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# ANNUAL REPORT 2012-2013

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# DEAR FRIENDS OF SEVA CANADA

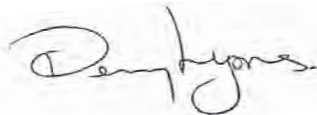
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Last year you helped us celebrate our 30th Anniversary. You donated, you fundraised, you tweeted and blogged, wrote us letters, called us, came to our events, helped us in the office, offered advice, talked about us, wrote about us, read about us, took pictures and video for us and showed us how fiercely you believe in our mission to restore sight and prevent blindness. The following pages tell part the story of what your efforts have accomplished but they cannot even begin to describe the joy, hope and promise you have brought to so many people.

We hope, in the next year and many years to come, you continue to believe in Seva's mission and find ways to contribute that are meaningful to you and those we serve. Thank you for all you have done.



**Nancy Mortifee,**  
Board Chair



**Penny Lyons,**  
Executive Director





FRONT COVER: © JON KAPLAN  
THIS PAGE: © SUSAN ERDMANN

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# COMMUNITY OPHTHALMOLOGY

## SEVA'S APPROACH TO ENDING AVOIDABLE BLINDNESS AND VISUAL IMPAIRMENT IN LOW-INCOME COUNTRIES

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Seva believes the most important thing we do is to connect blind people, the majority of whom live in remote, rural areas, with the eye care providers and hospitals that can help them. One of the best ways to do this is through community ophthalmology: eye care in the community by the community.

Eye care programs must leave the confines of the hospital. Eye care programs must be active, not passive. Most of the 39 million people in the world who are blind will not walk into a hospital and request sight-restoring surgery. They are too poor. They don't understand they can be helped. They have no way to get to the hospital. They are frightened. They are women and children and not able to travel

freely. The 39 million people in the world who are blind will stay blind until eye care workers bring eye care to their doorstep.

Connecting people with the services they require is accomplished by overcoming the financial and social barriers that prevent people from accessing care. Every culture has its own barriers which must be studied, and then eye care staff and community partners must use this knowledge to empower poor and marginalized populations to get the help they need.

Breaking down barriers demands innovation and experimentation. Seva's strong support for population-based studies has allowed us to make significant contributions to global

knowledge about how to reach populations in need.

More than a decade ago, Seva discovered that 2 out of every 3 blind people in the world were women, most of whom were over 50, and ninety percent lived in poverty. This statistic was true worldwide and for all eye conditions including cataract, glaucoma, and trachoma. This knowledge led Seva to support community interventions that target women. This meant finding and engaging with women and women's networks, often involving unexpected opportunities such as educating and enlisting microfinance members as eye care advocates.

Breaking down barriers also requires investing in eye care facilities closer to the rural



populations in need. One such facility is known as 'vision' or 'primary eye care' centres, which treats minor conditions, sell eyeglasses and refers more serious conditions to the hospital. Usually self-financing within 2 years, they also provide community education and interaction with general health units and schools.

Rather than building hospitals or sending North American doctors to provide services, our donors primarily fund programs that become sustainable through local demand. This demand eventually leads to permanent eye care facilities funded by the community for the community – and no longer require Seva's financial or professional support.



PHOTO CREDIT: © DEANNE BERMAN

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# ABOUT SEVA

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## Mission

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

## Vision

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

## Guiding Principles

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

## THE FACTS ABOUT AVOIDABLE BLINDNESS

- 285 million people worldwide are visually impaired, of which 39 million are blind
- 90% of blind people live in low-income countries
- 2/3 are women & girls
- Each year an additional 500,000 children will lose their eyesight

### **This is a solvable problem.**

This suffering is unnecessary.

We already have the solution.

80% of all visual impairment is avoidable through prevention, treatment or cure.



## INDIA

Seva Canada primarily supported the development of a network of Vision Centres to bring eye care to the village level. Our partner, Aravind Eye Care System has created 43 Vision Centres in the Tamil Nadu State, each serving about 50,000 people. In order to provide access to care for every

person in the state, another 77 must be built. And that's just Tamil Nadu.

