



Annual Report

2024–2025



seva.ca

Dear Seva Canada Community

We are very pleased to share Seva Canada's 2024-25 Annual Report with you. This has been a truly remarkable year—thanks to your generosity, we've seen more program growth than any other time in our history.

Your support has made extraordinary things possible.

It has sparked new program partnerships—providing direct eye care services to people in need in Peru, and in Ludhiana, India.

It has expanded our eye care programs in Cambodia and throughout Sub-Saharan Africa.

It has strengthened our Evidence in Practice work, empowering our partner hospitals to improve their programs while contributing to the global knowledge base in eye care.

What does this this growth all really amount to? It means more people are thriving—thanks to the simple but life-changing gift of sight. With clear vision, more people are walking safely, experiencing independence, reconnecting socially, and seeing the beauty of the world around them.

They're contributing to their communities, and those communities are growing stronger in return.

This impact is yours.

Thank you so very much for lighting the way to a brighter future.



Marty Spencer, MD
Board Co-Chair



Neil Smith
Board Co-Chair



Liz Brant
Executive Director

About Us

Mission

Seva Canada's mission is to restore sight and prevent blindness in low- and middle-income 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



THE PROBLEM

1.1 Billion People Worldwide Live with Vision Loss

Who is Affected?



609M
are women & girls



90M
are children

90%
live in low- and middle-income countries

What are the Causes?



- 671m have refractive error
- 100m have cataract
- 56.5m have other eye care issues (e.g. trauma)
- 8.1m have age-related macular degeneration
- 7.8m have glaucoma
- 4.4m have diabetic retinopathy
- 258m have mild visual impairment

Why?



Lack of available services



Unaware of treatment options



Travel and geographic barriers



Financial and social barriers



Fear and misconception

Where do They Live?

Number of people with vision loss in millions

Regions and data from 2020 as defined by the Vision Loss Expert Group and published in the Lancet in 2020.

8M
Andean Latin America

54M
North Africa & Middle East

111M
Sub-Saharan Africa

340M
South Asia

380M
Southeast Asia, East Asia, and Oceania

THE SOLUTION

90% of Vision Loss
Can be Prevented or Treated

How Seva Helps:



Surgery

To treat blindness



Glasses

To correct refractive error



Medicine

To prevent blindness & treat eye disease

With surgery, glasses, and medicine, **990 million** people could have clear vision today, **34 million** of whom are blind.

When people can see and are able to lead healthy, productive lives, they can lift themselves and their families out of poverty, which benefits entire communities.



How You've Helped



Eye Care Services

1,424,833 people recieved eye care services



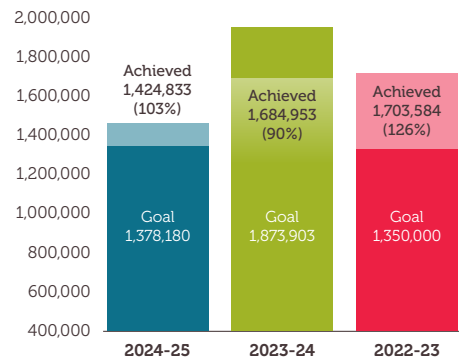
54% women



46% men

2024-25 Goal: **1,378,180** → Achieved: **1,424,833 (103%)**

Number of People Who Received Eye Care Services



Goal is a year over year increase over the previous year; shift in baseline was made from previous year to accommodate program support changes.



Cataract Surgeries

104,350 people received cataract surgery



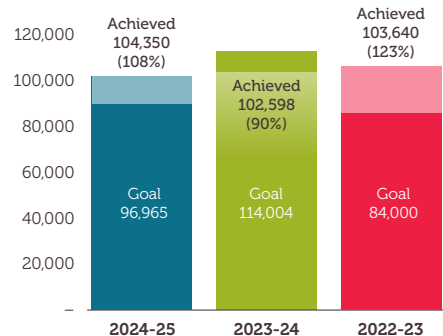
53% women



47% men

2024-25 Goal: **96,965** → Achieved: **104,350 (108%)**

Number of People Who Received Cataract Surgery



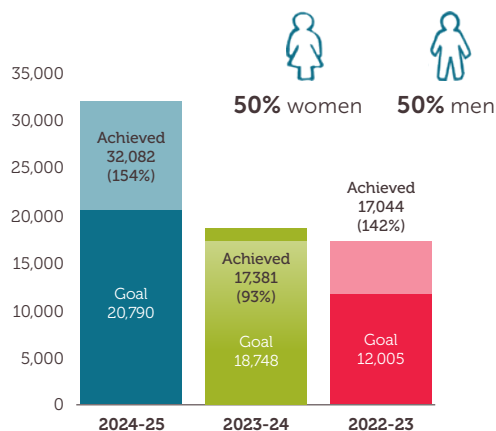
Goal is a year over year increase over the previous year; shift in baseline was made from previous year to accommodate program support changes.



Other Types of Surgeries

32,082

people received other surgeries (glaucoma, anterior segment, vitreo-retina, eyelid, squint, and oculoplastic)



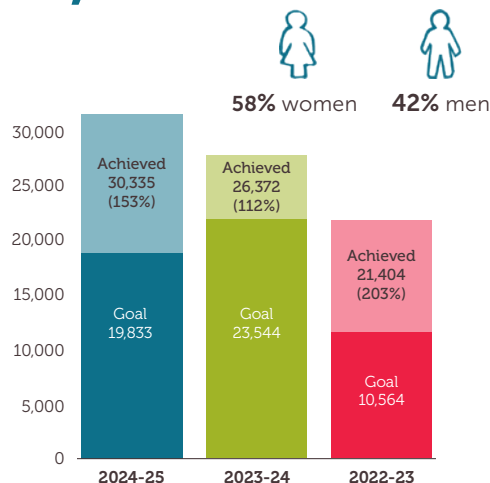
2024-25 Goal: **20,790** → Achieved: **32,082 (154%)**



Prescription Glasses

30,335

people received prescription glasses



2024-25 Goal: **19,833** → Achieved: **30,335 (153%)**

Goal is a year over year increase over the previous year; shift in baseline was made from previous year to accommodate program support changes.

