ANNUAL REPORT 2015-2016



SEVA.CA



DEAR FRIENDS OF SEVA CANADA

This past year began, and was defined by, Seva Canada, our partner, the Kilimanjaro Centre for Community Ophthalmology and our sister organization, Seva Foundation, being awarded the 2015 Champalimaud Vision Award.

The Champalimaud Award is the world's most prestigious vision award. It does not focus on the largest eye care organizations, rather it focuses on those organizations who use innovative solutions to achieve the greatest impact. Seva believes that eye care can be managed by local partners, it should be self-sustaining in both financial and human resource terms, it must be available to all regardless of gender, ethnicity, age or income and the programs require frequent and rigorous evaluation.

Thank you for supporting Seva Canada and believing in our work. The Champalimaud Award belongs to us all.

Naray Mortifee

Nancy Mortifee, Board Chair

P

Penny Lyons, Executive Director



1,056,470 people benefit from accessible eye care services.

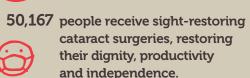


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THE CHAMPALIMAUD VISION AWARD!



On September 7th, Seva Canada, along with the Kilimanjaro Centre for Community Ophthalmology (KCCO) and Seva Foundation, received the 2015 Champalimaud Vision Award. Few awards mean more than those given by one's peers and almost no professional awards reward accomplishments to date, instead of work to be done. The Champalimaud Award is both of these, the Nobel Prize of eye care, and a celebration of contributions to the worldwide effort to eliminate preventable and treatable blindness.

This award recognizes Seva and KCCO for their work in Africa, a continent with some of the least developed eye care services in the world. It recognizes the trust and vision of Seva donors who have created some of the world's most innovative programs.

KCCO became a reality in 2001 through initial and ongoing support from Seva Canada donors. Many eye care program innovations and KCCO strengths have come as a result of collaboration with Seva on a series of highly regarded studies.

KCCO has, to date, assisted 16 countries in Africa to implement comprehensive eye care programs including clinical services, outreach and specialty care – most of which include very challenging pediatric programs. The Seva community has supported their work every step of the way.

Seva collaborated with KCCO on research that identified the gender inequity in the treatment of blindness. The publication of that research resulted in a worldwide shift in the way organizations and institutions both gather and use their data. Today, as a direct result, women and girls have better access to eye care.

We are honoured to receive the Champalimaud Award

with KCCO and alongside Seva Foundation. We thank our dedicated and committed donors for supporting our vision. Together we can rid the world of preventable blindness.

The Champalimaud Award included a cash prize of 1 million Euros which was shared by the three organizations. Seva Canada intends to use the funds to strengthen our investment in eye care development worldwide.

ABOUT SEVA

Mission

Seva Canada's mission is to restore sight and prevent blindness in developing countries.

Vision

Seva Canada's vision is a world in which no one is needlessly blind or visually impaired.

Guiding Principles

- Our belief in equal access to eye care for all
- Our belief that with adequate resources, all people can meet their own needs
- Our commitment to working with international partners to build local, sustainable eye care programs
- Our respect for cultural, ethnic, spiritual, and other forms of diversity
- Our commitment to inform and inspire Canadians to join us in achieving our mission.

COUNTRY REPORTS

In all settings, Seva supports ever-expanding eye care systems, including clinical facilities and outreach activities that provide a broad range of services to people living in the most remote and rural areas of each country. Expansion includes both serving new places and improving eye care services within existing facilities (such as adding diabetic care for older patients and surgery for children). Both types of expansion require training, for the former adding new staff, and for the latter increasing the skills and knowledge of the existing team. Eye care system expansion also requires careful program planning and labourintensive integration of eye care within communities and general health systems.

Program data from the past year

can be found in the individual country reports. Funding shifts over time as programs mature and become capable of funding established activities. Funds are then used to expand population coverage or add new clinical services.

SEVA & COMMUNITY WOMEN'S GROUPS

Seva works with communities by connecting with social groups, particularly those led by women. Microfinance programs, for example, have particular strengths as they empower women to seek better health care, provide women with additional income and higher status within their villages and connections to communities of like-minded women. By pioneering the partnerships with women's self-help groups, Seva is able to deliver eye care messages and influence health-seeking behaviour. As a result, we have seen significant increases in the total number of people receiving eye care and a much higher proportion of women and girls.

