ANNUAL REPORT 2023-2024



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DEAR SEVA CANADA COMMUNITY

As you will see in the upcoming pages, over the past year Seva Canada has been making key investments in our programs—in needed equipment, in quality assurance, in research and in outreach—all in an effort to make good on our promise to provide better eye care, to more people today and in the future. The time for these investments is now: projections show that vision loss is going to increase by 55% by 2050. We've been setting the stage for a period of growth, but we cannot do this without your support.

Eye care remains one of the highest-impact public health investments that can be made in the global fight against poverty. Yet, international development funds are increasingly limited, as more foreign aid is being directed to humanitarian crises caused by climate change and conflict. As a result, fewer resources are going to the basics of global health—the building blocks of healthier communities. With increased funding for global eye care services, we have the potential to meet the growing demand and transform countless lives. Your support plays a vital role in making this possible, now more than ever.

In the face of these challenges, the Seva Canada community is doing more. You are with us on our mission to change lives through the focused health intervention of vision care, and you are increasing Seva Canada's impact. Thank you for standing with us to create a brighter future for all.

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

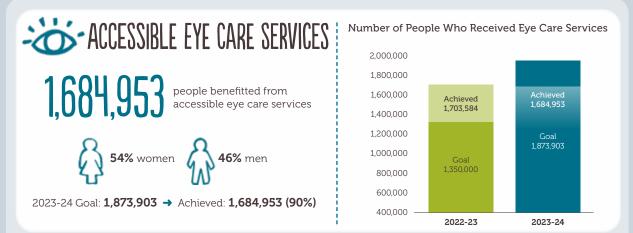
Seva Canada's vision is a world in which no one is needlessly blind or visually impaired.

Guiding Principles

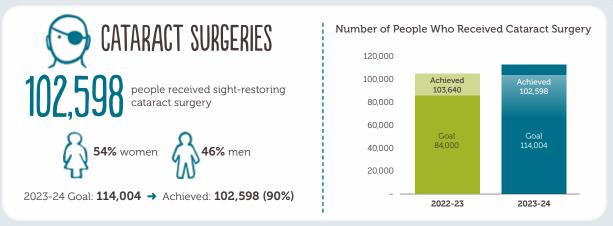
- Our belief in equal access to eye care for all
- Our belief that with adequate resources, all people can meet their own needs
- Our commitment to working with international partners to build local, sustainable eye care programs
- Our respect for cultural, ethnic, spiritual, and other forms of diversity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



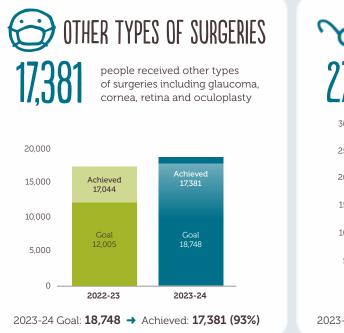
HOW YOU'VE HELPED



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



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PRESCRIPTION GLASSES27,6480so,00025,000



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TRAINING 4,722 people received training, including:

2 Ophthalmologists

underwent sub-specialty training (pediatrics and oculoplastics)

• 3 Ophthalmologists

received cataract surgical training including use of the PHACO technique

• 13 General Nurses

underwent ophthalmic specialty training

- **71 People** received training in operational research
- **195 Hospital Staff** received quality improvement training
- **3,751** Community Members including teachers, primary care providers, village leaders and women's microfinance members received primary eye care training

PROGRAM & COUNTRY REPORTS

This past year marked an opportunity for investment in all of Seva Canada's programs. Seva Canada staff, board, and volunteers spent time with each program to develop sustainable long-term strategic plans that will optimize use of currently available additional funding.

As always, the focus of our programs has been on providing high-quality, financially-sustainable eye care services to those who need it most. A multitude of factors affect our partners' service outputs, and these are detailed in each country report.

An increasingly important program focus has been on quality improvement through operational research development to fill in knowledge gaps. This allows our partners to extend services with higher quality more efficiently.

Almost all of our programs exceeded at least one of their ambitious service delivery goals. The total number of screening and surgical services provided by our partners decreased this past year. This is partly due to less demand in certain areas (those in need of services may have obtained them already) and due to a lack of trained professionals in others. Both present us with challenges that we are working with our partners to meet over the coming year. In addition, we are collaborating with partners to develop service goals that better meet the changing conditions of the communities they serve.

