

Annual Report

2025–2026

Seva CANADA

seva.ca

Dear Friends

On behalf of the 2,496,768 people who got the eye care they needed last year because of you, thank you.

This report marks the final year of Seva Canada's 2022–2026 strategic plan, and the results are yours to celebrate. Behind every number in the pages that follow is a person: a child who can now see the blackboard, a grandmother who can recognize her grandchildren's faces again, and a farmer who can return to work.

These years brought much that was new: new program partners in places where too many people are living with avoidable blindness and vision loss, new funders unlocking greater impact, new Canadian staff raising awareness and funds for programs, new in-country staff delivering the work, and new board members steering the organization.

None of these new additions replaced what came before; they built on it. Many of you have given for years, even decades, and your loyalty is the foundation everything else is built on. Long-serving staff and board members continue to guide us, bringing the experience and institutional memory that keep us grounded as we grow.

We are still the same Seva Canada: reaching the unreached, building local capacity and investing in what works, so that no one loses their sight because of where they live.

Our 2026–2029 strategic plan builds on everything you've helped create, with one goal: bringing high-quality eye care to even more people in need. We can't wait to see what we'll accomplish together.

Every year, your generosity carries the gift of sight a little further. Thank you.



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, self-sustaining 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?



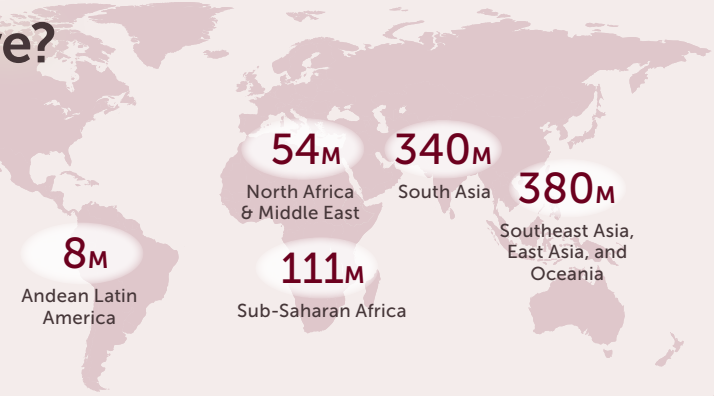
- 671m have refractive error
- 100m have cataract
- 56.5m have other eye care issues (e.g. trauma)
- 8.1m have age-related macular degeneration
- 7.8m have glaucoma
- 4.4m have diabetic retinopathy
- 258m have mild visual impairment

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.

THE SOLUTION

90% of Vision Loss
Can be Prevented or Treated

How Seva Canada 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

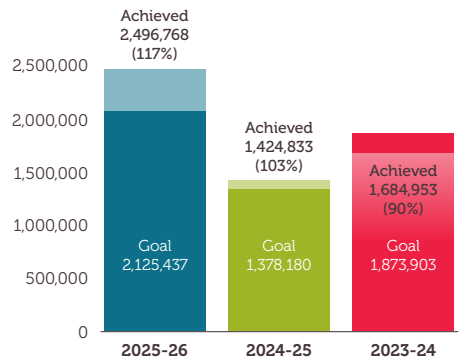
Eye Care Services

2,496,768 people received eye care services

54% women **46%** men

2025-26 Goal: **2,125,437** ➜ Achieved: **2,496,768 (117%)**

Number of People Who Received Eye Care Services



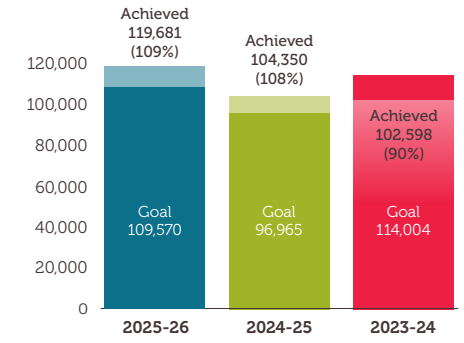
Sight-Restoring Cataract Surgeries

119,681 people received sight-restoring cataract surgery

54% women **46%** men

2025-26 Goal: **109,570** ➜ Achieved: **119,681 (109%)**

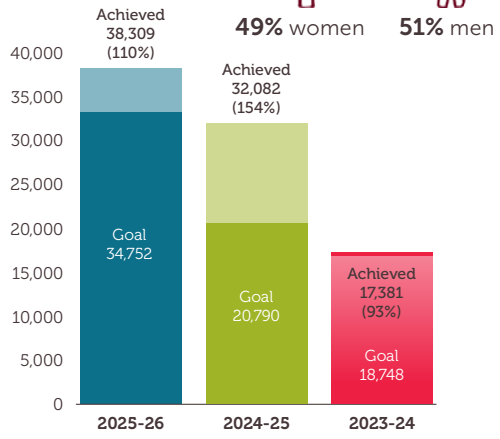
Number of People Who Received Cataract Surgery



Other Types of Surgeries

38,309 people received other surgeries to restore or maintain eye health: glaucoma, anterior segment, vitreo-retinal, eyelid, squint, and oculoplastic

49% women **51%** men

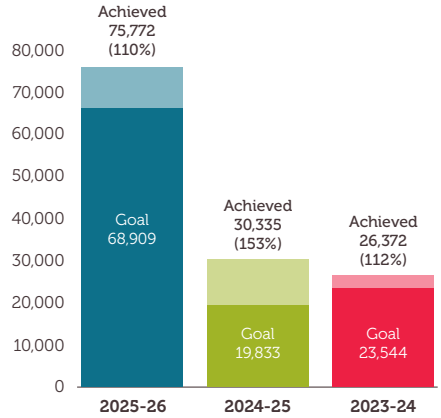


2025-26 Goal: **34,752** ➜ Achieved: **38,309 (110%)**

Prescription Glasses

75,772 people received sight-restoring prescription glasses

54% women **46%** men



2025-26 Goal: **68,909** ➜ Achieved: **75,772 (110%)**

Training

5,287 people received training, including:

- **6 Ophthalmologists** underwent sub-specialty training in pediatrics, glaucoma, or vitreo-retinal
- **18 Ophthalmologists** received cataract surgical training
- **58 Hospital Staff** received training in operational research
- **4,082 Community Members** received training in primary eye care. This group included schoolteachers, primary care providers and village leaders

Note: *All goals presented are a year over year increase over the previous year; shift in baseline was made from previous years to accommodate program support changes in our partnerships in Cambodia, Malawi, Tanzania and Uganda.*

How We Work

Everyone, everywhere, deserves the power of sight. Seva Canada is committed to ensuring that eye care reaches all people, especially those who would otherwise go without. **To achieve this, three principles shape all Seva Canada programs: equity, quality, and self-sufficiency.**

EQUITY

Nearly 90% of people with vision loss or blindness live in low- and middle-income countries. That's why Seva Canada builds eye care programs in partnership with local clinicians and public health experts on the ground in these places. These programs are designed to reach people who have no other access to care.