EYE CARE AT THE COMMUNITY LEVEL

Community Eye Centres are located in areas with no eye care service and are self-financed through service fees. These basic eye clinics have proven very successful in providing highquality eye care to thousands of people. Each facility is staffed with an Ophthalmic Assistant or Nurse who can diagnose and treat 90% of all eye conditions and refer those requiring surgery or further care to the nearest hospital.



All Seva funding in Africa flows through the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi. Tanzania and Cape Town, South Africa, KCCO uses Seva donor support to assist eye programs in Tanzania, Malawi, Burundi, Madagascar and Ethiopia to develop and implement populationbased eye care services. This primarily involves developing bridging strategies between hospitals and communities, so that people in poor and remote areas are aware of, and have access to, the care they need. Seva and KCCO are also currently developing a program for Francophone West Africa starting with the creation of Community Eye Centres in Benin and Congo-Brazzaville.

Together, Seva and KCCO have helped hospitals double or

triple the number of people who receive sight-restoring and blindness-preventing care.

KCCO and Seva's country partners conduct thousands of eye examinations through outreach at the community level, identify people requiring sight-restoring cataract surgery and provide the surgery. They implement initiatives to identify and provide care to underserved men and women and to improve the ratio of women to men receiving eye care. They also provide world-leading strategies to identify children with visual problems and provide the necessary surgery and follow-up care.

BURUNDI

Under the leadership of Dr. Levi Kandeke, this country's eye care program continues to grow, innovate and excel, despite significant political and economic challenges. Dr. Kandeke, two younger ophthalmologists and their nursing and administrative staff, continue to improve the quality and variety of clinical services.

The Burundi program provides access to eye care services for those who need it most through a network of Community Eye Centres (CECs), two of which were established using Seva Canada funds. Seva also provided additional support for the National Child Eye Health Program and a Child Eye Health Tertiary Facility in Bujumbura.

What you've helped accomplish in Burundi:

Services provided:

- 24,813 outpatients seen at CECs
- 493 cataract surgeries
 performed



 22 people received laser treatment for diabetic retinopathy

Pediatric program:

- 65 children screened
- 17 cataract surgeries performed
- 2 glaucoma surgeries performed
- 46 other surgeries performed

MADAGASCAR

In Madagascar, the vast majority of people have no access to health care. Eye disease is one of the 10 most prevalent medical conditions and an estimated 140,000 Malagasy children are visually impaired or blind.

Seva supports direct eye care service delivery, training, equipment and supplies through programming at four hospitals: Ambohibao (near the capital city of Antananarivo), Tomatave/ Toamasina (on the central east coast), Antsirabe (in the central highlands) and Sambava (in the northeast). Seva funds are targeted to support community outreach activities to rural and remote populations, so that people most in need of eye care have access to treatment.

Seva also supports a nationwide pediatric program by funding clinical services, supplies and transportation, as well as training a network of community workers, called Key Informants, to find and refer children who need eye care.

To assist with the financial sustainability of the Malagasy programs, Seva Canada donors also funded a cost recovery project to help the programs move toward financial sustainability through service fees. Seva Canada trained the Malagasy partners in marketing and fundraising to increase their revenue and remain competitive against new eye care providers vying for paying patients. These paying patients are needed to subsidize services for the very poor.

What you've helped accomplish in Madagascar:

Services provided:

Pediatric program:

Reported for all 4 programs together:

- 4932 children screened (59% girls)
- 48 cataract surgeries performed (32% girls)
- 59 other surgeries performed (35% girls)

Vakinankaratra region:

- 8,419 (8,166) people were examined and treated (66% women)
- 596 (683) cataract surgeries performed (45% women)

Sava region:

 7,218 (8,848) people were examined and treated (51% women) 771 (868) cataract surgeries performed (50% women)

Facilities & programs supported:

 A national Ophthalmic Nurse training program that provides
 2 years of sub-specialty training to 20 nurses

MALAWI

In Malawi, Seva supports the pediatric program at Queen Elizabeth Central Hospital (QECH) in the capital city, Blantyre. Seva-funded facilities provide childhood eye care services to the community through training community volunteers and health workers to identify children with visual impairment, implementing radio promotion for health education, providing screening and referral services for children identified for surgery, and providing refraction and low vision services.

