AMERICA

Children's Hospital of Philadelphia
Seattle Children's Hospital

The R Adams Cowley
Shock Trauma Center

Toronto Hospital for Sick Children (SickKids)
The Johns Hopkins Hospital

AUSTRALIA

Women's and Children's Hospital, Adelaide



APPENDIX 9: FELLOWSHIP COST ESTIMATES

TABLE 1: EXAMPLE OF 2-WEEK FELLOWSHIP COST (UK)

COST OF 2-WEEK FELLOWSHIP TO UK			
ACTIVITY	NUMBER OF UNITS	UNIT COST	TOTAL COST
Flight per fellow	1	£2,500	£2,500
Accommodation per fellow	2 Weeks	£250 p/n	£3,500
Subsistence	2 Weeks	£100 p/d	£1,400
Hospital costs (for working days)	2 Weeks	£300 p/d	£3,000
Domestic travel costs (trains, taxi, tube)	2 Weeks	£430	£430
Visa costs	1 visitors visa	£93	£93
FTW Admin costs (2%)	2 Weeks		£218
Total per fellow			£11,141

TABLE 2: EXAMPLE OF 2-WEEK FELLOWSHIP COST (CANADA)

COST OF 2-WEEK FELLOWSHIP TO CANADA			
ACTIVITY	NUMBER OF UNITS	UNIT COST	TOTAL COST
Flight per fellow	1	£2,500	£2,500
Layover accommodation (UAE)	1	£160	£160
Accommodation per fellow	2 Weeks	£250 p/n	£3,500
Subsistence	2 Weeks	£100 p/d	£1,400
Hospital costs (for working days)	2 Weeks	£300 p/d	£3,000
Domestic travel costs (trains, taxi, tube)	2 Weeks	£150	£150
Canadian Visa	1 visitors visa	£115	£115
UAE Transit Visa	1 transit visa	£80	£80
FTW Admin costs (2%)	2 Weeks		£218
Total per fellow			£11,123

TABLE 3: EXAMPLE OF 2-WEEK FELLOWSHIP COST (USA)

COST OF 2-WEEK FELLOWSHIP TO USA			
ACTIVITY	NUMBER OF UNITS	UNIT COST	TOTAL COST
Flight per fellow	1	£2,500	£2,500
Layover accommodation (UAE)	1	£160	£160
Accommodation per fellow	2 Weeks	£250 p/n	£3,500
Subsistence	2 Weeks	£100 p/d	£1,400
Hospital costs (for working days)	2 Weeks	£300 p/d	£3,000
Domestic travel costs (trains, taxi, tube)	2 Weeks	£200	£200
USA Visa	1 visitors visa	£125	£125
UAE Transit Visa	1 transit visa	£80	£80
FTW Admin costs (2%)	2 Weeks		£219
Total per fellow			£11,184

*Estimated cost is £11,100 per fellow based on average of high / low season



TABLE 4: COST BREAKDOWN PER SPECIALITY

Year	Fellow Seniority	Fellowship Length	Department	Number of fellows	Subtotal	Estimated average cost per fellow* (see appendix 1 & 2)
1-2	Senior Surgeon/Doctor (Department Head)	1 week	Plastic surgery/Maxillofacial	4		£11,100 per fellow
			Neurosurgery	4		£11,100 per fellow
			ENT	4		£11,100 per fellow
			Orthodontics	4		£11,100 per fellow
			Anaesthetics	4		£11,100 per fellow
			Intensive care	4		£11,100 per fellow
			Paediatrics	4		£11,100 per fellow
			Ophthalmology	4		£11,100 per fellow
			Speech	4	36	£399,600
3-5	Senior/Junior Resident	2 weeks	Plastic surgery/Maxillofacial	16		£11,100 per fellow
			Neurosurgery	8		£11,100 per fellow
			ENT	8		£11,100 per fellow
			Orthodontics	8		£11,100 per fellow
			Anaesthetics	8		£11,100 per fellow
			Intensive care	8		£11,100 per fellow
			Paediatrics	8		£11,100 per fellow
			Ophthalmology	8		£11,100 per fellow
			Oculoplastics	8		£11,100 per fellow
			Speech	8	88	£976,800
	Allied health professionals	1 week	Craniofacial coordinator	4		£11,100 per fellow
			Social workers/nurses	10 - 14	14 - 18	£155,400 - £199,800
TOTAL NUMBER OF FELLOWS AND TOTAL COST:					138 - 142	£1,531,800 – £1,576,200

**Does not include any mission costs*

TABLE 5: ANNUAL MISSION COSTS (THREE MISSIONS)

**Does not include any fellowship costs*

ANNUAL VIETNAM MISSION	COST
CRANIOFACIAL TEAM VISITS (per person for 10 days)	
Travel	£2,000
Accommodation	£900
Subsistence	£650
Total costs per participant	£3,550
Total costs for 15 professionals to one location	£53,250
Total costs for 3 team visits	£159,750
LOCAL SUPPORT COSTS IN VIETNAM (per location)	
Driver	£500
Translators	£300
Total local support costs per location	£800
TOTAL (CRANIOFACIAL TEAM VISITS AND LOCAL SUPPORT COSTS)	£160,550



APPENDIX 10: METHODOLOGY FOR MEASURING SUSTAINABILITY

GBI FOR FTW PATIENTS

The overall success of any medical or surgical intervention cannot be measured by technical success alone, and changes in patient quality of life resulting from the intervention must also be considered. The Glasgow Benefit Inventory (GBI) is especially designed for craniofacial, ENT and head and neck health problems and procedures. The survey, composed of 18 questions, was introduced in 1996 as a post-intervention assessment and reflects changes in health conditions after surgical or conservative treatments. Health status is defined as the general perception of one's own health, including all psychosocial, social and physical aspects. The GBI is a post-intervention assessment designed for maximum sensibility to changes in health and has often appeared in the literature.

GBI QUESTIONNAIRE FOR FTW

1. Has the result of the operation performed by FTW affected the things you do?
2. Have the results of the operation performed by FTW made your overall life better or worse?
3. Since your operation performed by FTW, have you felt more or less optimistic about the future?
4. Since your operation performed by FTW, do you feel more or less embarrassed when with a group of people?
5. Since your operation performed by FTW, do you have more or less self-confidence?
6. Since your operation performed by FTW, have you found it easier or harder to deal with company?
7. Since your operation performed by FTW, do you feel that you have more or less support from your friends?
8. Have you been to your family doctor, for any reason, more or less often, since your operation performed by FTW?
9. Since your operation performed by FTW, do you feel more or less confident about job opportunities?
10. Since your operation performed by FTW, do you feel more or less self-conscious?
11. Since your operation performed by FTW, are there more or fewer people who really care about you?
12. Since you had the operation performed by FTW, do you catch colds or infections more or less often?
13. Have you had to take more or less medicine for any reason, since your operation performed by FTW?
14. Since your operation performed by FTW, do you feel better or worse about yourself?
15. Since your operation performed by FTW, do you feel that you have had more or less support from your family?
16. Since your operation performed by FTW, are you more or less inconvenienced by your health problem?
17. Since your operation performed by FTW, have you been able to participate in more or fewer social activities?
18. Since your operation performed by FTW, have you been more or less inclined to withdraw from social situations?

These are all rated on a rating system from 'Much more inconvenienced' (1) to 'Much Less inconvenienced' (5)



FACE-Q

The FACE-Q is a revolutionary, patient-reported outcome instrument designed to evaluate the unique outcomes of patients undergoing facial cosmetic and reconstructive procedures. The FACE-Q was rigorously developed with independently functioning scales that measure both satisfaction with appearance and quality of life outcomes.

SATISFACTION WITH OUTCOME

The first angle of assessment seeks to find out how the client feels about their most recent procedure. The client must choose on a scale of 1 (definitely disagree) to 4 (definitely agree) on a series of questions.

- a. I am pleased with the result.
- b. The result was just as I expected.
- c. The result turned out great.
- d. I am surprised at how good I look in the mirror.
- e. The result is fantastic.
- f. The result is miraculous.

SATISFACTION WITH FACIAL APPEARANCE OVERALL

The second angle of assessment seeks to find out how satisfied the client feels about the look of their entire face, at the present time, where they consider their satisfaction over the previous week. The client must choose on a scale of 1 (very definitely disagree) to 4 (definitely agree) on a series of questions

- a. How symmetric your face looks?
- b. How balanced your face looks?
- c. How well-proportioned your face looks?
- d. How your face looks at the end of your day?
- e. How fresh your face looks?
- f. How rested your face looks?
- g. How your profile (side view) looks?
- h. How your face looks in photos?
- i. How your face looks when you first wake up?
- j. How your face looks under bright lights?

MEASURING THE SUCCESS OF THE TRAINING PROVIDED

An appraisal should allow the fellow to stand back from their work and think about what they have learnt and how they can improve what they are doing, especially back at home. The medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a fellow's work. The fellow should focus, with the training consultant, on their scope of work, and this includes: looking back at their achievements, challenges and lessons learnt, including reviewing the goals set for this fellowship; looking forwards to their aspirations, learning needs and the recording of new personal development objectives; and translating what has been learnt to their home hospital.

