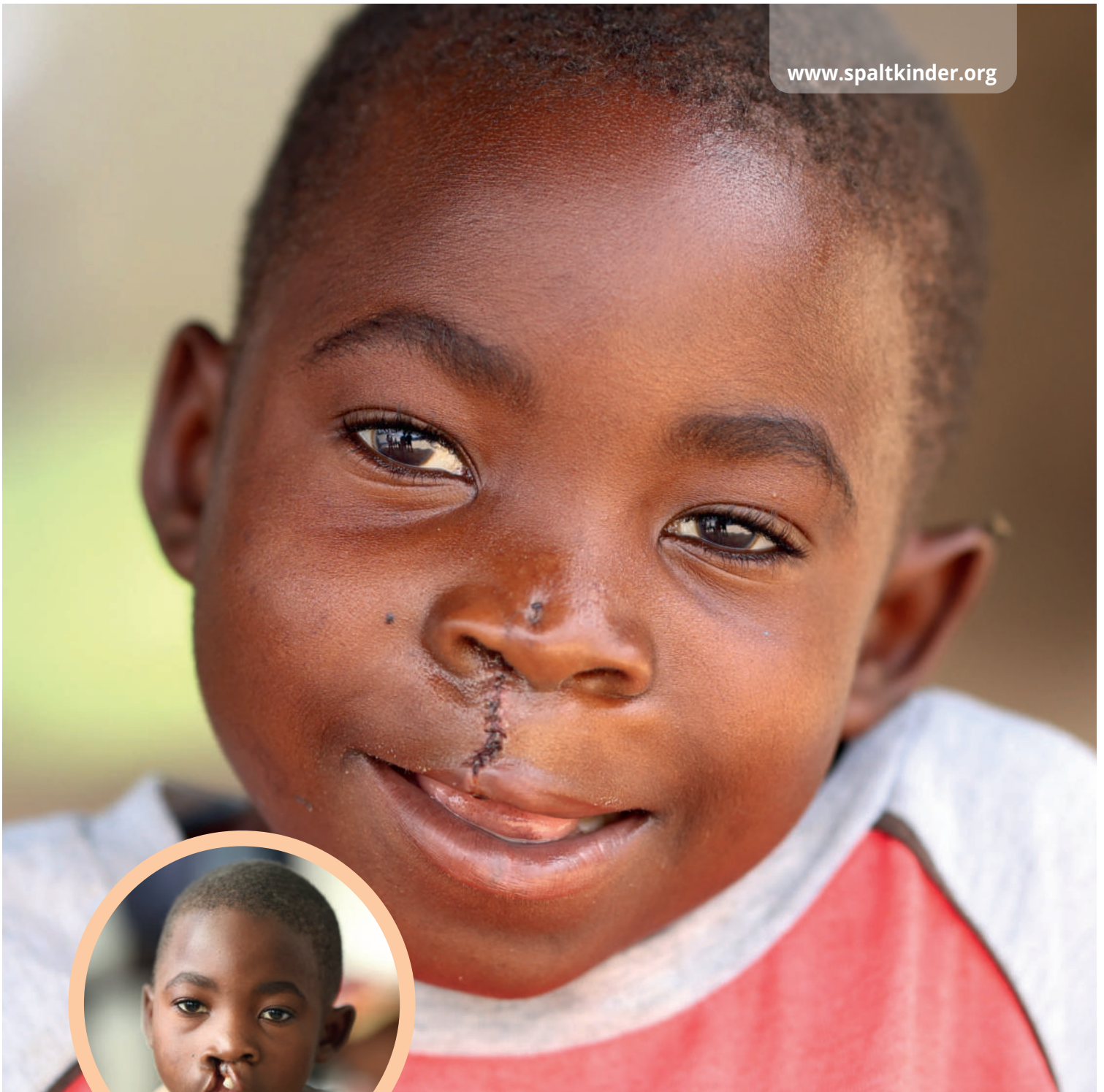




Help for Children with Cleft Lip and Palate Around the World

Annual Report 2024

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Imprint

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PREFACE



Dear donors, dear friends of Deutsche Cleft Kinderhilfe,

What a beautiful success: Since 2017, the number of surgeries we have provided in our project countries has more than doubled! I have actively supported our aid

efforts as an anesthesiologist for many years. Today, I am extraordinarily pleased to see how our work has developed.

This development is far more than just a statistic. It represents tangible help for thousands of children born with cleft malformations who, without our help, face grim odds in life. Many of them wait for years for surgery – sometimes half a lifetime, like Jitna from India (page 10).

With 8,863 procedures provided, we were able to help more children in 2024 than ever before. Given this pace, one thing is particularly important: quality. On this note, I would like to recommend David's story to you (page 6).

As an aid organization, we are committed to providing a treatment quality that aligns with the highest standards. To this end, we work closely with trusted partners, specifically promote the training and development of our teams – as is currently the case with our young project in Ethiopia – and invest in medical equipment, for example in our focus country, Bangladesh.

