
ANNUAL REPORT 2013-2014



DEAR FRIENDS OF SEVA CANADA

The question most frequently asked at Seva is: Did it work?

Are we increasing the number of people who have their sight restored or blindness prevented through early intervention?

Unlike for-profit organizations we cannot measure our success by our revenue. To complicate things even more our success cannot be measured by simply counting, for example, the number of cataract surgeries done year over year. In some areas we now fund very few cataract surgeries because the hospitals have become financially self-sustaining and can provide this surgery to all, paying or free. A source of great pride to Seva is that many of the hospitals now conduct surgery and generate income far in excess of Seva funding.

More and more we fund programs such as school screenings, gender equity strategies, community health worker training and Vision Centre development in remote communities. Our success is now measured more through whole program evaluations using large sets of administrative data and quality assurance measures. By collecting this information, by rigorously studying and testing everything we do, we can be sure that what our donors are paying for actually works. If it isn't working we find out why and change it. We simply have no time or money to waste.

In this report we present both the quantitative and qualitative information that best describes the work done in the past year. We hope they help you understand the incredible difference you have made.

Thank you for all you have done.



Nancy Mortifee,
Board Chair



Penny Lyons,
Executive Director

In 2013-14, Seva Canada donors helped 928,296 people benefit from accessible eye care services

62,151 people received sight-restoring cataract surgeries, restoring their dignity, productivity, and independence.

ខ្មែរកម្ពុជាដោយ : សេវាករណាដា (SEVA CANADA SOCIETY)



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SEEING THE IMPACT. THE IMPACT OF SEEING.

Non-profit organizations, particularly those that work internationally, talk a lot about monitoring and evaluation (M&E). But what does M&E really mean and why is it so important?



Monitoring means gathering key data on everything we do, and evaluation means finding out if we got the results we expected (and if not, why not). We then make adjustments based on the information we collected in a never ending cycle of program improvement.

M&E answers the questions we continually ask ourselves: Do our programs work? Are we reaching those most in need? Can we do this more effectively? Faster? With fewer resources?

M&E is critical in the countries in which we work because resources, especially human resources, are too scarce to make mistakes. Unlike industrialized countries, well-trained eye care personnel are rare so their activities and productivity must be carefully managed to optimize their impact on eye care needs. Even with this evidence-based management, millions still suffer from preventable and treatable blindness, pushing us to evaluate and re-evaluate the work we do.

In Seva-supported programs, we train our international staff and partners to monitor and evaluate their own programs. We teach

them how to design, implement, evaluate and publish their own studies which become best practices for eye care programs worldwide.

In 2013 -2014 Seva donors funded numerous M&E activities. Here is just a sample:

Parami Dhakwa, from Seva Nepal and Dolma Chugi from Seva Tibet, learned to use a sophisticated online data mapping tool that allows them to visualize the location of community screening camps in Districts with high and low density populations;

A cataract surgical outcome program, developed at the Kham Eye Centre in Dartsedo, Szechuan was introduced into the Menzikhang Hospital in Lhasa. The program tracks surgical outcomes by surgeon and type of surgery to ensure patients are receiving the



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best quality care possible and surgeons can monitor their surgical skills over time and compare themselves to others.

With the assistance of a Canadian volunteer, four Madagascar programs learned to gather and utilize data on costs and revenue associated with cataract operations, consultations and eye

glass sales. Working together the hospital staff significantly reduced costs through group purchase of supplies and substantially increased revenue by attracting more people to pay for cataract surgery.

A study of a new school screening model with a more effective role for teachers doubled the accuracy of the

screening test while reducing program costs by 80%.

Seva Canada will continue to teach, mentor and fund M&E activities in every country in which we work. We believe it is one of the most important things we do.

ABOUT SEVA

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

WHO IS BLIND?

39 million people worldwide are blind.