**FTW FELLOWSHIP EDUCATIONAL EXCHANGE****1. Personal details**

Name:

Address:

Contact email address:

Name of designated body:

Time-frame of the fellowship:

Appraiser's name:

2. Scope of work

Types of work should be categorised into:

- Clinical commitments
- Educational roles, including courses, conferences and research
- Managerial and leadership roles
- Any other roles

Area of work	Detail of work	How long have you been in this role
Clinical – regular		
Clinical – ad hoc		
Educational: courses; conferences and research		
Managerial – regular		
Managerial – ad hoc		
Other roles – regular		
Other roles – ad hoc		

Please describe any changes to your scope of work that you have made since you started the fellowship:

Please describe any changes to your scope of work that you envisage taking place after the fellowship:

3. Personal development plans and their review

Your personal development plan and progression towards achieving the actions you set yourself at the beginning of the fellowship are an important part of the appraisal. Please describe your progress. Did you address your need? Feel free to make general comments about the fellowship.

4. Continuing professional development

Which courses, conferences, and internships did you do during your fellowship? Did you present any work at a meeting?

5. Quality improvement activity

You should demonstrate here that you regularly participate in activities that review and evaluate your learning progress and the quality of work. Please also demonstrate how you will continue to improve your skills and knowledge.

6. Significant events

Were there any significant events or untoward critical or patient-safety incidents during your fellowship?

7. Feedback from colleagues and patients

You should seek feedback from colleagues (consultant, SpR) and patients and review and act upon that feedback where appropriate.



8. Review of compliments and complaints

Did you get any compliments or complaints? Please review them.

9. Achievements, challenges and aspirations

State here your notable achievements or challenges since the start of your fellowship, across all of your practice.

Use this space to detail your career aspirations and what you intend to do in the forthcoming year to work towards these. Is there anything FTW could help you with?

10. The agreed personal development plan

This is a record of the agreed personal and/or professional development needs to be pursued throughout the following year, as agreed in the appraisal discussion between the fellow and the appraiser.

11. Summary of appraisal

Next date for an update meeting will be _____

To further verify the training progress back in Vietnam, FTW encourages the fellow to send operations notes, pictures and other documents on a monthly basis to track progress.

POST FELLOWSHIP REPORTS: EXCERPTS

1. "I am very grateful for the great support of Facing the World through the nursing fellowship program which has offered me two weeks of observing several surgical hospitals in London. During this time, I have been able to see how well they have organized the comprehensive service for patients who need to do surgery. For example, I was explained many procedures in fantastic detail with evidence-based practice studies by the nurses; clear and detailed standards and guidelines are widely disseminated everywhere and to every staffs; and patients and patients' relatives are provided fully information about their health conditions, hospital rules, how they can find support, how they can give their feedback to improve hospital services, etc... in a variety of forms. It is truly what I think our healthcare system hasn't got enough. The FTW fellowship opened the door for me to pursue my career goals. I hope to use the knowledge I have gained in my career to promote quality of our nursing care. I am aware of the crucial part Emirates Foundation plays in this program. The travel is key to our being able to participate in this wonderfully unique program. Overall, this program has been an outstanding opportunity for me and I am deeply thankful."
2. In Vietnamese fairy tales, there is a character called "Bụt" who will appear and help when someone needs miracle. During this week watching doctors worked as a team in operating room, seeing the change on patients, feeling the emotion of their family members, I believe that "Bụt" is not fictitious and you are all "Bụt" in real life. To be honest, this week means a lot to me. It motivates me to improve not only my knowledge but also my English. I want to give my deep and sincere gratitude for letting me be a small part to make miracle happen.
3. "I am so grateful for this opportunity. It was a very useful and interesting chance for me to improve my professional knowledge and practical skills. I understand that team work would help medical staff to increase treatment quality. FTW should always have clear preoperative checklists for reminding each member to avoid mistakes. In particular, I learned many techniques in PICU; for examples: intubation for children, technique for ventilation, the way how to recover patients after surgeries. I will try to apply all those in my actual work in Vietnam."



4. "I visited 3 hospitals with different ways of working. I have learnt about how to cooperate among specialities in a Multidisciplinary team. Especially, I learnt the comprehensive cleft lip and palate management from birth to adult that have not been done in Vietnam. I have also gained more knowledge about paediatric dentistry and orthodontics."
5. "I have done other fellowships in different countries but I really appreciate my trip to the UK. We have seen a lot of new things that can be brought back to my country and can help us to improve our quality of care. The first thing can be mentioned is the Optiflow system. This system is used widely in the recovery room and in ICU as an alternative to non-invasive ventilation. It has been shown effective to reduce the risk of failure for extubation or re-intubation in critical care patients. But it is the first time I see how it is used in anaesthetic and paralysed patients. It will give us more time to deal with difficult intubation, and definitely will decrease the risk of complications. The second new thing is the Jet-ventilation machine. As an anaesthetic doctor, I know theoretically what jet ventilation is. But because FTW has no machines in my hospital in Vietnam, I do not know how to use it correctly and efficiently. The two weeks in England has helped me to get that".
6. "I have learnt about orthodontic preparation for orthognathic surgery. Especially 3D virtual planning in orthognathic surgery and CAD/CAM surgical splint. 3D planning allows medical teams to visualize the prediction of postoperative outcomes in soft and hard tissues. Surgical splints, manufactured using CAD/CAM technology help medical teams to avoid errors in the traditional model process. This is really amazing technology. It increases the efficiency and reduces risk of complications."
7. "It was very useful for us in our future scientific research. The knowledge the Foundation has gained and approaches FTW has observed in Canada, will help us very much in developing our own Craniofacial unit to help more and more poor children in Vietnam. What FTW is doing really changes their lives to a better future."
8. "During this time, I have been able to see how well the hospitals have organized a comprehensive service for patients who need to surgery. For example, I was explained many procedures in fantastic detail with evidence-based practice studies by the nurses; clear and detail standards and guidelines are widely disseminated everywhere and to every staffs; and patients and patients' relatives are provided fully information about their health conditions, hospital rules, how they can find support, how they can give their feedback to improve hospital services, etc... in a variety of forms. It is truly what I think our healthcare system hasn't got enough."
9. "In London I learned a lot in regards to procedures around complicated craniofacial surgery, especially in head and neck cancer. In particular, patient treatment plans and connecting multiple medical specialities in a team. This is not an approach used in Vietnam and is clearly beneficial for the outcomes. These experiences will be very helpful for Vietnamese patients."
10. "You may think that something is very simple, such as wearing a plastic apron while doing a health check for a client or having automatic hand hygiene everywhere but it is incredible for me. I had a feeling of safety and comfort if I was a patient there. Those two weeks in London means so much to me. It has been opening my viewpoint, raising my awareness and inspiring me when I came back to work in Vietnam. Even though I know it's a challenge for us since our hospital is usually overcrowded but I believe that your support has been helping us to improve our quality of nursing service."



APPENDIX 11: FACING THE WORLD TRAINING PROGRAM, VIETNAM

As part of the overall training, fellows are provided with questionnaires asking them to provide vital feedback on the training they have received. Whilst this is currently a manual paper-based process, it could be done digitally with remote access through tablets, set up and linked with the Foundation's website, to provide direct and instant feedback. The questions are currently rated on a scale of 1-5 with 1 being 'no use at all' to 5 being 'very useful'.

LOCAL TRAINEE FEEDBACK QUESTIONNAIRE

Overall Training

- How useful do you think the training provided by the FTW medics in theatre, during operations, has been?
- How useful do you think the training provided through lectures has been?
- How useful do you think the training provided during the clinics with the visiting medics has been?
- Overall how useful do you think the training program provided by FTW has been?

To what extent do you agree with the following statements?

- 'The training I received has been relevant to my everyday work.'
- 'The training I received has improved my surgical skills.'

LOCAL TRAINEE CRANIOFACIAL PATIENT CARE

To ensure there are robust measurements and feedback loops in the specific training of Craniofacial Patient Care, there is a different questionnaire which is graded on 1-5 scale, where 1 is 'strongly disagree' and 5 is 'strongly agree'.

To what extent do you agree with the following statements?

- 'The training has improved my ability to assess and formulate a management plan for craniofacial patients.'
- 'The training has improved my confidence in managing complex craniofacial patients.'
- 'The training has improved my confidence in managing paediatric craniofacial patients.'
- 'The training has improved my confidence in managing patients with Neurofibromatosis or other facial tumours.'
- 'The training has improved my confidence in managing patients with complex facial trauma.'
- 'The training has improved my confidence in managing patients with facial fractures.'
- 'The training I received has improved my knowledge of craniofacial surgery.'
- 'I regularly use the surgical skills and knowledge I acquired through the FTW training in my everyday work.'

