There can be no task nobler than giving every child a better future.

United Nations World Summit for Children

Annual Report 1990
Dear Friends,

The thirtieth year of the International Eye Foundation activities is upon us. I am pleased and excited to be able to report to you that the hopes and dreams of the International Eye Foundation’s Founder, Dr. John Henry King, Jr. are still with us. As you will read in this report, the IEF is part of a great crusade in the international blindness prevention community—the battle against river blindness, as an effort that can truly make a difference in the lives of millions. In addition, the IEF is at the forefront of programs to save the sight of children threatened by vitamin A deficiency while the International Eye Foundation training programs from Africa to Central America are recognized for their effectiveness and appropriateness.

As we sum up last year’s activities and plan for the coming year, I want to emphasize my excitement over the arrival of the IEF’s new Executive Director, Victoria Sheffield. Over the course of her first months on the job, Ms. Sheffield has proven to be a knowledgeable and dynamic leader. Her commitment to IEF’s mission of fighting unnecessary blindness in the developing world is unmatched. I speak for the IEF’s entire Board of Directors when I say that I am confident and proud to have Ms. Sheffield leading the IEF’s sight-saving efforts.

More than ever, the International Eye Foundation relies on your support to continue and expand these urgently needed programs. Working together, driven by the vision of a world without unnecessary blindness, we can accomplish so much.

Thank you for your support.

Arnold B. Simonse
Dr. Arnold Simonse
President

Ms. Victoria M. Sheffield

From the Executive Director:

Dear Friends,

As the new Executive Director of the International Eye Foundation, I can review the activities of the past year with pride and excitement. The IEF team, both at headquarters and in the field, small but strong, is having a tremendous impact on the goal of providing sustainable quality eye care services to those who desperately need them.

Moving into my 13th year in the field of ophthalmology and my 12th year in international eye care, I look back with pride over my very fortunate international career which began with the IEF in 1976. It is a great privilege to have worked with the IEF’s founder, Dr. John Henry King, Jr., who gave me the opportunities to work and learn in Africa and the Caribbean. He also introduced me to the world of public health and development, helping people improve their health which in turn improves their lives. He shared with me, as he did with so many thousands of people whose lives he touched, his philosophy of people helping people, sharing and exchanging, not only about eye care, but about values, culture and dignity.

After six and one half outstanding years with Helen Keller International, I am now extremely proud to be back with the International Eye Foundation, its Executive Director. Its expert team of public health specialists and managers, ophthalmologists and researchers are working together to build programs and to take on new challenges. I am proud and humbled by the trust given to me by the Board of Directors and my colleagues from around the world to carry on the work of the IEF.

Your support and encouragement have given the IEF the resources necessary to get the job done, to reach out to thousands more, and to teach. Enabling and empowering people to progress independently and with confidence was the dream of Dr. John Henry King, Jr. We are proud to carry on this vision and for your support in that great quest, we thank you.

NIGERIA

Onchocerciasis, commonly known as River Blindness, is spread by the bite of a black fly and threatens the sight of an estimated 100 million people in developing countries. Until recently, there was no effective or safe medication to treat this disabling disease. Thanks to Merck and Company, an American pharmaceutical house, a new drug called Mectizan is now available. This highly effective and safe drug is now being used worldwide to treat hundreds of thousands of victims of River Blindness. Though the drug is provided free of charge by Merck and Company, distribution to remote areas presents a tremendous challenge to the IEF and other organizations.

The West African nation of Nigeria contains one-third of the world’s total River Blindness. Twenty million people are currently at risk. In some localities in the Kwara State, over 55% of the population is infected and another 3% are blind as a result of this disease. Due to this debilitating disease’s association with rivers and streams, villagers have been abandoning their family homes and farms in Nigeria’s fertile river valleys.

In 1989, IEF, working in conjunction with Africare, began implementation of the first river blindness project by American non-governmental organizations in Africa. In the initial project year, basic support structures were put into place and 25,000 people received their first treatment of Mectizan. In year two, IEF plans to redistribute to these initial localities as well as target 30,000 additional people.

The IEF River Blindness project has received national and international recognition for establishing innovative, sustainable and replicable modes of treatment delivery. Dr. Robert Pond, a project manager working with the Nigeria project, has published two manuals on training and Mectizan distribution which will extend the knowledge acquired in Nigeria to assist other endemic regions of the world. The International Eye Foundation and its partner, Africare, are very proud of the unquestionable success of the Nigeria River Blindness Control Program.