Seva Canada continues to assist Aravind Eye Care System to become a research, training and consulting resource for eye care programs in the

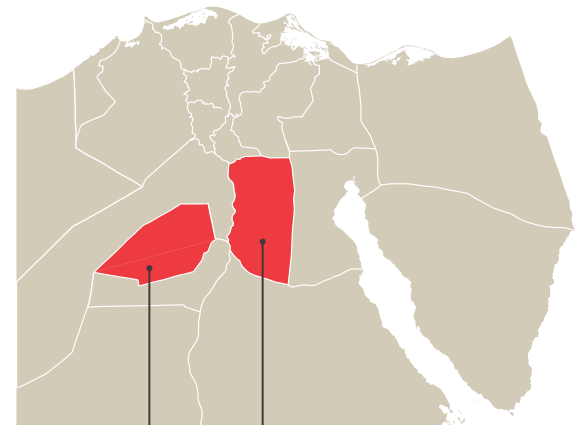
Indian subcontinent and worldwide. Within this expanding international network, Seva has focused on improving quality assurance programs for cataract surgery and developing health services and health systems research capacity.



## EGYPT

Seva is supporting the Kilimanjaro Centre for Community Ophthalmology, Aravind Eye Care System and Al Noor Magrabi Foundation to improve eye care capacity in Fayoum, 90 kms south of Cairo, one of Egypt's poorest

governorates with 4 million people. Following a needs assessment in 2012, planning meetings were conducted to structure renovations, staff training, and to institute new management practices at the Fayoum Government Eye



Fayoum

Cairo

Hospital and 6 general hospitals. Progress remains dependent on stabilization of the political situation.



# NEPAL

Darchula —

Bajhang —

Bajura —

Doti —

Accham —

Kanchanpur —

Funds provided to Nepal support an ever-expanding network of facilities and outreach activities, reaching the most remote and rural areas. Program expansion includes training of additional personnel and development of new programs (i.e. diabetic retinopathy screening and pediatric follow-up).

The Lumbini Eye Institute, the specialty care and training facility in Bhairawaha, is Seva Nepal's largest and longest running eye care facility. It supports 9 eye care facilities including 3 secondary hospitals and 6 Primary Eye Care Centres (PECC). A PECC treats 90% of all eye health issues including minor conditions, provision of eyeglasses and

referral of more serious conditions to the hospital.

Bharatpur Eye Hospital is the next largest Seva-supported eye hospital, located in Chitwan district, with 3 affiliated Primary Eye Care Centres.

Seva also supports 9 other Primary Eye Care Centres in far western and eastern Nepal.

The entire eye care program is provided by local Nepali partners. Activities are self-sustaining financially and professionally.

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

#### **Services provided:**

- Seva partner eye hospitals and Primary Eye Care Centres (PECCs) examined 429,802