2 out of 3
are women
and girls



1.4 million
are children



90% live in
rural areas



COUNTRY REPORTS

In all settings, Seva supports ever-expanding eye care systems that include clinical facilities and outreach activities that provide a broadening range of services to more and more of the most remote and rural areas of the country. Expansion includes both serving additional geographical areas and improving the scope of eye care services within existing eye care facilities (such

as adding diabetic care for older patients and surgery for children). Both types of expansion require training, for the former adding new personnel, and for the latter adding skills to existing personnel. Eye care system expansion also requires careful program planning and labour intensive integration of eye care within new communities and existing health systems.

Some of the data collected in the past year can be found in our country reports. Not all data collected is the same for each country as our programs differ according to each country's need. Not all data is collected year over year. Our funding may shift over time as programs become capable of funding and fulfilling certain aspects of their eye care programs on their own.

Last year's numbers are in italics for comparison.

EGYPT

Seva is primarily supporting nurse and ophthalmologist training at Al Noor Magrabi Institute in Cairo. Outreach

activities and capacity building projects in institutions outside of Cairo were limited by the unstable political situation.



Cairo



INDIA

Seva assisted our partner in India, Aravind Eye Care System, to act in a mentoring role to other eye care institutions interested in increasing their capacity and productivity. This program has expanded to include approximately 50 hospitals in 22 countries. This program not

only assists hospitals with clinical services but also develops Vision Centres to bring eye care to the village level. 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

Tamil Nadu, another 77 must be built for that state alone.

Seva continues to assist Aravind 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 focussed on improving quality assurance programs for cataract surgery and developing health services and health systems research capacity.



NEPAL

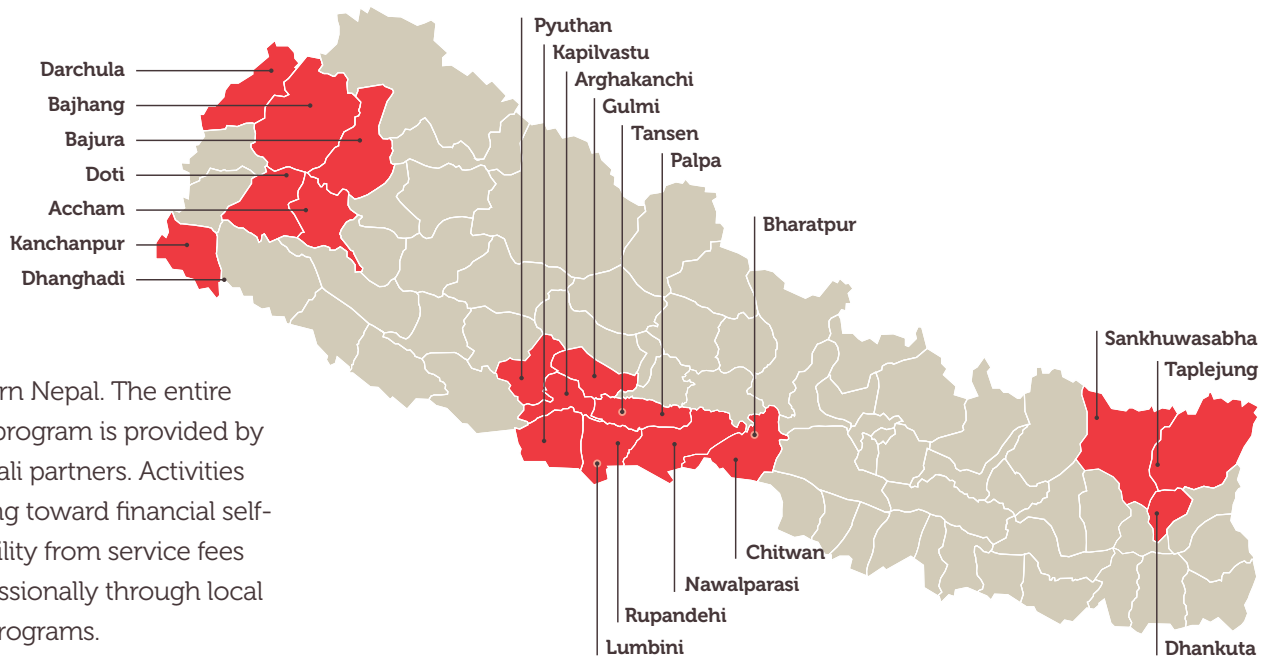
The Lumbini Eye Institute, the specialty care and training facility in Bhairawaha, is Seva Nepal's largest and longest running eye care facility. Lumbini Eye Institute provides training to general ophthalmologists, fellowship training to pediatric