Training

4,913 people received training, including:

- **4 General Nurses**
underwent ophthalmic specialty training
- **5 Ophthalmologists**
underwent sub-specialty training (pediatrics, oculoplastics, and vitreo-retina)
- **23 Ophthalmologists**
received cataract surgical training including the PHACO technique
- **49 Hospital Staff**
received quality improvement training
- **113 Program Partners**
received training in operational research
- **4,250 Community Members**
received primary eye care training. This group included teachers, primary care providers, village leaders and women's microfinance members

Notes: All data is collected from hospital data management systems and validated by our local partners. We also adjusted our baseline data to reflect changes in our partnerships in Cambodia, India, and Peru. In consultation with our partners, we have also changed our service goals to a year-over-year increase to reflect the complex conditions where they work.

How We Work

Seva Canada's programs are guided by three key pillars: equity, quality, and self-sufficiency.

All program funding can be tied to one, two, or all three of these pillars. Together, these pillars help ensure your support reaches the people who need it most, today and in the long term.

EQUITY

Location:

90% of people who live with vision loss, including blindness, live in low- and middle-income countries. That's why we partner with local clinicians and public health experts in these countries to create eye care programs targeted at reaching people who could not otherwise access care.

Gender:

55% of people with vision loss are women and girls—not because of genetics, but because of a multitude of social, cultural and political factors that make it harder for them to access care. That's why our programs incorporate community-based initiatives that encourage, educate and help women and girls overcome barriers to accessing treatment.

Children:

4 out of 10 children who are blind could see today if they had early access to care. Children in Sub-Saharan Africa, parts of Asia and the Middle East have double the rates of blindness compared to those who live in high-income countries. Uncorrected vision loss can prevent them from going to school, making friends and living a full, productive life. This is why we invest in the full continuum of pediatric eye care programs: school screenings, pediatric surgery and follow-up care.

QUALITY

Seva Canada believes in treating every partner and every patient with dignity. That's why we work with organizations committed to serving everyone in their community—regardless of income, class, race, gender or religion.

- We provide training to ensure services are properly distributed in locations accessible by those who need them the most. Clinicians receive both initial and ongoing training as well as the equipment required to provide high-quality services to their communities.

- We also collect and closely monitor surgical quality data for all programs, providing feedback and additional training and resources whenever needed.

SELF-SUFFICIENCY

Our goal is to ensure that our program partners have decision-making autonomy and authority to provide high-quality eye care in their communities through the right mix of training and financial sustainability. Through our Evidence in Practice program, hospital staff learn to collect and analyze hospital data, then use it to drive improvements. Where possible, we encourage our program partners to adopt a cost-recovery model whereby patients who can afford to pay subsidize costs for those who cannot. However, we recognize that such models are not feasible in every context, and we remain committed to equity by supporting all our partners, regardless of their ability to implement cost-recovery.



Program & Country Reports



The 2024-2025 year saw the biggest expansion for Seva Canada's programs in our 43-year history. We formed new partnerships, introduced programs in countries and regions where we hadn't worked before and expanded others with trusted partners—all with an eye to future sustainability. We're so proud to share this report with you, highlighting the impact your support has made for people all around the world. Thank you for giving the power of sight!

EVIDENCE IN PRACTICE PROGRAM

In many low-resource settings, eye care professionals are the first to identify challenges and opportunities for improving services. They work closely with patients, manage clinical workflows, and understand the barriers communities face in accessing care. However, while they have unique insights, many lack the knowledge and capacity to conduct research that can translate these observations into effective and efficient change.

Recognizing this gap, Seva Canada launched the Evidence in Practice Program (EIP). This program works with the world's leading experts in eye health-focused operational research to provide

hands on training and mentorship in research methodologies specifically geared towards improving the sustainability, quality and quantity of services that eye care hospitals provide. The EIP program last year was comprised of:

- two South Asia–focused initiatives with the PRASHO Foundation and Aravind Eye Institute's Lions Aravind Institute for Community Ophthalmology (LAICO) (more detail follows below).
- one-on-one mentorship across the rest of our programs for hospitals and staff that are interested in conducting research programs and learning from experts on Seva Canada's staff.
- participation in and support for the International Society for Geographic and Epidemiological Ophthalmology Congress in Kathmandu where over 110 eye health researchers from all over the world joined together to share knowledge and have conversations about community eye health.
- support for the Community Eye Health Journal (CEHJ)—a project of the London

School of Tropical Hygiene and Medicine. The CEHJ provides timely, scholarly evidence in community eye health that is distributed free of cost to eye health programs all over the world.

- other individual studies aimed at providing better care, to more hard-to-reach patients.

The EIP program builds more than individual skills—it helps create lasting institutional change.

By the time hospitals complete the program, they are self-sufficient in conducting operational research and able to continuously generate evidence that improves services and informs policy. The long-term vision is to establish a network of eye hospitals where locally led research drives innovation. Evidence generated by these frontline providers and shared with the international eye health community can shape outreach strategies, improve surgical uptake, optimize patient flow, and strengthen equity of access—within Seva Canada’s programs and beyond.

EIP Partners

PRASHO Foundation

Seva Canada and the Pragmaan Sustainable Health Outcomes Foundation (PRASHO) have been working together since 2024. This last fiscal year, we **launched a three-year program that will train 58 people in research methods and data**

management in ten hospitals—five in India and five in Nepal. The goal is to build the capacity to design, conduct, and apply research that improves health systems and patient outcomes.

This program is built around seven phases that cover the full spectrum of operational research. In the first phase, participating hospital teams receive guidance on identifying research priorities, drafting robust study protocols, and submitting them for ethics approval. This step is critical, as it lays the foundation for responsible, ethical research. In the second phase, hospitals receive ongoing mentorship as they collect and analyze data, prepare manuscripts, and disseminate findings. Training is delivered through a mix of in-person workshops, virtual sessions, on-line resources, and regular progress reviews. This blended approach allows participants to learn theory while applying skills directly in their hospital settings.