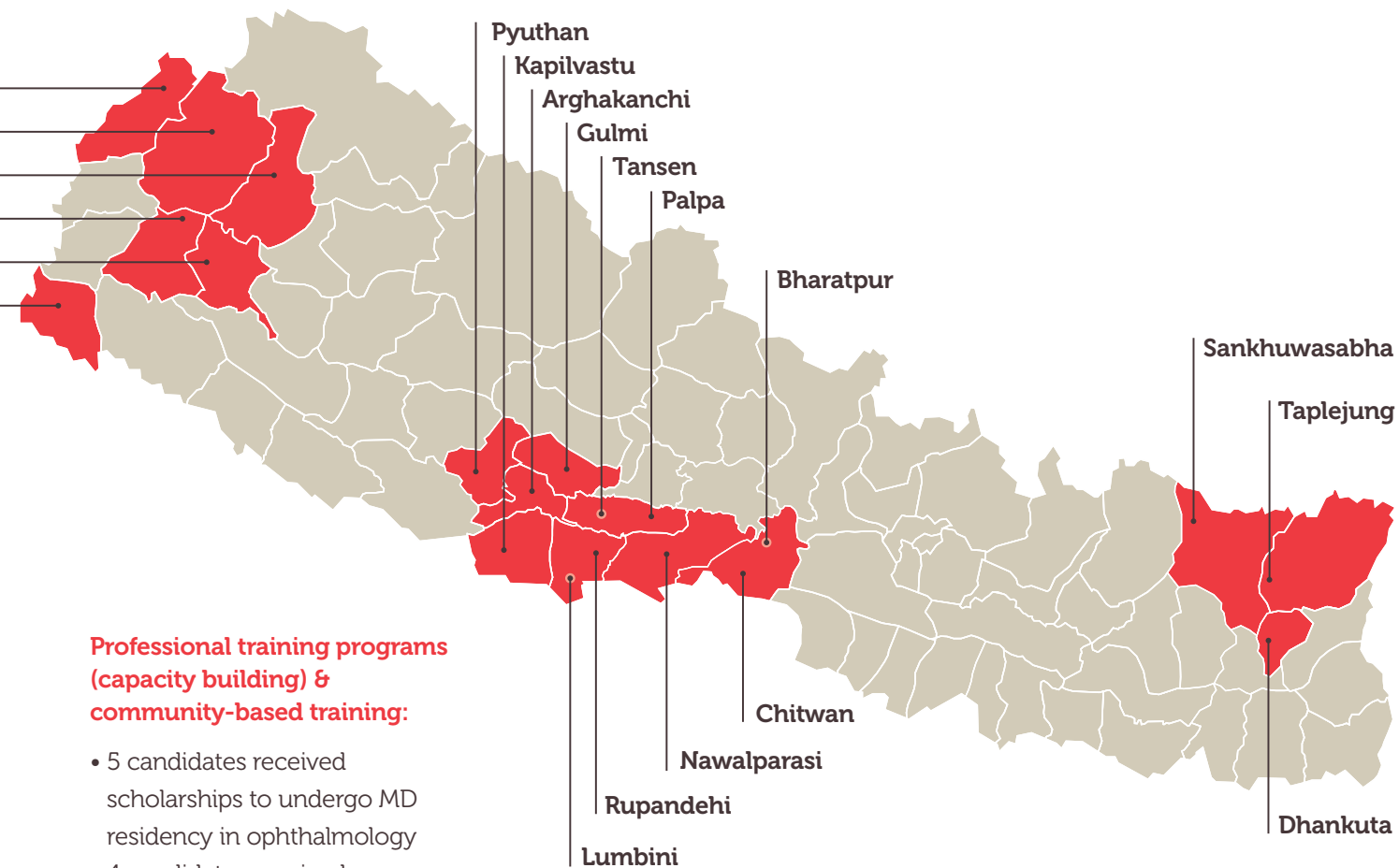
outpatients and performed 32,274 cataract surgeries

- Seva supported eye camps screened 42,306 patients and performed 8,070 cataract surgeries
- The school screening program examined 105,435 children and provided 2,468 free glasses

### **New facilities & programs established:**

- 3 new Primary Eye Care Centres were opened – Martadi in the Bajura District, Wami Taksar in Gulmi, and Rampur in the Palpa District, each serving about 100,000 people
- 1 new secondary eye hospital was established in Mahendranagar, Kanchanpur District





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# CAMBODIA

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Over the last year, Seva Cambodia supported a total of 4 eye care facilities in 3 northwestern provinces of Cambodia namely Banteay Meanchey, Battambang and Siem Reap. Three facilities are in the provincial government hospitals and the fourth is the Angkor Hospital for Children in Siem Reap. These facilities all conducted outreach activities in remotes areas and referred patients to the respective eye units/clinics for further evaluation and sight restoration. Some of the facilities conducted vision screening at primary schools and provided the children with free eyeglasses.