Data for each program are detailed in the individual country reports. Seva Canada funding was used for program planning, training, equipment purchases, management, and to provide subsidized eye care services for those too poor to pay. In addition, funding supported outreach activities that provided glasses and medicine, as well as transportation to and from hospitals.





COMMUNITY EYE CENTRES

One of the most effective ways to provide routine eye health care is through a Community Eye Centre (CEC). CECs are permanent clinics staffed by optometrist-equivalent professionals. They provide reliable eye care services to underserved semi-urban or rural populations. Services offered through CECs include refraction and provision of glasses, as well as routine eye exams, surgical follow-up, and dispensation of medications. Most CECs become self-financing after the first two years of operation through minimal registration fees and the sale of medicine and eyeglasses. A sliding-scale fee model subsidizes services for those too poor to pay.

All CECs are either run by, or are in a network with, a hospital that offers specialty and surgical services. By providing consistent, affordable primary eye care, CECs eliminate the need for hospitals to take time away from routine duties to visit outreach settings. Instead, patients needing specialty care are referred to hospitals for more treatment.

Seva supports the CEC model by working with partner hospitals who wish to grow their networks. This past year, the number of new CECs supported by Seva expanded by six new CECs in Nepal, and four in Cambodia.

Seva also worked with partner hospitals in Nepal and Cambodia on increasing the quantity and quality of services offered at existing CECs, so more people can receive sight-restoring services in their own communities.

GENDER EQUITY

Due to a multitude of socio-political factors that limit access to services, women and girls experience vision loss in greater numbers than men in every category of visual impairment and blindness. Seva Canada and our program partners are committed to creating, supporting and sustaining programs specifically designed to overcome these socio-political factors so women and girls get the care services they need and deserve. Each program is tailored to address the socio-political issues that women in their community identify as the greatest barriers to accessing care. It is important to note that while these programs address barriers related to women accessing care, they also provide the same benefits to men. For example: in many places, it is unacceptable (or seen as unsafe) for women to travel alone for any reason-including to seek medical care. To address this, our programs provide safe transportation for all patients who live far from medical facilities, regardless of gender. This strategy has increased the number of women who receive services and has also helped many men access services as well.

Seva Canada and our partners are also involved in national and international gender equity advocacy groups that generate and provide evidence to governmental and non-governmental agencies. The common goal is to invest in policies and procedures that will increase gender equity in all aspects of life—not just in eye health.

EVIDENCE IN PRACTICE

A core value of Seva Canada programs has always been and will continue to be "learn what works and do more of it." Learning what works, particularly in low-resource settings, will lead programs to optimise use of limited resources to help people in a more efficient and effective manner. The Evidence in Practice program (EIP) puts this value into practice by bringing some of the world's leading research experts in community ophthalmology to train eye hospitals in both research and continuous improvement methodologies.

This past year, Seva continued our partnership with the Indian Institute of Public Health (IIPH) and formed a new partnership with the Hyderabadbased Pragyaan Sustainable Health Outcomes Foundation (PRASHO) to lead the EIP work. The EIP program utilized a mentorship model with experts from IIPH and PRASHO leading eight hospitals in India and Nepal through an internationally standardised continuous improvement program. With the help of a mentor, each hospital examined their administrative data to determine an area for improvement. Then, throughout the year, the mentor worked with the hospital team to develop rapid improvement projects that could be tested and adjusted as needed. By the end of the year, each hospital had improved the health services or health system problem they had identified. Manuscripts detailing the process and results are in process and will be submitted to peer-reviewed journals for publication by the end of 2024.

AFRICA

Seva Canada works in Africa through the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. Since 2001, Seva and KCCO have collaborated to improve and increase eye care services in many countries across the region – currently Benin, Burundi, Ethiopia, Madagascar, Tanzania, and Uganda.

KCCO staff use their expertise to mentor in-country programs to provide equitable, high-quality services to their communities. To achieve these goals, KCCO works with local government and non-governmental eye units to provide eye examinations in outreach camps. The camps identify and either treat people requiring care on-site or refer people who need surgery (particularly cataract) and glasses to the hospital. All programs are designed with special attention to increasing gender equity and quality of care.

