

YOU ARE A PART
OF THEIR STORY

THANK YOU!









2018 Annual Report



OPERATION[™]
EYESIGHT
UNIVERSAL
For All The World To See

IMPACT

YOU have made a difference this year!

-  **2,903,296** people screened for eye conditions
-  **241,184** eye surgeries performed
-  **297,523** pairs of prescription eyeglasses dispensed
-  **452** villages declared avoidable blindness-free
-  **31** boreholes drilled or rehabilitated
-  **272** ophthalmic personnel trained
-  **1,700** eye health staff and volunteers trained
-  **788** community health workers trained

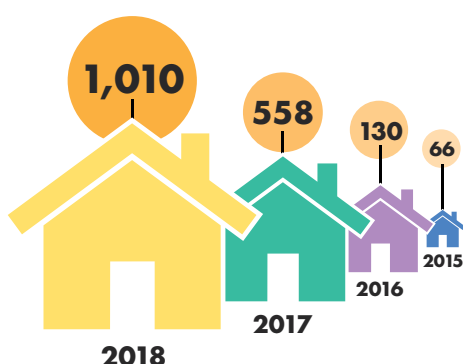
What is avoidable blindness?

Blindness affects individuals, families and entire communities by keeping adults from earning a living, and limiting the ability of children to learn and play. When people suffer from poor eye health, their quality of life is diminished. In developing countries, people face barriers to simple eye health, including financial constraints, a lack of access to care and other factors that keep them from seeking treatment that could restore their sight.

To eliminate avoidable blindness, we map villages into territories or clusters, and account for every single household in each cluster. **We train community health workers to conduct door-to-door surveys, screening people for eye health problems, diagnosing conditions and referring residents for treatment.** They ensure that no person in their assigned cluster who needs eye health care goes without it. They assess all members of the household and guide them toward the appropriate level of care, from local vision centres to more centrally-located hospitals.

By diligently following this method, we can confidently declare entire clusters (and eventually, entire villages) avoidable blindness-free. Community health workers also educate families on the importance of eye health and general health, encouraging them to seek eye health care whenever they need it. This approach leads to a sustainable model that will keep communities avoidable blindness-free in the future.

Our goal was to declare 1,000 **villages avoidable blindness-free** by the end of 2018, and we surpassed it! By the end of December, the count was 1,010 villages. We are well on our way toward achieving our goal of 2,020 avoidable blindness-free villages by the end of 2020!



Globally, 253 million people are blind or visually impaired. **Eighty percent don't have to be.** Their vision loss can be cured or could have been prevented. We are working to put an end to this avoidable blindness.

Our Mission

TO PREVENT
BLINDNESS AND
RESTORE SIGHT

Our Vision

THE ELIMINATION
OF AVOIDABLE
BLINDNESS



Robert lives in Effutuakwa, a village in Ghana's Mfantseman district. He suffered from seizures and poor vision from childhood, and by the time he was 14, he couldn't see well enough to leave the house and had to drop out of school. At the age of 24, a team of eye health workers from Saltpond Government Hospital (one of our partners) visited his village and referred him to the hospital for cataract surgery in both eyes. Though his family couldn't afford medical care, generous donors like YOU played a part in this chapter of Robert's life, providing support that paid for his surgery and transport to the hospital. Today, Robert has clear vision and works on his family's farm. Thanks to your donations, he can SEE again!

International Programs

The work you support falls into a number of categories. From helping right in their communities, to ensuring quality care is available, to controlling disease on a wider scale, your donations help people where they need it, when they need it.