Gender also plays a role in who gets treated: **women and girls make up 55%** of people with vision loss, not because of biology but because of social, cultural, and political barriers that make it harder for them to reach care. Our programs respond with initiatives that help women and girls access services.

Geography matters too. Children in Sub-Saharan Africa and parts of Asia face twice the rate of blindness compared to children in high-income countries. Left uncorrected, vision loss can keep a child out of school, out of friendships, and out of the life they deserve. That's why pediatric eye care remains a constant commitment for Seva Canada, spanning everything from community- and school-based screenings to surgery, glasses and follow-up care.

QUALITY

The concept of quality starts with treating every patient with dignity. We purposely choose to work with organizations committed to serving anyone in their community who needs care, regardless of income, race, gender, location or religion. In addition, we invest in training clinicians and equipping them properly, so they can deliver quality care to their community with confidence and skill. We carefully track surgical quality data across every program to guide feedback and further training when it’s needed.



SELF-SUFFICIENCY

We want every partner we support to have the power to make decisions for their own community. Through our Evidence in Practice program, hospital staff learn to collect and interpret their own data so they can drive improvements themselves.

We encourage partners to adopt a cost-recovery model where appropriate, recognizing that it is not suited to every context. Partners are never penalized for being unable to achieve financial self-sufficiency, as doing so would undermine our commitment to equity.

Cost recovery can help fund free or subsidized care for patients who cannot afford treatment. Whether or not a partner uses this model, all of our programs ensure these patients receive the eye care they need at little or no cost.

PROGRAM & COUNTRY REPORTS

Thanks to Seva Canada's donors, our programs thrived this past year, even as funding for global health declined worldwide. Your support sustained the growth of recent years and extended help to more programs facing budget shortfalls.

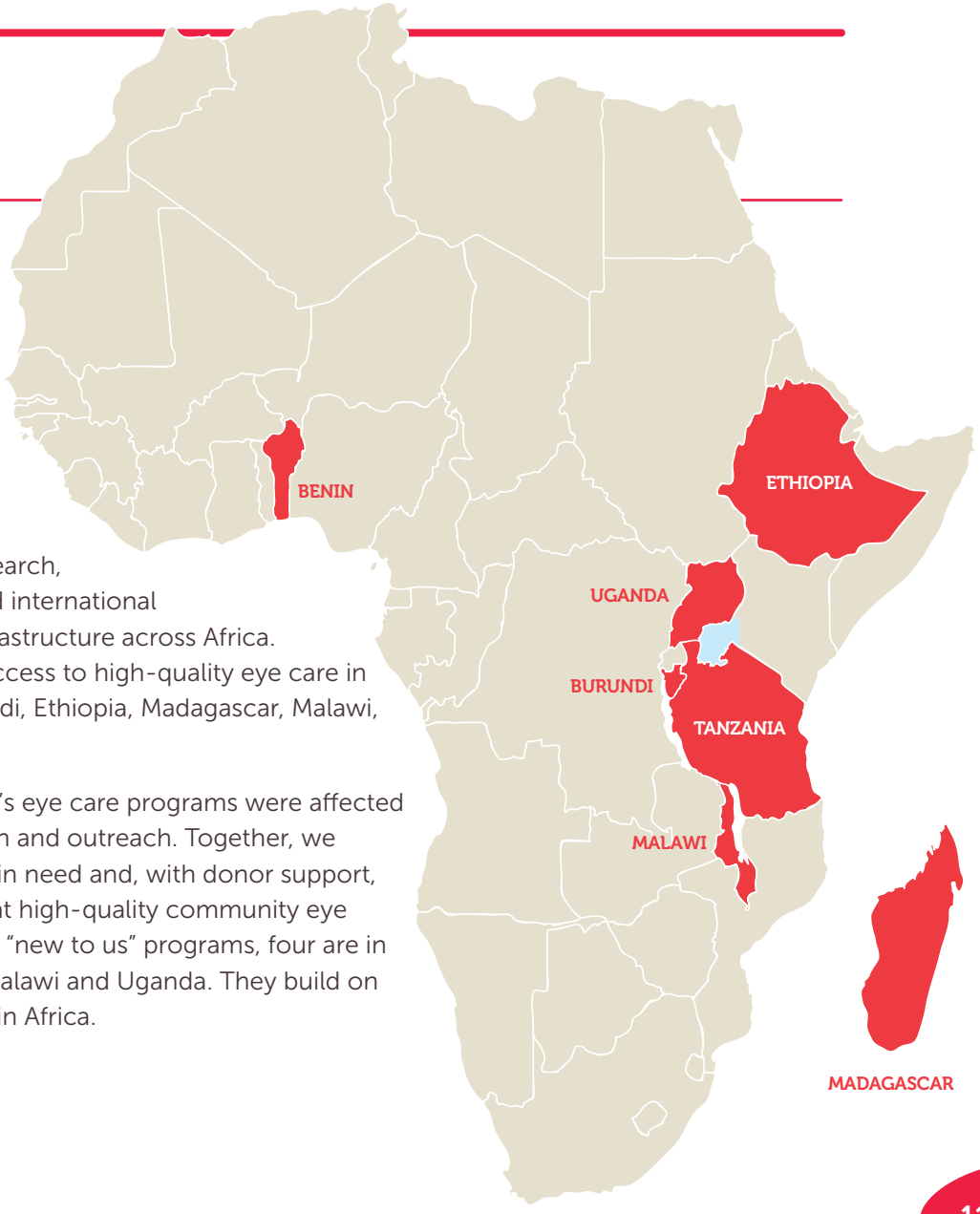
On behalf of everyone at Seva Canada and our partners worldwide, thank you. The sight-saving work presented in this report would not be possible without you.



