
ANNUAL REPORT 2017-2018



SEVA.CA



DEAR FRIENDS OF SEVA CANADA

In 2017-2018 we continued to make gender equity a priority in our blindness prevention and treatment programs. Your incredible support of our campaign showed us that gender equity matters to you as well.

Sometimes though, our donors question why we put so much effort into reaching women and girls. The truth is, gender inequity is expensive. If we ignore the ethical imperative of gender equity and focus only on costs, we see that there is a strong relationship between gender equity within populations and the economic success of those same populations.

According to United Nations estimates, 70% of the world's poor are women. Studies by the World Bank show strong links between increased equity and decreased poverty. One of their findings demonstrated that if women had the same lifetime earnings as men, global wealth would increase by \$23,620 per person on average in the 141 countries studied, for a total of \$160 trillion.

That level of funding would eliminate treatable blindness and a whole host of other poverty-inducing conditions.

Seva Canada's job is to find and treat people who are blind or functionally blind – women, men, girls, boys, young and old. We never discriminate but we will advocate for women and girls until needless blindness is a thing of the past.

Thank you for supporting our work.



Laura Spencer,
Board Chair



Penny Lyons,
Executive Director

In 2017-18, Seva donors helped:

1,593,890 people benefit from accessible eye care services.



114,864 people (60,720 women and 54,144 men) 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 GIRLS SEE



An estimated 1.4 million children are blind globally with the vast majority living in low-income countries. While this is a relatively low number compared to adults, investment in a child's sight is an investment in their future, their family's future and their community's future.

Pediatric programs are costly. Large numbers of children, often living in remote areas, must be screened by local volunteers and then examined by skilled ophthalmic staff to



find and treat even one child with blindness. Generating scientific evidence on how to overcome the particular barriers faced by girls, who represent 2/3 of children who are blind, is an even greater challenge.

This year, we dedicated time and resources to face this challenge. We worked with program partners to closely examine their pediatric program data, revealing where inequities occur. In almost all instances,

the problem was not finding girls, but rather persuading their families to bring them to the hospital for care. We conducted in-depth interviews with eye care staff to find out why. Overwhelmingly, we found these hospitals did not adequately invest in high-quality community outreach targeting girls because achieving gender equity for children was not a major program goal.

By working with program partners on studies such as these, we are building their capacity to document, assess and identify gaps within their own programming and shifting attitudes among staff, hospitals and, ultimately, the entire community. We have seen this strategy work for women, where the inequity has dropped from 66% to 55%. By continuing our advocacy efforts we will achieve the same for girls.

COUNTRY REPORTS

The global burden of blindness and visual impairment is not borne uniformly. Blindness in western and eastern Sub-Saharan Africa and South Asia is at least 10 times as high as in all high-income regions. Similarly, visual impairment in South Asia, North Africa and the Middle East, western and central Sub-Saharan Africa, and Southeast Asia is about three times that of high-income regions.

