



SEVA  
CANADA

ANNUAL  
REPORT

2011 - 2012

[seva.ca](http://seva.ca)



seva  
CANADA

30  
YEARS



# 30 YEARS OF RESTORING SIGHT AND PREVENTING BLINDNESS

## Dear Friends of Seva Canada,

April 6, 2012 marked Seva Canada's 30<sup>th</sup> Anniversary - an event worth celebrating all year long. We have much to be thankful for - most particularly our donors and supporters. It is both a privilege and an honour to have the trust and confidence of such a remarkable group.

A 30 year track record of innovative, sustainable, culturally

sensitive programs based on best practices is certainly something to celebrate. The fact that 39 million people in the world remain unnecessarily blind strengthens our resolve to work even harder.

We have the technical ability to restore the sight of the majority of those 39 million; we know it costs relatively little and we know that there are scalable solutions - as evidenced by our partner in India,

the Aravind Eye Care System. Aravind performs around a quarter of a million cataract surgeries annually and has mentored over 300 eye hospitals worldwide to become more efficient and effective.

Seva believes that with the right support we can make the seemingly impossible, possible - we can rid the world of preventable and treatable blindness. Seva was created by some of the individuals responsible for the final eradication of small pox - an achievement often heralded as one of mankind's greatest accomplishments. The spirit and belief behind this world uniting triumph is embedded in Seva and defines everything we do.

Seva Canada has committed and passionate donors, volunteers,

supporters, champions, board and staff. Our staff and partners overseas show a depth of compassion for the people they serve that is humbling and an ingenuity that is remarkable. The impossible is possible.

Our thanks,

*Nancy Mortiffee*

**Nancy Mortiffee**  
Board Chair

*Penny Lyons*

**Penny Lyons**  
Executive Director



SEVA HAS GROWN OVER THE PAST THREE DECADES AS A **FORCE FOR GOOD**. AS AN INNOVATIVE TECHNICAL ADVISER, FUNDER, AND FRIEND, SEVA IS HELPING TO DEVELOP SOME OF THE STRONGEST EYE CARE PROGRAMS IN THE WORLD.

LARRY BRILLIANT, SEVA FOUNDER;  
PRESIDENT, SKOLL GLOBAL THREATS FUND

## 30 YEARS OF SEVA

1976

Dr. Venkataswamy (Dr. V) in India establishes an alternate health care model to provide low-cost, high quality, self-sustaining eye care. He established the Aravind Eye Hospital by turning his former home in Madurai into an 11-bed hospital.

1978

Seva Foundation is formed and Dr. V participates in the 1<sup>st</sup> board meeting as a founding member.

Work began in India with partner Aravind Eye Care System.

1982

Seva Canada is established by Alan Morinis and Bev Spring and obtains funding from the Canadian International Development Agency (CIDA).

1985

Nepal government officially recognizes Seva. The Seva Nepal office is opened in Kathmandu.

1987

Dr. Marty Spencer, Seva board member and ophthalmologist, conducts 1<sup>st</sup> intraocular eye surgery in Nepal. He helps to revolutionize eye care in the developing world by using these modern surgical techniques.

1994

Dr. Marty Spencer teaches manual sutureless cataract surgery at Aravind, a surgical technique that becomes taught around the world.

1978

After working with the World Health Organization (WHO) to end smallpox in India, Drs. Larry Brilliant and Girija Brilliant, public health specialists, published Death of a Killer Disease. It appealed to readers to find the compassion & understanding to support international health programs to benefit the poor.

\$20,000 in donations arrived— with the first \$5,000 coming from not-yet-famous computer inventor, Steve Jobs.

1980-81

Seva conducts the world's 1<sup>st</sup> nationwide, population-based study of the causes & distribution of blindness in Nepal. The study showed that 2/3 of blindness was due to cataract, not trachoma.

1984

Seva invited to develop comprehensive eye care program in Lumbini Zone, Nepal.

