

# PEEK-A-BOO! I SEE YOU.

MALAGASY BOY WITH BILATERAL CONGENITAL CATARACTS



*"I can't go to school; I can't see the board and kids make fun of me."*  
9 year-old Seva pediatric patient, before receiving sight-restoring cataract surgery.

Madagascar, with 9.5 million children under the age of 14, has one pediatric ophthalmologist. Her name is Dr. Hobilalaina Randrianarisoa and she works in the capital city, Antananarivo.

As a point of comparison, British Columbia, with 680,000 children under the age of 14, has seven pediatric ophthalmologists.

Compounding the challenge is that, for no known reason, a child born in a low-income country such as Madagascar is significantly more likely than a Canadian child to be born with or to develop cataracts before the age of 16; making cataracts the leading cause of childhood blindness in the world.

In Madagascar alone, over 400 children are born with or develop blindness due to cataracts each year. Children under 5 years of age are at the greatest risk as most blind children are either born blind or become blind before their first birthday. Early intervention is critical

to ensure good vision for life, but in Madagascar, fewer than 20% of children receive the treatment they require.

Blindness in childhood leads to a lifetime of low self-esteem, low educational attainment, low productivity and dependency. Blindness and low vision also affect families and communities for generations as the loss of income and productivity drives families deeper into poverty. One study places the global economic loss from childhood cataract between US\$1 billion and US\$6 billion every 10 years.

### Why do so few children get treated?

In almost all settings, eye care programs establish pediatric services last because adult blindness, primarily due to cataract, is relatively simple to diagnose and inexpensive to treat. Pediatric problems are far more difficult to diagnose and treatment almost always requires general anesthesia, very expensive equipment and long term follow-up care.

Prior to Seva Canada's involvement, there were two types of barriers that

prevented children from accessing eye care services:

#### 1. No community-based activities in place to find and refer children.

Most parents in Madagascar have no understanding of eye disease. They don't know their child may go blind and they don't know that many eye conditions are treatable. Even if the parents did recognize eye disease they would not have access to a health practitioner that could provide information or counselling.

Seva donors are funding a network of village members, called Key Informants, who go door to door to identify children who need care and refer them for an examination. The Key Informants also counsel parents if surgery is necessary and ensure that the child receives the extensive and critical follow-up care. Each Key Informant usually covers a population of 5000 people.

#### 2. The costs for transportation to hospital, food and accommodation, surgical fees and post-operative care are prohibitive.

The thought of travelling to the capital city – as much as a 2 or 3 day bus ride – is not only incomprehensible but also

unaffordable for most families. The cost of surgery, including anesthesia and a pediatric lens implant, is far beyond the reach of the vast majority of Malagasy parents.

Thanks to Seva donors, children are now transported, treated and receive the follow-up care they need free of charge. Not only is care provided but transportation arrangements are made, food and accommodation organized and surgery arranged.

These Malagasy children, like all kids who have their vision restored, are given an average of 50 years of sight. They can play with friends, succeed in school and pursue their dreams.



## A MESSAGE FROM PENNY LYONS: THE RESULTS ARE IN



I wanted to share some news that I hope makes you feel great about your support of Seva Canada.

Charity Intelligence ([www.charityintelligence.ca](http://www.charityintelligence.ca)), an independent research organization, has just launched a new rating system to evaluate Canadian charities for transparency and accountability, including Canada's largest non-profits. Seva Canada was one of only 72 organizations that received four stars, the highest possible ranking.

*"Charity Intelligence's research has found charities that are exceptional. This list of 4-star charities shows Canadians 72 charities that excel in accountability to donors, financial transparency and cost-efficiency. We hope Charity Intelligence's ratings help donors get accurate, independent information in making important giving decisions."*

-- Kate Bahen, Managing Director of Charity Intelligence.

I have always felt honoured to have the trust of our donors and take this responsibility very seriously. I hope this news gives you even more confidence in your gifts and the impact they make.