ophthalmologists as well as larger programs for ophthalmic assistants. Lumbini 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, located in the Chitwan district, is the next largest Seva-supported eye hospital. It has become an important teaching facility for ophthalmic assistants and subspecialty ophthalmology and has 3 affiliated Primary Eye Care Centres.

Seva 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 moving toward financial self-sustainability from service fees and professionally through local training programs.

What you've helped accomplish in Nepal:

Services provided:

- Seva partner eye hospitals and Primary Eye Care Centres (PECCs) examined 470,993 (429,802) outpatients and performed 32,942 (32,274) cataract surgeries
- Seva-supported eye camps screened 65,761 (42,306) patients and performed 13,508 (8,070) cataract surgeries
- The school screening program examined 155,148 (105,435) children and provided 2924 (2,468) free glasses

New facilities & programs established:

- 1 new secondary eye hospital was established in Dhankuta District, eastern Nepal

Training:

Professional training programs (capacity building):

- A 3-year Ophthalmic Assistant training program was established in Bharatpur Eye Hospital (40 students/year)

Professional training:

- 5 candidates received scholarships to undergo MD residency in ophthalmology

- 1 candidate received a scholarship to undergo ophthalmic assistant training
- 3 ophthalmologists received 3-6 month sub-specialty training
- 2 ophthalmologists began 2-year training in retinal sub-specialty

Community-based training:

- 1,873 (1,622) Female Community Health Volunteers received training on primary eye care
- 1,464 (1,197) school teachers received training on visual assessment and primary eye care



CAMBODIA

Over the last year, the Seva Cambodia program increased substantially adding 2 new provinces (Pursat and Kampot) to its 3 current provinces: Banteay Meanchey, Battambang and Siem Reap. In each province, Seva Cambodia supports Eye Units in the provincial government hospitals as well as the non-governmental Angkor Hospital for Children in Siem Reap. All the government facilities conducted outreach activities in remote rural areas and referred patients to the respective Eye Units for further evaluation and treatment. Some of the Eye Units conducted vision screening at primary schools and provided the children with free eyeglasses.

Seva Cambodia worked to integrate the Eye Units in the two new Provinces into its program and began expanding their outreach programs by hiring and

training 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:

- Examined 24,850 (24,046) outpatients
- Performed 8,557 (8,291) eye surgeries including 3,760 (4,208) for cataract

Seva Cambodia & Eye Unit staff:

- 23,417 (23,094) patients were screened through field workers
- 52,323 (50,380) children were examined through school screenings and 1348 (1441) students were provided free eyeglasses

Community-based training:

- 7 new field workers received training on primary eye care

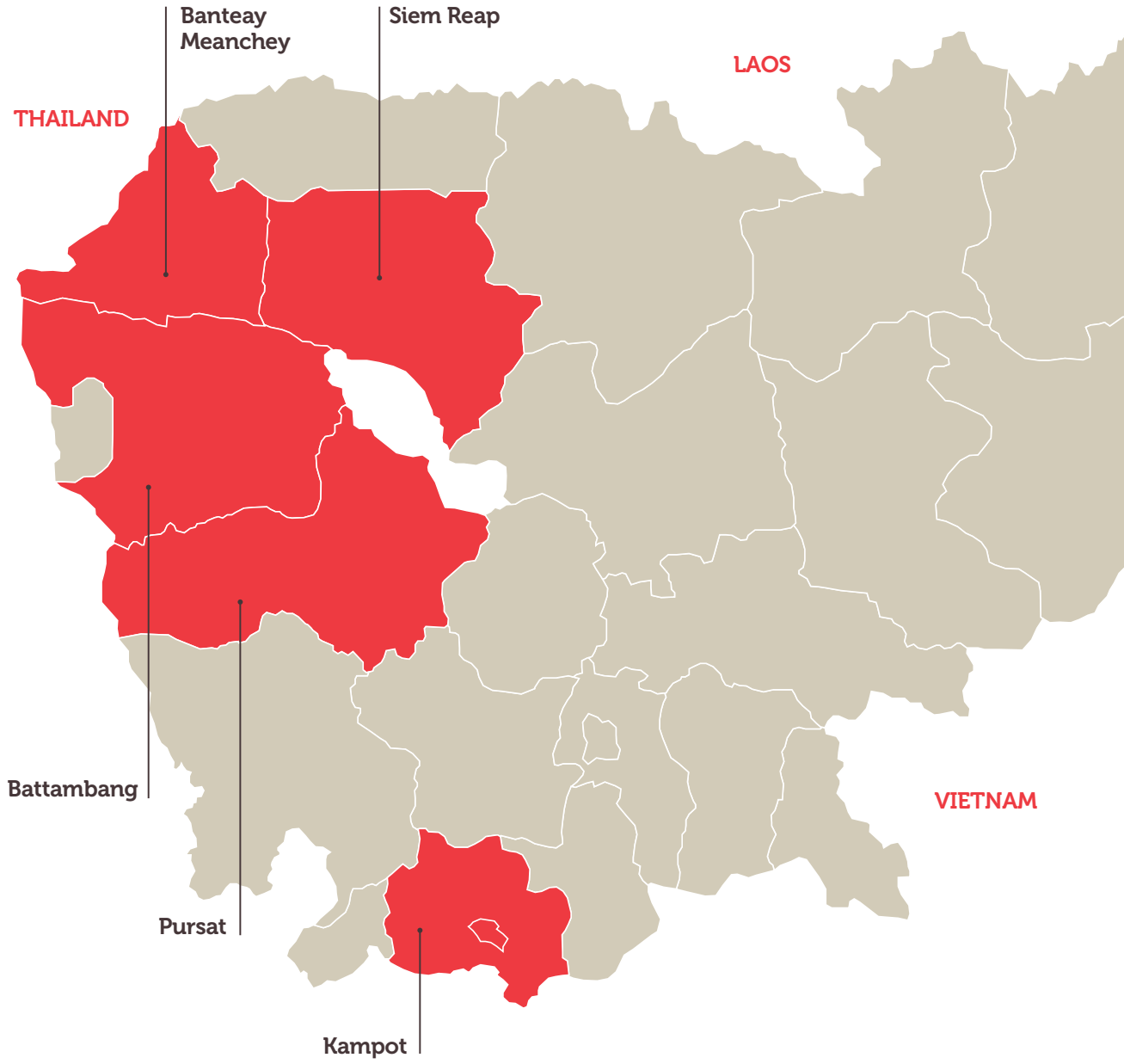
- 4 existing field workers received refresher training
- 323 school teachers received training on visual acuity measurement and primary eye care
- 91 health center staff received training on primary eye care

Professional training programs:

- 1 candidate received a diploma in ophthalmic nurse training in-country.
- 1 candidate received 3 months of refraction training in-country.
- 1 candidate from Angkor Hospital for Children attended orthoptics and counseling training at Aravind Eye Care Systems, India.



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TIBETAN AREAS OF CHINA

Seva Tibet played a major role in eye care throughout the Qinghai-Tibet plateau, assisting with program planning and implementation and monitoring and evaluation in 13 facilities serving about 5 million people. For new programs, Seva Tibet provided training, equipment and supplies to increase cataract surgical volume, improve optical shops, and reach out to schools and communities. In larger and more mature programs in Lhasa and Darstedo, Seva Tibet strengthened pediatric services and promoted sub-specialty care for adults, as well as helping them move toward financial self-sustainability through service fees, for the first time.

