Keeping sight of the vision...
Changing Realities in Blindness Prevention

Blindness is expected to double by the year 2020 due to population growth and ageing, especially in the developing world. The World Health Organization (WHO) estimates there could be as many as 70 million blind people, 50 million from cataract alone. Training more ophthalmologists and ophthalmic assistants will not meet the need and is only part of the answer.

"Sustainability" of eye care services has been defined in the past as having enough trained ophthalmic staff in place to treat all the patients needing care. However, many countries have enough ophthalmologists per population, but meet only a fraction of the need in urban areas. In others, the need is certainly great, but ophthalmologists do not choose to work there. Why? The answers are related to financing.

Most eye care services in the developing world are the responsibility of government whose health budgets are meager with eye care falling low on the priority list. Ophthalmologists are underpaid compared to their counterparts in other areas of the world, they lack modern equipment with which to provide the level of service for which they were trained, and much of their equipment remains in storage due to lack of funds. Thepace of technological change in the west accelerates almost daily, further widening the gap between the developed and developing world.

While human resource training has been very successful, most ophthalmic personnel still depend on government and outside funding to meet operating expenses. To make eye care services truly sustainable, IEF is assisting eye care institutions and individual ophthalmologists to institute some level of cost recovery, thereby reducing outside dependency and providing autonomy for eye care staff to support their own salaries, buy and maintain their own equipment, and determine their own programming needs. This evolution toward independence is being driven by eye care providers themselves, reduced government budgets, donors, and the globalization of democracies and self-reliance.

In the past year, IEF staff and volunteers began to explore ways of focusing more on financial viability and sustainability of eye care institutions and programs. Our challenge has been to identify the continuing barriers to effective service delivery and address them in ways that are:

- effective — result in reduced blindness
- affordable — reasonable costs while including services free for the truly indigent
- accessible — people are able to reach the services
- sustainable — services have a self-perpetuating source of income

Training ophthalmic staff was the right thing to do in the 1980s through the 1990s. Those important and valuable people are working hard to prevent blindness and restore sight. Yet, the need for eye care, especially cataract surgery, continues to entice the available manpower and resources. There simply aren't enough funds available from government and external donors to continue to provide free services for everyone. Some level of cost recovery, mainly from user fees, is appropriate and necessary. To quote David Green, the author of Compassionate Capitalism, "Eye care with an emphasis on cataract surgery is arguably one of the few health care services that can become financially self-sustaining from user fees while maintaining an orientation to the poor."

When eye care institutions can recover at least their operating costs, then government support and external assistance can be targeted to the truly indigent and for outreach public health services.

As a founding sponsor of the "Global Initiative for the Elimination of Avoidable Blindness," the International Eye Foundation continues to evolve working with sister non-governmental organizations and the WHO to anticipate future needs and address them through effective and innovative programs. This remarkable progress can be credited to the tremendous support that you, our donors and supporters, have given to IEF over the years. We are continually grateful for your support and recognition, and hope that you enjoy reading about the accomplishments and directions described in this report.

Message from the President and Executive Director

Cassandra Masters
President

Conrad Sheehy
Executive Director
Meeting the Challenge — The IEF Response

Thirty six years ago the International Eye Foundation first began offering hope to millions of needy people...hope for a return of sight, and hope that millions more would be spared from going blind. IEF’s eye care programs have evolved over the years to address the expanding challenges to reducing global blindness. In the midst of change, IEF programs share one consistent value, one underlying focus — to help people see. IEF’s eye care programs are designed to be increasingly integrated and complementary, in support of each country’s overall comprehensive eye care service. Program areas currently include:

- **Clinical and Surgical Care**
- **Vitamin A Deficiency Control and Child Survival**
- **SightReach/Childsight**
- **“Seeing 2000”**
- **River Blindness Control**
- **Trachoma Control**
- **Training**
- **Gifts In Kind**
- **Operational Research and Surveys**

In the pages that follow, we are pleased to report on the progress that IEF and our partners have made within these programs.

“Seeing 2000”

Until 1997, families living around the small town of Siguatepeque in Honduras had three options if they developed an eye problem:

1. Visit the local health clinic — however, the health worker often has little or no training in eye care and rarely has eye medicines.
2. Travel over two hours by difficult roads to Tegucigalpa, the capital, or one and a half hours to San Pedro Sula to see an ophthalmologist — there may be a long wait to see the ophthalmologist if one is available and there is often an increased cost of care.
3. Unfortunately, the choice most often made is to live with the problem, with impaired vision, unless or until it becomes so severe that treatment is sought, often in a late and blinding stage of the disease.

The tragedy is that appropriate and timely treatment can save sight...they didn’t have to go blind.

This all changed in 1997 when Dr. Claudia Silva-Solomon, a young ophthalmologist supported by IEF’s SightReach program, established her eye clinic in Siguatepeque. Residents there now have local access to affordable, quality eye care.

The situation prior to the arrival of Dr. Silva-Solomon is not unique to Siguatepeque. In fact, in most less developed countries it is the reality. For millions living in Africa, Latin America, and Asia, quality, comprehensive eye care services are either not available or very difficult to reach. Clinical and surgical eye care services are a major focus of IEF’s thirty-six year commitment to Dr. King’s vision “...the promotion of peace through the prevention of blindness.” IEF assists our partners to enhance clinical and surgical services in the following ways:

**SightReach - Component 1:**

Address the distribution problem of ophthalmologist per population ratio to bring eye care services closer to the people — see page 4.

