Keeping sight of the vision...

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"...with the eyes of a child you must come out and see that your world's spinning 'round and through life you will be a small part of a hope of a love that exists in the eyes of a child you will see..."

International Eye Foundation
1996 Annual Report
2020 - A Most Significant Year

2020 is both symbolic and significant. Symbolic because 2020 is the vision we all strive for. Significant because the year 2020 is 55 years from 1965, the year of this report. Where will we be in this great effort of preventing blindness and saving sight in just 25 years? What impact will we have made? Has the modern research, technology, expertise and funding made any real difference in people's lives? These are important, often frightening questions, which challenge and excite us. In 25 years, we will be much older, perhaps retired, looking back on our personal lives and asking many of the same questions.

The International Eye Foundation (IEF) and its sister non-governmental development organizations (NGDOs) around the world have been working closely with the World Health Organization's Programme for the Prevention of Blindness to map strategies for addressing the leading causes of blindness by the year 2020. As a result, strategic plans were put into place to prevent blindness generally, as well as vitamin A deficiency, onchocerciasis (River Blindness), trachoma, and cataract specifically, to give us cause for pride and satisfaction.

A new drug to treat trachoma, a common infectious eye disease blinding 6 million people worldwide with another 146 million infected, is currently being tested. When available, it will mean one tablet given annually versus eye ointment, often unavailable or unaffordable, in the eyes twice a day for six months. The new SAFE strategy, Surgery, Antibiotics, F-face washing, and E-environmental sanitation, will be implemented in thousands of communities where people live in poverty and are vulnerable to trachoma.

Perhaps the most exciting strategy is training of new and retraining of older eye surgeons to implant intra-ocular lenses (IOLs) after removing cataracts. IOLs provide permanent clear vision. There is no more need for thick eye glasses which are easily lost or broken, nor expensive and difficult contact lenses. IOLs have made high quality IOLs available for developing countries for a very affordable US $10 each. The next challenge is to make high quality IOLs available at low cost.

The frustration will be to reach all those who need care. The WHO estimates that there are 40 million blind people in the world today. By the year 2020, the world's population will have doubled. If our efforts remain at the same pace, these numbers will double to 90 million blind. Asking doctors to see more patients and do more surgery isn't enough. Therefore, strategies must focus on the leading causes of blindness: cataract, trachoma, xerophthalmia due to vitamin A deficiency, and onchocerciasis. We must be smarter using more efficient technologies so that our existing pharmacies, supplies, and equipment are available and affordable to everyone in the developing world. And we must strengthen health program management to make high volume cataract surgery a daily routine and hospitals self sufficient financially. And we must use the new communications resources to PREVENT much of the disease before it blinds people.

I believe that in the year 2020 when many of us will be reviewing the accomplishments of our lives, both personally and professionally, we will be proud of what will have been achieved in these 25 years spanning the new millennium. We continue to be grateful to all of the IEF's global staff, volunteers, friends and donors, who not only shine in the reflected light of these successes, but are the reason they came about in the first place. Thank you all.
Restoring sight and preventing blindness is fundamentally a question of access to and availability of primary eye care services. Simple and obvious, yet in much of the world, difficulties of access and lack of availability contribute to significantly higher rates of blindness...80% of which is preventable or curable.

The cost of blindness in the developing world is high. In addition to the human suffering, a blind community member is tantamount to the loss of economic productivity of 2 and a half people. Health officials around the world struggle to effectively respond to an increasing array of health concerns. The blindness prevention challenge is to strengthen primary eye care services and incorporate these services into the existing public health infrastructure. Strengthening public health ophthalmology to improve primary eye care services has been a focus of IEF efforts for over 35 years. Today, IEF’s primary eye care programs blend traditional, proven services, support, and training with new, innovative and exciting strategies to reach out and help needy people around the globe.

Program areas include:

- Clinical and Surgical Care
- SightReach/Childsight
- "Seeing 2000"
- Training
- Gifts In Kind
- Operational Research and Surveys

Strengthening ophthalmological resources to increase the availability of affordable eye care is at the heart of the IEF’s blindness prevention mission. The IEF’s methods to cultivate and strengthen these resources have evolved to meet changing needs. Even with the changes of the past, and those still to come, the IEF approaches the new century still focused on one goal...saving sight and lives.

The IEF has worked for over 35 years around the world to strengthen primary eye care systems to save peoples’ sight while returning self-sufficiency. The effectiveness of any blindness prevention strategy ultimately rests on dependable, quality clinical and surgical care at the tertiary level. This encompasses many components:

- Trained health professionals to examine and properly recognize the multiplicity of eye diseases and complications
- Proper treatment for those not requiring surgery
- Appropriate referrals for those who need specialized care
- Availability of appropriate ophthalmic surgery
- Educating the public on eye care issues and blindness prevention
- Providing effective managerial expertise for all of the above

Countless thousands have benefited from the IEF’s tradition of service in responding to these varied, yet interrelated needs. At regional, national, and international levels, the IEF has long had a leadership role in working with and helping to establish National Blindness Prevention Committees. A goal of the World Health Organization’s (WHO) collaborative strategy, the Committees serve to develop and implement appropriate eye care strategies adapted to their country’s needs and capabilities. Specific IEF strategies include:

- Providing primary eye care in undeserved areas by helping young ophthalmologists open practices in rural and periurban areas of Latin America
- Sponsoring sub-specialist ophthalmologists to provide critical training and services in Africa, Eastern Europe, and Latin America
- Developing and offering public education materials in all program countries
- Expanding indigenous non-governmental organizations’ (NGO) and charity hospitals’ capacity for ocular surgery for children

IEF staff and volunteers have established an enviable record of service in the blindness prevention field. In fulfilling this mission, the IEF will continue to support and expand available primary eye care on into the new century.