Seva also funded two Community Eye Centres in Malawi in collaboration with Dr. Gerald Msukwa and Dr. Khumbo Kalua. Located in areas with no eye care service, this type of primary eye care facility has proven very successful in providing high-quality eye care to thousands of people in greatest need.

BENIN

What you've helped accomplish in Malawi:

Services provided:

- 6,290 *(5,060)* children (46% girls) were seen at QECH, of which:
 - 166 *(127)* children (42% girls) had cataract surgery
 - 323 (341) children (39% girls) had other surgery including strabismus and glaucoma
- 8 (12) community screening activities



Training:

The Malawi team trains Key Informants, Surveillance Assistants (who are government community health workers), Health Centre In-charges, Ophthalmic Clinical Officers, Optometrists and Ophthalmic Registrars from various districts. The training focuses on how to identify children



with visual impairment in the community and to gain access to the eye care system. The training is followed by an outreach screening camp in the community where the training occurred.

- 103 (*311*) Key Informants, Surveillance Assistants and Health In-charges trained
- 36 Ophthalmic Clinical Officers, Optometrists and Ophthalmic Registrars trained

TANZANIA

Tanzania's 50 million people primarily live in rural settings near to or below the poverty line with an estimated 320,000 blind from treatable conditions such as cataract and trachoma. Seva supports three areas in Tanzania: Mara Region near Lake Victoria, Arusha Region and Manyara Region in the North West. In all three areas, Seva supports community programs, including women's microfinance groups. As a result, they have significant increases in the proportion of women receiving eye care.

Among the Maasai ethnic group in Ngorongoro and Manyara Regions, Seva Canada funds programs for screening and treating of trachoma. In an attempt to reach women, who have trachoma twice as often as men, the eye program educated the local Maasai microfinance groups to identify, refer and encourage people to go for corrective surgery.

In Mara, Seva Canada funds the eye department of the District Hospital including a cataract surgeon, two ophthalmic nurses, one optometrist and one nurse assistant. Seva also provides funding for community outreach, ophthalmic equipment, surgical supplies, and glasses.

What you've helped accomplish in Tanzania:

Services provided: Mara region:

- 10,854 (9,462) people examined and treated (51% women)
- 1,271 (988) cataract surgeries performed (52% women)

Ngorongoro Districts:

- 195 people examined, 62% referred by microfinance members
- 71 (25) trichiasis surgeries performed (58% women)

Training:

Mara Region expanded its program to the Bunda District. Microfinance members were trained to identify people with eye problems which facilitated more than a thousand people, particularly women and girls, to utilize available eye care services. In a typical outreach camp, 70% of patients are referred by microfinance members of which 50% are women. About 36% of referred patients receive cataract surgery.

Community-based engagement through microfinance networks continues in the Ngorongoro District of Tanzania. This dramatically increases the uptake of trichiasis surgery by Maasai women.

ETHIOPIA

With over 96,500,000 people, Ethiopia is the second-most populous country in Africa. More than 80% of Ethiopians live in rural areas without access to safe drinking water or sanitation. This lack of water and sanitation results in a potentially blinding infectious eye disease called trachoma, a disease that disproportionately impacts women.

Seva Canada is funding the development of community outreach programs in two Ethiopian locations: Bahir Dar and Debre Berhan, both in the country's Amhara Region. In both locations, Seva Canada supports KCCO staff to visit the programs and train staff to identify, promote, refer and support people, particularly women, who have trouble accessing eye care services.

Seva Canada also supports the eye units in government hospitals in Debre Berhan and Bahir Dar by providing funds for training, community outreach, surgery, glasses and medicines.

What you've helped accomplish in Ethiopia:

Services provided: Bahir Dar:

- 1,678 (36) people examined
- 132 (36) cataract surgeries performed

FRANCOPHONE WEST AFRICA

Francophone West Africa has received significantly less funding and attention from international organizations for aid and development in the past 20 years. As a result, it has experienced very low levels of medical development.