Community Eye Health

see page 5



Hospital Improvement

see page 6

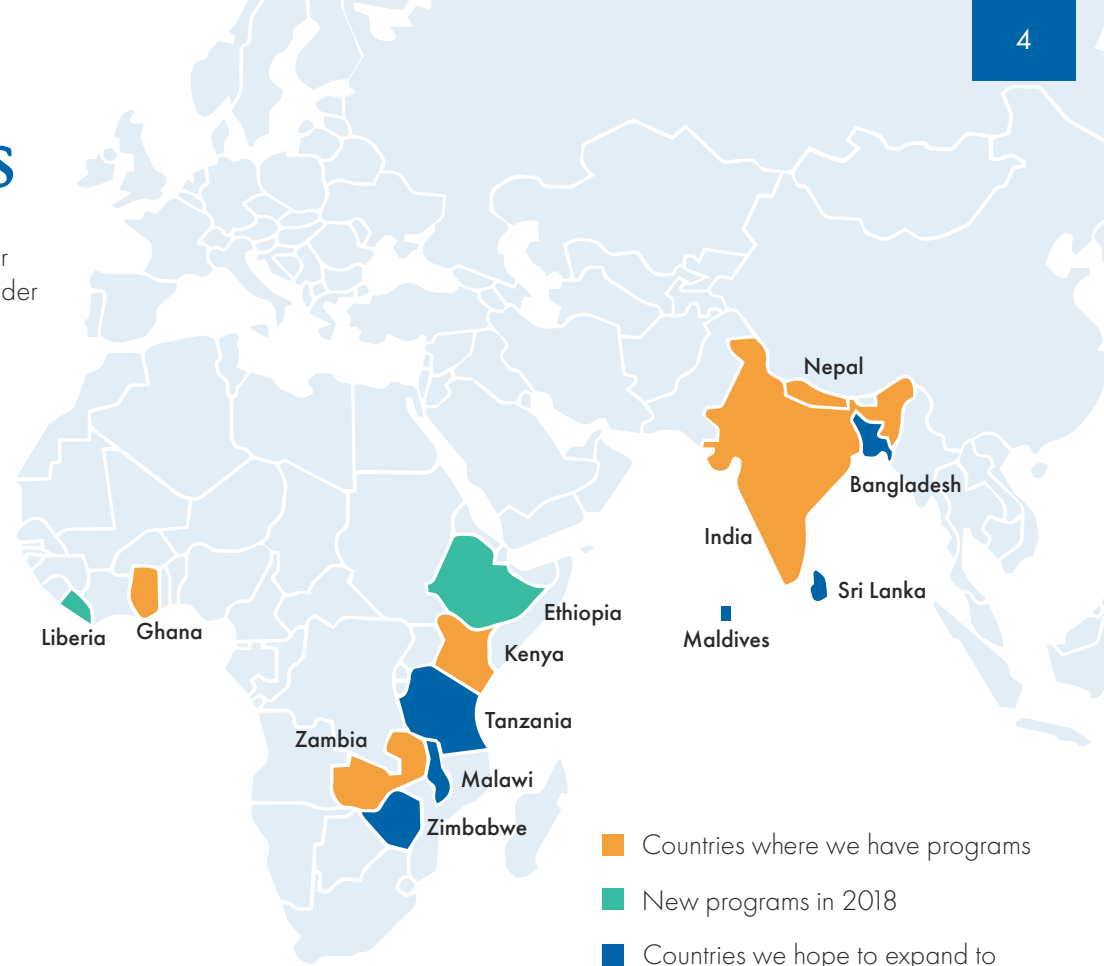


Disease Control

see page 7



Research and Advocacy



- We work with partners including governments and influential international non-governmental organizations to advocate for changes to governmental policies that, based on evidence, will lead to reduced levels of avoidable blindness in developing countries.
- For example, in 2018, the International Agency for the Prevention of Blindness (IAPB) and the World Health Organization (WHO) invited us to play a key role in developing the National Eye Health Plan in the Maldives. Working in partnership with the WHO, the IAPB and the Ministry of Health of the Maldives, we will take a lead role in implementing our Hospital-Based Community Eye Health Program, which will drive low-income residents to seek eye health care. From there, we will work closely with the government of the Maldives to replicate the model throughout the country, and improve the skills and capacities of medical personnel in their communities to deliver quality services right in the community.
- Increasing our visibility around the world, we have presented 27 papers in national and international meetings to promote our programs and the work we've done.
- In October, we were invited to participate in a meeting in India with the National Programme for Control of Blindness and the Ophthalmology section of the Ministry of Health and Family Welfare, where we presented our Hospital-Based Community Eye Health Program model. The meeting was attended by many high-profile ophthalmologists and government officials. We have been receiving an increasing number of invitations like this that will lead to more opportunities to bring our model to regions that will benefit from it.