Thank you for being part of Seva's mission to restore sight and prevent blindness. I truly value your support and I will continue to do my utmost to ensure your gifts continue to make the greatest possible impact in transforming lives through the power of sight.



Sincerely,  
**Penny Lyons**  
Executive  
Director



## ≡ UPCOMING EVENTS ≡

### DINE IN THE DARK WITH JIM BYRNES, OCTOBER 9, 2014



#### A celebration of World Sight Day in support of Seva Canada

Join Seva Canada for our second edition of Dine in the Dark - an evening of discovery at Vancouver's most unique restaurant, Dark Table.

Experience dinner, conversation and a special performance by legendary blues artist and three-time Juno award winner, **Jim Byrnes**, all without your sense of sight.

Every ticket purchased will provide cataract surgery for someone who is needlessly blind in one of the poorest parts of the world.

**Date:** Thursday, October 9, 2014

**Time:** 6:30pm to 9:30pm

**Location:** Dark Table  
2611 W. 4th Avenue  
Vancouver, BC

**Tickets:** \$125 each

**Purchase tickets at**  
<http://bit.ly/darkdining14>  
**or call us at (604) 713-6622**

**Generously sponsored by:**  
Assante Wealth Management/CI Investments

### ANNUAL GENERAL MEETING (AGM) & DONOR RECEPTION, FRIDAY NOVEMBER 7, 2014

Featuring special guests from the Tibetan Area of China:



**Mr. Kunga Tashi,**  
**Seva Tibet Sight Program Manager**

Kunga established Seva Tibet in 2002 and led its expansion to include most parts of the Tibetan Autonomous Region around Lhasa as well as the Kham and Amdo Regions in Eastern Tibet. He has been instrumental in building and strengthening high quality eye care programs that includes service to the poorest people living in the most remote areas.

**Ms. Dolma Chugi, Seva Tibet Assistant Program Manager**

Dolma, who joined Seva Tibet in 2005, coordinates Seva Tibet support for eye care programs in 12 government hospitals that serve 4.4 million people. Her work includes building local capacity for program management and designing outreach activities. She also assists local ophthalmologists to gain training opportunities and to raise funds to support program expansion.

**Date:** Friday, November 7, 2014  
**Time:** 7pm  
**Location:** BMO Great Hall,  
VanDusen Botanical Garden,  
5251 Oak St., Vancouver, BC

**Space is limited.**  
**Please RSVP at 604-713-6622 or**  
**<http://bit.ly/SEVAAGM2014>**

**Please note:** Everyone is welcome to attend the AGM, however, to be considered a member of Seva Canada Society and eligible to vote at our Annual General Meeting a person must have donated \$20 between November 1, 2013 and October 31, 2014. Any member may be nominated to the Board of Directors by submitting a letter signed by a nominator and a seconder, both of whom must be members in good standing of the Seva Canada Society. Letters can be sent to the Seva Canada office to the attention of the Chair of the Governance and Nominating Committee. The Governance and Nominating Committee's mandate is to review all nominations and recommend the membership candidates for election who meet the Board's criteria. All nominations must be received by September 26, 2014, a minimum of 30 days prior to the date of the AGM.

### MOTOWN MELTDOWN, SATURDAY MARCH 28, 2015

A night of music & dancing in support of sight

The legendary musical event, Motown Meltdown, is now being hosted by Seva Canada! This special night assembles dozens of Canada's finest musicians, raising the roof of the Commodore Ballroom. Backed by a red-hot 12-piece band, the talented cast gets down in serious Motown fashion!

**Date:** Saturday March 28th, 2015  
**Time:** Doors 7pm, Showtime 8pm  
**Location:** Commodore Ballroom, 868 Granville St., Vancouver, BC  
**Tickets:** More information to follow, stay tuned! Details available at <http://www.seva.ca/motownmeltdown.htm>



# A PERFECT FIT



PHOTO CREDIT: @PETER MORTIFEE

Seva donor Judy Hager has been helping children reach their true potential for decades through her local philanthropy and scholarships. When she received a vision-correcting cataract surgery, she wanted to “pay it forward” and make a donation that gave sight to those in need in the developing world.