FACING THE WORLD TRAINING PROGRAM, VIETNAM

As the Foundation runs a trainee program, questionnaires seeking vital feedback on the training received are also provided. The questions may be made more dynamic over time. The questions are currently rated on a scale of 1-5 with one being 'no use at all' to 5 being 'very useful'.



TRAINEE FEEDBACK QUESTIONNAIRE

Overall Training

- How useful did you find joining the FTW medics in theatre?
- How useful did you find attending clinics with the FTW medical team?
- Overall how useful did you find the FTW training mission?

To what extent do you agree with the following statements?

- 'The training I received has been relevant to my everyday work.'
- 'The training mission has resulted in an improvement in my surgical skills.'
- 'The training mission has improved my knowledge of craniofacial surgery.'
- 'I regularly use the surgical skills and knowledge I acquired through the FTW training in my everyday work.'
- 'The FTW training mission is useful for the Vietnamese surgeons.'
- 'The local Vietnamese surgeons are acquiring new surgical skills as a result of the FTW training missions.'

TRAINEE CRANIOFACIAL PATIENT CARE

Feedback loops for the trainee specifically training in Craniofacial Patient Care are provided. The questionnaire is graded on 1-5 scale, where 1 is 'strongly disagree' and 5 is 'strongly agree'.

To what extent do you agree with the following statements?

- 'The training has improved my ability to assess and formulate a management plan for craniofacial patients.'
- 'The training has improved my confidence in managing complex craniofacial patients.'
- 'The training has improved my confidence in managing paediatric craniofacial patients.'
- 'The training has improved my confidence in managing patients with Neurofibromatosis or other facial tumours.'
- 'The training has improved my confidence in managing patients with complex facial trauma.'
- 'The training has improved my confidence in managing patients with facial fractures.'
- 'The training has improved my confidence in managing patients with facial naevus.'
- 'Overall the training I have received has improved the surgical care I am able to provide for my patients.'
- 'The training missions are improving the care the local Vietnamese surgeons are able to provide for their patients.'

More general questions, which allow for more open feedback with suggestions are:

- Please list the three things about the FTW training program that you have found most useful
- Is there anything else you would like to tell FTW about the ongoing training in craniofacial surgery?
- Is there anything in particular you would like FTW to do or provide in the future, with regard to the ongoing support and training?



APPENDIX 12: SIX-MONTH TO YEAR-LONG FELLOWSHIP REQUIREMENTS

The Medical Training Initiative (MTI) is a national scheme designed to allow a small number of medics to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries.

The first screening of junior candidates will be carried out by the department heads in the partner hospitals in conjunction with the FTW medical teams, and where appropriate will include:

- 1st round (Vietnam-based): selection based on academic merit
 - GPA score of 8 or above (equivalent to 2:1 or 1st class honours degree in UK)
 - IELTS score of 7+ in speaking, listening and writing and 6.5 in reading (there are plenty of dates for this exam on a monthly basis in Vietnam)
- 2nd round (Vietnam-based):
 - Online interview (skype) with FTW doctors

Following selection for a longer fellowship, the successful candidate must come to the host country and successfully complete any language or other required course or assessment within the first two months of arrival, unless these can be undertaken in Vietnam, and ensure appropriate medical registration. Registration will then take up to three months, a period during which the candidate will observe operations and attend conferences. The candidate will remain in the host country for an additional three months of hands-on training, extending the overall training program to approximately eight months. This will be adjusted as the program develops.



APPENDIX 13: PATIENT–TEACHING TIMELINE

Through the year the hospital starts identifying appropriate patients and gathering patient information. (This includes repeat patients.) Patient information includes where applicable: MRI, CT scans, patient history, histology, blood work (to include virology).

Time Line	Week												Mission
Video conference call between host hospital and FTW. Ensure that it is multi-disciplinary – surgeons and anaesthetists are both included.													
Vietnamese trainees present each case during conference call. FTW trainees collate information to produce patient file for immediate transfer to FTW database													
Investigations requested as appropriate i.e. CT/MRI/bloods/x-rays etc.													
Rough plan of operating schedule, particularly for major operations, and estimate level of post-op care required i.e. ITU/HDU													
Determination of teaching objectives for mission-treatment plans													
Determination of specialists needed for mission opening possibility of smaller targeted missions													
Host hospital to give surgeon/anaesthetist availability for training as well as facilities such as tutorial rooms, lecture theatres, simulation areas. Rough teaching plan.													
FTW circulates to clinicians list of previously discussed patients prior to meeting including a short summary, picture, and investigations (accessible in FTW database)													
Further conference call between FTW and hospital to refine patient discussion													
Each case briefly presented and update given by FTW/Vietnamese trainees													
Determine surgical instrument requirements and confirm level of post-op care for each patient ICU instrument needs at this time													
Determine team requirements for each case (ENT, oculoplastic input etc.)													
Confirm teaching plan													
Preliminary operating schedule for the week of the mission													
Monday review all patients in multi-disciplinary clinic													
Exact operating schedule for the week determined. Major cases at start of week.													
Team allocations													
Teaching allocations													
Patients need to be followed where applicable throughout the year. Periodic conference calls.													

Three months prior to mission

- Video conference call between host hospital and FTW. Ensure that it is multidisciplinary – surgeons and anaesthetists are both included.
- Vietnamese trainees present each case during conference call. FTW trainees collate information to produce patient file for immediate transfer to FTW database.
- Investigations requested as appropriate i.e. CT/MRI/bloods/x-rays etc.
- Plan operating schedule for major operations and estimate level of post-op care required i.e. ITU/HDU.
- Determination of teaching objectives for mission-treatment plans.
- Determination of specialists needed for mission opening possibility of smaller targeted missions.
- Host hospital to give surgeon/anaesthetist availability for training as well as facilities such as tutorial rooms, lecture theatres, simulation areas. Rough teaching plan.

One month prior to mission

- FTW circulates to clinicians list of previously discussed patients prior to meeting, including a short summary, picture, and investigations (accessible in FTW database).
- Further conference call between FTW and hospital to refine patient discussion.
- Each case briefly presented and update given by FTW/Vietnamese trainees.
- Determine surgical instrument requirements and confirm level of post-op care for each patient ICU instrument needs at this time.
- Determine team requirements for each case (ENT, oculoplastic input etc.).
- Confirm teaching plan.
- Preliminary operating schedule for the week of the mission.

Week of mission

- Monday review of all patients in multidisciplinary clinic.
- Exact operating schedule for the week determined. Major cases at start of week.
- Team allocations & teaching allocations.
- Patients need to be followed where applicable throughout the year. Periodic conference calls.



APPENDIX 14: VIETNAM AGENCY OF VICTIMS OF AGENT ORANGE (VAVA) MOU



facing the world

fighting for children with facial differences



MEMORANDUM OF UNDERSTANDING

Partnership between Vietnam Association for Victims of Agent Orange/Dioxin (VAVA)
and Facing the World

Today, on 26th January 2021

THE PARTIES:

- The Vietnam Association for Victims of Agent Orange/Dioxin (VAVA)
- Facing the World

We agree to enter into a Memorandum of Understanding relating to our mutual goal of alleviating the suffering of children born with facial differences in Vietnam.

The responsibilities for each party are broken down below:

1. THE OBJECTIVE OF THE PARTNERSHIP

To identify the children with facial differences and facilitate their treatment through Facing the World's program.

Facing the World will provide:

- Annual missions made up of qualified and internationally recognized surgeons, nurses and medics at its partner hospitals in Vietnam with the objective to treat children with facial differences.
- Training for medics at the hospitals so they can learn the up to date procedures and approaches required to treat the children.
- Advice, guidance and ongoing training throughout the year on complex cases.
- Donation of Medical Equipment for the teaching of new techniques and surgical approaches needed to treat the children.

Vietnam Association for Victims of Agent Orange/Dioxin (VAVA) will provide:

- Screening of children within the VAVA network to identify children with facial differences needing treatment.
- Information to Facing the World throughout the year about children needing treatment.
- All pre-operative investigations for the children where they are already available.
- Assurance that the children attend one of the partner hospitals during a Facing the World mission so that treatment can be provided. *a*

2. TIME FRAME

The program will run from 2021 - 2025.

On behalf of the Facing the World

Katrin Kandel

Katrin Kandel, CEO (Voluntary), Trustee

On behalf of VAVA





APPENDIX 15: POINTS OF LIGHT AWARD



10 DOWNING STREET
LONDON SW1A 2AA

6 April 2017

THE PRIME MINISTER

Dear Ms Kandel

I want to congratulate you on being named the UK's 722nd Point of Light.

The Points of Light programme recognises outstanding volunteers who are making a real difference in their communities.

Under your leadership at 'Facing the World', inspirational partnerships have been built between UK and Vietnamese doctors, helping to provide life-changing surgeries for hundreds of children in Hanoi and Da Nang.

Volunteers like you from all over the UK are helping to make a better world for everyone. The Point of Light award is a small thank you on behalf of the whole country, in recognition of your exceptional service.