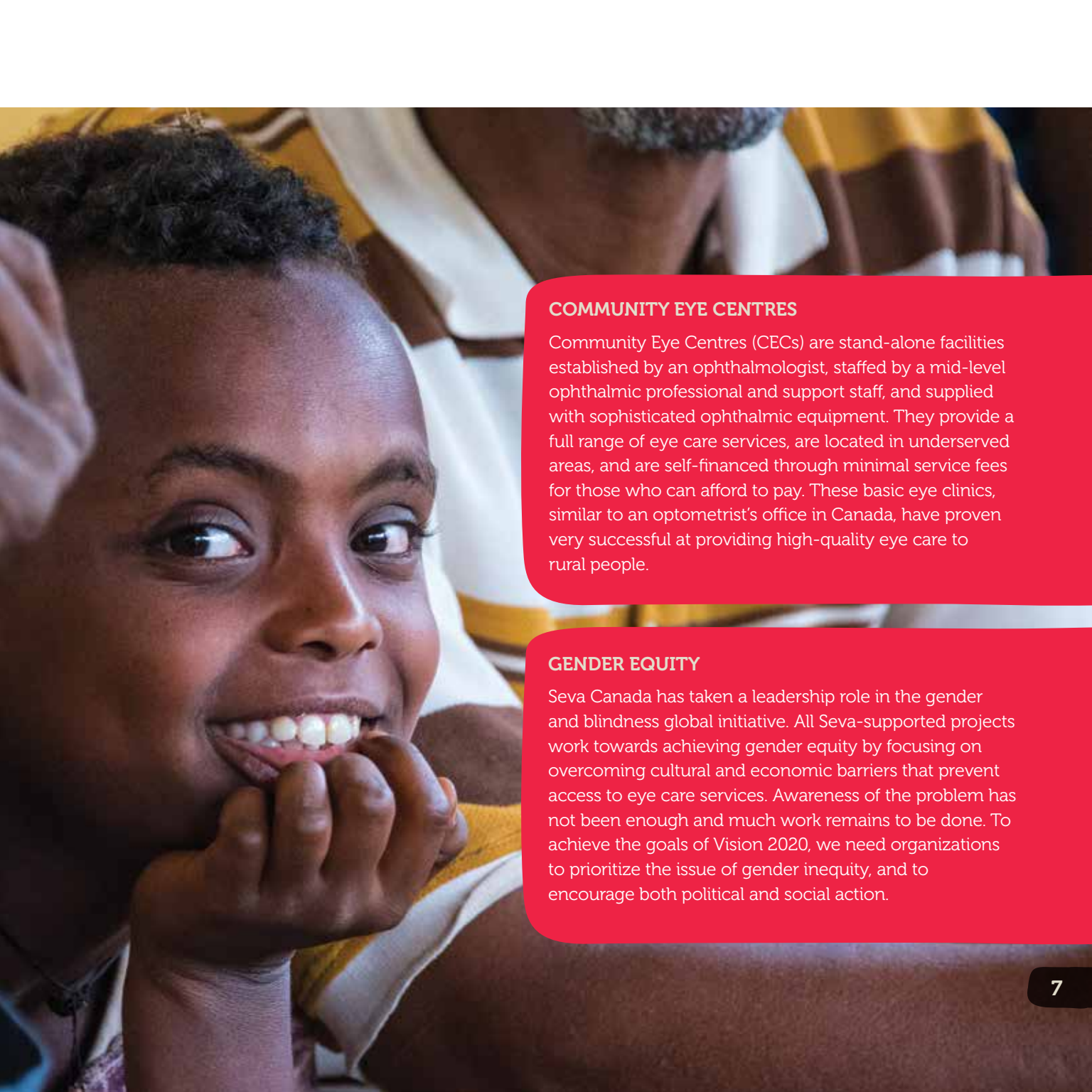
Seva Canada's research clearly reveals that in order to achieve our Vision 2020 goals¹, eye care programs must develop strategies which help reach the most vulnerable populations – particularly women and girls. We encourage our program partners to disaggregate data by sex, determine gender-specific

barriers to increased uptake of services, and study strategies to increase utilization by women and girls. Seva's strong support for rigorous socio-epidemiological studies makes a significant contribution to global knowledge about effective strategies to reach populations in need. Seva looks forward to collaborating with other international eye care providers to eliminate all forms of inequity in eye care.

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.

¹ Vision 2020 is the global initiative for the elimination of avoidable blindness, a joint program of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB).





COMMUNITY EYE CENTRES

Community Eye Centres (CECs) are stand-alone facilities established by an ophthalmologist, staffed by a mid-level ophthalmic professional and support staff, and supplied with sophisticated ophthalmic equipment. They provide a full range of eye care services, are located in underserved areas, and are self-financed through minimal service fees for those who can afford to pay. These basic eye clinics, similar to an optometrist's office in Canada, have proven very successful at providing high-quality eye care to rural people.

GENDER EQUITY

Seva Canada has taken a leadership role in the gender and blindness global initiative. All Seva-supported projects work towards achieving gender equity by focusing on overcoming cultural and economic barriers that prevent access to eye care services. Awareness of the problem has not been enough and much work remains to be done. To achieve the goals of Vision 2020, we need organizations to prioritize the issue of gender inequity, and to encourage both political and social action.



AFRICA

Seva Canada supports eye care services in Africa by partnering with the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. Seva's partnership with KCCO began in 2001 and Seva donor support currently assists programs in Burundi, Madagascar, Malawi, Tanzania, Ethiopia, Francophone West Africa and Egypt to develop and implement population-based eye care services.

With Seva's support and KCCO's expertise, our in-country partners do outreach at the community level, conduct thousands of eye examinations, identify people requiring and provide sight-restoring cataract surgery. In addition, KCCO is helping programs to identify and treat chronic eye conditions such as glaucoma and complications of diabetes.

Seva Canada and KCCO continue to expand the

Community Eye Centre (CEC) network throughout Africa. CECs provide high-quality, affordable and accessible eye care services to rural populations and, using an innovative funding model, are becoming financially self-sustaining.