This past year, KCCO and Seva Canada developed a plan to significantly increase the size and scope of their program

support. Over the next several years, our partnership will grow to include: supporting new eye units in Madagascar, Benin, and Tanzania; increasing training opportunities in pediatric eye care; quality and process improvement; supporting operational research in several programs; and providing much needed upgrades in equipment and supplies to all programs.



BENIN

During the 2023-24 fiscal year, Seva Canada expanded its programming in Africa by supporting a new hospital in Benin: L'hôpital St-André-de Tinré (HOSAT). Located in Parakou, HOSAT is a non-profit eye hospital offering some of the only subsidized pediatric and adult eye care services to the people of northern Benin. The hospital also sees patients from the surrounding countries of Togo, Niger, and Nigeria.

Seva Canada is working through KCCO to provide HOSAT with equipment, training and funding for outreach activities to find and treat people with vision loss in their community.

What you've helped accomplish in Benin:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	n/a	n/a	n/a	n/a
2023-24 Achieved (%F)	21,803 (39%)	2,687 (42%)	572 (40%)	1,001 (48%)

Note: 2023-24 was Seva Canada's first year with HOSAT and annual goals for subsequent years will be based on this year.



BURUNDI

Through KCCO, Seva Canada supports Dr. Levi Kandeke and his team to provide pediatric eye care services in Burundi. Dr. Kandeke's network of Community Eye Centres (CECs) cover the majority of this small central African country. Children with vision loss are identified at the CECs, and if they need specialty services, including surgery, they are transported to Bujumbura, the nation's capital, for treatment and initial followup. All additional follow-up is conveniently provided at the CEC closest to the family's home. This eliminates the need for multiple, expensive and difficult trips to the capital.



This year, for the first time since the COVID-19 pandemic, Dr. Kandeke and his team were able to perform outreach activities in remote regions of the country. Seva Canada provided funding for all children who were identified as needing surgical services.

What you've helped accomplish in Burundi:

Eye Care Services:

While fewer children were screened for vision loss than this year's goal, the large increase in cataract surgeries compared to previous years shows a more targeted and efficient use of outreach activities and educational services provided by CECs. This targeted approach is the result of careful monitoring and evaluation of the program.

	Children Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	6,496	136	431	88
2023-24 Achieved (%F)	6,073 (52%)	217 (46%)	257 (46%)	106 (55%)
2022-23 Achieved (%F)	5,905 (50%)	124 (52%)	392 (43%)	80 (51%)

Training:

36 Community Health Workers, Primary Care nurses, and doctors in remote areas were trained in early identification of pediatric vision loss. The training included familiarisation with referral pathways to CECs, and learning what accessible resources are available to families who need eye care.

Equipment:

All consumables and surgical supplies for pediatric surgeries provided by Dr. Kandeke's team, including medicine for follow-up care, were provided by Seva Canada. Additional Seva funding this year was provided to create a safer, more efficient anesthesia protocol for pediatric patients.

ETHIOPIA

Seva Canada supports the Eye Unit of Felege Hiwot Referral Hospital in the Amhara Region. Funding supports outreach activities in remote parts of the region, as well as consumables and subsidies for surgical services. This past year was a difficult one for Ethiopia and the Amhara Region. An armed conflict in the region suspended outreach activities and made contact with the Eye Unit extremely difficult.

What you've helped accomplish in Ethiopia:

Eye care services continued, despite the armed conflict, but at a slower pace than previous years. In addition, only nonprescription presbyopic (reading) glasses were provided to patients last year. A new plan is in place to provide prescription glasses to myopic patients in the coming years.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	37,958	2,571	n/a	853
2023-24 Achieved (%F)	23,309 (48%)	1,244 (52%)	1,236 (53%)	0
2022-23 Achieved (%F)	34,507 (44%)	2,337 (58%)	n/a	775 (46%)

Training:

One ophthalmologist from the eye unit received PHACO training.

Equipment:

Specialized equipment was provided to detect and treat glaucoma and retinal diseases, along with equipment for an optical shop. Training and supplies for the optical shop will begin this coming year.





MADAGASCAR

This past year included many exciting new initiatives for the program in Madagascar. Seva Canada now supports a fourth hospital-based program in Toliara in the southwest region of the country. This program now shares the same features as our other three: funding for community outreach, service delivery, training, and equipment and supplies. In addition, the new program received special observation and training this past year to ensure they had the right mix of equipment and skills necessary to provide highquality care.