- Ecuador - El Salvador - Guatemala - Honduras

**SightReach - Component 2:**

Increase and improve clinical and surgical ophthalmic services for children — see page 4.

- Guatemala - Honduras - Eritrea - Malawi - Albania - Bulgaria

Dr. Sadia Sethi, IEF “Seeing 2000” Program Manager in Peshawar, Pakistan, with one of the many children whose vision has been improved by the “Seeing 2000” project.

Dr. Gonzalo Cruz examining a village resident at his SightReach ophthalmology clinic in Huehuetenango, Guatemala.
Putting Doctors Closer to People — SightReach

Five hours north west from Guatemala’s capital, Guatemala City, lies the small mountainous area, the people have only limited health care services available to them, even less when it comes to eye care services. Supported by the IEP’s SightReach program, a young ophthalmologist, Dr. Gonzalo Cruz, returned to his home town, offering comprehensive clinical and surgical ophthalmology services. Working out of his father’s small optical shop, Dr. Cruz is assisted in seeing patients by his father. This arrangement offers a simple, yet critical benefit — residents do not view Dr. Cruz as an ‘outsider.’ He is one of his own, someone they already know, and trust. The importance of this trust cannot be underestimated, particularly in a region which has witnessed a lot of guerrilla activity in the recent past.

The example of Dr. Cruz illustrates the promise of SightReach. IEP’s SightReach program was uniquely designed to address the acute imbalance in the availability of eye care services to people in Latin America. SightReach blends assistance in the purchase of basic ophthalmic equipment at low cost, management training, and provision of supplies and medical assistants extending quality eye care services to more than three million people, in this careful mix of material and management resources enables young Latin American ophthalmologists to start private practices in rural and small villages, and in peri-urban areas where health services are limited.

Dr. Cruz and 19 other ophthalmologists in 6 Latin American countries were selected to participate in the SightReach program. After securing their equipment and establishing their practices, IEP SightReach doctors receive follow-up support in the form of Practice Management training and Equipment Maintenance and Repair training, important resources to effectively manage their new clinics. Finally, having made a commitment to increase the outreach of eye care services for the needy, SightReach doctors have received over $150,000 worth of ophthalmic surgical supplies and equipment from IEP’s ‘Gifts in Kind’ Program (see page 5) in order to provide free service to the truly indigent.

Working with the National Committees for the Prevention of Blindness in Guatemala and Honduras, IEP’s SightReach doctors are extending the impact of SightReach even further. In Honduras, the approval of legislation by the Ministry of Education requiring that all children have their vision tested by teachers (trained by IEP) upon entering elementary school was a significant accomplishment of the National Committee. The committees, by preparing national blindness prevention plans, lay the groundwork for sustaining the delivery of comprehensive eye care into the future.

SightReach — a Component for Children

Aptly named, SightReach was also designed to ‘reach out’, locate, and refer blind and visually impaired children to determine the causes of childhood blindness and restore sight to those who can be helped. Workshops train general medical and health personnel in vision screening techniques to increase their capacity to detect children’s eye problems for early and proper treatment. Long lasting benefits will be derived from SightReach efforts to strengthen pediatric ophthalmology in eight countries in Latin America, Eastern Europe, and Africa. Since the beginning of SightReach in 1984, American pediatric ophthalmologists have conducted more than 10 separate workshops for general ophthalmologists, neurologists, and pediatric nurses in participating countries.

Having demonstrated success with its emphasis on children and in helping young Latin American ophthalmologists gain the tools to extend eye care to hundreds of thousands of people, SightReach is a model program which IEP plans to expand throughout the region.

More than a quarter century ago, the IEP started distributing vitamin A capsules to save young children from xerophthalmia, the blinding complication of vitamin A deficiency. This strategy later evolved, incorporating a broader, more serious goal — saving children’s lives. Today, IEP’s Child Survival program utilizes an integrated mix of interventions including direct service, education, and prevention. These include:

- Vitamin A capsule distribution
- Immunizations
- Diarrhea disease control
- Acute respiratory infection treatment
- Recruitment and train village health committees
- Nutrition education
- Family planning
- HIV/AIDS prevention and education

Building on the experience gained distributing vitamin A capsules, the IEP’s expanded Child Survival programming has achieved notable success over the years.

- Guatemala — over a five year period, vitamin A/nutrition programming resulted in a 190% increase in the number of children in the project area obtaining the recommended daily allowance for vitamin A.

- Honduras — with leadership from the Ministry of Health, the IEP supported efforts which successfully increased the percentage of girls fortified with vitamin A from 64% in 1994 to 81% in 1996. With 80% of fortified sugar reaching communities, daily consumption offers a significant and sustainable source of vitamin A and other micronutrients.

- Mali — in Chibukuwa District where 30% of children die before the age of five years, IEP programs have resulted in 80% Village Health Volunteers being trained in immunization, vitamin A nutrition and exclusive breastfeeding, and diarrhea disease prevention, immunized 87% of children by the time they reach 12 months, and the establishment of 75 family gardens, a near doubling of the original objective.