KCCO staff continue to conduct operational research to generate evidence for improved policies, programs and practices, particularly those that reduce barriers to care for women and



girls. This year, Seva and KCCO collaborated on the release of a new Gender & Blindness booklet which received international recognition for its strategies to improve gender equity in the treatment of blindness and was endorsed by the International Agency for the Prevention of Blindness. KCCO also released a preferred-practice manual for childhood blindness programs and published a study of the Key Informant case-finding method in an effort to promote best practices in equitable service delivery for children.

BURUNDI

The Burundi program, led by Dr. Levi Kandeke, has remained resilient despite continued political and economic instability in the country. The program, which encompasses a network of Community Eye Centres (CECs) around the country and a Child Eye Health Tertiary Facility in Bujumbura, provides accessible, high-quality eye care services to thousands of Burundians each year.

Dr. Kandeke, an associate ophthalmologist and nursing and administrative staff manage a referral network for children from the CECs. They also conduct outreach activities to 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:

Due to unforeseen circumstances some of this year's numbers were unavailable at the time of printing. Please visit <https://seva.ca/publications/annual-reports> for the most up-to-date version.

Pediatric program:

- 76 (15) cataract surgeries performed (47% girls)

- 16 (3) glaucoma surgeries performed (50% girls)
- 159 (35) other surgeries performed (49% girls)

MADAGASCAR

Seva Canada donors support four hospitals in Madagascar: 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. Despite disruptions this year due to cyclones, power outages and an outbreak of the plague, these outreach programs continued to serve those who would otherwise be left untreated.

An estimated 140,000 children in Madagascar are blind or visually impaired. Seva is the primary supporter of an increasingly effective pediatric program involving all four eye care facilities. 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. Seva has helped to develop 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 as they grow.

Seva also helped to establish and continues to develop a cost-recovery model that the Malagasy programs use individually and collectively to achieve financial sustainability. The Malagasy programs also receive training on marketing and fundraising to ensure they attract and retain paying patients. Patients paying for cataract surgery are a necessary revenue source for these programs, and help to subsidize services for the very poor and to pay for the less cost-effective, yet necessary, aspects of their comprehensive eye care programs.

What you've helped accomplish in Madagascar:

Services provided:

Pediatric program:

Reported for all 4 programs together:

- 9,202 (8,313) children

- screened (57% girls)
- 57 (81) cataract surgeries performed (35% girls)
- 55 (55) other surgeries performed (43% girls)

Vakinankaratra region:

- 16,390 (15,237) people examined and treated (58% women)
- 586 (690) cataract surgeries performed (49% women)

Sava region:

- 7,896 (9,502) people examined and treated (54% women)
- 665 (733) cataract surgeries performed (50% women)

Atsinanana region:

- 2,290 (3,026) people examined and treated (59% women)
- 733 (871) cataract surgeries performed (50% women)

Facilities & programs supported:

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



MALAWI

Seva primarily supports the pediatric program at the Queen Elizabeth Central Hospital (QECH) in the capital city, Blantyre. With 50% of the population under 16 years of age, this program addresses a substantial portion of the eye care needs in Malawi. The 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.

What you've helped accomplish in Malawi:

Services provided:

- 6,469 (6,397) children examined at QECH:
 - 47% were girls
 - 180 (168) had cataract surgery (32% girls)
 - 284 (318) had other surgery including strabismus and glaucoma (35% girls)
- 10 (10) community screening activities

Training:

The Malawi team provides eye care training to Key Informants and Surveillance Assistants (who are government community health workers) from various

districts. This training identifies children with visual impairment and provides tactics to convince families to accept care for their children. This training is part of a coordinated outreach program where identified children are examined by a team of eye care professionals.

- 81 (335) Key Informants and Surveillance Assistants trained

TANZANIA

Tanzania, one of the largest countries in east Africa, has an estimated 137,000 people living with blindness from treatable conditions such as cataract and trachoma. Seva currently supports three areas

in Tanzania: the Mara Region near Lake Victoria, and the Ngorongoro and Manyara Regions in the Northwest.

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, particularly women and girls, utilize available services. This combination has proven particularly effective in increasing the proportion of women and girls 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 includes an eye surgeon, 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:

- 12,045 (12,927) people examined and treated (50% women)
- 658 (978) cataract surgeries performed (53% women)

Ngorongoro District:

- 374 (535) people referred by microfinance members (61% women)
- 187 (486) cataract and trichiasis surgeries performed (66% women)

Training:

The Tanzanian team currently provides training to members of 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 858,000 people suffering from blindness and 1.9 million in need of glasses. Trachoma remains endemic in this country as a result of poor water and sanitation conditions.

