
ANNUAL REPORT 2016-2017



SEVA.CA



DEAR FRIENDS OF SEVA CANADA

35 years ago, if you were poor, blind and living in the Himalayas, the Serengeti, or places in between, your chance of receiving eye care, of any kind, was minimal. If you were a woman, your chances were almost zero.

Fast forward to 2017. Your support of Seva Canada's programs over the past 35 years has not only improved eye care worldwide – it has helped to transform it. Cataract surgery is now simple, fast and the results are almost miraculous. Eye care costs less and is more accessible. Women and girls are much more likely to receive care (although not yet as likely as men and boys) and fewer children are blind.

Thank you for all you have done.



Laura Spencer,
Board Chair



Penny Lyons,
Executive Director

In 2016-17, Seva donors helped:

1,448,969 people benefit from accessible eye care services.



96,084 people receive sight-restoring cataract surgeries, restoring their dignity, productivity and independence.





ABOUT SEVA

Mission

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

HELPING KIDS SEE



An estimated 1.4 million children live with blindness and millions more are in need of glasses and other eye care services. Unfortunately, younger children, those in most urgent need of treatment, are the most challenging segment of a population for an eye care program to reach.

Successful pediatric programs are a result of effective



leadership, an integrated eye health system at all levels, extensive planning, the right infrastructure, resources, training and most importantly: the capacity to investigate and understand the unique needs of families with children suffering from blindness and low vision.

Seva Canada's support for pediatric programs begins by building a program's capacity to

gather, critically assess and find innovative ways to continuously improve performance. Does the program find and effectively treat children most in need of timely treatment to ensure proper development? Do more children attend follow-up appointments, which are crucial to the best possible visual outcome? Do more families bring in girls and not just boys for care? Seva

helps to disseminate the lessons learned within its programs through knowledge exchange programs at the national and international level.

This approach has helped Seva and its partners to screen, treat and support more children year after year, ensuring they can succeed in school, play with friends and lead productive, independent lives.

COUNTRY REPORTS

Seva's support of eye care programs follows a 'life cycle' model that includes an initiation and exit strategy first established in India in the 1980s and further refined with programs in Nepal in the 1990s. Seva begins by providing consultation and direct service funding, then supports development of human resources, establishment of infrastructure and sustainable eye care systems. Later, when the programs are fully self-sustaining, they are transformed into regional anchors that act as training institutes and change agents.

Seva's partners actively work to reduce barriers between the majority of people who are blind, living in impoverished, remote, rural areas, and the eye care providers and hospitals that can provide care. Seva's strong support for rigorous socio-epidemiological studies makes a

significant contribution to global knowledge about effective strategies to reach populations in need, particularly women and girls.

Program data from the past year can be found in the individual country reports. Funding shifts over time as programs mature and become capable of financing established activities. Funds are then used to expand population coverage or add new clinical services.

COST-RECOVERY BENEFITS OF TREATING CATARACT BLINDNESS

Cataract remains the leading cause of blindness worldwide, and providing cataract surgical services remains the main program focus, and source of cost-recovery income. By focusing on providing high-quality, high-volume and low-cost cataract services, programs achieve the greatest human impact in reducing avoidable blindness. The money generated from cataract surgery supports less cost-effective dimensions of eye care programs, particularly the treatment and care of children.

EYE CARE AT THE COMMUNITY LEVEL

Community Eye Centres (CECs) are located in areas with no eye care services and are self-financed through minimal service fees for those who can afford to pay who, in turn, subsidize those who cannot. These basic eye clinics have proven very successful in providing high-quality eye care to thousands of people. Each facility is staffed with an ophthalmic assistant or nurse who can diagnose and treat 90% of all eye conditions and refer those requiring surgery or further care to the nearest surgical facility.



AFRICA

Seva Canada has partnered with the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa since 2001 to deliver eye care throughout Africa. Seva donor support currently assists programs in Tanzania, Malawi, Burundi, Madagascar and Ethiopia to develop and implement population-based eye care services. These community ophthalmology programs build

awareness of eye disease and treatment options, establish access to care through outreach services, and ensure that people who can afford service pay for care, thereby subsidizing those who cannot pay.

Seva Canada and KCCO have begun supporting programs in Francophone West Africa by establishing the region's first Community Eye Centres (CECs) in Benin and Congo-Brazzaville. The CECs provide the only high-

quality, affordable and accessible care to rural populations. Lessons learned in east Africa are helping these CECs to become both financially self-sustaining and replicable using an innovative funding model.