AFRICA

Seva Canada partners with the Kilimanjaro Centre for Community Ophthalmology (KCCO) for all our programs in Africa. For 25 years, the KCCO team has drawn on its expertise in public health, research, community development, and international relations to build eye care infrastructure across Africa. Together, we are improving access to high-quality eye care in seven countries: Benin, Burundi, Ethiopia, Madagascar, Malawi, Tanzania, and Uganda.

This past year, many of KCCO's eye care programs were affected by cuts to funding for research and outreach. Together, we identified the programs most in need and, with donor support, filled their funding gaps so that high-quality community eye care could continue. Of these "new to us" programs, four are in Tanzania and one each is in Malawi and Uganda. They build on our existing work with KCCO in Africa.





BENIN

Through KCCO, we partner with Hôpital Ophtalmologique Saint André de Tinré (HOSAT) in Parakou, Benin. HOSAT is the only specialty eye hospital in the country and the only source of low-cost, high-quality eye surgery for northern Benin and nearby communities across its borders with Togo, Niger, and Nigeria. It offers a full range of eye care services for adults and children, including vision testing, cataract surgery, and subspecialty care.

This past year, donor support continued to bring KCCO mentorship to HOSAT, took eye care into communities through outreach, and covered surgical costs for patients who could not otherwise afford care. The results of KCCO's intensive mentorship are clear: the number of cataract surgeries nearly doubled compared with the previous year. This shows that more people are willing to have surgery, and that outreach is becoming more effective at finding patients who need treatment. Both are possible because of the work KCCO and HOSAT do together: training outreach managers, raising community awareness of eye disease, and improving surgical efficiency and quality.

The sight-restoring care you made possible in Benin:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	**19,756**	**2,751**	**435**	**947**
2025-26 Achieved	**19,999**	**4,910**	**434**	**878**
% Female	*47%*	*48%*	*38%*	*52%*
2024-25 Achieved	**19,755**	**2,750**	**434**	**946**
% Female	*44%*	*37%*	*35%*	*47%*
2023-24 Achieved	**21,803**	**2,687**	**572**	**1,001**
% Female	*39%*	*42%*	*40%*	*48%*

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

Training:
Two ophthalmic staff were trained in equipment maintenance.

Equipment:
All pediatric supplies and consumables needed to perform surgeries were provided thanks to our donors.

BURUNDI

In Burundi, Seva Canada and the KCCO work through the Child Eye Health Tertiary Facility (CTSOE), a nongovernmental organization. Over our fourteen-year partnership, CTSOE has grown from occasional outreach activities by its founding ophthalmologist into a national network of clinics. Today, trained professionals at every level provide life-changing eye care for children across the country.

This past year, donor support helped find babies and children with vision loss and get them the care they needed. CTSOE did this through targeted outreach activities and by training community members to identify children with vision loss and refer them to a clinic. At the clinic, each child received whatever treatment they needed to see as well as possible, whether surgery, glasses, medicine, or other specialized care. Funding of low vision rehabilitation services for children whose sight can't be fully restored by surgery or glasses continued. These services help children make the most of the vision they have, through tools like magnifiers and specialized training, so they can learn, play, and take part in daily life.

The sight-restoring care you made possible in Burundi:

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	9,185	267	280	171
2025-26 Achieved *% Female*	6,587 *48%*	196 *44%*	305 *43%*	810 *49%*
2024-25 Achieved *% Female*	9,184 *49%*	266 *48%*	279 *47%*	170 *50%*
2023-24 Achieved *% Female*	6,703 *52%*	217 *46%*	392 *43%*	106 *55%*

** Other surgeries include glaucoma, emergency anterior segment and eyelid*



Training:

Eight community members were trained to identify babies and children with vision loss and refer them to care.

Equipment:

All pediatric supplies and consumables needed to perform surgeries were provided thanks to our donors.

ETHIOPIA

Together with KCCO, we support eye care in the Amhara Region of northern Ethiopia through the eye unit at Felege Hiwot Comprehensive Specialized Hospital. For years, conflict and political instability in the region have made this program's work more challenging. This past year, with donor support and thanks to improved security, the eye care team extended its outreach to communities farther from the hospital. The team performed more than 2,000 additional sight-restoring cataract surgeries compared with the previous year. This shows how great the need is, and that when communities are safe and care is within reach, more people get treatment.

The sight-restoring care you made possible in Ethiopia:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	**30,821**	**1,806**	**1,286**	**463**
2025-26 Achieved *% Female*	**39,399** *52%*	**3,810** *53%*	**1,156** *49%*	**401** *47%*
2024-25 Achieved *% Female*	**30,820** *47%*	**1,805** *52%*	**1,285** *52%*	**462** *48%*
2023-24 Achieved *% Female*	**34,507** *44%*	**2,337** *58%*	**1,236** *53%*	**0** *0%*

** Other surgeries include glaucoma, emergency anterior segment and eyelid*



Equipment:
All supplies and consumables needed to perform surgeries were provided by our donors.

MADAGASCAR

We work with KCCO to support eye units in four hospitals and one community eye centre (CEC) in remote parts of Madagascar. For people in these regions, these facilities are the only source of low-cost or free eye care. Donor support makes it possible for the eye care teams to reach communities so remote they're often considered "unreachable," and find people who need treatment.



Patients are brought to the hospital for surgery, using equipment and supplies funded by our donors, and returned home the very next day.

This year also marked an important milestone for children's eye care in Madagascar. During 2025–26, Dr. Diarimirindra Tendrisoa (Dr. Tendry) completed her pediatric ophthalmology fellowship and returned to the eye hospital in the coastal city of Atsinanana. She is now the only pediatric ophthalmologist outside the capital, Antananarivo, who provides low-cost and free care.