Dr. Frank S. Ashburn, Jr.
Treasurer

Dr. Claude L. Cowan

Mr. William Amory Jewett

Mr. Charles B. Wheeler

Board of Directors

Dr. Lawrence M. King, Jr.
Vice Pres./Medical Dir.

Mr. William D. Clark

Mr. James Friedlander

Mr. Peter Loan

Mr. David P. Close

Ms. Lorraine Spence

Mrs. Louis T. Donzelli

Mr. William Cerrigan

Mr. Sheldon W. Cole

Dr. Paul Gavazis

Dr. Barbara A. Underwood

Mrs. Charlotte M. Wilmer
ETHIOPIA

Ethiopia, a land of 48 million people with rich history and traditions, has been plagued by war and drought which have caused untold hardship among its people. Preventable eye diseases such as trachoma and xerophthalmia, the result of vitamin A deficiency, have affected thousands who previously had no access to eye care.

With a generous three-year grant from USA for Africa and BandAid-LiveAid, the IEF has worked with the Government of Ethiopia to establish an Ophthalmic Medical Assistant (OMA) training program. The one-year course has graduated two classes totalling 36 OMAs. The third class will graduate 23 OMAs in September 1996. These 59 OMAs are, or will be, working throughout the country to provide primary and secondary level eye care and are able to refer patients needing more specialized care.

Now that this three-year grant is completed, the following months will be a transition time for evaluating the success of the program and bringing the OMAs back to the capital for refresher courses. Due to the program's success, it will be upgraded to a two-year course for nurses. It will include a course in cataract surgery in order to address the cataract backlog in the country. The IEF is very proud of the OMA training program which has had a major impact on the improvement of eye care services, especially to the rural poor. The program has provided relief as well as development all through these difficult times.

MALAWI

Blinding malnutrition is the primary cause of blindness for children in the developing world. In the Lower Shire Valley of Malawi, the IEF continues to battle malnutrition and infant and child mortality with a Child Survival/Vitamin A intervention grant from USAID/Washington. The Malawi Vitamin A and Nutrition project targets a population of over 20,000 women and children in 45 villages in the Lower Shire Valley. Activities include: nutrition education, vitamin A distribution, and primary eye care services. The team of Dr. Susan Lewallen, an ophthalmologist, and Dr. Paul Courtright, an epidemiologist, has recently joined the IEF staff to augment Malawi project activities.

This year, IEF will begin a five-year Mectizan distribution project to combat river blindness in Malawi. A population of 12,000 people in the high prevalence areas of the Tholyo Highlands will soon be receiving its first Mectizan treatment. During the five year life of the project, IEF plans to treat a total of 108,000 Malawians for river blindness. This coverage represents more than 60% of the population eligible to receive Mectizan in the Tholyo Highlands of Malawi.
GUATEMALA

Since the IEF began working with Guatemala’s National Committee for the Blind and Deaf, Guatemala has become one of the IEF’s most active programs. In 1997, the IEF first received a seed grant from USAID to develop and distribute the vitamin A-rich cereal-like food supplement, NutriAto. NutriAto is distributed to preschool children who have been weakened by measles or diarrhea. The food supplement replenishes the child’s body with the essential Vitamin A. In order to reach these children scattered throughout remote mountainous regions, IEF has developed a program which distributes NutriAto through the rural school system. To date, over 15,000 children have received this vitamin A supplement food enhancing their general health status and preventing the risk of blindness. A generous grant from F. Hoffmann-La Roche’s “Task Force Sight and Life” is allowing the IEF to geographically expand this program to the Yecapica-Chimaltenango region.

The Office of Nutrition at USAID is funding an Intra-Household Study to survey Guatemalan mothers on the availability and usage of vitamin A rich foods. This valuable information can then be used to develop public education programs targeting specific groups who lack vitamin A in their diet.

The IEF is also combating River Blindness in the Yecapica region of Guatemala. This innovative program which has been generously supported with funds from the Public Welfare Foundation, is now one year old. Over 6,000 people have been reached with the new safe and effective drug, Mectizan.