1992

Seva and CIDA help Aravind create Aurolab, a non-profit trust providing modern technology at affordable costs; an intraocular lens drops from \$300 to under \$10.

1993

Seva establishes a 76-bed hospital in Lumbini, Nepal.

1995

Seva's program in Tibet begins. Seva initiates Ophthalmic Assistant training program at Lumbini.

1998 - 2000

Tibet eye care survey led by Seva with Tibet Health Bureau.

2000

Developed Gender & Eye Care working group among Seva partners to increase service uptake for women.

2001

Seva helps establish the Kilimanjaro Centre for Community Ophthalmology (KCCO) and begins work in Tanzania.

2009

Seva begins working in

- Egypt with the Al Noor Magrabi Foundation
- Guatemala with Visualiza Eye Care System
- Malawi with the Queen Elizabeth Central Hospital
- Madagascar with the Ministry of Health

2011

Seva co-funds Madagascar's first National Pediatric Eye Care Planning Meeting resulting in a series of outreach programs and training initiatives.

Seva Canada funds Rapid Assessment of Avoidable Blindness (RAAB) survey in Madagascar to estimate the prevalence of blindness.

Seva begins community outreach program in the San Marcos region in Guatemala.

2002

Seva sponsors the 1<sup>st</sup> eye care planning workshop in Lhasa, Tibet resulting in a 10-year cataract prevention plan.

2004

Seva begins exploration of model eye hospital in Kham region of China.

Links the Visualiza Eye Care System in Guatemala with a Seva development partner to strengthen community referral network for cataract patients.

2012

Seva Canada turns 30 on April 6!

Seva Canada is introduced into the BC Legislature by MLA Eric Foster.

Seva begins funding Burundi, Zambia & Rwanda in Africa.



# ABOUT SEVA CANADA

## Mission:

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

## 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.

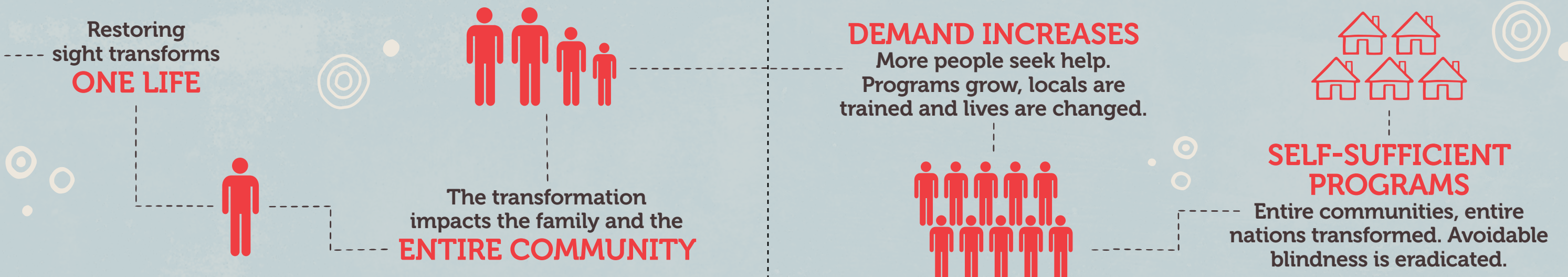
## Guiding Principles:

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

THE PARTNERSHIP WITH SEVA CANADA ALLOWS THE KILIMANJARO CENTRE FOR COMMUNITY OPHTHALMOLOGY (KCCO) TO BE ON THE LEADING EDGE OF INNOVATION FOR IMPROVING EYE CARE IN AFRICA.

DR. PAUL COURTRIGHT, KCCO

# HOW YOUR DONATION MULTIPLIES WITH SEVA





# SEVA CANADA PROGRAMS; CELEBRATING 30 YEARS OF SIGHT RESTORATION

Thanks to Seva's donors' trust and generosity, 3 million people living in some of the world's poorest and most remote regions can now see and live productive lives.

