
ANNUAL REPORT 2022-2023



SEVA.CA



DEAR SEVA CANADA COMMUNITY

We write to you today to introduce our annual report and celebrate the visionary work of Seva Canada's program partners over the past year. We are proud to be supported by committed and invested donors, and to partner with superb local eye care teams in the countries where we work. Together, our mission is possible.

As you read this report you'll notice a theme: each one of Seva Canada's eye care programs is actively investing in tools and strategies to support research and evidence-based decision-making. They gather, examine, and most importantly, use data, with the goal of providing better eye care to more people.

For obvious reasons data is critical for reporting and transparency – and we're thrilled to share it with you. However, its real power is in how it's used. Our partners actively engage with their data to continually improve their eye care programs, to make your support go even further.

Seva Canada's original research was responsible for exposing the now broadly-acknowledged gender inequities in global eye health. Evidence will continue to guide us to pursue our vision: a world in which no one is needlessly blind or visually impaired.

A final note: in our 2022-23 program year we saw the full resumption of services following the COVID-19 pandemic. With your support, our partners were there to help tackle the backlog of unaddressed eye conditions, so that everyone, regardless of gender, financial means, or remote location, can get the eye care they need and deserve.

Thank you so very much for your support.



Dr. Martin Spencer,
Board Co-Chair



Jill Guthrie,
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

HOW YOU'VE HELPED



ACCESSIBLE EYE CARE SERVICES

1,703,584

people benefitted from accessible eye care services



53% women



47% men

2022-23 Goal: **1,350,000** → Achieved: **1,703,584 (126%)**

Number of People who Benefitted from Accessible Eye Care Services



Note: Each year, our goal is a 10% increase over the previous year's actuals in most settings.



CATARACT SURGERIES

103,640

people received sight-restoring cataract surgery



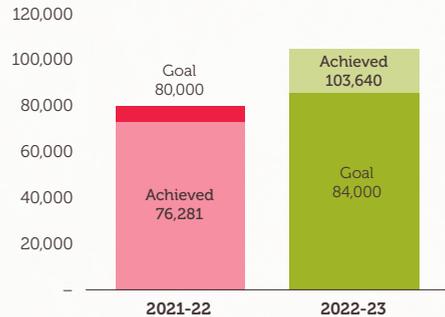
56% women



44% men

2022-23 Goal: **84,000** → Achieved: **103,640 (123%)**

Number of People Who Received Cataract Surgery



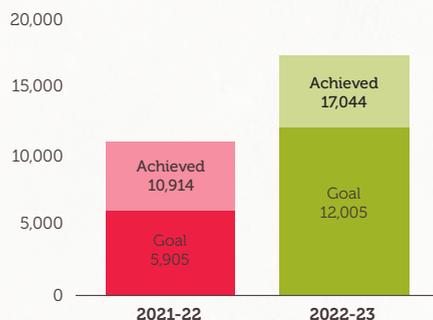
Note: Each year, our goal is a 10% increase over the previous year's actuals in most settings.



OTHER TYPES OF SURGERIES

17,044

people received other types of surgeries including glaucoma, cornea, retina, oculo-plasty



2022-23 Goal: **12,005** → Achieved: **17,044 (142%)**

Note: Each year, our goal is a 10% increase over the previous year's actuals in most settings.



PRESCRIPTION GLASSES

21,404

people received prescription glasses



2022-23 Goal: **10,564** → Achieved: **21,404 (203%)**

TRAINING

- **2 Ophthalmologists** underwent sub-specialty training (cornea and oculo-plasty)
- **4 Ophthalmologists** received cataract surgical training
- **9 Nurses** underwent ophthalmic specialty training
- **22 Health Department and Health Unit Staff** received basic eye care program management training
- **89 Clinical Staff** received quality improvement training
- **1,390 Schoolteachers** trained in visual assessment and primary eye care
- **2,763 Female Community Health Volunteers and 63 Female Microfinance Members** trained in eye health and basic eye disease recognition
- **88 Drug retailers, journalists, nurses, and health assistants** received training on primary eye care

COUNTRY REPORTS



This past year, all Seva-supported programs met or exceeded some or all of their pre-pandemic service levels as well as their 2022-23 direct-service goals. This achievement not only speaks to the resilience of our program partners, but also to the great demand for high-quality eye care in the countries where we work.

As the strain of COVID-19 on healthcare systems eased, all partners were able to resume community outreach and school screening programs. In addition, all infrastructure created during the pandemic to support virtual consultations remained in use. This and other work completed during the pandemic on quality improvement, and additional training for clinical and administrative staff, have enhanced our partners' capacity to provide excellent care to patients throughout the service areas.

Program data from the past year are shown in the individual country reports. Donor funding was used to subsidize eye care services, from surgery, glasses and medicine to community outreach screenings and transportation of patients, purchasing equipment, training a range of clinical and administrative personnel, and program management.