In addition to adult programs, Seva Canada also supports some of the only subsidized pediatric eye care services outside of the capital city. Ophthalmologists and program managers from each of the four sites spent a week in Antananarivo receiving specialized training in pediatric surgery and programming from Dr. Amadou, a world-renowned pediatric ophthalmologist from Benin. In addition to unique training opportunities, 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.

This past year was also the first full year of operation for the Seva-supported Community Eye Centre (CEC) in Ambilobe. This CEC, the first in the country, saw over 1,600 patients, provided 400 pairs of glasses and conducted 110 cataract surgeries. These numbers represent people who are no longer living with vision loss thanks to our generous donors and the dedicated staff of the CEC who are available five days a week, all year round.

What you've helped accomplish in Madagascar:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	41,796	2,374	107	5,675
2023-24 Achieved (%F)	47,858 (59%)	2,404 (51%)	798 (55%)	10,211 (64%)
2022-23 Achieved (%F)	37,996 (58%)	2,158 (52%)	97 (48%)	5,159 (65%)

Training:

- 7 Ophthalmologists received training in pediatric surgical techniques
- The program in Toliara received training in community outreach program planning and hospital management
- KCCO staff helped all four eye hospital-based programs build their annual plans and costrecovery targets

Equipment:

New equipment was purchased for each program to either replace old diagnostic machines or to add new services. In addition, the program in Toliara received ophthalmic equipment upgrades and a new suite of equipment to create an optical shop.

TANZANIA

Seva Canada has had sustained partnerships in Tanzania since the founding of KCCO in 2001. Thanks to the generous support from Seva Canada donors, this past year Seva and KCCO laid the groundwork to start two new programs in Tanzania. Both programs are part of the Kilimanjaro Christian Medical Centre (KCMC) Department of Ophthalmology. The first program focuses on pediatric patients and includes outreach activities, training of local leaders to identify children with vision loss (called Key Informants), provision of glasses and low vision devices, transportation for families to the hospital, and school screenings. Not only will this program benefit children with vision loss in the surrounding regions, it will also benefit the pediatric ophthalmology residents who are training under supervision at KCMC.

The second program is aimed specifically at Tanzanian ophthalmology residents studying at KCMC. This program will provide expert mentorship and guidance for residents, as well as greater opportunities to practice, learn about, and participate in outreach activities either in the regions around KCMC or in the regions where they will practice after they graduate.

This past year, Seva Canada continued to provide support to eye health programs in the Mara and

Kagera regions bordering Lake Victoria. Both programs support the government-run eye units to conduct outreach activities as well as equipment, supplies, training, and funding for surgical services and glasses. The eye unit in Mara is still being served by travelling ophthalmologists from other regions while the full-time Mara ophthalmologist is completing his last year of Seva-sponsored residency at KCMC. While the eye unit waits for the full-time ophthalmologist to return, surgical numbers will remain lower, as reflected in the data on page 17.

These programs also work with women's microfinance members to identify people living in their communities with vision loss and refer

them to nearby outreach activities. While the microfinance-eye care partnership program supports everyone, it is particularly useful in identifying women and girls who share the larger burden of people living with vision loss. In the past year, almost half of the people in attendance at outreach activities were referred by a microfinance member trained by KCCO.

Seva Canada is also co-sponsoring a novel research study in the Dodoma region of Tanzania with Dr. Frank Albert. The study compares the effectiveness of community-developed eye care outreach activities with those developed by the eye unit at the local hospital. The results of the study are expected next year.



What you've helped accomplish in Tanzania:

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	18,734	2,096	n/a	1,229
2023-24 Achieved (%F)	24,782 (51%)	1,363 (49%)	370 (46%)	1,938 (52%)
2022-23 Achieved (%F)	17,031 (52%)	1,905 (51%)	n/a	1,117 (54%)

Training:

- 1 Ophthalmologist is completing his last year of training at KCMC
- 86 Women's microfinance members were trained in vision loss identification and referral processes

Equipment:

- A suite of diagnostic and surgical equipment was purchased for the Mara program to replace well-worn pieces including a new operating microscope and equipment to detect back-ofthe-eye diseases
- All necessary equipment and consumables were purchased to provide Mara with a complete optical shop where staff can prescribe and dispense glasses on site at the eye unit



UGANDA

Seva Canada has a long-standing relationship with Ugandan ophthalmologist Dr. Simon Arunga. Dr. Arunga trains ophthalmology residents and runs two eye hospitals: one in Mbarara and another in Fort Portal. The hospital in Fort Portal opened in October 2023 and will serve patients in northwest Uganda as well as communities in the Democratic Republic of Congo across the border.