An exciting new development in Child Survival collaboration occurred in June, 1997 with the founding of the Collaborations and Resources (CORE) for Child Survival. A founding member, the IEP is one of a group of “21st century” non-governmental organizations working together to coordinate Child Survival programming for the next millennium. Issues CORE will address include: Monitoring and Evaluation, Quality Assurance, and Cost Recovery. Utilizing the IEP’s experience in Quality Assurance activities in Guatemala and Honduras, the IEP Director of Programs and IEP Vitamin A/Child Survival Coordinator have taken leadership roles within CORE, chairing the Quality Assurance sub-group.

The IEP continues to develop newer, more effective strategies, building on the successes of our past efforts, strengthening our programs with new innovations in Child Survival programming. Our unwavering commitment...and our hope for the children...we serve to enter the new millennium with their vision preserved, their health improved, their lives enhanced.

A Mozambiquan mother with her two young children whose health has been devastated by the effects of vitamin A deficiency and malnutrition.
River Blindness Control — Success and Hope Through Partnership

Only a few years ago, people living near fertile land nurtured by African rivers and streams faced a high risk of blindness due to onchocerciasis, more commonly known as River Blindness. Black flies breeding in these fast-flowing waters repeatedly bite the villagers, infecting them with the parasitic microfilaria which cause River Blindness. Growing and reproducing, the worms’ offspring spread through the body and into the eyes, eventually causing irreversible blindness. Entire villages were forced to leave their lands to escape the disease. For the past decade, the IEF has been a leading force in an extraordinary, collaborative effort to control River Blindness which infects 17 million people, with another 80 million at risk of infection. The IEF has been in the forefront of successful efforts to control the devastating effects of River Blindness. Producing and donating by Merck & Co., Inc., the advent of Mectizan® in 1987 for treating onchocerciasis provided the critical means of controlling the disease.

In Cameroon, the IEF is in partnership with the “Global 2000” Program at the Carter Center (US), Helen Keller International (US), and Sight Savers International (UK) with partial funding from the Lions SightFirst Program. In Malawi, the IEF works to integrate Mectizan® distribution into existing public health programs.

In Nigeria, national implementation of a management information system (MIS) to record and monitor Mectizan® distribution is supported by the IEF in collaboration with UNICEF-Nigeria.

Celebrating its Tenth Anniversary in 1997, the IEF wishes to acknowledge the Mectizan® Donation Program (MDP) at the Carter Center in Atlanta for its tremendous contribution to the success of this global effort to control River Blindness. Created to facilitate efficient distribution, the MDP coordinates all distribution of Mectizan®, generously donated free of charge by Merck & Co., Inc.

Ancient Egyptians described trachoma and its blinding consequences. Having traversed caused immigrants to the United States to be turned back at Ellis Island in the early part of the 20th century.

Trachoma is an infectious disease passed from one family member to another affecting women and children most severely. It is a disease of poverty found in parts of the world with poor sanitation and lack of water. If not treated, eyelid scarring causes unusual eye lashes (trichiasis) leading to ulceration of the cornea and blindness.

Trachoma can be easily treated with antibiotic eye ointment. Scared eyelids can be repaired surgically by trained eye health workers. It is easily prevented when people have water to wash their faces every day and fly populations found among animals are kept under control. Unfortunately, antibiotic eye ointment is expensive and often not available, trained eye health workers in rural Africa are few, surgical instruments are expensive, and there are still areas of the world where water is just too hard to find on a daily basis.

We have known for decades the causes, treatment and prevention of trachoma. So what’s so new? Dr. R.H. Henderson, Assistant Director General of the World Health Organisation, notes the following recent developments:
- simplified grading scheme to assess disease prevalence and severity;
- standardised surgical procedure for trichiasis;
- development of strategies for community involvement in trachoma control;
- information on risk factors for trachoma, facilitating targeted intervention in priority areas.

Information Resources — Operational Research and Surveys

Developing effective eye care policies and programs means keeping pace with the accelerating change in the state of the world. Learning about local health care conditions, societal issues, environmental issues, and detailed information on the prevalence and causes of blindness are necessary prerequisites to implementing a blindness prevention strategy. Through blindness prevalence surveys and active operational research, the IEF can better plan appropriate strategies to reduce avoidable blindness within its international programs.

Over 100 scientific and technical articles have been published by IEF volunteers and staff, a testament to the importance of IEF supported surveys and operational research. While this information sets the foundation for successful implementation of IEF’s programs, the data increases the available information on blindness in the world. Recent IEF initiatives include:

- Honduras - The IEF conducted a National Micronutrient Survey in 1996, surveying 2,421 households throughout Honduras. OMNI provided technical and financial support for this comprehensive prevalence survey for overall health, vitamin A status, and iron status in women of child bearing age and children ages 12 months to six years. The results indicated a significant reduction in sub-clinical vitamin A deficiency in pre-school children, from a prevalence rate of 18% in 1987 to less than 14% in 1996. (see pages 17 & 18)

A strategy called S.A.F.E.

- S surgery to repair scarred eyelids
- A antibiotics to treat inflammatory trachoma
- F facial cleanliness
- E environmental hygiene

Also on the horizon is the possibility of an antibiotic pill to be taken orally to kill the infection causing trachoma. In combination with the S.A.F.E. strategy to prevent infection, we are hopeful that the new medication will be deemed safe, effective, and affordable for use in mass treatment campaigns in endemic areas of the world.