With Seva's support and KCCO's expertise, country partners conduct thousands of eye examinations through outreach at the community level, identify people requiring sight-restoring cataract surgery and provide





AFRICA (CON'T)

the surgeries. In addition, KCCO is helping programs to identify and treat chronic eye conditions such as glaucoma and complications of diabetes.

KCCO staff develop, test, report and publish on innovative strategies that reduce barriers to care, particularly for women and girls. This commitment and leadership role in continual learning and improvement is one of many reasons why Seva and KCCO have received international recognition for their contributions to improving eye care in Africa.

BURUNDI

The Burundi program, led by Dr. Levi Kandeke, has remained resilient despite the political and economic instability in the country. The program, which encompasses a network of Community Eye Centers (CECs)



and a Child Eye Health Tertiary Facility in Bujumbura, provides accessible, high-quality eye care services to thousands of Burundians each year. Dr. Kandeke, along with two younger ophthalmologists and their nursing and administrative staff, manage outreach activities and ensure adults and children receive the surgery and other clinical services they need, regardless of their ability to pay.

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

What you've helped accomplish in Burundi:

Services provided:

- 27,150 (24,813) outpatients seen at CECs (79% women)
- 129 (493) surgeries performed

Pediatric program:

- 53 (65) children screened (40% girls)
- 15 (17) cataract surgeries performed (40% girls)
- 3 (2) glaucoma surgeries performed
- 35 (46) other surgeries performed

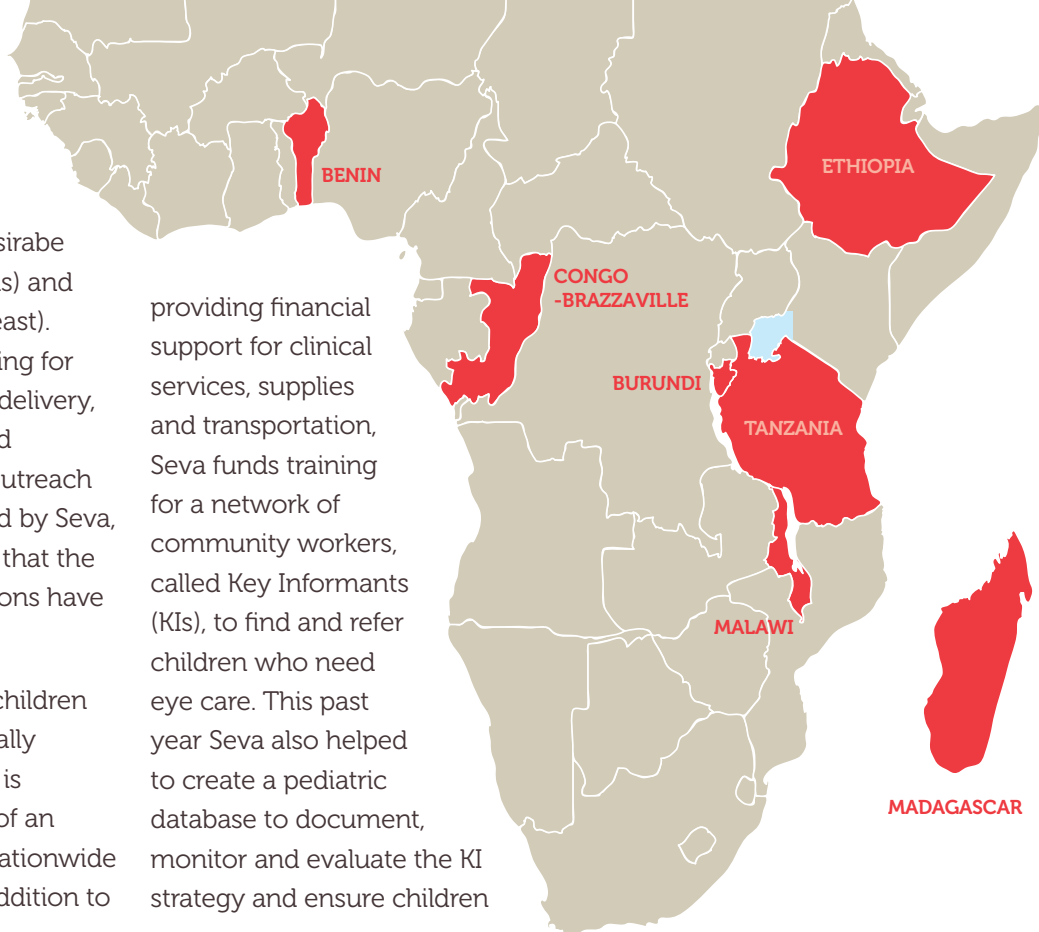
MADAGASCAR

Since 2009, Seva support in Madagascar has been directed by KCCO towards four hospitals: Ambohibao (near the capital city of Antananarivo), Tomatave/

Toamasina (on the central east coast), Antsirabe (in the central highlands) and Sambava (in the northeast). Each site receives funding for direct eye care service delivery, training, equipment and supplies. Community outreach in these sites, supported by Seva, is essential to ensuring that the primarily rural populations have access to care.