In Ethiopia, Seva supports the development of a community outreach program in Bahir Dar, in the 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 and girls, who face barriers to accessing eye care services. The program-wide plan to increase service delivery is performing well, ensuring the number of people examined and treated continues to grow.

Seva Canada also supports the eye department of the government hospital in Bahir Dar, led by Dr. Hiwot Degineh and her team of health professionals, by providing funds for specialized training, surgery, glasses and medicine.

What you've helped accomplish in Ethiopia:

Services provided:

Bahir Dar:

- 20,179 (21,375) people examined (50% women)
- 590 (739) cataract surgeries performed (47% women)

FRANCOPHONE WEST AFRICA

Seva Canada's two partners in West Africa, Dr. Amadou Alfa Bio in Benin and Dr. Freddy Geraud Ngabou in Congo Brazzaville, continue to strengthen their outreach programs through Community Eye Centres (CECs).

Seva Canada funds a CEC in Parakou, in northern Benin, which provides glasses, medicine and access to surgical services to over 1,200 patients each year.

In Congo Brazzaville, Dr. Ngabou is planning to extend his CEC network to Nkayi District and is currently building and equipping a surgical facility with funds he continues to raise. There are also plans for additional CECs throughout Congo Brazzaville.

What you've helped accomplish in Benin:

Services provided:

Parakou CEC:

- 1,229 (957) outpatients seen (49% women)

- 66 (74) cataract surgeries performed (47% women)
- 26 (36) other surgeries (46% women)

EGYPT

Egypt possesses the technical and human resource capacity to restore sight to its 570,000 blind residents, 58% of whom are women. However, due to inadequate awareness, access and acceptance, available eye care services are rarely used, even when they're free.

Through the Nourseen Foundation, an Egyptian eye care NGO dedicated to serving the country's rural poor, Seva donors support cataract services and trachoma-prevention programs in Menia governorate, a region in Middle Egypt.

Seva donors also support the development of the Nourseen Foundation, particularly its community ophthalmology network, which uses mobile caravans to find, treat, refer and transport patients to the hospital for eye care.



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 acts primarily as a training and consulting resource to Seva's 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, the Community Eye Centre in Gujarat, India that

Seva Canada established in collaboration with Dr. Uday Gajiwala of the Tejas Eye Hospital, provided eye care services to the rural population.

What you've helped accomplish in India:

Services provided:

Gujarat CEC:

- 2,252 (1,861) outpatients seen (47% women)
- 136 (25) cataract surgeries performed (48% women)
- 8 (127) other surgeries (38% women)



An estimated 72,000 Guatemalans are blind, primarily from cataract, and another 354,000 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-based eye care programs that primarily provide glasses.



CAMBODIA

Seva supports eye care programs in 5 provinces with a total population of 3.8 million people – about 1/4 of the country's population. The programs include Eye Units in provincial government hospitals and the non-governmental Angkor Hospital for Children in Siem Reap as well as community outreach programs. The clinical services focus on cataract surgery and training of local doctors, nurses, administrators and support staff.

Seva Canada funds are concentrated in Banteay Meanchey Province. Eye Unit staff include an ophthalmologist, a 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 referrals for those with low vision to outreach camps or to the base hospital.

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

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

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 more complex cases to the Eye Unit at the Battambang Referral Hospital.

What you've helped accomplish in Cambodia:

Services provided:

Seva partner Eye Units:

- 39,353 (41,200) outpatients examined (55% women)
- 10,096 (11,888) eye surgeries performed including 5,206 (6,154) for cataract (63% women)

Seva Cambodia & Eye Unit staff:

- 37,375 (35,320) patients screened through field workers (66% women)
- 47,891 (44,029) children examined through school screenings and 1,798 (1,585) children received free glasses (53% girls)
- 3,270 (2,493) patients received free glasses

Samlot Commune:

- 658 (225) patients screened (42% women)
- 595 (131) patients received free glasses (42% women)