Yours sincerely
Barry

Ms Katrin Kandel



APPENDIX 16: MEDICAL COMMITTEE – TERMS OF REFERENCE

Facing the World (charity number 1092772)

1. Constitution

The Medical Committee (“the Committee”) was constituted at a meeting of the trustees held on 9 June 2015 in accordance with Article 27 of the Charity’s Articles of Association.

2. Purpose and responsibilities of the Committee

To exercise the Trustees’ delegated powers to make decisions in relation to medical matters relating to the provision of surgical and other medical treatment of patients including by the Charitable Foundation (but not limited to):

- a. Assessment of applications for and selection of patients for treatment [in accordance with any selection criteria determined by the Trustees from time to time]. Patients are to be chosen by the Committee and recommended to the full Trustee board for approval;
- b. Determination of treatment and resources required;
- c. Determination of medical specialists and other personnel required;
- d. Determination and control of medical and operational risk;
- e. Assessment of financial costs of treatment and associated costs and referring them to the Finance Committee for approval;
- f. Monitoring of treatment; and
- g. Ensuring that proper procedures are in place.
- h. Recommending medical technology to be donated on missions and referring the cost to the Finance Committee for approval

3. Membership

- a. The Committee shall be made up of;
- b. At least three Trustees. Non-trustees may be appointed to the Committee. They will have equal voting rights in relation to committee meetings. They will have no right to vote at or attend board meetings.
- c. All members of the Medical Committee must be medically qualified.
- d. Members of the Committee shall be appointed and removed by the Board of Trustees.

4. Chair

The Committee may appoint one of their number to act as Chair of the Committee.

5. Secretary

The Committee must appoint one of their number to act as Secretary to the Committee who shall be responsible for reporting deliberations and decisions of the Committee to the Finance Committee (where applicable) and to the Board of Trustees.

6. Quorum

- 6.1. The quorum necessary for the transaction of business shall be 3 members of the Committee of whom at least one must be a Trustee of the Charitable Foundation.



6.2. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in, or exercisable by, the Committee.

7. Frequency of Meetings

The Committee shall meet at least once every three months.

8. Conduct of Meetings

Meetings of the Committee shall be conducted in accordance with the provisions of the Charitable Foundation's Articles of Association that govern the proceedings of the Board of Trustees.

The Charitable Foundation's Finance Committee must receive notice of, and one of their Committee members shall be permitted to attend and speak at, any meeting of the Medical Committee, but shall have no right to vote on any of its decisions.

9. Minutes of Meetings

The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Board of Trustees.

10. Reporting

The Committee will provide the Finance Committee with details of all patients selected for treatment and provide such details of the treatment and financial costs involved as the Finance Committee require in order for the Finance Committee to determine whether to give approval. No patient may be offered treatment until the Finance Committee has approved such costs.

The Committee shall report its deliberations and decisions *regularly* to the Board of Trustees including *details of all applications received and those being proposed for treatment in the UK* and such other information as the Board of Trustees shall require.

11. Other duties

The Medical Committee will also:

see that the affairs of Facing the World are conducted in accordance with any ethical principles which may be determined by the Board from time to time; and sustain the Committee itself by reviewing the Committee's effectiveness periodically, identifying any gaps or vacancies which require filling and reporting this information to the Board.

12. Representative to attend meetings of the Finance and Audit Committee

The Committee shall have the right to receive notice of and to select one of its number to attend each meeting of the Finance Committee as its representative.

13. Revocation

This Terms of Reference may be revoked at any time by resolution of the Board of Trustees.

Date adopted:

Review date:



APPENDIX 17: FINANCE & AUDIT COMMITTEE – TERMS OF REFERENCE

Facing the World (charity number 1092772)

1. Constitution

The Finance Committee (“the Committee”) was constituted at a meeting of the Trustees held on 9 June 2015 in accordance with Article 27 of the Charitable Foundation’s Articles of Association.

2. Purpose and responsibilities

2.1 To exercise the Trustees’ delegated powers to make decisions in relation to financial matters relating to the running of the Charitable Foundation and its charitable activities including (but not limited to):

- a. the development and implementation of strategy, operational plans, policies, procedures and budgets;
- b. the prioritisation and allocation of resources;
- c. central office budgets and costs;
- d. the monitoring of operating and financial performance;
- e. the assessment and control of risk;
- f. recommending financial policy to the Board of Trustees;
- g. monitoring policy implementation;
- h. recommending financial objectives and strategy for the Charitable Foundation;
- i. developing and co-ordinating the Charitable Foundation’s fundraising strategy;
- j. overseeing the Charitable Foundation’s financial planning;
- k. developing strategy in relation to overseas missions and, once approved by the Board of Trustees, overseeing and implementing establishment of overseas missions;
- l. assessing financial costs of proposed treatment of patients and associated costs referred by the Medical Committee and deciding whether the Charitable Foundation has sufficient available funds to meet such costs and notifying the Medical Committee and the Board of Trustees of this decision; and
- m. reviewing the annual budget and recommending it to the Board of Trustees for approval.

2.2 To be responsible for overseeing the internal and external audit function, and in particular:

- a. recommending to the Board the appointment of the Charitable Foundation’s independent auditor for Board approval, and reviewing the audit;
- b. following Board approval, instructing an independent auditor to conduct an annual examination of the Facing the World financial statements;
- c. receiving the annual report and any other reports relating to such audits and reviewing the audit report with the auditor;
- d. helping provide proper checks and balances in carrying out the audit function;



- e. annually meeting with the independent auditor and reporting the findings and recommendations to the Board of Trustees;
- f. ensuring that appropriate internal controls are in place; and
- g. requesting internal audit from time to time if and when the Committee considers it appropriate to do so.

2.3 The Finance Committee also take on responsibility for monitoring investment performance, setting the investment policy, appointing investment managers if and when this becomes appropriate.

3. Membership

3.1 The Committee shall be made up of:

- 3.1.1 at least three Trustees. Non-trustees may be appointed to the Committee. They will have equal voting rights in relation to committee meetings. They will have no right to vote at or attend board meetings.
- 3.1.2 Members of the Committee shall be appointed and removed by the Board of Trustees.

4. Chair

4.1 The Committee may appoint one of their number to act as Chair of the Committee.

5. Secretary

5.1 The Committee must appoint one of their number to act as Secretary to the Committee who shall be responsible for reporting deliberations and decisions of the Committee to the Medical Committee (where applicable) and to the Board of Trustees.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be 3 members of the Committee.

6.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in, or exercisable by, the Committee.

7. Frequency of meetings

7.1 The Committee shall meet at least once every three months.

8. Conduct of Meetings

8.1 Meetings of the Committee shall be conducted in accordance with the provisions of the Charitable Foundation's Articles of Association that govern the proceedings of the Board of Trustees.

8.2 The Charitable Foundation's Medical Committee must receive notice of, and one of their Committee members shall be permitted to attend and speak at, any meeting of the Finance Committee, but shall have no right to vote on any of its decisions.



9. Minutes of Meetings

9.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

9.2 Minutes of committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Board.

10. Reporting

10.1 The Committee will provide the Board with a [quarterly] review of financial and performance information, and review the annual financial statements before they are presented to the Board, focusing on:

- a) funds available for the Charitable Foundation's proposed treatment of patients;
- b) fundraising progress;
- c) accounting policies;
- d) compliance with accounting standards; and
- e) findings of the external auditors, including significant audit adjustments.

10.2 The Committee will:

- a) ensure that financial reports to external parties, in particular the annual financial statements, are balanced and fair and conform to accounting standards;
- b) monitor the effectiveness of the external and internal audit services and their relationship to each other; and
- c) communicate with the external audit on audit approach, reporting, timetables and findings.

11. Other duties

The Finance Committee will also:

- a) see that the affairs of Facing the World are conducted in accordance with any ethical principles which may be determined by the Board from time to time; and
- b) sustain the Committee itself by reviewing the Committee effectiveness periodically, identifying any gaps or vacancies which require filling and reporting this information to the Board.

12. Representative to attend meetings of the Medical Committee

12.1 The Committee shall have the right to receive notice of, and to select one of its number to attend, each meeting of the Medical Committee as its representative.

13. Revocation

13.1 This Terms of Reference may be revoked at any time by resolution of the Board of Trustees.

Date adopted:

Review date:

APPENDIX 18: TRUSTEE RESOLUTION TO ESTABLISH COMMITTEE

Facing the World ("the Charity")

Company number 04427304 and registered charity number 1092772

Minutes of a meeting of the Board of Trustees held at The Boardroom, Chelsea and Westminster Hospital, on Tuesday 9th June 2015.

Preliminaries.

There being a quorum present the meeting proceeded to business.