What makes this program effective is its emphasis on learning-by-doing. Instead of traditional classroom teaching, participants actively design and implement studies that address real challenges in their hospitals. This hands-on experience not only builds technical competence but also boosts confidence and ownership among staff. By embedding research into daily practice, hospitals begin to cultivate a culture of inquiry and continuous improvement. Staff learn to ask

the right questions, rigorously evaluate solutions, and use evidence to advocate for change within their institutions and beyond.

This past year, your support enabled the development of the curriculum, a kick off meeting where participants met to share their challenges and develop their research questions, and the initial round of training for staff from the ten hospitals. This initiative demonstrates how strategic collaboration and capacity building can transform not just individual programs, but entire health systems, paving the way for healthier communities where more people can achieve their best possible vision, and full potential.

Aravind Eye Care System

Seva Canada has teamed up with Aravind Eye Care System's training and consultation team, Lions Aravind Institute for Community Ophthalmology (LAICO), **to sponsor two of their Leap Collaborative Series.** The Leap Collaborative Series are year-long intensive training programs that provide individually tailored support from Aravind experts on a specific topic. The intervention methodology is based on the highly effective and popular collaborative approach developed by the Institute for Healthcare Improvement (IHI) combined with methodologies based on proven processes at Aravind Eye Care System and other eye care providers. The Leap Series employ the concept of the PDSA cycle (Plan-Do-Study-Act) to provide a structure for

rapid change, review, and implementation of hospital quality and efficiency concepts.

The first Leap Seva Canada is sponsoring is centred around Enhancing Cataract Surgical Outcomes (ECSO) and aims to strengthen the quality of cataract surgeries by addressing key gaps that affect post-operative vision. Despite ongoing efforts, many hospitals face challenges in achieving consistently good outcomes because of unclear protocols, lack of root cause analysis, limited training, and weak monitoring systems. This initiative provides structured guidance to overcome these barriers and supports hospitals in their journey toward excellence.

The Leap started in June 2025. In addition to supporting the structure and development of the Leap, **Seva Canada is also sponsoring two hospitals to participate in the Leap: one in Nepal and one in India.** Overall, ten hospitals have been enrolled where five members from each institution including an ophthalmologist, operating theatre technician, administrator and data person, will undergo training. With mentoring, structured learning sessions, skills enhancement and access to outcome monitoring tools, the program aims to ensure that 90 percent of cataract patients achieve post-operative vision of 6/12 or better, significantly reducing avoidable vision loss and improving the overall quality of care.



Africa



Since 2001, Seva Canada has been working on the African continent through the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. The KCCO team is comprised of African and Canadian experts in public health, research, community development and international relations. They use these skills to improve access to high-quality eye care services in eight countries. Seva Canada currently supports KCCO's work in five countries: Benin, Burundi, Ethiopia, Madagascar, and Tanzania.

This past year marked the most significant program expansion between KCCO and Seva Canada since the beginning of our partnership over twenty years ago. Together, we have expanded the size and scope of our programs including sponsoring two ophthalmology residency programs, increasing our pediatric services and providing much needed equipment to every program we support.





What you've helped accomplish in Benin:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed**	Glasses Provided
2024-25 Goal	21,804	2,688	573	1,002
2024-25 Achieved (% Female)	19,755 (44%)	2,750 (37%)	434 (35%)	946 (47%)
2023-24 Achieved* (% Female)	21,803 (39%)	2,687 (42%)	572 (40%)	1,001 (48%)

* 2023-2024 was the first year of partnership for HOSAT and Seva Canada and the first year of data collected

** Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retina

BENIN

This is the second year that Seva Canada has been working in Benin. There, we partner with KCCO to work with L'hôpital St-André-de Tinré (HOSAT) in Parakou. This large, non-profit eye hospital provides subsidised and free services to adults and children in Benin and the surrounding countries of Togo, Niger and Nigeria.

During the 2024-25 fiscal year, donor support brought essential eye care services to people living too far from the hospital to access treatment. With this support, awareness campaigns let communities know when and where outreach activities would take place. Support also covered staffing these outreach activities, transporting and housing patients who needed surgery at HOSAT, and providing their surgeries, medicines and follow-up care.

Training:

- KCCO provided quality improvement training for the HOSAT ophthalmologists and their team to ensure patients receive the highest quality of care
- 1 ophthalmologist received training in the PHACO cataract surgical technique
- 1 ophthalmic nurse received training in counselling techniques to inform patients about the surgery or service(s) recommended to them

Equipment:

All necessary surgical supplies and medicines for patients identified during outreach activities were funded by Seva Canada donors.



BURUNDI

Seva Canada and KCCO have been working with Centre Tertiaire de Santé Oculaire de l'Enfant (CTSOE) since its founding in 2012. Over the past thirteen years, this program has transformed from a provider of intermittent pediatric outreach activities to a national pediatric eye care network. This success has been achieved through a combination of Community Eye Centres (CECs), outreach activities, and specialized pediatric surgical services.

This past year, Seva Canada supported funding for outreach activities, pediatric surgeries, medicines, and follow up. Seva Canada donors also supported CTSOE to complete a low vision pilot program that screened children at schools for the blind. This program included identifying children who still had some vision, training the teachers to identify and support students with low vision, and providing low vision devices to the schools. This project allows children to use the sight they have to the best of their ability.

What you've helped accomplish in Burundi:

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	6,074	218	258	107
2024-25 Achieved (% Female)	9,184 (49%)	266 (48%)	279 (47%)	170 (50%)
2023-24 Achieved (% Female)	6,073 (52%)	217 (46%)	257 (46%)	106 (55%)
2022-23 Achieved (% Female)	5,905 (50%)	124 (52%)	392 (43%)	80 (51%)

* Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retina

Training:

Teachers at schools for the blind were trained in identifying children with low vision.

Equipment:

Pediatric eye surgeries require specialized equipment and consumables—all of which the CTSOE team received thanks to donor support. Low vision devices were also purchased to aid in rehabilitation for children who cannot regain their sight through surgery.