As it turned out, Seva had the perfect new program for Judy launching at just the right time: a pediatric eye care program in Madagascar, to give children who struggle with blindness the keys to a brighter future.

We sat down with Judy to ask her a few questions about what inspired her to get involved.

**Q: Can you tell us the story of how you first heard about Seva?**

**Judy:** I had cataract surgery three summers ago. While I was waiting in my ophthalmologist, Dr. Ian Hass’ office I noticed a plaque on the wall. It was from Seva Canada, thanking Dr. Hass for his support. I was so appreciative of what it meant to see clearly, I wanted to return the gift that had been given to me, and Seva was a perfect fit.

**Q: What inspires you to donate to eye care?**

**Judy:** Eye care can make a huge difference. If you grow up in the developing world and you can’t see, you can become a burden to your family and your community. You can’t develop life skills to help yourself or do things that you normally would be able to do. The ability to see is one of our greatest gifts.

**Q: Why do you like supporting programs for children?**

**Judy:** My husband and I have supported further education for local high school students for a number of years – many from difficult backgrounds. If a difference can be made in the life of just one child it changes their whole future – opens up doors for them and has a give-back effect that carries on throughout their own life and spreads into the community in which they live.

**Q: Do you have a personal connection to Madagascar or Eastern Africa?**

**Judy:** No personal connection but Seva invited me to participate in one of their areas of greatest need. Matching a donor with an interest is important

and Seva found something that really connected with me.

**Q: What differentiates Seva from other organizations?**

**Judy:** I am excited about Seva because everyone involved is so enthusiastic about what they do. There is a vibrancy and a dedication that just shines – from office visits to their AGM – and it’s contagious!

**Q: Is there anything you would like to share with people who are new to Seva’s work?**

**Judy:** I would like to invite others to contemplate what a donation to Seva means. Can you imagine losing your sight, especially as a child? This boy or girl isn’t able to experience the joys of childhood – instead, they become a burden to their family, robbed of their true potential. And then through Seva, that child receives the gift of sight... that child goes to school, and participates fully in all that the future holds. It’s a new life. To me, it’s an easy decision to give to Seva. There really is no decision: the blind might see!

*With dynamic local eye care leaders and an enormous need for children’s eye health, Judy’s initial gift has been an investment in eye care for children in Madagascar with long-term results. With Judy’s continued support, the pediatric program in Madagascar has grown to provide essential sight-restoring surgeries and ongoing assistance to hundreds of children each year. It has become a blueprint for effective children’s sight programs that can be replicated in other low-income countries, creating a ripple effect of sight.*

*Seva Canada makes strategic partnerships in developing countries to maximize the impact our donors can make with their gifts, focusing on countries and overseas partners who have the potential make the greatest difference. Similarly, we try to strategically pair donors with programs that align with their personal interests, so they can achieve their philanthropic goals. With Judy, it was just a perfect fit!*

# THROUGH THE EYES OF A TIBETAN CHILD

In the Tibet Autonomous Region (TAR), childhood blindness is thought to be more common than in more industrialized areas of China and other low-income countries. In the TAR, there are approximately 5,000 blind children, 75% of whom are thought to have treatable conditions.

## **What are Seva donors doing about it?**

Prior to 2008, none of the local ophthalmologists could provide surgical care to Tibetan children. Children were dependent on sporadic visits to Lhasa by foreign doctors unless extraordinary family resources allowed them to travel to other centres in China for care. Waiting for up to a year for sight-restoring treatment significantly worsens the likelihood of a good visual outcome for younger children.

