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# ANNUAL REPORT 2021-2022

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seva  
CANADA

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40  
YEARS

SEVA.CA



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# DEAR FRIENDS OF SEVA CANADA

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"It's all done with people" is a refrain often repeated over our 40-year history. It's more than a saying; it is the backbone of Seva Canada's success.

In this, our 40<sup>th</sup> year celebration, we want to recognize, and thank, those who shared their skills, time, expertise and resources.

Our debt is to the experts who provided training to our programs: in surgical skills, cost recovery methods for financial sustainability, research methodology, and human resource processes; resulting in high-quality, sustainable programs that reach those most in need.

Our gratitude is to our corporate partners, granting agencies and foundations who funded Seva's work and encourage others to do the same.

Our awe is of the talented photographers and videographers who captured Seva's work with both beauty and compassion so we can share the impact of your generosity.

Our appreciation is to our office and home-based volunteers who kept the office running smoothly.

And finally, our sincere thanks is to our donors who have given for years, and the donors we have just met, who will continue to restore sight and prevent blindness for years to come.

Truly, it is all done with people! People just like you!



**Dr. Martin Spencer,**  
Board Co-Chair



**Jill Guthrie,**  
Board Co-Chair



**Penny Lyons,**  
Executive Director



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# ABOUT US

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## **Mission**

Seva Canada's mission is to restore sight and prevent blindness in low- and middle-income countries.

## **Vision**

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

## **Guiding Principles**

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

# HOW YOU'VE HELPED

## ACCESS EYE CARE SERVICES

**1,224,642** people benefitted from accessible eye care services



54% women

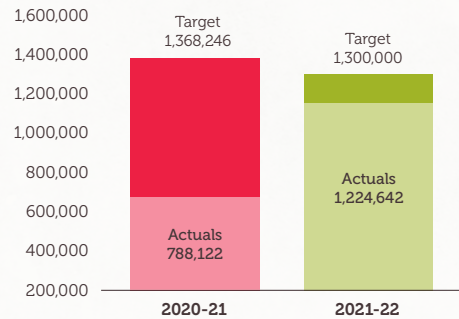


46% men

2021-22 Target: **1,300,000** → Achieved: **1,224,642 (92%)**

*Footnote: Goal is 10% annual growth in most settings.*

Number of People who Benefitted from Accessible Eye Care Services



## CATARACT SURGERIES

**76,281** people received sight-restoring cataract surgery



53% women

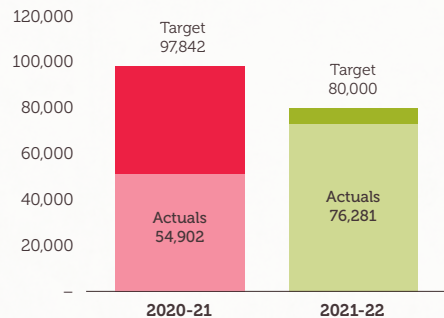


47% men

2021-22 Target: **80,000** → Achieved: **76,281 (94%)**

*Footnote: Goal is 10% annual growth in most settings.*

Number of People Who Received Cataract Surgery





## OTHER TYPES OF SURGERIES

**10,914** people received other types of surgeries (e.g. glaucoma, cornea, retina, oculoplasty)



45% women



55% men



## PRESCRIPTION GLASSES

**9,604** people received prescription glasses

## TRAINING

- **3 Ophthalmologists** underwent sub-specialty training (retina and glaucoma)
- **2 Ophthalmologists** received cataract surgical training
- **1 Doctor** completed an ophthalmology residency
- **20 Nurses** underwent ophthalmic specialty training
- **21 Health Department and Health Unit staff** received basic eye care program management training
- **40 Ophthalmic Assistants** completed a 3-year training program
- **46 Clinical staff** received Virtual Quality Improvement in Eye Care training
- **1,096 School teachers** trained in visual assessment and primary eye care
- **1,823 Female Community Health Volunteers** trained in eye health and basic eye disease recognition
- **2,632 Primary healthcare personnel** received Eye Health Awareness training in primary eye care

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# COUNTRY REPORTS

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Over the past year, the Seva-supported country programs returned close to pre-COVID-19 pandemic levels of demand and service delivery, reaching over 90% of their targets. Most programs began outreach activities again, including screening – diagnostic camps and school-based visual acuity testing. Program partners continued to gather data, disaggregated by age, sex, economic level and location, and continued to overcome barriers to use of services throughout their region. A major change for most partners was the increase in their use of the internet to provide virtual consultations and to share diagnostic images. These innovations are leading to effective and efficient long-term strategies to better serve populations in rural and remote settings. Seva Canada partners are sharing these innovations through training courses with other local and international eye care providers in a continuing effort to meet local and global demand for eye care.

Program data from the past year are shown in the individual country reports. Donor funding was maintained, despite a small decrease in service utilization, in order to maintain staff, purchase much-needed equipment, and to develop innovative tele-ophthalmology programs.



## **COMMUNITY EYE CENTRES**

The most effective way to increase eye care program utilization in most regions involves establishing Community Eye Centres (CECs). 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, usually to an underserved semi-urban or rural population and are self-financed through minimal service fees, paid by those who can afford to pay and the sale of eye glasses. CECs show the greatest promise for meeting the growing need and demand for eye care by dramatically increasing the use of services at the community level. This past year, CECs were opened in Madagascar, the country's first, and in Western Nepal, serving a primarily Tibetan population.