Blindness in the world

- Cataract - number one cause of blindness
  - Correctable with surgery
- Glaucoma - regular exams needed to detect eye pressure
  - Treatable
- Trachoma - infectious blind eye disease
  - Treatable and preventable
- Xerophthalmia - blinding consequence of vitamin A deficiency
  - Treatable and Preventable

"I was most impressed with the character, quality, and industry of the medical personnel with whom I worked during this week at the Birban Eye Hospital. Dr. Desbele, Dr. Ghenet, and the six senior ophthalmic assistants are not only extremely dedicated but also very hard working..."

John O’Hall, M.D.
Oncoret Retinal Ophthalmologist sponsored by the IEF SightFirst project in Ethiopia

Young boy receiving eye examination in clinic in Santiago, Chile.
Ensuring future viability in economically fragile areas, IEF’s SightReach doctors participate in IEF sponsored courses in Practice Management and in Equipment Maintenance and Repair. In addition, the IEF each year sponsors SightReach doctors to attend the American Academy of Ophthalmology meeting as participants in the “First an Ophthalmologist” program. At the AAO, they improve their knowledge by taking sub-specialty ophthalmology courses and gain valuable experience meeting and exchanging ideas with ophthalmologists from around the world.

Finding the Children

The exciting second part of SightReach, targeting children, reaches out to find blind and visually impaired children who may be helped with surgery. First training health workers to find these children, the IEF then strengthens the ophthalmologists who treat them. IEF-sponsored clinical and surgical workshops conducted by pediatric ophthalmologists from the United States offer hope for thousands of children whose sight will be saved.

Innovative and exciting, IEF’s newest program reaches out to reduce blindness among the world’s most innocent — the children. In underdeveloped countries, children often do not receive clinical examinations, needed surgery, or vision aids for treatable diseases. The reasons for this are many, including lack of proper and timely detection, too few trained pediatric ophthalmologists, inadequate infrastructure, and lack of awareness of childhood blindness among parents and primary health care providers.

“Seeing 2000”, funded by an umbrella grant from the United States Agency for International Development and administered by the IEF, provides a powerful new resource to expand and improve clinical and surgical services for blind and visually impaired children around the globe. Indigenous NGOs and charity hospitals may apply for “Seeing 2000” grants of up to $25,000. A distinguished panel of pediatric ophthalmologists reviewed and selected the first grant recipients, listed in the margin.

Projects approved for funding in June 1996 will support activities such as:

- Purchase anaesthesia equipment for a new pediatric eye unit.
- A program to find and refer blind and visually impaired children who would otherwise never be examined by an eye specialist.
- Provide specialized training in pediatric diagnosis and treatment for Ophthalmic Medical Assistants who see children at the primary level.

The ultimate goal is to increase the quality and quantity of ocular surgery performed on children to ameliorate childhood blindness.

The IEF’s “Seeing 2000” Program is an extraordinary new tool with which to make a difference in needy children’s lives. Strengthening local organizations and hospitals which care for children will enable them to ensure that more children than ever have the opportunity to “See the Year 2000.”

“A Seeing 2000” grant purchased anaesthesia equipment making sight saving surgery possible for this child at the L.V. Prasad Eye Institute’s new pediatric eye unit in Hyderabad, India.
A cornerstone of IEF programs, training ranges in subject matter from primary eye care to sub-speciality ophthalmology. Designed to meet the specific needs of the locales, appropriate training is then offered to physicians, nurses, community health workers, village health volunteers, and school teachers.

IEF training currently focuses on the following:

- **Primary Eye Care and Blindness Prevention**
  - Primary health workers and village volunteers learn to recognize, treat, or refer, and prevent eye diseases before they lead to blindness.

- **Public Education**
  - Primary health workers and village volunteers are trained to teach families about vitamin A, deficiency and how to prevent it. Family health issues such as diarrhea, disease control, prevention of respiratory infections, home gardening techniques, family planning and HIV/AIDS prevention are included in the overall effort to improve child survival.

- **Vision Screening in Primary Schools**
  - School teachers are taught to measure the vision of every primary school child as they enter school. This simple test is dramatically increasing the early detection of vision problems in school children so they can be treated or receive spectacles before they fall behind in school.

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**Sub-Specialty Ophthalmology Training**

Sub-specialist ophthalmologists from the United States provide specialized training in up-to-date clinical and surgical techniques for ophthalmologists who have little chance of exposure to new methods. In 1996, the IEF focused on improving pediatric ophthalmic care in Albania, Bulgaria, Eritrea, Guatemala, Honduras, and Malawi.

**Public Education**

Primary health workers and village volunteers are trained to teach families about vitamin A deficiency and how to prevent it. Family health issues such as diarrhea, disease control, prevention of respiratory infections, home gardening techniques, family planning and HIV/AIDS prevention are included in the overall effort to improve child survival.

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**Gifts In Kind — Securing the Tools**

Ophthalmic medicines and equipment donated for use in IEF programs.

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**If you restore the sight of one man, you benefit one man... if you teach one man how to restore sight, you benefit many men...and if you teach many men, you benefit mankind.”**

John Henry Ring, M.D., Founder

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**Operational Research and Surveys — Assessing the Needs**

IEF Director of Programs, John Barrows, discussing with IEF/Malawi staff the results from data collected to monitor nutrition and food security.