Because of extreme transportation problems, Tibetan programs, particularly in the Kham Region, continued to travel to remote

communities to conduct cataract surgery, rather than transporting the patients to the base hospital. The programs conducted a total of 75 outreach activities, with 29 including cataract surgery.

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

Services provided:

- 68,231 (*36,232*) outpatients examined
- 6724 (*5879*) cataract surgeries (both in hospital and eye camp settings)
- 1195 free eye glasses provided
- 4075 glasses sold through optical shops

Training:

- 1 ophthalmologist underwent 2-year general ophthalmology training at Aravind Eye Care System in India
- 2 ophthalmologists underwent 2-year training in Harbin, China

- 3 ophthalmologists underwent 3 months of sub-specialty training in corneal transplantation, glaucoma, and oculoplasty at the Shantou Eye Centre, Guangdong
- Visiting ophthalmologists provided 1-2 weeks of training on newer surgical techniques and equipment
- 61 other eye care personnel received training (nurses & hospital workers) mainly through the Kham Eye Centre



PHOTO CREDIT: © MARTY SPENGER



Dartsedo

TIBET
AUTONOMOUS
REGION

AMDO

KHAM

NEPAL

Lhasa

BHUTAN

BURMA



EASTERN AFRICA

All Seva funding in Africa flows through the Kilimanjaro Centre for Community Ophthalmology (KCCO) located in Moshi, Tanzania. KCCO uses Seva support to assist eye programs in Tanzania, Malawi, Burundi and Madagascar, Ethiopia, Zambia and Rwanda to develop and implement population-based eye care services. This primarily involves developing bridging strategies between hospitals and communities, so that people in poor and remote areas in need of care, actually receive that care.

The country partners, through their own community programs and in collaboration with their hospital eye departments, conduct thousands of eye examinations through outreach at the community level, identify people requiring sight-restoring cataract surgery and provide the surgery,

implement initiatives to identify underserved women and improve the ratio of women to men receiving eye care and cataract surgery in target areas, and implement initiatives to identify children with visual problems and provide the necessary surgery and follow-up care.

TANZANIA

In Tanzania, one of the poorest countries in the world, poor sanitation and lack of access to clean water hinder many health improvements in the country including eye diseases such as trachoma. Although trachoma is highly treatable through public health measures, it affects many women and children in Tanzania today. Seva donor funds are used to help improve the number of people who have access to quality eye care services.

What you've helped accomplish in Tanzania:

Services provided:

Mara region:

- 11,100 (*9427*) people examined and treated
- 800 (*786*) cataract surgeries performed

Training:

Mara Region expanded an innovative community engagement activity that involved working through 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.

The community-based engagement through microfinance networks was successfully added to the Ngorongoro District of Tanzania. This dramatically increased the uptake of trichiasis surgery by Maasai women.



MADAGASCAR

More than 92% of the population of Madagascar live on less than \$2 per day with little ability to travel to or access eye care services. Seva supports community outreach, program strengthening, and a pediatric eye care program. In addition Seva funds an ongoing program for training Key Informants. Key informants are individuals in rural villages who go door to door to identify those in need of eye care and refer them for examination. Each Key Informant usually covers a population of 5,000 people.

What you've helped accomplish in Madagascar:

Services provided:

- Total of 12,537 (15,244) people were examined and treated
- Total of 1254 (1782) cataract surgeries performed

Vakinankaratra region:

- 5200 (6,958) people were examined and treated
- 500 (631) cataract surgeries performed

Sava region:

- 7337 (8286) people were examined and treated
- 754 (1151) cataract surgeries performed

Facilities & programs established:

- Child Eye Health Tertiary Facility in Antananarivo further strengthened



EASTERN AFRICA (CON'T)

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:

- 4,900 (4,076) children were seen at QECH, of which:
 - 145 (67) children had cataract surgery
 - 200 children had other surgery including strabismus and glaucoma
- 3 screening activities covered the entire Zomba District (pop 700,000)