The clinical portion of Seva's Childhood Blindness and Low Vision pilot program was launched in 2008 at the Menzikhang Hospital of Traditional Tibetan Medicine in Lhasa with technical and teaching support from volunteer pediatric ophthalmologist, Dr. Judy Newman. The goal of the program was for Dr. Newman to not only provide specialty eye care to Tibetan children, most of whom are nomadic, but also to train local ophthalmologists in cataract, strabismus (a condition in which the eyes are not properly aligned with each other) and glaucoma surgery. In addition, Dr. Newman remained available, through electronic communication, to support post-operative care and to consult on difficult cases. One surgeon, Dr. Jiang Dran and three ophthalmic assistants also travelled to the Seva-affiliated Lumbini Eye Institute, in Bhairahawa Nepal, for training in pediatric diagnosis and treatment.



TIBETAN BABY BOY WITH STRABISMUS

After initial training in 2008, Dr. Jiang Dran began to independently examine children and perform cataract and horizontal strabismus surgery. In 2009, she operated on 28 children: 17 with cataracts, 8 with strabismus, 2 with glaucoma and 1 with a lachrymal duct obstruction.

The community portion of Seva's Childhood Blindness program also began in 2008 with school screening camps as well as training of traditional

healers and school teachers to detect eye disease and refer kids for care. In 2009, Seva staff and partners screened 500 students, providing glasses to 25 children with refractive errors. With Dr. Judy Newman's regular training visits, Menzikhang is now able to provide pediatric eye care at the hospital to children with cataracts, strabismus and low vision. Children in the TAR no longer have to wait for foreign doctors to visit to receive essential eye care services, increasing their chances on having healthy vision for life.



# JOHN HACAULT'S LEGACY OF SIGHT



JOHN HACAULT

John Hacault was a successful farmer in the province of Manitoba, where he was born and raised. A quiet, kind and

unassuming man, he always contributed to the welfare of his community and liked creating things for others to enjoy. Upon retiring he took up the hobby of working with stained glass, making tiffany-style lamps for his family members.

Later in his senior years he came to Vancouver, and with his wife, eventually moved to an independent-living retirement home. Here his creativity was channeled into building intricate "matchitecture" models. Using small

sticks and glue, and his exceptional gifts of patience and skill, he built miniature replicas of such structures as a Mississippi river boat, a cantilever bridge, Notre Dame Cathedral, and the Taj Mahal. His efforts on display gave pleasure to many.

John believed that making a difference in the lives of others gave his own life greater meaning. He wanted to do even more through his legacy. John's characteristic diligence and keen attention to detail guided his estate planning process; he made sure to take care of his beloved wife, and then he began researching a number of charities and found Seva. He was well aware of the importance of eye care and he liked that this Canadian international charity seemed trustworthy and effective, so he included Seva in his Will.

John passed away unexpectedly on July 11, 2013 but that is not when his story ends.

One year later, his legacy of sight will create three permanent eye care facilities in remote areas of Cambodia, Burundi and Guatemala. Because of John, thousands of people will have year-round access to eye care. These clinics prevent a lifetime of blindness for people with simple – but potentially blinding – eye conditions such as an eye infection or foreign body in the eye. Those who need surgery will be referred to the nearest eye hospital for care. Villagers will be fitted with a pair of glasses to bring their world into focus.

John's wife remembers him with great love, and respect for his determination to help those less fortunate. His legacy will continue for generations through the sight of others.

On behalf of the people whose sight he has saved and will save, our profound thanks to John for his incredible generosity.

## DR. HOBILALAINA RANDRIANARISOA, MADAGASCAR'S PEDIATRIC OPHTHALMOLOGIST

Low vision and blindness is much less common in children than in adults and it's much more difficult to find the children in poor countries like Madagascar with mostly rural populations. Adding to the challenge is that the best results depend on finding children early and treating them promptly. Treating them requires by far the most sophisticated ophthalmic and anesthesia equipment and highly trained staff dedicated to pediatric ophthalmology. The fact that Madagascar has a very high quality pediatric program is proof of its commitment to care for children. The pediatric ophthalmologist is

Dr. Hobilalaina Randrianarisoa (Dr. Hoby), whose training was supported by Seva's partner in Africa, the Kilimanjaro Centre for Community Ophthalmology.