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**Highlights:**

- **Albania:** Home screenings conducted in the south after first IEF/WHO National Workshop.
- **Bulgaria:** Bulgarian Eye Foundation, IEF partner, conducting cataract program based on data of IEF “Softs Eye Study.”
- **Cameroon:** Rapid Epidemiological Mapping for Onchocerciasis completed in Adamawa Province.
- **Eritrea:** Knowledge/Practice/Coverage survey completed in Northern Red Sea Zone for IEF Child Survival project.
- **Guatemala:** Public focus group conducted by IEF to determine eye care needs of people.
- **Honduras:** First national micronutrient survey being conducted by IEF.
- **Malawi:** Knowledge/Practice/Coverage survey being planned under “Support to AIDS and Family Health” project (STAFH).
- **Nigeria:** IEF completed development of Management Information System (MIS) to monitor IEF distribution.
- **Haiti:** The relevance and importance of IEF supported research and surveys may be seen by the fact that over 100 scientific and technical articles have been published by IEF volunteers and staff as a result of IEF programs. Contributing to the world’s understanding of patterns of eye disease, this extensive body of information provides a powerful resource for the IEF’s work of saving sight and lives.
Investing in families and children today — reaping a better tomorrow

Vitamin A deficiency control/Child Survival

Protecting the sight of people in the developing world is no longer a one-dimensional activity. Many diseases and health conditions leading to blindness also place lives at risk, with children being most vulnerable. One such example is vitamin A deficiency which exacerbates other health conditions such as measles, diarrhea, and acute respiratory infections. Extreme vitamin A deficiency may also lead to xerophthalmia and blindness. For over a decade, the IEP’s vitamin A deficiency control programs have successfully met the dual challenge of saving both sight and lives. Vitamin A deficiency is the leading cause of blindness in children under age five. Easily prevented with vitamin A, saving the sight of a young child does so much more, giving them a fighting chance at a healthier, longer life. Children whose diets are deficient in vitamin A are at 30% to 60% greater risk of death than children who get enough vitamin A in their diet. IEP’s vitamin A deficiency control programs in Africa and Latin America have made great progress in reducing the number of blind children due to xerophthalmia. More importantly, children, families, and communities gain hope for a better future as they grow stronger, living longer and more productive lives.

The reduction in childhood blindness and mortality have come from an integrative approach combining improvements in overall family health with vitamin A deficiency control:

- Vitamin A capsule distribution
- Measles control, including training of community volunteers to monitor children’s immunization schedules
- Diarrheal disease control including educating mothers about the importance of giving Oral Rehydration Solutions to children with diarrhea
- Promotion of exclusive breastfeeding, the most effective source of vitamin A for children under age one
- HIV/AIDS prevention and family planning activities
- Income generating programs and encouraging family gardening methods to increase the availability of vitamin A rich foods
- Promotion of sugar and salt fortification with vitamin A and iodine to increase micronutrients in the diet
- Public education promoting good nutrition
- Training of teachers and community volunteers in vision screening techniques for children

The IEP is committed to strengthening families and children - preventing avoidable blindness, restoring sight, and saving the lives of those who are the future...the children.

River Blindness, a personal view

Ambassador Julius Waring Walker
United States Ambassador to Burkina Faso—1981 to 1984
Member, IEP Board of Directors

Fortunately, the devastation, misery, and horror of river blindness (onchocerciasis) is unknown to almost all Americans. I lived with it for years in Africa and saw its debilitating effects in many nations including Burkina Faso, where I served as U.S. Ambassador. The disease carrier, a tiny black fly, breeds only in the foaming water of rushing streams. The nearby land, its topsoil replenished each year by floods, is often the richest in the country. Unfortunately, it couldn’t be farmed, infested as it was with these flies, the bite of which implants worms that eventually work their way into their host’s eyes and blinds them.

Every day in Ouagadougou (Burkina Faso’s capital), I saw “trains” of such blinded people, each with a hand on the shoulder of the person in front. The foremost held a stick also held by a child who thus led the group.

Initial efforts at controlling the spread of river blindness by the World Health Organization involved a highly effective attack on the black fly’s breeding ground through spraying. Riverside lands were habitable once again with the US assisting with their resettlement. More exciting still, in 1988, Merck & Co., Inc. introduced a pill for human use which, taken annually, provides a person relief and immunity from the effects of the black fly’s bite.

My service in Africa opened my eyes to the terrible impact on all aspects of people’s lives from the effects of onchocerciasis. Thankfully, my work with the IEP has also given me the opportunity to be a part of the effort to control this disease. The IEP strives to extend the impact of its efforts beyond direct distribution of these pills by also working to incorporate the distribution of Mectizan® into existing public health activities. These are modern-day miracles. They not only restore vast areas of the once affected nation’s most fertile lands, they also protect its most valuable resource — people.

- Over 17 million people infected with onchocerciasis, commonly known as “river blindness”
- More than 80 million people in 34 countries are at risk
- 99% of all cases found in 27 African countries
- Control of onchocerciasis now possible with annual treatments of Mectizan®, supplied free of charge by Merck & Co., Inc.
- In Nigeria in 1989, the IEP and Africare conducted the first community-based Mectizan® distribution program

Young boy leading an elderly, blind man — a sight becoming less common with IEP’s “river blindness” control programs.

Restoring self-sufficiency, nurturing hope

Cameroon
Mali
Sudan
Nigeria
ALBANIA
FY 1996 Program expenses $50,413

Strengthening primary eye care in Albania, the IIEF supports the expansion of eye care services through SightReach and a very successful collaboration with Health for Humanity (HFH). Providing much needed ophthalmic equipment, supplies, pharmaceuticals and journals, the IIEF seeks to enhance the quality of eye care by expanding resources and training opportunities.

- In August 1995, HFH and the IIEF procured and delivered ophthalmic equipment purchased with support from the Soro Foundation. Placed in Tirana, the northern city of Shkodër, and the southern city of Vora, the shipment included slit lamps, perimeters, operating microscopes, biomicroscopes, keratometers, trial lens sets, and smaller diagnostic equipment, plus ophthalmic texts, journals, pharmaceuticals and supplies. In November 1996, Mr. Alan Levenson, a bio-medical engineer with Orbis International, travelled to Albania for the IIEF to assist with the assembly of the equipment and assure its operation.

- The joint HFH/Orbis project established the first "Learning Center" located at the "University Eye Clinic", Hospital Number One, Tirana. The center was stocked with the texts and journals donated by Health for Humanity, the IIEF, Orbis, and the American Academy of Ophthalmology. A computer and photocopier machine were also purchased for the Learning Center.

- The Soro Foundation approved funding of a joint proposal submitted by Health for Humanity and the IIEF which will expand assistance to three eye outlying clinics as well as conduct a blindness prevalence survey. The IIEF will again procure equipment for the additional clinics.