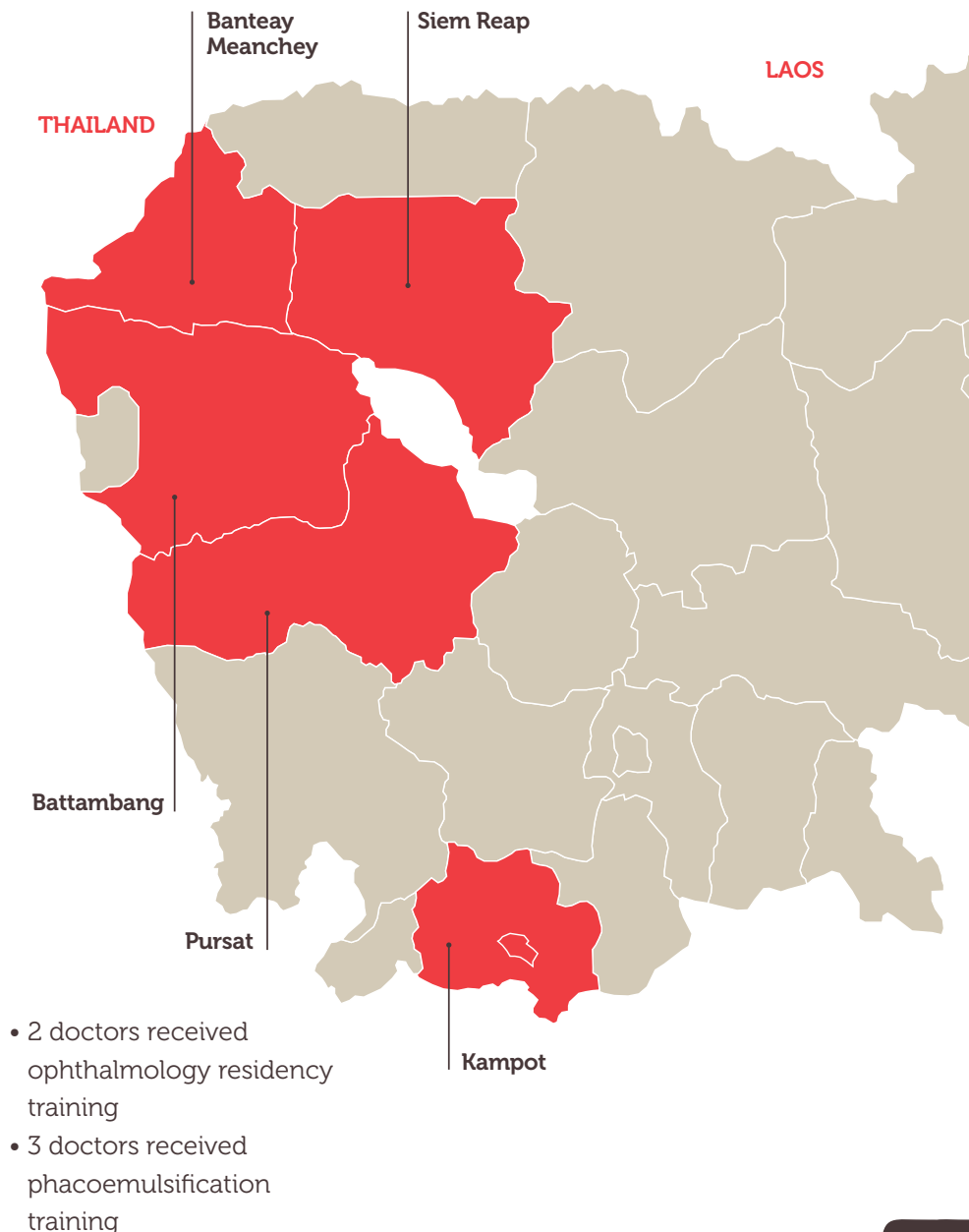
Training:

Community-based training:

- 460 (404) school teachers received training on visual acuity measurement and primary eye care
- 10 community field workers received training on primary eye care

Professional training programs:

- 18 (21) Eye Unit/clinical staff received continuing medical education
- 17 (14) Eye Unit/clinical staff received continuing refraction education
- 1 (1) ophthalmic nurse received 3 months of refraction training
- 2 (1) general nurses received refraction training
- 1 general nurse received ophthalmic nurse training





NEPAL

Nepal is a small, mountainous country with a population of almost 29 million people. Despite being one of the world's least-developed nations, and struggling with almost continuous political instability, it has developed a strong national eye care program that serves Nepal and several adjacent northern Indian states.

Seva works through an in-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:

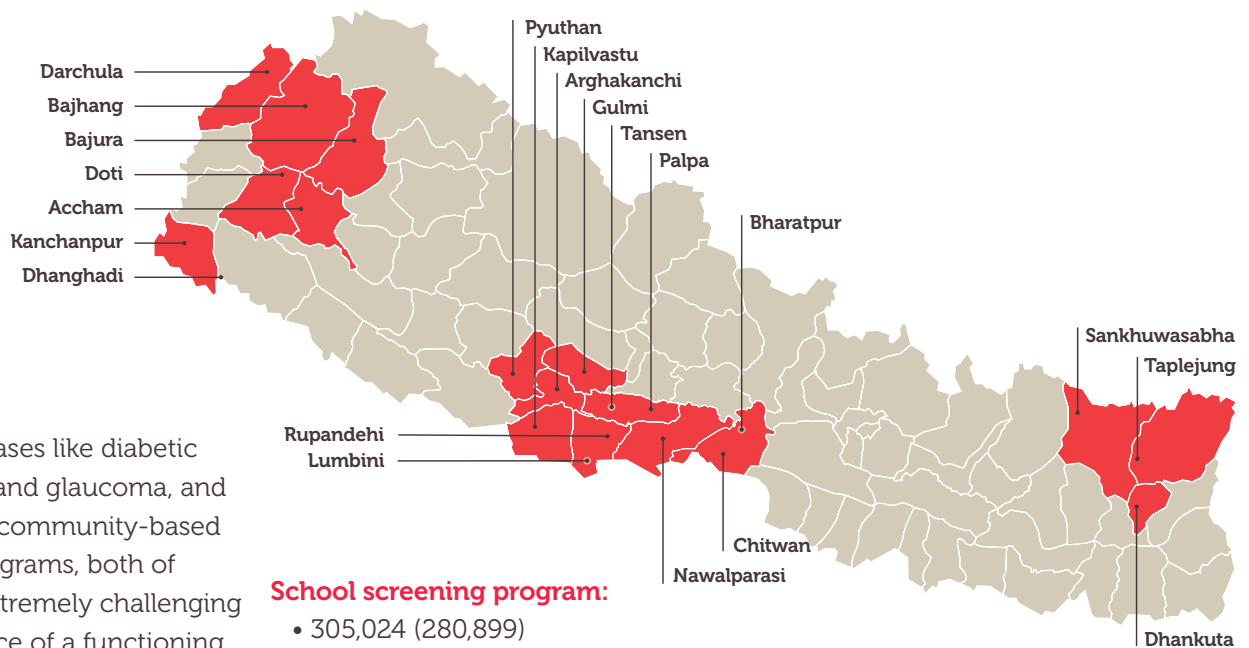
- Lumbini Eye Institute in Lumbini Zone, including 4 secondary hospitals (Parasi, Butwal, Kapilvastu, Palpa), and 7 Community Eye Centres (CECs)
- Bharatpur Eye Hospital in Chitwan District including 6 Community Eye Centres

- 9 other locally operated Community Eye Centres in far western and eastern Nepal

Program expansion emphasizes the development of local training programs and institutes for all levels of ophthalmic personnel (ophthalmologists, specialist ophthalmologists, ophthalmic assistants, and 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:

- 952,461 (846,639) outpatients examined (52% women)
- 90,558 (78,896) cataract surgeries performed (52% women)

Seva-supported eye camps:

- 99,793 (61,126) patients screened (57% women)
- 13,579 (3,753) cataract surgeries performed (55% women)

School screening program:

- 305,024 (280,899) children examined
- 6,325 (8,128) patients received free glasses

Training:

Professional training programs (capacity building):

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

Professional training:

- 2 (1) ophthalmologists began a retina fellowship
- 1 (1) ophthalmologist began a pediatric fellowship
- 1 ophthalmologist began a small incision cataract surgery (SICS) fellowship

- 1 candidate began an MD residency in ophthalmology
- 3 hospital staff received hospital management training
- 2 hospital staff received anesthesia & biometry training

Community-based training:

- 2,002 (2,379) Female Community Health Volunteers received training on primary eye care
- 1,481 (2,042) 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 the Tibetan areas of Qinghai, Sichuan, Gansu and Yunnan provinces, working through the Kham Eye Centre in Dartsedo.

