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# ANNUAL REPORT 2018-2019

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SEVA.CA



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# DEAR FRIENDS OF SEVA CANADA

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During Seva Canada's 2018 – 2019 fiscal year, our donors provided life-changing eye care to hundreds of thousands of people in low-income countries. This care would not have been possible without our common purpose and belief that no one should become, or remain, blind or visually impaired from preventable and treatable eye diseases and conditions.

Seva's partnerships with our donors, supporters and partners go beyond funding. Your efforts on behalf of the world's visually impaired encourage, support, inspire and motivate everyone at Seva Canada to do our best work.

Our sincere thanks to our loyal and generous donors – we truly could not do this work without you.



**Vivian Yin,**  
Board Chair



**Penny Lyons,**  
Executive Director

## In 2018-19, Seva donors helped:

**1,677,758** people benefit from accessible eye care services.



**110,807** people (59,493 women and 51,314 men) receive sight-restoring cataract surgeries, restoring their dignity, productivity and independence.







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# ABOUT SEVA

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## 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

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# INNOVATION THROUGH RESEARCH

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Data tells us what, how many, and where, but it has no meaning on its own; evidence-based research tells us why. Research isn't the data Seva collects; it's how we interpret, validate, test and use that data to advance our understanding of eye care programs. We need both data and research to drive our decision-making and to improve our impact and cost-effectiveness.

One of Seva Canada's best examples of innovation through research was when we, with our partner the Kilimanjaro Centre for Community Ophthalmology (KCCO), became the first eye care organizations to separate our data into male and female patients. This simple act of analyzing our data led to the understanding that 2/3 of the world's burden of blindness was borne by women and girls.

Based on our findings, KCCO and Seva Canada implemented strategies to achieve gender equity in the treatment of blindness that resulted in a 10% reduction of the number of women who are blind. A perfect example of research driving innovation.

Unfortunately, the statistical improvement does not extend to girls who are still only half as likely as boys to receive eye care services. With your support, we will continue to research and innovate to ensure everyone has an equal right to sight.



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# COUNTRY REPORTS

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The global burden of blindness and visual impairment is not borne uniformly. Blindness is at least 10 times higher and visual impairment 3 times higher in western and eastern Sub-Saharan and North Africa and South Asia than high-income regions.

In order to achieve the Vision 2020<sup>1</sup> goals, eye care programs must develop strategies which help reach the most vulnerable populations – particularly women and girls. We encourage our program partners to disaggregate data by sex, determine gender-specific barriers to increased uptake of services and study strategies to increase utilization throughout a region, particularly by women and girls. Seva's strong

support for rigorous socio-epidemiological studies makes a significant contribution to global knowledge about effective strategies to reach populations in need. Seva looks forward to collaborating with other international eye care providers to eliminate all forms of inequity in eye care.

Program data from the past year is shown in the individual country reports. Funding shifts over time as programs mature and become financially self-sustaining. Funds are then used to expand population coverage or add new clinical services.

<sup>1</sup> Vision 2020 is the global initiative for the elimination of avoidable blindness, a joint program of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB).







### COMMUNITY EYE CENTRES

The most active program expansion in most regions involves establishing Community Eye Centres (CECs). CECs are stand-alone facilities established by an ophthalmologist, staffed by a mid-level ophthalmic professional and support staff and supplied with sophisticated ophthalmic equipment. They provide a full range of eye care services, are located in underserved areas and are self-financed through minimal service fees by those who can afford to pay. These basic eye clinics, similar to an optometrist's office in Canada, have proven very successful at providing high-quality eye care to rural communities.

### GENDER EQUITY

Seva Canada has taken a leadership role in the gender and blindness global initiative. All Seva-supported projects work towards achieving gender equity by focusing on overcoming cultural and economic barriers that prevent access to eye care services. Awareness of the problem has not been enough and much work remains to be done. To achieve the goals of Vision 2020, we need organizations to prioritize the issue of gender inequity and to encourage both political and social action.



# AFRICA

Seva Canada supports eye care services in Africa by partnering with the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. Seva's partnership with KCCO began in 2001 and Seva donor support currently assists programs in Burundi, Madagascar, Malawi, Tanzania, Ethiopia, Francophone West Africa and Egypt to develop and implement population-based eye care services.

With KCCO's expertise, our in-country eye care programs conduct outreaches within communities, provide thousands of eye examinations, identify people in need of care and provide sight-restoring cataract surgery. In addition, we support programs in identifying and treating chronic eye conditions such as glaucoma and complications from diabetes.

KCCO staff conduct operational research to generate evidence

for policies, programs and practices, particularly those that reduce barriers to care for women and girls. This year alone, KCCO produced 15 publications including research papers and manuals, focused primarily on improving the delivery of childhood cataract services and trachoma programs, two eye health issues disproportionately affecting women and girls. KCCO, through the Division of Ophthalmology at the University of Cape Town, also became





a World Health Organization Collaborating Centre for Trachoma, helping to inform policy makers on the spread, risk and prevention of the disease and tracking quality of care.