ETHIOPIA

Through KCCO, Seva Canada supports the Eye Unit of Felege Hiwot Referral Hospital, located in Bahir Dar in Amhara Region in northern Ethiopia. This past year, outreach services resumed within a 40km radius of the hospital as armed conflict in the region subsided. This allowed the program to provide much-needed eye care services to communities in the region that had been inaccessible for over a year. With donor support, the Eye Unit opened a brand-new optical shop in March—the first time the program has been able to fill orders for prescription glasses directly at the hospital. In addition to being convenient for patients, the optical shop can also serve as a source of revenue for the Eye Unit, helping it to continue to serve more patients.

What you’ve helped accomplish in Ethiopia:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	23,310	1,245	1,237	n/a
2024-25 Achieved (% Female)	30,820 (47%)	1,805 (52%)	1,285 (52%)	462 (48%)
2023-24 Achieved (% Female)	23,309 (48%)	1,244 (52%)	1,236 (53%)	0
2022-23 Achieved (% Female)	34,507 (44%)	2,337 (58%)	n/a	775 (46%)

* Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retina



Training:

Ophthalmic staff received training in pre-operative counselling techniques, helping surgical patients understand the recommended procedure, why it is necessary, and how it can improve their vision. This ensures patients can make informed decisions about their treatment plan. Pre-operative counselling has been proven to increase the number of patients who choose to undergo eye surgery. In addition, staff were trained to use the new optical shop equipment—purchased with donor support—so that they can now make and dispense glasses directly at the hospital.

MADAGASCAR

Through KCCO, Seva Canada supports four hospital-based programs and one Community Eye Centre (CEC) in Madagascar. All of these facilities are staffed by Malagasy ophthalmologists and eye health professionals who share the same goal: reaching more people in their communities who need eye care. Donor support in Madagascar helps fund outreach activities, consumables and medicines, patient subsidies for those who cannot afford to pay for services, and training.

This past year, KCCO staff provided a seven-day intensive community ophthalmology training series for program managers from each of these four hospitals. The training covered strategies to improve access and attendance at outreach activities, methods for collecting and analyzing reliable data, and one-on-one support to develop their annual outreach plans for the next year. This investment in training ensures that each hospital has the skills and support they need to provide evidence-driven, effective outreach programs for rural communities in their region.

All Seva Canada-supported hospitals are located far from the capital, Antananarivo, and provide the only regular, subsidized eye care services in their regions. They also serve as the first line of awareness, diagnosis and treatment—or referral—for pediatric vision loss. All hospital staff



are trained to detect pediatric eye conditions and work with a network of outreach workers in rural areas to find and refer children in need of eye care to their hospitals or outreach activities. Early detection is critical to preserving and restoring sight in children.

What you’ve helped accomplish in Madagascar:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	47,859	2,405	799	10,212
2024-25 Achieved (% Female)	55,932 (55%)	2,520 (47%)	766 (51%)	12,178 (65%)
2023-24 Achieved (% Female)	47,858 (59%)	2,404 (51%)	798 (55%)	10,211 (64%)
2022-23 Achieved (% Female)	37,996 (58%)	2,158 (52%)	97 (48%)	5,159 (65%)

* Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retina

Training:

- All four eye hospitals received advanced training in community ophthalmology as well as change management techniques
- 1 nurse from the Ambilobe CEC received training in refraction

- KCCO staff helped all hospital-based programs build their annual plans and cost-recovery targets

Equipment:

Each program in Madagascar received new equipment purchased the previous fiscal year thanks to donor support. These vital tools are now in use, improving diagnostics and treatment for every eye care patient.

TANZANIA

Seva Canada has been working in Tanzania since 2001, when KCCO was founded. Thanks to donor support, this past year marked our largest investment in eye health in the country since we began. Together with KCCO, we started supporting three ophthalmology residency programs (two adult and one pediatric), one large-scale research program, expanded pediatric programming to the Mbeya Region, delivered outreach services to the Ngorongoro region, and continued supporting two adult hospital-based programs in the Kagera and Mara regions.

Last year donor support funded eye care services and outreach activities for adults in the Kagera and Mara regions. These programs bolstered eye units in government hospitals by providing equipment, surgical supplies and consumables, glasses, medicines, and community outreach to



remote areas. After several years of waiting, the hospital in Mara now has a fully trained, full-time ophthalmologist thanks to Seva Canada donors. A second full-time ophthalmologist will return to Mara after one final year of training.

Seva also supports surgical outreach to the remote Ngorongoro region through the ophthalmology department of the Kilimanjaro Christian Medical Centre (KCMC).

All three of these hospitals utilize the Seva-sponsored women's microfinance program run by KCCO. This successful initiative trains women entrepreneurs to find and refer community members who need eye care services. While they refer all patients they find, they are especially effective at finding and referring women and girls who face higher rates of visual impairment due to barriers to accessing care. Over the past year, microfinance members referred more than half of

all patients at outreach activities—and nearly 75% of all women and girls who attended.

Tanzania, like many countries, doesn't have enough ophthalmologists to treat the number of people with vision loss. To help close this gap, Seva Canada sponsors two ophthalmology residency programs.

The first program supports general ophthalmologists who are placed in government eye units after graduation. Expert and experienced ophthalmologists are sent to observe and provide hands-on support in surgical skills, quality improvement, and infection control. This mentorship and training are vital to ensuring patients receive quality care while giving new ophthalmologists the confidence and skills to serve their communities effectively.

The second program supports the pediatric ophthalmology residency program at KCMC in Moshi. This program enables KCMC to do pediatric-specific outreach activities and train local community leaders to identify children in the surrounding area who need eye care. These children are referred to KCMC's pediatric ophthalmology department for treatment, where residents learn by observing and, once trained, can provide care. This approach ensures children receive the care they need, while equipping graduates with the required skills to become

confident pediatric ophthalmologists in Tanzania and across Sub-Saharan Africa.

Last year, donor support continued to fund a large-scale research project in the Dodoma region, led by senior ophthalmologist Dr. Frank Albert. He and his team worked with local communities to design their own eye health programs and then compared them with programs created by the government hospital to see which found more patients. The implementation phase of the study is now complete, and results are expected next year.