The progress of recent years is the result of a strong network – and only possible thanks to you. On behalf of all those to whom you give hope with your donations, I thank you from the bottom of my heart for your support and trust.

Yours, *Frank Feyerherd*

Prof. Dr. Frank Feyerherd
Anesthesiologist, Honorary Board Member

ASSOCIATION STRUCTURE

Board: Alexander Gross (Chairman, paid), Andrea Weiberg (paid), Prof. Dr. Frank Feyerherd (honorary), Thomas Schneider (honorary)

Managing director: Andrea Weiberg (paid)

General assembly: the general assembly is the highest decision-making authority. Its roles include electing the board and management, approving the annual financial statements and discharging the board.

Association members: 8

Auditors (honorary): Ute Henninger-Sehling, Dr. Christian Rüschi.

Main function: Auditing of expenditure and income in accordance with the budget.

Board of trustees (honorary): Prof. Dr. Dr. Jürgen Dieckmann, Prof. Dr. Dr. Götz Ehmann, Dr. Ulrike Lamlé, Dr. Dr. Oliver Blume, Gunther Au-Balbach, Dr. Jos van den Hoek.

Role: advisory panel of experts from the fields of oral and maxillofacial surgery, ENT and orthodontics

Employees (paid): nine employees in Freiburg (three of whom work full-time), one local employee in Bangladesh

Honorary project managers:

PD Dr. Daniel Lonic, Dr. Ulrike Lamlé, Dr. Dr. Oliver Blume, Gunther Au-Balbach, Dr. Martin Andreas

Partner organizations:

Schweizer Hilfe für Spaltkinder, Therwil

www.spaltkinder.ch

Austrian Cleft Kinderhilfe, Dornbirn

www.spaltkinder.at

As a nonprofit association with the purpose of promoting charitable causes and public health, Deutsche Cleft Kinderhilfe e.V. is exempt from corporation tax under § 5 (1) No. 9 of the Corporation Tax Act (Körperschaftsteuergesetz) and exempt from trade tax under § 3 No. 6 of the Trade Tax Act (Gewerbesteuer-gesetz), according to the latest exemption notice from Freiburg-City tax-office, tax number 06469/47127 dated January 01, 2023 for the last assessment period 2019 - 2021. Our statutory purpose is the promotion of public health and healthcare. We affirm that any donated funds are used exclusively to advance charitable causes and promote public health abroad.

HELP FOR CHILDREN WITH CLEFT AROUND THE WORLD

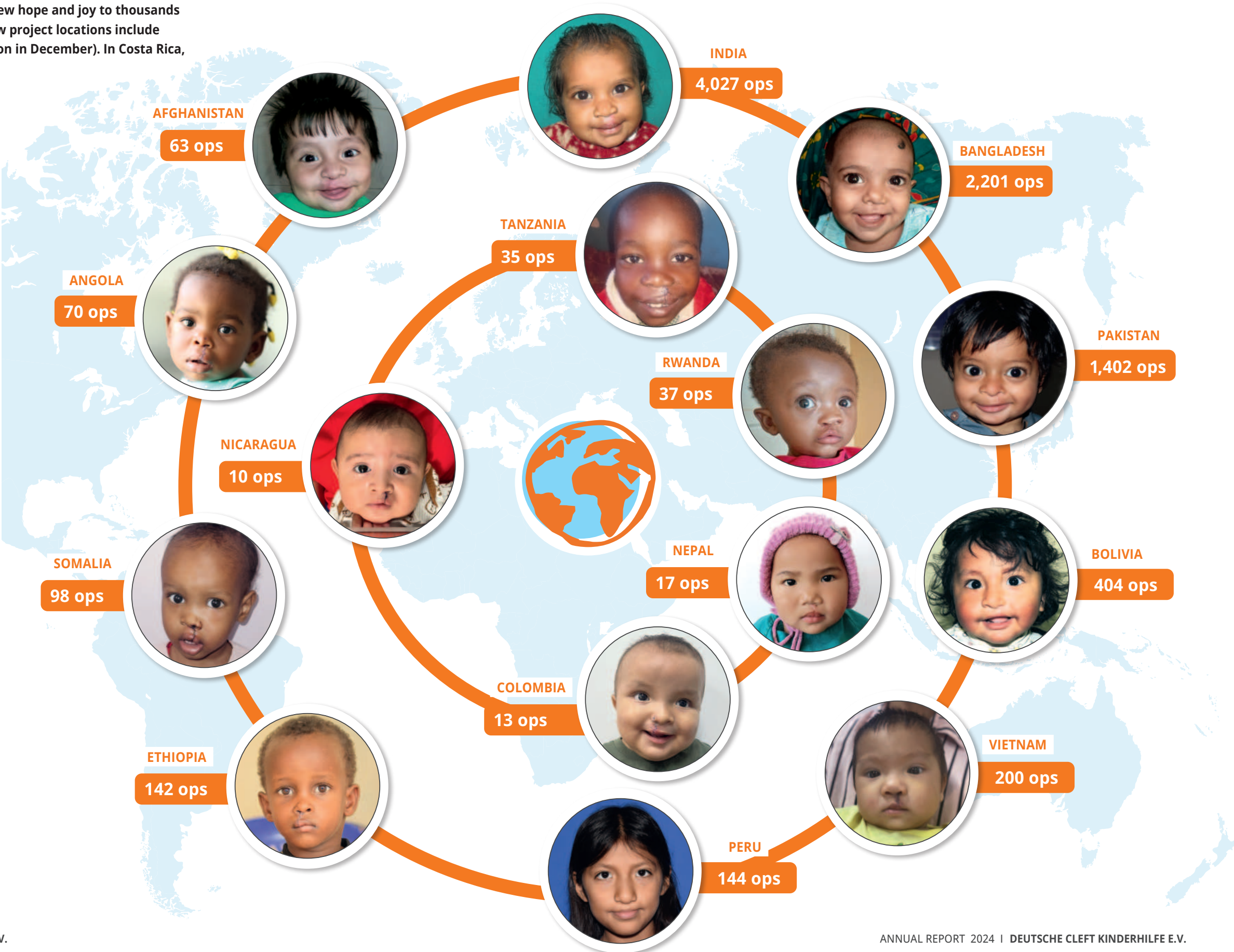
Our 2024 in numbers: 8,863 surgeries, bringing new hope and joy to thousands of children in 15 countries around the world. New project locations include Nepal (launched in April) and Angola (pilot mission in December). In Costa Rica, we are supporting a speech therapy project.