## BURUNDI

The Burundi program, led by Dr. Levi Kandeke, encompasses a network of Community Eye Centres (CECs) around the country and a Child Eye Health Tertiary Facility in Bujumbura, providing accessible, high-quality eye care services to thousands of Burundians each year.

Dr. Kandeke, along with an associate ophthalmologist and nursing and administrative staff, manages a referral network for children from the CECs. They also conduct outreach activities to ensure adults and children receive the surgery and other clinical services they need, regardless of their ability to pay.

In addition to managing this program, Dr. Kandeke works with Seva Canada to help eye care institutions in other African

countries improve the efficiency, effectiveness and financial sustainability of their programs.

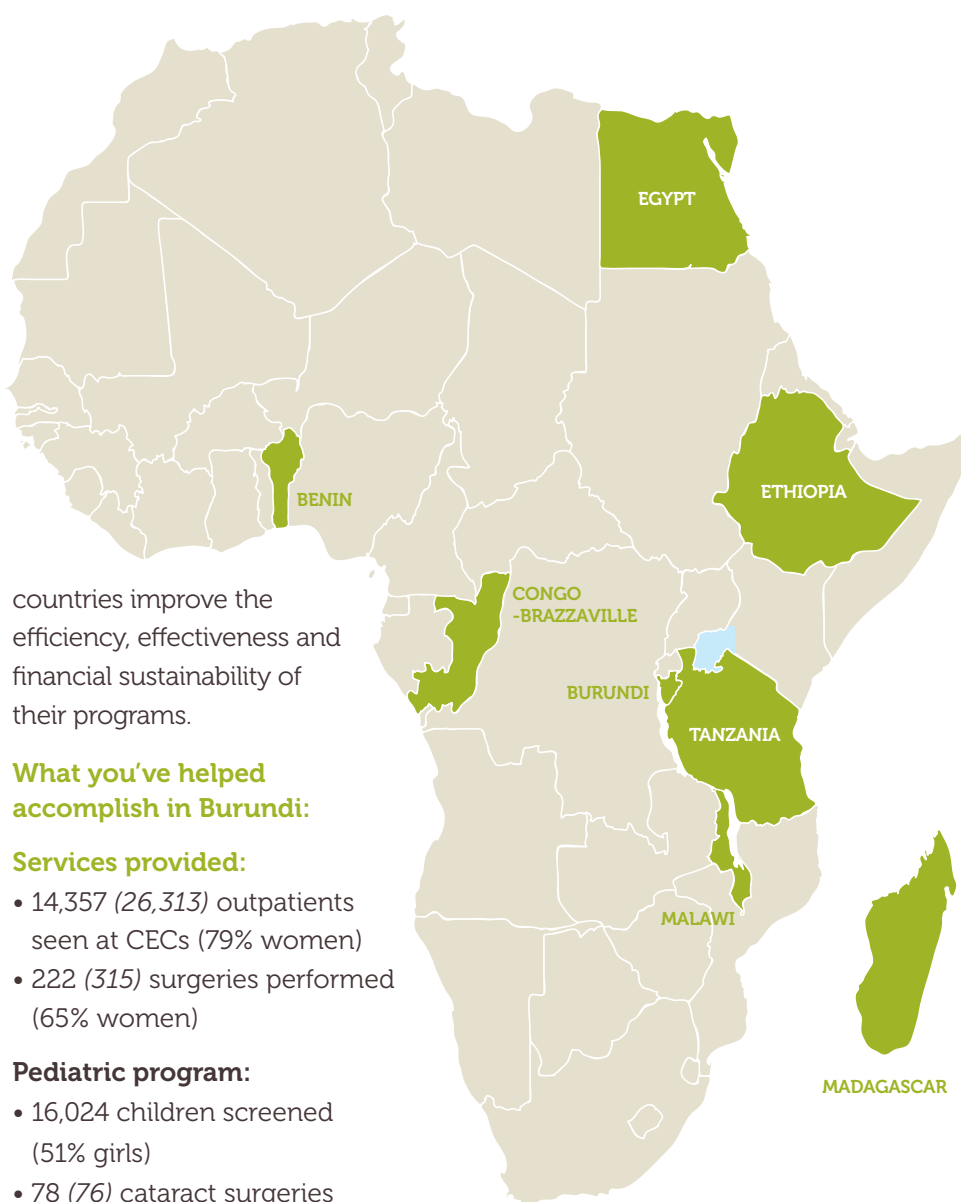
### What you've helped accomplish in Burundi:

#### Services provided:

- 14,357 (26,313) outpatients seen at CECs (79% women)
- 222 (315) surgeries performed (65% women)

#### Pediatric program:

- 16,024 children screened (51% girls)
- 78 (76) cataract surgeries performed (40% girls)
- 18 (16) glaucoma surgeries performed (39% girls)
- 124 (159) other surgeries performed (28% girls)



## MADAGASCAR

Seva Canada donors support four hospitals in Madagascar: Ambohibao (near the capital city of Antananarivo), Tomatave/Toamasina (on the central east coast), Antsirabe (in the central highlands) and Sambava (in the northeast). Each site receives funding for direct eye care service delivery, training, equipment and supplies. Community outreach in these sites, supported by Seva, is essential to ensuring that the primarily rural populations have access to care.