## **GENDER EQUITY**

Seva Canada continues to take 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 limit access to eye care services by women and girls. Awareness of the problem has not been enough to achieve equity, particularly for girls both in Asia and Africa. Seva partners continue to increase the role of community-level advocates to increase the use of services by girls and to encourage both political and social action to support these activities.

## **VIRTUAL QUALITY IMPROVEMENT PROGRAM**

The most significant change in the past year was the growth of the Quality Improvement Program in terms of comprehensiveness and implementation, primarily in Nepal and Cambodia, covering a wide range of hospital-based practices. These include establishing best practices for biomedical waste management, instrument care (cleaning, storage, and sterilization), ward and operating room management, ophthalmic surgical outcome, as well as more general medical training, such as cardiopulmonary life support. Program establishment included the identification and training of a quality improvement officer, and adding quality issues to human resource management practices to reduce occupational hazards, while improving the patient experience.

# AFRICA



Seva Canada supports eye care services in Africa through a partnership with the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania and Cape Town, South Africa. Seva's partnership with KCCO, which began in 2001, currently assists programs in Benin, Burundi, Congo-Brazzaville, Egypt, Ethiopia, Madagascar, Tanzania, and Uganda. Seva works with KCCO to develop and implement population-based eye care services.

With KCCO's mentorship, our in-country eye care programs conduct outreach to communities, provide thousands of eye examinations, identify people in need of care, and primarily provide sight-restoring cataract surgery. In addition, the programs identify and treat injuries and chronic eye conditions such as glaucoma and complications from diabetes. All programs are looking to expand the size and diversity of their eye care services but, similarly to most places in

Africa, they face a chronic human resource shortage, particularly ophthalmologists and ophthalmic nurses. Often, entire programs depend on one key individual.

KCCO staff, supported by Seva Canada, conduct operational research to generate evidence for policies, programs and practices, particularly those that reduce barriers to care for women and girls. KCCO remains on the leading edge of innovation for improving eye care in Africa, particularly for pediatric services.

KCCO is also a World Health Organization Collaborating Centre for trachoma, and was recognized by the Queen Elizabeth Diamond Jubilee Trust for its contribution to trachoma elimination.

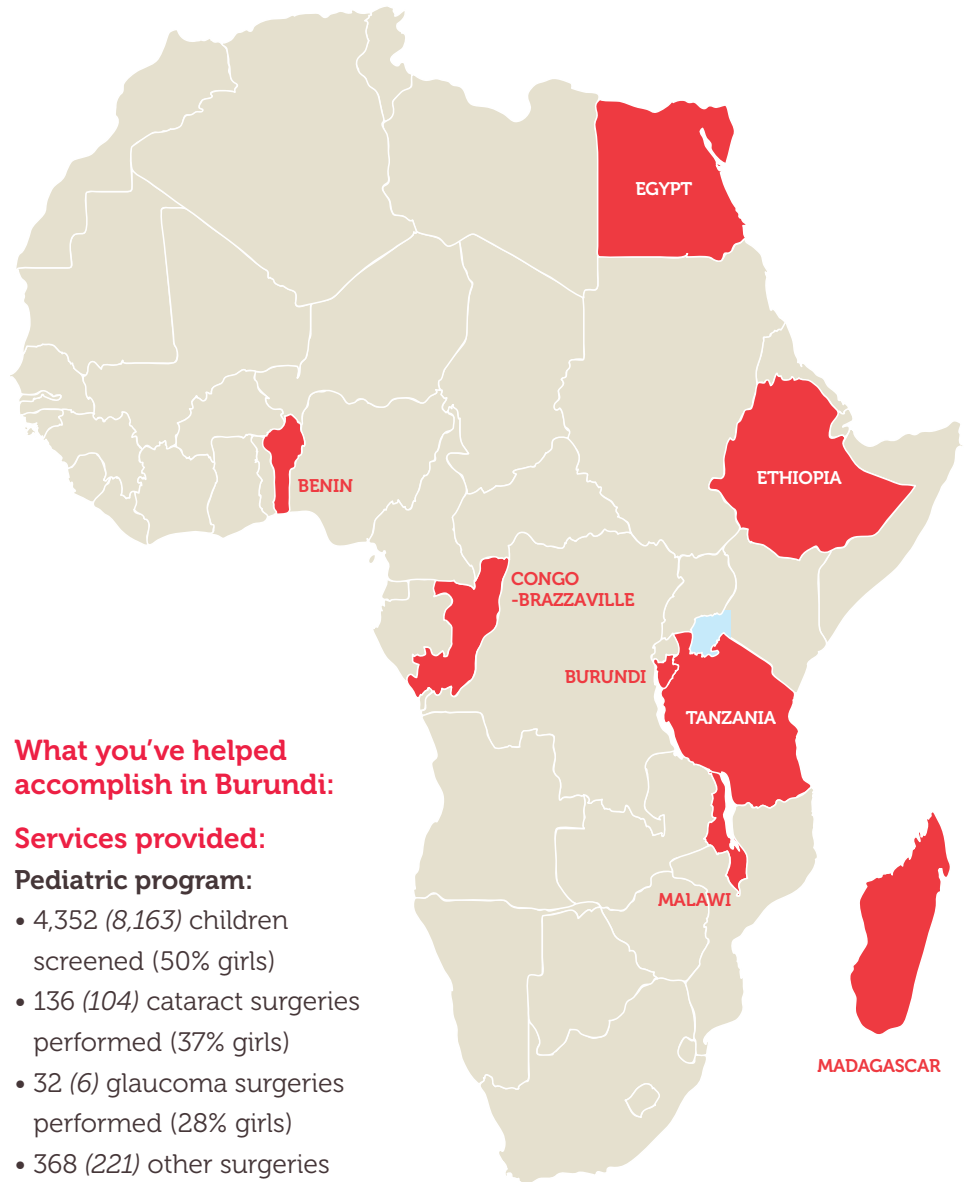


## BURUNDI

The Burundi program, led by Dr. Levi Kandeke, encompasses a network of Community Eye Centres (CECs) around the country and a Child Eye Health Tertiary Facility in Bujumbura, providing accessible, high-quality eye care services to thousands of Burundians each year.