Dr. Arunga hopes to create a network of CECs in the communities surrounding his hospitals to provide permanent, affordable eye care to remote areas of Uganda. Seva Canada sponsored Dr. Arunga and his team to attend an eye care management course led by KCCO. This management course helped their team build the skills and plans necessary to make their CEC network dreams a reality.

INDIA



Seva's long-term partnership with Aravind Eye Care System has benefited every single program we have worked with either through clinical rotations offered at Aravind's hospitals, or through their training school, the Lions Aravind Institute for Community Ophthalmology (LAICO). This past year, Seva Canada and the LAICO team put together a plan to sponsor a series of learning collaboratives for eye hospitals and eye units within our combined network. These learning collaboratives combine classroom-style



learning and intensive mentorship over the course of one year on vital subjects such as Community Eye Centre (CEC) management, clinical quality, and building referral networks. The first learning collaborative is expected to begin in early 2025.

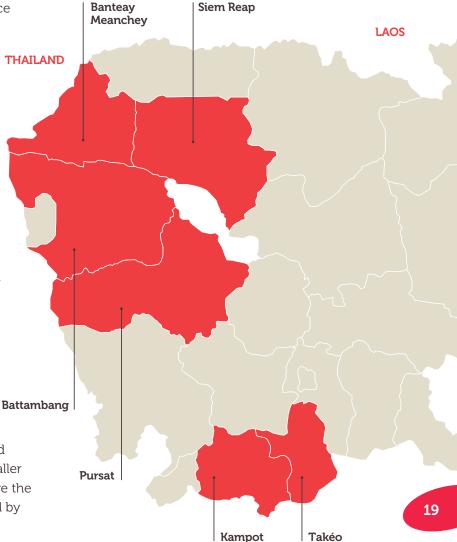
Seva also began a partnership with Pragyaan Sustainable Health Outcomes Foundation (PRASHO) this past year. Members of the PRASHO team have been working on the Evidence in Practice (EIP) program since its inception in 2019. Together, Seva Canada and PRASHO are putting together the next phase of the EIP program to provide more hospitals with operational research support, and to provide individual, advanced support to institutions who have been involved in the EIP program from the beginning.

This past year, Seva Canada donors funded the purchase of a van used by Aravind-Chennai's outreach program, supporting eye care access for the rural population surrounding Chennai. Over the past year this vehicle has been used for 48 eye camps and has served 4500 people. In addition, Seva donors supported the orbital and oculoplastic program at Aravind-Chennai, providing care for patients with traumatic eye injuries.

CAMBODIA

Seva Canada works through a country office in Cambodia staffed by local experts in program management. In the past year, Seva Cambodia supported eye care programs in six provinces, providing eye care coverage to over 25% of the country's population. Funding supported training opportunities and community outreach programs that provide surgery, glasses and medicine, as well as supporting a pediatric program at Angkor Hospital for Children in Siem Reap, and creating Community Eye Centres (CECs). Seva Canada funds are concentrated in the Banteay Meanchey Province. Our team also works with the Cambodian National Program for Eye Health to ensure that all Seva-supported programs are included in national plans to promote eye health and prevent vision loss. This past year, Seva Cambodia opened four new CECs across the country including one funded by Seva Canada donors in Thma Puok, Banteay Meanchey. These CECs are located in government-run district hospitals in smaller towns outside the provincial capitals (where the eye units are located). The CECs are staffed by







an ophthalmic nurse and a refraction nurse who provide refraction, eyeglasses, medicines, and referrals to the eye unit for surgical cases. CECs also provide school screenings to the secondary schools in their area where they train teachers to identify students with vision loss. Refraction services and glasses are provided to the children and teachers who need them.

Seva Canada supports the Banteay Meanchey Eye Unit in two ways: through community outreach and clinical services. The program employs two full-time outreach workers who travel to the most remote parts of the province to conduct vision screenings. Those needing glasses are sent to the closest CEC. Those needing surgery are taken to the eye unit for surgery and returned home the next day.