An estimated 140,000 children in Madagascar are blind or visually impaired. Seva is the primary supporter of a comprehensive pediatric program involving all four eye care facilities. In addition to providing financial support for clinical services, supplies and transportation, Seva funds training for a network of community workers, called Key Informants (KIs), to find and refer children who need eye care.

Over the past year, Seva worked with local staff to publish a study of the KI program. In addition to encouraging other pediatric programs in low-income settings to adopt this highly effective approach, the study highlighted the need to increase investment in referral and follow-up mechanisms to ensure children can achieve the best possible visual outcome as they grow.

Seva also helped to establish and continues to develop a cost-recovery model that the Malagasy programs use individually and collectively to achieve financial sustainability. The Malagasy programs received social marketing training this year to ensure they attract and retain paying patients. Patients paying for cataract surgery are a necessary revenue source for these programs and help to

subsidize services for the very poor and to pay for the less cost-effective, yet necessary, aspects of their comprehensive eye care programs.

### **What you've helped accomplish in Madagascar:**

#### **Services provided:**

##### **Pediatric program:**

Reported for all 4 programs together:

- 9,883 (9,202) children screened (56% girls)
- 62 (57) cataract surgeries performed (35% girls)
- 75 (55) other surgeries performed (56% girls)

##### **Vakinankaratra Region:**

- 11,058 (16,390) people examined and treated (56% women)
- 604 (586) cataract surgeries performed (48% women)

##### **Sava Region:**

- 8,160 (7,896) people examined and treated (54% women)
- 633 (665) cataract surgeries performed (49% women)

##### **Atsinanana Region:**

- 2,894 (2,290) people examined and treated (58% women)
- 1,060 (733) cataract surgeries performed (50% women)

### **Facilities & programs supported:**

- A national ophthalmic nurse training program that provides 2 years of sub-specialty training for 20 nurses

## **MALAWI**

Seva supports the pediatric program at the Queen Elizabeth Central Hospital (QECH) in the capital city, Blantyre. With 50% of the population under 16 years of age, this program addresses a substantial portion of the eye care needs in Malawi. The program trains community volunteers and health workers to identify children with visual impairment, implements radio promotion for health education, provides screening and referral services for children needing surgery and provides refraction and low vision services.

## **TANZANIA**

Tanzania, one of the largest countries in east Africa, has an estimated 137,000 people living with blindness from treatable conditions such as cataract and trachoma. Seva currently supports four areas in Tanzania: the Mara Region and, as of this year, the Mwanza Region both near Lake Victoria, and the Ngorongoro and Manyara Regions in the Northwest.





Seva support is directed towards well-established community programs, whereby local microfinance groups assist field workers to deliver eye care messaging and ensure those with eye problems, particularly women and girls, utilize available services. This combination has proven particularly effective in increasing the proportion of women and girls receiving eye care which encouraged the program expansion into the Mwanza Region this year.

Trachoma, a disease which disproportionately affects women, is particularly problematic in the Manyara

and Ngorongoro Regions, home to the Maasai, a nomadic and traditionally insular ethnic group. Seva funds the screening and treatment of trachoma in these regions, along with cataract, and relies primarily on the training of local Maasai microfinance groups, led by women, to identify, refer and encourage people to accept corrective surgery.

Seva continues to support the eye department of the District Hospital in Mara. The eye department includes an eye surgeon, two ophthalmic nurses, one optometrist and one nurse assistant. As in other regions, Seva supports community

outreach activities along with much needed equipment, surgical supplies and glasses.

### **What you've helped accomplish in Tanzania:**

#### **Services provided:**

##### **Mara Region:**

- 12,004 (12,045) people examined and treated (51% women)
- 546 (658) cataract surgeries performed (44% women)

##### **Ngorongoro District:**

- 661 (374) people referred by microfinance members (70% women)
- 103 (187) cataract and trichiasis surgeries performed (65% women)



### **Mwanza Region:**

- 470 people referred by microfinance members (53% women)
- 152 cataract surgeries performed (43% women)

### **Training:**

The Tanzanian team currently provides training to members of 35 different microfinance groups. This year, 80 microfinance members were provided basic eye care information and trained to network widely to find and refer people in need of care to upcoming outreach screening camps. They referred close to 2,000 patients, 58% of whom were women and girls.