INTERNATIONAL PROGRAMS

Community Eye Health

Through our **Hospital-Based Community Eye Health Program** model, we train local community health workers to conduct door-to-door surveys, screen patients and refer them for treatment, and educate communities on eye health. As a result, we're able to provide eye care to those who would otherwise go unreached, and communities become healthier and stronger. Through this model, we have declared 1,010 villages avoidable blindness-free, and counting.

2018 Highlights

In 2018, we launched 16 new **Vision Centre-Based Community Eye Health** programs. Vision centres are permanent facilities that are staffed by trained eye care personnel, who provide services such as eye exams, diagnosis, fitting of prescription eyeglasses and referral of more serious eye issues to a centrally-located hospital. These centres become financially self-sustaining through the sale of custom eyeglasses to people who can afford to pay, which covers the care of people who can't afford it. These centres also increase access to eye health care for remote villages, where services are often needed the most.

In Kenya, we've found that developing our resources in the community is allowing eye health workers to focus on their core responsibilities, relieving some strain on the system. For example, our school screening program in Trans Nzoia County trains teachers to use the PEEK smartphone application to identify eye issues in students. As a result, more children with eye issues get the help they need, and patients are only referred for care at vision centres and hospitals when they really need it.

This year, an external agency supported the validation of the process we've developed that leads to the declaration of villages as avoidable blindness-free. This external validation confirms the effectiveness and sustainability of our Hospital-Based Community Eye Health Program model, increasing confidence that it will lead to predictable results as we expand the program to new districts and new countries. In 2018, we increased our count of avoidable blindness-free villages by 452 to 1,010.



Anima was referred for cataract surgery by Rina, a community health worker who found her during a door-to-door survey in Koriapani village in Arunachal Pradesh, India. She is thrilled to start a new chapter in her life in which she can see again! And it's all because of YOU!

Description	India	Nepal	Kenya	Ghana	Zambia
New community eye health projects launched	12	2	2		
Community health workers trained	644	36	46	36	26
People empowered through health education and promotion	579,989	26,078	1,729,183	9,643	50,227
Villages declared avoidable blindness-free	432	20			

Hospital Improvement

A critical aspect of our Hospital-Based Community Eye Health Program (HBCEHP) model is the work we do to build the capacity of our partner hospitals. We've learned that, while ensuring quality "supply" will be there when people need it is important, we must also balance this with a community focus on creating the "demand" for eye care services. If our HBCEHP model is improving our partners' capacity to provide "the best for the poorest," we need to ensure that we're encouraging low-income people to seek eye health care.

2018 Highlights

This year, we continued to strengthen the facilities and capacities of our partner hospitals to ensure they will be able to provide quality health care to more people.

Our model increases the demand for quality eye care by screening people in remote villages and building awareness to improve eye health-seeking behavior. To meet this demand, we teach our partner hospitals how to implement our model and improve their processes. We ensure they have the facilities, equipment and staff training needed to provide quality care to everyone.

The initial step to achieving this is through quality audits. We conducted 12 comprehensive audits in Ghana, Zambia and India to evaluate our partners' capacity to meet the needs of the surrounding communities, including physical facilities and personnel, and to make recommendations for improvements that should be made.

In 2018, we supported our partners with:

- Successfully launching the new Eye Unit at Kerugoya County Referral Hospital in Kirinyaga County, Kenya;
- Upgrading the out-patient department at Nepal Eye Hospital; and
- Training 272 ophthalmic personnel in India, Nepal, Kenya and Zambia.

One step we implemented to improve the efficiency of care provided is to pre-screen patients for diabetes and blood pressure before referrals are made to hospitals for surgery. By ensuring these conditions are under control prior to surgery, we reduce the need to transport patients who are not physically ready for surgery back and forth between their homes and the hospitals.



Lalita, from Nepal, is a single mother who was suffering from a growth on her eye and couldn't afford to seek medical help. She was referred to Nepal Eye Hospital by a community health worker. With the help of your donations, Lalita has benefited from hospital improvements that have provided quality care to her every step of the way.