To find and treat even more babies and children in the underserved northern regions of the country, Seva Canada and KCCO provided pediatric equipment to Sava region, so Dr. Tendry can operate there too. The Sava ophthalmologist and his team find pediatric patients who need care, with help from over seventy community members trained to recognize vision loss and refer children for treatment. They then arrange for Dr. Tendry to visit and perform their surgeries. This partnership extends her reach, so more children receive high-quality care and the gift of sight closer to home.

The sight-restoring care you made possible in Madagascar:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	55,933	2,521	767	12,179
2025-26 Achieved *% Female*	48,584 *59%*	2,936 *50%*	863 *47%*	13,360 *66%*
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%*

** Other surgeries include glaucoma, emergency anterior segment and eyelid*

Training:

- All the hospital-based programs we support built their annual plans and cost-recovery targets for 2026 and 2027 with guidance and expertise from KCCO staff
- 72 community members were trained to identify babies and children who have vision loss and refer them to care

Equipment:

- Provided a suite of pediatric surgical equipment, including an anesthesia machine, for specialized pediatric eye surgeries at the hospital in Sava
- Provided all supplies and consumables needed to perform surgeries through four hospitals and one CEC



MALAWI

Thanks to Seva Canada donors, we were able to support the pediatric ophthalmology program at Lions Sight First Eye Hospital in Blantyre, Malawi, at a critical time, after shifts in international funding left it without donor support.

Spearheaded by a single pediatric ophthalmologist, the program performs most children's eye surgeries in Malawi. Children with vision loss are identified through outreach activities and by community members trained to recognize common signs of pediatric vision loss and refer children to the hospital for treatment.

The sight-restoring care you made possible in Malawi:

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	4,881	78	299	74
2025-26 Achieved *% Female*	4,181 *56%*	92 *39%*	67 *42%*	52 *52%*

Seva Canada was not supporting this program prior to the 2025-26 fiscal year

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



Training:

The program trained 101 community members to identify babies and children with vision loss and refer them for treatment.

Equipment:

All supplies and consumables needed to perform surgeries were provided by our donors.



TANZANIA

Across Tanzania, Seva Canada now supports seven hospital-based eye care programs, including three that specialize in treating children. Donor support ranges from subsidized care for patients who couldn't otherwise afford treatment to quality improvement programs that strengthen care over the long term. This past year, we added four new programs, a fitting tribute to KCCO's 25th anniversary and our partnership, which began the same year in 2001.

Seva Canada provides funding for adult ophthalmology programs in Mara, Singida, Kagera, and Mbeya Regions. Together, we help ophthalmology units in government hospitals across these regions provide vital eye care services to their communities. We also support the Kilimanjaro Christian Medical Centre (KCMC), a nonprofit hospital, in conducting annual outreach in the Ngorongoro Conservation Area for the Maasai people who live there. Without donor support, the hospitals would not be able to conduct outreach activities, subsidize care, or provide community education about the importance of eye care, effectively leaving these eye units to only treat the people who could walk in their doors and pay full price.

The three pediatric programs funded by our donors are located in Mbeya, Bugando and in Moshi. These programs provide essential care to children and babies with vision loss. This past year,

with your support, KCCO provided a workshop for the low vision and child eye care coordinators across the country. This workshop provided a vital opportunity for pediatric ophthalmologists and their teams to share their successes and challenges in providing eye care services to Tanzanian children. It was also an opportunity for the KCCO team to provide a refresher course on the public health principles that create effective community ophthalmology programs.

At Seva Canada, we believe that the eye care our patients receive must be excellent and of high-quality. Through KCCO we support two programs that train the next generation of African ophthalmologists: a pediatric ophthalmology residency program at KCMC, and mentorship for newly graduated general ophthalmology residents through their first few years of public service. Both programs share the same goal: to increase the number of highly skilled African ophthalmologists so that more people can receive the high-quality eye care they need. This past year three residents trained in the pediatric program. The general ophthalmology program sent expert ophthalmologists to work with eleven new graduates to provide individualized mentorship through observation and training.

In addition to these two programs, this past year KCCO held a data quality workshop for all Tanzanian partners, introducing a new surgical quality reporting system. This system makes it easier to record and review their surgical results, supporting the high-quality care they are committed to providing.

The sight-restoring care you made possible in Tanzania:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal**	**88,866**	**5,312**	**3,341**	**10,916**
2025-26 Achieved *% Female*	**93,934** *53%*	**5,392** *50%*	**2,121** *51%*	**9,078** *56%*
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%*

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

*** 2025-26 goals updated to reflect additions to the Tanzania program*

Training:

- 11 ophthalmic staff were trained by KCCO to run effective pediatric eye care programs including outreach, patient identification, and specialized skills needed to care for children
- 3 nurses received training to become ophthalmic nurses, and are now working at Mara Regional Hospital

- 11 ophthalmologists at government hospitals received additional hands-on training from an expert ophthalmologist to ensure high-quality care
- 3 pediatric ophthalmology residents continued their studies at KCMC
- 340 community members including community health volunteers, women's microfinance members, and schoolteachers were trained to identify people with vision loss and refer them for care

Equipment:

- Low vision devices were provided to all pediatric programs
- All necessary supplies and consumables for surgeries were supplied



UGANDA

When the only pediatric eye care program in eastern Uganda faced a critical funding shortage this past year, Seva Canada filled that gap thanks to our donors. Benedictine Eye Hospital in Tororo, Uganda, serves more than 9 million people in eastern Uganda and western Kenya. Its pediatric department offers community outreach and the full range of specialized eye care for children, regardless of their family's ability to pay. Services include glasses, surgery, and low vision rehabilitation.

The sight-restoring care you made possible in Uganda:

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal**	5,874	151	411	514
2025-26 Achieved *% Female*	9,462 *49%*	195 *39%*	243 *48%*	1,170 *50%*

Seva Canada was not supporting this program prior to the 2025-26 fiscal year

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

*** 2025-26 goals are based on previous year's data provided by the hospital*



INDIA & NEPAL

Seva Canada works in India and Nepal to bring high-quality, affordable eye care to people who would otherwise go without it.