The eye unit is supported with clinical training and professional development opportunities for the staff, as well as equipment, consumables and support for surgical services for patients who cannot afford them. The combination of these two programs ensures that everyone in the province has access to eye health services by eliminating such barriers as distance and cost.

What you've helped accomplish in Cambodia:

The number of cataract surgeries in Cambodia rose over our prior year's output but fell slightly short of our goal due to many factors including a reduction of surgical time for ophthalmologists.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	160,065	7,312	3,753	8,694
2023-24 Achieved (%F)	166,638 (58%)	6,734 (62%)	3,955 (52%)	9,584 (56%)
2022-23 Achieved (%F)	145,505 (58%)	6,647 (62%)	3,412 (47%)	7,904 (54%)

Training:

- 8 Ophthalmologists received continuing medical education in ophthalmology
- 2 General nurses received refraction nurse training
- 22 Refraction and ophthalmic nurses obtained continuing medical education in eye health
- 1 Eye unit staff member received equipment maintenance training
- 11 Eye unit staff received training in quality improvement methodologies
- 359 Schoolteachers received training in visualacuity measurement and primary eye care

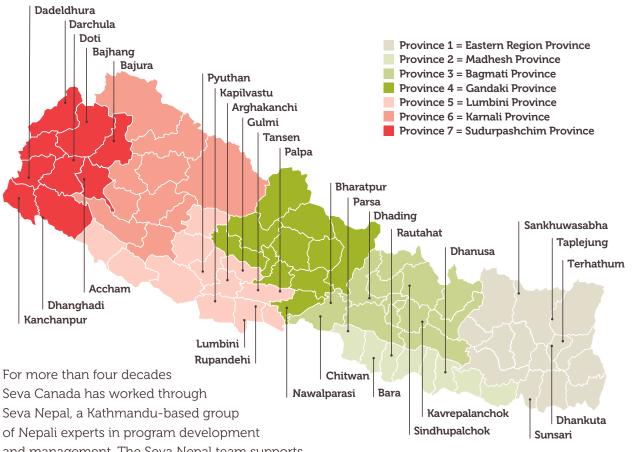
Equipment:

All consumables and surgical supplies needed to provide surgery and glasses for people in the Banteay Meanchey region were provided by Seva Canada.



NEPAL





and management. The Seva Nepal team supports a network of eye hospitals and CECs that cover half of Nepal's 77 districts. Seva supports Nepal through training, CEC development, subsidized

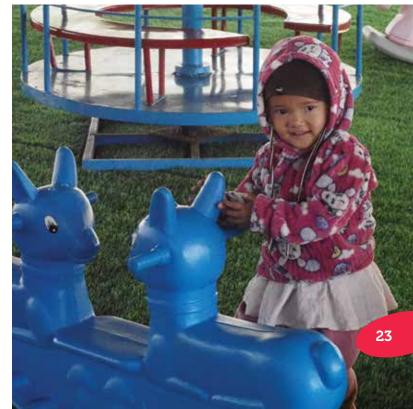
surgical services and glasses (particularly for children), and support for epidemiological and operational research.

Seva supports access to primary eye care and surgical services through subsidizing surgical services and glasses for those who cannot afford to pay and through development of new CECs in regions of the country where regular access to eye care is unavailable. In the past year, Seva supported the development of six new CECs. These CECs provide regular primary eye care as well as glasses and medicine. In addition, two CECs were expanded to become "secondary hospitals" which means they can now provide cataract and other minor surgical services. Seva also provided support for hospital-based surgical services and glasses for those who could not afford to pay.

A significant portion of Seva Canada direct service funding helps children through Bharatpur Eye Hospital's pediatric department. This past year, Bharatpur inaugurated the new Dr. John Pratt-Johnson pediatric eye unit, named after one of Seva Canada's long-time supporters and past board member whose volunteerism in the field of Pediatric Ophthalmology in Nepal has significantly advanced service delivery to children in the country. This new facility is a separate building for children and houses all sub-specialties needed to treat a host of pediatric conditions. It even has a playground for kids to play before and after getting the care they need.