Description	India	Nepal	Kenya	Ghana	Zambia
Vision centres established	12	2			
Out-patient departments upgraded		1	1		
Secondary centres established and/or supported			1	2	
Ophthalmic personnel trained	263	2	5		2
Quality audits conducted at facilities	10			1	1

Disease Control

A lot of avoidable blindness can be reversed through disease control measures. The most common diseases that lead to avoidable blindness are cataract, trachoma and glaucoma. Avoidable blindness is often caused by uncorrected refractive error that can be addressed with prescription eyeglasses. For some cases, we refer patients through our **Hospital-Based Community Eye Health Program** model to address the needs of individual patients. To combat the spread of blinding trachoma in large areas of some countries where we work, we implement the World Health Organization-endorsed **SAFE strategy** (implementing Surgery, Antibiotics, Face washing/hygiene education and Environmental change, including wells and latrines).

2018 Highlights

Eye disease is often spread by poor hygiene and a lack of sanitation within communities. In 2018, we **drilled or rehabilitated 31 boreholes in Zambia**, providing communities with safe water for washing hands and faces to stop the spread of blinding trachoma. We also implemented a training program that empowers pump minders to maintain and repair the boreholes in their communities. (See our story on page 11.)

Another highlight this year was the launch of a **Community-Based Diabetic Retinopathy project** in India. The World Health Organization reports that almost 35 percent of diabetics suffer from some level of retinopathy, damage to the retina which may cause visual impairment. Bringing awareness about this condition and care for those who suffer from it is an important first step to keeping diabetic retinopathy-related blindness from becoming epidemic in the countries where we work.

When James lost vision in both eyes, he could no longer work as a brickmaker. His wife and five kids relied on this income and couldn't afford medical attention. At a nearby outreach camp that was run by an Operation Eyesight partner eye unit in Kenya, James was diagnosed with bilateral cataracts. Thanks to donors like YOU, James was provided with surgery for both eyes, giving renewed hope to his family as he returned to work!



Trachoma is a bacterial eye infection that causes inflammation of the eye, and as a result the eyelid turns inwards and the eyelashes scratch the surface of the eye. This is referred to as trachomatous trichiasis, a painful and blinding condition. Surgery for the eyelid deformity is the most effective treatment.

In Kenya, we reduced the backlog of trachomatous trichiasis cases from 4,011 to 977. We also completed the screening of 100 percent of public primary schools in Trans Nzoia County, reaching 163,211 children. Of those who were identified with eye problems, 90 percent were treated.

Description	India	Nepal	Kenya	Ghana	Zambia
People screened for eye conditions	2,400,928	266,533	214,929	7,293	13,613
Cataract surgeries conducted	165,869	7,622	2,653	1,193	483
Non-cataract surgeries conducted	47,550	11,099	4,170	420	125
Pairs of prescription eyeglasses dispensed	258,836	34,399	3,342	491	455
Frontline staff/volunteers trained in primary eye health	1,486		185	28	1
People reached through Mass Drug Administrations					435,953
Boreholes drilled or rehabilitated					31

SUSTAINABLE DEVELOPMENT GOALS

In 2016, the United Nations brought the **17 Sustainable Development Goals (SDGs)** into effect. By agreeing to these goals over the next 15 years, United Nations member countries will work together to enact real change in the world – putting an end to poverty, inequality and climate concerns. Your donations go directly toward programs that support the achievement of seven of the SDGs in developing countries.



It all starts with you, our donor!

Governments



Operation Eyesight



Partner Hospitals



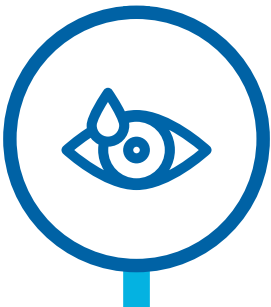
Partnerships for the Goals

17 PARTNERSHIPS FOR THE GOALS



All of our successes depend on partnerships. We implement our Hospital-Based Community Eye Health Programs in partnership with local governments, private hospitals and hospitals that are connected to non-governmental organizations. We also plan to expand into other countries in South Asia and Africa, which will require us to develop more partnerships within those countries. None of this would be possible without our partnership with YOU, our donors!