The International Eye Foundation is a "Founding Member" of the Alliance for the GLOBAL ELIMINATION OF TRACHOMA working in collaboration with the WHO, PBB, sister international NGOs, foundations, and the private sector. Again, the IEF’s commitment is philosophical and financial. The Alliance hopes to eliminate trachoma as a leading cause of blindness by the year 2020. Success will also serve as a significant achievement of the Global Initiative for the Elimination of Avoidable Blindness.

Conducted by the Lumbini Eye Hospital in Nepal, an outreach worker trained by the IEF’s "Serving 2000" project gathers survey information at an outreach eye camp.
"The Power of Networking—“Seeing 2000”"  

"...the project at the Lady Reading Hospital (Pakistan)...an ideal ‘Seeing 2000’ project. The project has had a multiplier effect...accomplishments most likely would not have happened without Seeing 2000’s funds and its focus on pediatric eye care."


A young Pakistani girl showing dramatic improvement in her vision and her appearance after surgery and treatment for cataract blindness by ophthalmologists supported by the IEF’s "Seeing 2000" project in Peshawar.

The greatest gift one can offer to affect positive change is knowledge. Training, a cornerstone of all IEF programs, is an ongoing process which changes with the advent of new knowledge, technology, and standards. Three decades ago, some countries did not have their own ophthalmologists, so Ophthalmic Medical Assistants were trained along with primary eye care providers. Ophthalmologists are now found in all countries and even though they may be few, IEF finds itself providing subspecialty training in glaucoma and pediatric ophthalmology for example, in countries where ophthalmologists are expanding from general ophthalmic care to specialty eye disease care. The challenges for IEF are as exciting as what's being taught. Current training activities include:

- Pediatric ophthalmology training for general ophthalmologists to expand and improve available pediatric eye care services, especially ocular surgery for children.
- Quality assurance training for health personnel in new evaluation methods to facilitate improvements in program design and service delivery.
- Vision screening techniques taught to primary school teachers so they can measure the vision of their students upon entering school each year. This is a successful program established through the Ministry of Education in Honduras (see pages 17 & 18).

The essential resource for the delivery of quality eye care is well trained people. From primary eye care to subspecialty ophthalmology to management, the IEF has been guided by the principle that "knowledge is power."

Pakistan doctors receiving pediatric ophthalmology lectures as part of IEF’s “Seeing 2000” project.

"Resources—"Gifts In Kind""

Public health systems in most developing countries face regular shortages of many basic health care supplies. This shortfall is even greater for specialized ophthalmic supplies, equipment, pharmaceuticals, and up-to-date eye care publications necessary to offer effective eye care services. IEF’s "Gifts in Kind" program enables ophthalmologists and eye health personnel to meet the eye care needs of those they serve. "Gifts in Kind" is a last resort program relative to IEF's total program budget, strengthening eye care services in 1996-1997 by distributing $1,126,985 worth of material resources to ten countries.

The success of IEF’s "Gifts In Kind" program is made possible by the generosity of a large network of individual ophthalmologists, partner organizations, small businesses, and large corporations. Donated or provided at low cost, these critical resources include Meckman® tablets for River Blindness control, vitamin A capsules for IEF's vitamin A deficiency control/Child Survival programs, intraocular lenses and sutures for cataract surgery, antibiotics, surgical supplies, current ophthalmic journals and textbooks, operating microscopes, and ophthalmic instruments.

The IEF is indeed fortunate to receive this important support for our blindness prevention and sight restoration programs. In particular, IEF wishes to acknowledge its largest donors, Meck & Co., Inc., Alcon Laboratories, Inc., Task Force in "Sight and Life" - F. Hoffmann-La Roche & Co., Ltd., Ethicon, Inc., and Steris Instrument Company. All contributions, large and small, allow the IEF to effectively distribute eye care resources where most needed. In the hands of those who are making our blindness prevention mission a reality.

Dr. Claudia Silva-Solomon (right) and her "Gifts in Kind" coordinator, Ellen M. Paravicini, MPH, with Dr. Silva-Solomon's new operating microscope.
ALBANIA
FY 1997 Program expenses $81,512

Albania is the most under-developed country in Europe. Since 1994, the IEP and Health for Humanity (HH), a US-based international NGO, have collaborated closely to address an acute shortage of ophthalmic equipment, supplies, and pharmaceuticals. Even current ophthalmic journals and publications are in short supply. Through Component II of SightReach, the IEP aims to strengthen pediatric ophthalmology in Albania, especially outside the capital city of Tirana where public health eye care services are limited, especially for children.

In the southern region of Albania, ophthalmologists have begun a program of vision screenings for first grade students. This initiative came about as a result of a home-to-home survey conducted in the spring of 1996, part of the National Blindness Prevention Plan developed at the first National Workshop on the Prevention of Blindness held in February, 1996, sponsored by the IEP and the WHO.

Co-hosted with Health for Humanity, Dr. Edward Parelhoff, a pediatric ophthalmologist from Woodbridge, Virginia, visited Vlora in November, 1996 as part of IEP's SightReach program. He attended patients with hospital staff, presented lectures on pediatric ophthalmology, and conducted post-operative rounds. During this visit, Dr. Parelhoff performed surgery on four children to correct strabismus, the first such cases operated in Vlora.

With grant funding from the Soros Foundation's Open Society Institute, HH and the IEP secured and shipped ophthalmic equipment and supplies worth over $71,000 during the year. Included were a Coherent YAG laser, an Ocuton, three slit lamps, two surgical microscopes, and other examination and operating equipment. Additional ophthalmic supplies, pharmaceuticals, and equipment totaling $4,125 were provided through "IEP's Gifts In Kind" Program.