COMMUNITY EYE CENTRES

Community Eye Centres (CECs) provide permanent, reliable eye care services to underserved semi-urban or rural populations. These services include a wide range of preventive eye care treatments and provision of glasses. The CECs are self-financed through minimal registration fees and the sale of medicine and eyeglasses. Those who can afford to pay subsidize services for those too poor to pay. These standalone facilities are staffed by a mid-level ophthalmic professional and an administrator, and are either run by or affiliated with a hospital that offers specialty and surgical services.

Increasingly, CECs around the world are taking advantage of telemedicine to provide images to and consultations with ophthalmologists, who can recommend local treatment or referral of patients in need of specialty or surgical services, thus eliminating needless trips to the hospital.

CECs show great promise for meeting the growing need of and demand for eye care by communities. This past year, seven new CECs were opened in Nepal, while staff were trained and equipment purchased for a new CEC in Cambodia, opening in fall of 2023.

GENDER EQUITY

Women and girls experience vision loss in greater numbers than men in every category of visual impairment and blindness, almost totally due to decreased use of available eye care services compared to men. This is why Seva Canada continues to champion gender-equity initiatives in eye health. All Seva-supported programs incorporate gender equity in their work by focusing on overcoming the cultural and economic barriers that limit access to eye care services for women and girls, as well as supporting the role of community-level advocates to increase the use of services by women and girls. As a result, in the past year, almost every single Seva program provided more services to women than men. Seva and our partners are involved in national and international efforts to increase gender equity as well as researching the effectiveness of gender-based interventions to find what works best.

EVIDENCE-INFORMED PRACTICE

The World Health Organization has included “evidence” as one of the six key competencies needed to achieve global eye health equity. This includes monitoring and evaluating programs, and generating evidence of effective eye health interventions in published literature.

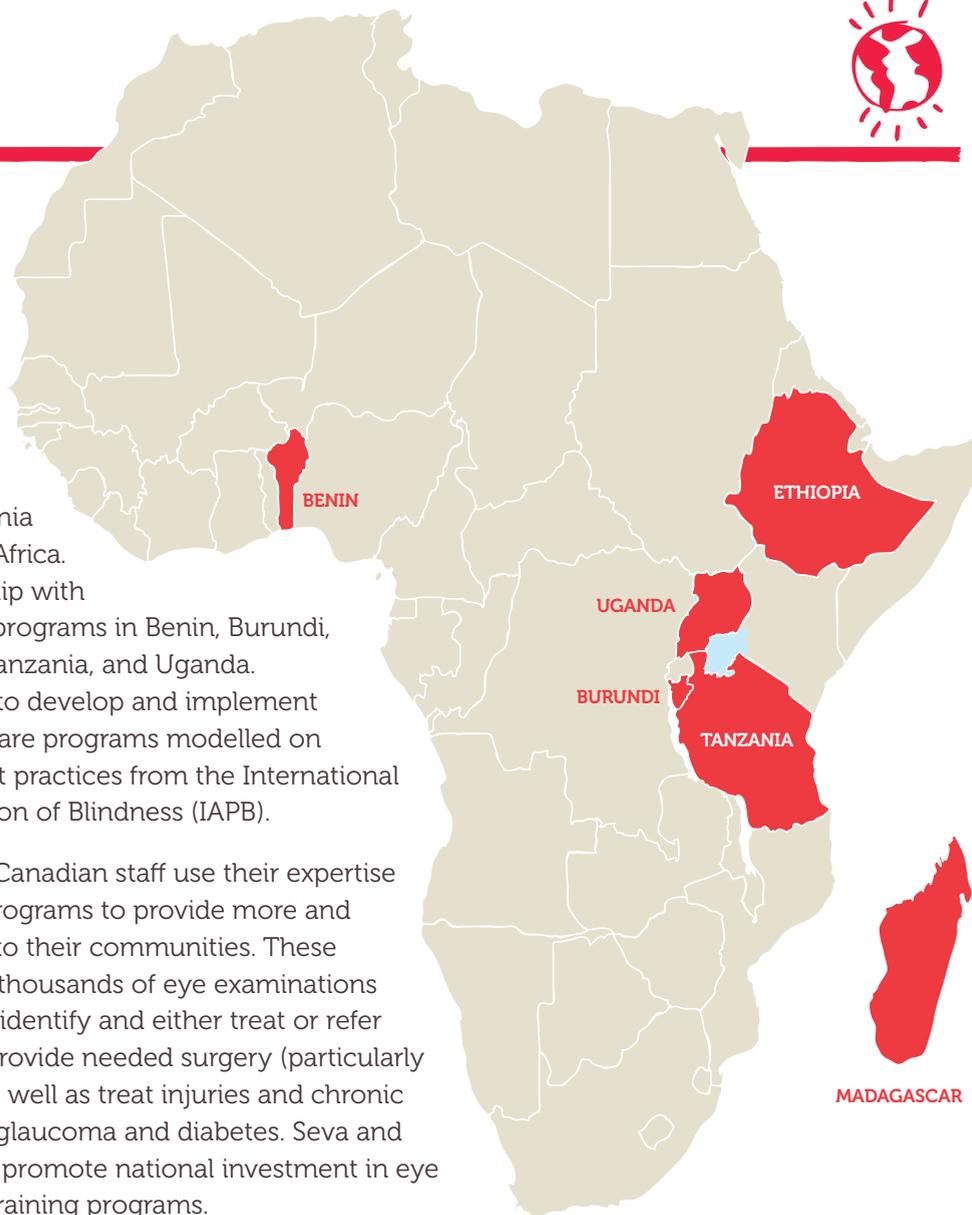
While Seva Canada has always encouraged and supported data-informed decision making, this past year we formalized that work into a program called Evidence Informed Practice (EIP). In partnership with the Indian Institute of Public Health (IIPH) and Seva Foundation, the EIP program paired mentors from IIPH with eye hospital teams in India and Nepal who were interested in creating and publishing studies based on their work. Through a combination of virtual workshops and one-on-one mentoring from IIPH staff, four hospitals published a paper in a peer-reviewed journal over the past year. Following the success of the first EIP program, Seva and IIPH have continued our partnership and will expand the program’s offerings and geographic scope.