Dr. Kandeke, along with an associate ophthalmologist and nursing and administrative staff, manages a referral network for children from the countries entire pediatric referral system. They conduct outreach activities to ensure adults and children receive surgery and other clinical services, regardless of their ability to pay.

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



### What you've helped accomplish in Burundi:

#### Services provided:

##### Pediatric program:

- 4,352 (8,163) children screened (50% girls)
- 136 (104) cataract surgeries performed (37% girls)
- 32 (6) glaucoma surgeries performed (28% girls)
- 368 (221) other surgeries performed (43% girls)

## MADAGASCAR

Seva Canada donors support three hospital-based eye care programs in Madagascar: Tomatave (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 at these sites, supported by Seva, is essential to ensuring that the primarily rural populations have access to care.

In addition, Seva Canada is the primary supporter of a comprehensive pediatric program involving all the three eye care facilities, plus Ambohibao, a hospital located near the capital city of Antananarivo. Seva supports clinical services, supplies and transportation, and the training of a network of community outreach workers, called Key Informants (KIs), to find and refer children in need of eye care.



Seva Canada worked with local staff to publish a study of the KI program that will help other pediatric programs in low-income settings to adopt and learn from this highly effective approach to increase the number of children accessing services and attending follow-up care.

All the Malagasy programs are working to achieve financial sustainability by using an innovative cost-recovery model. The programs recovered up to 70-80% of their costs last year, despite the COVID pandemic, and a series of severe climate change events, and worsening poverty levels and social unrest.

## What you've helped accomplish in Madagascar:

### Services provided:

#### Screened for eye disease:

- 8,796 (10,991) people in Antsirabe (42% women)
- 4,307 (2,411) people in Tomatave (48% women)
- 6,922 (4,591) people in Sambava (52% women)

#### Cataract surgeries provided to:

- 565 (452) people in Antsirabe (51% women)
- 992 (616) people in Tomatave (54% women)
- 463 (247) people in Sambava (49% women)

#### Pediatric program:

Reported for all 4 programs together:

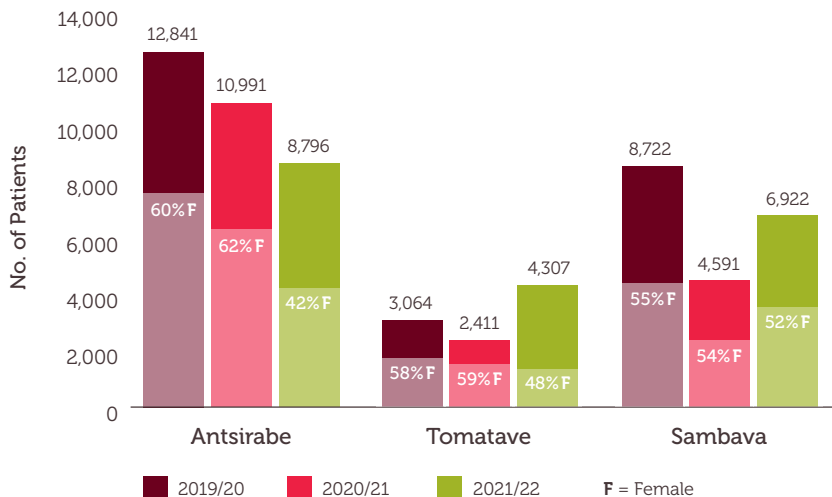
- 8,880 (8,430) children screened (55% girls)
- 77 (58) cataract surgeries performed (56% girls)
- 40 (55) other surgeries performed (52% girls)

### Facilities & Programs supported:

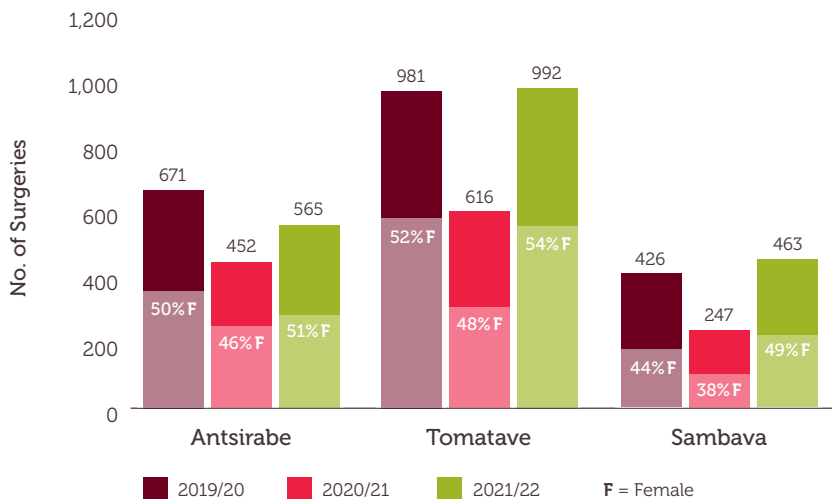
20 nurses underwent a 2-year ophthalmic sub-specialty training program.