- Health for Humanity and the IIEF jointly supported a visit to Tirana by two pediatric ophthalmologists to conduct training workshops and consult in clinics and surgery through the SightReach program in 1995.

- The IIEF and WHO sponsored the first National Workshop on Blindness Prevention in February 1996 in Tirana. Well represented from the ophthalmology community and attended by the Vice Minister of Health and the WHO representatives in Tirana, the conference represents the first step in setting national blindness prevention policies. Following the workshop, ophthalmologists in the southern region of Albania are conducting home-to-home surveys to assess the number of children needing care for eye diseases and vision problems.

BULGARIA
FY 1996 Program Expenses - $40,387

Since 1991, the IIEF has provided important support for the enhancement and expansion of ophthalmology in Bulgaria. During the past year, the IIEF concentrated on supporting the Bulgarian Eye Foundation and strengthening pediatric ophthalmology throughout the country.

- Dr. Marilyn Miller of Chicago and Dr. Susan Day of San Francisco conducted a national pediatric ophthalmology conference in Plovdiv, the "second city" in Bulgaria, a genetics conference in Stara Zagora, and consulted clinics and surgery in Sofia and Varna in August 1996.

- As part of the IIEF SightReach initiative to strengthen pediatric ophthalmology, the first workshop for micro-pediatricians was held 13-15 December 1995.

- Building on the results of the Sofia Eye Survey, conducted in 1991 and 1992 in collaboration with Johns Hopkins University, the Bulgarian Eye Foundation, a partner of the IIEF, received a grant to reduce the backlog of blindness due to cataract, found to be the leading cause of blindness in the survey.

- The IIEF facilitated the development of the Sofia Eye Bank which was established by the International Federation of Eye Banks and officially opened in September 1995.

CAMEROON
FY 1996 Program Expenses - $192,530

The IIEF returned to Cameroon in 1996 as part of a coalition of NGOs including "Global 2000" at the Carter Center (US), Helen Keller International (US), and Sight Savers International (UK). With partial funding from the Lions SightFirst Program, each NGO is responsible for an area of the country. The IIEF is treating the people in Adamawa Province, one of the largest and most endemic with disease.

- In January 1996, Ms. Marie-Pacaline Memono was hired as Project Advisor. The Plan of Action for 1996 was prepared and presented at the National Onchocerciasis Meeting held in Yémbou on 22-23 February 1996.

- The IIEF completed the baseline "Knowledge - Practice - Coverage" survey in May, 1996. In addition, the Rapid Epidemiologic Mapping for Onchocerciasis has been completed in Adamawa Province. Based on this data, communities with the highest infection rates will be targeted first for treatment.

ECUADOR
FY 1996 Program Expenses - $88,167

The IIEF's SightReach program has been expanded to include Ecuador. Five ophthalmologists have been selected and are training their ophthalmic equipment in 1996. In June, the IIEF conducted the first "Practice Management" and "Equipment Maintenance and Repair" workshops in Quito for the Ecuadorians plus one SightReach ophthalmologist from El Salvador. The next workshops are planned for August.

IFB 'river blindness' control team travelling to nearly inaccessible village in Cameroon where they are eagerly awaiting by the villagers.
**ERITREA**

**FY 1996 Program Expenses - $149,980**

In the Northern Red Sea Zone (formerly Sabel Province), the IEF is working to reduce childhood blindness and childhood mortality in this arid and rugged land which is recovering from a devastating 30 year civil war. Funded in part by a Child Survival/Vitamin A Deficiency Control grant from USAID, the IEF supports the establishment of a primary health care infrastructure which incorporates primary eye care. As an IEF SightReach/ChildSight country, Eritrea's capacity to provide pediatric ophthalmology services is being strengthened with training and material support.

Collaborating with the Johns Hopkins Child Survival Support Unit, the IEF completed a "Knowledge-Practice-Coverage" survey to assess mothers' understanding and practices related to vitamin A nutrition, immunization, and diarrheal disease control.

Dr. John O'Neill, a pediatric ophthalmologist from Washington, DC and an IEF Board member, worked with Dr. Deshele and his staff at the Birhan Eye Hospital in Asmara from 29-31 January 1996 providing training in pediatric ophthalmology as well as treatment and surgery for children with sight threatening conditions.

Addressing the critical need for reliable transportation and ophthalmology teaching materials for Dr. Deshele and his staff, Dr. O'Neill secured a grant to purchase a four-wheeled drive Toyota Land Cruiser, additional operating room equipment, and ophthalmology textbooks. The Toyota vehicle will also allow Dr. Deshele to bring patients in rural areas to Asmara for care.

**GUATEMALA**

**FY 1996 Program Expenses - $399,786**

Starting in 1986, the IEF has offered eye care services and vitamin A for Child Survival programs for the needy people in the indigenous Mayan villages around rural Cobán and in Guatemala City. IEF programs have made a difference in the lives of the people where they have worked. In particular, the mid-term evaluation of IEF’s vitamin A program noted IEF’s strong relationship with the communities of Coban, its emphasis on health education, and achieving above the stated objectives with vitamin A, income generation, and primary eye care interventions.

The SightReach program works with young ophthalmologists to expand ophthalmic care outside the capital city.

**Vitamin A for Child Survival**

- During fiscal 1996, the IEF trained 21 IEF, 44 Ministry of Health, and 108 village volunteers in Expanded Program for Immunization (EPI), ocular health, vitamin A, control of diarrheal diseases, acute lower respiratory infections, nutrition, income generation, and gardening.

- Supported semi-annual vaccination campaigns and primary eye care campaigns in all 50 project villages. Executed two vitamin A campaigns each reaching over 85% coverage of children aged 6-71 months and preceded by a deworming campaign.

- Additional achievements included: 1) production and airing radio spots promoting all child survival interventions, 2) deploying 47 Oral Rehydration Solution distributors who treated 1,423 children, 3) developing seed revolving funds in all 50 project villages, and 4) establishing 700 new family gardens.