1. Trustees' Resolution to Establish a Finance Committee and authorise its Terms of Reference. In accordance with article 27 of the Charitable Foundation's Articles of Association it was resolved that:
 - 1.1 A Finance Committee be established.
 - 1.2 The Finance and Audit Committee shall comprise the following persons:

Katrin Kandel, Peter Schell, Simon Fennell, Charles Schrager
 - 1.3 The Finance Committee shall have the responsibilities and powers set out in the attached terms of reference which are approved by the Board, such powers being hereby delegated by the Board.
2. Trustees' Resolution to Establish a Medical Committee and authorise its Terms of Reference. In accordance with article 27 of the Charitable Foundation's Articles of Association it was resolved that:
 - 2.1 A Medical Committee be established.
 - 2.2 The Medical Committee shall comprise the following persons:

Norma Timoney, Anil Patel, Richard Porter, Christopher Forrest
 - 2.3 The Medical Committee shall have the responsibilities and powers set out in the attached Terms of Reference which are approved by the Board, such powers being hereby delegated by the Board.

APPENDIX 19: FUNDRAISING 5 YEAR PROJECTION

Facing the World hopes to raise approximately £700,000 GBP a year over the next five years. Progress is constantly under review with all the partner hospitals.

Total 5-year Project 2019 - 2023: cost of £3.5million

		Yearly forecast	Achieved
Year 1: 2019	Technology	£96,000	£242,606
	Missions	4 (£160,000)	4 (£59,771)
	Fellowships	40 (£444,000)	45 (£150,954)
Year 2: 2020	Technology	£96,000	£340,387
	Missions	4 (£160,000)	4 *domestic (£0. Paid for by 108 Foundation)
	Fellowships	40 (£444,000)	2 (£28,042)
Year 3: 2021	Technology	£96,000	£617,163
	Missions	4 (£160,000)	0 (£0) due to COVID-19
	Fellowships	40 (£444,000)	0 (£0) due to COVID-19
Year 4: 2022	Technology	£96,000	£171,790
	Missions	4 (£160,000)	1 (£11,461)
	Fellowships	40 (£444,000)	10 (£52,096) due to COVID-19 restrictions
Year 5: 2023	Technology	£96,000	
	Missions	4 (£160,000)	
	Fellowships	40 (£444,000)	

**Achieved costs include gifts in kind*



Chart 1: Full Program

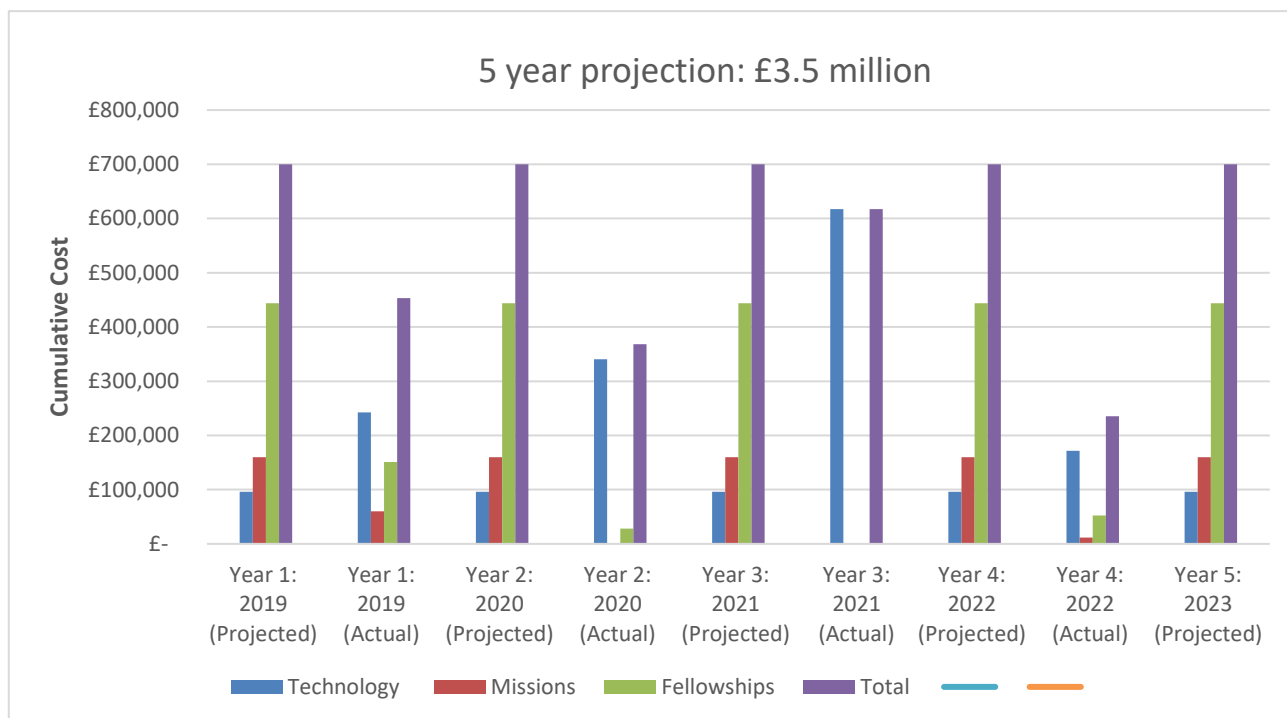


Chart 2: Number of Fellowships

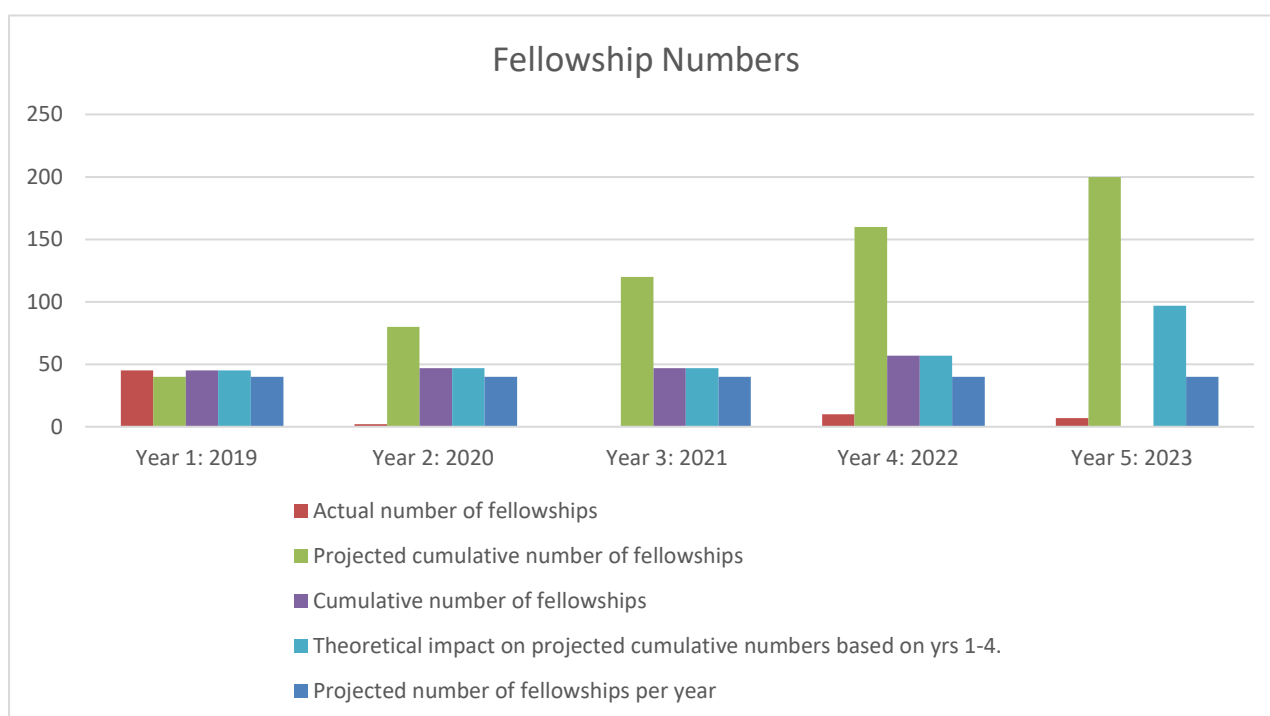
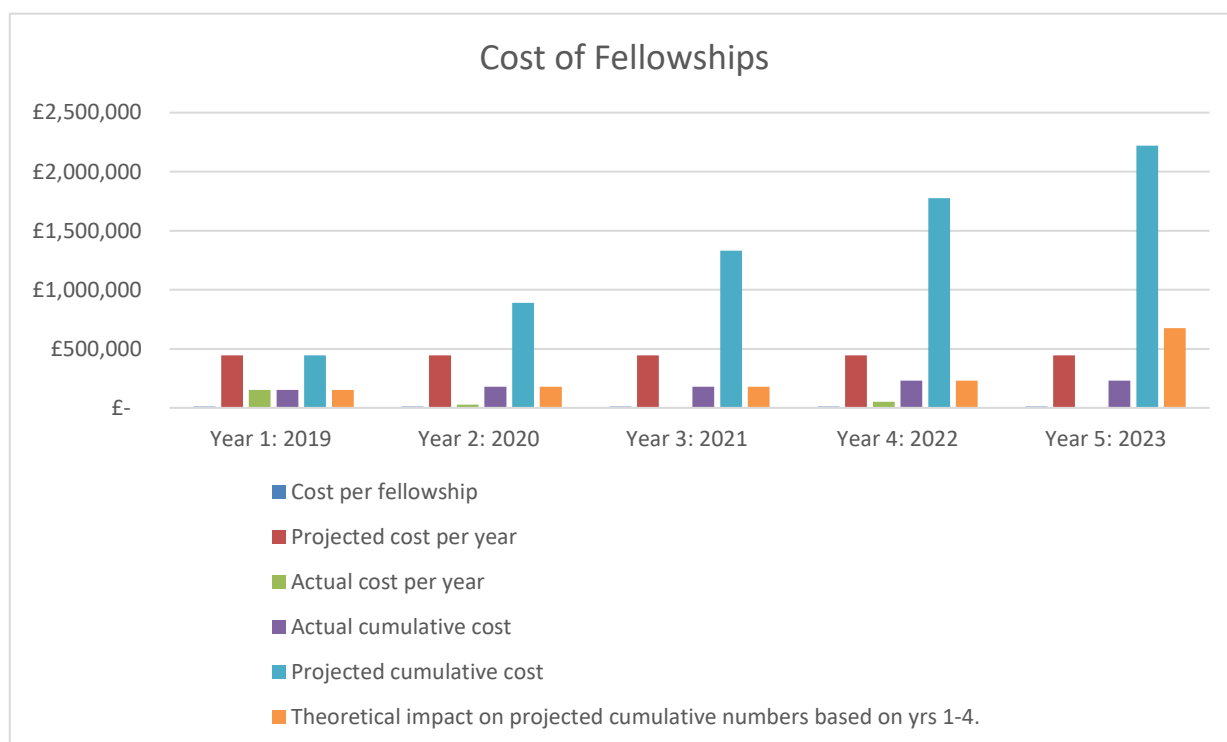