## SERVICES PROVIDED:

### Screened for Eye Disease



### Cataract Surgeries



## UGANDA

Dr. Simon Arunga has created two Community Eye Centres (CECs) in Southwestern Uganda; the first in Mbarara in 2018 and the second in Rukungiri in 2021 – both with support from Seva Canada. The CECs provide quick and easy access to quality eye screening and examination, encourage the local population to utilize eye care services, and provide eye health education. Creating permanent eye care facilities in hard-to-reach areas is cheaper, provides better access to care, and is more sustainable than traditional outreach methods. Additional CECs are planned in Fort Portal, the capital of the Rwenzori area, that serves a population of approximately 5 million people in Western Uganda. The CEC will also provide eye care to the underserved Democratic Republic of Congo population along the border.

## TANZANIA

Tanzania, one of the largest countries in east Africa, has an estimated 238,800 people living with blindness from treatable conditions such as cataract and trachoma.

Seva support is directed towards well-established community programs in the Mara and Ngorongoro Regions in the Northwest. The programs include local microfinance groups assisting field workers to deliver eye care messages 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, which led to the program expansion into the Mwanza Region last year.

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. The program 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 ophthalmologist on a weekly rotation from a neighbouring eye unit, two ophthalmic nurses, one optometrist and one nurse assistant. The District Hospital plans to secure a permanent surgeon in the next year.

### **What you've helped accomplish in Tanzania:**

#### **Services provided:**

##### **Mara Region:**

- 932 (34) people referred by microfinance members (63% women)
- 7,446 (6,644) people examined and treated (49% women)

- 319 (236) cataract surgeries performed (55% women)

### Ngorongoro District:

- 1,287 (155) people referred by microfinance members (61% women)
- 3,006 (928) people examined and treated (65% women)
- 35 (32) trichiasis surgeries performed (80% women)

### Mwanza Region:

There were no microfinance activities in this region.

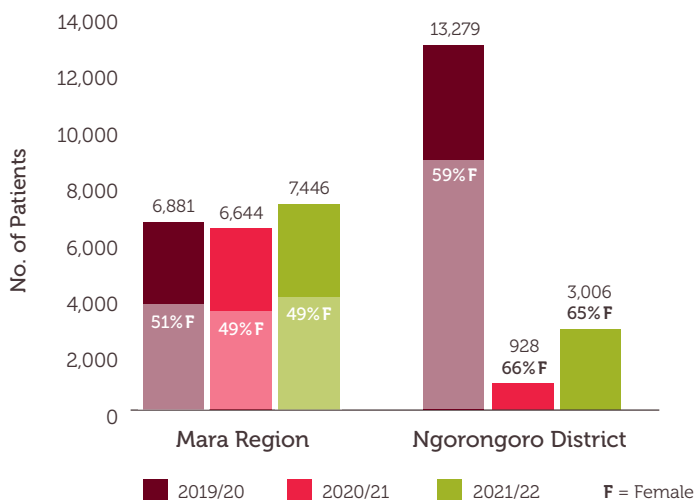
### Training:

The Tanzanian team currently provides training to members of 35 different microfinance groups. This year, a total of **115** microfinance members were either newly trained or received refresher training.

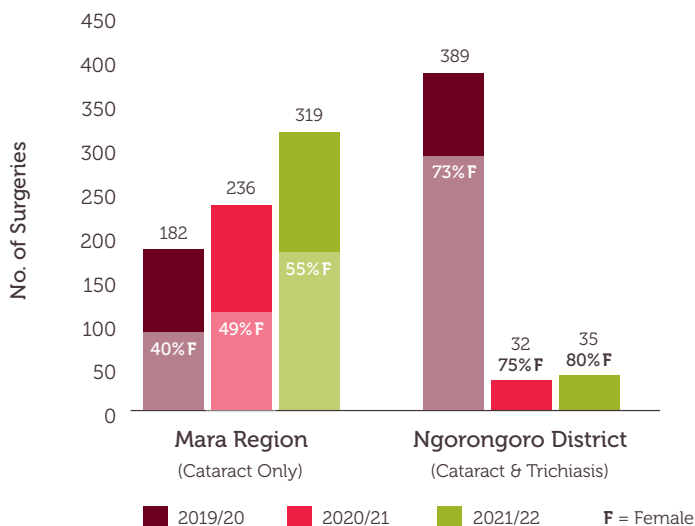
In both Mara & Ngorongoro, the microfinance members refer people in need of care to outreach screening camps. This year, they referred over **2000** patients, **74%** of whom were women and girls.

## SERVICES PROVIDED:

### Screened for Eye Disease



### Eye Surgeries





## 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 almost 800,000 people living with blindness and 1.9 million in need of glasses. Trachoma remains endemic in this country as a result of poor water quality and inadequate sanitation and housing.

In Ethiopia, Seva Canada supports a community outreach

program in Bahir Dar, in the Amhara Region. In addition to providing funds for outreach, supplies and consumables, KCCO staff train microfinance members to identify, promote, refer, and support people, particularly women and girls, who face barriers accessing eye care services.

Seva Canada also supports the eye department of the government hospital in Bahir Dar, led by Dr. Hiwot Degineh and her team, by providing funds for specialized training, surgery, glasses, and medicine. Eye care program activities continued, including outreach services, despite the lingering COVID pandemic and the civil war in the adjacent Tigray Region.

### **What you've helped accomplish in Ethiopia:**

#### **Services provided:**

##### **Bahir Dar:**

- 18,940 (14,277) people examined (53% women)
- 1,193 (617) cataract surgeries performed (51% women)

### **Training:**

Microfinance members received a refresher training course and continued to network widely to find and refer people in need of care to upcoming outreach screening camps.