Training:

The Blantyre Childhood Blindness team trained:

- 103 Key Informants in Zomba District in community-based screening
- 34 Ophthalmic Clinical Officers from the Central and Northern Regions in pediatric eye diseases
- 40 medical assistants in clinical skills

BURUNDI

Seva supported the establishment of a new Vision Centre in Rumonge. The Vision Centre is a stand-alone facility that meets 90% of the eye care needs of this rural district. Additional Vision Centres are planned for the rural population where over 80% of Burundians live.

What you've helped accomplish in Burundi:

- 15,482 people were seen as outpatients
- 1,181 received cataract surgery in the Western Region

Seva supported expansion of the National Child Eye Health Program and a Child Eye Health Tertiary Facility in Bujumbura.

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

ETHIOPIA, RWANDA & ZAMBIA

The programs in Ethiopia, Rwanda and Zambia were funded from other sources this year and did not require Seva Canada support.



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GUATEMALA

Seva's partner in Guatemala, Visualiza Eye Care System, continued its outreach activities for adults and children in Guatemala City and the Petén.

The Seva-sponsored outreach program in San Marcos began this year after a one year delay due to a devastating earthquake which destroyed critical infrastructure, including roads. Visualiza began construction of a new facility in San Marcos and began screening and transporting patients to Guatemala City for care in the latter part of 2013.

What you've helped accomplish in Guatemala:

- 11,017 outpatients screened
- 583 cataract operations



IN SICKNESS AND IN HEALTH

Fifty-two years ago in rural Cambodia, Sam and Huen were arranged to be married. They had grown up in the same village, just 4 houses away from each other but they had never spoken until just one week before their wedding. "I was very happy to marry her, she was so beautiful!" said Sam.

Together they struggled through the Khmer Rouge Regime, making a life together by farming rice and raising their six boys and two girls.

As their family grew to include five grandchildren, they encountered yet another trial: they were both losing their sight.

Huen went blind first; she was afraid to walk alone but Sam guided her, helped her with chores, and carried water for her.

Thankfully Seva came to their area, and Huen's sight was restored through cataract surgery at an eye

camp. It was just in time, as shortly thereafter Sam completely lost his vision. It was now Huen's turn to take care of Sam.

For Huen "happiness would be when Sam gets his vision back and he can see the people around him. He can do things for himself like go to the pagoda and read Buddha's teachings. We can even go to the pagoda together for parties like we did before we lost our sight."

For Sam, he wanted to see his family's faces again – his beautiful wife, his children and his grandchildren.

The very next year, Seva returned to the area, and Sam's sight was restored as well.

"My wife is still beautiful, now she just has more wrinkles," said Sam with a twinkle in his eye and a big smile. "And before I could

see, my grandchildren seemed really small, now I can see how big they really are! We can do things like take walks and play with them now and one day even dance at their weddings."

Sam and Huen now know that Seva Canada donors paid for the surgeries that gave them back their sight and independence and would like "to give a big, big, thank you very much!"

On behalf of all the Cambodians who have been given the power of sight due to the generosity of Seva Canada donors "Awkoon Chran!" Thank you very much!



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FINANCIALS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2014



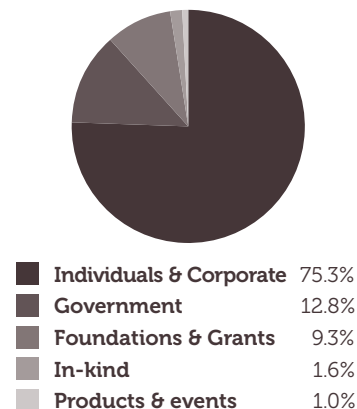
REVENUE	2013/2014	2012/2013
Foreign Affairs, Trade and Development Canada (formerly CIDA) program grants	216,129	203,270
Project grants and contracts	164,852	107,664
Donations	1,337,013	842,026
Donations In-Kind	28,039	6,170
Special events, presentations & net merchandise sales	17,526	87,761
Interest and other income	3,500	2,466
Other Government revenue	12,000	-
	1,779,059	1,249,357