IEP/Albania Country Representative, Dr. Sulejman Zhagli, attended the American Academy of Ophthalmology meeting in Chicago in October, 1996, hosted by HH. Dr. Zhagli gained valuable information about new technologies and procedures to share with his fellow ophthalmologists in Albania.

BULGARIA
FY 1997 Program Expenses $6,478

In 1984, the Bulgarian Eye Foundation (BEF) was founded with assistance and guidance from the IEP. As Bulgaria emerged from communism, the BEF was the first local NGO dedicated to strengthening public health ophthalmology in the country. The BEF had worked the previous three years to reduce the shortages in up-to-date ophthalmic equipment as well as in sub-specialty ophthalmology training. IEP’s efforts during this time resulted in opening the "Pusher" Center for Sight at the St. Anna Hospital in Sofia.

Today, the IEP’s support of the BEF focuses on strengthening their capacity to meet the eye care needs of children by offering sub-specialty pediatric ophthalmology training.

During 1996-1997, IEP’s SightReach program to reduce childhood blindness conducted a series of regional workshops with a major focus on retinopathy of prematurity (ROP) and early detection of retinal anomalies. The purpose of the workshops is to strengthen collaboration between pediatricians and ophthalmologists for early diagnosis and treatment of eye diseases in children.

For northern Bulgaria, 48 pediatricians, micropediatricians (neonatologists), and ophthalmologists took part in the SightReach workshop held in Plovdiv from July 11-13, 1996.

For those in eastern Bulgaria, a workshop was conducted in Varna from October 7-9, 1996, with 58 ophthalmologists, pediatricians, and neo-natologists participating.

More than 100 pediatricians, neonatologists, and pediatric ophthalmologists attended the SightReach workshop held in Sofia from February 24-25, 1997. Lecturers included Prof. Marilyn Miller, M.D. of Chicago, IEP Executive Director Victoria Sheffield, and Bulgarian specialists.

A "Sewing 2000" grant was awarded to the Bulgarian Eye Foundation to increase the availability of pediatric eye care services through specialized training. In spite of extreme political and economic instability in late 1996 and early 1997, the project has screened almost 2,000 children in several primarily ethnic Muslim villages in southern Bulgaria, referring those needing treatment or surgery as appropriate. Training in the recognition of common eye conditions and measuring vision has been offered to health workers in the area.

Prof. Marilyn Miller, M.D. presented the first "Sewing 2000" workshop for pediatric ophthalmologists from February 27-28, 1997, following the SightReach workshop held in Sofia.

Supported by the IEP, Ms. Yordanka Koleva, IEP/Bulgaria Project Manager, attended the 2nd International Conference on Cornea, Eye Banking and External Diseases. Held jointly with the meeting of the International Federation of Eye Banks (IFEB), the IEP was also represented by Prof. Peiga Vasileva, MD, PhD, MSc, MPH, IEP Country Director and Director of the Sofia Eye Bank, an IFEB member.

Dr. Blaga Chilova-Atanasova, Chair, University Eye-Center, Plovdiv, was sponsored by IEP's SightReach program as a participant in the 'Host an Ophthalmologist' program at the 1996 Centennial Meeting of the American Academy of Ophthalmology in Chicago.

"...villages are very primitive with stove heaters, outdoor toilets, and the use of horse carts for most of the transportation...The health workers are general technicians who are very dedicated and attentive. They keep good records and know the families in the villages. However, they have little equipment and medications...The 'Sewing 2000' project has been welcomed and supported locally by the health workers and townpeople who are rarely visited by senior ophthalmologists..."

CAMEROON
FY 1997 Program Expenses $30,257

Some of the highest rates of 'River Blindness' in Cameroon are in Adamawa Province, a large and mostly rural area. With extensive experience in efforts to control 'River Blindness' in Cameroon through community-based distribution of Mectizan®, the IEP's renewed effort began in 1996. This new 'River Blindness' control program in partially funded by the Lyell Foundation Program. The IEP is one of four collaborating NGOs, each working in different provinces. IEP's partners include "Global 2000" at the Carter Center (US), Helen Keller International (US), and Sight Savers International (UK).

From March, 1997 to the end of June, 1997, the IEP treated 10,380 people in the Health Districts of Djoung and Ngaoundere out of a total population to be treated of 74,425.

Trained 65 staff from Ministry of Public Health from Ngaoundere and Djoung Health Districts. Three staff completed the advanced training for 'Trainers' course.

Trained 32 Health Committee members in techniques for community-based distribution of Ivermectin.

IEP/Cameron staff actively participated in developing the national plan for onchocerciasis control which resulted in the submission of the proposal to the African Programme for Onchocerciasis Control (APOC), a World Bank initiative. APOC funding will ensure resources for continued Mectizan® distribution in all of Adamawa Province.