In India, we support and collaborate with local partners: Aravind Eye Care System, Dayanand Medical College and Hospital Ophthalmology Unit, Dr. Shroff's Charity Eye Hospital, and Pragyaan Sustainable Health Outcomes Foundation.

In Nepal, cultural diversity and mountainous geography make it one of the most complex countries in which to deliver eye care to rural communities. We work through our country office, Seva Nepal, which provides technical, program development, and management support to an ever-expanding network of facilities.



EVIDENCE IN PRACTICE PROGRAM

Seva Canada recognizes that the eye care professionals who deliver care in their communities are often the first to see the challenges and the potential solutions for improving services. However, they have not always been equipped with the knowledge and capacity to conduct research on their ideas and prove that they work. To fill this need, Seva Canada launched the Evidence in Practice (EIP) program.

EIP is part of Seva Canada's wider work in India and Nepal, carried out in collaboration with Aravind Eye Care System and the Lions Aravind Institute of Community Ophthalmology (LAICO), and the Pragyaan Sustainable Health Outcomes (PRASHO) Foundation. The goal is to train and mentor local eye care professionals, equipping them with the expertise to improve both the quality and quantity of services. The program also creates sustainable approaches that enable partner institutions to identify everyday operational problems and develop locally relevant research and evidence to improve eye care services for their communities.

This past year marked an important transition, as hospitals moved from learning foundational operational research skills to putting those skills to use in their institutions.

EIP helped eye hospitals in India and Nepal through a combination of institutional capacity building, evidence-informed operational research, community-based eye care, pediatric services, workforce development, and technical partnerships.

PRASHO Foundation

In 2025–26, Seva Canada continued its partnership with PRASHO Foundation to help eye hospitals in India and Nepal use evidence to improve their services. PRASHO trained 58 eye care professionals and support staff at ten hospitals, combining workshops with ongoing mentoring. The hospital teams learned to identify problems in how care is delivered and to design operational research studies, which look at how services work in practice and how they can be improved. By the end of the year, ten studies had been designed, nine had received ethics approval, seven hospitals were collecting data, and two had finished collecting data. The program also reached an important milestone in April 2026, when its implementation research protocol was published in the journal JMIR Research Protocols.

Building research skills remained central to the program this year. PRASHO staff combined intensive one-on-one coaching with workshops to prepare hospitals to launch their own



operational research projects. Over the year, 19 workshops covered topics such as checking data quality, engaging communities, and managing and analyzing data, giving every participant the same foundation in research skills. Mentoring was a key part of the approach. Regular meetings between mentors and hospital teams supported each stage of the work, from writing study plans and obtaining ethics approval to building research tools, collecting data, and solving problems as they arose.

Participating hospitals put this newly acquired knowledge to work on challenges they identified in their own services. Their projects focused on:

- reducing patient waiting times
- helping referred patients access the care available to them
- helping patients follow their glaucoma treatment plans
- strengthening eye care at the district level
- using teleophthalmology (remote eye screenings) to improve cataract referrals

Over the year, teams moved from defining their research questions and developing protocols, through ethics review, pilot testing, root cause analysis, and collecting data.

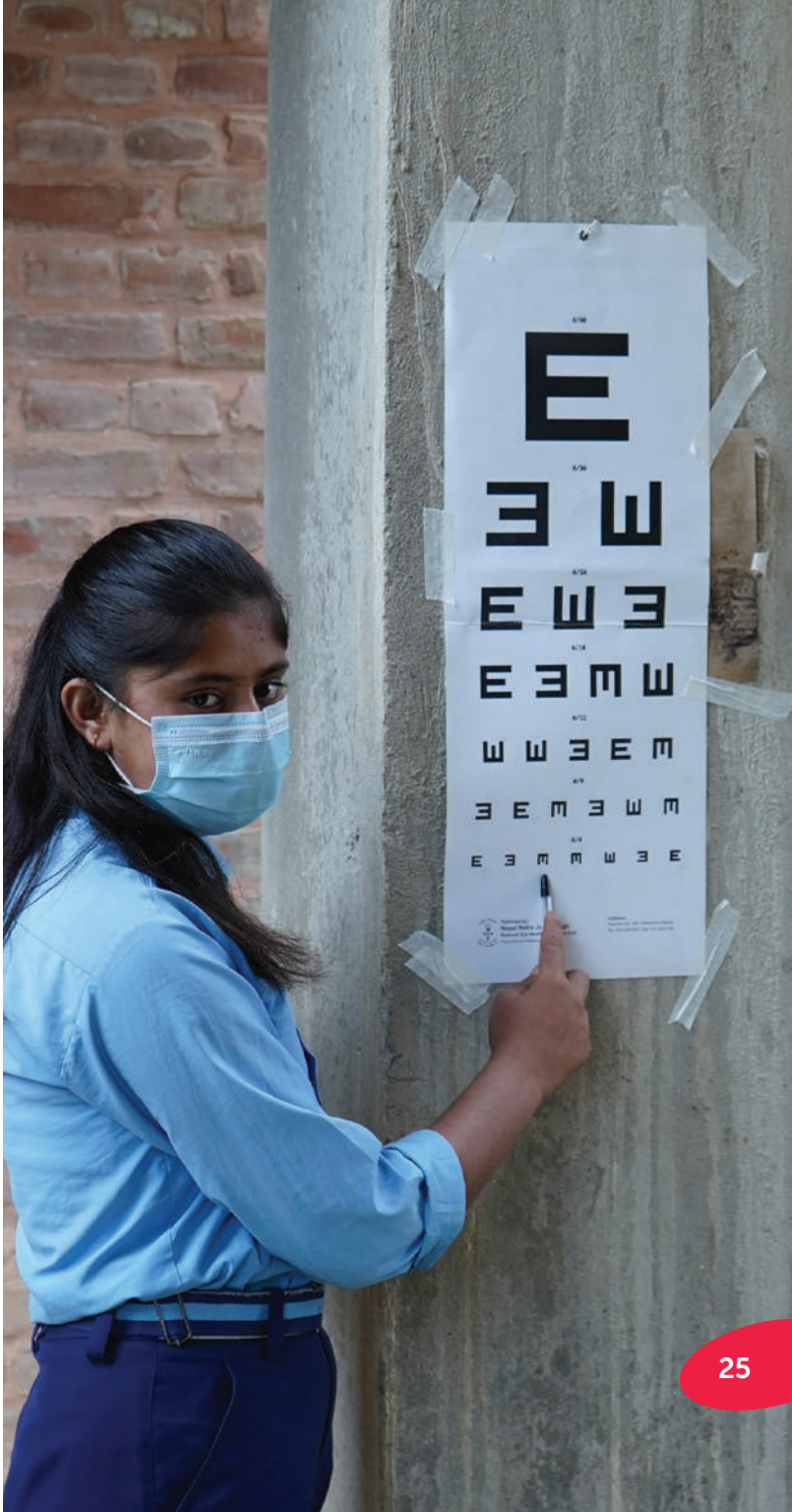
The year also offered valuable lessons about what it takes to make research a lasting and sustainable part of hospital work. Teams faced delays in ethics approval, competing clinical demands, staff turnover, challenges with coordination, qualitative research methods and data management. Hospital information systems couldn't always provide the data that research requires. Mentors adapted, offering more hands-on help and training more staff. The experience confirmed that lasting research capacity depends on engaged leadership, clear roles, enough staff, reliable data systems, and ongoing mentorship.