The Guatemala River Blindness Control Program utilizes two teams of health workers. The “promotion team” first visits villages to meet with leaders and conduct a public education campaign. This team is then followed by a “distribution team” of doctors and medical assistants who register the patients, complete a brief basic health examination and then give the Mectizan tablets. So far, 50 of the 71 villages and coffee plantations targeted have been covered by both teams. The teams anticipate covering the remaining 21 villages treating 8,000 in the next few months. This successful IEF program will be used as a model for other Central and South America countries establishing programs to combat River Blindness.

School children are an important link in NutriAto delivery in Guatemala

HONDURAS

In the past year, IEF activities in Honduras have greatly expanded. The successful Magi Eye Clinic, funded largely by the Ramona and William M. Carrigan Foundation, has moved to the newly opened hospital in the northern city of San Pedro Sula. This modern eye clinic, fully equipped by the IEF, is able to provide services to all patients who walk through its doors.

A new outreach clinic in Santa Barbara, Honduras is nearing completion. Dr. Francisco Efrer, trained and supported by the IEF, has completed his ophthalmology training and will manage this clinic program. This new outreach clinic will provide treatment for people who otherwise would have no access to eye care services.

The development of the Magi Eye Clinic and the new Santa Barbara clinic has been due in large part, to the dedication and energy of the IEF’s Senior Medical Director, Dr. Lawrence M. King, Jr.

The Government of Honduras has asked the IEF to address vitamin A deficiency among the children living in the peri-urban slums of Tegucigalpa, the capital city. With a grant from USAID, the IEF will establish a program targeting 80% of 11,500 children under the age of 6 years. Under the leadership of Mrs. Antonietta Dominguez King, the IEF’s Country Director, activities will include nutrition education, the promotion of home gardening, and vitamin A capsule distribution.

Dr. Lawrence M. King, Jr., IEF Medical Director (lower right) conferring with Honduran ophthalmologists at the Magi Eye Clinic.
PUERTO RICO

The International Eye Foundation continues to support Latin American ophthalmologists attending the Basic Science Course held at the University of Puerto Rico each year. This program is extremely valuable to the entire strategy of ophthalmology training for Latin America and is almost fully self-sustainable. The IEF is pleased to have been a part of the establishment, growth and independence of this program.

BELIZE

Dr. Victoriano Valdez, a young ophthalmologist from Belize, has finished his ophthalmology training with the support of the IEF and has now returned to Belize. One of only four ophthalmologists in the country, he has been appointed to direct the eye clinic at the hospital in the new capital city of Belmopan. This new clinic has been established with ophthalmic equipment and supplies donated by the IEF. Dr. Valdez is kept very busy, but now plans to expand his duties to include the gathering of blindness prevalence data and training health workers in primary eye care.

ST. KITT’S AND NEVIS

In the Caribbean nation of St. Kitt’s and Nevis, there is currently no trained ophthalmologist, since the mid-1990’s, the IEF has assisted the St. Kitt’s government by arranging for volunteer American ophthalmologists to travel to St. Kitt’s to treat patients with ophthalmic disorders. A hospital-based eye care clinic is equipped with medical supplies and medications provided by the IEF. As the incidence of glaucoma in the Caribbean is 25% higher than in the developed world, this program is crucial to the isolated citizens of this island nation.

TURKS AND CAICOS

In the past two years, the IEF has been working to establish regular eye care services in the Caribbean island group of Turks and Caicos. IEF Volunteer Ophthalmologists, carrying their own ophthalmic equipment, travel to Turks and Caicos to meet the eye care needs of these island communities. Plans are presently being formulated to institute a more permanent eye care strategy for Turks and Caicos.

The John Harry King Society *

Mr. and Mrs. David P. Close
Dr. and Mrs. William McMenamin
Dr. Barbara A. Underwood

* The John Harry King Society was established in May 1989 to honor IEF’s founder, Dr. King was the driving force behind IEF’s humanitarian programs until his death in 1996. Created in memory of Dr. King’s dream of “peace through sight”, the Society provides funds for IEF’s most important pacemaking programs.