AFRICA



Seva Canada has supported eye care services in Africa since 2001 through a partnership with the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. Seva Canada's partnership with KCCO currently assists programs in Benin, Burundi, Ethiopia, Madagascar, Tanzania, and Uganda. Seva works with KCCO to develop and implement population-based eye care programs modelled on globally recognized best practices from the International Agency for the Prevention of Blindness (IAPB).

KCCO's Tanzanian and Canadian staff use their expertise to mentor in-country programs to provide more and higher-quality services to their communities. These local programs provide thousands of eye examinations in outreach camps that identify and either treat or refer people requiring care, provide needed surgery (particularly cataract) and glasses, as well as treat injuries and chronic eye conditions such as glaucoma and diabetes. Seva and KCCO work together to promote national investment in eye health, and to support training programs.



KCCO staff, supported by Seva Canada, conduct operational research to generate evidence for policies, programs and practices, particularly those that reduce barriers to care for women and girls. KCCO remains on the leading edge of innovation for improving eye care in Africa, particularly for pediatric services.

KCCO is also a World Health Organization Collaborating Centre for trachoma and was recognized by the Queen Elizabeth Diamond Jubilee Trust for its contribution to trachoma elimination.

Note: 2022-23 was our first year of reporting glasses for these programs.

BURUNDI

Seva Canada supports a pediatric eye health program led by Dr. Levi Kandeke. A network of Community Eye Centres (CECs) linked to a Child Eye Health Tertiary Facility (CTSOE) in Bujumbura support care for children with vision loss. Children are identified at the CECs and sent to the hospital in Bujumbura for diagnosis, surgery and initial follow-up. Additional follow-up is completed at the CEC closest to the child’s home, thus decreasing barriers to care. As a result, the team provides accessible, high-quality eye care services to thousands of Burundian children each year, regardless of their family’s ability to pay.

In addition to managing this program, Dr. Kandeke works with Seva Canada to help eye care institutions in other African countries improve efficiency, effectiveness and financial sustainability.

What you’ve helped accomplish in Burundi:

The Burundi program exceeded its 2022-23 goal of children screened, and dramatically increased the number of girls receiving cataract surgery from previous years. The team is also providing more surgeries and glasses than they were before the start of the COVID-19 pandemic.

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
Boys	2,974	59	222	39
Girls	2,931	65	170	41
2022-23 Goal	4,787	150	405	n/a
2022-23 Achieved (%F)	5,905 (50%)	124 (52%)	392 (43%)	80 (51%)
2021-22 Achieved (%F)	4,352 (50%)	136 (37%)	368 (43%)	n/a

Training:

Ten Community Eye Centre staff members were trained on a new pediatric eye health toolkit developed by Dr. Kandeke. The purpose of the toolkit is to help staff at these centres improve skills to screen children, provide better care, and strengthen the referral system for children in need of specialty services.

MADAGASCAR

Seva Canada donors support three hospital-based adult programs across the island nation of Madagascar. Each site receives funding for service delivery, training, equipment and supplies. All programs include Seva-supported community outreach activities that are essential to identifying and treating vision loss in rural communities.

Seva Canada is also the primary supporter of a pediatric eye health program that includes the three adult programs noted above, plus Ambohibao, a hospital located near the capital city of Antananarivo. Seva supports clinical services, supplies and transportation, and the training of a network of community outreach workers, called Key Informants (KIs), to find and refer children in need of eye care.