- IEF/Guatemala staff and volunteers distributed approximately 30,000 vitamin A capsules donated by Task Force "Sight & Life" of F. Hoffmann-La Roche, Ltd.

- IEF/Guatemala staff played a key role in the XVII International Vitamin A Consultative Group (INVACG) meeting, held in March 1996 in Guatemala City. Held every 18 months, the meeting brings together NGOs active in vitamin A deficiency control programs with academics and researchers from around the world. Martha Burdick de Piedraanta, MPI, IEF’s Country Director, served on the Local Steering Committee and the Technical/Scientific Sub-Committee, in addition to overseeing the presentation of two technical abstracts. Attended by IEF Executive Director Victoria Sheffield and IEF vitamin A staff from headquarters, Guatemala, Honduras, and Malawi, the IEF hosted a field visit for 60 conference participants to IEF’s Child Survival Project, including Dr. Martin Frigg from Task Force "Sight & Life."

**SightReach**

- IEF staff conducted focus groups in areas where there were limited or no ophthalmic services to assess the perceived needs of the people prior to supporting a local ophthalmologist in the area.

- Sponsored in 1995 by the IEF for training in pediatric ophthalmology at the Aranzadi Eye Hospital in India, Dra. Marta Eugenio Sanchez joined the SightReach program in 1996 and is working in the pediatric ophthalmology clinic at the Robollos Robleo V. Hospital in Guatemala City. Dra. Sanchez visits satellite clinics every two weeks which she sets up in northern Guatemala near the Mexican border, 5 hours from Guatemala City.

- In October 1996, Dra. Sanchez and Dr. Emil Filipe of Bulgaria participated in a Read Start screening in Virginia sponsored by the Prevention of Blindness Society of Washington, D.C. to observe a school screening program in the United States. They also visited the office of Drs. Kemp and O'Neill, the Georgetown Center for Sight, Children’s Hospital, and the National Eye Institute in Bethesda. Sponsored by the IEF they were guests of the American Academy of Ophthalmology’s "host an Ophthalmologist" program during the annual meeting held in Atlanta.
HONDURAS
FY 1996 Program Expenses - $447,086

Honduras is one of the poorest countries in Latin America. Yet, through a wonderfully synergistic collaboration with the IEF, Honduras has made tremendous strides in saving sight and reducing child mortality. In an existing national development strategy, IEF’s SightReach/Childlife project was instrumental in promoting passage of legislation by the Ministry of Education requiring all children to have their vision measured on entering primary school. Offering hope for the future, IEF’s programs in Honduras include vitamin A for Child Survival, interventions providing support of health volunteers, providing primary eye care in peri-urban Tegucigalpa, HIV/AIDS prevention programs, SightReach, and monitoring micronutrient fortification of salt and sugar to improve nutrition.

Vitamin A for Child Survival

- Targeting poor women and children in 22 peri-urban communities around the capital city of Tegucigalpa, IEF staff coordinate approximately 300 health volunteers. After careful training by IEF staff, these volunteers became responsible for visiting up to 30 families in their communities, dispensing vitamin A capsules as needed, dispensing insecticide sprays for children with diarrheal disease, promoting immunization of the infant and young children, and updating health information for the Ministry of Health.

- The IEF focused on accelerating the training and support of MOH personnel to incorporate Child Survival interventions into existing public health activities, ensuring their sustainability. A majority of the program objectives had been met by mid-year, including: 1) 90% of children 0-12 months completely immunized, 2) 90% of children received a vitamin A capsule in the past six months, 3) 72% of children received at least two sources of vitamin A-rich foods weekly, 4) 85% of mothers know the danger signs of probable pneumonia, 5) 85% seek attention at health centers when appropriate, and 6) 74% of mothers know that condoms must be used to prevent AIDS.

- Six members of the IEF/Honduras staff, led by Country Director Dr. Raul Gomez, attended the IAPCO meeting in Guatemala in March. A scientific poster was presented highlighting IEF/Honduras’ sugar fortification achievements in support of the MOH.

Primary Eye Care

- In March, Ms. Sheffield, IEF Executive Director visited Honduras, making site visits to two clinics and the censuses (health centers) and especially to visit an exceptional 14 year old volunteer named Darina working with the IEF Child Survival project. Ms. Sheffield also presented certificates to Honduras’ Vice President, Minister and Vice Minister of Health, Director of Medical Services, and the Minister of Education in recognition of their support for IEF programs.

- The Ministry of Education (MOE) approved a pilot project allowing the IEF to work with the Special Education Department of the MOE and the National Committee for the Promotion of Blindness (NOC/P) to establish a vision screening program for children entering primary school. With support from SightReach Project Drs. Alberto Eslava and Jorge Cierven, 106 Special Education Primary School teachers were trained to screen vision in children. They in turn screened over 15,000 children in their schools. Many vision problems were detected and followed up by NCPR teams of doctors who provided full exams and treatment.

- The success of this project resulted in legislation being passed by the government requiring that the MOE see that all children entering primary school have their vision tested, the first country in Central America with such legislation. IEF’s Dr. Marylena Artia is the key person prioritizing areas of need and developing the national plan to implement this historic legislation.

- The IEF continued its long association with the Magi Eye Clinic in San Pedro Sula, providing ophthalmic equipment and supplies worth over $2,200 during 1996.

HIV/AIDS prevention

- With a grant from AIDS/CAP, IEF/Honduras is developing an AIDS education video, a "soap opera type" targeting the general public. Soap opera is a popular medium on television, and reach the specific target population. Training for volunteer health workers was further expanded.

Food Security and Nutrition Monitoring Project (IMPACT)

- The IEF provided administrative and technical support for the implementation of the National Action Plan for Micronutrients with USAID funding through the International Science and Technology Institute. Honduras is one of only two countries in Latin America to implement such a plan.

- During the WACO meeting in Guatemala, IEF/Honduras was recognized for its strong support of the MOH’s sugar fortification activities. Mandated by law that all sugar will be fortified with vitamin A, the IEF facilitates technical planning, financial tracking, and administrative support.