Thanks to IEP's River Blindness Control program, these children in Ngaousi village in Djoung Health District, Cameroon, will be able to grow up without the fear of blindness from onchocerciasis.
**ECUADOR**

FY 1997 Program Expenses - $18,547

One of six countries in Latin America participating in IEF's SightReach program, Ecuador now has five SightReach doctors who have opened their eye care clinics, serving over 400,000 people. A "Clinical Management Workshop" was held in February, 1997 in Quito, the first of its type in the country. Conducted by Orlando Oliva, MD and Ellen Parizetti, MPH, the workshop successfully focused and applied the basic principles of clinic management to the participants' real-life situations. Topics included: balancing the establishment of a successful clinic with meeting social responsibilities of an ophthalmologist, introduction to principles of accounting, projected income and expenses, equipment expense, and establishing prices. The workshop was attended by the five SightReach doctors and by eight doctors from the family practice residency program at Vozandes Hospital in Quito.

**ERITREA / ETHIOPIA**

FY 1997 Program Expenses - $98,394

At the end of 1995, the IEF began working in the Northern Red Sea Zone (formerly Sael Province) of Eritrea to reduce childhood blindness and childhood mortality due to vitamin A deficiency. Living in an extremely dry and rugged area, the children of the Northern Red Sea Zone suffer from some of the highest mortality rates in Sub-Saharan Africa, and the world. The IEF completed a "Knowledge - Practice - Coverage" (KPC) survey to assess mothers' understanding and practices related to vitamin A nutrition, immunization, and diarrheal disease control in the spring of 1996. The results indicated significant nutrition-related health problems, with 57% of children under the age of two years suffering from frequent diarrhoea and only 5% of children under two years being fully immunized. In the summer and fall of 1996, the IEF prepared to go forward with implementing activities to improve the nutrition and health of children and their families. After months of negotiations however, the IEF along with a number of international organizations, was unable to secure a government agreement which meant that the program had to be closed in the area.

Project funds were transferred to Ethiopia, where children also suffer from high rates of morbidity and mortality. In the 1980s, Ethiopia experienced severe droughts and famine, further deteriorating general health. In late 1996, the IEF sought and received approval of USAID, the donor, to proceed with the project in Ethiopia, in partnership with Christian Children's Fund (CCF). This collaborative effort brings together the technical expertise of the IEF in Child Survival/Vitamin A Deficiency Control programming with CCF's expertise in community mobilization and general health care. Through the end of fiscal year 1996-1997, planning for this collaborative effort was finalized. A "Knowledge - Practice - Coverage" survey was scheduled for July, 1997 in Baso and Woreda Woreda sub-districts where the joint IEF/CCF project is being implemented.

**EGYPT**

FY 1997 Program Expenses - $7,107

Ophthalmic Medical Assistants (OMA) have become an important adjunct to the delivery of high quality ophthalmic care at the El-Maghrah Eye Centre in Cairo. The IEF is now collaborating with Dr. Atef El-Maghrah.

President of the Al Noor Foundation, and Director of the soon to be inaugurated El-Maghrah Eye Hospital in Cairo, to further expand the OMA training program.

Dr. Tarek Badawy, ophthalmologist and Medical Director of the Cairo OMA Training Program, is training both Ophthalmic Assistants and Technicians. Approval from the Joint Commission on Allied Health Personnel in Ophthalmology in the U.S. will be sought, thereby standardizing the level of training and certification of the OMAs.

Dr. Emad Badawy (no relation), has been recruited to take the two-year Ophthalmic Technician Training Program at Georgetown University in Washington, D.C., the oldest such training program in the United States. In June 1999, Dr. Emad will return to Cairo to work with Dr. Tarek as the Training Program's Program Director.

Dr. Atef El-Maghrah, an internationally respected ophthalmologist, is a dynamic leader in supporting the development and improvement of ophthalmology throughout the Middle East and Africa. The IEF has a long history of collaboration with Egyptian colleagues and is pleased to be playing a role in the development of the OMA Training Program in Cairo.

IEF Vitamin A/Child Survival Coordinator Liliana R. Clement, MPH, with a collection of native Ethiopian vegetables and plants provided by IEF/CCF Child Survival Program Director Dr. Fikru Tesfaye (right).
GUATEMALA

**FY 1997 Program Expenditures - $372,578**

In the remote, mountainous region of Alta Verapaz around Cobán where the infant mortality rate is high among the indigenous Mayan people, the IEF has worked for over a decade to improve vitamin A status and reduce infant mortality. As of March 1997, the IEF’s “Vitamin A for Child Survival” program, funded in part by USAID, significantly improved the overall health of children in the project areas.

The IEF’s SightReach program has shown success in addressing the problem of distribution of ophthalmologists in Guatemala by recruiting young ophthalmologists to establish eye clinics in underserved areas. Additionally, two “Seeing 3000” awards were granted to the pediatric eye departments in the Roosevelt and Robles hospitals to improve ocular surgical care for children in Guatemala City.

**Vitamin A for Child Survival**

- 26,000 vitamin A capsules distributed each year, donated by “Task Force Sight and Life” - F. Hoffmann-La Roche, Ltd.
- Two vitamin A campaigns, reaching more than 88% of children six months to six years of age. Vitamin A campaigns were preceded by a de-worming campaign.
- Increased the percent of children aged six months to two years receiving vitamin A every six months from 88.8% in June, 1989 to 93% in April, 1997.
- The percent of post-partum mothers who received vitamin A within 30 days of delivery was doubled, increasing from 22.3% in June, 1995 to 45% in April, 1997.
- The project developed 700 new family vegetable gardens, doubling the percentage of families with home gardens.
- Quadrupled the percentage of children receiving vaccinations, from 11% in April, 1994 to 43% in April, 1997.
- The project produced and aired public service radio broadcasts promoting all child survival interventions including Vitamin A distribution.