Seva Cambodia saw a dramatic increase in the utilization of eye care, particularly cataract surgical rates, in all of its districts following the hiring and training of 4 field workers. The costs of the field workers, eye surgery and transportation have been supplemented by Seva funding.

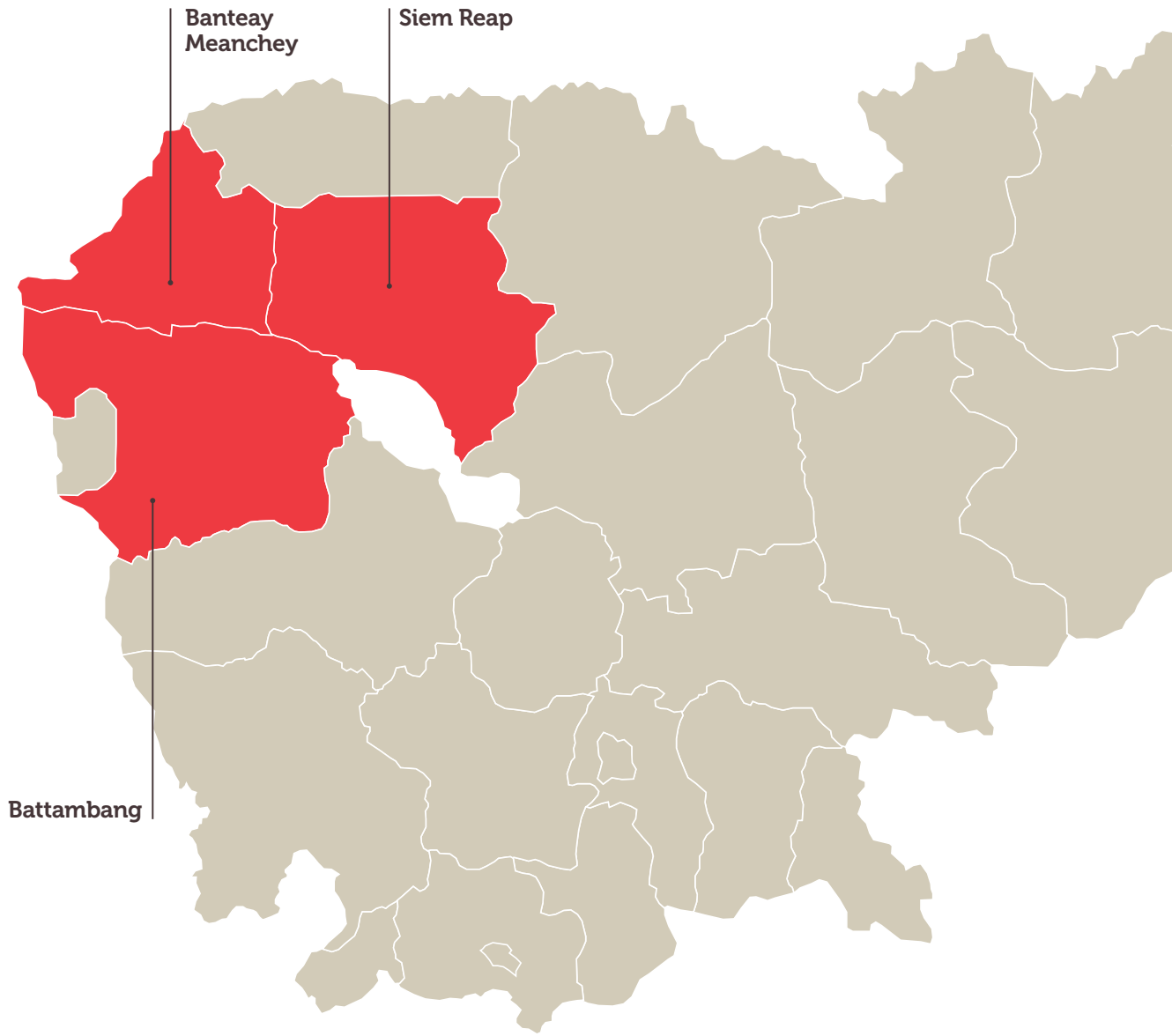
### **What you've helped accomplish in Cambodia:**