Fiscal Year ending 6/30/90

Pharmacia
Public Welfare Foundation
Reynolds Group Ltd.
River Blindness Foundation
Mr. and Mrs. Hugo Schachter
“Sight and Life” Task Force of E. Hoffmann-LaRoche, Co., Inc.
Mr. and Mrs. Lawrence J. King, Jr.
Mr. and Mrs. Louis T. Donatelli
Mr. and Mrs. W. W. Wright, Jr.
Mr. and Mrs. Margaret Johnson
Dr. Barbara Underwood
Mr. and Mrs. Charles B. Wheeler
Dr. and Mrs. Lawrence M. King, Jr.
Mr. and Mrs. William McMenamin
Dr. and Mrs. William McMenamin
Dr. Barbara Underwood
Mr. and Mrs. Charles B. Wheeler

Donated medical equipment and supplies reach patients in many developing countries through the IEF.

Major Donors *

(*For Fiscal Year ending 6/30/90)
INDEPENDENT AUDITORS’ REPORT

To the Board of Directors
International Eye Foundation
Bethesda, Maryland

We have audited the accompanying balance sheet of the International Eye Foundation as of June 30, 1990, and the related statements of support and revenue, expenses, and changes in fund balances and cash flows for the year then ended. The financial statements are the responsibility of the foundation’s management. Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with generally accepted auditing standards.

Our audit included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the International Eye Foundation as of June 30, 1990, and the results of its operations and cash flows for the year then ended in conformity with generally accepted accounting principles.

Fieldman, Rosenfeld, and Freedman
August 17, 1990

STATEMENT OF FUNCTIONAL EXPENSES for the year ended June 30, 1990

<table>
<thead>
<tr>
<th>1990 Funding Services</th>
<th>1990 Supporting Services</th>
<th>1990 Total Expenses</th>
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</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>Management &amp; General</strong></td>
<td><strong>Fund Raising</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Support</strong></td>
<td><strong>Expense</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
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**AFFILIATIONS**

**INTERNATIONAL EYE FOUNDATION, INC.**

**Statement for the year ended June 30, 1990**

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<thead>
<tr>
<th>Assets</th>
<th>unrestricted</th>
<th>restricted</th>
<th>total</th>
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<tbody>
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<td>Cash</td>
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<td>Certificates of deposit</td>
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<td>Interest receivable</td>
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<td><strong>Total assets</strong></td>
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<tr>
<th>Liabilities</th>
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<tbody>
<tr>
<td>Equipment and furniture</td>
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<td>$523,241</td>
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<td>Less: Accumulated depreciation</td>
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<td>279,909</td>
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<td><strong>Total liabilities</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
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<td>Accounts payable</td>
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<td>Due to unrestricted fund</td>
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<td>Accrued vacation</td>
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<td>Deferred revenue-federal grants (Note 2)</td>
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<td>1,974</td>
<td>3,948</td>
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<td><strong>Unrestricted endowment</strong></td>
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<td>$105,534</td>
<td>$211,068</td>
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<table>
<thead>
<tr>
<th>Liabilities</th>
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<th>restricted</th>
<th>total</th>
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<td><strong>Total liabilities and fund balances</strong></td>
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<table>
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<tr>
<th>Expenditures for 1990</th>
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<th>restricted</th>
<th>total</th>
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</thead>
<tbody>
<tr>
<td><strong>General &amp; Administrative</strong> Fund raising (2.9%)</td>
<td>$67,607</td>
<td>$67,607</td>
<td>$67,607</td>
</tr>
</tbody>
</table>

**Direct Program Services (87.6%)**

**Total Expenditures for 1990** $1,579,509,000

1. Summary of Significant Accounting Policies and General Information

2. Grants Fund

3. Pension Plan

4. Donated Medical Supplies

5. Lease Commitments

6. Endowment Fund

**NOTES TO FINANCIAL STATEMENTS**

**INTERNATIONAL EYE FOUNDATION, INC.**

**Statement for the year ended June 30, 1990**

**PUBLIC SUPPORT AND REVENUE**

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**STATEMENT OF BASIC AND INCOME**

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**NOTE TO FINANCIAL STATEMENTS**

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**INTERNATIONAL EYE FOUNDATION, INC.**

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**INCOME STATEMENT**

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**BALANCE SHEET**

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**NOTES TO FINANCIAL STATEMENTS**

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**INTERNATIONAL EYE FOUNDATION, INC.**

---

**INCOME STATEMENT**

---

**BALANCE SHEET**

---

**NOTES TO FINANCIAL STATEMENTS**

---
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*Mrs. Maria Antonieta
Domínguez King
*Ms. Vicki Vivan de Alvarado

*Photos: Victoria M. Sheffield, Suzanne Whitfield