**HONDURAS**

**FY 1997 Program Expenditures - $444,837**

IEF programs in Honduras address a variety of eye care needs:
1. The emphasis for IEF’s Vitamin A Deficiency Control for Child Survival program shifted in 1996 - 1997 to supporting and training Ministry of Health personnel to integrate Child Survival activities into the existing public health system. The IEF is an active participant in developing implementation plans for the Ministry of Education’s groundbreaking legislation requiring visual screening for all children entering primary school. Affecting over 271,000 first graders, the benefits of this exciting national screening program will come at a very low cost, only $0.25 per child. IEF’s newly opened SightReach clinics are extending eye care to tens of thousands of people in remote areas of the country.

**Vitamin A for Child Survival**

- The percentage of children from 12 months to two years of age who received a dose of vitamin A every six months increased from 60% to 85%.
- Increased percentage of post-partum mothers receiving vitamin A within 30 days of giving birth to 72% in the peri-urban communities of IEF’s project area, compared to a national rate of 15%.
- IEF’s vitamin A program has shown an increase in the percentage of women who could name two food sources rich in vitamin A as a result of IEF’s nutrition education initiatives for women and their families.
- Fully immunized 88% of children (12-24 months).
- Conducted an ophthalmological campaign in each of the 25 communities, distributing 362 pairs of eye glasses.

**OMNI Micronutrient Survey**

IEF conducted a comprehensive National Micronutrient Survey for the Honduran Ministry of Health in October, 1996. Results presented at the National Micronutrient Workshops in May, 1997, indicated that the prevalence of sub-clinical vitamin A deficiency in pre-school children had been reduced from 18% in 1997 to 10% in 1996. The July 1997 issue of “OMNI micronutrient update” reported that “This much lower prevalence is proof of the positive impact that vitamin A programs, primarily through fortification of sugars, are having in Honduras.” The quality of IEF’s efforts resulted in the IEF receiving approval to continue working on behalf of the MOH in monitoring the quality of the sugar fortification process. IEF will provide technical and administrative assistance in the development of quality assurance and quality control systems. As a result of data from the national survey, the MOH is reviewing its iron supplementation policies to determine if the intervention should be strengthened.

**SightReach**

- An instructional manual was developed for teachers in administering visual acuity tests for their students, a key part of the plan for the national school screening program.
- SightReach ophthalmologists Dr. Jorge Cisneros, Dr. Francisco Echever and Dra. Claudia Silva-Solomon attended the Centennial meeting of the American Academy of Ophthalmology in Chicago, sponsored by the IEF as part of the AOA’s “Host an Ophthalmologist” program.
- A clinic management course was conducted in June, 1997 for all SightReach ophthalmologists.

**EDF (Evaluación de Impacto) — Spanish acronym for Evaluation, Monitoring, and Impact) A USAID funded project to assess the impact of Vitamin A Deficiency Control/Child Survival projects in Guatemala. Surveys were conducted to assess the projects’ quality and cost effectiveness. A dietary assessment survey was also conducted. In May 1997, the IEF presented the survey findings from the dietary and cost-benefit analyses, and the Quality Assurance (QA) assessments and qualitative research results to representatives from 12 NGOs, the Ministry of Health, UNICEF, and USAID in Guatemala City.

Five years of vitamin A/nutrition programming in Guatemala has resulted in a 130% increase in the number of children obtaining the Recommended Daily Allowance for vitamin A (retinol).

More than 50% of children’s intake of retinol came from consuming vitamin A fortified sugar.

**OMNI (Opportunities for Micro/Nutrient Initiative)**

"Adaptation and Use of Quality Assurance Methods for Evaluating a Vitamin A Communications Strategy in Guatemala."

- The IEF conducted a Quality Assurance assessment of Project Hope’s and IEF’s vitamin A programs, in order to develop performance indicators measuring the quality and impact of nutrition education materials in actual field settings. Dr. Marylou Aria, IEF/Honduras, trained Guatemalan staff in quality assurance methods.

**SightReach**

Focus groups were conducted in September, 1996 with the public in areas of Guatemala not served by an eye clinic to learn the attitudes and practices towards eye diseases and blindness, as well as to assess the financial feasibility of opening an eye clinic. Results will help determine the necessary indicators for success for SightReach doctors considering opening eye clinics in these areas.

**HIV/AIDS prevention**

An HIV/AIDS prevention education video produced in a “soap opera” format by the IEF/Honduras staff was tested with local focus groups and praised by AIDS/Project and the Ministry of Health as an effective education tool for use in the media.

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Dr. Robert Sargent, a pediatric ophthalmologist from Denver, Colorado, provided training in clinical/surgical pediatric ophthalmology in Tegucigalpa in January, 1997.

A clinic management course was conducted in June, 1997 for all SightReach ophthalmologists.

**Honduran school children face a brighter future with the signing of the "Convenio" (copy next page) by Honduran Ministry of Education mandating vision screening for all children entering primary school.**
MALAWI
FY 1997 Program Expenses - $1,661,804

For over two decades, the IEF has sought to increase the availability of eye care for the people of Malawi, an extremely poor country in southern Africa.