30 years ago Seva began working with partners in Nepal and India, growing gradually to include Tibetan areas of China, Cambodia, Guatemala, Tanzania, Malawi, Zambia, Madagascar, Burundi and Egypt.

Last year alone, Seva donors provided treatment to 700,000 people including 25,000 children, with 67,000 people receiving sight-restoring cataract surgery.

All Seva support to programs follows a 'life-cycle' model that includes an explicit exit strategy. First established in India and then further refined in Nepal, Seva begins by providing consultation and funding for direct services (such as cataract surgery). The next step is to support training of local eye care providers

and administrators along with developing an outreach strategy to establish a referral system and community demand. This model includes collecting fees from those who can afford to pay. These fees ensure the programs are financially sustainable and remain accessible to those who cannot afford to pay.

Seva's programs are particularly effective at connecting blind people, the majority of whom live in remote, rural areas, with the eye care providers and hospitals concentrated in more urban areas.

Seva connects people with the services they require using bridging strategies designed to overcome the financial, cultural, and social barriers that prevent people from accessing care. In each setting, we study the barriers that prevent access, then eye care staff and community partners use this knowledge to empower poor and marginalized populations to utilize the available resources.

Breaking down barriers to access services at the community level demands innovation and experimentation. Seva's strong support for community-based studies and publications has allowed us to make a significant contribution to global knowledge about effective strategies to reach populations in need.

With your commitment to Seva and its innovative, sustainable solutions, Seva is empowered to take on the challenge of delivering the power of sight to all in need. We are not just increasing access to vision care today; we are building the foundation for a permanent solution to preventable global blindness.



2011 – 2012 Seva donors provided treatment to 700,000 people including 25,000 children, with 67,000 people receiving sight-restoring cataract surgery.

Cataract extraction with intraocular lens implantation (IOL) is one of the most cost-effective procedures in modern medicine. Indeed, it is among the most commonly performed surgical procedures in the world.

The reason cataract continues as a major cause of blindness worldwide is because so many people, but especially women, in the low-income countries lack awareness of the potential to cure the condition, lack access to services, or do not accept existing services for a variety of cultural and social reasons. Overcoming these barriers is the current key challenge to reducing preventable blindness in the world.

## 2011-2012 Highlights

**10-15%** more people year over year received eye care treatment from Seva, including both outpatient services and cataract operations

**20-30%** more eyeglasses provided year over year

**100,000** people were treated at the 2 new Vision Centres in India

**140,000** people in a remote hill region of Nepal began receiving treatment from our new partner, the Rampur Primary Eye Care Centre

**123,069** outpatients seen, **161,000** children screened and **40,000** cataract surgeries performed in Seva-supported hospitals in Nepal

**119** female community health volunteers, **14** ophthalmic assistants and **40** nursing students trained in the hill districts of Nepal

**900** patients examined and **294** cataract surgeries at Nakchu, Pelgon and Shentsa eye camps in the Tibetan Regions of China