## 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). The CECs are providing high-quality, affordable and accessible eye care services to rural populations and, using an innovative funding model, are becoming financially self-sustaining. Seva Canada continues to mentor partners in West Africa to improve the productivity and cost-recovery of their CECs, which provide glasses, medicine and access to surgical services, to thousands of patients each year.

## EGYPT

Egypt possesses the technical and human resource capacity to restore the sight of its residents who are blind, many of whom are women. However, due to inadequate awareness, access and acceptance, available eye

care services are under utilized, even when they're free.

In the past, Seva donors supported the Nourseen Foundation, an Egyptian eye care NGO dedicated to serving the country's rural poor. It used mobile caravans

to find, refer and transport patients for cataract and to develop trachoma-prevention programs particularly in the Menia Governorate, a region in Middle Egypt. However, political challenges have resulted in suspension of support over the past few years.

# INDIA



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 paying patients to subsidize services for poor patients. Aravind's creative cross-funding model is 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 established in Gingee, India, in collaboration with Aravind, provided eye care services to the rural population.

### What you've helped accomplish in India:

#### Services provided:

##### Gingee Community Eye Centre:

- 13,156 (7,576) people examined
  - 852 (594) children screened (45% girls)
  - 12,304 (7,683) adults screened (55% women)
- 545 (334) cataract surgeries performed (57% women)
- 1,085 (632) patients received prescription glasses
  - 81 (44) children received glasses (40% girls)
  - 1,004 (929) adults received glasses (55% women)

# CAMBODIA



Seva Canada works through a strong, stable Seva Cambodia office with six full time staff. Seva Cambodia supports eye care programs in five 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. Seva Canada funds are concentrated in the Banteay Meanchey Province.

In the past year, Seva Cambodia began sharing financial responsibility with the government hospitals (70% Seva, 30% government). The government subsidy includes staff financial incentives, medicines, and surgical supplies. This innovation provides a significant step towards local financial self-sustainability.

The Banteay Meanchey Eye Unit added a second ophthalmologist this year to their staff that includes a refractionist and three ophthalmic nurses. The clinical services focus on providing high-quality cataract and pterygium surgery.

The community ophthalmology program resumed after about an 18-month absence due to the COVID pandemic. It has two full-time field workers who travel by motorcycle to remote areas to find and screen patients and to arrange referrals to outreach screening and surgical camps or 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. The program also supports training of local doctors, nurses, administrators and support staff.

Seva Cambodia, the Maddox Jolie-Pitt Foundation (MJP) and the Battambang Provincial Health Department, established a Community Eye Centre (CEC) in Samlot Commune within the Boeng-Run Health Centre. The CEC is Cambodia's first permanent eye care facility in a rural community. It provides visual acuity tests, glasses, treatments for minor conditions and referrals of complex cases to the Battambang Referral Hospital.

## **What you've helped accomplish in Cambodia:**

### **Services provided:**

#### **Screened for Eye Disease:**

- 60,345 (56,443) people examined at Eye Units (54% women)
- 22,714 (13,346) people examined through outreach screenings (60% women)
- 4,424 (7,771) students examined at school screenings (50% girls)



**Treatment of Eye Disease:**

- 3,262 (2,692) people received cataract surgery (61% women)
- 2,657 (2,926) people received other types of eye surgery (46% women)
- 2,586 (1,714) people were provided with prescription glasses (57% women)

**Training:**

**Professional training:**

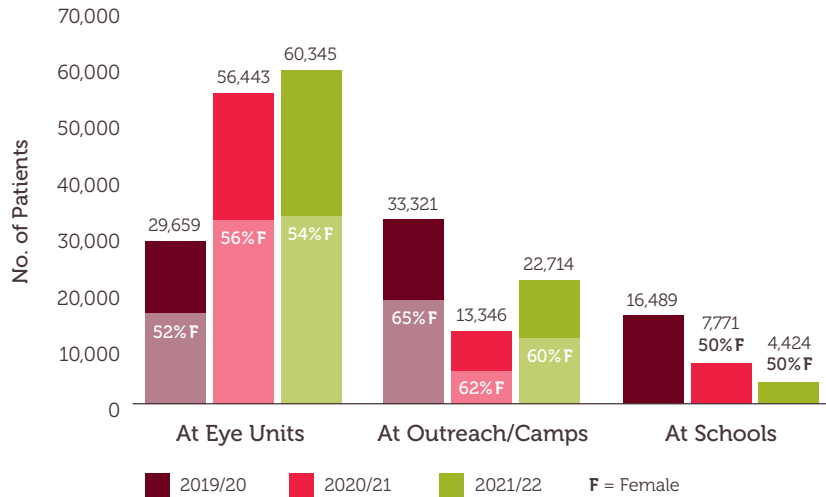
- 1 (1) Doctor completed ophthalmology residency training
- 1 (0) General nurse began a 1-year ophthalmic nurse training program
- 78 Health Centre staff received primary eye care training