Community Eye Health



Hospital Improvement



Disease Control



INTERNATIONAL PROGRAMS

No Poverty



When low-income residents of developing countries lose their sight, they lose opportunities. They often become completely unable to support themselves and their families. By preventing blindness and restoring sight, your donations help people keep their jobs or return to work, breaking the cycle of poverty. Your donations also allow children to go to school so they can someday find employment.

Good Health and Well-Being



In developing countries, sight is life. The work you support helps get eye health care to the people who need it the most. Our community health workers also educate communities on areas of general health, such as nutrition, vaccinations and pre- and post-natal health.

Quality Education



Children with impaired vision often drop out of school because they can't see the chalkboard or read books to learn. With restored vision, they're able to get a quality education and pursue a bright future. In Kenya, the PEEK (Portable Eye Examination Kit) program equips teachers with a smartphone app to test their students' vision and screen them for issues that can be addressed. Without this program, many of the students affected by vision problems would have dropped out of school and fallen through the cracks of the system. Education is also negatively affected by visual impairment when a child has to drop out of school to take care of a blind parent or grandparent.

Gender Equality



Most of our community health workers are women. This offers them the opportunity to become trusted leaders in their communities, in a rewarding job that changes the lives of people around them. It improves their ability to become active participants in their families' socioeconomic stability. Your donations ensure that women receive equal access to eye health care services in countries where men generally have better access to care. In developing countries, there are often two blind girls for every blind boy.

Clean Water and Sanitation



Your donations are hard at work in communities in Kenya and Zambia, where we're developing and rehabilitating boreholes that provide fresh water to families who would otherwise have to travel miles each day to collect water for their households. In addition, our community health workers educate communities to promote good hygiene and avoid the bacterial infections that can cause digestive illnesses and blinding trachoma.

Reduced Inequalities



We don't accept that low-income communities should have to live with sub-standard care. We work closely with our partners to ensure that all our beneficiaries receive the same quality of care regardless of gender, race, age, financial means or other personal circumstances.

5 GENDER EQUALITY

SDG #5
Gender Equality

Women and girls in developing countries face a number of challenges as a result of inequalities. They tend to have a lower status in society that affects their health, financial situation and opportunities to create a better future for themselves and their families. As a result, they are far more likely to lose their sight than men and boys.

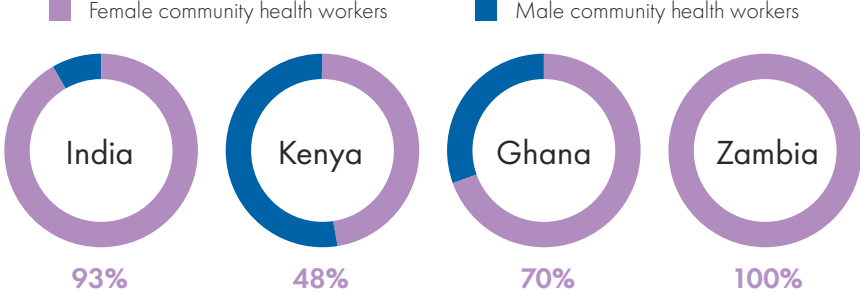
Women and girls in lower income countries are less likely to receive adequate care to protect and restore their sight, for a number of reasons:

- They generally have more limited financial resources available to them.
- They often need to stay close to home to look after the household, leaving them unable to travel to seek care when necessary.
- Women and girls are perceived as bringing less value than men and boys, making them a lower priority when it comes to health care and dedication of household resources.
- Women and girls have a lower level of literacy, and often don't have access to the information they need to ensure they are looking after their own eye health and getting medical help to avoid more serious eye health problems in the future.



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Another challenge faced by women in developing countries is limited opportunities to work outside the home. **Most of the community health workers we train are women.** This job provides these women an opportunity to make a difference in their communities, changing lives and earning respect as trusted health experts. The counselling and education they provide is what allows communities to become self-sustaining in their pursuit of long-term eye health care.