- This year’s harvest for the first time achieved 100% fortification of sugar with vitamin A for human consumption.

- The IEF also worked to support fortification of sugar with iodine, hosting a large meeting on iodine fortification for small salt producers, promoting adherence to Ministry of Health guidelines for micronutrient fortification.

OMNI

- At the request of USAID and OMNI, the IEF is conducting the first national micronutrient survey in Honduras measuring the vitamin A, iron, and iodine status of children under age 5 years and their mothers.

SightReach

- A team of Canadian optometrists will perform refractions and the new Optix Luxa an A near (Light and Love) will provide spectacles at low cost with support from Bepi the World Soc, IEF, and the Pan American Health Organization.

- Dr. Jorge Cierven, a SightReach doctor practicing in Choluteca, received a coaxial operating microscope through SightReach, enabling him to reduce a two-page waiting list of 101 cataract patients needing sight restoring surgery.

MALAWI
FY 1996 Program Expenses - $2,018,885

IEF’s earliest assistance to Malawi in 1976 provided ophthalmic instruments for Dr. Moses Chimbone, the only indigenous ophthalmologist in the country. In 1986, the IEF established the Ophthalmic Medical Assistants training program which included training in simple cataract surgery. For most of the 1980s, the only ophthalmic surgeon in the southern region with a population of 3 million was provided by the IEF. Four Americans, one Norwegian and one Israeli ophthalmologist and their families served as health workers long term at the Queen Elizabeth Central Hospital in Blantyre.

Since 1986, the IEF Vitamin A/Child Survival program has helped save the sight and lives of countless thousands of malnourished children in the poverty-stricken Lower Shire Valley. Recently, Child Survival programming has included HIV/AIDS prevention strategies focusing on stem the tide of the growing number of orphans in the country. The IEF is the only International NGO in Malawi working to control onchocerciasis. While the pockets of disease are relatively small, the opportunity for elimination of the disease is great.

Vitamin A for Child Survival

- Working in Chikwawa District in the Lower Shire Valley, IEF Child Survival interventions achieved significant results in 1996, including: 1) immunizing 14% of children age 12 - 23 months, 2) raised the percentage of mothers delivering breast feeding their 9-11 month old children from 21% in 1994 to 61% in 1996, 3) among women of child-bearing age the percentage immunized with at least two doses of tetanus toxoid from 47% in 1994 to 75% in 1996, and 4) trained 94 traditional healers in primary eye care.

- Completed the formal hand-over to the Ministry of Health for responsibility for the supervision and support of the Health Surveillance Assistants--an objective for sustainability of activities. The IEF will continue to provide management expertise and technical support.

- Conducted regular training for health workers and volunteers in nutrition education, vitamin A capsule distribution and other vitamin A promotional activities, promotion of immunization (measles), diarrheal disease control, and HIV/AIDS prevention.

- Initiated development of an income generating projects for village women.

- Established six drug revolving funds, a pilot program for the least served villages which do not have health centers.

SightReach

- Seven Ophthalmic Medical Assistants were trained in refraction and low vision, A Training of Trainers was completed for IEF staff, MOH Health Surveillance Assistants, and 298 Traditional Healers.
"Seeing 2000"

The Lions SightFirst Eye Hospital in Lilongwe is a recipient of one of the first "Seeing 2000" grants to train additional Ophthalmic Medical Assistants in pediatric ocular care.

Family Planning and AIDS Prevention

The IEP secured approval for funding from USAID/Malawi (local mission) to develop a three-year, large-scale program for HIV/AIDS, STD Control, and Family Planning under the "Support to Population AIDS and Family Health" Project (STAPAH). To be integrated into existing health services which include iuenecin distribution, community development, and counseling, the IEP will respond to the health and potentially blinding consequences of AIDS in Malawi, which has some of the highest rates of HIV/AIDS in sub-Saharan Africa. During fiscal 1996, the Implementation Plan was completed and planning is being undertaken to conduct the "Knowledge - Practice - Coverage" survey.

Monitoring for Empowerment (M4E)

A new program to improve food security and child health in the Lower Shire Valley, which is a drought prone region at the extreme southern end of Malawi. Collaborating with the Ministry of Health, Ministry of Agriculture, UNICEF, and other NGOs, the IEP will provide training to district staff in the M4E system. The purpose of the system is to monitor food availability and other health indicators in season changes providing an "early warning" system to avert potential future food shortages.

Oncocerciasis ("River Blindness") Control

Delivered 150,000 treatments, achieving 75% coverage rate of the infected population and conducted public education workshops.

In May 1996, the IEP's Oncocerciasis Coordinator at headquarters, Dr. Christine Witter, assumed the responsibilities of Country Director in Malawi. Fully utilizing her experience and background in oncocerciasis control, the IEP was instrumental in forming a National Oncocerciasis Task Force. Working with the Ministry of Health, the IEP took a leading role in drafting the National Plan and Proposal for Oncocerciasis Control, which will be presented to the African Programme for Oncocerciasis Control at the World Bank.

NIGERIA FY 1996 Program Expenses - $36,987

The IEP is in the second year of its collaboration with UNICEF/Nigeria to control oncocerciasis in Nigeria, which has the highest rates of blindness due to oncocerciasis in the world. The Management Information System developed by Dr. Donna Usau, IEP's representative, is being implemented country-wide. The system was developed to provide efficient and accurate monitoring of iuenecin (Mectizan®) distribution for the National Oncocerciasis Control Program. Introduced initially in seven states, the IEP role in 1996 evolved to one of providing the management expertise and training for public health officials during implementation of the MIB.

"SEEING 2000"

FY 1996 Program Expenses - $35,800

Initiated during the last half of fiscal year 1996, "Seeing 2000" is the IEP's newest program. Described in greater detail on page 5, "Seeing 2000" aims to enhance the quality and availability of surgery for blind and visually impaired children in developing countries. This innovative program has received additional USAID funding to extend from three to five years. The IEP will solicit and review proposals from indigenous NGOs and charity hospitals in developing countries and provide grants of up to $35,000 in support of their programs.