In the past year, the Seva-supported Madagascar programs established the country's first Community Eye Centre (CEC). Located in the northwest part of the country, it provides year-round care in a town that was previously only visited by screening camps once or twice a year. Open five days a week, the CEC provides diagnosis, minor treatment and refraction to the community.

The Malagasy programs have worked steadily towards financial sustainability by using a cost-recovery method proven successful in other health-service delivery models. This past year, the programs recovered between 64 and 92% of their operating costs, despite the COVID pandemic, a series of severe climate events, worsening poverty levels, and social unrest.



What you've helped accomplish in Madagascar:

Madagascar programs exceeded their 2022-23 screening and other surgeries goals. They are also providing more services now than they were before the start of the COVID-19 pandemic.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
Male	11,833	1,017	n/a	n/a
Female	17,065	1,087	n/a	n/a
Boys	4,135	28	50	n/a
Girls	4,963	26	47	n/a
2022-23 Goal	33,985	2,378	44	n/a
2022-23 Achieved (%F)	37,996 (58%)	2,158 (52%)	97 (48%)	5,159 (65%)
2021-22 Achieved (%F)	30,895 (49%)	2,162 (53%)	40	n/a

UGANDA

With financial support from Seva Canada and technical support from KCCO, Dr. Simon Arunga has been creating a Community Eye Centre network in Uganda. The first CEC opened in 2018 in Mbarara and a second is planned in the Fort Portal area. This second CEC will provide eye care to an underserved area of Uganda as well as the Democratic Republic of Congo population along the border. CECs provide quick and easy access to quality eye screening and examination, encourage the local population to utilize eye care services, and provide eye health education. Creating permanent eye care facilities in hard-to-reach areas is more cost-effective, provides better access to care, and is more sustainable than traditional outreach methods.

TANZANIA

This past year, Seva Canada provided support to two hospital-based eye health programs in the Mara and Kagera regions bordering Lake Victoria. These programs include training local women's microfinance groups to deliver information about eye health, and identify people, particularly women and girls, who might have problems with their eyes. These microfinance workers are in touch with field workers who organize screening camps and ensure that community members attend. This combination has proven particularly



effective in increasing the proportion of women and girls receiving eye care. In the past year, almost half (44%) of people who attended screening camps were referred by microfinance members.

This past year, Seva also started supporting the Bukoba District Hospital in Kagera. With Seva support and KCCO expertise, the Eye Unit staff received the training, equipment, and supplies needed to begin a population-based approach to eye health. Over the past year, they have developed and executed bi-weekly community screening camps in the rural communities near the hospital, and have begun working with microfinance groups.

Seva continues to support the eye department of the District Hospital in Mara. Ophthalmologists from a neighbouring eye unit rotate weekly visits to the program. A permanent ophthalmologist is receiving Seva-supported training at a national

ophthalmology training centre. He is due to return to Mara next year.

What you've helped accomplish in Tanzania:

Tanzanian programs exceeded both their 2022-23 screening and cataract surgery goals. They are also providing more services now than before the start of the COVID-19 pandemic.

	People Screened	Cataract Surgeries Performed	Glasses Provided
Male	8,131	940	510
Female	8,900	965	607
2022-23 Goal	11,497	351	n/a
2022-23 Achieved (%F)	17,031 (52%)	1,905 (51%)	1,117 (54%)
2021-22 Achieved (%F)	10,452 (62%)	319 (55%)	n/a

Training:

- 1 Ophthalmologist is completing his second year of training at a national training centre
- 1 Ophthalmic nurse was trained in operation-theatre management
- 33 Microfinance members were trained in eye health education in the Kagera region

ETHIOPIA

In Ethiopia, Seva Canada supports a community outreach program in Bahir Dar, in the Amhara Region. In addition to providing funds for outreach, supplies and consumables, KCCO staff train microfinance members to identify, promote, refer, and support people, particularly women and girls, to overcome barriers to accessing eye care services. This past year, the program was able to expand their services to areas previously inaccessible due to the civil war.

Seva Canada also supports the eye department of the government hospital in Bahir Dar by providing funds for specialized training, surgery, glasses, and medicine. This past year, KCCO supported the onboarding of a new ophthalmologist and program director after staff turnover.

What you've helped accomplish in Ethiopia:

The Ethiopia programs exceeded their 2022-23 goals for screening and cataract surgery, and are providing more services now than before the start of the COVID-19 pandemic.

	People Screened	Cataract Surgeries Performed	Glasses Provided
Male	19,487	981	422
Female	15,020	1,356	353
2022-23 Goal	20,834	1,312	n/a
2022-23 Achieved (%F)	34,507 (44%)	2,337 (58%)	775 (46%)
2021-22 Achieved (%F)	18,940 (53%)	1,193 (51%)	n/a

Training:

Thirty new female microfinance members were trained to find and refer people in need of care to upcoming outreach screening camps.