Surgeries per year 2019-2024

2019	6,280
2020	4,634
2021	6,878
2022	7,899
2023	8,000
2024	8,863

Cumulative Surgeries Since 2002 by Country

India	45,659
Bangladesh	14,645
Pakistan	9,183
Peru	5,166
Bolivia	4,758
Vietnam	4,749
Afghanistan	1,646
Cameroon	1,292
Philippines	679
Ethiopia	268
Rwanda	224
Indonesia	215
Tajikistan	212
Somalia	198
Tanzania	127
Burundi	85
Uganda	74
Angola	70
Nicaragua	61
Sri Lanka	25
Colombia	17
Nepal	17
Sierra Leone	14
TOTAL	89,384



THE FIRST SURGERY COUNTS



In 2023, a call for help reached us from Sucre, Bolivia. The sender was Ute* from Germany, who volunteers at a children's home. One of the children in her care is David*. The boy was born in 2013 with a cleft lip: a bilateral cleft lip, that also affected his palate. David underwent surgery as a baby. Unfortunately, both the lip and palate surgeries were performed by an uncertified doctor – with dramatic consequences: David's lip was disfigured by a large, bulging scar. The boy had difficulty speaking and was barely understandable. He also had trouble swallowing, and food and drink leaked into his nasal cavity. It's easy to imagine how all this impacts the ten-year-old. David was deeply ashamed, avoided other children, and would only leave the children's home wearing a face mask to hide behind.

We contacted his caregivers and were able to introduce David to our partner Dr. Villalba in October 2023. The experienced surgeon, who has been leading one of our four projects in Bolivia since 2010, has seen many such cases: children who suffer lifelong consequences from an improperly performed initial procedure. An unsatisfactory result from cleft lip surgery is difficult to correct later.

In David's case too, the lip correction is not easy due to the severe scarring, but significant improvement can be achieved. To improve his speech, another operati-

on, a so-called „velopharyngoplasty,“ follows in April 2024. This involves lengthening the soft palate and attaching it to the pharyngeal wall.

It will take some time for David to recover from both procedures. Physical recovery and, above all, the healing of his young soul will take time. But the journey was worth it – in May, David's caregiver sent us recent pictures and this message: „Our David is doing well again. He can eat everything again (before, there were often tears), and he's been back to school for a week now.“



THE FIRST OPERATION IS CRUCIAL: DAVID'S STORY ILLUSTRATES THIS VERY CLEARLY. IF THIS FIRST PROCEDURE IS NOT PERFORMED TO A HIGH STANDARD, THE CONSEQUENCES ARE SERIOUS AND MAY NEVER BE FULLY CORRECTED. MOREOVER, EACH ADDITIONAL OPERATION REPRESENTS AVOIDABLE PHYSICAL AND EMOTIONAL STRESS FOR THE CHILDREN.



Corrective surgeries are an integral part of our work. We rarely learn who performed the original procedure. The parents are overwhelmed and grateful for any help offered.

We have always worked with permanent local teams who maintain trusting relationships with the families and are committed to providing reliable, safe care for our young patients. Every treatment is documented in our patient database and monitored by us.

In our view, it is imperative that only qualified surgeons be permitted to perform cleft lip and palate surgery. This responsibility lies with all involved: the local public health authorities and medical institutions, as well as international aid organizations. Responsibility means consistently striving for one goal: the highest possible quality of treatment and therefore the well-being of the children.