COST OF GOODS SOLD		
Opening inventory	8,684	7,054
Purchases	5,766	7,263
Closing inventory	(7,836)	(8,684)
	6,614	5,633
	1,772,445	1,243,724

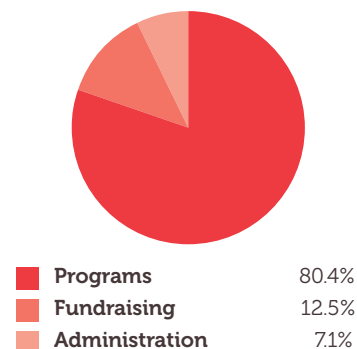
EXPENSES		
Program payments	997,863	780,982
Program administration	252,956	255,235
Fundraising	194,683	184,319
General administration	111,073	126,152
	1,556,575	1,346,688

EXCESS OF REVENUE OVER EXPENDITURES	215,870	(102,964)
NET ASSETS, BEGINNING OF THE YEAR	350,121	453,085
NET ASSETS, END OF YEAR	565,991	350,121

SOURCES OF SUPPORT



YOUR DONATIONS AT WORK



Seva's complete audited financial statements are available online at seva.ca

LOOKING AHEAD

Seva Canada is beginning a strategic planning process in the next few months; one that will determine the focus of our sight-restoring work over the next 5 years.

We will still fund cataract surgeries, train eye care professionals, provide glasses, create Vision Centres and make sure the world's poorest and most marginalized are receiving the care they need but our staff and partners are demanding more from us.

Who are our staff and partners?

They are devoted eye care professionals and community liaisons living among and working with their own people to provide knowledge, build trust, facilitate access to available services and deliver those services.

Our staff and partners are taking leadership roles within our programs and within their local eye care systems. They are changing the way eye care is provided in their communities and their countries and they are ensuring it is accessible, affordable, sustainable, equitable and of high quality.

What is Seva's role?

Seva's principal role is to be champions of our staff and partner's initiatives and innovations.

We fund, facilitate, support, monitor, evaluate, mentor, network, raise profile, develop best practices, knowledge translation and exchange, catalyze, and build local capacity at every level to create self-sustaining programs.

We are tackling problems at the magnitude at which they exist and holding ourselves accountable to a specific outcome that is bold but believable and achievable – the eradication of preventable blindness.

What have our staff and partners asked for?

Our staff and partners have identified opportunities that will fundamentally change how eye care is delivered in each of their countries. They are committed to creating sustainable eye care programs that provide universal access and they have asked Seva for the tools and training to do just that.

With the support of Seva Canada donors, in the coming year we will give our staff and partners the tools to succeed.



PHOTO CREDIT: @ JON KAPLAN

Outreach

Community outreach not only ensures that the poorest of the poor receive services but it also educates the community. It teaches people that high quality care is available and it can be accessed free of charge.

Sustainability

Cost recovery models used by our partner institutions provide quality, free services to the poorest of the poor, and

encourages those who can afford to pay for eye care to pay what they can. More people receive services and the program becomes financially self-sustaining.

Mentoring

Our programs and partners help other programs and institutions increase their productivity and efficiency to give the power of sight to more people.

Our staff and partners have asked for training and support to shift from short-term incremental progress to long-term transformational change. They have asked for help in expanding what they know works to more places to reach more people. Their goal, and Seva's, is to rid the world of preventable and treatable blindness – together we can make it happen.

OUR THANKS

Government

CIP (Community Initiatives Program)

Department of Foreign Affairs, Trade and Development Canada (DFATD)

Foundations & Grants

BCGEU Diane L. Wood International Solidarity and Humanity Fund

Canadian Union of Public Employees British Columbia Chimp Foundation

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Home Depot Foundation

HYDRECS Fund

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