BENIN

Seva Canada's partner in West Africa, Dr. Amadou Alfa Bio in Benin continues to strengthen his outreach program through Community Eye Centres (CECs). The CECs are providing high-quality, affordable and accessible eye care services to rural populations and, using an innovative funding model, are becoming financially self-sustaining. Seva Canada will begin to fund additional outreach activities in Benin this coming year so that even more people can receive the power of sight.

INDIA



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

Aravind's training arm, the Lions Aravind Institute for Community Ophthalmology (LAICO), is a vital training and consulting resource to Seva's

partners worldwide. LAICO's services cover the entire range of population-oriented eye care from architecture and administration to all clinical services and equipment maintenance. Many of Seva's partners have created local training institutes modelled on LAICO.

Seva also collaborates with Aravind on epidemiologic and community-based research.

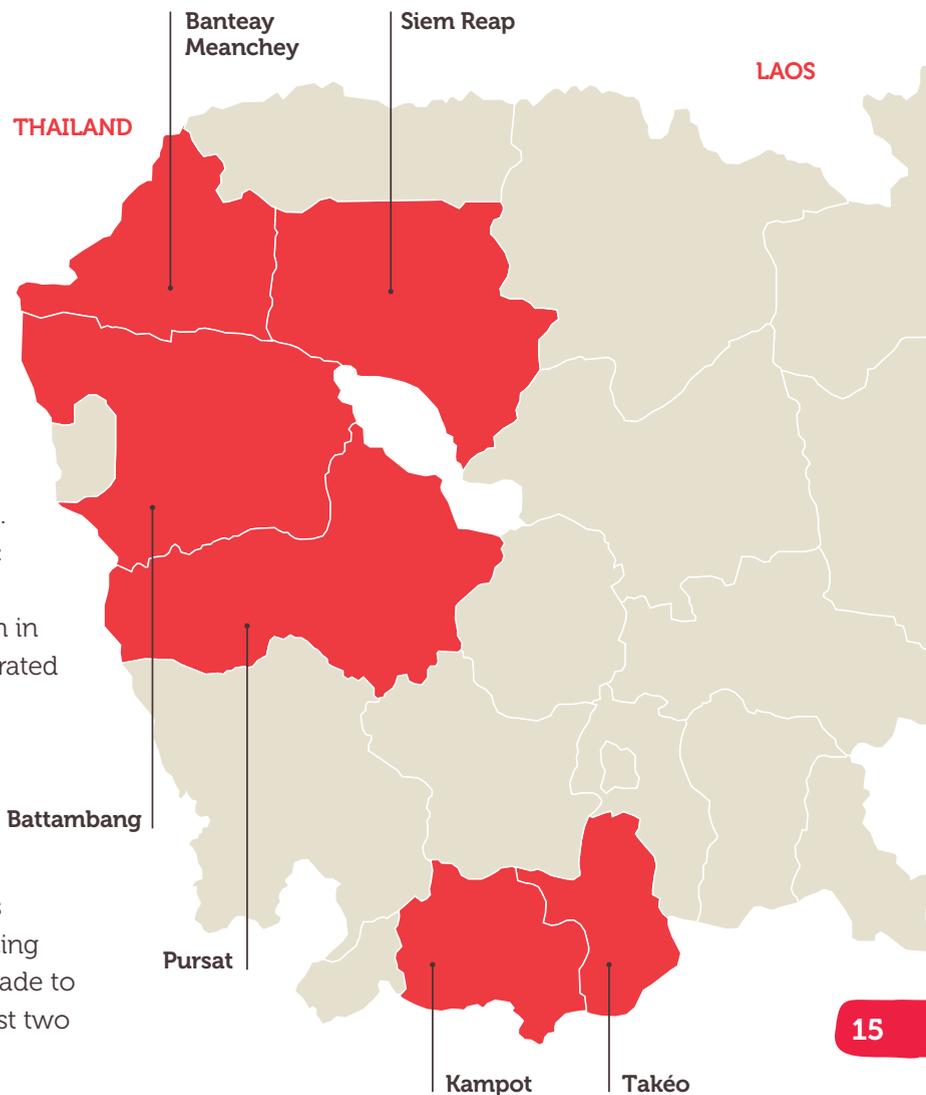


CAMBODIA



Seva Canada has supported eye care in Cambodia since 2000, working through the Seva Cambodia office. The office includes six full-time office staff and ten community field workers. Seva Cambodia supports eye care programs in six provinces with a total population of 4.75 million people – over 1/4 of the country's population. Seva Cambodia's work focuses mainly on training and increasing the capacity of Eye Units in provincial government hospitals and through community outreach programs that provide surgery, glasses and medicine. Seva Cambodia also supports the pediatric ophthalmology program at the non-governmental Angkor Hospital for Children in Siem Reap. Seva Canada funds are concentrated in the Banteay Meanchey Province.