What you’ve helped accomplish in Tanzania:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	24,783	1,364	371	1,939
2024-25 Achieved (% Female)	28,453 (50%)	1,626 (47%)	1,456 (34%)	3,337 (52%)
2023-24 Achieved (% Female)	24,782 (51%)	1,363 (49%)	370 (46%)	1,938 (52%)
2022-23 Achieved (% Female)	17,031 (52%)	1,905 (51%)	n/a	1,117 (54%)

* Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retina

Training:

- 17 newly graduated ophthalmologists assigned to rural hospitals received hands-on training and observation from an expert ophthalmologist to ensure high-quality surgical services
- 1 ophthalmologist from Mara region completed his last year of training at KCMC
- 1 ophthalmologist from Mbeya region began general ophthalmology training at KCMC
- 3 pediatric ophthalmologists continued their studies at KCMC
- 170 women’s microfinance members were trained in vision loss identification and referral processes

Equipment:

- Established an ophthalmic wet lab at KCMC, giving ophthalmology residents a safe space to practice surgical techniques with the proper tools and equipment
- Provided consumables and surgical supplies to the Mara and Bukoba programs, as well as to Mbeya’s pediatric program

India



Seva Canada and Aravind Eye Care System have been partners in providing high-quality eye care since our inception. Over the past year, Seva Canada sponsored the first of two Leap programs—year-long intensives on one critical subject to strengthen an eye hospital’s ability to serve its community (see pg.12). This first Leap focused on cataract surgical quality.

Seva also continued our partnership with the Pragyaan Sustainable Health Outcomes Foundation (PRASHO) to train 58 eye care professionals from ten hospitals in India and Nepal in research methodology skills. PRASHO’s experts in operational research are mentoring these hospitals to create, execute, and learn from research projects focused on improving service delivery.

For more information about our partnerships with PRASHO and Aravind, please refer to our Evidence in Practice program on page 10.

This past year we also launched a new relationship with the Dayanand Medical College and Hospital (DMCH) in Ludhiana, Punjab. Together with Dr. Shroff’s Charity Eye Hospital, Seva Canada is supporting DMCH’s ophthalmology department to expand access

to eye care in the region. This new partnership will provide much-needed subsidized and free pediatric services for surrounding communities, and help the hospital establish their first five Community Eye Centres (CECs). This project launched in January 2025 with pediatric outreach activities, and the first CEC opened in October 2025, thanks to Seva Canada donors.

What you’ve helped accomplish in the Punjab Region:

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed**	Glasses Provided
2024-25 Goal	n/a	n/a	n/a	n/a
2024-25 Achieved* (% Female)	1,013 (56%)	9 (44%)	10 (50%)	103 (60%)

* This is the first year Seva Canada has worked with this program and is only based on their pediatric outreach activities for the last six months of the fiscal year

** Other surgeries include glaucoma, emergency anterior segment, squint, and vitreo-retinal

Training:

- 2 optometrists received training in outreach methods and CEC management
- 1 outreach coordinator was trained in outreach methods and basic public health
- 80 optometrists were trained in basic pediatric optometry skills
- 250 community members were trained in basic eye health awareness

Equipment:

- A new suite of diagnostic equipment was purchased for the first CEC



Peru



With donor support, Seva Canada expanded our program work to South America for the first time. During the past fiscal year, we began a new partnership with Clínica Oftalmológica Divino Niño Jesús (DNJ) in Peru. DNJ’s two hospitals, one in southern Lima and the other in Iquitos—serve as the base of operations for delivering comprehensive eye care to communities most in need—from the hills surrounding Lima to the jungles of the Amazon rainforest.

Seva Canada funds supported DNJ’s most urgent priorities: providing surgical care for patients unable to pay—including sub-specialty services for

conditions such as glaucoma and retinal disease—and an outreach program to remote communities in the Amazon rainforest around Iquitos.

What you’ve helped accomplish in Peru:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed**	Glasses Provided
2024-25 Goal	n/a	n/a	n/a	n/a
2024-25 Achieved* (% Female)	64,799 (53%)	1,678 (60%)	2,546 (60%)	5,068 (53%)

* This is the first year Seva Canada has supported DNJ-comparison data will be available next year

** Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retinal

Equipment:

- Subsidized a new set of retina and glaucoma instruments for the hospital in Lima
- A new operating theatre instrument sterilizer was provided to the hospital in Iquitos
- New A-scan machines were provided to both hospitals