DR. HOBILALAINA RANDRIANARISOA "DR. HOBY"

We were fortunate to be able to talk to Dr. Hoby and ask her some questions about herself and her sight-saving work.

**Q. Where did you grow up?**

**Dr. Hoby:** I grew up in Antananarivo, the capital of Madagascar, where I also live and practice ophthalmology today.

**Q. Where did you train to be an ophthalmologist and why did you decide to work in Madagascar?**

**Dr. Hoby:** I began my training in Antananarivo and finished it in Strasbourg, France. Doctors from Madagascar can receive training in France as part of a post-colonial arrangement between countries. I chose to come back to work in Madagascar. It's my country and I want to be able to help my people.

**Q. You work closely with Seva's partner in Africa, the Kilimanjaro Centre for Community Ophthalmology (KCCO); can you explain your relationship with them?**

**Dr. Hoby:** I met Paul and Susan (the founders of KCCO) for the first time in Moshi, Tanzania in 2007 when I was

there for a cataract surgical meeting. KCCO has worked closely with a number of eye care programs in the country to help with planning and delivering eye care. In 2011, KCCO helped us to establish a community-based program to find children in need of care. It is called the Key Informant program, where village women are trained to conduct door to door screening for children with visual problems.

In April 2011, I met someone from Seva Canada for the first time at a meeting in Tana where we were planning a National Pediatric Eye Care Program. We've had a good working relationship ever since.

**Q. You were the first person to be trained as a pediatric ophthalmologist in Madagascar. Why did you decide to become a pediatric ophthalmologist?**

**Dr. Hoby:** I decided to become a pediatric ophthalmologist when I was a

resident. It was always very difficult for me to see all the children who needed eye care so I decided to do something about it and specialize in pediatrics.

*Today, Dr. Hoby is instrumental in ensuring that the children of Madagascar who suffer with blindness can have their sight restored. She is grateful to the Canadian donors who make her work possible.*

## SEEING – THE PATH TO INDEPENDENCE

Corinne, an 11-year old Malagasy girl who lives in Tamatave Province is one of 6 children cared for by her parents. Her mother and father struggle daily to farm enough to provide for their family. At the young age of 5, Corinne started to have problems with her vision until she became severely visually impaired. She started becoming depressed and required someone to accompany her wherever she went so that she didn't hurt herself.

Corinne's uncle heard about a childhood blindness program supported by Seva Canada and the Kilimanjaro Centre for Community Ophthalmology (KCCO) in his rural commune in Antananarivo where he lived. He quickly let her parents know about the pediatric eye care program and Corinne's father decided to bring her to see if she could be helped.

Rasoanaivo Delphine, one of the newly trained Key Informants (a village member who identifies children in need of eye care), recognized that Corinne had a serious visual impairment. Rasoanaivo spoke with Corinne's father and convinced him to bring her to the upcoming outreach so she could be examined by the ophthalmologist, Dr. Hobilalaina Randrianarisoa (see pg. 6 for an interview with Dr. Hobilalaina). After the examination, Dr. Hobilalaina confirmed that Corinne had an operable congenital cataract and referred her for sight-restoring surgery at the Child Eye Health Tertiary Facility in Antananarivo.

After her cataract surgery, Corinne's vision was vastly improved. "I am so happy! Now I can study and I won't need anyone to accompany me wherever I go! I will never forget everyone who gave me my sight back," said Corinne. Her father was also very happy and excited for his daughter's future and thanked Seva and KCCO for taking such good care of Corinne.



CORINNE BEFORE SURGERY



CORINNE AND HER FATHER AFTER HER SIGHT-RESTORING CATARACT SURGERY



# HEROES IN THE FIELD: ELIZABETH KISHIKI

The Kilimanjaro Centre for Community Ophthalmology (KCCO) recognized early on that investing in child eye health not only changed the lives of individual children, but also had a significant return to society by reducing poverty and improving overall quality of life. A cataract surgery for a child provides an estimated 50 years of sight and productivity.