An estimated 140,000 children in Madagascar are visually impaired or blind. Seva is the primary supporter of an increasingly effective nationwide pediatric program. In addition to

providing financial support for clinical services, supplies and transportation, Seva funds training for a network of community workers, called Key Informants (KIs), to find and refer children who need eye care. This past year Seva also helped to create a pediatric database to document, monitor and evaluate the KI strategy and ensure children



are supported from the time they are referred for care until they achieve the best possible visual outcome.

Seva helped to establish and continues to develop a cost-recovery model that the Malagasy programs use individually and collectively to achieve financial sustainability.





AFRICA (CON'T)



In addition to a focus on controlling cost drivers, the Malagasy programs receive training on marketing and fundraising to ensure they attract and retain paying patients. Paying patients are a necessary revenue source for these programs, as this revenue subsidizes services for the very poor and helps pay for the less cost-effective, yet necessary,

aspects of their comprehensive eye care programming.

What you've helped accomplish in Madagascar:

Services provided:

Pediatric program:

Reported for all 4 programs together:

- 8,313 (4,932) children screened (54% girls)

- 81 (48) cataract surgeries performed (46% girls)
- 55 other surgeries performed (55% girls)

Vakinankaratra region:

- 15,237 (8,419) people were examined and treated (58% women)
- 690 (596) cataract surgeries performed (52% women)

Sava region:

- 9,502 (7,218) people were examined and treated (55% women)
- 733 (771) cataract surgeries performed (52% women)

Atsinanana region:

- 3,026 people were examined and treated (58% women)
- 871 cataract surgeries performed (53% women)

Facilities & programs supported:

- A national ophthalmic nurse training program that provides 2 years of sub-specialty training to 20 nurses

MALAWI

With 50% of the population under the age of 16, many of Malawi's blind are children. Seva support in Malawi is directed towards the pediatric program at the Queen Elizabeth Central Hospital (QECH) in the capital city, Blantyre. This program trains community volunteers and health workers to identify children with visual impairment, implements radio promotion for health education, provides screening and referral services for children needing surgery, and provides refraction and low vision services.



Seva also supports two Community Eye Centres in Malawi in collaboration with Dr. Gerald Msukwa and Dr. Khumbo Kalua. These primary eye care facilities provide high-quality care in areas where no other eye care services existed previously.

What you've helped accomplish in Malawi:

Services provided:

- 6,397 (6,290) children were examined at QECH, of which:
 - 48% were girls
 - 168 (166) children had cataract surgery (43% girls)
 - 318 (341) children had other surgery including strabismus and glaucoma (36% girls)
- 10 (8) community screening activities

Training:

The Malawi team provides eye care training to Key Informants, Surveillance Assistants (who are government community health workers), and Health Centre In-charges from various districts. Through this training, strategies

for identifying children with visual impairment and tactics to convince families to accept care for their children are provided. This training is always followed by an outreach screening camp where identified children are examined by a team of eye care professionals.

- 335 (103) Key Informants, Surveillance Assistants and Health In-charges trained

TANZANIA

Tanzania, one of the largest countries in east Africa, has an estimated 320,000 people living with blindness from treatable conditions such as cataract and trachoma. Seva currently supports three areas in Tanzania: Mara Region near Lake Victoria, Ngorongoro and Manyara Regions in the North West.

Seva support is directed towards well-established community programs, whereby local microfinance groups assist field workers to deliver eye care messaging and ensure

those with eye problems utilize available services. This program and strategy have proven particularly powerful in terms of increasing the proportion of women receiving eye care.

Trachoma, a disease which disproportionately affects women, is particularly problematic in the Manyara and Ngorongoro regions, home to the Maasai, a nomadic and traditionally insular ethnic group. Seva funds the screening and treatment of trachoma in these regions, along with cataract, and relies primarily on the training of local Maasai microfinance groups, led by women, to identify, refer and encourage people to accept corrective surgery.

Seva continues to support the eye department of the District Hospital in Mara. The eye department, whose retiring lead surgeon has successfully been replaced, includes two ophthalmic nurses, one optometrist and one nurse

assistant. As in other regions, Seva supports community outreach activities along with much needed equipment, surgical supplies and glasses.