Aravind Eye Care System

For more than 45 years, Seva Canada has partnered with the Aravind Eye Care System and the Lions Aravind Institute of Community Ophthalmology (LAICO) in India. Today, the partnership continues to promote shared learning and strengthen eye care organizations through LEAP, an intensive program that helps them improve key areas of service delivery, operations and management. Seva Canada's donor funding is available to organizations who would otherwise not be able to participate in LEAP due to the cost.

Over the past year, Reiyukai Eiko Masunaga Eye Hospital (Banepa, Nepal) and Tulsi Eye Hospital (Nashik, India) completed the LEAP program to improve cataract surgery outcomes. Both hospitals worked to increase the number of patients returning for their follow-up visits after surgery, as follow-up visits let surgical teams spot and treat complications early.

At Reiyukai Eiko Masunaga, the follow-up rate rose from 58% to 83%. At Tulsi, it rose from 50% to 88%. These low-cost improvements mean that hundreds of patients at both hospitals, now and in the years ahead, will receive the high-quality care they need to see well for life.





INDIA

This past year, Seva Canada and Dr. Shroff's Charity Eye Hospital (SCEH) in Delhi deepened their support for Dayanand Medical College & Hospital (DMCH) in Ludhiana, Punjab, through Project ROSHANI. The project funds DMCH's first five CECs and the development of a pediatric community ophthalmology program, all guided by experts from SCEH.

Project ROSHANI also grew beyond its initial pediatric outreach activities. It is now a broader community-based eye care model that connects screening, early detection, referral, treatment, and specialized care.

This was accomplished through three key initiatives:

1. A school screening program that examined over 8,000 children's vision and trained over 400 teachers and students to detect eye disease early and refer children to hospital.
2. Community- and hospital-based optometrists received training in pediatric skills.
3. Community members who interact with babies and young children were trained to spot treatable vision loss, refer children for care, and educate and support their families.

The results are already encouraging: more children are receiving sight-restoring surgery. DMCH performed 32 pediatric cataract surgeries in 2025 alone, nearly matching the 38 performed over the previous nine years combined.

The project is also bringing eye care closer to families through community eye centres (CECs), where people can access basic eye care services in their own communities year-round.

The first two CECs were operational by the end of the fiscal year. The first, located in Pohir and inaugurated in October 2025, saw 1,466 patients, including 181 children, and provided 140 pairs of prescription glasses by the end of June. The CEC staff also identified and referred more than 100 people with cataracts or other operable forms of vision loss to the eye hospital.

The second CEC, located in Shimlapuri, began operations in March 2026. By the end of June 2026, the Centre had served 578 patients, including 121 children, and provided 54 pairs of prescription glasses.

These achievements highlight the importance of providing regular, accessible eye care within



communities and the vital role CECs play in identifying people with eye conditions and connecting them with the appropriate treatment. The establishment of these CECs marks an important step towards integrating eye care into community-level healthcare services, improving access to ophthalmic assessments, and strengthening referral pathways for underserved populations.

The sight-restoring care you made possible in India:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal**	2,028	20	22	208
2025-26 Achieved *% Female*	48,823 *50%*	997 *48%*	2,347 *44%*	679 *59%*
2024-25 Achieved *% Female*	1,013 *56%*	9 *44%*	10 *50%*	103 *60%*

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

*** This is the second year Seva Canada has worked with this program; 2024-25 data is only based on pediatric outreach activities for the last six months of that fiscal year*

Training:

- 435 medical staff trained, including 125 optometrists who received specialized instruction in pediatric eye care
- 195 community members trained in basic pediatric eye health awareness including 95 daycare workers
- 412 schoolteachers and students trained in school screening methodologies
- 16 outreach workers trained in community ophthalmology and outreach methods

Equipment:

A new suite of diagnostic equipment was purchased for two new CECs.

NEPAL

Seva Canada's very first programs began in Nepal, and thanks to supporters like you, we are proud to continue that work today. All of our sight-restoring work in the country is managed by Seva Nepal, a local dedicated team of ophthalmology and public health experts who work hand in hand with the partner hospitals that deliver the care. This past year, together, we reached an important milestone:



opening the Nepal Institute of Community Ophthalmology (NICO).

Nepal has built a strong, nationally coordinated eye care system, backed by international support, that is self-sustaining in clinical and administrative training for hospital staff. However, local capacity to train and mentor staff in outreach programs has lagged behind. It's this expertise that brings eye care beyond hospital walls and into communities so more people can be reached, especially those facing barriers to accessing hospital-based care.