Through KCCO, Seva Canada donors support comprehensive eye health and low vision programs in Tanzania, Malawi, Zambia, Ethiopia and Burundi. KCCO staff member Elizabeth Kishiki was the first Childhood Blindness & Low Vision Coordinator in Africa, and has been instrumental in making eye care available to kids in need.

We asked Elizabeth to share about her work.

## MY ROLE

My role is to ensure that our pediatric eye care programs are effective and reach as many kids as possible. This is more complicated than simply providing safe, high quality surgeries; we have to develop strategies to make sure that families in remote, rural areas know about our programs and understand how to get eye care for their kids. It's also crucial to provide children with follow-up care after treatment – for life. My job is to provide strategy and support for all of these “non-clinical” aspects of a comprehensive eye care program, so that doctors can focus on high-quality, sight-restoring surgeries.



ELIZABETH KISHIKI

## MY PROJECTS

When I began in my role, I assisted with the establishment of Child Eye Health Tertiary Facilities in Malawi and Zambia, and development of National Pediatric Eye Care programs in Madagascar and Ethiopia. Today I work to replicate these successful programs in new countries by training and mentoring other Childhood Blindness Coordinators. This means helping them

to establish systems to train outreach workers, find children who need care, counsel families, arrange transportation, follow up with families after surgery, and ensure appropriate educational placements for the kids. The training also stresses how to monitor and evaluate the program to ensure everything is working as it should, and how to make changes as needed.

I am involved in running an annual week-long course on childhood blindness and how to set up a Child Eye Health Tertiary Facility to provide clinical services for children. This course brings together teams from across Africa, all with the shared goal of providing the best eye care for the most children.

I also assist in conducting research which will help us continue to refine and improve the way we work. My research projects focus on monitoring how many children these programs are reaching, and evaluating the impact of our training.

## WHAT INSPIRES ME

As an African woman in a leadership role I am proud to be a part of KCCO where such a wide variety of skills are valued, and where there are many people, not only eye doctors, sharing the responsibility for a children's eye health program.

The stories of pediatric patients continually motivate and inspire me. I am often reminded of Cristella, a 4-year old little girl, who was blind with

operable bilateral cataracts. She wanted to see so badly she said “I always wish to see things around me, I promise you all that I will not cry, and if I will see, I will buy you doctor a bottle of coca cola.” It is because of children like her that I work hard to ensure they have a chance to succeed in life.



CRISTELLA BEFORE HER SIGHT-RESTORING CATARACT SURGERY



# VISION FOR CHILDREN

by Dr. John Pratt-Johnson,  
Seva Canada Board Member

What would you tell your markedly cross-eyed child, if no treatment was available?

"That the Gods had blessed your child specially and how fortunate they were to be thus singled out."

The unavailability of surgery to cure strabismus (a condition in which the eyes are not properly aligned) in childhood results in many adults in developing countries with unsightly strabismus. They desperately want surgery to improve their appearance. This can be performed under local anesthesia. However, frequently the surgical expertise is lacking.

I began my practice as the first pediatric ophthalmologist in Vancouver in 1966. As a pediatric ophthalmologist I treated children with a wide range of eye problems, including those born with cataracts, glaucoma, drooping lids, blocked tear ducts, poor sight correctable with eyeglasses, and all varieties of strabismus and amblyopia, also known as lazy eye. Many of these conditions need early treatment including surgery for children under the age of one year in order to give them the best chance of developing normal vision. This requires good general anesthesia often unavailable in developing countries.

Along with helping to establish the Pediatric Ophthalmology Program at UBC,

I took a strong interest in the eye care needs of children around the world.