What you've helped accomplish in Tanzania:

Services provided:

Mara region:

- 12,927 (10,854) people examined and treated (46% women)
- 978 (1,271) cataract surgeries performed (53% women)

Ngorongoro Districts:

- 535 (195) people referred by microfinance members (62% women)

- 486 (153) cataract and trichiasis surgeries performed (62% women)

Training:

The Tanzanian team currently provides training to members from over 35 different microfinance groups. Microfinance members are provided basic eye care information and network widely to find and refer people in need of care to upcoming outreach camps. In a typical outreach camp, 70% of patients are referred by microfinance members.



ETHIOPIA

More than 80% of Ethiopians live in rural areas without access to safe drinking water or sanitation. As the second largest country in Africa, there are approximately 1 million people suffering with blindness and 3 million in need of glasses. Trachoma remains endemic in this country as a result of the poor living conditions.

In Ethiopia, Seva primarily supports the development of a community outreach program in Bahir Dar, Amhara Region. In addition to providing funds for outreach, supplies and consumables, Seva supports KCCO staff to train microfinance members to identify, promote, refer and support people, particularly women, who face barriers to accessing eye care services. As a result of implementing a program-wide plan to increase service delivery this year, the program in Bahir Dar has seen a marked increase in the number of people examined and treated.

Seva also supports the eye units in government hospitals in Bahir Dar by providing funds for training, community outreach, surgery, glasses and medicines.

What you've helped accomplish in Ethiopia:

Services provided:

Bahir Dar:

- 21,375 (1,678) people examined (49% women)
- 739 (132) cataract surgeries performed (43% women)

FRANCOPHONE WEST AFRICA

Francophone West Africa has received significantly less funding and attention from international organizations for aid and development in the past 20 years. As a result, it has experienced very low levels of health system and health service development, including eye care.

Seva Canada is funding Community Eye Centres (CECs) in Congo-Brazzaville and Benin, modeled on CECs in India, Nepal and Burundi.

Seva Canada funded the development of a CEC in Djiri outside of Brazzaville. Led by a Congolese ophthalmologist, Dr. Freddy Geraud Ngabou, this facility began operations in late 2015. Dr. Ngabou is also working to strengthen management and leadership capacity so the team can replicate CECs throughout the country.

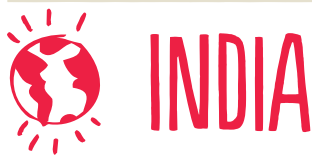
In Benin, Seva Canada is funding a CEC with Dr. Amadou Alfa Bio. The CEC is located in Parakou in northern Benin, and will become the first eye care facility in the entire region.

What you've helped accomplish in Benin:

Services provided:

Parakou CEC:

- 957 outpatients seen (41% women, 17% children)
- 74 cataract surgeries performed (49% women)
- 36 other surgeries (39% women)



Seva's partner in India, the Aravind Eye Care System, is a world leader in high-quality, high-volume, sustainable, community-oriented eye care. Its innovative financial structure allows fees from one-third of paying patients to subsidize services for the two-thirds of patients who cannot afford to pay. Aravind's creative cross-funding model is now the standard in all Seva-supported programs.

Aravind primarily acts as a training and consulting resource to Seva partners worldwide. This training and mentoring covers the entire range of eye care from architecture and administration to all clinical services and equipment maintenance. Many of Seva's partners have themselves become training institutes based on Aravind's teachings. Seva collaborates with Aravind to conduct epidemiologic and community-based research through shared research grants.

This year, Seva also supported the establishment of a new

Community Eye Centre in Gujarat, India in collaboration with Dr. Uday Gajiwala of the Tejas Eye Hospital.

What you've helped accomplish in India:

Services provided:

Gujarat CEC:

- 1,861 outpatients seen (45% women)
- 25 cataract surgeries performed (44% women)
- 127 other surgeries (47% women)



EGYPT

Egypt possesses the technical and human resource capacity to restore sight to its 820,000 blind residents, most of whom are women. However, due to

inadequate awareness, access and acceptance, available eye care services are rarely used even when free.

Through the Nourseen Foundation, an Egyptian eye care NGO dedicated to serving the country's rural poor, Seva donors supported trachoma

work in Menia governorate, a region in Middle Egypt.

Seva donors also supported the development of the Nourseen Foundation, particularly its community ophthalmology network, using mobile caravans that treat, refer and transport patients to hospital for eye care.