- 1 April 2023: The first picture we receive of David. The aftereffects of the botched surgery he received as a baby are obvious.
- 2 October 2023: Shortly before the first corrective surgery. David David hides behind his face mask.
- 3 David today: a happy boy – open to the world.

**The names have been changed.*

FROM OUR PROJECTS

TREATMENT SPECTRUM AND RESULT MONITORING

The range of treatments we fund varies in our project countries. In some locations our aid efforts are limited to funding the basic surgeries. While working towards a full comprehensive treatment model, we distinguish between projects that offer selected therapies in addition to surgery and those that provide a full range of relevant medical specialities.

- ★ = Basic surgeries
- ★★ = Surgery + limited selection of additional therapies
- ★★★ = Surgery + comprehensive range of additional therapies

Every treatment is documented in our patient database. We monitor the impact of project activities through regular video conferences with the project partners. Additionally, individual projects are supervised by volunteer German doctors.

ETHIOPIA AND SOMALIA

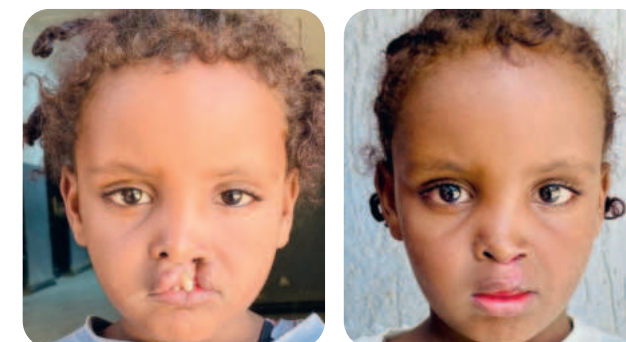
EXEMPLARY PROJECT DEVELOPMENT

By training two young Ethiopian surgeons, we were able to establish a permanent project site in Ethiopia over the course of two years. From this base, we can now provide care to children with cleft lip and palate in various regions of Ethiopia and Somalia – areas where such medical help was previously almost nonexistent.

Initially, our work was based on occasional missions with international teams of volunteer surgeons from our network of partners. The first mission took place at the end of 2022 in Jijiga – the capital of the Somali region of Ethiopia and the hometown of the two young surgeons, Dr. Samater and Dr. Abdinisir. From the start, both showed strong interest in cleft surgery and actively participated in that mission as well as in the follow-up mission in June 2023. That same year, Dr. Samater completed an intensive training programme under the guidance of Prof. Ganatra at our project site in Karachi, Pakistan. Dr. Abdinisir followed in the fall of 2024.

The two surgeons now perform around 15 surgeries per month in Jijiga. They also carry out missions to other regions of Ethiopia and Somalia. A large proportion of the patients they treat come from nomadic families living in extreme poverty.

The families face the harsh effects of droughts and famines. The children are often malnourished or ill. There is no money for medical care – or no doctors available to provide it.



Images from Fadumo's patient file: before and after the operation



Project start: 2022

Project partners: Somalia Medical Care e.V., Heidelberg

Treatment spectrum: ★

Lead surgeons: Dr. Samater, Dr. Abdinisir

Surgeries to date (cumulated): 466

Surgeries 2024: 240

Funding in 2024: 111,822 euros



Working to give children a chance in life: Dr. Abdinisir (left) and Dr. Samater (right)

During our first visit in the region, we found unimaginable hardship – and an overwhelming number of patients. Many families had traveled long distances to seek help for their children. The average age at the time of surgery is significantly higher in this project than in other project countries. Fadumo (pictured left and below) for example was almost five years old when Dr. Samater closed her cleft lip. Witnessing how surgery transforms a child's life is the greatest motivation for us and the team on the ground.