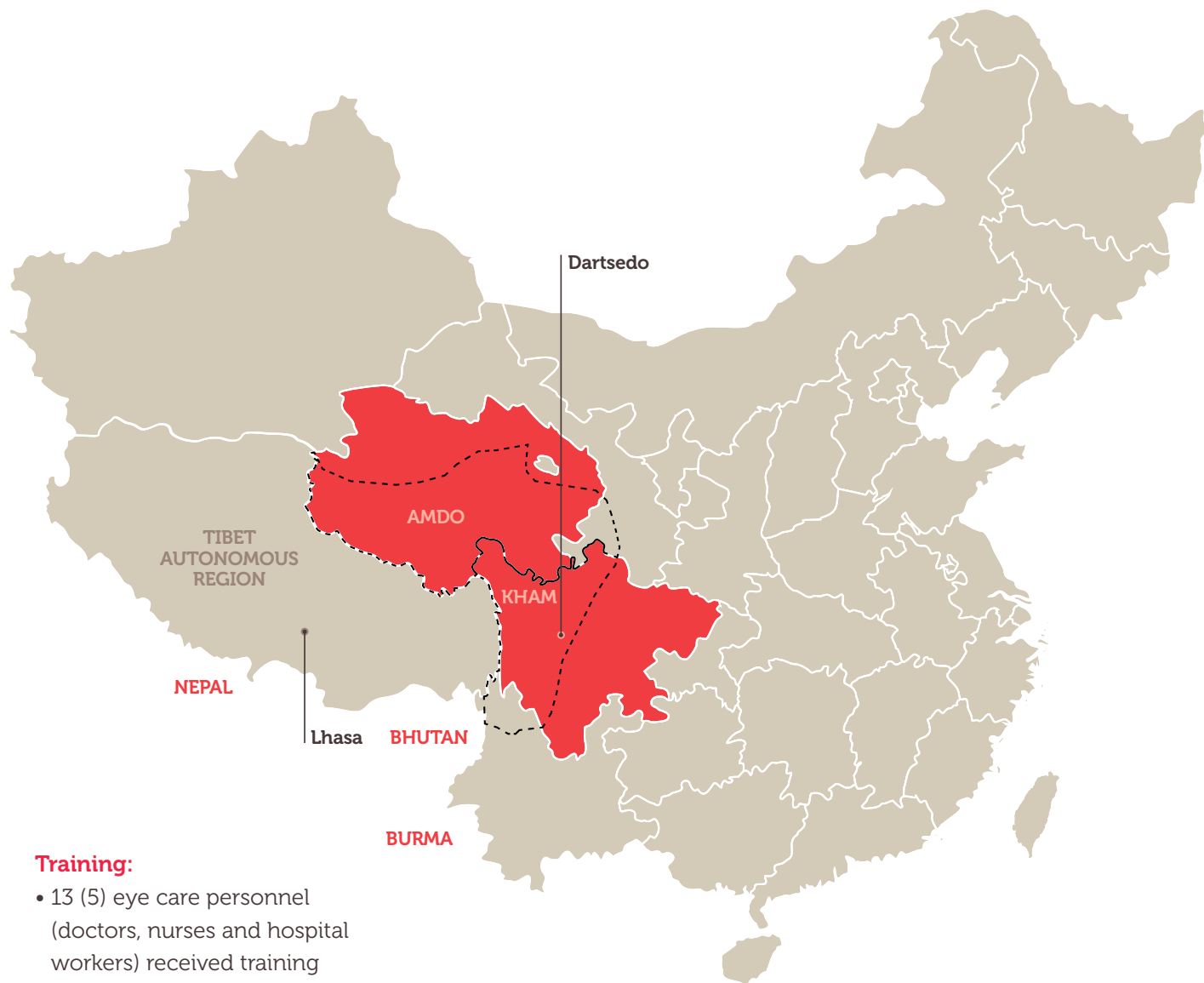
The Kham Eye Centre provides high-quality eye care and acts as a referral centre and training institute for the region. Seva supports community ophthalmology activities throughout the Ganzi Prefecture, with an approximate population of 1 million. The Kham Eye Centre works within local government hospitals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

- 11,158 (14,444) outpatients examined
- 1,587 (2,292) cataract surgeries in eye camp settings and the Kham Eye Centre (59% women)
- 21,851 (17,754) children screened in schools
- 2,016 (547) children received free glasses





Training:

- 13 (5) eye care personnel (doctors, nurses and hospital workers) received training through the Kham Eye Centre

A FUTURE IN FOCUS

Rinku is a 14-year-old high school student who lives in the Bara district of Nepal with her parents. Her family are wheat farmers and struggle to earn enough to meet their basic needs.

Rinku loves going to school, and is an excellent student, but two years ago, school became difficult. That's because Rinku struggled to see the blackboard and had to bring her textbooks up close to her face to read. She became withdrawn and isolated herself from her peers as she fell behind in class. Rinku's parents noticed her waning enthusiasm towards school and became worried about her ability to succeed in class and her future.

Thankfully, a Seva-sponsored eye screening was conducted at Rinku's high school and her vision was tested. She was then referred to a nearby Community Eye Centre (CEC) for further

examination. There, she was diagnosed with refractive error and given a pair of prescription glasses free of charge; glasses her family would never have been able to afford without the generosity of Seva Canada donors.

Rinku was so excited and happy to see again, she repeatedly thanked the eye care team. A week later, Rinku and her parents travelled to the CEC to express their gratitude to the staff for restoring her sight and

their family's hope for the future.