Seva also assists hospitals through training and research support. This past year Seva

sponsored sub-specialty fellowships and general ophthalmology residents. Other clinical staff received training that is vital to providing highquality services such as equipment maintenance, CEC management, operating theatre management, and orthoptics. The Seva Nepal team also led or sponsored several workshops on quality improvement, data management, and monitoring and evaluation. In addition, four hospitals were enrolled in the Evidence in Practice (EIP) program where they learned, applied, and studied methodologies of continuous improvement used at hospitals around the world.



Seva Canada also sponsored studies to understand the number of children under the age of four in the Lumbini Zone who live with vision loss. These studies will be helpful in determining new pediatric programs aimed at reaching more children in this area.

What you've helped accomplish in Nepal:

The total number of screening and surgical services decreased in Nepal this past year due to many factors including fewer patients coming from India due to their own strengthening of services, and the need for more skilled ophthalmologists to practice in Nepal. An increase in ophthalmology residents is expected in the next few years.

	People Screened	Cataract Surgeries Performed	Other Surgeries Performed	Glasses Provided
2023-24 Goal	1,608,864	99,516	14,457	7,006
2023-24 Achieved (%F)	1,394,490 (53%)	87,949 (54%)	17,381 (49%)	4,844
2022-23 Achieved (%F)	1,462,604 (53%)	90,469 (56%)	13,143	6,369

Training:

- 1 Ophthalmologist received an Oculoplastic fellowship
- 1 Ophthalmologist received a pediatric ophthalmology fellowship
- 1 Ophthalmologist received PHACO training
- 10 Ophthalmic assistants received various training in operating theatre management to support anaesthesia, surgery, and recovery protocols
- 180 Hospital staff received quality improvement training
- 71 People received training in operational research
- 3,290 Schoolteachers, community health volunteers, pharmacists, nurses, and health assistants received training on primary eye care

Equipment supported by Seva Canada:

- A PHACO machine was provided to Palpa Eye Hospital to provide state of the art cataract surgeries and improve financial sustainability
- A portable operating microscope was provided to Gulmi Eye Hospital
- Both new CECs supported by Seva Canada were provided with all equipment, medicines and consumables needed

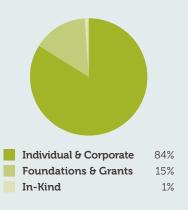
FINANCIALS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2024

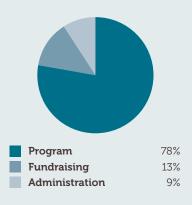
REVENUE	2023/2024	2022/2023
Project grants, contracts and awards	407,770	426,430
Donations and Awards	2,295,431	1,729,827
Donations In-Kind	24,344	2,400
Special events, presentations and net merchandise sales	775	3,039
Interest and other income	306,287	33,960
	3,028,344	2,208,139
COST OF GOODS SOLD		
Opening inventory	11,267	11,036
Purchases	-	1,727
Closing inventory	(9,654)	(11,267)
	1,613	1,496
	3,026,731	2,206,643
EXPENSES		
Program payments	1,654,864	1,285,113
Program administration	398,057	350,052
Fundraising	345,889	313,846
General administration	237,735	207,456
	2,636,545	2,156,467
EXCESS OF REVENUE OVER EXPENDITURES	390,186	50,176
NET ASSETS, BEGINNING OF THE YEAR	1,392,970	1,342,794
NET ASSETS, END OF YEAR	1,783,156	1,392,970

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

SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



25

RESTORING VISION, REVIVING INDEPENDENCE: Mok Chhoy's Journey Back to Her Community

Ms. Mok Chhoy, a 65-year-old resident of the Mongkol Borei district in Banteay Meanchey province, Cambodia, lives with her youngest child and two grandchildren, whom she cares for while their parents work in Thailand to support the family. Until three years ago, Mok actively helped her husband in the rice fields and participated in a cooking group for weddings and special events in her community.

However, when COVID-19 emerged, it marked not only the onset of a global pandemic but also the beginning of her vision loss. Despite trying eye drops and purchasing ready-made glasses from the market, nothing improved her deteriorating eyesight. Frustrated and increasingly dependent on her family, Mok faced significant challenges: walking unassisted became difficult, and she could no longer read or cook. This forced her to step back from cooking for the community events that had once brought her joy, leading to her isolation from the vibrant community she had always been a part of.