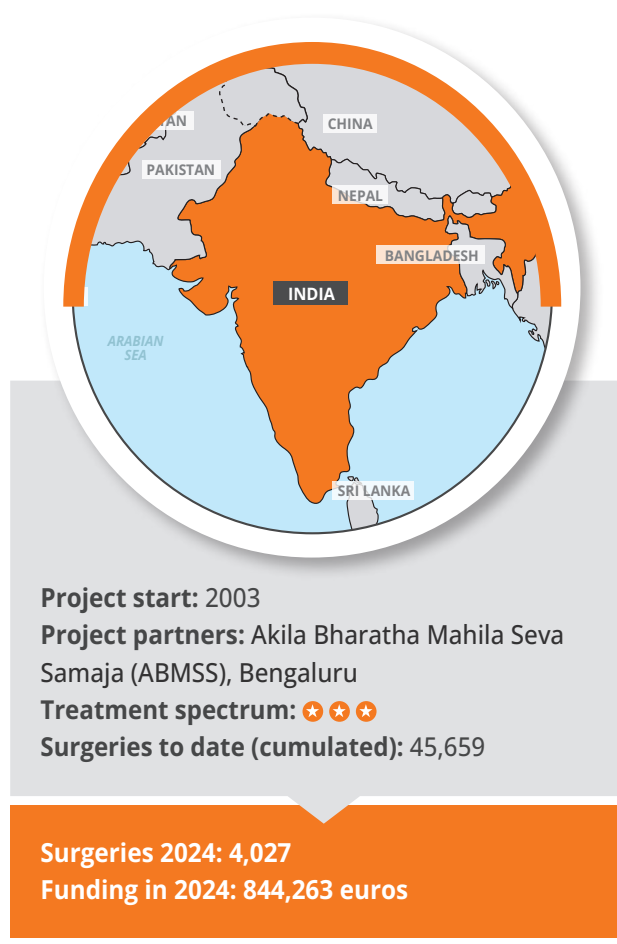
INDIA

CONTINUED HIGH DEMAND

In 2024 we reached a new record in India with 4,027 surgeries performed – an increase of nearly 20 percent compared to the previous year. This achievement was made possible despite virtually unchanged funding from our organization, thanks to India's legally mandated Corporate Social Responsibility (CSR) framework and the successful mobilization of local donations.

Since 2014, large companies in India have been legally required to donate a portion of their profits to charitable causes. This framework aims to systematically promote social development in areas such as education, healthcare, and the environment through corporate responsibility. Our Indian partner organization has been reaching out to these companies – with great success: Local funding has steadily increased in recent years. This is a welcome development as major challenges remain. India's overall economic growth is far from benefiting everyone.

Massive inequalities persist throughout society. According to the Global Multidimensional Poverty Index, by 2024, around 234 million of India's 1.4 billion people will be living in poverty. A large portion of the population continues to lack reliable access to medical care.



In addition to the estimated 40,000 children born each year with a cleft lip and palate, there are numerous individuals born in previous years who were unable to access secure treatment. Many waited years for surgery – like Jitna (see photos below), who finally received hers at the age of 45.



Behind every surgery there's a life, a personal story. We are happy for Jitna about his new smile: a late gift that gives him self-confidence and a sense of belonging in society.

Every surgery, regardless of the patient's age, means so much to those affected – it is nothing less than the beginning of a new life. That's why we will continue our help in India – because it is still needed.

BANGLADESH

DECENTRALIZED STRUCTURES

Our aid in Bangladesh is largely decentralized. Of the 2,201 operations performed in the reporting year, approximately half were performed in rural provincial hospitals.

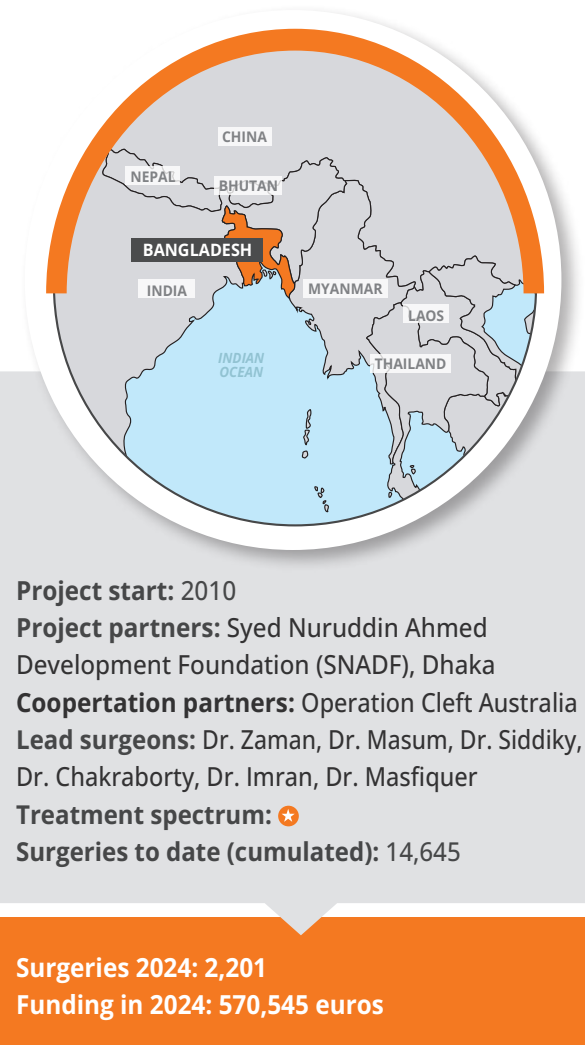


The two images were taken just a few months apart. Sidratul's cleft lip was repaired at the age of seven months.

This decentralized approach aims to reach children living far away from major cities. In many rural areas, there are no specialized cleft surgeons, and families often lack the means to transport their children to a distant hospital.

This type of decentralized assistance requires increased organizational effort: The standards in provincial hospitals vary, and operations must be carefully prepared accordingly. Anesthetics and other consumables are brought to the site, and operations are performed exclusively by a well-coordinated team of surgeons, anesthesiologists, and nurses.