#### **Services provided:**

- Seva partner eye units/clinics examined 24,046 outpatients and performed 8,291 eye surgeries including 4,208 for cataracts
- Seva supported eye camps examined 1,373 patients and performed 552 surgeries
- 23,094 patients were screened through field workers
- 50,380 children were examined through school screenings and 1441 students were provided with free eyeglasses



PHOTO CREDIT: © JON KAPLAN



Banteay  
Meanchey

Siem Reap

Battambang





# TIBETAN AREAS OF CHINA

Seva Tibet's service area has almost doubled in the past 2 years so that it now plans, implements, monitors and evaluates eye care activities in 13 facilities throughout the Qinghai-Tibet plateau. It provides training, equipment and supplies to increase cataract surgical volume, improve optical shops, and reach out to schools and communities. More recently it has reinforced the prevention of childhood blindness and promoted sub-specialty eye care.

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

### **Services provided:**

- 36,232 outpatients examined
- 5879 cataract surgeries performed through hospitals and eye camps
- 4862 free eyeglasses provided

### **Training:**

Seva Tibet is supporting Tibetan ophthalmologists undergoing both long-term (2 year) general ophthalmology training and shorter term (3 month) sub-specialty training in corneal transplantation, glaucoma, and oculoplasty. In addition, visiting ophthalmologists provide shorter (1-2 weeks) training on newer surgical techniques and equipment.





TIBET  
AUTONOMOUS  
REGION

AMDO

KHAM

Dartsedo

NEPAL

Lhasa

BHUTAN

BURMA



# EASTERN AFRICA

In Tanzania, Madagascar, Malawi and Burundi, Seva programs focus on strengthening community ophthalmology, implemented by our local partner, the Kilimanjaro Centre for Community Ophthalmology (KCCO) in Tanzania. Since implementing the comprehensive, population-based plans, which focus on bridging strategies between hospitals and communities, the number of cataract surgical operations have doubled and tripled in all program areas.

## TANZANIA

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

**Services provided:**

**Mara region:**

- 9427 people were examined and treated

- 786 (50% women) cataract surgeries were performed

**Training:**

Mara Region added an innovative community engagement activity that involved established microfinance groups. Microfinance members were trained to identify people with eye problems which facilitated more than a thousand people, particularly women and girls, to utilize available eye care services.

## MADAGASCAR

**What you've helped accomplish in Madagascar:**

**Services provided:**

- Total of 15,244 people were examined and treated
- Total of 1782 (47% women) cataract surgeries performed

**Vakinankaratra region:**

- 6,958 people were examined and treated
- 631 (50% women) cataract surgeries performed

**Sava region:**

- 8,286 people were examined and treated
- 1151 (46% women) cataract surgeries performed

**Facilities & programs established:**

- Child Eye Health Tertiary Facility in Antananarivo

Seva funds have supported the development of a National Pediatric Plan for the Ministry of Health, and implementation of those recommendations at the University Hospital in Antananarivo.





## MALAWI

Malawi, one of the least developed countries in Africa, uses Seva support to establish a training and service delivery program to meet the low vision and blindness needs of children.

Services are provided to children through the pediatric program at Queen Elizabeth Central Hospital (QECH) in the capital city, Blantyre.

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

- 806 children (46% girls) were examined and treated in the outreach camps with 62 referred to QECH
- 4,076 children (46% girls) were seen at QECH, of which 67 children (51% girls) had cataract surgery

### Training:

Training focused on teachers in schools for visually impaired children (15,000) to improve their provision of low vision care as well as teaching Key Informants in communities to identify and refer children. Key Informants are part of a structured program to visit households and find children in need of care.