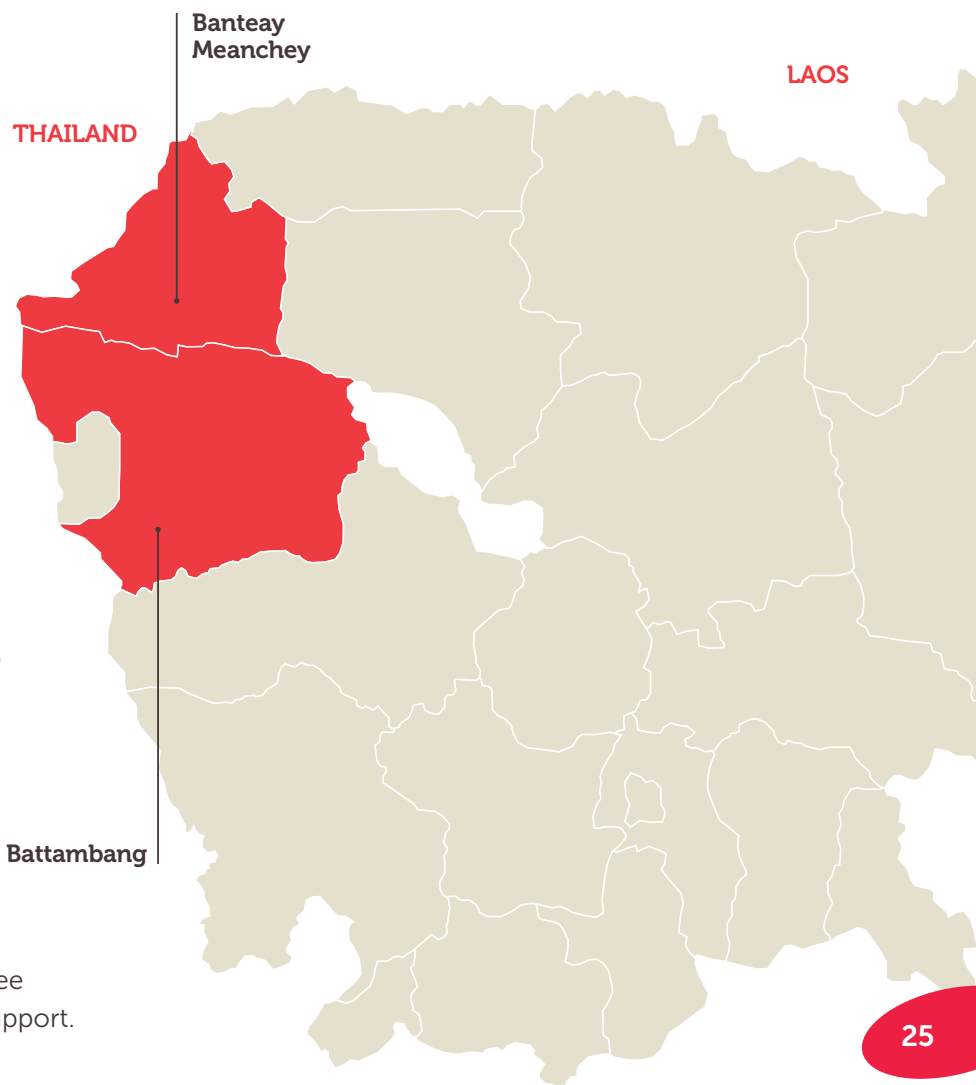
Cambodia



This past year, Seva Canada opened its own office in Battambang, Cambodia, operated by long-time staff members of Seva Cambodia. This allows us to focus our efforts and resources on improving eye health for people living in the northwest of the country. We are deeply grateful to our dedicated colleagues from Seva Cambodia who made this transition and will continue bringing eye care to those in need.

In the first year of our new structure, we focused on providing outreach services, growing our network of Community Eye Centres (CECs), supporting the Banteay Meanchey Eye Unit, and providing community eye health education.

Our two outreach workers travelled to remote communities in Banteay Meanchey Province to identify people with eye conditions and refer them to the Eye Unit. There, patients received surgery, glasses, or both at free or reduced prices—thanks to donor support.





We also began the process of establishing a new CEC in Poipet, a small city on the Thai border with no regular eye care services for low-income residents. This CEC is expected to begin serving patients in 2026.

In addition, our CEC teams conducted school screening programs in their communities, benefiting 14,689 students and teachers last year. They also led 99 Eye Health Awareness Sessions, day-long trainings for influential community members on the causes of eye disease, how to identify people in need of care, and where to refer them for treatment.

All of our work in Cambodia is carried out in collaboration with the Cambodian National Program for Eye Health. This team of ophthalmologists and public health specialists promotes eye health within the government health system and coordinates all eye care services across the country. Together, we have

also begun providing eye care in Koh Kong, a province that currently has no permanent facilities to provide treatment.

What you’ve helped accomplish in Cambodia:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	25,366	1,016	177	1,734
2024-25 Achieved (% Female)	33,050 (60%)	1,228 (60%)	177 (66%)	2,032 (58%)
2023-24 Achieved (% Female)	25,365 (55%)	1,015 (58%)	176 (65%)	1,733 (49%)
2022-23 Achieved (% Female)	26,956 (56%)	1,073 (58%)	196 (64%)	2,216 (51%)

** Other surgeries include glaucoma, emergency anterior segment, eyelid, and vitreo-retinal*

Training:

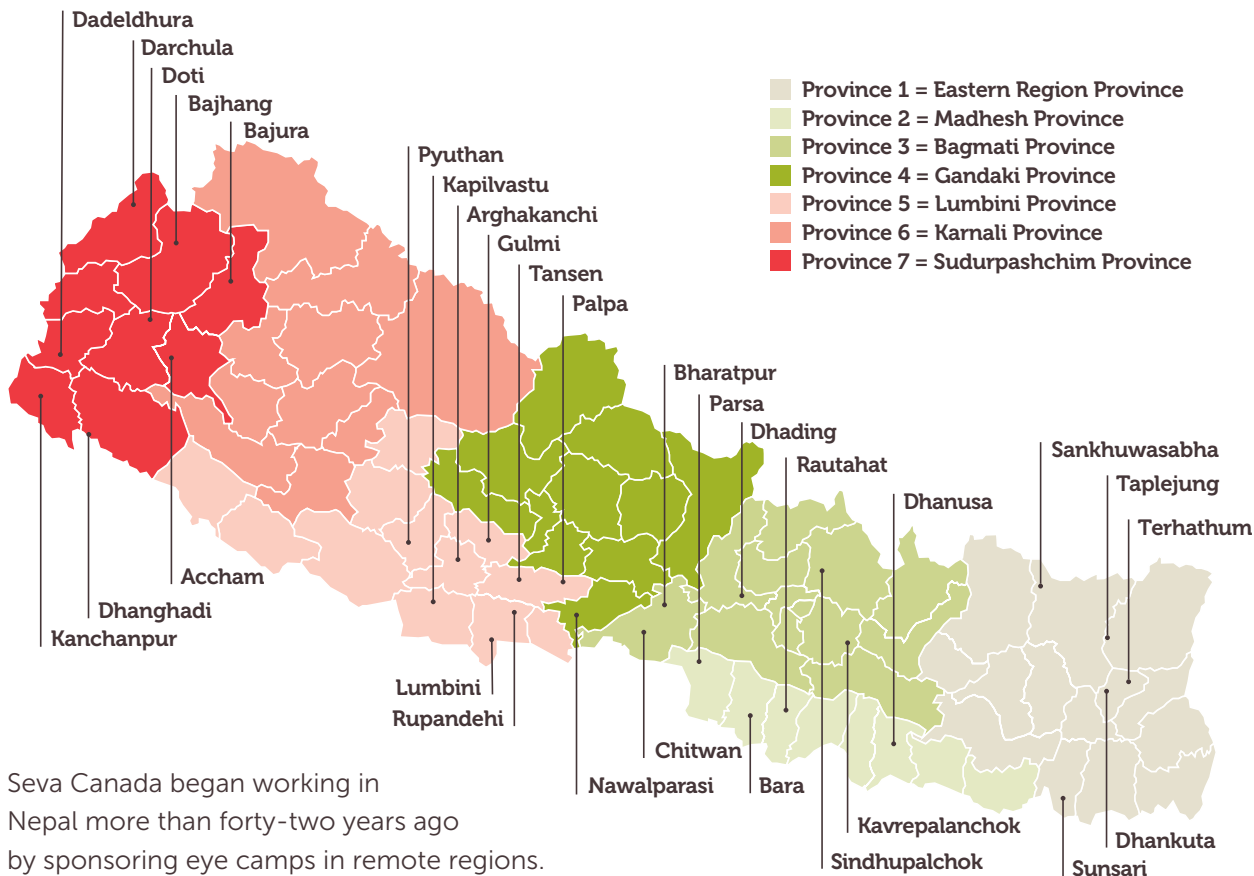
- 3 ophthalmologists received continuing medical education
- 7 refraction and ophthalmic nurses received continuing nursing education
- 2 general nurses began refraction and ophthalmic nurse training
- 59 schoolteachers received training in visual-acuity measurement and primary eye care
- 99 community members received training in primary eye care