To support our medical teams, we allocated an additional budget for medical equipment in 2024. Among other items, we purchased pulse oximeters for measuring blood oxygen saturation, magnifying glasses,



After her palate surgery, shortly before her first birthday, Sidratul gives us a radiant smile.

and portable monitors for monitoring vital signs – a targeted investment in the safety and well-being of our young patients.



Project start: 2013

Project partners: 1) Muskurahat Foundation Pakistan Trust, Karachi, Program director: Prof. Ashraf Ganatra 2) Craniofacial Cleft Welfare Association, Lahore/ Program director: Dr. Waseem Humayoun

Treatment spectrum: ★★ ★

Surgeries to date (cumulated): 9,183

Surgeries 2024: 1,402
Funding in 2024: 470,343 euros

PAKISTAN

SECOND PROJECT LOCATIONS

We have been active in Karachi, the capital of Sindh province, since 2016. In May 2024, we expanded our aid effort with a second project location in Lahore in northwest Pakistan.

Lahore is Pakistan's second-largest city after Karachi and the capital of Punjab province. The new project is led by plastic surgeon Dr. Waseem Humayoun. Dr. Waseem has extensive experience in cleft surgery. In Lahore, his hometown, he works with a permanent team consisting of two speech therapists, a pediatrician, and an anesthesiologist. He also conducts surgical missions to the



Waqar has been under the care of Prof. Ganatra since 2023: In June 2023, he closed the boy's cleft lip, and the palate surgery followed a year later in May 2024, three months before Waqar's second birthday.

neighboring province of Khyber Pakhtunkhwa (KPK), a medically underserved region. Prof. Ashraf Ganatra has successfully led our first Pakistani project since 2016. At the permanent location in Karachi, the capital of Sindh province, he and his interdisciplinary team provide comprehensive care for his young patients: In addition to the 1,194 surgeries performed, 461 children received speech therapy, 89 children and their families were supported by the team's psychologist. 105 patients received orthodontic treatment, and 53 children were referred to the team's ENT specialist.

PERU

TAKING ACTION FOR THE POOREST

Lima, Azángaro, Cuzco, Huánuco, Huancayo: What sounds like a travel itinerary through Peru are actually the locations where Dr. Alberto Bardales and his team operated in 2024.

Peru is a country with pronounced regional inequalities. Especially in the Andean highlands, many people live in poverty – the indigenous population is particularly affected. Daily life is characterized by hard work. Medical care is inadequate in many areas. When a baby is born with a cleft lip and palate, it places an immense burden on the families – coupled with existential fears and concerns about their child's future.

For many years, Dr. Bardales has regularly organized missions to remote regions of Peru – bringing aid to where it is most urgently needed. Every operation brings new hope and opens opportunities for a better life for these children.



Project start: 2006

Project partners: 1) Qorito, Lima, Program director: Dr. Alberto Bardales 2) Dr. Mario Cornejo, Cuzco

Treatment spectrum: ★★ ★

Surgeries to date (cumulated): 5,166

Surgeries 2024: 144
Funding in 2024: 129,648 euros



On the way to receive help: The parents of our young patients are driven by hope and prospect of a better life for their children.

BOLIVIA

FAR-REACHING HELP

Our aid in Bolivia is founded on four dedicated teams from La Paz, Cochabamba, and Tarija. The focus in 2024 was on surgical missions across the entire country.

The home of Dr. Adolfo Mamani and Dr. Torrez is La Paz. While Dr. Torrez exclusively treats children in La Paz, Dr. Mamani has always traveled to provide treatment throughout the country: in 2024, he performed eight surgical missions to six different locations. Dr. Mario Villalba, a partner of Deutsche Cleft Kinderhilfe e.V. since 2010, provided surgeries to children with cleft lip and palate in Trinidad, Guayaramerín, and Sucre, as well as in his hometown of Tarija. The Ayninakuna team, led by Dr. Eligio Arciénega Llano, also expanded its reach beyond its permanent location in Cochabamba for the first time, providing surgeries at three additional locations.

Dr. Mamani and Dr. Arciénega have interdisciplinary teams at their side who provide comprehensive care for the children beyond the operations.



Project start: 2010

Project partners: 1) Fundación Labio Leporino Amar y Sanar, Tarija, Program director: Dr. Mario Villalba 2) Fundación Jiwaqui Bolivia, La Paz, Program director: Dr. Adolfo Mamani 3) Fundación Ayninakuna, Cochabamba, Program director: Dr. Eligio Arciénega Llano 4) Sonríe Bolivia, La Paz, Leitung: Dr. Gonzalo Torrez

Treatment spectrum: ★ ★ ★

Surgeries to date (cumulated): 4,758

Surgeries 2024: 404

Funding in 2024: 237,301 euros



Keila was eight months old when Dr. Mamani performed surgery on her lip during a mission in Achacachi. Her mother had also been born with a cleft lip. She was happy that her daughter was able to receive help so early in her life.