## EASTERN AFRICA (CON'T)

### BURUNDI

In the past year, Seva supported Burundi's first two pediatric surgical treatment activities which brought together staff from the Kilimanjaro Centre for Community Ophthalmology (KCCO) in Tanzania, ophthalmologists from Malawi, and a pediatric ophthalmologist from the USA, who conducted the surgery and trained local ophthalmologists. Over a 2-week period, hundreds of children were assessed, treated, provided eyeglasses and low vision services and 111 children had sight-restoring cataract surgery. KCCO, with Seva support, is also developing a National Child Eye Health Program and a Child Eye Health Tertiary Facility in Bujumbura.

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

- Hundreds of children received eye screenings, treatment, glasses and low vision services
- 111 children received cataract surgery



PHOTO CREDIT: @ JON KAPLAN



# GUATEMALA

Seva's partner in Guatemala, Visualiza Eye Care System, continued its Little Windows of Light program to provide eye screening and follow-up care for children in Guatemala City.

Plans to begin a Seva sponsored outreach program in San Marcos were delayed this year because of the devastating effects of an earthquake in November which destroyed critical infrastructure, including roads. The region is recovering and Visualiza will begin screening and transporting patients for care in the latter part of 2013.

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

- 7398 children's eyes were screened
- 450 children received free glasses
- 25 children received cataract surgery



PHOTO CREDIT: © JON KAPLAN



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# THE STORY OF TWO SIBLINGS

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Rason Maurice and Francine Tamary in Madagascar noticed that their daughter, Gertride, had begun to develop a visual problem at 1 ½ years of age. They thought about taking Gertride to the hospital many times but the people in their village told them that the doctors wouldn't be able to treat her and suggested that they take her to a traditional healer instead. They took their daughter to a nutrition community worker, but "they just gave us vitamins and nothing happened," said Rason.

By age 6, Gertride had to leave school because her visual impairment had gotten so bad. When Rason and Francine noticed that Gertride's 1-year-old brother, Sandrin, was having

the same vision problems, they assumed he would go through a similar experience as his sister. "After all that history," said Rason, "I believed it was witchery against my two kids."

When Gertride was 14 and Sandrin 6, an eye health worker visited their community for the first time and told Rason and Francine that their children had cataracts. Rason, convinced by the outreach worker that his children's condition was treatable, made sure they did not miss their surgery appointments the following week.

"We were very happy when one Friday...[a] few days after surgery, Gertride and Sandrin wanted to join me to go to the market.

They were able to see and walk alone. Gertride can make up a fish trap now. Sandrin can climb a guava tree and recognize ripe fruit," said Francine.

The children are now looking forward to attending school next year alongside their other siblings.



GERTRIDE AND SANDRIN

# FINANCIALS

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2013

REVENUE	2012/2013	2011/2012
CIDA program grants	\$203,270	\$173,411
Project grants and contracts	107,664	137,129
Donations	692,580	726,033
Donations In-kind	6,170	153,353
Bequests, special events, presentations & net merchandise sales	237,207	159,327
Interest and other income	2,466	4,532
	<b>1,249,357</b>	<b>1,353,785</b>

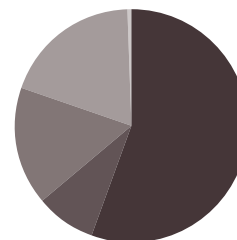
COST OF GOODS SOLD	2012/2013	2011/2012
Opening inventory	7,054	12,436
Purchases	7,263	9,674
Closing inventory	(8,684)	(7,054)
	<b>5,633</b>	<b>15,056</b>
	<b>1,243,724</b>	<b>1,338,729</b>

EXPENSES	2012/2013	2011/2012
Program payments (including in-kind)	780,982	910,798
Program administration	255,235	279,541
Fundraising	184,319	184,621
General administration	126,152	105,099
	<b>1,346,688</b>	<b>1,480,059</b>