This past year, Seva Cambodia was given four awards, signed by the King and Prime Minister, in recognition of their excellent contribution to the development of the eye health sector. This well-deserved honour highlights the amazing contributions Seva Cambodia staff have made to the improvement of eye health over the last two



decades. It also signals increasing support of eye health initiatives by the national government. Two years ago, the government began sharing financial responsibility with Seva for the government hospitals (70% Seva, 30% government). The government subsidy includes staff financial incentives, medicine, and surgical supplies. This is a significant first step towards financial self-sustainability of Cambodian Eye Units.

The Seva Canada-supported Banteay Meanchey Eye Unit includes clinical services and a community ophthalmology program. The clinical services focus on providing high-quality surgery for cataract and pterygium (a non-cancerous growth on the outside of the eye that can impair vision and is common among people who work outdoors in sunny locations). Seva Canada also

supports the training of local doctors, nurses, administrators and support staff as a part of the clinical services program.

The community ophthalmology program includes two full-time field workers who travel by motorcycle to remote areas to find and screen patients and to arrange referrals to outreach screening and surgical camps or the base hospital. Seva Canada pays for medicine, supplies and the cost of transportation for poor patients from villages throughout the province to and from the Eye Unit. The community ophthalmology program also supports school screening activities. School screenings resumed in late 2022 as the number of COVID cases subsided in the country. Over 10,000 students and staff were screened this past year.



What you've helped accomplish in Cambodia:

Seva Cambodia-supported programs exceeded all of their 2022-23 service goals. They are also screening more people and providing more glasses than before the start of the COVID-19 pandemic.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
Male	61,722	2,540	1,808	3,642
Female	83,783	4,106	1,604	4,262
2022-23 Goal	96,241	3,588	2,923	2,845
2022-23 Achieved (%F)	145,505 (58%)	6,647 (62%)	3,412 (47%)	7,904 (54%)
2021-22 Achieved (%F)	87,492 (55%)	3,262 (61%)	2,657 (46%)	2,586 (57%)

Training:

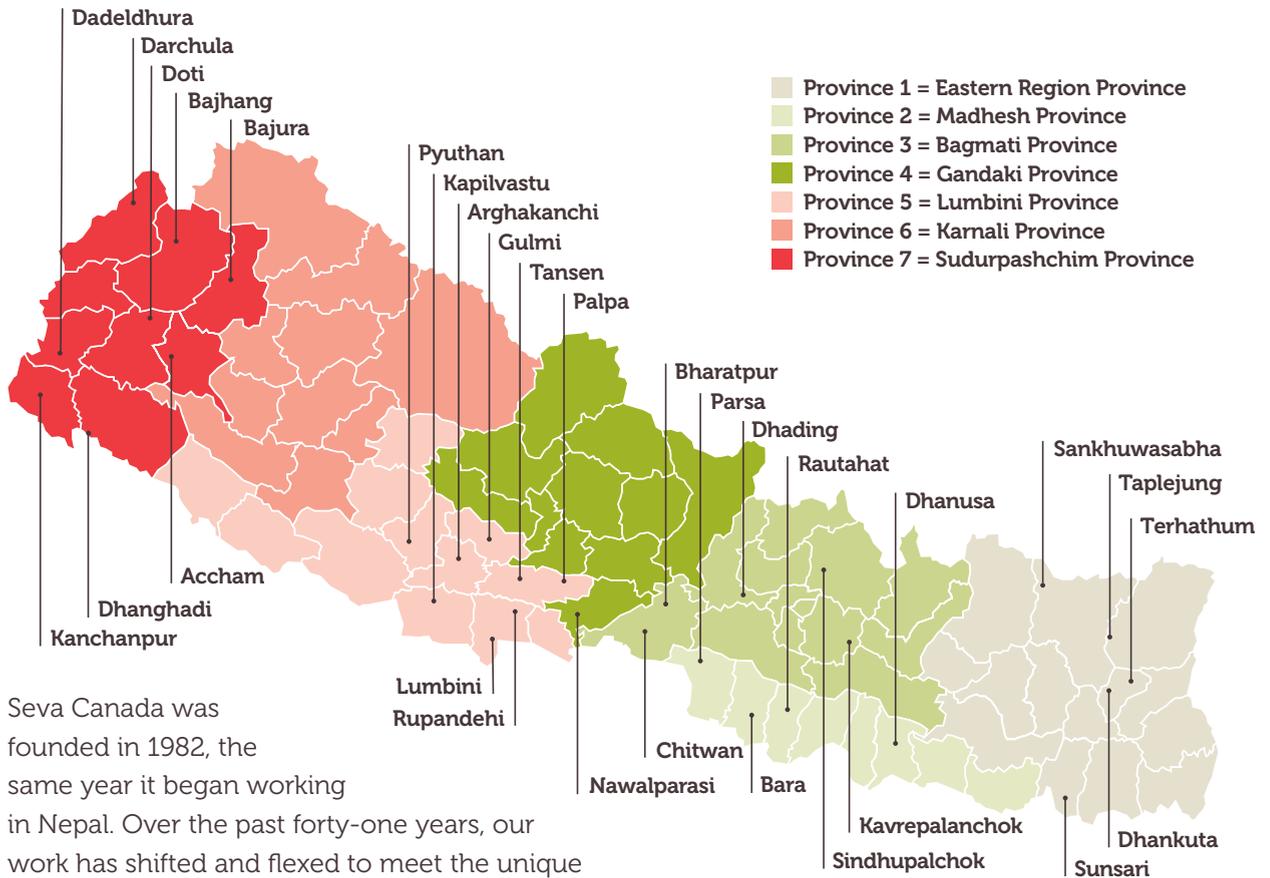
Professional training:

- 2 General nurses from Bakan Referral Hospital in Pursat Province and Sampov Loun Referral Hospital in Battambang Province are undergoing one-year ophthalmic nurse training
- 5 General nurses from partner Eye Units underwent refraction nurse training
- 2 Staff received refresher training on refractive error
- All Seva Cambodia staff including field workers received training on team building, planning, time management, recruitment, conflict resolution and negotiation, and situational leadership from HR expert and long-time Seva Canada volunteer Sheila Moynihan

Community-based training:

- 304 Schoolteachers were taught visual-acuity measurement, primary eye care and eye health education
- 22 Health Centre staff were trained on primary eye care
- 10 Community field workers joined a refresher course on primary eye care training

NEPAL



Seva Canada was founded in 1982, the same year it began working in Nepal. Over the past forty-one years, our work has shifted and flexed to meet the unique demands of providing eye care to remote communities nestled in the Himalayas, as well as the towns and cities bordering India. We work through Seva Nepal, an in-country office that

provides technical, program development, and managerial support to an ever-expanding network of facilities. The network includes 79 eye care

facilities (including tertiary hospitals, secondary hospitals and Community Eye Centres) in 33 of Nepal's 77 Districts, stretching from far western to far eastern regions.

Seva-supported Nepali eye institutions not only provide excellent eye care, but focus on training programs that produce ophthalmic professionals for many regions of Nepal, including sub-specialist and general ophthalmologists, optometrists, orthoptists, ophthalmic assistants, and ophthalmic nurses. Training now includes community ophthalmology program planning and management, as well as chronic disease management, such as diabetic retinopathy and glaucoma.

In the past year, seven new Community Eye Centres (CECs) were established. These CECs utilize an innovative public-private funding model, whereby the municipalities provide the physical space and salaries, and Seva provides the ophthalmic equipment, an initial supply of glasses and medicine, and training and supervision of care, including referrals to eye hospitals.

Increasingly, hospital staff have expressed the desire to research the effectiveness of their programs, and test the effectiveness of new interventions. Seva, in partnership with the Indian Institute of Public Health (IIPH), enrolled four Nepali hospitals into the new Evidence

Informed Practice (EIP) program. Over the past year, teams of clinical and administrative staff from each hospital worked with a guide from IIPH on an intervention of their choosing with subjects ranging from increasing referrals for diabetic retinopathy to evaluating pediatric follow-up rates. Two papers were published as a result of this work in peer-reviewed international ophthalmology journals.

What you've helped accomplish in Nepal:

Seva Nepal-supported programs exceeded all surgical goals for the 2022-23 year. In addition, all programs are now providing more screenings and surgeries than before the start of the COVID-19 pandemic.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
Male	687,424	39,537	n/a	n/a
Female	775,180	50,932	n/a	n/a
2022-23 Goal	1,472,078	75,048	9,083	7,720
2022-23 Achieved (%F)	1,462,604 (53%)	90,469 (56%)	13,143	6,369
2021-22 Achieved (%F)	1,338,253 (48%)	68,225 (54%)	8,257	7,018

Training:

Professional training:

- 3 Ophthalmologists received Small Incision Cataract Surgery (SICS) fellowships
- 1 Ophthalmologist received an Oculoplastic fellowship
- 1 Ophthalmologist received a Cornea fellowship
- 89 Hospital staff participated in one of three workshops on quality assurance
- 25 Hospital staff participated in a management and leadership development course

Community-based training:

- 2,763 Female Community Health Volunteers received training on primary eye care
- 1,086 Schoolteachers received training on visual acuity measurement and primary eye care
- 88 Drug retailers, journalists, nurses, and health assistants received training on primary eye care