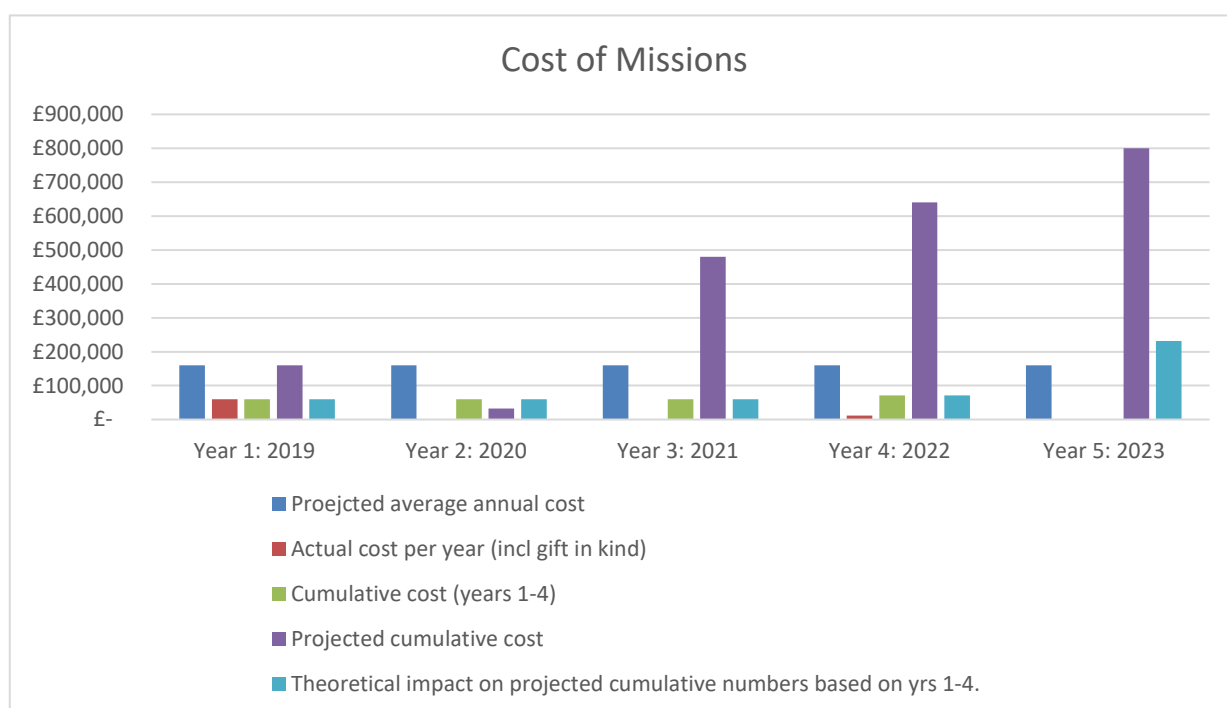


Chart 3: Fellowship Costs



*Based on FTW assumed forecast of offering 40 fellowships a year across UK, Canada and USA at an average cost of £11,100 per fellow for an average stay of 2 weeks.

Chart 4: Missions

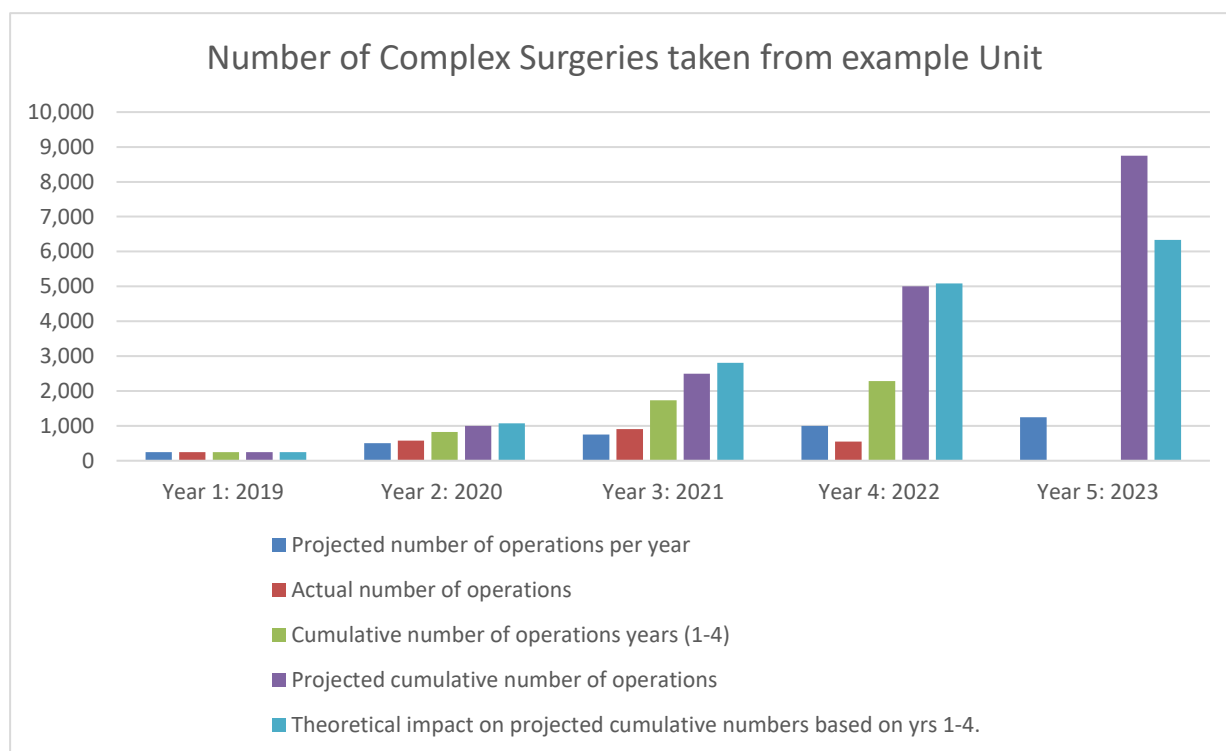


*Please note that the forecast is for international missions. Due to COVID the strategy for 2020 - 2022 was adjusted and the focus was on domestic missions, which is reflected in the numbers above. *Based on FTW