### **ETHIOPIA**

More than 80% of Ethiopians live in rural areas without access to safe drinking water or sanitation. As the second largest country in Africa, there are approximately 858,000 people suffering from blindness and 1.9 million in need of glasses. Trachoma remains endemic in this country as



a result of poor water and sanitation conditions.

In Ethiopia, Seva supports the development of a community outreach program in Bahir Dar, in the Amhara Region. In addition to providing funds for outreach, supplies and consumables, Seva supports KCCO staff to train microfinance members to identify, promote, refer and support people, particularly women and girls, who face barriers to accessing eye care services. The program-

wide plan to increase service delivery is performing well, and the number of patients undergoing cataract surgery continues to grow.

Seva Canada also supports the eye department of the government hospital in Bahir Dar, led by Dr. Hiwot Degineh and her team of health professionals, by providing funds for specialized training, surgery, glasses and medicine.



### **What you've helped accomplish in Ethiopia:**

#### **Services provided:**

##### **Bahir Dar:**

- 18,118 (20,179) people examined (44% women)
- 740 (590) cataract surgeries performed (45% women)

#### **Training:**

The Ethiopian team provided training to 35 members of microfinance groups this year. The microfinance members were provided basic eye care

information and trained to network widely to find and refer people in need of care to upcoming outreach screening camps. They referred 324 patients, 55% of whom were women and girls.

### **FRANCOPHONE WEST AFRICA**

Seva Canada's two partners in West Africa, Dr. Amadou Alfa Bio in Benin and Dr. Freddy Geraud Ngabou in Congo Brazzaville, continue to strengthen their outreach programs through Community Eye Centres (CECs).

CECs provide high-quality, affordable and accessible eye care services to rural populations and, using an innovative funding model, are becoming financially self-sustaining. Seva Canada continues to mentor partners in West Africa to improve the productivity and cost-recovery of their CECs, which provide glasses, medicine and access to surgical services to thousands of patients each year.

### **EGYPT**

Egypt possesses the technical and human resource capacity to restore the sight of its 570,000 residents who are blind, 58% of whom are women. However, due to inadequate awareness, access and acceptance, available eye care services are rarely used, even when they're free.

Through the Nourseen Foundation, an Egyptian eye care NGO dedicated to serving the country's rural poor, Seva donors support cataract services and trachoma-prevention programs in Menia Governorate, a region in Middle Egypt.

Seva donors also support the development of the Nourseen Foundation, particularly its community ophthalmology network, which uses mobile caravans to find, treat, refer and transport patients to the hospital for eye care.



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# INDIA

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Seva's partner in India, the Aravind Eye Care System, is a world leader in high-quality, high-volume, sustainable, community-oriented eye care. Its innovative financial structure allows fees from paying patients to subsidize services for poor patients. Aravind's creative cross-funding model is now the standard in all Seva-supported programs.

Aravind acts primarily as a training and consulting resource

to Seva's partners worldwide. This training and mentoring covers the entire range of eye care from architecture and administration to all clinical services and equipment maintenance. Many of Seva's partners have themselves become training institutes based on Aravind's teachings. Seva collaborates with Aravind to conduct epidemiologic and community-based research through shared research grants.

This year, the Community Eye Centre established in Gingee, India, in collaboration with Aravind, provided eye care services to the rural population.

**What you've helped accomplish in India:**

**Services provided:**

**Gingee CEC:**

- 1,778 outpatients seen (51% women)
- 100 cataract surgeries performed (64% women)
- 317 patients received glasses (52% women)



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# GUATEMALA

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An estimated 72,000 Guatemalans are blind, primarily from cataract, and another 354,000 are severely visually impaired and in need of prescription 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-based eye care programs that primarily provide glasses.



# CAMBODIA

Seva supports eye care programs in 5 provinces with a total population of 3.8 million people – about 1/4 of the country's population. The programs include Eye Units in provincial government hospitals and the non-governmental Angkor Hospital for Children in Siem Reap as well as community outreach programs. The clinical services focus on cataract surgery and training of local doctors, nurses, administrators and support staff.

Seva Canada funds are concentrated in Banteay Meanchey Province. Eye Unit staff include an ophthalmologist, a refractionist and 3 ophthalmic nurses. The community ophthalmology program has 2 full-time field workers who travel by motorcycle to remote areas to find and screen patients and arrange referrals for those

with eye problems to outreach screening and surgical camps or to the base hospital.

Seva Canada pays for medicine, supplies and the cost of transportation for poor patients from villages throughout the province to and from the Eye Unit.