Elizabeth, 22, lives in Matili Village in Kenya's Trans Nzoia County. She just recently returned to high school, after dropping out due to her visual impairment. She was screened by a teacher using the Portable Eye Examination Kit (PEEK) app and referred to our partner hospital, Kitale Eye Unit. She was provided with tools that allow her to read school materials and continue her education. It has given Elizabeth new hope for the future! "I felt demeaned and feared people treated me differently due to my literacy level," said Elizabeth. Now that she is back at school, she is excited for what the future will bring.

2018 Annual Report

6 CLEAN WATER AND SANITATION

SDG #6
Clean Water & Sanitation



In 2009, the government established this water point in the village of Siankwakwani in Zambia's Sinazongwe District. Nearby residents relied on it for fresh water until 2016 when it failed. In November 2018, we restored the borehole to full function and trained a team of pump minders to maintain it. The area councillor for the surrounding ward expressed gratitude for Operation Eyesight supporters for the enormous difference these programs have made to communities in Sinazongwe.

Fresh water is vital to life, and many people in developing countries have very limited access to it. Families without access to an adequate fresh water supply often suffer from frequent digestive illnesses and even death, and poor hygiene and sanitation can also lead to trachoma, a blinding eye disease.

As a result, drilling boreholes in remote areas has become an important aspect of our Disease Control programs, particularly in Zambia.

As important as it is to drill new boreholes, your donations also go towards maintaining existing ones, and rehabilitating them when necessary. We train and equip local villagers as pump minders, giving them the tools needed to maintain and repair the boreholes in their communities, protecting the sustainability of these sanitation programs.

In 2018, we rehabilitated 21 boreholes in Zambia's Sinazongwe District, with plans for 37 more to come in the near future.



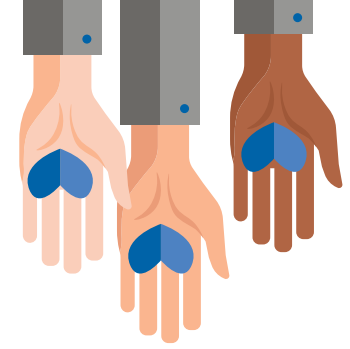
We implement the SAFE strategy to eliminate trachoma.



With a source of safe water nearby, residents can spend less time hauling water and more time in school or providing for their families.

Donors (\$5,000+)

Operation Eyesight is grateful for the investment each of our donors, at all giving levels, has made to our life-changing work. On behalf of all those you have helped, THANK YOU for being a part of their story!



Foundations

- Canadian Forces Protestant Chapels
- Canadian Online Giving Foundation
- Dr. Charles and Margaret Brown Foundation
- Jack and Doris Brown Foundation
- Margaret Clementi Fund
- Ethan and Joan Compton Sub Fund
- Edmonton Public Teachers Charity Trust Fund
- Frank J. Flaman Foundation
- The Foster Family Charitable Fund
- Ted and Enid Jansen Fund
- Dorothy May Kelly Trust
- The Lawrason Foundation
- The P & P Murray Foundation
- Oak Foundation
- Olympia Charitable Foundation
- Seacliff Foundation
- Christine A. Sethi-Van Impe Foundation
- Toronto Theosophical Society

Grants

- The International Agency for the Prevention of Blindness
- The Queen Elizabeth Diamond Jubilee Trust

Corporations

- Annapolis Capital Ltd.
- Heathbridge Capital Management Ltd.
- Jervis Investment Corp.
- Meadowlark Resources Corp.
- Port Royal Mills Ltd.

Estates

- Estate of Jerrold Keith Barton
- Estate of Muriel Joyce Bryant
- Estate of Gale Yvonne Thygesen Burke
- Estate of Margaret Maude Duncan
- Estate of Hannelore Helene Gewers
- Estate of Christopher Ross Gillespie
- Estate of Robert Ferrier Harrison
- Estate of Kenneth Angus MacKenzie

Individuals

- Karen Booth and Jonathan Huyer
- Deborah Cullen
- Marty Cutler
- Henning Freybe
- Anthony Gray
- James Killam
- Lucy H. Koziol, in memory of her husband Dr. Jan K. Koziol
- Alexander and Marlene MacKenzie
- David and Audrey McIntosh
- Robert Mitchell
- Ray Mowling and Gerlinde Hermann
- Khorshed S. Patel
- Chitra Ramaswami
- Doreen Richards
- Henry and Elfriede Streu
- Edward G. Thompson
- Audrey E. Wilson