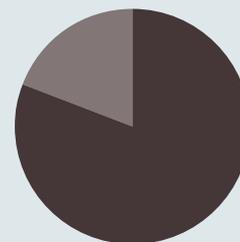
FINANCIALS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2023

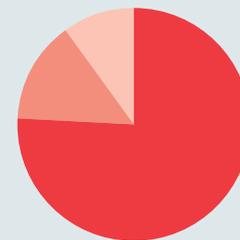
REVENUE	2022/2023	2021/2022
Project grants, contracts and awards	426,430	377,172
Donations	1,729,827	1,645,633
Donations In-Kind	2,400	-
Special events, presentations & net merchandise sales	3,039	562
Interest and other income	33,960	13,110
	2,208,139	1,990,351
COST OF GOODS SOLD		
Opening inventory	11,036	7,941
Purchases	1,727	4,615
Closing inventory	(11,267)	(11,036)
	1,496	1,520
	2,206,643	1,988,831
EXPENSES		
Program payments	1,285,113	887,015
Program administration	350,052	301,837
Fundraising	313,846	287,728
General administration	207,456	171,890
	2,156,467	1,648,470
EXCESS OF REVENUE OVER EXPENDITURES	50,176	340,361
NET ASSETS, BEGINNING OF THE YEAR	1,342,794	1,002,433
NET ASSETS, END OF YEAR	1,392,970	1,342,794

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

SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



A FEAR WORTH OVERCOMING

Mrs. Bun Kom is a farmer from Chamnom Village, Banteay Meanchey province, Cambodia. Mrs. Kom has six grown children, one of whom is disabled and still depends on her. Mrs. Kom also looks after two of her grandchildren while their parents are employed as garment workers in Phnom Penh, to support the family. In addition to her role as a caregiver, Mrs. Kom also tends the fruit trees and vegetables around her house to help provide food and money for the family.

When the Seva team met Mrs. Kom, she recalled that her eyesight had been getting blurrier for the past 10 years. She did not seek treatment because she was afraid of surgery – until 2022 when her vision became a serious problem. Mrs. Kom reported: *“I was uncomfortable. I couldn’t see anything well. I had to walk by guessing, and I knocked things onto the floor. I regularly fell down the front steps of my home. I could not do anything easily – even eating was a challenge.”*

In August 2022, a Seva Community Field Worker (CFW) ran an eye screening camp in her community. The CFW informed Mrs. Kom that she had cataract in both eyes, and recommended surgery at the Banteay Meachey Eye Unit.

He counselled her about the benefits and safety of receiving this high-quality care, which helped alleviate her fears. And, because her surgical costs would be covered, she was able to get the first cataract surgery on her right eye that same month.

Mrs. Kom said, *“It was so difficult for me to see, walk and work. After I met the Seva CFW I was not afraid of getting surgery. I felt confident, and I decided to get the eye examination and treatment”*. She added, *“After I got the first surgery, I could see everything clearly again. I was so happy that I could do my household work and take care of my grandchildren and daughter. Not long after, I visited the Banteay Meanchey Eye Unit to have surgery on my other eye.”*

The second surgery was also a success and now she has good vision in both eyes.

Mrs. Kom said, *“I am happy both eyes have become normal. I can do household tasks, grow vegetables, bring my grandchildren to school, go to the pagoda, and I can even join social events. My great thanks to the donors who have let me see again!”*

After I got the first surgery, I could see everything clearly again. I was so happy that I could do my household work and take care of my grandchildren and daughter.



A LOOK AHEAD

To achieve Seva Canada's mission to end needless blindness, we must also advance the backbone of our work – development with dignity. Our continued goal is to prioritize human dignity in all aspects of our work, recognizing that our program partners, and the people we serve must be true partners in the projects that impact their lives and communities.

We continue to ask ourselves: how can we **ensure** that every person involved in Seva Canada's work – our staff, our donors, our volunteers, our program partners and our patients – is treated with the dignity that they deserve?

The field of humanitarian work exists because of inequities between rich and poor countries, and despite our good intentions, there remain real power imbalances between the players. There is a movement within the global health community to deeply consider and address these imbalances, and we want Seva Canada to be at the forefront. The Seva Canada team is committed to educating ourselves, and to actively consider how power and privilege factor into the work that we do and how we deliver on our mission.

We also recognize that one of our most critical partnerships is with our patients – those who walk long distances over seemingly impossible terrain, who defy gender norms in self-advocating for care, who rightfully deserve and actively pursue a better life for themselves and their families, and who come from contexts where trust does not come easily – but yet they trust in us.

We are working on ways to continue to advance a culture of dignity, for everyone involved with Seva Canada – we look forward to sharing this journey with you.

Liz Brant
Executive Director



OUR THANKS

On behalf of the Seva Canada Staff

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