Seva Cambodia, in collaboration with the Maddox Jolie-Pitt Foundation (MJP) and the Battambang Provincial Health Department, established a Community Eye Centre (CEC) in Samlot Commune within the Boeng-Run Health Centre. Seva Canada donors provided the refraction equipment for the CEC. This Community Eye Centre is Cambodia's first eye care facility providing permanent services to a rural community. It focuses on visual acuity screening, the provision of glasses, diagnosis and

treatment of minor conditions and referral of more complex cases to the Eye Unit at the Battambang Referral Hospital.

## **What you've helped accomplish in Cambodia:**

### **Services provided:**

#### **Seva partner Eye Units:**

- 35,513 (39,353) outpatients examined (54% women)
- 12,074 (10,096) eye surgeries performed including 6,869 (5,206) for cataract (62% women)

#### **Seva Cambodia & Eye Unit staff:**

- 49,954 (37,375) patients screened through field workers (66% women)
- 60,152 (47,891) children examined through school screenings and 1,393 (1,798) children received free glasses (56% girls)
- 2,548 (3,270) patients received free glasses

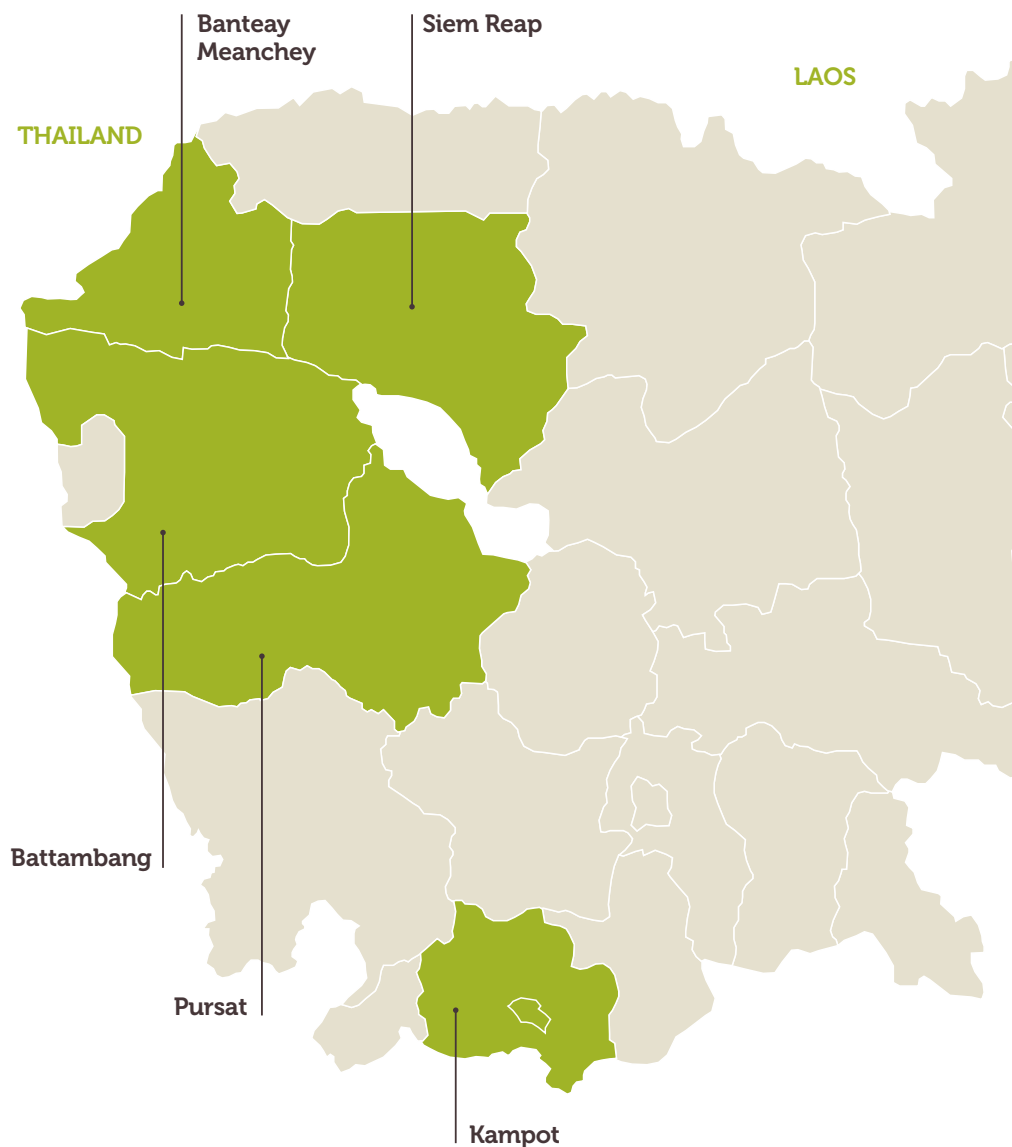
### Samlot Commune:

- 116 (658) patients screened (33% women)
- 88 (595) patients recieved free glasses (33% women)

### Training:

#### Professional training programs:

- 19 (18) Eye Unit/clinical staff received continuing medical education
- 16 (17) Eye Unit/clinical staff received continuing refraction education
- 1 (1) ophthalmic nurse received 3 months of refraction training
- 2 (1) general nurses received ophthalmic nurse training
- 3 (2) doctors received ophthalmology residency training







# NEPAL

Nepal is a small, mountainous country with a population of almost 29 million people. Despite being one of the world's least-developed nations, and struggling with almost continuous political instability, it has developed a strong national eye care program that serves Nepal and several adjacent northern Indian states.