GUATEMALA

An estimated 80,000 Guatemalans are blind from cataract and thousands more are severely visually impaired due to lack of access to glasses.

Visualiza Eye Care System, Seva's partner in Guatemala, provides approximately 30% of the cataract surgeries in the country with only 2% of the nation's ophthalmologists.

Seva supports Visualiza's clinical services, community outreach

activities, and childhood blindness programs including surgeries and school screenings.





CAMBODIA

Seva supports high-quality eye care in 5 provinces with a total population of 2.5 million people – about 1/5 of the country's population. In each province, Seva supports eye units in provincial government hospitals and the non-governmental Angkor Hospital for Children in Siem Reap. Seva also funds community outreach, education programs and clinical services including cataract surgery and training of local doctors, nurses, administrators and support staff.

Seva Canada funds are concentrated in Banteay Meanchey, including the Eye Unit within the Government General Hospital. Eye Unit staff include an ophthalmologist, refractionist, and 3 ophthalmic nurses. The community ophthalmology program has 2 full-time field workers who travel by motorcycle to remote areas to find and screen patients and arrange for referral of those with low vision to outreach camps or to the base hospital.

Seva Canada pays for medicines, supplies and the cost of transportation for poor patients from villages throughout the province to and from the Eye Unit and their villages.

Seva Cambodia, in collaboration with the Maddox Jolie-Pitt Foundation (MJP) and the Battambang Provincial Health Department, established a Community Eye Centre (CEC) within the Boeng Run Health Center as a 2-year pilot project in Samlot Commune, Battambang province. This Community Eye Centre is Cambodia's first eye care facility providing permanent services to a rural community.



Seva Canada donors provided the refraction equipment for the CEC. The aim of this project is to improve rural eye care services with a focus on eye screening, the provision of glasses, diagnosis and treatment of minor conditions and referral of patients to the Eye Unit at the Battambang Referral Hospital.

What you've helped accomplish in Cambodia:

Services provided:

Seva partner Eye Units:

- 41,200 (28,310) outpatients examined (60% women)
- 11,888 (9,570) eye surgeries performed including 6,154 (4,193) for cataract (62% women)

Seva Cambodia & Eye Unit staff:

- 35,320 (29,145) patients were screened through field workers (68% women)
- 44,029 (51,396) children were examined through school screenings and 1,585 (1,731) children received free

- eyeglasses (51% girls)
- 2,493 patients received free eyeglasses

Samlot Commune:

- 225 (150) patients were screened (32% women & girls)
- 131 (64) eyeglasses provided (29% women)

Training:

Community-based training:

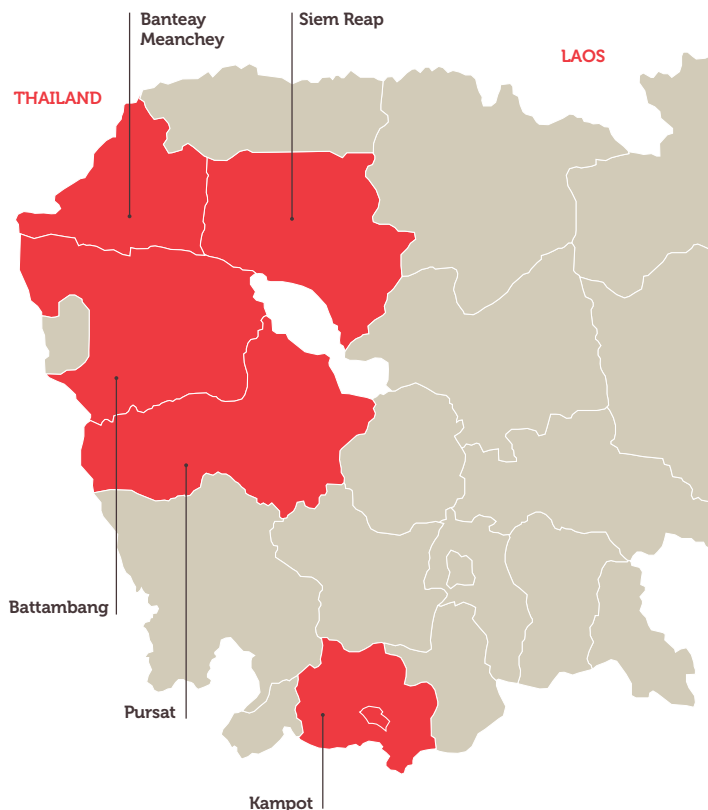
- 404 (468) school teachers received training on visual acuity measurement and primary eye care
- 90 (89) health center staff received training on primary eye care

Professional training programs:

- 21 Eye Unit/clinic staff received continuing medical education
- 14 Eye Unit/clinical staff received continuing

refraction education

- 1 general nurse received 6 months of refraction training
- 1 ophthalmic nurse received 3 months of refraction training
- 1 hospital director received management training at Aravind Eye Care Institute.