**1 million** people now have access to eye care because of a new eye care program in San Marcos, Guatemala

**National Pediatric Program established** to bring critical eye care services to the children of Madagascar

**Conducted Madagascar's first blindness** and prevalence survey

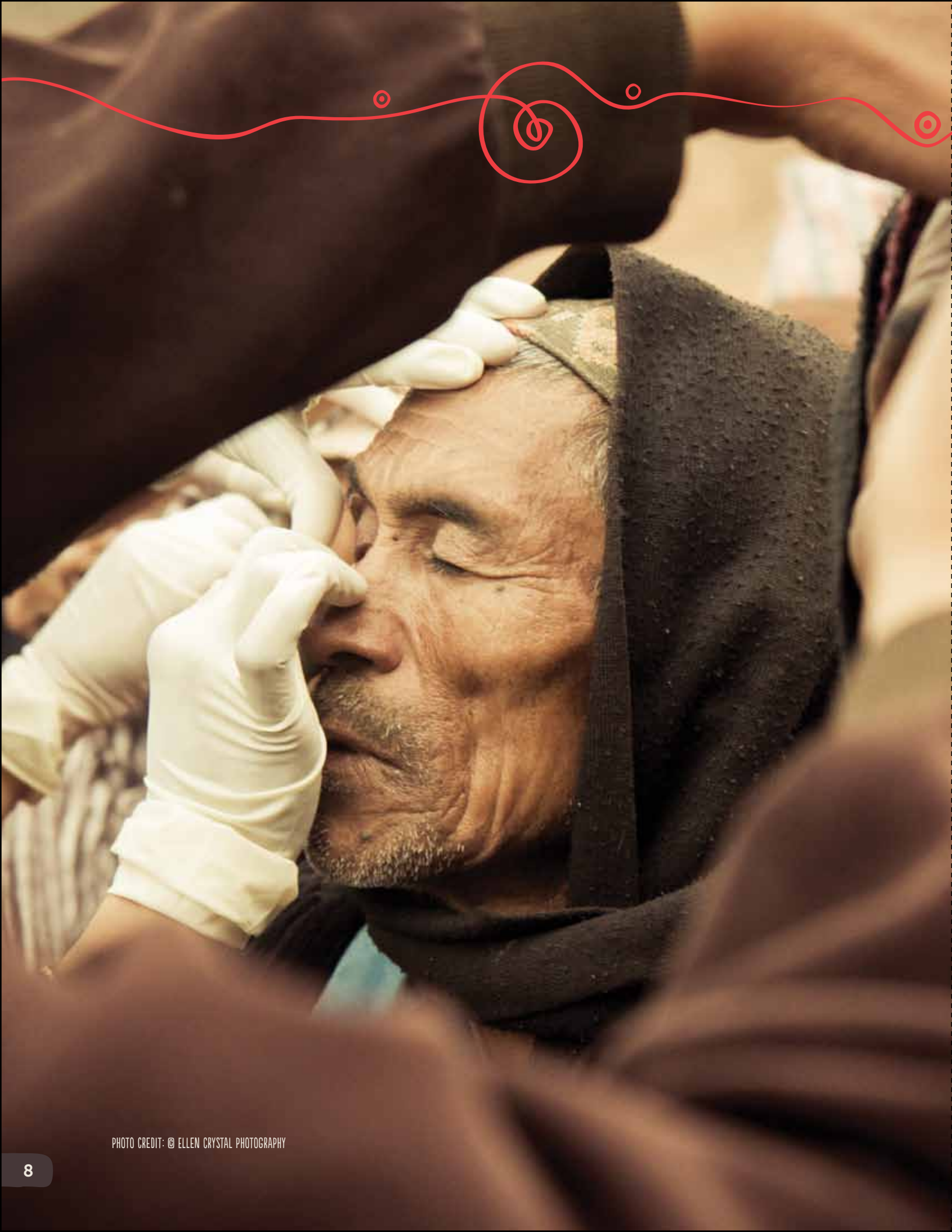
**181,053** outpatients seen, **196,531** children screened and **35,799** cataract surgeries performed in Cambodia

**147** pediatric surgeries at the KCMC Hospital in Moshi, Tanzania

**Expansion** of micro-finance program. Originally tested in Tanzania, the program now also operates in Nepal and Zambia with plans to begin in Egypt and Ethiopia. Microfinance groups provide stable, efficient and effective means to identify and refer people in need of eye care services.







## "TRASH" GIRL

### A 10-year old Tibetan girl's story of blindness & bullying

Tsering Damu is a Tibetan girl who, at the age of 9, suffered from devastating, rapid vision loss due to cataracts. Almost as bad as the vision loss was the bullying Tsering received at school. The other students laughed at her as she struggled with her studies, giving her the name "Trash Girl." Tsering's mother, Dekyi, was overwhelmed with concern and a desire to protect her child. "I worried about my daughter's well-being at school and attempted to keep her at home many times," she recalled.