PROJECT COUNTRIES NEPAL & VIETNAM

VIETNAM

HANOI AS THE HUB OF OUR HELP

In Vietnam, our aid projects for children born with cleft are concentrated in Hanoi as the central location in the north of the country.

One of our two project locations in Hanoi is the National Children's Hospital. In cooperation with the Noordhoff Craniofacial Foundation from Taiwan, we have been funding all relevant cleft palate surgeries, as well as other therapeutic measures there since 2016. The second project, led by Dr. Ai, has been operating in Hanoi since 2006.

NEPAL

PROJECT START



Project start: 2024

Project partners: SmileHigh Foundation, Australia,

Lead surgeon: Dr. Chandan Upadhyaya

Treatment spectrum: ★ ★ ★

Surgeries to date (cumulated): 17

Surgeries 2024: 17

Funding in 2024: 25,852 euros



Project start: 2006

Project partners: 1) Center for Researching and Aiding Smile Operation (OSCA), Hanoi, Program director: Dr. Ai 2) National Children's Hospital, Hanoi, Program director: Dr. Lan

Cooperation partner (2): Noordhoff Craniofacial Foundation (NCF), Taiwan

Treatment spectrum: ★ ★ ★

Surgeries to date (cumulated): 4,749

Surgeries 2024: 200

Funding in 2024: 82,424 euros

On April 30, 2024, our first project in Nepal was officially inaugurated. It is located at the University Hospital in Dhulikhel, about an hour's drive from the capital Kathmandu.

Two surgeons and a young interdisciplinary team organize on-site support. We offer surgeries as well as dental and orthodontic treatments. Our cooperation partner is the Australian organization SmileHigh Foundation. In setting up the project, we can draw on the expertise and proven structures from our projects in neighboring India and Bangladesh.

Official inauguration of the new location in Nepal



AFGHANISTAN, COLOMBIA, NICARAGUA, COSTA RICA, RWANDA, TANZANIA, ANGOLA

LIMITED-SCOPE PROJECTS

In contrast to our major projects with long-term commitment, the umbrella term „Limited-scope projects“ includes various smaller or very new projects – often under difficult conditions, with limited resources, or with as-yet-undetermined future development potential.

Where help is most desperately needed, the conditions are often particularly challenging – for example, in **Afghanistan** and **Nicaragua**. Of our original four Afghan surgeons, two have left the country. The two remaining surgeons are now one of the few contact points for children with cleft palate deformities. They performed 63 operations in 2024. About 40 percent of the patients were over the age of five – a sign of medical undersupply. Our assistance in **Nicaragua** began in 2021 in cooperation with the German Nicaplast Group. The Nicaplast team used to visit the country once per year. This was not possible in 2024 due to the political situation. We continue to support a local surgeon, who works more or less „under the radar.“ In **Colombia**, we are pleased to report a slight increase in the number of surgeries provided: After four surgeries in the project's founding year of 2023, 13 children received surgery in 2024. The annual surgical mission of the two oral and maxillofacial surgeons **Oliver Blume** and



Costa Rica: Juan David with his speech therapist: Juan David was born with a bilateral cleft lip and palate. The nine-year-old has been receiving speech therapy since August 2023.

Gunther Au-Balbach to Africa took place in **Rwanda** in 2024. 26 children received surgery at two locations. The aid effort was organized by our Rwandan partner surgeon, who also performed an additional 46 operations in Rwanda and in neighboring **Tanzania**. In December 2024, we funded treatment in **Angola** for the first time. The mission was organized and implemented by the Kenyan aid organization **Bela Risu Foundation**. This collaboration is expected to continue in 2025. In **Costa Rica**, we have been supporting the work of the local aid organization **Asociación LPH** since 2019, which supports families with their children before and after surgery. The surgical procedures are funded by the government. Our support focuses on speech therapy for the children who have undergone surgery.



Rwanda: Jovia underwent surgery on April 21, 2024, at the age of four months as part of the relief mission led by Dr. Oliver Blume and Gunther Au-Balbach.

Below is a summary of the funding we provided in the countries listed above.

Country	Surgeries	Funding
Afghanistan	63	25,937 euros
Colombia	13	9,143 euros
Nicaragua	10	7,034 euros
Costa Rica	0*	13,396 euros
Rwanda/Tanzania	72	80,473 euros
Angola	70	50,616 euros

* Support for speech therapy



Our work for children born with cleft is only possible thanks to our donors. We would like to express our deep gratitude to all of them and highlight a few in particular. Our thanks also go to those who are no longer with us and who remembered us in their wills. Thank you for your trust!

Thank you for your trust!