**Community-based training:**

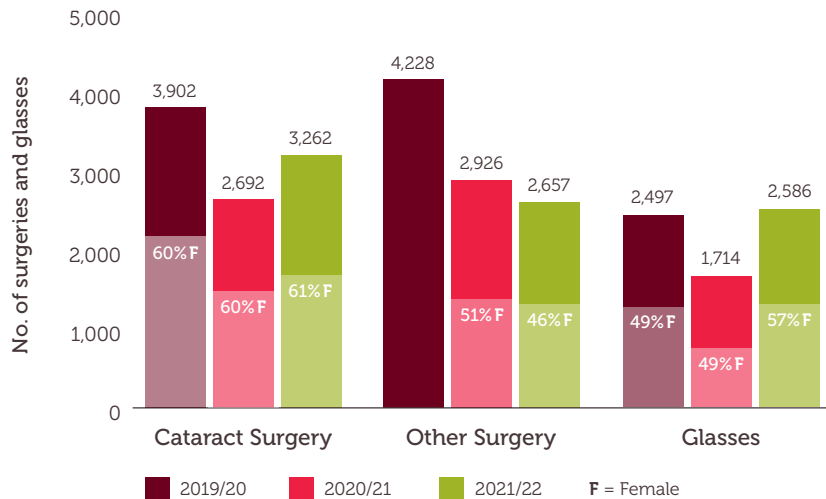
- 21 Health Department and Health Unit staff received basic eye care program management training
- 102 (128) School teachers received training in visual assessment and primary eye care

**SERVICES PROVIDED:**

**Screened for Eye Disease**

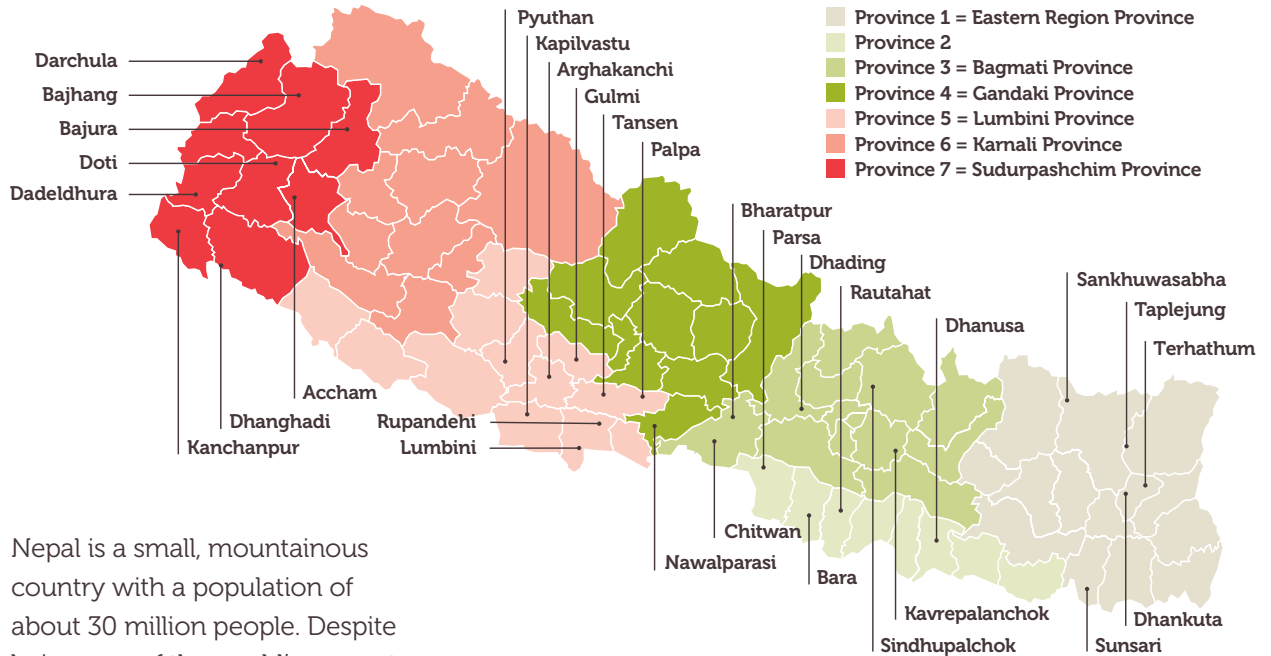


**Treatment of Eye Disease**



Previous year's numbers are in italics within brackets for comparison

# NEPAL



Nepal is a small, mountainous country with a population of about 30 million people. Despite being one of the world's poorest 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 Canada works through Seva Nepal, an in-country office

that provides technical, program development, and managerial support to an ever-expanding network of facilities and activities that include the most remote and rural populations. The network includes 70 eye care facilities (including 2 tertiary hospitals, 10 secondary hospitals

and 37 Community Eye Centres) in 27 of Nepal's 77 Districts, stretching from far western to far eastern regions.

Seva-supported Eye Institutions now provide large training programs that produce

ophthalmic professionals for many Nepal regions, including ophthalmologists, sub-specialist ophthalmologists, optometrists, orthoptists, ophthalmic assistants, and ophthalmic nurses. New initiatives are underway to provide local training programs for eye care management and community ophthalmology.

Most of the expansion in the past year focused on establishing Community Eye Centers using an innovative public-private funding model, whereby the newly established municipalities provide the physical space and salaries and Seva provides the ophthalmic equipment and supervision of care, including referrals to eye hospitals.

The other significant program expansion is the inclusion of chronic diseases like diabetic retinopathy and glaucoma, and the establishment of community-based pediatric programs, both of which are extremely challenging in a



poor country with minimal health care infrastructure. In addition, increasing use of information technology is leading to improvements in tele-ophthalmology and quality assurance activities.