Seva Canada is funding Community Eye Centres (CECs) in Congo-Brazzaville and Benin, modeled on CECs in India, Nepal and Burundi.

Seva Canada funded the development of a CEC in Djiri outside of Brazzaville. Led by a Congolese ophthalmologist, Dr. Freddy Geraud Ngabou, this facility began operations in late 2015. Dr. Ngabou is also working to strengthen management and leadership capacity so the team can replicate CECs throughout the country.

In Benin, Seva Canada is funding a CEC with Dr. Amadou Alfa Bio. The CEC is located in Parakou in northern Benin, and will become the first eye care facility in the entire region.



Seva continued to work closely with its primary partner in India, the Aravind Eye Care System. Aravind is a world leader in its model of high-quality, highvolume, affordable, sustainable, community-oriented eye care. Its innovative financial structure allows fees from one-third of paying patients to subsidize services for the two-thirds of patients who cannot afford to

pay. Aravind's creative crossfunding model is now the standard in all Seva-supported programs.

This dynamic partnership now focuses on:

- building Aravind's research capacities as a training and consulting resource for eye care programs in the Indian subcontinent and worldwide;
- developing a network of Community Eye Centres to bring eye care to the village level and serve India's rural poor;

• and, human resource development and capacity building of eye care personnel and institutions worldwide.

Seva also assists Aravind to act in a mentoring role to other eye care institutions interested in increasing their capacity and productivity. This program has expanded to include approximately 50 hospitals in 22 countries. This program not only assists hospitals with clinical services but also develops Community Eye Centres to bring eye care to the village level.



With a population of 82 million people, Egypt possesses the technical capacity to restore sight to its 820,000 blind residents, two-thirds of whom are women. However, due to inadeguate awareness, access and acceptance, available eye

care services are rarely used even when free.

Through the Nourseen Foundation, an Egyptian eye care NGO dedicated to serving the country's rural poor, Seva donors supported trachoma work in Menia governorate, a region in Middle Egypt.

Seva donors also supported the development of the Nourseen Foundation, particularly its

community ophthalmology network using mobile caravans that treat, refer and transport patients to hospital for eye care.

Cairo





An estimated 80,000 Guatemalans are blind from cataracts and thousands more are severely visually impaired due to lack of access to glasses.

Visualiza Eye Care System, Seva's partner in Guatemala, provides approximately 30% of the cataract surgeries in the country with only 2% of the nation's ophthalmologists.

Seva supports Visualiza's clinical services, community outreach activities, and childhood blindness programs including surgeries and school screenings.

In the past year, Seva donors funded a new suite of refractive equipment for Visualiza's main clinic in Guatemala City. The renovation allowed them to treat more paying patients which subsidized pediatric and outreach activities for the rural poor.

The new equipment increased consultations in the main clinic by 10%, outreach activities by 40% and free pediatric consultations by 12%.

What you've helped accomplish in Guatemala:

Guatemala City Clinic:

- 43,166 people examined
- 2,431 cataract surgeries performed
- 1,785 other surgeries performed

Outreach & School Screenings:

- 15,244 people examined at outreach camps
- 9,657 students examined at school screenings
- 1,200 students provided free glasses





Working in Cambodia since 1998, Seva provides high-quality eye care in 5 provinces to a population of 2.5 million people – about 1/5 of the Cambodian population. In Cambodia, 17.7% of people live below the poverty line and 181,680 people are blind.

In each province, Seva supports Eye Units in provincial government hospitals and the non-governmental Angkor Hospital for Children in Siem Reap. Seva also funds community outreach, education programs and clinical services including cataract surgery and training of local doctors, nurses, administrators and support staff.

Seva Canada primarily supports the Banteay Meanchey Eye Unit, a facility within the Government General Hospital that includes an outreach clinic and dedicated ophthalmologyoperating centre. Eye Unit staff include an ophthalmologist, refractionist, and 3 ophthalmic nurses. The community ophthalmology program has 2 full-time field workers who travel to remote areas to find and screen patients as well as school teachers trained in basic eye care screening and referral.

Seva Canada funds medicines, supplies and the cost of transportation for poor patients from villages throughout the province to the Eye Unit and from the Eye Unit back to their villages.