When the eye care team returned to Rinku's high school to do a follow-up, they found an animated Rinku wearing her glasses and surrounded by friends.

On behalf of the many girls like Rinku who have been given the power of sight through the generosity of Seva Canada donors, thank you for helping girls see and succeed.



FINANCIALS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2018

REVENUE

	2017/2018	2016/2017
Project grants, contracts & awards	153,484	305,329
Donations	1,172,655	1,156,502
Donations In-Kind	45,833	2,746
Special events, presentations & net merchandise sales	62,502	60,671
Interest and other income	8,995	10,434
	1,443,469	1,535,682

COST OF GOODS SOLD

Opening inventory	9,091	8,401
Purchases	1,191	6,253
Closing inventory	(8,963)	(9,091)
	1,319	5,563
	1,442,150	1,530,119

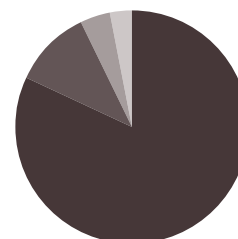
EXPENSES

Program payments	817,554	1,105,108
Program administration	318,159	277,120
Fundraising	259,933	229,815
General administration	182,915	156,330
	1,578,561	1,768,373

EXCESS OF REVENUE OVER EXPENDITURES

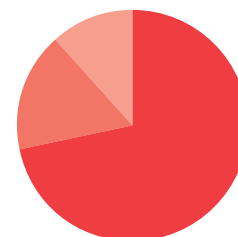
	(136,411)	(238,254)
NET ASSETS, BEGINNING OF THE YEAR	286,891	525,145
NET ASSETS, END OF YEAR	150,480	286,891

SOURCES OF SUPPORT



Individual & Corporate	82%
Foundations & Grants	11%
Products & events	4%
In Kind	3%

YOUR DONATIONS AT WORK



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

LOOKING AHEAD

BUILDING HUMAN CAPITAL THROUGH COMMUNITY EYE CENTRES

Of the 36 million people in the world living with blindness, 29 million could see again if they only had access to eye care. While attention to date has focused on how curing treatable blindness alleviates human suffering, more and more we are recognizing how restoring sight contributes to 'human capital.'

Human capital - defined by the World Bank as the potential of individuals - is among a country's greatest assets. Investment in human capital is increasingly recognized for its importance to a country's prosperity in a rapidly changing global economy. Blindness weakens human capital in low-income countries by preventing children from getting an education and by keeping adults from participating in the workforce.

Seva Canada invests in human capital by providing access to high-quality, affordable eye care to everyone in need. When people can see and are able to lead healthy, productive lives, they can help to lift themselves, their families and their communities out of poverty.

A recent and effective tool to reach those suffering with blindness and visual impairment in remote and rural communities, where most poor people live, is through facilities called Community Eye Centres (CECs). Staffed by well-trained ophthalmic technicians and with sophisticated equipment, CECs provide a full range of basic eye care serving 100,000 to 200,000 people: glasses for refractive error, medicine for minor conditions and referral of complex and surgical cases to

an ophthalmologist. Our donors have funded the creation of these facilities, helped with training and equipment and paid for outreach activities to ensure everyone in need of care has the opportunity to be treated. In some countries, Community Eye Centres have become self-financing through service fees charged to those who can afford to pay, while still providing free services for those who can't. In addition, a CEC network provides ongoing care, eventually negating much of the need for expensive community outreach, including screening and treatment camps.

In Africa, Seva Canada donors have funded CECs in Burundi, Congo Brazzaville, Benin and Malawi. In Burundi alone, CECs examined, treated or referred almost 27,000 patients last year. With our goal to replicate CECs at a scale necessary to meet population need, Burundi alone requires 50 CECs for its rural population of 7 million.

In May of 2018, Seva Canada's Board and staff met to update our strategic plan for the next three years and to confirm our strategic initiatives and priorities: financial sustainability and gender equity. While both of these principles were previously integrated within Seva Canada's strategic plan, we agreed that more resources, both financial and human, would be dedicated to promote them as our key priorities over the next three years.

We would like to extend our thanks to Seva Canada's donors for building human capital through the power of sight. When more people can succeed, we all succeed.



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*

Foundations & Grants

Abundance Canada

BCGEU Diane L. Wood International
Solidarity and Humanity Fund

Benevity Community Impact Fund

CanadaHelps

Chimp Foundation

Crossroads United Church

Gift Funds Canada

Gladys H. Dunn Fund

Gordon Dunn & Colleen Miller Dunn
Fund

Grace Chen-En Christian Church

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