In 1994, I endowed a Fellowship to bring one ophthalmologist a year from a developing country to train as a pediatric ophthalmologist at BC Children's Hospital. As a result 19 ophthalmologists from 15 countries have received training to date, including two from Nepal.



NEPALI GIRL WITH STRABISMUS

In 1998, I organized a Seva-sponsored First National Conference on Children's Sight in Kathmandu, Nepal. As a result of this conference, a list of recommendations were drawn up which I presented to the Prime Minister of Nepal, the Right Honourable Giriga Prasad Koirala, at his residence in Kathmandu.

These recommendations included plans for early screening and referral for treatment of children and the immediate introduction of the Measles Mumps and Rubella vaccine (MMR) to eliminate the rampant Congenital Rubella syndrome from Nepal.



FIRST NATIONAL CONFERENCE ON CHILDREN'S SIGHT IN NEPAL

Many congenital pediatric eye problems can be caused by rubella infection in the mother. The Nepalese Government subsequently passed legislation making the MMR vaccine mandatory throughout the country.

At that time, the development of an Orthoptic training program in Kathmandu was also recommended. Orthoptists are allied health personnel who specialize in diagnosing and treating patients with strabismus and amblyopia. Two orthoptists from the Nepal Eye Hospital were brought by Seva to BC Children's Hospital for two months. They were instructed by the Chief Orthoptist, Geraldine Tillson, on setting up a training program for Nepal. Geraldine had also attended the conference in Nepal. Since the two orthoptists have returned to Nepal they have trained other Nepali and Bangladeshi orthoptists.

I have returned to Nepal on several occasions; a most rewarding experience.

The links with Canada continue to this day.

## About Dr. John Pratt-Johnson

John Pratt-Johnson is a Pediatric Ophthalmologist who was Professor and Head of the Department of Pediatric Ophthalmology and



Strabismus at the University of BC until he retired in 1992. John has published prolifically and received many honours including the

Arthur Linksz Prize of The International Strabismological Association for "Contributions to the understanding and management of visual sensory motor disorders" and in 2002 he became an Honorary Member of the Nepal Ophthalmic Society for "Outstanding contributions to eye care services in Nepal." John has volunteered his services in many developing countries including South Africa, Jamaica, China, Nepal, India, Sudan, Sri Lanka, Albania, Mexico and Honduras.

## HOW YOU HAVE HELPED

In our last newsletter we asked for your support to give the power of sight to women and girls, who make up 2/3 of the world's blind. You gave generously, and this is what your donations accomplished:

### In Nepal:



- 100 additional Female Community Health Volunteers (FCHVs) were trained in the detection of eye disease.
- Up to 50 patients in remote, rural areas will be referred by every FCHV each year. Because of the FCHV program, 50% more people overall receive eye care, 60% of whom are women.

### In Tanzania:



- 200 women received surgery for blinding trachoma (a chronic infectious eye condition) due to

expanded outreach and services in the Ngorogoro region

### In Cambodia:



- 500 additional women received eye care through the efforts of field workers, who work in remote, rural areas. The field worker program has tripled the number of Cambodians who receive sight-restoring surgeries.

**THANK YOU FOR YOUR  
GENEROUS SUPPORT!**



## HELP A CHILD SEE THEIR WORLD

Around the globe an estimated 1.4 million children live with blindness, and each year another half million will lose their sight. Most of those kids live in poverty, struggling for survival in one of the many parts of the world where even the most basic of eye care services continue to be out of reach.

This is why Seva Canada is dedicated to the expansion of pediatric eye care services around the globe. We encourage our donors to be part of the movement to bring eye care to children, who will benefit from a lifetime of opportunities that come with good vision.