### **What you've helped accomplish in Nepal:**

#### **Services provided:**

##### **Screened for Eye Disease:**

- 1,007,670 (583,314) people examined at Eye Care Facilities (54% women)
- 109,171 (31,447) people examined at outreach screenings (45% women)

- 221,412 (39,366) students examined at school screenings

##### **Treatment of Eye Disease:**

- 68,225 (49,880) people received cataract surgery (54% women)
- 8,257 people received other types of eye surgery (44% women)
- 7,018 (1,338) people were provided with prescription glasses

##### **Program Capacity Building:**

- Three hospitals established an operational research program and completed an initial study of a health system problem

in their facilities. All three projects were completed and reports on the studies were presented internally and manuscripts are being prepared for publication.

**Training:**

**Professional training:**

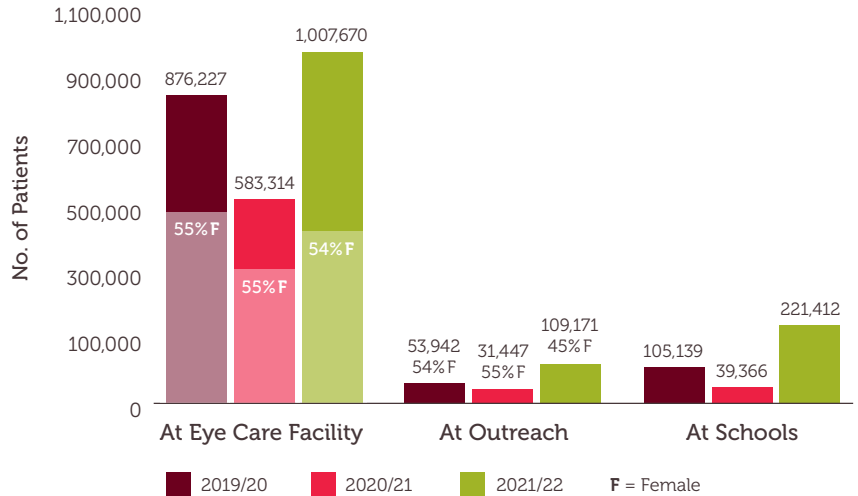
- 1 (1) Ophthalmologist completed a retina fellowship
- 2 (0) Ophthalmologists completed a glaucoma fellowship
- 1 (1) Ophthalmologist received a small incision cataract surgery (SICS) fellowship
- 1 (0) Ophthalmologist received phaco-emulsification training

**Community-based training:**

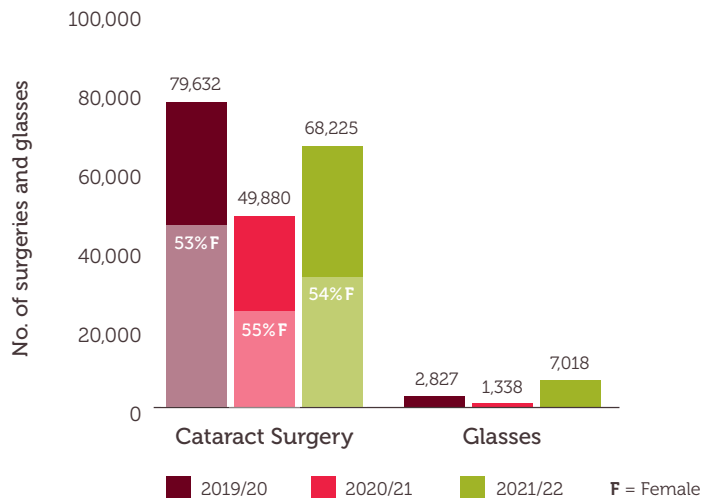
- 1,823 (609) Female Community Health Volunteers received training in primary eye care
- 994 (103) School teachers received training in visual assessment and primary eye care

**SERVICES PROVIDED:**

**Screened for Eye Disease**



**Treatment of Eye Disease**



# TIBETAN AREAS OF CHINA



In the past year, Seva ended its 15-year program supporting the Tibetan areas of China. A new program has begun focused on Tibetan populations living in the mountainous regions of Nepal. Several Community Eye Centres are planned with the first opening this upcoming year in the far Eastern Region near Taplejung.



# THE JOY OF SEEING AGAIN



***“It does not hurt now, but when the accident happened, I could not bear the pain!” said Mangali.***

Twelve years ago, Mangali injured her left eye when she slipped on a hilly path near her home in the Kavrepalanchok District of Nepal. She didn't have access to medical treatment and suffered through the agonizing pain. As a result, she lost all vision in her damaged eye.

Not long after, Mangali's husband passed away. Thankfully, her brother-in-law

and his family moved her into their home so they could care for her. Mangali enjoyed the hustle and bustle of their lively home filled with the comings and goings of their adult children and grandchildren. The holidays and festivals, when everyone gathered to celebrate, were her favourite times of year.

After a while, Mangali began to lose the vision in her remaining 'good' eye. Life became harder as she lost her independence and became more reliant on her brother-in-law's family. She felt like a burden and began to withdraw.

Her family worried about her but didn't know what to do until they heard about a screening camp being conducted by the Seva Nepal Youth Outreach team in a nearby village. Her brother-in-law took Mangali, where at 88 years old, she had

her first-ever eye exam! She was finally able to get the eye care she so desperately needed.

Mangali was diagnosed with cataract and transported to the eye hospital for a 15-minute, sight-restoring surgery. The next day, when her bandage was removed, Mangali could see clearly again in her good eye!