That's why NICO matters. Drawing on local talent and international support, NICO coordinates and expands training in community ophthalmology: an approach that combines public health, community medicine and ophthalmology to promote eye health, prevent blindness and improve access to treatment. Administered by Bharatpur Eye Hospital, NICO offers courses and intensive mentorship that help eye hospitals across Nepal understand what their communities need and build community-based programs that deliver eye care effectively and equitably.



In its very first year, NICO trained 246 Nepalis through courses such as hospital outreach management, management training and annual planning workshops for the ophthalmic assistants who run community eye centres, and eye health training for schoolteachers.

Donor support also helped our partner hospitals reach more people in remote areas by opening two new community eye centres (CECs) in the Far West region. We strengthened our partner hospitals by supporting operational research projects at five Nepali hospitals, training ophthalmic staff and community members, and subsidizing treatment for people who could not otherwise afford care.

The sight-restoring care you made possible in Nepal:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	**1,800,985**	**92,469**	**25,130**	**35,420**
2025-26 Achieved *% Female*	**2,113,449** *54%*	**96,537** *55%*	**27,313** *48%*	**41,208** *50%*
2024-25 Achieved *% Female*	**1,800,984** *55%*	**92,468** *54%*	**25,129** *49%*	**35,419** *53%*
2023-24 Achieved *% Female*	**1,228,983** *53%*	**88,028** *54%*	**17,381** *49%*	**26,999** *50%*

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

Training:

- 1 ophthalmologist received an anterior segment fellowship
- 1 ophthalmologist received a vitreo-retinal fellowship
- 2 ophthalmologists received glaucoma fellowships
- 535 people were trained to become allied ophthalmic personnel (eye care professionals who work under the supervision of an ophthalmologist)
- 28 people received training in operational research
- 1,913 schoolteachers, community health volunteers, nurses, and health assistants received training on primary eye care

Equipment:

- A new operating microscope was purchased for Lumbini Eye Institute
- Provided all equipment, medicines and consumables for both new CECs
- A new suite of operating and refraction equipment was purchased for Argakhanchi District Eye Care Centre
- A new slit lamp and refraction equipment were purchased for Palpa Eye Hospital
- New surgical equipment was purchased for Gulmi District Eye Care Centre

PERU

We continued our partnership with Clínica Oftalmológica Divino Niño Jesús (DNJ) in Peru for a second year. DNJ is expanding its reach to more people in need of eye care by building a new hospital and opening several new community eye centres (CECs) around Lima. Its second hospital, in Iquitos, the gateway to the Peruvian Amazon, remains the only source of free and low-cost eye care in the region.

Thanks to donor support, DNJ now brings outreach directly to underserved communities and provides free surgery and treatment for people who cannot afford care.

In Lima, the DNJ team holds small outreach camps in low-income communities on the city's southern outskirts that have no other access to eye care. In Iquitos, the team runs larger outreach camps in communities along the Amazon River and throughout the surrounding region to find people in need of care and arrange their treatment. Some of these communities are so remote that DNJ's outreach camp was their first access to eye care in more than eight years. In both areas, patients who need surgery are transported to DNJ's hospitals and provided with high-quality surgical care, glasses, and medicine at no cost.

The sight-restoring care you made possible in Peru:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal	**64,000**	**1,679**	**2,547**	**5,069**
2025-26 Achieved *% Female*	**55,417** *53%*	**1,644** *57%*	**3,218** *61%*	**4,824** *58%*
2024-25 Achieved *% Female*	**64,799** *53%*	**1,678** *60%*	**2,546** *60%*	**5,068** *53%*

Seva Canada did not support DNJ prior to the 2024-25 fiscal year

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

Training:

Three ophthalmologists received training in small incision cataract surgery (also known as manual sutureless cataract surgery).

Equipment:

- A new flash sterilizer was provided to the hospital in Lima
- A new portable autorefractor was provided to the hospital in Iquitos

CAMBODIA

Despite armed conflict that disrupted services in the regions where Seva Canada works this past year, the Seva Canada Cambodia team remained dedicated to providing high-quality eye care safely and efficiently. With donor support, our sight-restoring work expanded to Battambang Province, reaching one million more people who can now access life-changing surgery and refraction services through our team and our partner, Battambang Eye Unit. Three outreach workers also travel from village to village in the province, screening communities for eye disease and connecting those in need of care to a community eye centre (CEC) or hospital eye unit.

In Banteay Meanchey Province, the partnership with the Banteay Meanchey Eye Unit continues, and this year the Preah Net Preah CEC, the province's third, opened. Prior to this year, the district hospital already had the skilled staff needed for a CEC, but no equipment to diagnose eye conditions or prescribe glasses. Donor support filled that gap, providing the equipment along with a starter supply of lenses and frames for the hospital's optical shop. Moving forward, this team will also run school screenings in their district.





Our partnership with the Cambodian National Program for Eye Health also continued. This group of ophthalmologists and public health specialists promotes eye health within the government health system and coordinates all care services in the country. Donor support funds eye camps in parts of the country where people have no regular access to care through the public system. This past year, camps were held in Koh Kong and Kampong Cham provinces.

The sight-restoring care you made possible in Cambodia:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed*	Glasses Provided
2025-26 Goal**	42,308	2,516	234	2,948
2025-26 Achieved *% Female*	55,933 *60%*	2,972 *60%*	242 *67%*	3,312 *57%*
2024-25 Achieved *% Female*	33,050 *60%*	1,228 *60%*	117 *66%*	2,032 *58%*
2023-24 Achieved *% Female*	25,365 *55%*	1,015 *58%*	176 *65%*	1,733 *49%*

** Other surgeries include glaucoma, emergency anterior segment, and eyelid*

*** Updated goals reflect the addition of the Battambang Province*

Training:

- 4 ophthalmologists, 9 refraction and ophthalmic nurses, and 5 eye health outreach workers received continuing medical education or other continuing education
- 1 nurse trained in refraction returned to Battambang Eye Unit, bringing local patients access to eye exams and prescription glasses
- 299 schoolteachers received training in visual-acuity measurement and primary eye care
- 108 community members received training in primary eye care

Equipment:

- New prescription glasses dispensing equipment was purchased for Preah Net Preah CEC
- A new suite of diagnostic equipment and a new operating theatre table were purchased for the Battambang Eye Unit
- Improvements to the Banteay Menachey Eye Unit operating theatre were made
- All consumables and surgical supplies needed to provide surgery and glasses for people in the Banteay Meanchey and Battambang regions were supplied





Financials

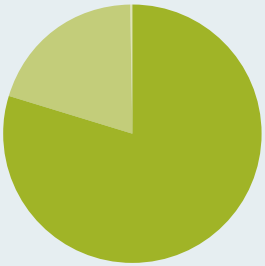
STATEMENT OF OPERATIONS AND CHANGES IN ASSETS FOR THE YEAR ENDED JUNE 30, 2026

REVENUE	2025/2026	2024/2025
Project grants, contracts and awards	760,055	791,685
Donations and awards	3,015,231	3,744,537
Donations in-kind	–	2,850
Special events, presentations and net merchandise sales	3,601	1,644
Interest and other income	193,195	337,611
Foreign exchange gain (loss)	47,779	(65,854)
Unrealized gain (loss) on investment	42,688	180,458
	4,062,549	**4,992,931**

EXPENSES		
Program payments	2,805,494	2,742,439
Program administration	498,466	513,794
Fundraising	458,960	457,950
General administration	329,490	341,261
	4,092,410	**4,055,444**
EXCESS OF REVENUE OVER EXPENDITURES	**(29,861)**	**923,514**
NET ASSETS, BEGINNING OF THE YEAR	**2,706,670**	**1,783,156**
NET ASSETS, END OF YEAR	**2,676,809**	**2,706,670**

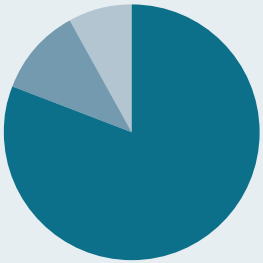
Seva Canada's complete audited financial statements are available online at **seva.ca/publications/annual-reports**

SOURCES OF SUPPORT



Individual & Corporate	79.8%
Foundations & Grants	20.1%
Products & Events	0.1%

YOUR DONATIONS AT WORK



Program	80.7%
Fundraising	11.2%
Administration	8.1%



“Now I Will See Well”: Agripina’s Story

For most of her 72 years, Agripina González never needed anyone to take care of her. In Machaca, a rural community in Peru’s Apurímac region, she cooked for her family, kept her home, and worked the land, growing corn and wheat.

About two years ago, her vision began to fade. A cataract slowly clouded her eye until, in her words, *“my eye was dark.”* It burned and itched, and everyday tasks slipped out of reach. She could no longer farm, and soon she could barely cook. Walking became so difficult that she needed a cane and support from her husband to move safely.

“When I was young, I could do everything,” Agripina said. *“For almost two years now, I cannot manage by myself.”*

Her family felt the change too. Her daughter recalls that her mother could no longer cook or wash, and her father had to take over the household. For a woman who had always provided for others, losing her independence was painful. She felt sad, helpless, and worried about what her future would hold.

In 2025, Agripina made the long journey from Apurímac to Lima to have her cataract removed, so that her daughter could care for her through surgery and recovery. Before her operation, her hope was simple: *“I want to cook again when I am better. I will do everything again.”*

The surgery lifted the cloud that had darkened her world for two years.

“My vision was dark, and now it is good,” she said afterward. *“Thank you very much, doctor, for operating on me. Thank you to the Canadian donors that supported me. Now I will see well with my eye.”*

Returning home, Agripina admitted the climb up to her house had been hard at first. *“But now,”* she said, *“I am already well.”*

For two years, Agripina lived with sadness and depended on others for even simple tasks. Your generosity gave her back her sight, and with it, her independence and the joy of seeing and caring for her family once again.



Thank you very much, doctor, for operating on me. Thank you to the Canadian donors that supported me. Now I will see well with my eye.

Looking Ahead

Imagine a world where no one is needlessly blind: where every child can play with their friends, every mother can see her children's faces, and every grandparent can keep living on their own terms, never held back by failing sight.

That is the world our 2026–2029 strategic plan is built to move toward, and the world your support makes possible. The plan was shaped by the people who know this work best: our staff, board, in-country partners and many trusted advisors. It reaffirms our priorities and program pillars for the next three years, and you're part of every one.

Opening doors to care. Your gifts will fund community eye centres, outreach and school screenings so our partner hospitals can reach people with life-changing care. Our partners will focus on the people who face the steepest barriers to care: women, children and those living in remote rural areas. Because you help subsidize surgeries, medicines and glasses, people will not need to choose between seeing and feeding their family.

Making sure care is excellent. With your support, we'll help our partners meet the World Health Organization standards for surgical outcomes, so every patient can trust the care they receive.

Helping our partners lead. Utilize donor investment to mentor and help hospitals and institutes build their own research capacity and share what they learn, strengthening eye care in their communities today and in the long term.

Being here for the long term. Together, we'll keep strengthening Seva Canada's financial foundation, so that transformative gifts can become restored sight.

Through it all, dignity remains at the centre.

Thank you for walking this path with us. Every gift brings us closer to a world where no one is needlessly blind.

With gratitude,



Liz Brant
Executive Director



Our Thanks

ON BEHALF OF THE SEVA CANADA STAFF

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Every gift to Seva Canada this year, large or small, helped restore sight to someone who needed it. We're deeply grateful to all of our supporters. Space allows us to list only a portion of the many people who gave, but please know that each of you is part of this circle of generosity, and an essential part of Seva Canada's vision to create a world where no one is needlessly blind or visually impaired.

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ForSight donors, you are the people we can count on. Your monthly gifts let our partners plan ahead, train staff, and keep sight-restoring care going all year. Every surgery, every eye exam, every moment of restored vision builds on the trust you place in us each month. Thank you for staying with us.

YOUR LEGACY IS THEIR VISION

Some of the people whose sight will be restored years from now haven't been born yet. Our legacy donors have already made sure care will be waiting for them. To everyone who has named Seva Canada in their Will, thank you for thinking so far ahead, and for trusting us to carry your generosity forward.

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