The "Seeing 2000" Project Coordinator, Lori Carruthers, MPH, developed and sent out the first "Request for Applications" (RFA), to ensure the widest possible distribution to potential grantee indigenous organizations and charity hospitals. The RFA was distributed through the WHO Partnership Committee of International Non-Governmental Organizations Dedicated to the Prevention of Blindness and the Education and Rehabilitation of the Blind.

IEP's "Seeing 2000" program will allow children with congenital eye diseases to receive sight restoring surgery.

SIGHTREACH AND ADDITIONAL PROGRAM ACHIEVEMENTS

FY 1996 Program Expenses - $206,064

Since 1991, the IEP has accepted leadership roles as a partner on international committees and with international NGO coalitions. Looking ahead to future opportunities, the IEP actively seeks to expand existing programs or begin new ones. During fiscal 1996, IEP Board and staff have accepted responsibilities and challenges for further collaboration to fight blindness.

SightReach

On 2 May 1996, the IEP held an abbreviated "Practice Management" course during the Pan American Association of Ophthalmology's (PAAO) regional meeting in Costa Rica, an effort to reach a wider audience and institutionalize the courses for the benefit of all ophthalmologists in Latin America. Well received, the IEP has been invited by the PAAO's President to present the course at the PAAO Congress in Sao Paulo, Brazil in September and again in Cancun, Mexico in May 1997.

The IEP facilitated the translation into Spanish of the AAO's "Buyer's Guide" making it available through the SightReach Program and the PAAO to all ophthalmologists in Latin America.

Other Program achievements

The IEP is listed as an original member of Group E (NGO members) of the International Agency for the Prevention of Blindness. IEP's Executive Director serves as a Vice President of IFPB and a Co-Chairman for North America.

IEP's Executive Director, Ms. Sheffield, continues to be Chairperson of the WHO Partnership Committee of International Non-Governmental Organizations Dedicated to the Prevention of Blindness and the Education and Rehabilitation of the Blind which meets annually at WHO headquarters in Geneva. The group now numbers 31 member eye care NGOs representing 15 countries. Ten observer organizations also attend including the American Academy of Ophthalmology (USA), National Eye Institute (USA), WHO (Geneva), and various academic and research groups.

The IEP is a member of the WHO NGO Coordination Group for iuenecin Distribution which works with national ministries of health and the WHO to develop, support, and implement national programs for oncocerciasis control in Africa.

The American Academy of Ophthalmology's (AAO) "Committee on International Ophthalmology" advises the AAO on how to strengthen its services to its international members and its collaboration with ophthalmology societies overseas. Dr. Larry Schwab, the IEP's Senior Medical Director, is the Chairman of the Committee on International Ophthalmology. Dr. Alan Robin, IEP's Board member, and Ms. Sheffield serve on sub-committees.

InterAction, a coalition of over 150 US-based private voluntary organizations working in all sectors of development, advances advocacy for and educates the American public about international development issues, furthering the United States' leadership in the global community. IEP's Executive Director serves as an officer on the Executive Committee of InterAction.
With Gratitude

The important and necessary work of the International Eye Foundation is possible only through the continued generosity, dedication and commitment of people, on behalf of the international organizations representing a wonderfully diverse range of social, economic and philosophical backgrounds. The sources of this giving are as diverse as the people who offer it: money collected by school children learning to care about others in faraway lands; involved contributions by ophthalmologists and corporations, large and small; collections taken up by caring optical companies; bequests made by those wishing to leave a lasting legacy; gifts to honor a person or a significant life event; and contributions of cash and other financial assets from individuals, organizations, and corporations. For all of these blessings, the International Eye Foundation thanks the countless people served, is honored to express its deep gratitude.

The IEF wishes to recognize the donors from July 1, 1985 — June 30, 1986. The IEF makes every effort to ensure the accuracy of this listing. If an error has been made, or if a donor wishes to remain anonymous, please notify the IEF so that a proper listing may be made. Thank you.

1986 Annual Fund: Contributors to the IEF’s “Annual Pund” campaign are marked with an (*).
INDEPENDENT AUDITOR’S REPORT

To the Board of Directors
International Eye Foundation
Bethesda, Maryland

We have audited the accompanying statement of financial position of the International Eye Foundation as of June 30, 1996 and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of 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 and Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-110, Audits of Federal Government Contractors and Grants. These standards and OMB Circular A-110 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting 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, 1996, and the changes in its net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.

As discussed in Note 3 to the financial statements, in 2006 the Foundation changed its method of accounting for contributions, financial reporting and financial statement presentation, and its method of accounting for investments.

In accordance with Governmental Accounting Standards, we have also issued a report dated October 21, 1996 on our consideration of the International Eye Foundation’s internal control structure and a report dated October 21, 1996 on its compliance with laws and regulations.

Our audit was made for the purpose of expressing an opinion on the basic financial statements taken as a whole. The supplementary information included in the schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The International Eye Foundation welcomes inquiries about our Financial Statements. For a copy of the IFP’s complete 1996 Audit Report including Notes, please write or call:

Public Affairs Officer
International Eye Foundation
7801 Norfolk Avenue, Suite 200
Bethesda, MD 20814
Phone: 301-886-1850
Fax: 301-886-1876

October 21, 1996

[Signature]

Columbia, Maryland

INTERNATIONAL EYE FOUNDATION

Statement of Financial Position • June 30, 1996

ASSETS

Current assets
Cash and cash equivalents $191,945
Accounts receivable
Government grants 43,592
Advances 40,188
Prepaid expenses 11,322
Inventory 65,965
Total current assets $353,807

Marketable securities 894,661

Property and equipment - at cost
Furniture and equipment 37,167
Less accumulated depreciation –27,299
Net property and equipment 9,868