Nepal is a small, mountainous country with a population of almost 30 million people. Despite being one of the world's least-developed nations and struggling with almost continuous political instability, with Seva's help beginning in the 1980s, it has developed a strong national eye care program that serves Nepal and several adjacent northern Indian states.

Seva works through a country office with staff that provide technical, program development and managerial support to an ever-expanding network of facilities and activities that include the most remote and rural populations:

- Lumbini Eye Institute in Lumbini Zone, including 4 secondary hospitals (Parasi, Butwal, Kapilvastu, Palpa), and 7 Community Eye Centres (CECs)

- Bharatpur Eye Hospital in Chitwan District including 6 Community Eye Centres
- 9 other locally operated Community Eye Centres in far western and eastern Nepal

Program expansion emphasizes development of local training programs and training institutes for all levels of ophthalmic personnel (ophthalmologists, specialist ophthalmologists, ophthalmic assistants, ophthalmic nurses). New initiatives are underway to provide local training programs for eye care management and community ophthalmology.

Program development increasingly includes diagnosis and treatment of chronic diseases like diabetic retinopathy and glaucoma and establishing community-based

pediatric programs, both of which are extremely challenging in the absence of a functioning general health care system.

What you've helped accomplish in Nepal:

Services provided:

Seva partner eye hospitals and Community Eye Centres:

- 846,639 (544,614) outpatients examined (55% women)
- 78,896 (26,820) cataract surgeries performed (52% women)

Seva-supported eye camps:

- 61,126 (28,169) patients screened (59% women)
- 3,753 (11,221) cataract surgeries performed (52% women)

School screening program:

- 280,899 (231,647) children examined
- 8,128 (4,996) free eyeglasses provided

New facilities & programs established:

- 4 new Community Eye Centres established –

Lumbini, Triveni, Belauri
and Tadi Ratnanagar

- 1 new surgical centre
established in
Krishnanagar Kapilvastu

Training:

Professional training programs (capacity building):

- A 3-year ophthalmic assistant
training program continues at
Bharatpur Eye Hospital
(40 students/year)

Professional training:

- 2 candidates received
scholarships to undergo
ophthalmic assistant training
- 2 ophthalmologists received
3-month observership

training at Casey Eye
Institute, USA

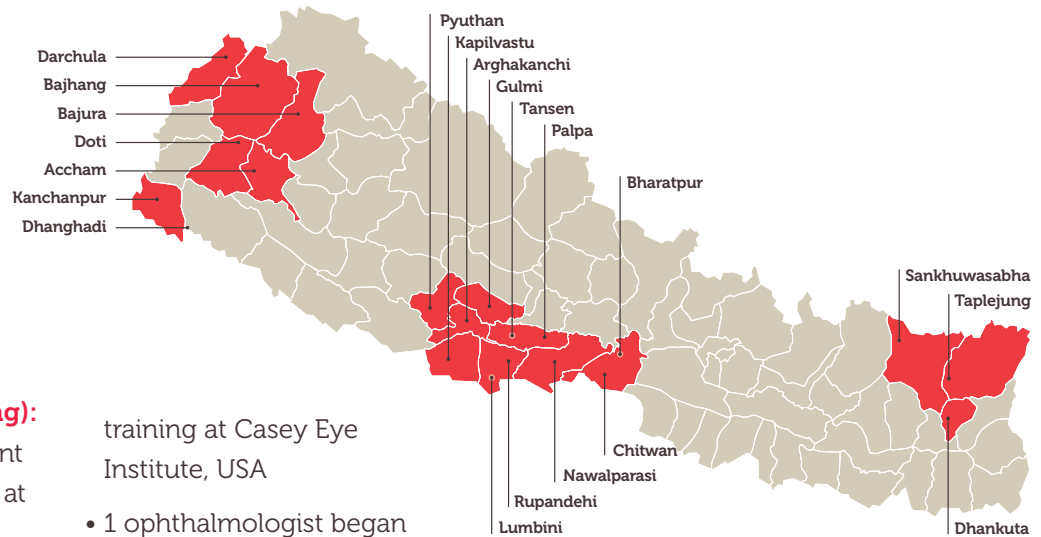
- 1 ophthalmologist began
a retina fellowship
- 1 ophthalmologist began an
oculoplasty fellowship
- 1 ophthalmologist began a
pediatric fellowship

Community-based training:

- 2,379 (1,953) Female

Community Health
Volunteers received training
on primary eye care

- 2,042 (1,452) school teachers
received training on visual
assessment and primary
eye care





TIBETAN AREAS OF CHINA

The Tibetan population endures harsh weather, high altitude, strong ultraviolet rays and a sporadic food supply with very little access to health care. These conditions result in a high prevalence of eye disease and low utilization of available eye care services.