☐ **YES! I want to give the power of sight to children.**

Please accept my gift of: \$ \_\_\_\_\_

### I prefer to give by:

☐ Visa ☐ MasterCard

☐ My cheque to Seva Canada is enclosed

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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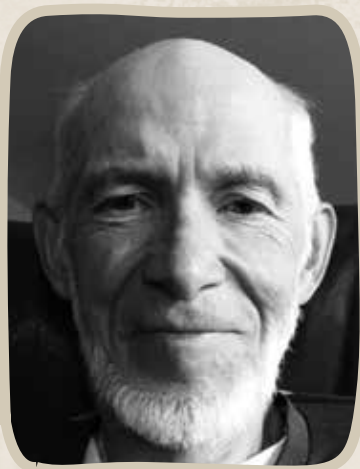
A tax-deductible receipt will be issued to the name on the cheque or credit card.

Please send your donation to Seva Canada using the enclosed envelope.

**Seva Canada Society**  
**Suite 100 – 2000 West 12 Avenue**  
**Vancouver, BC V6J 2G2**



# INSPIRING SEVA DONORS



## Theo van Rijn

- ⇒ Having experienced visual loss and restorative surgery himself, Theo van Rijn understands the value of sight. This is why he has published his beautiful photography online for purchase via e-book (<http://www.blurb.ca/user/TheoArie>) and has dedicated all the proceeds to Seva.
- ⇒ Theo explained: "As my photographic work has relied on the visual process to tell a story, it seemed quite natural for me to donate any profits from my first published work to Seva, to be used to help the vision of others." The funding provided through these sales will have a ripple effect for generations.



## Mrs. Powers' Kindergarten Class – Celebration of Sight

- ⇒ Mrs. Powers' kindergarten class finished up their year studying sight and made photo books as a class project. During their year-end celebration, the students held a sale in support of Seva, where they sold their books, cookies and juice.
- ⇒ The class raised \$100, which was put toward a cataract surgery for an adult and glasses for 10 children. The students said: "We learned about what it is like to have cataracts... it would be so hard to live without seeing. We feel happy to help 11 people."



## Danny Peart

- ⇒ In May 2014, longtime Seva supporter Danny Peart held a reading of his newest book of

poetry, "Ruined by Love." Many people came together to make the night a success: Luis Sojo and Robyn Roscoe of Midnight Blue provided the musical accompaniment, Greg Hook & his team at Chocolate Arts provided a fabulous space and desserts, and Danny's friend Jim McEwen agreed to match all of the funds raised that night. All of this resulted in over \$1000 toward Seva's work

- ⇒ "For over 20 years I have admired the work Seva does... It was a pleasure – the planning and the event," said Danny.



## Barbara Daley & Summer4Seva Journaling Workshops

- ⇒ Barb Daley is a visual artist who lives in Fort St. John and has experience working as an intervener with students with visual and hearing impairment. This work inspired her to start "Summer4Seva," a series of art journaling workshops with the total goal of raising \$5000 through her Seva Giving Page: <http://bit.ly/summer4seva>
- ⇒ Barb said that her previous experience working with children with disabilities "has given me appreciation for the value of eyesight." When her workshops end she will have raised enough to cure the blindness of over 100 people!



# BECOME A MONTHLY DONOR

You can help blind people see again every day of the year. Join our Circle of Sharing family of monthly donors by visiting **seva.ca** or by calling **1-877-460-6622** toll-free.

"It makes me feel so good to know that my monthly donation is in the hands of people who care with such devotion, compassion and competence! As well, to know that people who I will never know can see the faces of their loved ones and the world around them because Seva does such a good job in bringing together the teams who can restore sight to those so in need."

– **Arlene McGibbon**  
Monthly donor



# ABOUT SEVA CANADA

## SEVA'S VISION

Seva Canada's vision is a world in which no one is needlessly blind or visually impaired and where those with unavoidable vision loss can achieve their full potential.

## SEVA'S MISSION

Seva Canada's mission is to restore sight and prevent blindness in the developing world.

## SEVA'S GUIDING PRINCIPLES

We are guided by:

- 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

## HONOURABLE PATRONS

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Patrick Reid, O.C.  
The Honourable Judith Guichon, OBC  
Lieutenant Governor of British Columbia

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