Seva Cambodia, in collaboration with the Maddox Jolie-Pitt Foundation (MJP) and the Battambang Provincial Health Department, established a Community Eye Centre (CEC) within the Boeng Run Health Center as a 2-year pilot project in Samlot Commune, Battambang province. This Community Eye Centre is Cambodia's first eye care facility providing permanent services to a rural community. Seva donors provided the refraction equipment for the CEC.

The aim of this project is to improve rural eye care services with a focus on eye screening, the provision of glasses, diagnosis and treatment of minor conditions and referral of patients requiring surgery to the Battambang Eye Unit (Battambang Referral Hospital).

What you've helped accomplish in Cambodia:

Services provided:

Seva partner Eye Units:

- Examined 28,310 (29,785) outpatients
- Performed 9,570 (10,142) eye surgeries including 4,193 (4,275) for cataract (57% women)

Seva Cambodia & Eye Unit staff:

• 29,145 (26,617) patients

(57% women) were screened through field workers

• 51,396 (41,847) children were examined through school screenings and 1,731 (1,357) students (50% girls) were provided free eyeglasses

Samlot Commune:

- 150 patients were screened (53% women & girls)
- 64 eyeglasses provided (34% women)

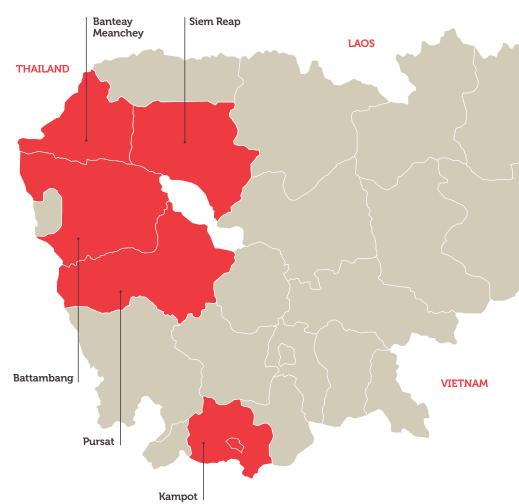
Training:

Community-based training:

- 11 (11) field workers received annual refresher training
- 468 (277) school teachers received training on visual acuity measurement and primary eye care
- 89 (101) health center staff received training on primary eye care

Professional training programs:

1 general nurse received
 6 months of refraction
 training



- 1 ophthalmic nurse received 3 months of refraction training
- 1 hospital director received management training at Aravind Eye Care Institute



Nepal is a small, mountainous country with a population of almost 30 million people. The challenges of its diversity and geography, combined with continuous political upheavals, and a recent massive earthquake, have resulted in Nepal being one of the world's least-developed nations.

Seva currently supports an everexpanding network of facilities and activities that reach the most remote and rural areas. Program expansion includes training of additional personnel and development of new programs such as screening for chronic diseases like diabetic retinopathy, pediatric programs and utilizing microfinance groups to identify and refer community members who need eye care. Seva supports programs through:

- Lumbini Eye Institute in Lumbini Zone, including 4 secondary hospitals (Parasi, Butwal, Kapilvastu, Palpa), and 7 Community Eye Centres
- Bharatpur Eye Hospital in Chitwan District including 6 Community Eye Centres
- 9 other locally operated Community Eye Centres in far western and eastern Nepal

What you've helped accomplish in Nepal:

Services provided:

- Seva partner eye hospitals and Community Eye Centres examined 544,614 (508,236) outpatients and performed 26,820 (34,305) cataract surgeries (63% women)
- 36 Seva-supported eye camps screened 28,169 (41,850) patients and performed 11,221 (8,469) cataract surgeries (63%, 54% women respectively)

• The school screening program examined 231,647 (138,930) children and provided 4,996 (4,224) free glasses

New facilities & programs established:

3 new Community Eye
 Centres established – Thada,
 Simroungadh and Shanitpur

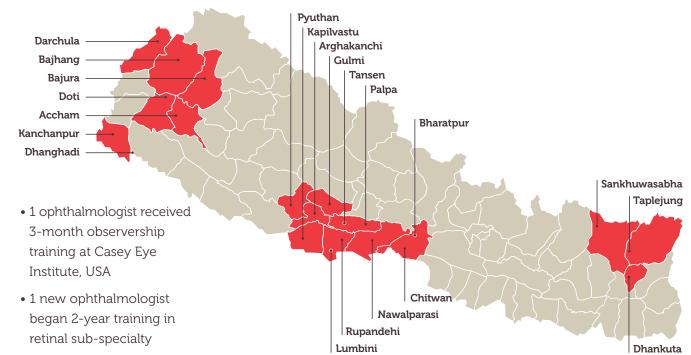
Training:

Professional training programs (capacity building):

• A 3-year Ophthalmic Assistant training program was established in Bharatpur Eye Hospital (40 students/year)

Professional training:

- 3 candidates completed MD residency in ophthalmology
- 1 new candidate received scholarship to undergo MD residency in ophthalmology
- 2 candidates received scholarships to undergo Ophthalmic Assistant training



Community-based training:

- 1,953 *(2,798)* Female Community Health Volunteers received training on primary eye care
- 1,452 (1,477) school teachers received training on visual assessment and primary eye care





TIBETAN AREAS OF CHINA

The Tibetan population endures harsh weather, high altitude, strong ultraviolet rays and a sporadic food supply. These conditions result in a high prevalence of eye disease, including cataracts. The Tibet Autonomous Region alone has over 30,000 people who are blind due to cataracts.

Until October of 2015, Seva supported over 70% of all eye care provided in the Tibet Autonomous Region and Tibetan areas of Qinghai, Szechuan, Gansu and Yunnan Provinces. In November of 2015, the Seva Tibet office in Lhasa closed, but Seva Tibet staff continued to provide support to eye care programs outside of the Tibetan Autonomous Region.

Seva's Tibetan team worked with local government hospitals and Public Health Bureaus to establish clinical services and to train local doctors throughout the region. Almost all of the eye care was planned, conducted, and managed by Tibetans who are trained by Tibetan eye care experts.



Seva's Tibetan team also assisted eye care programs with the planning, implementation, monitoring and evaluation of 13 facilities that serve about 5 million people.

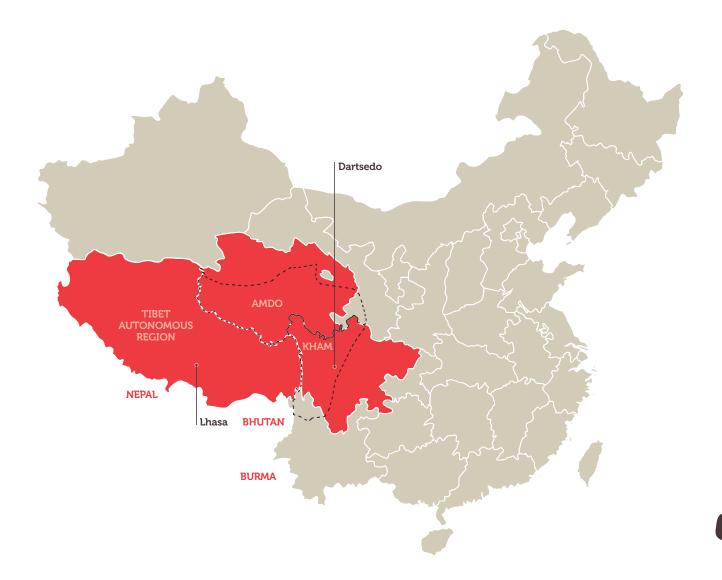
What you've helped accomplish in the Tibetan Areas of China:

Services provided:

- 10,477 (102,985) outpatients examined
- 2,008 (7,032) cataract surgeries in eye camp settings and the Kham Eye Centre

Training:

- Seva Tibet staff and the Menzhikang Hospital for Traditional Tibetan Medicine (MZK) launched the Tibet Cataract Surgery Training Center within Menzhikang Hospital dedicated to training local cataract surgeons
- 48 (61) other eye care personnel received training (nurses & hospital workers) mainly through the Kham Eye Centre



WATCHING HER GRANDCHILDREN GROW



For Neak Yen, the most important thing in her life is her family. Neak lives in a small village in Pursat, Cambodia. Her house sits near the rest of her family's homes and they farm together and cook meals for each other every day. Neak has seven grandchildren between the ages of 12 and 18. More than anything, she loves spending time with them and watching them grow up. Five years ago this all changed when Neak began to go blind. Living on her own became dangerous; Neak could no longer climb the stairs to her home unassisted and had to move in with her daughter. She could no longer help cook and though she could hear her family around her, she could not see their smiling faces. When the family was out farming, Neak was home by herself, sitting in darkness and solitude.