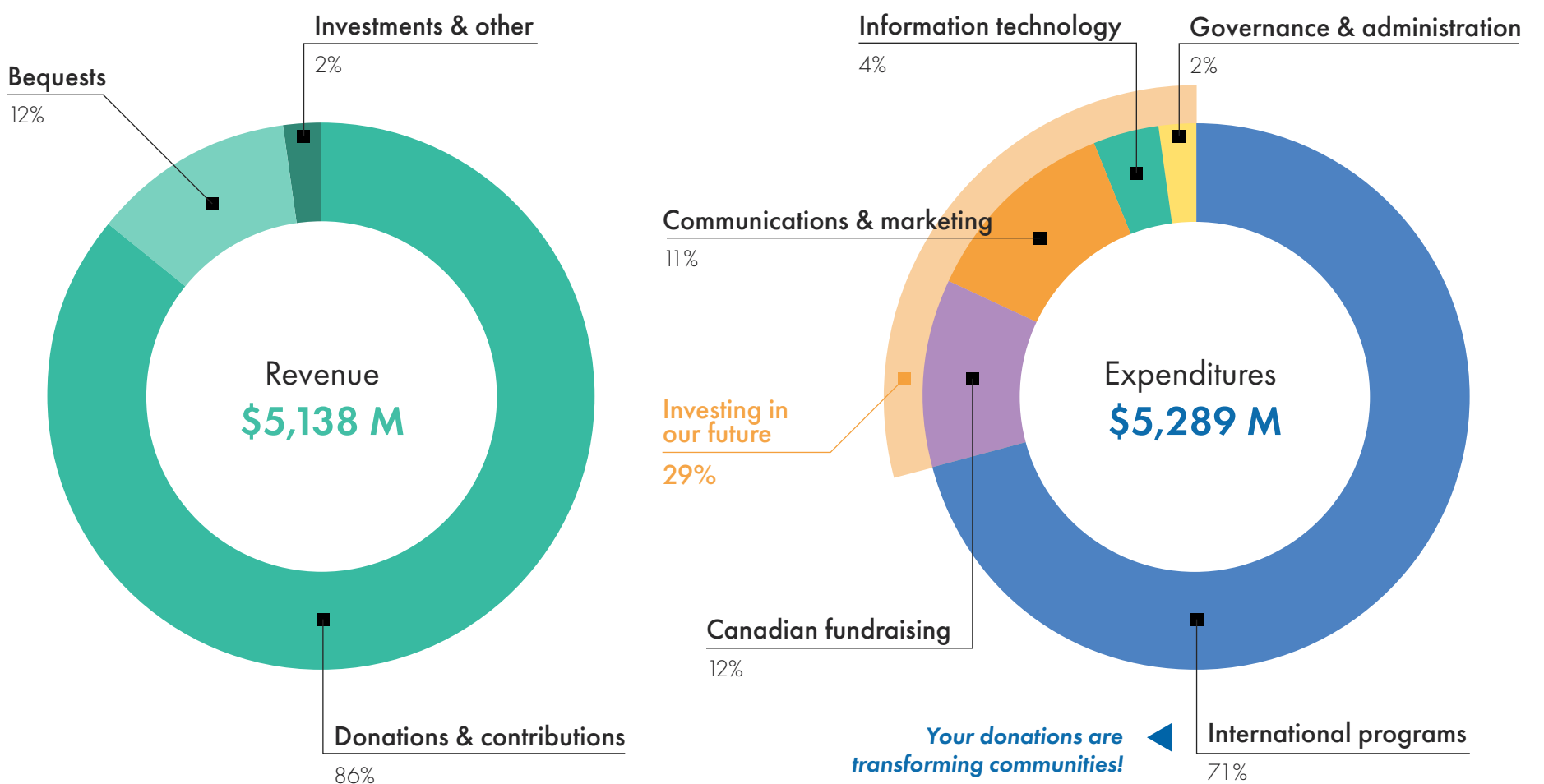
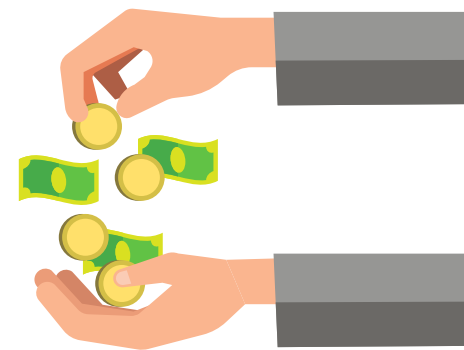


We are also very grateful to the 150 generous donors who have let us know they plan to leave a gift to Operation Eyesight when they pass away.