Last year they visited a Seva-sponsored eye camp where Tsering had a successful cataract surgery on one of her eyes, intending to return a year later to have the second treated. With Tsering's vision partially restored, her mother felt comfortable keeping her in school while they awaited the final treatment, so Tsering would not fall behind in her education.

Now, Tsering is 10 and in fifth grade. When she returned to the Seva-sponsored eye camp this year she was shy, still recovering from the emotional trauma of being

bullied. However she explained that, since her initial surgery, school had become much easier for her. "I saw things much better and gained some respect from my schoolmates," she whispered, leaning against her mother's shoulder. "I hope that my other eye can be treated this time and I can be more normal at school."

After an operation by Seva-trained Dr. Dawa, a vision test revealed that the surgery had been successful and Tsering could now see with both eyes! Her mother was overjoyed and immediately phoned the other members of their family to share the wonderful news about Tsering's vision. Comforted by the sound of her mother's voice, Tsering relaxed and laid her head once again on her mother's shoulder.

Tsering explained her deep admiration for her mother as a

It is a dangerous world for the blind in the low-income world. A family member must be a caregiver to the unsighted, 24 hours a day, taking care of all of their personal needs, keeping them safe. When you give one person back their sight, you give at least two people back their lives.

**Susan Erdmann**  
Board member

role model; "I want to become a woman just like my mother when I grow up – compassionate and strong, and able to ease the pain of people who suffer."

Thanks to Seva's donors, Tsering's restored sight and confidence will allow her to follow in her mother's footsteps, to become a caring, contributing member of her community.



DEKYI AND TSERING DAMU

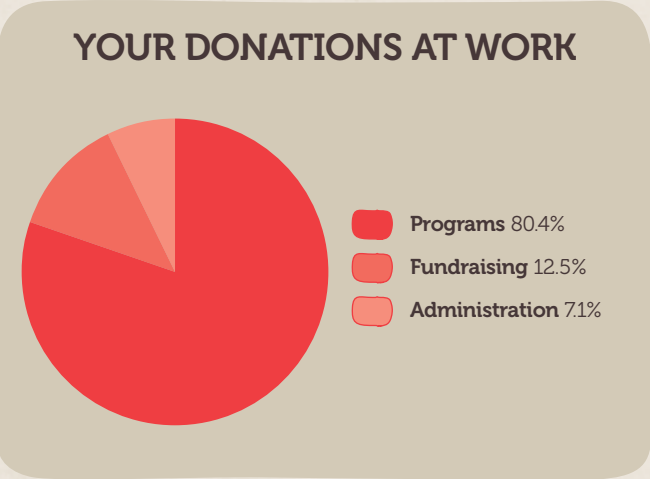
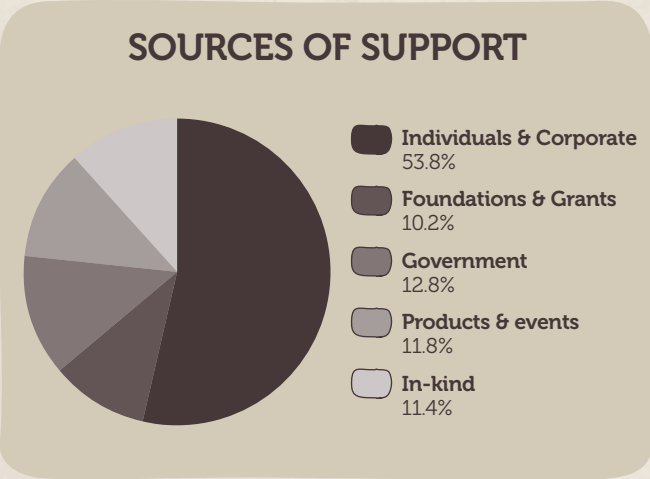