Seva works through an in-country office with staff that provide technical, program

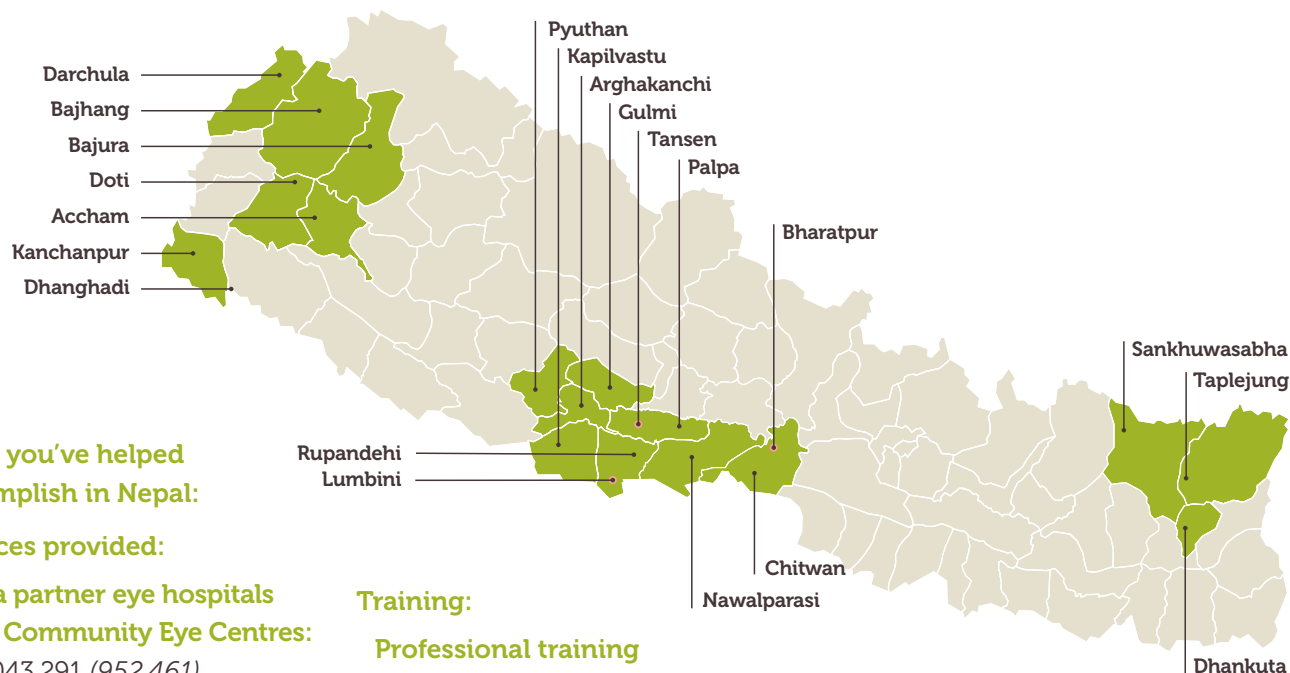
development and managerial support to an ever-expanding network of facilities and activities that include the most remote and rural populations. The network includes 43 eye care facilities (2 tertiary hospitals, 10 secondary hospitals and 31 Community Eye Centres in 23 of Nepal's 77 Districts) stretching from far western to far eastern regions.

Program expansion emphasizes the development of local training programs for all levels

of ophthalmic personnel (ophthalmologists, specialist ophthalmologists, optometrists, orthoptists, ophthalmic assistants, and ophthalmic nurses). New initiatives are underway to provide local training programs for eye care management and community ophthalmology.

Program development increasingly includes diagnosis and treatment of chronic diseases like diabetic retinopathy and glaucoma, and establishing community-based pediatric programs, both of which are extremely challenging in a poorly functioning general health care system.