During a visit from her sister, Mok learned about an outreach screening camp organized by a Seva worker taking place at the village leader's house the following week. Filled with hope that her vision could be restored, she attended the screening and was diagnosed with bilateral cataract. To her relief, she discovered that her vision could indeed be restored through surgery, at no cost to her. The outreach worker promptly scheduled her surgery and arranged transportation to the hospital.

Two weeks later, Mok underwent life-changing surgery on her right eye funded by Seva Canada donors. When the bandage was removed the following day, she was astonished to see clearly once again—the faces and world around her came into focus.

"I'm now confident that I can take care of myself and my family, return to farming, and resume cooking for my community," Mok shared, her eyes shining with gratitude. "I never thought my sight and my income—could come back. Thank you so much, Seva Canada, for giving me back my vision."

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LOOKING AHEAD

Dear supporters,

In an environment where more people need eye care than ever before, and where foreign aid is spread thin, I am delighted to share that Seva Canada is now positioned to bring eye care services to more people. An anonymous volunteer and donor, along with other new partners, has made significant investments in Seva Canada's capacity to raise funds here in Canada and increase our mission delivery. This donor's generous support in honour of her late father opens possibilities for every donor to have an even greater impact — more opportunities to support vital vision care, make a difference, and unlock human potential through the power of sight.

In the year ahead, we will not only extend eye care services to new places but also continue to improve our existing programs. Through the growth of targeted initiatives like our Evidence in Practice program — led by our dedicated partners in the Global South — we remain committed to development with dignity, elevating our partners and the people we serve.

Thank you once again for your support and for being a part of this remarkable journey!

Liz Brant Executive Director





OUR THANKS

On behalf of the Seva Canada Staff

Liz Brant, Executive Director Ken Bassett, M.D., Program Director Katie Judson, Program Consultant Priya Reddy, Program Consultant Deanne Berman, Marketing & Communications Director Ellie Burnham, Donor Relations & Marketing Coordinator Ashley Holm, Donor Relations & Operations Manager Erika Kinast, Philanthropy Manager

We are deeply grateful for the incredible generosity of our donors, volunteers, and those who provide in-kind support. Each contribution helps us advance our mission. The following list recognizes donors whose gifts this year have been especially impactful.

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ForSight Supporters

We extend our heartfelt gratitude to our ForSight monthly donors, whose ongoing support provides a reliable foundation for Seva Canada's work. Your steady contributions allow us to plan and deliver sight-saving programs year-round, ensuring that we can reach more people in need. Thank you for your unwavering commitment to transforming lives.

Your Legacy is Their Vision

We are also deeply grateful to those who have included Seva Canada in their Will, leaving a lasting legacy of hope for the next generation. Your generosity ensures that future generations will continue to benefit from sight-saving care, transforming lives for years to come. Thank you for making such a profound and enduring impact!

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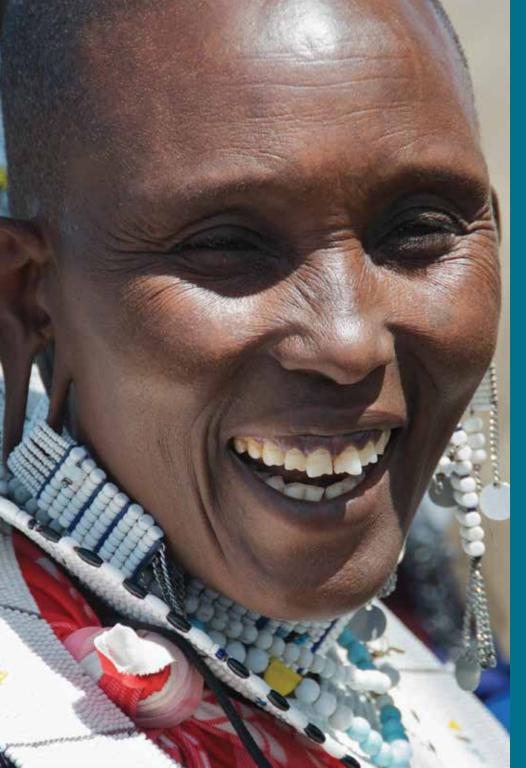
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Seva Canada Society 100–2000 W. 12th Ave, Vancouver, BC, V6J 2G2

Tel: 1.877.460.6622

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