A Seva field worker found Neak in her village and referred her to a nearby eye camp. She was afraid to go, but she knew this was her only chance to see her grandchildren again and not be a burden to her family.

At the camp, Neak was diagnosed with cataract in both eyes, and was transported to the eye hospital for sightrestoring surgery.

"I feel overwhelmed with happiness!" Neak declared when her last bandage was removed.

Neak thought that she would never be able to see again but thanks to Seva donors her vision and independence have been restored. She can rejoin her family on the farm, cook meals with them and best of all, watch her beautiful grandchildren grow up.

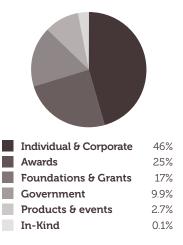
FINANCIALS STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2016

REVENUE	2015/2016	2014/2015
Awards	480,299	-
Global Affairs Canada (formerly CIDA)	191,358	197,910
program grants		
Project grants, contracts & awards	325,401	160,735
Donations	883,288	1,066,486
Donations In-Kind	1,243	1,171
Special events, presentations & net merchandise sales	52,389	46,245
Interest and other income	11,490	7,253
Other Government revenue	-	-
	1,945,468	1,479,800
COST OF GOODS SOLD		
Opening inventory	9,563	7,836
Purchases	6,202	8,682
Closing inventory	(8,401)	(9,563)
	7,364	6,955
	1,938,104	1,472,845
EXPENSES		
Program payments	1,331,158	918,295
Program administration	272,364	235,313
Fundraising	217,062	200,367
General administration	146,096	131,139
	1,966,680	1,485,114
EXCESS OF REVENUE OVER EXPENDITURES	(28,576)	(12,269)
NET ASSETS, BEGINNING OF THE YEAR	553,722	565,991
NET ASSETS, END OF YEAR	525,146	553,722

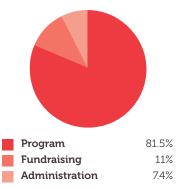
Seva's complete audited financial statements are available online at **seva.ca/publications/annual-reports**



SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



21

LOOKING AHEAD

Seva Canada began a threeyear strategic planning cycle last year. We worked closely with our international staff and partners to determine our most important organization and program objectives – what things need to be measured to ensure that our eye care programs are on track?

Seva staff, board and partners developed a series of indicators that measure the health of our programs. Indicators such as how many cataract surgeries were performed, how many women and girls were treated, what was the quality of the surgery, did the eye care programs have a community outreach component... and 13 others.

We are also measuring Seva internally; are we meeting our funding objectives, is our board knowledgeable about our programs and board governance, is our staff well trained – all things that make an organization highly effective. The results from last year show we are on track and meeting our objectives. But we won't sit back and relax; our strategic plan requires that we do more each year – perform more surgeries, prescribe more glasses, and treat more women, children and men from preventable and treatable blindness.

Thank you for your support and for joining us in doing more.



OUR THANKS

Government Global Affairs Canada (GAC) USAID Foundations & Grants Abundance Canada BCGEU Diane L. Wood International Solidarity and Humanity Fund The Benevity Community Impact Fund Canadian Union of Public Employees BC The Canadian Orthoptic Society Champaulimaud Foundation Chimp Foundation CUPE Local 1858 CUPE Local 723 CUPE Vancouver Island District Council Crossroads United Church District of West Vancouver Gift Funds Canada Gravross Foundation Home Depot Foundation Jewish Community Foundation of Greater Vancouver Jewish Community Foundation of Montreal Karuna Fund Lewis & Ruth Sherman Charitable Foundation Nanaimo Foundation NWM Private Giving Foundation The Parish of St Philip's, Vancouver Provincial Employees Community Services Fund Raymond James Canada Foundation Rotary Club of Qualicum Beach Sunrise Schein Foundation Sisters of Charity Halifax

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