## What you've helped accomplish in Nepal:

### Services provided:

#### Seva partner eye hospitals and Community Eye Centres:

- 1,043,291 (952,461) outpatients examined (53% women)
- 85,731 (90,558) cataract surgeries performed (53% women)

#### Seva-supported eye camps:

- 84,519 (99,793) patients screened (57% women)
- 12,627 (13,579) cataract surgeries performed (55% women)

#### School screening program:

- 284,711 (305,024) children examined
- 7,303 (6,325) patients received free glasses

### Training:

#### Professional training programs (capacity building):

- A 3-year ophthalmic assistant training program continues at Bharatpur Eye Hospital (40 students/year)

#### Professional training:

- 1 (2) ophthalmologist began a retina fellowship
- 1 (1) ophthalmologist began a pediatric fellowship
- 1 (1) ophthalmologist began a small incision cataract surgery (SICS) fellowship
- 1 hospital staff received phacoemulsification operating theatre assistant training

- 1 hospital staff received operating theatre nurse training
- 2 hospital staff received Integrated Hospital Management System (IHMS) training

#### Community-based training:

- 921 (2,002) Female Community Health Volunteers received training on primary eye care
- 582 (1,481) 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 with very little access to health care.

These conditions result in a high prevalence of eye disease and low utilization of available eye care services.

In the past year, Seva support focused on the Tibetan areas of Qinghai, Sichuan, Gansu and Yunnan provinces, working through the Kham Eye Centre in Dartsedo.

The Kham Eye Centre provides high-quality eye care and acts as a referral centre and training institute for the region. Seva supports community ophthalmology activities throughout the Ganzi Prefecture, with an approximate population of 1 million. The Kham Eye Centre works within local government hospitals and Health Bureaus to establish clinical services, train local doctors, as well as to plan, conduct and manage outreach camps in remote areas.

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

**Services provided:**

- 7,315 (11,158) outpatients examined
- 1,280 (1,587) cataract surgeries performed in eye camp settings and the Kham Eye Centre (59% women)
- 16,780 (21,851) children screened in schools
- 1,787 (2,016) children received free glasses







### Training:

- 8 (13) eye care personnel (doctors, nurses and hospital workers) received training through the Kham Eye Centre
- 290 village doctors received training on primary eye care
- 24 community volunteers received training on primary eye care

*Previous year's numbers are in italics within brackets for comparison*

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# SEEING INTO RETIREMENT

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After 25 years of service, Bir Bhan Nath retired from the Indian Army and moved to a village in far western Nepal to live with his only son and daughter-in-law and their two children. He planned to spend his retirement farming to help support his family. Bir Bhan's son moved to Oman for a job and left his family in the care of his wife and father. Now 72

years old, Bir Bhan was the only person helping his daughter-in-law work in the fields and care for the cattle.

Unfortunately, Bir Bhan's vision began to fail and he was forced to loan his land to his neighbour for a 50% share. He could no longer recognize his cattle and could barely manage walking alone. His son was unable to return home, so his daughter-in-law took him on foot and by bus to the Mahendra Nagar Eye Hospital for treatment. After examination by the ophthalmologist, he was diagnosed with glaucoma and cataract in both eyes. Glaucoma, a chronic and potentially blinding condition, requires lifelong treatment and care by a specialist. The hospital referred Bir Bhan to Geta Eye Hospital to treat his symptoms and

create an ongoing glaucoma management plan.

At Geta, Bir Bhan received glaucoma and cataract surgery on both eyes to restore his sight. He was thrilled to see again and expressed his immense gratitude to the hospital and surgeon. Now Bir Bhan can again help his daughter-in-law in the fields and with his grandchildren.

Having experienced blindness, Bir Bhan knows the importance of continuing his glaucoma treatment and will return to the hospital regularly to meet with the specialist for ongoing treatment to safeguard his vision.

# FINANCIALS

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2019

### REVENUE

	2018/2019	2017/2018
Project grants, contracts & awards	313,689	153,484
Donations	1,644,451	1,172,655
Donations In-Kind	3,997	45,833
Special events, presentations & net merchandise sales	65,603	62,502
Interest and other income	1,329	8,995
	<b>2,029,069</b>	<b>1,443,469</b>

### COST OF GOODS SOLD

Opening inventory	8,963	9,091
Purchases	2,198	1,191
Closing inventory	(7,941)	(8,963)
	<b>3,220</b>	<b>1,319</b>
	<b>2,025,849</b>	<b>1,442,150</b>

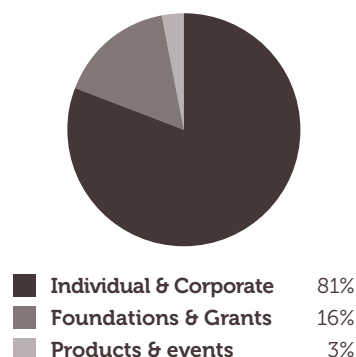
### EXPENSES

Program payments	1,093,315	817,554
Program administration	332,560	318,159
Fundraising	264,213	259,933
General administration	181,994	182,915
	<b>1,872,082</b>	<b>1,578,561</b>