In the past year, Seva support focused on Tibetan areas of Qinghai, Sichuan, Gansu and Yunnan provinces, working through the Kham Eye Centre in Dartsedo.

The Kham Eye Centre provides high-quality eye care and acts as a referral centre and training institute for the region. Seva primarily supports community ophthalmology activities throughout the Ghaze Prefecture, with an approximate population of 1 million, by the Kham eye care team. The Kham Eye Centre works within local government hospitals and Public Health Bureaus to establish clinical services and

to train local doctors, as well as to plan, conduct, and manage outreach camps in remote areas.

What you've helped accomplish in the Tibetan Areas of China:

Services provided:

- 14,444 (10,477) outpatients examined
- 2,292 (2,008) cataract surgeries in eye camp settings and the Kham Eye Centre (56% women)



- 17,754 children screened in schools
- 547 children received free glasses

Training:

- 5 (48) other eye care personnel (nurses and hospital workers) received training mainly through the Kham Eye Centre



LETTER FROM MANAGEMENT

Seva Canada received the prestigious Champalimaud Vision Award in 2015. During our 2015/2016 fiscal year, we received \$480,299 in prize money from the award and chose to set aside \$136,000 for the following fiscal year to fund Community Eye Centre projects. Due to accounting principles, however, the full amount of the prize money was recognized as revenue in the 2015/2016 fiscal year.

Seva's 2016/2017 Audited Statements show a deficit of \$238,254. As described above, \$136,000 of that deficit was covered by the Champalimaud Vision Award earnings retained from 2015/2016. The remainder of the deficit relates to timing differences in anticipated expenses and receipt of revenue.

These differences, and the resulting deficit, are due to timing and the application of related accounting principles; they do not reflect operational or financial issues with Seva Canada.

Sincerely,



Penny Lyons, Executive Director



FINANCIALS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2017



REVENUE	2016/2017	2015/2016
Awards	-	480,299
Global Affairs Canada (formerly CIDA) program grants	-	191,358
Project grants, contracts & awards	305,329	325,401
Donations	1,156,502	883,288
Donations In-Kind	2,746	1,243
Special events, presentations & net merchandise sales	60,671	52,389
Interest and other income	10,434	11,490
Other Government revenue	-	-
	1,535,682	1,945,468

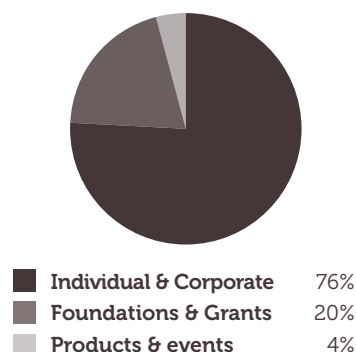
COST OF GOODS SOLD		
Opening inventory	8,401	9,563
Purchases	6,253	6,202
Closing inventory	(9,091)	(8,401)
	5,563	7,364
	1,530,119	1,938,104

EXPENSES		
Program payments	1,105,108	1,331,158
Program administration	277,120	272,364
Fundraising	229,815	217,062
General administration	156,330	146,096
	1,768,373	1,966,680

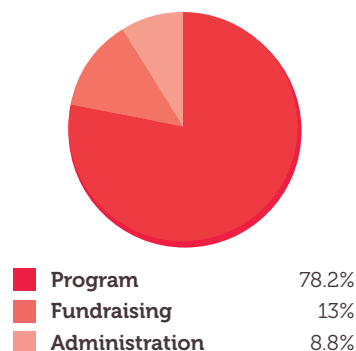
EXCESS OF REVENUE OVER EXPENDITURES	(238,254)	(28,576)
NET ASSETS, BEGINNING OF THE YEAR	525,145	553,722
NET ASSETS, END OF YEAR	286,891	525,146