Equipment:

- Purchased new equipment for both CECs to measure eye pressure and examine the back of the eye
- A new suite of retina equipment and a new operating table were purchased for the Banteay Meanchey Eye Unit
- New computers and clinic software were purchased for the CECs and the Banteay Meanchey Eye Unit
- All consumables and surgical materials needed to provide surgeries and glasses in the Banteay Meanchey region were supplied



Nepal



Seva Canada began working in Nepal more than forty-two years ago by sponsoring eye camps in remote regions. Since then, with donor support, our work has evolved to cover the entire continuum of eye care—from vision screening and vision loss prevention training to surgical residencies in

subspecialties such as pediatrics, retina and ocular cancer. These services and trainings are delivered through an ever-expanding network of

eye hospitals, Community Eye Centres (CECs), outreach activities, and training institutions. All of this work is expertly managed by Seva Nepal, a team of Nepali professionals specializing in program development and management.

This past year, Seva Canada support for eye care services focused on community education, outreach activities in remote areas, and the establishment of new CECs. With donor support, two new CECs were created in Kaligandaki and Panini, villages in the foothills of the Himalayas. For the first time, these communities now have permanent access to eye care services year-round.

In addition to expanding the CEC network, Seva Nepal's hospital partners trained thousands of female community health volunteers, nurses, general doctors, teachers and other community members in the importance of eye care, how to recognize signs of eye disease, and where to refer people who need treatment. These community members form the critical first step in identifying and referring children and adults who might otherwise never know they have a treatable eye condition.

For communities too small or too remote to sustain a CEC, hospitals organized screening camps where patients were examined and transported to the nearest hospital for treatment. Specialized outreach activities and school screenings were also carried out across Nepal



to find babies and children with eye conditions, ensuring they received glasses, medication, and/or surgery as needed. Donor support covered the transportation, surgical, and medical costs for both adult and pediatric patients—making care possible for those who couldn't otherwise afford it.

Seva also provides clinical and management training and operational research support to staff at Nepali eye hospitals. This past year, donor support funded subspecialty fellowships for

two ophthalmologists, cataract surgical training for two more, and additional trainings in data management, surgical safety, and hospital/CEC management.

In addition, five Nepali hospitals joined our Evidence in Practice (EIP) program (refer to pg.10). Each hospital has selected its own unique operational research question to study, and the program is guiding them through the full process: developing the research question and methodology, conducting the study, writing and publishing a manuscript based on the study, and applying the learnings to improve the quality and quantity of services provided at their institutions.

We're also supporting the Seva Nepal staff in their own individual research projects that are focused on understanding the cost-effectiveness of services, the impact of community eye health training, and the testing of new outreach methods.

Donor support last year also helped complete a national survey on refractive error. The findings will help our partners identify which communities need more outreach support or CECs.

What you've helped accomplish in Nepal:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2024-25 Goal	1,228,984	88,029	17,382	4,845
2024-25 Achieved (% Female)	1,181,827 (55%)	92,468 (54%)	25,129 (49%)	6,039 (53%)
2023-24 Achieved (% Female)	1,228,984 (53%)	88,028 (54%)	17,381 (49%)	4,844**
2022-23 Achieved (% Female)	1,462,604 (53%)	90,469 (56%)	13,143	6,369

* Other surgeries include glaucoma, anterior segment, squint, eyelid, vitreo-retinal, oculoplastic

** Prior to 2024-25, we did not have a gender breakdown for all categories

Training:

- 1 ophthalmologist received an oculoplasty fellowship
- 1 ophthalmologist received a vitreo-retina fellowship
- 2 ophthalmologists received small incision cataract surgical training
- 27 hospital staff received surgical safety training
- 31 people received training in operational research
- 3,662 schoolteachers, community health volunteers, pharmacists, nurses, and health assistants received training on primary eye care

Equipment:

- A biomedical waste management system was purchased for Lumbini Eye Institute
- Provided all equipment, medicines and consumables for both new CECs
- Purchased replacement diagnostic equipment for four additional CECs
- A YAG laser, indirect ophthalmoscope, and autoclave were purchased for Palpa Eye Hospital
- A new outreach vehicle was purchased for Geta Eye Hospital