Operation Eyesight does not sell or trade donor names and contact information. If any errors or omissions have occurred on this page, please accept our sincere apology. Every effort was made to ensure this list is complete.

Trust that every dollar you donate will make an impact!

This was a year of projects to plan for the future of our organization. We invested in a new donor relationship management tool that will allow us to better track our donor information and run our organization more efficiently, and a new website that will help us attract more support. Our administrative costs for 2018 went up a bit as a result, but we will see the financial benefit in years to come. This year we were recognized by Charity Intelligence Canada as a **Top 10 Impact Charity**, earning high marks for the impact we create for every dollar we receive through donations.



The Ripple Effect

When you give to Operation Eyesight, you help restore sight or prevent blindness for a child, woman or man in need – and your support goes so much further than that. It starts a ripple effect. Children can return to school and play with their friends. Parents can support their families. Grandparents can watch their grandchildren grow up. Families are educated on eye health and general health such as nutrition, vaccination and pre- and post-natal care. Entire communities thrive!



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2018 Annual Report

Letter from Aly

Dear Supporters,

This year, I have seen so many happy endings to stories about people who have been helped thanks to your support. I've seen stories of brighter futures for children who have been reached by our programs. I've seen stories of grandparents who have been given new hope through the intervention of community health workers, allowing them to continue watching their grandchildren grow up. The course of these people's lives have changed in dramatic ways, and it is all thanks to your support! **They will never forget the part YOU have played in their stories!**

This year, Operation Eyesight closed one chapter with the retirement of Brian Foster as our leader, and started a new one as I stepped in as President and CEO. We've continued to make progress on our goal toward declaring **2,020 villages avoidable blindness-free by the end of 2020**. I was able to spend some time in the countries where we work, where I was inspired by our partners who I met there, and I was very excited to see our programs in action. It warmed my heart to meet people who have been deeply moved by your support. When I told them I was visiting from Operation Eyesight in Canada, their faces lit up and they expressed their gratitude with great enthusiasm.

This year we were recognized by Charity Intelligence Canada for the IMPACT we've made – highlighting us as a **Top 10 Impact Charity** for accomplishing more with the donations we receive. We are dedicated to operating with the highest integrity and transparency, and we couldn't achieve this without our amazing donors, partner hospitals, community health workers, volunteers and staff.

I'm excited to see future stories of people whose lives are transformed, as we continue to work with you to provide the Gift of Sight to so many more people who really need it! Our story has come a long way in the last 56 years, and there is more to come. In the future, you will continue to see a focus on **quality care and sustainable programs** that will provide a hand up, educating communities to take ownership of their own eye health.

We're so grateful for the part you are playing in these stories – For All The World To See!

Aly Bandali
President & CEO



Meet our Canadian Board of Directors

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Mr. Shaad Oosman, Treasurer
Mr. Rob Ohlson, Past Chair
Dr. Mary G. Alton Mackey, Director
Mr. Marty Cutler, Director
Ms. Jaswinder (Jessie) Kubes, Director
Mr. Dan Parlow, Director
Mr. Philip Ponting, Director

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Ms. Linda Dent, Chief Financial Officer
Mr. Kashinath Bhoosnurmath, Vice President of International Programmes
Ms. Candice Naylen, Vice President of Philanthropy
Ms. Elizabeth Roden, Director, Marketing and Communications

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YOUR SUPPORT IS CRITICAL, NOW MORE THAN EVER

This is not the end of the story.
There are so many children
who are hoping for their lives
to change. You can be that
change in a child's story.

**Give generously and
help a child SEE!**



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