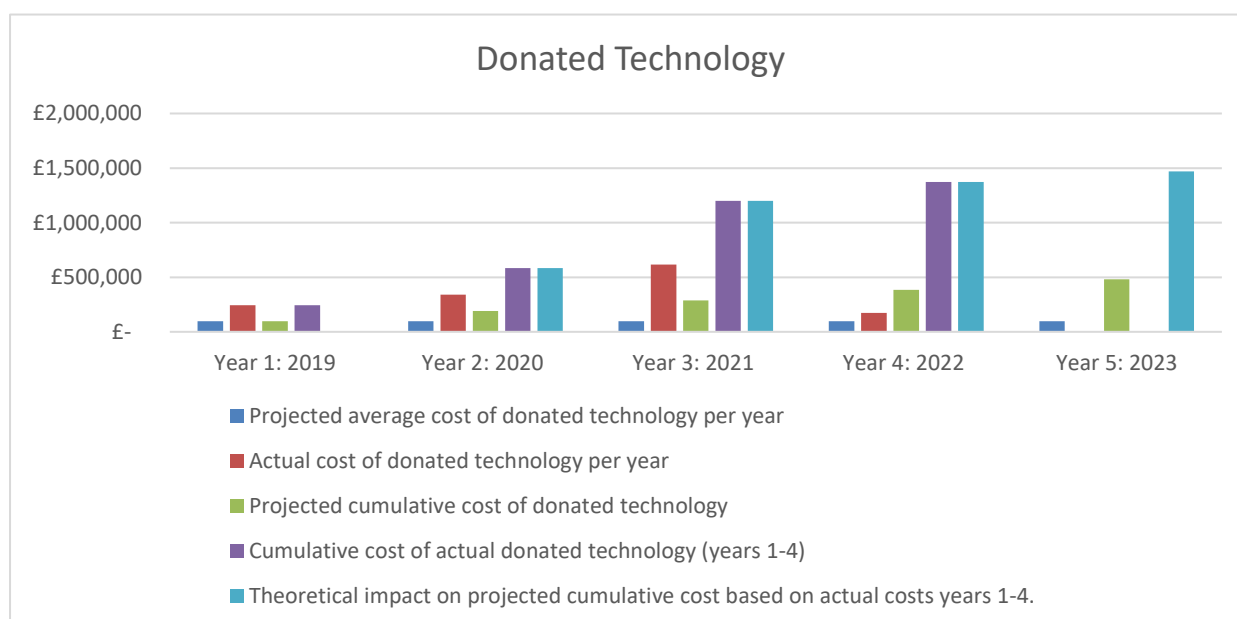
assumed forecast of running between 3-5 missions a year with an average of 40 professionals participating at an average cost of £4,000 per person.

Chart 5: Complex Surgeries



*Based on FTW assumed forecast, extrapolated from accepted medical standards and interviews, that a trained surgeon will be able to carry out approximately 100 complicated surgeries per year. With an average of 40 fellowships per year, the cumulative number of operations after 5 years is 40,000.

Chart 6: Technology



APPENDIX 20: POLICIES

ANTI-CORRUPTION POLICY

1. Purpose

The purpose of this policy is to establish controls to ensure compliance with all applicable anti-bribery and anti-corruption regulations, and to ensure that the Foundation's work is conducted in a socially responsible manner.

2. Policy statement

Bribery is the offering, promising, giving, accepting or soliciting of an advantage as an inducement for action which is illegal or a breach of trust. A bribe is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage. It is the Foundation's policy to conduct all business in an honest and ethical manner. FTW takes a zero-tolerance approach to bribery and corruption. The Foundation is committed to acting professionally, fairly and with integrity in all business dealings and relationships wherever the Foundation operates and implementing and enforcing effective systems to counter bribery.

FTW will uphold all laws relevant to countering bribery and corruption in all jurisdictions in which FTW operates. However, the Foundation remains bound by the laws of the UK, including the Bribery Act 2010, in respect of conduct both in the UK and abroad.

This policy covers: bribes; gifts and hospitality; facilitation payments; political contributions; charitable contributions.

3. Scope

3.1 Who is covered by the policy?

This policy applies to all individuals working and volunteering for the Foundation at all levels.

3.2 Bribes

Employees must not engage in any form of bribery, either directly or through any third party (such as an agent or distributor).

3.3 Gifts and hospitality

Employees must not offer or give any gift or hospitality which could be regarded as illegal or improper, or which violates the recipient's policies. Employees may not accept any gift or hospitality from the Charitable Foundation's partners if there is any suggestion that a return favour will be expected or implied.

If it is not appropriate to decline the offer of a gift, the gift may be accepted, provided it is then declared to the employee's manager and donated to the Charitable Foundation.

The practice of giving business gifts varies between countries and regions and what may be normal and acceptable in one region may not be in another. The test to be applied is whether in all the circumstances the gift or hospitality is reasonable and justifiable. The intention behind the gift should always be considered.

3.4 Political Contributions

FTW does not make donations, whether in cash or kind, in support of any political parties or candidates.



4. Responsibilities

All employees and volunteers must read, understand and comply with this policy. The prevention, detection and reporting of bribery and other forms of corruption are the responsibility of all those working and volunteering for the Foundation. Any employee or volunteer who breaches this policy will face disciplinary action, which could result in dismissal.

5. Record keeping

All expenses claims relating to hospitality, gifts or expenses incurred are to be submitted in accordance with the expenses policy, and specifically record the reason for the expenditure.

6. How to raise a concern

All employees and volunteers are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage.

7. What to do if you are a victim of bribery or corruption

Report the incident to the CEO (Voluntary) and the Board of Trustees.

8. Protection

FTW is committed to ensuring no one suffers any detrimental treatment as a result of refusing to take part in bribery or corruption, or because of reporting in good faith their suspicion that an actual or potential bribery or other corruption offence has taken place or may take place in the future. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern.

9. Training and communication

Training on this policy forms part of the induction process for all new employees. All existing employees will receive regular, relevant training on how to implement and adhere to this policy.

10. Who is responsible for the policy?

The Board of Trustees has overall responsibility for ensuring this policy complies with legal and ethical obligations, and that all those under the control comply with it.

11. Monitoring and review

The Trustees will monitor the effectiveness and review the implementation of this policy, regularly considering its suitability, adequacy, and effectiveness. Any improvements identified will be made as soon as possible. Internal control systems and procedures will be subject to regular audits to provide assurance that they are effective in countering bribery and corruption.

This policy does not form part of any employee's contract of employment, and it may be amended at any time.

Signed: 

Position: **CEO (Voluntary), Trustee**

Date: 12th January 2023

CHILD PROTECTION POLICY STATEMENT

Facing the World believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people by a commitment to a practice which protects them.

FTW recognises that:

- the welfare of the child/young person is paramount;
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse;
- Working in partnership with children, young people, their parents, carers and their agencies is essential in promoting young people's welfare. This will include working with hospitals, and with medical staff at the relevant hospitals in the UK and their home countries.

The purpose of the policy:

- To provide protection for the children and young people who receive Facing the World services, including the children of adult members or users.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.
- This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Facing the World.
- This policy also applies to all medical staff even those employed by other institutions who are involved in the treatment and care of those treated by Facing the World.

FTW will seek to safeguard children and young people by:

- valuing them, listening to and respecting them;
- adopting child protection guidelines through procedures and a code of conduct for staff and volunteers;
- ensuring that all medical staff, medical volunteers and other professionals involved in the treatment and care of children treated by Facing the World adopt child protection guidelines;
- recruiting staff and volunteers safely, ensuring all necessary checks are made;
- sharing information about child protection and good practice with children, parents, staff and volunteers;
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- providing effective management for staff and volunteers through supervision, support and training.

Facing the World is committed to reviewing the policy and good practice annually.



EQUAL OPPORTUNITIES POLICY STATEMENT

It is the policy of Facing the World to treat all employees and job applicants fairly and equally regardless of their sex, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age, disability or union membership status.

Furthermore the Facing the World will ensure that no requirement or condition will be imposed without justification which could disadvantage individuals purely on any of the above grounds.

The policy applies to recruitment and selection, terms and conditions of employment including pay, promotion, training, transfer and every other aspect of employment.

Facing the World will regularly review its procedures and selection criteria to ensure that individuals are selected, promoted and otherwise treated according to their relevant individual abilities and merits.

Facing the World is committed to the implementation of this policy and to a program of action to ensure that the policy is, and continues to be, fully effective. The overall responsibility for the policy lies with the CEO. However, all staff and Trustees are required to comply with the policy and to act in accordance with its objectives so as to remove any barriers to equal opportunity.

Any act of discrimination by employees or any failure to comply with the terms of the policy will result in disciplinary action.

Signed: 

Position: **CEO (Voluntary), Trustee**

Date: 12th January 2023



PRIVACY NOTICE POLICY

Your privacy is important to Facing the World. This privacy notice provides information about the different types of personal information that FTW collects and the ways in which FTW uses it. If you have any questions please contact FTW using the contact details included at [clause 13](#).

1. [Who FTW is](#)
2. [When does FTW collect personal information about you?](#)
3. [What personal information does FTW use?](#)
4. [How FTW uses your personal information](#)
5. [Lawful processing](#)
6. [Does FTW share your personal information?](#)
7. [International Data Transfers](#)
8. [Securing your personal information](#)
9. [How long does FTW keep your personal information?](#)
10. [Your rights and preferences](#)
11. [Other websites](#)
12. [Updating this privacy notice](#)
13. [How to contact us](#)

1. Who FTW is

Facing the World (FTW) is a UK registered medical charitable foundation (registered with the Charity Commission under number 1092772) creating sustainable solutions for children in developing countries who have severe craniofacial defects. The Foundation does this by training local surgical teams, providing multidisciplinary surgical treatment, and donating necessary technology, all of which FTW has to raise funds for.