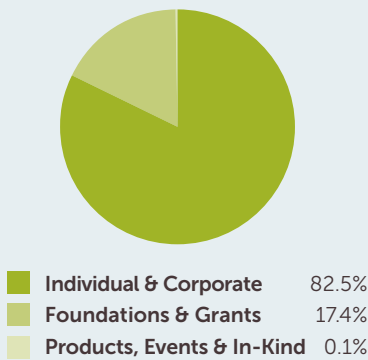


Financials

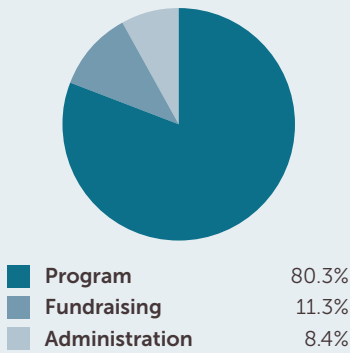
STATEMENT OF OPERATIONS AND CHANGES IN ASSETS FOR THE YEAR ENDED JUNE 30, 2025

REVENUE	2024/2025	2023/2024
Project grants, contracts and awards	791,685	407,770
Donations and Awards	3,744,537	2,295,431
Donations In-Kind	2,850	24,344
Special events, presentations and net merchandise sales	1,644	775
Interest and other income	337,611	306,287
Foreign exchange gain (loss)	(65,854)	10,680
Unrealized gain (loss) on investment	180,458	(16,943)
	4,992,931	3,028,344
COST OF GOODS SOLD		
Opening inventory	9,654	11,267
Purchases	5,514	-
Inventory write-off	5,659	-
Closing inventory	(6,854)	(9,654)
	13,973	1,613
	4,978,958	3,026,731
EXPENSES		
Program payments	2,742,439	1,654,864
Program administration	513,794	398,057
Fundraising	457,950	345,889
General administration	341,261	237,735
	4,055,444	2,636,545
EXCESS OF REVENUE OVER EXPENDITURES	923,514	390,186
NET ASSETS, BEGINNING OF THE YEAR	1,783,156	1,392,970
NET ASSETS, END OF YEAR	2,706,670	1,783,156

SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



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



From Darkness to Light: Tikaram's Story

For more than eight decades, Tikaram Poudel has been a pillar of his rural Nepali community—a respected spiritual leader and a hardworking farmer. From a young age, he devoted himself to studying the Vedas—ancient Hindu scriptures that teach spiritual wisdom and moral values—and guided others through community rituals, and conducting marriage and religious ceremonies. Alongside his spiritual work, he cultivated millet, rice, and mustard to provide for his family.

As he grew older, Tikaram's sight began to fade. Cataracts slowly clouded his eyes until, eventually, he was completely blind in both. He could no longer read his sacred texts or care for himself. *"I couldn't even feed myself,"* he said. *"Everything was dark."*

Although Tikaram knew about the District Eye Care and Surgical Centre in Tamghas, Gulmi, he had never sought treatment. He felt he was too old to be helped and was nervous about the results. Then, in February 2025, his son brought him to the Seva Canada-supported facility. There, doctors diagnosed him with mature but treatable cataracts and scheduled him for surgery.

When the day arrived, Tikaram felt a mix of fear and hope. His first surgery restored the vision in his left eye, and two months later, he received surgery on his right eye—both free of charge. When the bandages were removed, he could once again see his family, his scriptures, and the world around him. With his restored sight, Tikaram looked forward to reading the sacred Vedas again and returning to the rituals that had shaped his identity and given him so much purpose and joy.

"The staff treated me with such care and respect," he shared. *"It felt like a blessing."*

Thanks to your generosity, Tikaram's world has been transformed. He has regained not only his sight but also his independence, dignity, and purpose.



66

The staff treated me with such care and respect. It felt like a blessing.

Looking Ahead

As we look to the future, the Seva Canada team and I have been reflecting on our roots—a vision born from a unique convergence of spirit and science. Seva, meaning selfless service, was the guiding light for our founders, inspired by the countercultural energy of the 1970s and the teachings of spiritual leaders like Ram Dass and the ethos of the Grateful Dead. They saw service not just as an act of kindness, but as a radical, transformative force for good.

At the same time, our Seva was deeply shaped by the rigor and discipline of public health pioneers like Dr. Nicole Grasset, whose leadership ensured that our work was grounded in evidence, effectiveness and impact. From the very beginning, Seva has stood at the intersection of head and heart—where soulful intention meets scientific rigour.

Over the years, Seva Canada has evolved through the contributions of many—board members, staff, volunteers and supporters—each bringing a unique blend of “head” and “heart.” This dynamic interplay has shaped our identity and continues to guide our path forward.

We’ve inherited a remarkable legacy, and we are committed to stewarding it with care.

We will continue to listen deeply to the voices of those we serve, ensuring their needs and aspirations guide our decisions—supported by evidence and a commitment to continuous learning.

In 2025–26, we will begin developing a new strategic plan to guide our work over the next three years. This process will be a time for our current board and staff to come together to consider where we’ve come from, what we’ve learned, and how we can most effectively advance our mission in the next chapter of our journey.

I look forward to sharing our plans with you.

A handwritten signature in white ink, reading "Liz Brant". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Liz Brant Executive Director



Our Thanks

ON BEHALF OF THE SEVA CANADA STAFF

Liz Brant, Executive Director

Ken Bassett, M.D., Program Director, Research

Katie Judson, Program Director, Operations

Priya Reddy, Program Research Consultant

Deanne Berman, Marketing & Communications Director

Erika Kinast, Philanthropy Director

Ashley Holm, Donor Relations & Operations Manager

Natasha Wilson, Donor Relations, Marketing, and Research Coordinator

Our vision is a world in which no one is needlessly blind or visually impaired. Together, with the compassion of our donors, volunteers, and partners, we are turning that vision into reality. The names listed here represent a circle of generosity whose impact this year has been particularly impactful.

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To our ForSight monthly donors: thank you. Your ongoing generosity ensures that sight-restoring care doesn't stop—it reaches those who need it most, month after month, year after year. You are the heartbeat of Seva Canada's mission and the reason more people can see today, and tomorrow.

YOUR LEGACY IS THEIR VISION

We honour the individuals who have chosen to leave Seva Canada a legacy through their Will. Your lasting generosity is a gift of hope and vision, touching lives today and protecting sight for generations yet to come. We can't thank you enough for your belief in our organization and support of our mission now and in the future.

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