Total ASSETS $1,258,336

LIABILITIES AND NET ASSETS

Current Liabilities
Accounts Payable $53,352
Accrued Pension 11,874
Accrued Vacations 19,973
Refundable advances: Government grants 99,658
Other grants 75,816
Total current liabilities $267,883

Net assets
Unrestricted 990,453
Temporarily restricted 271,867
Permanently restricted 399,535
Total LIABILITIES AND NET ASSETS $1,258,336

INTERNATIONAL EYE FOUNDATION

Statement of Activities for the year ended June 30, 1996

PUBLIC SUPPORT & REVENUE

Public support-received directly:
Contributions $559,450 $49,613
$609,063
Grants (non-government) 121,288
121,288
Donated medical supplies 1,990,163
1,990,163
Donated medical services 12,894
12,894
Total 2,663,795 $49,613 $2,713,408

Special event-Eyeball:
Revenue from event 81,658
Direct cost of event (41,457)
Net support from special event-Eyeball 40,201

Total received directly 2,724,096 $49,613 $2,773,709

Public support-received indirectly
Allocated by International Services Agencies 26,336
Total public support 2,750,432 $49,613 $2,800,045

Grants from U.S. Government agencies 1,233,246
Other revenue:
Dues 5,362
Interest and dividends 16,500
26,113
Net unrealized and realized gains on marketable securities 25,609
73,555
Other income 1,000
1,000
Total other income 47,471
100,668
148,139
Net assets released from restriction 49,874
(49,874)
Total public support & revenue 4,081,023 100,407
$4,181,430

EXPENSES:
Program services:
Operational programs 1,674,579
Donated medical supplies 1,956,106
1,956,106
Support services:
General and administrative 95,589
95,589
Fund raising 305,560
305,560
Total expenses 4,031,834

CHANGES IN NET ASSETS BEFORE CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLES 49,189
100,407
$149,596

CUMULATIVE EFFECT ON PRIOR YEAR OF CHANGE IN METHOD OF ACCOUNTING FOR CONTRIBUTIONS Adoption of SFAS No. 116 5,944
114,750
120,694

CUMULATIVE EFFECT ON PRIOR YEAR OF CHANGE IN METHOD OF ACCOUNTING FOR INVESTMENTS Adoption of SFAS No. 124 16,136
56,710
72,846

CHANGE IN NET ASSETS 71,069
271,867
342,936

NET ASSETS AT BEGINNING OF YEAR, as restated 247,982
990,453
647,517

NET ASSETS AT END OF YEAR $319,051 $271,867 $399,535 $990,453

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## INTERNATIONAL EYE FOUNDATION

Schedule of Operational Programs for the Year Ended June 30, 1996

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<th>HONDURAS</th>
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The IEF Board of Directors represents a wide range of backgrounds, experiences, and occupations. This diversity provides tremendous strength and expertise in fulfilling the Board's responsibilities for overseeing IEF's management, finances, and programmatic direction. The IEF is blessed to have such distinguished and talented people dedicated to the IEF's mission.

During 1996, the IEF Board of Directors added its support to the international effort to ban the production, distribution, and use of anti-personnel landmines. Dr. Larry Schwab, IEF Senior Medical Director, lead the Board in passing a resolution to ban these "silent killers." The Board of Directors serves the IEF by combining efficient managerial oversight of the IEF's operations with socially responsible leadership.

1995-1996 Officers

Walter E. Beach, President
Director, Hofstra Publications, Hofstra
Dwight Hildt Educational Foundation
President, United Nations Association/National Capital Area

Larry Schwab, M.D., Senior Medical Director
Chairman, Committee on International Ophthalmology, American Academy of Ophthalmology
Clinical Professor of Ophthalmology, West Virginia University

Members

Frank S. Ashburn, Jr., M.D.
Chairman - Gynecologic Committee, Prevent Blindness America
Clinical Assistant Professor, Department of Ophthalmology, Georgetown University
Former Senior Advisor for Media Relations & Public Affairs, Council on Foundations

Mary Braxton-Joseph
President, Trans American Aeronautical Corporation
Member, Board of Visitors, School of Foreign Service, Georgetown University

Suzanne King Clark, Secretary
Lifetime Member - Million Dollar Club, Washington Board of Rectors

David B. Bowers
President, Oakleaf Associates, Communications Consultant
CIS Editor-at-large, Mid-Atlantic Country Service

Michael A. Lemp, M.D., Treasurer
President, University Ophthalmic Consultants of Washington
Clinical Professor of Ophthalmology, Georgetown University

James G. Barnes, D.P.A.
President and CEO, American Preferred Provider Plans, D.C., Inc.
National Association of Health Care Executives

The Honorable True Davis
Former United States Ambassador to Switzerland
Former Assistant Secretary of the Treasury

Ann K. Donatelli
Chairman of the Board, Donatelli & Klein, Inc.
'Curious' Medal Recipient for Outstanding Community Service, Archdiocese of Washington, D.C.

Committed to service - believing in people

Members Continued

George Alexander Doumani, Ph.D.
Former Country Director, Peace Corps-Comoros Fellow, Geological Society of America

George R. Floyd
A Managing Director, Alex, Brown & Sons, Inc.

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Service is the price you pay for the space you occupy

"Service is the price you pay for the space you occupy"

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Guatemala staff at the IEF office in Guatemala City.

IEF Camerooun

IEF Cameroon

Prof. Petia Vassileva (left), Country Director with Vordanka Koleva (right) and new office receptionist at Center for Sight, Sofia.

Marie-Pascaline Menou, Project Advisor.

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IEF Eritrea

Rita Maliki, IEF Project Advisor with Dr. John O’Neill during his visit to Asmara.

Country Director Christine Witte, PhD, MPH (standing, back row, far left) with staff outside Nkhalo office.


IEF Malawi

(Notes: Persons information recorded above was current as of the date of this publication. Should there be any difficulty in directly contacting any of the above offices, contact the IEF Headquarters in Bethesda, Maryland at 301-896-1830.)