SUPPORTING CHARITABLE FOUNDATIONS

- Sternstunden e.V.
- Operation Cleft Australia
- Lore-Keller-Stiftung
- Eva Mayr-Stihl Stiftung
- Stiftung RTL – Wir helfen Kindern e.V.
- H.-G. Jürgens Stiftung
- Schweizer Hilfe für Spaltkinder
- Nader Etmenan Stiftung
- Margarete Müller-Bull Stiftung
- Charlotte-Steppuhn-Stiftung
- Karl und Juliana Kunz Stiftungsfonds
- Sparkassenstiftung GUTES TUN – Stifternetzwerk der Sparkasse Karlsruhe
- Nordheim Stiftung
- Laki Kids International e.V.
- Dr. Martin Andreas Stiftung – Ärzte für Kinder in Not
- Stiftung Hilfswerk Deutscher Zahnärzte für Lepra- und Notgebiete
- apoBank-Stiftung
- Losito Kressmann-Zschach Foundation

SUPPORTING INDIVIDUALS

- Dr. Barbara Zingg-Meyer and Dr. Claus Meyer
- Fam. Marguerre, Heidelberg
- Kris and Thomas Schneider
- Fam. Ludwig Königsbauer
- Gerda Stöckle
- Fam. Markus and Thomas Alber
- Dr. Andreas Raab
- Fam. Schweizer-Stihl
- Mechthild Müller, Mannheim
- Janine, Michael and Liam Vos, München
- Manuela Pierick and Klaus Spanderen, Reken
- Fam. Arnsteiner, Hof
- Rosenköppel, Wiesbaden
- Renate Rosenberg, Pränatal-medicin am Bült
- Ernst Nikolaus Lesch (26.01.2025†)
- Brigitta Küppers (17.12.2024†)



A MARK OF CONFIDENCE: We have held the DZI Donation Seal since 2012 (based on our 2010 financial statements), certifying our responsible and prudent handling of donated funds. The seal is awarded by the German Central Institute for Social Issues (DZI) based in Berlin.



The Year 2024

Compared to the previous year, donation income decreased by €372,000, or 10.1 percent, to a total of €3,314,000 (previous year: €3,686,000). This decrease is primarily due to lower inflow of bequest donations, which were above average in 2023 at €577,000 and are generally fairly susceptible to marked swings from year to year.

Expenses for fulfilling our statutory purposes increased by €272,000, or 11.4 percent: A total of approximately €2,659,000 was spent on global project work (previous year: €2,387,000). This increase is primarily due to the expansion of activities in the priority countries of Bangladesh and Pakistan, the positive development of the still young project in Ethiopia/Somalia, and the launch of a pilot project in Angola.

Expenditure on advertising and public relations increased by 3.5 percent compared to the previous year, while administrative costs were reduced by 10 percent. Overall, advertising and administrative expenses accounted for 19 percent of total expenditures in 2024 (previous year: 21 percent), while project-related expenses accounted for 81 percent (previous year: 79 percent).

Revenue from asset management, with a surplus of €122,000, was significantly higher than the previous year's figure of €73,000. €136,000 was allocated to the earmarked reserves from unused donations (previous year: €745,000).

Advertising and Public Relations

In generating private donations, **traditional fundraising letters** in the form of direct mailings continue to be our most important source of income. The nine mailings were created in collaboration with the external agency direct. A **digital newsletter**, created internally, was sent ten times. The **annual report and annual calendar** are produced in small print runs and disseminated to selected recipients. The calendar is designed in-house. The text and concept of the annual report are also produced in-house, while the design is handled by an external graphic designer.

The **website** plays a key role in attracting new donors. Deutsche Cleft Kinderhilfe participates in the Google Grants funding program, which provides non-profit organizations with a monthly budget for free advertising via Google Ads. We are present on **social media** on Instagram, Facebook, and LinkedIn – with Instagram becoming an increasingly important channel. The RTL Media Group's **Social Spot program**, which allows for the free broadcast of a TV spot, achieves a particularly strong reach.

Two **benefit events** for Deutsche Cleft Kinderhilfe took place in 2024: In September, the annual Charity Mixed Masters took place in Munich. The event was initiated in 2011 by board member Oliver Blume. In November, the Arnsteiner family hosted an atmospheric Advent market at the Rosenköppel farm in Wiesbaden – with donations totaling €5,000.

Outlook

With 8,863 surgeries – an increase of 10 percent compared to the previous year – our treatment numbers again developed positively in 2024. Our goal for the coming year is to maintain this high level – while maintaining the high quality of the medical care provided. For 2025, we anticipate an additional expenditure of approximately €200,000. On the expenditure side, potential political or economic crises in our project countries pose risks, the effects of which are difficult to predict. Attracting new donors remains a key fundraising objective – especially in light of demographic changes and an aging population. The continued uncertainty of the economic situation could also impact people's willingness and ability to donate to charitable causes.

Despite these challenges, we look ahead with confidence: Our network of supporters, built over more than twenty years, provides a reliable foundation for our work. and the best basis for continuing to provide effective assistance in 2025.



* The 2024 annual financial statements were audited by an auditing firm. After approval by the General Assembly, a version of the annual report containing all financial figures will be published on our website.



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SozialBank
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