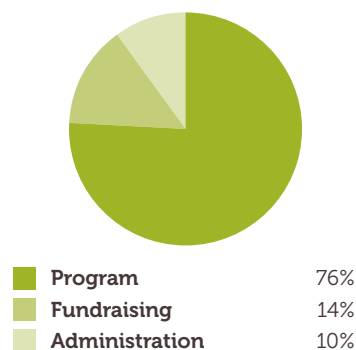
### EXCESS OF REVENUE OVER EXPENDITURES

	<b>153,767</b>	<b>(136,411)</b>
<b>NET ASSETS, BEGINNING OF THE YEAR</b>	<b>150,480</b>	<b>286,891</b>
<b>NET ASSETS, END OF YEAR</b>	<b>304,247</b>	<b>150,480</b>

### SOURCES OF SUPPORT



### YOUR DONATIONS AT WORK



Seva's complete audited financial statements are available online at [seva.ca/publications/annual-reports](http://seva.ca/publications/annual-reports)

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# LOOKING AHEAD

## THE POWER OF PARTNERSHIPS

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Partnerships succeed when opportunity drives collaboration and partnerships work best when goals are shared.

Establishing this common purpose sets the foundation and acts as the glue holding the partnership together.

Seva Canada maintains multiple partnerships with funders, institutions, corporations, governments and experts in many different fields. A good partnership works toward common goals; a great partnership leans into each other's strengths to bring the best talent forward.

Of all of Seva's partnerships, it is our program partnerships that define us.

As a result, we have trusted and long-standing program partners around the world. Together, we put our best shared ideas forward: high-quality eye care available to all, a commitment to gender equity and evidence-based development. The result is combined solutions towards our common goal: eliminating preventable blindness.

Big breakthroughs and progress don't happen in silos. We will harness what we need to build human capital by working collaboratively within Canada and in each of our program countries to fuel growth, innovation, equity and sustainability.







# OUR THANKS 2018-19

## On behalf of the Seva Canada Staff

*Penny Lyons, Executive Director*

*Dr. Ken Bassett, Program Director*

*Deanne Berman, Marketing  
& Communications Director*

*Christine Smith, Development Director*

*Lisa Demers, Director of Operations,  
Monitoring & Evaluation*

*Madison Mackenzie, Communications  
& Development Coordinator*

## Foundations & Grants

Abundance Canada

BCGEU Diane L. Wood International  
Solidarity and Humanity Fund

Benefaction Foundation

Benevity Community Impact Fund

Canada Helps

Chimp Foundation

Crossroads United Church

Echo Foundation

Gift Funds Canada

GiftPact Foundation Inc.

Gladys H. Dunn Fund

Gordon Dunn & Colleen Miller Dunn Fund

Grayross Foundation

Health Sciences Association of British  
Columbia

Heronbrook Foundation

IBM Canada Employees' Charitable Fund

Jewish Community Foundation  
of Montreal

Karuna Fund

Khalsa Foundation

Laura L Tiberti Charitable Foundation

Lewis & Ruth Sherman Charitable  
Foundation

Moir and David Foundation

Moran Family Foundation

NWM Private Giving Foundation

P.A.I.D. Family Foundation

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Raymond James Canada Foundation

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Somerset Foundation

TD Canada Trust Private Giving  
Foundation

Ulverscroft Foundation

United Way

Vancity Community Foundation

Vancouver Foundation

Vancouver Kiwanis Welfare Foundation

Victoria Foundation

Winnipeg Foundation

Zacks Family Charitable Foundation

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Amevie

Amy Diehl Personal Training  
& Active Rehab

Atlas Pots Ltd.

AWA International Business Corp.

Bayswater Neuromuscular Massage

Baza Dance

BEFIT

Bliss Yoga Spa

CanTalk Canada

Cargill Limited

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Foundations Training Centre

FYI Eye Care Services and Products Inc.

Goren, Marcus, Masino & Marsh

Groundwork Athletics

Halifax Yoga

Harbour Dance Centre

iATS Payments

I For An Eye

Kafei Interactive Inc.

Kitsilano Fit Body Boot Camp  
Kroeker Farms Limited  
Mail-O-Matic Services Ltd.  
MOSH Framemakers  
Murphy Oil Company Ltd.  
Nicola Wealth Management  
Productions Mandalab  
Reid Hurst Nagy Inc  
RR Donnelly  
Sanderson + Welsh Planning Ltd.  
SCWH Holdings Ltd.  
SimpleCare  
Sipco Formulations Inc.  
Sugar Swing Dance Club  
Sunrise Kitchens Ltd.  
The Bar Method  
The Yoga Shala  
Trü Ride  
Urban Fitness  
Village Books & Coffee House  
Westside Developments Ltd.  
Yoga in Bowness  
Yoga Santosha  
YogaJoy  
Yogalife Studios

**Seva Canada's Board:**  
**Chair Of The Board**

Vivian Yin, M.D.

**Board Members**

John Andru

Karen Chalmers

Paul Courtright

Charles Diamond

Sasipriya Karumanchi

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