2. When does FTW collect personal information about you?

FTW may hold information relating to you from a number of sources and will collect personal information about you:

a. When you give it to us **directly**

For example, personal information that you submit through the website (<http://facingtheworld.net/>) by contacting us, making a donation, signing up to the newsletter, or any personal data that you share with us when you communicate with us by email, phone or post.

a. When FTW obtains it **indirectly**

Your personal information may be shared with us by third parties. To the extent that FTW has not done so already, FTW will notify you when FTW receives personal information about you from them, and tell you how and why FTW intends to use it.

b. When it is **publicly available**

Your personal data may be available to FTW from external publicly available sources. This may include information available on Companies House, Charity Commission and other charity registers, in reputable media articles and publications, and on company websites and professional networking sites such as LinkedIn. Depending on your privacy settings for social media services, FTW may access information from those accounts or services such as Facebook or Twitter.

3. What personal information does FTW use?

FTW may collect, store and otherwise process the following kinds of personal information depending on how you interact with us:

- a. your name and contact details, including email address, postal address, telephone number and social media identity;
- b. information about your role in your organisation and your professional qualifications should you wish to volunteer for one of the programs;
- c. any donations you make to us;
- d. your communication preferences;
- e. information about your computer/mobile device and your visits to and use of this website, including, for example, your IP address and geographical location; and
- f. any other personal information which you choose to share with us through, for example, voluntary surveys.

Special categories of data

Data protection law recognises certain categories of personal information as sensitive and therefore requiring more protection. These categories of data include information about your health, ethnicity, and political opinions.

In certain situations, FTW may collect and/or use special categories of data. FTW will only process these special categories of data if there is a valid reason for doing so and where the law allows us to do so. FTW will usually seek your explicit consent to use such data.

4. How FTW uses your personal information

Once you choose to provide us with personal information you can be assured that it will only be used for the purposes specified in this privacy policy.

FTW may use your personal information:

- a. to provide you with information about the activities that you have requested: for example, if you have requested to receive the newsletter;
- b. to provide updates about the Foundation's work, services, activities or publications (where necessary, and only where you have provided your consent to receive such information);
- c. to process your donations (which you can make through CAF or JustGiving);
- d. to answer your questions or requests, and communicate with you in general;
- e. to further the charitable aim in general, including for fundraising activities and asking for your volunteer support;
- f. to analyse, evaluate and improve the Foundation's work, programs, services, activities or information (including the website);
- g. to audit/administer the accounts;
- h. for the prevention of fraud or misuse of service; and
- i. for the establishment, defence or enforcement of legal claims.

5. Lawful processing

FTW is required to rely on one or more lawful grounds to collect and use the personal information outlined above. FTW considers the grounds listed below to be relevant:

- **Consent**

Where you have provided your consent for the use of your personal information in a certain way: for example, where FTW asks for your consent to send you the newsletter via email.

- **Legal obligation**

Where the processing of your personal information is necessary for us to comply with a legal obligation to which FTW is subject: for example where the Foundation has to share your personal information with regulatory bodies which govern the Foundation's work, or where FTW claims Gift Aid on donations.

- **Contractual relationship**

Where it is necessary for us to process your personal information in order to perform a contract to which you are a party (or to take steps at your request prior to entering a contract): for example, FTW might do this where you volunteer with us.

- **Legitimate interests**

Where applicable law allows us to collect and use personal information for legitimate interests, and the use of your personal information is fair, balanced and does not unduly impact your rights.

FTW may rely on this ground to process your personal information when FTW believes that it is more practical or appropriate than asking for your consent. For instance, the Foundation relies on the legitimate interest ground to process your personal data in order to protect the security of the networks: for example, when FTW receives external emails FTW will scan such emails for any threats.

6. Does FTW share your personal information?

FTW will not sell, rent or lease your personal information to others. FTW does not share your personal information with third parties for marketing purposes.

FTW may disclose your personal information to selected third party processors (such as agents or sub-contractors) for the purposes outlined at [clause 5](#). The third party in question will be required to use any personal data they receive in accordance with the instructions.

FTW reserves the right to disclose your personal information to third parties:

- for auditing purposes, such as finance audits where FTW employs chartered accountants;
- if FTW is under any legal or regulatory obligation to do so; and
- in connection with any legal proceedings or prospective legal proceedings, in order to establish, exercise or defend the Foundation's legal rights.

7. International Data Transfers

As FTW sometimes uses third parties to process personal information, it is possible that personal information FTW collects from you will be transferred to and stored in a location outside the UK or the European Economic Area (EEA). This is most likely to be Vietnam, where FTW currently conducts its charitable services. Where you are based in the EEA and volunteer to assist in a country outside the EEA (such as Vietnam), FTW will also transfer your personal information to the hospital or medical center you will be working in.



Please note that certain countries outside of the UK or EEA have a lower standard of protection for personal information, including lower security protections. Where your personal information is transferred, stored, and/or otherwise processed outside the UK or EEA in a country which does not offer an equivalent standard of protection to the UK or EEA, FTW will take all reasonable steps necessary to ensure that the recipient implements appropriate safeguards designed to protect your personal information. If you have any questions about the transfer of your personal information, please contact us using the details at [clause 13](#).

8. Securing your personal information

FTW will take reasonable technical and organisational precautions to prevent the loss, misuse or alteration of your personal information. FTW restricts access to those who have a need to know and the Foundation trains staff in handling the information securely. FTW will store all the personal information you provide on secure servers.

9. How long does FTW keep your personal information?

Unless still required in connection with the purpose for which it was collected and/or processed, FTW will generally remove your personal information from the records six years after the date that it was collected. However, before this date: (i) if your personal information is no longer required in connection with such purpose(s); (ii) FTW is no longer lawfully entitled to process it; or (iii) you validly exercise one of your rights of erasure under [clause 10](#), FTW will remove it from the records.

10. Your rights and preferences

FTW may contact you by post unless you request otherwise, and by telephone, email, text, social media or other electronic means depending on the communication preferences you have previously indicated.

Where FTW relies on your consent to use your personal information, you have the right to withdraw your consent.

When FTW uses your personal information you have the right to:

- j. Ask us for **confirmation** of what personal information FTW holds about you, and to request **access** to a copy of that information. If FTW is satisfied that you have a right to see this personal information, and FTW is able to confirm your identity, FTW will provide you with this personal information.
- k. Request that FTW **delete** the personal information FTW holds about you, as far as FTW is legally required to do so.
- l. Ask that FTW **correct** any personal information that FTW holds about you which you believe to be inaccurate.
- m. **Object** to the processing of your personal information where FTW: (i) processes it on the grounds of legitimate interest; (ii) uses it for direct marketing; or (iii) uses it for statistical purposes.
- n. Ask for the **provision** of your personal information in a machine-readable format to either yourself or a third party, provided that the personal information in question has been provided to FTW by you, and is being processed by FTW: (i) in reliance on your consent; or (ii) because it is necessary for the performance of a contract to which you are party; and in either instance, FTW is processing it using automated means.
- o. Ask for processing of your personal information to be **restricted** if there is disagreement about its accuracy or legitimate usage.



If you decide you do not want to receive any further emails from FTW, please tell us and FTW will remove you from the mailing list. At any point you can request to unsubscribe from FTW's mailing list by contacting us using the details listed at [clause 13](#).

Please note that where you ask FTW to delete your personal information, FTW will maintain a skeleton record comprising your name and contact details to ensure that FTW does not inadvertently contact you in the future. FTW may also need to retain some financial records for statutory purposes, for example Gift Aid.

Please note that you also have the right to lodge a complaint with the Information Commissioner's Office at www.ico.org.uk/concerns.

11. Other websites

FTW is not responsible for the privacy practices or the content of linked websites. Please review the privacy notices of such websites.

12. Updating this privacy notice

FTW may update this privacy notice by posting a new version on this website. If FTW updates this privacy notice in a way that significantly changes how FTW uses your personal information, FTW will bring these changes to your attention. Otherwise, FTW would recommend that you periodically review this privacy notice to be aware of any other revisions.

13. How to contact FTW

FTW's Data Protection Contact is responsible for monitoring compliance with relevant legislation in relation to personal information. You can also contact the Data Protection Contact if you have any questions about this privacy notice or the treatment of your personal information:

Email: info@facingtheworld.org.uk

Telephone: 020 7351 7832

Post: Facing the World
Suite 5 Bank Chambers
567 Fulham Road
SW6 1ES

SUSTAINABLE DEVELOPMENT APPROACH

The United Nations Sustainable Development Goals are a set of 17 interlinked objectives designed to be a "blueprint to achieve a better and more sustainable future for all". FTW believes the work of Facing the World can play a role in achieving these goals through fostering direct benefit towards *Good Health and Well-Being (Goal 3)*, *Quality Education (Goal 4)* and *Reduced Inequalities (Goal 10)* as well as making indirect contributions to a number of the other targets.



CONTACT

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