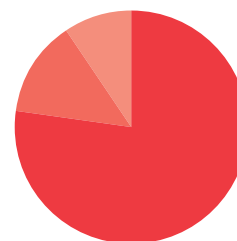
EXCESS OF REVENUE OVER EXPENDITURES	(102,964)	(141,330)
NET ASSETS, BEGINNING OF YEAR	453,085	594,415
NET ASSETS, END OF YEAR	\$350,121	\$453,085

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

### SOURCES OF SUPPORT



### YOUR DONATIONS AT WORK



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# LOOKING AHEAD

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The world can rid itself of preventable blindness. It can rid itself of a debilitating, poverty inducing condition and achieve a world uniting success not seen since the eradication of smallpox. By learning how to replicate and accelerate growth of current eye care innovations an eye care revolution can be created. The pace of change in the delivery of eye care worldwide is the only criteria for success.

Eye care is one of the few proven examples of sustainable and comprehensive medical care that can be provided to both rich and poor people in low-middle income countries. Available eye care programs currently meet only 10% of what is needed to eliminate preventable or treatable

blindness estimated at 25 to 30 million people. The problem is how to accelerate expansion of eye care services to meet that need particularly for cataract surgery and eyeglasses, but also for infectious and chronic conditions such as diabetes.

At the core of the idea is to bring existing capabilities to scale and address market inefficiencies to significantly enhance productivity in a sustainable manner. Clarifying and disseminating these ideas will accelerate change.

## **How do we fuel an eye care revolution?**

We will start by creating replicable eye care models such as Vision Centres (VCs) also known as Primary Eye Care

Centres that can meet 90% of eye care needs in rural and semi-urban Africa where 80% of the population lives without access to any eye care services. VCs are stand-alone facilities staffed by well-trained ophthalmic clinical officers, with sophisticated ophthalmic equipment that provide a full range of services: glasses for refractive error, care of minor conditions, and referral of complex and surgical cases to the ophthalmologist directing the VC.

Seva's work in Nepal and India has proven that VCs can, over time, become financially sustainable and provide high quality eye care to those who need it most. Africa will present unique challenges in developing



PHOTO CREDIT: PENNY LYONS

and replicating the VC model but it has been very successful in Burundi which has the continent's first two VCs.

Each VC sees 10,000 eye care patients per year thereby paying for itself and serving a population

of 100,000 people, forever. With VC standardization, branding and marketing, Africa can join the eye care revolution.

An eye care revolution needs innovative and sustainable solutions that can be brought to

scale. This is the only way we can meet the needs of the millions who need eye care.



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# OUR THANKS

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## **Government**

CIDA (Canadian International Development Agency)

CIP (Community Initiatives Program)

## **Foundations & Grants**

Alma Mater Society –  
University of British Columbia

BCGEU Diane L. Wood  
International Solidarity and  
Humanity Fund

Charities Aid Foundation America  
Chimp Foundation

City of Courtenay Workplace  
Health & Wellness Program

Davies Ward Phillips & Vineberg  
Foundation

First Unitarian Fellowship of  
Nanaimo

Home Depot Foundation

HYDRECS Fund

ICROSS CANADA

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of Greater Vancouver

Johnson Eye Foundation

Lewis & Ruth Sherman Charitable  
Foundation

Lions Club of Kingston

May and Stanley Smith Charitable  
Trust

NWM Private Giving Foundation

Pratt-Johnson Foundation

Provincial Employees  
Community Services Fund  
Somerset Foundation

SpencerCreo Foundation

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United Way of Greater Toronto

United Way of Newfoundland  
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SEVA CANADA SOCIETY  
100 — 2000 W. 12<sup>TH</sup> AVE,  
VANCOUVER, BC, V6J 2G2

TEL: 604-713-6622  
TOLL-FREE: 1-877-460-6622  
FAX: 604-733-4292

ADMIN@SEVA.CA  
SEVA.CA

REGISTERED CHARITY  
#13072 4941 RR0001

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CANADA