# FINANCIALS

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2011

REVENUE	2011/2012	2010/2011
CIDA program grants	\$173,411	\$12,026
Project grants and contracts	137,129	216,370
Donations	726,033	738,326
Donations -in kind	153,353	29,728
Special events, presentations & net merchandise sales	159,327	143,339
Interest and other income	4,532	4,191
	<b>1,353,785</b>	<b>1,143,980</b>
 COST OF GOODS SOLD		
Opening inventory	12,436	10,256
Purchases	9,674	6,498
Closing inventory	(7,054)	(12,436)
	<b>15,056</b>	<b>4,318</b>
	<b>1,338,729</b>	<b>1,139,662</b>
 EXPENSES		
Program payments	910,798	623,986
Program administration	279,541	173,028
Fundraising	184,621	116,623
General administration	105,099	88,486
	<b>1,480,059</b>	<b>1,002,123</b>
 EXCESS OF REVENUE OVER EXPENDITURES	<b>(141,330)</b>	<b>137,539</b>
NET ASSETS, BEGINNING OF YEAR	<b>594,415</b>	<b>456,876</b>
NET ASSETS, END OF YEAR	<b>\$453,085</b>	<b>\$594,415</b>

Our complete audited financial statements are available online at [seva.ca](http://seva.ca)



# OUR THANKS

## GOVERNMENT

Canadian International Development Agency  
Community Initiatives Program

## FOUNDATIONS & GRANTS

BCGEU Diane L. Wood International Solidarity and Humanity Fund  
Canadian Babaji Yoga Society  
CEP Humanity Fund  
Charities Aid Foundation America  
Chimp Foundation  
Fidelity Charitable  
ICROSS Canada  
Jewish Community Foundation of Greater Vancouver  
Johnson Eye Foundation  
Lewis & Ruth Sherman Charitable Foundation  
Lions Clubs International Foundation  
May and Stanley Smith Charitable Trust  
NWM Private Giving Foundation  
Philanthropy Preceptorship Fund  
Planeterra Foundation  
Pratt-Johnson Foundation  
Provincial Employees Community Services Fund  
Somerset Foundation  
SpencerCreo Foundation  
Vancity Community Foundation  
Vancouver Foundation  
Vancouver Kiwanis Welfare Foundation

## CORPORATE SUPPORTERS

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Accessor-Eyes Inc.  
Alan H. Brown Law Corporation  
Assante Wealth Management  
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Metropolitan Fine Printers Inc.  
MokSana Yoga Center  
Morrow & Co.  
Mortgage Connection Services Corp.  
Mountain Equipment Co-op  
OGI Canada Inc.  
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Pacific Essences  
Pacific Medical Inc.  
Paperblanks  
Phoenix Perennials and Specialty Plants Ltd.  
Productions Mandalab  
QLT Inc.  
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Roberts Creek Elementary School  
RR Donnelley  
SAP Canada Inc.  
SEI Investments Company  
SEI Industries Ltd.  
Shaw Multicultural Channel  
Sherritt International Corporation  
Silver Dragon Enterprises Ltd.

Sobeys  
Talon Inc.  
Tartine  
TELUS Communications Inc.  
The Fudgery  
Thermohair Inc.  
United Way of the Alberta Capital Region  
Wave Productions  
We The Collective Design Inc.  
Weeve  
Westside Developments Ltd.

## OUR BOARD AND STAFF

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Nancy Mortifee

### BOARD MEMBERS

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Abdul Pirbhai  
John Pratt-Johnson, M.D.  
Laura Spencer  
Marty Spencer, M.D.  
Tom Voss  
Linda Young

## HONOURABLE PATRONS

The Honourable Steven L. Point, OBC  
The Honourable Lloyd Axworthy  
PC, OM, PhD  
Patrick Reid, OC

## STAFF

Penny Lyons, Executive Director  
Ken Bassett, M.D., Program Director  
Deanne Berman, Marketing and Communications Director  
Liz Brant, Development Director  
Annie Chen, Office Manager  
Laura Benoit, Assistant Office Manager  
Paula Ford, Products Manager (retired)  
Heather Wardle, Past Development Director





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