***“Thank you to everyone! You have given me back my life!”*** she exclaimed.



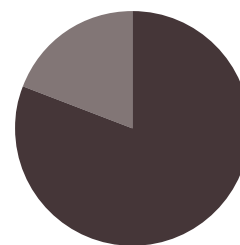
# FINANCIALS

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2022

<b>REVENUE</b>	<b>2021/2022</b>	<b>2020/2021</b>
Project grants, contracts and awards	377,172	520,818
Donations	1,645,633	1,634,304
Donations In-Kind	-	-
Special events, presentations & net merchandise sales	562	4,446
Interest and other income	13,110	8,240
	<b>1,990,351</b>	<b>2,112,841</b>
<b>COST OF GOODS SOLD</b>		
Opening inventory	7,941	8,167
Purchases	4,615	946
Closing inventory	(11,036)	(7,941)
	<b>1,520</b>	<b>1,172</b>
	<b>1,988,831</b>	<b>2,111,669</b>
<b>EXPENSES</b>		
Program payments	887,015	962,759
Program administration	301,837	265,833
Fundraising	287,728	257,730
General administration	171,890	149,419
	<b>1,648,470</b>	<b>1,635,741</b>
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>	<b>340,361</b>	<b>475,928</b>
<b>NET ASSETS, BEGINNING OF THE YEAR</b>	<b>1,002,433</b>	<b>526,505</b>
<b>NET ASSETS, END OF YEAR</b>	<b>1,342,794</b>	<b>1,002,433</b>

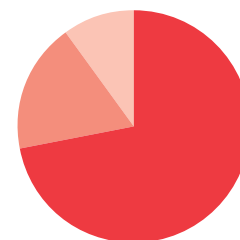
Seva's complete audited financial statements are available online at [seva.ca/publications/annual-reports](http://seva.ca/publications/annual-reports)

### SOURCES OF SUPPORT



Individual & Corporate	81%
Foundations & Grants	19%
Products & events	0%

### YOUR DONATIONS AT WORK



Program	72%
Fundraising	18%
Administration	10%

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# LOOKING AHEAD 2022-2025

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Seva Canada recently created a new strategic plan to address our partners' requests for training in innovative models of program development and financial self-sufficiency, in human resource development, program evaluation, and epidemiological research and publication.

## ***Why?***

Without financial self-sufficiency and the skills to evaluate, report and publish, our program partners will be forever limited to foreign donations and stagnated models of service delivery. The primary goal of this plan is for Seva Canada-supported programs to become change agents in their own countries, strengthening all aspects of service delivery (planning, equity and quality).

The challenge is to balance the need for more immediate 'impact' versus investment in 'long-term program development.'

A major component of the plan is for our partners to access funding beyond Seva's contributions and actively pursue a model where we provide, and become known for providing, expertise in accessing alternate sources of revenue (investors, lenders and governments) and add value by teaching marketing, fundraising, social entrepreneurship, financial modeling, human resources, management and cost recovery/cost accounting.

## ***A final note:***

As of January 1<sup>st</sup>, 2023, Seva Canada will have a new Executive Director, Elizabeth (Liz) Brant. Liz was Seva Canada's Development Director from 2012 to 2016.

Since then, Liz acquired an MBA at the Sauder School of Business at the University of British Columbia and has, most recently, been a Program Director at the BC Women's Hospital and Health Centre.

It has been an honour and privilege to serve Seva Canada for the past 16 years and I am forever grateful for the opportunity. I will continue to support both Liz and Seva Canada for the foreseeable future.

**With gratitude, Penny Lyons**





# OUR THANKS

## **On behalf of the Seva Canada Staff**

*Penny Lyons, Executive Director*

*Dr. Ken Bassett, Program Director*

*Deanne Berman, Marketing  
& Communications Director*

*Paul Crosby, Development Director*

*Ashley Holm, Operations Manager*

## **Foundations & Grants**

A.L. GRAY Foundation

Abundance Canada

Aikenhead Family Community Fund

BCGEU Diane L. Wood International  
Solidarity and Humanity Fund

Benefaction Foundation

Benevity

Burgetz Family Foundation

Canada Fund for Local Initiatives

Canada Helps

Charitable Impact Foundation (Chimp)

Cidel Trust Company

CUPE Vancouver Island District Council

Ewald Family Foundation

Funke-Furber Fund through the  
Victoria Foundation

Gift Funds Canada

Gladys H. Dunn Fund, held at  
Vancouver Foundation

Gordon Dunn & Colleen Miller Dunn  
Fund, held at Vancouver Foundation

Heronbrook Foundation

Jim Bertram & Bonnie Foster

Judy Schmidt Fund

Karuna Fund, held at Nicola Wealth  
Private Giving Foundation

Langara Students' Union

Lewis & Ruth Sherman Charitable  
Foundation

Link Charity Canada

Margaret & Jim Gillis Family Foundation

Margaret Wu

Moira and David Foundation

PayPal Giving Fund

Peter and Chloe O'Loughlin  
Charitable Fund

Pratt-Johnson Family Fund, held at  
Nicola Wealth Private Giving Foundation

Provincial Employees Community  
Services Fund

Raymond James Canada Foundation

Rotary Club of Qualicum Beach  
Sunrise Society

Salt Air Fund

Sisters of Charity - Halifax

SpencerCreo Foundation

Strategic Charitable Giving Foundation

TD Canada Trust Private Giving  
Foundation

The Antle/Mears Charitable Foundation

The Bob and Judy Hager Family Fund,  
held at Vancouver Foundation

The Grayross Foundation, held at  
Vancouver Foundation

Tony Bates & Pat Porter Foundation

United Way British Columbia

United Way East Ontario

United Way of Calgary

United Way Greater Toronto

United Way Winnipeg

Vancity Community Foundation

Vancouver Kiwanis Welfare Foundation

Zita and Mark Bernstein Family  
Foundation

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Martin Spencer, M.D.

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