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

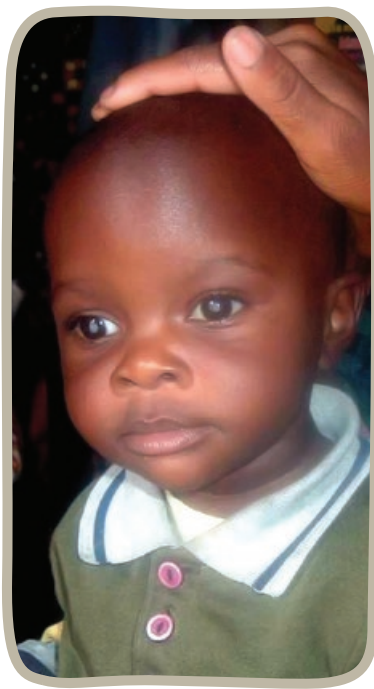
SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



SLEEPING BEAUTY



Khadija, a bright, beautiful toddler and her proud first-time parents live in a one-room house in rural Tanzania. When Khadija was just one year old, her mother and father's new parent joy quickly turned to worry when they noticed she was having trouble

seeing and saw white spots in her eyes.

Khadija's mother had to watch her constantly, even carrying Khadija on her back while cooking so she could not wander towards the stove. Khadija could not tolerate the sun and often kept her eyes closed. People would ask, "Why is your child always sleeping?"

Khadija struggled to feed herself and her playmates took toys from her knowing she couldn't see. Khadija's mom felt helpless; she had no idea what was wrong with her daughter's eyes or if the condition could be treated.

Thankfully, Khadija's uncle heard about a Seva-sponsored eye clinic in a nearby city and convinced her parents to take her. Khadija's father worried that surgery might cause more problems but reluctantly agreed

to take the baby in the hopes that her vision could be fixed.

At the clinic, Khadija was diagnosed with bilateral cataracts and received sight-restoring surgery at no cost.

Four months after surgery, Khadija, now two, is a happy, lively, and curious toddler.

Khadija's relieved parents are comforted knowing their daughter can look forward to a lifetime of healthy vision.

On behalf of the many children like Khadija who have been given the power of sight through the generosity of Seva Canada donors, thank you.

LOOKING AHEAD

16 years ago, Seva Canada, with our newly formed partner, the Kilimanjaro Centre for Community Ophthalmology, were the first to identify gender inequity in the treatment of blindness, the first to publish a study proving the inequity in all blinding conditions in every region of the world and the first to study strategies to overcome the inequities.

In August of this year, The Lancet, the world's oldest and one of the best known peer-reviewed medical journals, published new

blindness statistics. There is some good news. The number of people with blindness worldwide dropped from 39 million to 36 million.

Proportionally fewer women are blind: 55% instead of 66%, but the statistical improvement does not extend to girls who are still half as likely as boys to access services.

According to The Lancet, due to an aging population, the number of blind people is predicted to increase from 36 million to 115 million by 2050 if access to treatment is not improved and

increased dramatically.

The majority of the 115 million are likely to be women and almost certainly to be girls.

In the coming year, Seva Canada will fund gender equity strategies in all of its programs. We will publish a new version of our Gender and Blindness Booklet with updated research and proven strategies accessible to all eye care organizations and we will dedicate part of our website to an interactive landing page, with video, that focuses solely on gender and blindness.

What will you do to ensure women and girls have the right to sight?



OUR THANKS

On behalf of the Seva Canada Staff

Penny Lyons, Executive Director

Dr. Ken Bassett, Program Director

*Deanne Berman, Marketing
& Communications Director*

Christine Smith, Development Director

*Lisa Demers, Operations
& Program Manager*

*Amber Dukart, Communications
& Development Coordinator*

Government

United States Agency
for International Development

Foundations & Grants

Abundance Canada

BCGEU Diane L. Wood International
Solidarity and Humanity Fund

Benevity Community Impact Fund

Blue Sea Philanthropy

Canadian Union of Public Employees BC

CanadaHelps

Chimp Foundation

Crossroads United Church

First Unitarian Fellowship of Nanaimo

Gift Funds Canada

Gladys H. Dunn Fund

Grace Chen-En Christian Church

Grayross Foundation

Heronbrook Foundation

Hospital Employees' Union

IBM Canada Employees' Charitable Fund

Karuna Fund

Kupona Foundation

Lewis & Ruth Sherman Charitable
Foundation

Moira and David Foundation

NWM Private Giving Foundation

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SEVA CANADA SOCIETY
100 — 2000 W. 12TH AVE,
VANCOUVER, BC, V6J 2G2

TEL: 604-713-6622
TOLL-FREE: 1-877-460-6622

ADMIN@SEVA.CA

REGISTERED CHARITY
#13072 4941 RR0001



SEVA.CA