Through the years, the IEF has provided direct ophthalmic services in the southern region of the country, trained Ophthalmic Medical Auxiliaries, conducted blindness prevalence surveys, and conducted surveys on vitamin A status in the southern region. Currently, the IEF works in the Chikwawa District of the Lower Shire Valley to strengthen the public health eye care system through Vitamin A for Child Survival programs, River Blindness Control programs, HIV/AIDS prevention and education programs, and programs to enhance food security. In addition, pediatric ophthalmic care at the Lions SightFirst Eye Hospital in Lilongwe is supported by an IEF "Serving 2000" grant.

Vitamin A for Child Survival

The IEF supports the Ministry of Health's vitamin A and Child Survival activities through active development and training of Village Health Committees in nutrition education, vitamin A capsule distribution, control of infections, diarrhoeal disease control, and HIV/AIDS prevention. IEF provides supervisory and technical support for Health Surveillance Assistants.

NIGERIA
FY 1997 Program Expenses - $47,262

Nigeria has the highest rates of blindness due to onchocerciasis (River Blindness) in the world. The IEF was charged with the task of developing an efficient and accurate management information system (MIS) to monitor the distribution of Mectizan® by the National Onchocerciasis Control Program. In its third year of collaboration with UNICEF/Nigeria, the IEF supports the nationwide adoption of the MIS and trains State, Zonal, and local representatives in the use of the computer software and forms. Ms. Bessie Umodi, MPH, IEF's representative in Nigeria who developed the MIS, monitored and assessed the collection of data for Mectizan® distribution. When fully adopted in the seven UNICEF-assisted states of Bauchi, Benue, Cross River, Niger, Ondo, Osun, and Oyo, the management information system developed by the IEF will give the National Onchocerciasis Control Program in Nigeria a powerful tool to strengthen and enhance its River Blindness control efforts.

Food Security/Monitoring for Empowerment (M4E)

M4E is being introduced nationally to provide an early warning system for household food security and to detect areas at risk of malnutrition. The IEF trained Health Surveillance Assistants (HSA) in the proper use of the data collection forms. With funding from UNICEF/Malawi, the IEF provided technical assistance in developing the monitoring system for the district and to identify methods for getting the information back to the communities.

Onchocercasis ("River Blindness") Control

Delivered 192,000 Mectizan® treatments and conducted public education workshops.

Trained 105 Community Based Distributors (CBD), who will determine the best time and strategy for distributing Mectizan® for each village, secure tablets directly from the Ministry of Health, and coordinate individual campaigns within their village or community.

Serving as the Vice Chairman of the National Onchocerciasis Task Force and Chairman of the NGO Coalition Group, IEF/Malawi Country Director Dr. Christine Wille was instrumental in developing the five-year national plan and preparing the government's successful proposal to the World Bank's "African Programme for Onchocerciasis Control."
"SEEING 2000"

FY 1997 Program Expenses - $278,032
"Approved Programs 1996-1997"

LATIN AMERICA

Unidad de Oftalmología, Facultad de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile
Project Director - Hernán V. Ibarriaga, M.D.
PURPOSE: Stimulate interest in and capacity to perform pediatric ophthalmology through subspecialisation of eye surgeries. The program's focus is congenital cataract and glaucoma surgery.
RESULTS: Two ophthalmologists received on-site training in pediatric ophthalmic surgical techniques. Forty-three children have received sight-restoring operations.

Centro Cristiano de Servicios Médicos, Inc., Hospital Dr. Elias Santana, Santo Domingo, Dominican Republic
Project Director - Juan Batlle, M.D.
PURPOSE: Subsidize congenital cataract and glaucoma surgeries for low-income patients.
RESULTS: 44 indigent children received surgery in the project's first six months. The Hospital reports nearly a 20% increase in new patients under the age of five years.

Hospital Rodolfo Robles V. I., Guatemala City, Guatemala
Project Director - Miguel Rene Escobar Mender, M.D.
PURPOSE: Supplement staff training and provide additional supplies and equipment for the hospital's new Pediatric Ophthalmology Unit.
RESULTS: During the first six months of the program, the hospital increased its capacity to provide pediatric eye care, with 278 children receiving surgery and 408 children examined for eye disease.

SAN BARTOLOME MATERNITY AND CHILDREN'S HOSPITAL, LIMA, PERU
Project Director - Luz Gordillo, M.D.
PURPOSE: Detect and treat cases of Retinopathy of Prematurity (ROP) at the Hospital Materno Infantil San Bartolome.
RESULTS: Project commenced June 1, 1997, and is coordinating with UNICEF's "Kangaroo" program for premature babies.

EASTERN EUROPE

Bulgarian Eye Foundation, Sofia, Bulgaria
Project Director - Petja Vassileva, M.D., Ph.D., M.P.H.
PURPOSE: Train ophthalmologists practicing in underserved areas in pediatric ophthalmology by support of a two-week in-country surgery clinic for six ophthalmologists and training abroad for one doctor.
RESULTS: Dr. Rositza Lulova of the "Pashever" Center for Sight at the St. Anna Hospital in Sofia, Bulgaria, successfully completed a three-month half month training program, including surgery, at the Aravind Eye Hospital in India under the direction of Dr. P. Vijayalakshmi, Chief Pediatric Ophthalmologist. In addition, six ophthalmologists from around Bulgaria received hands-on surgical training in pediatric strabismus from an American pediatric ophthalmic specialist from Denver, Colorado.

AFRICA

El-Maghriby Eye Center, Cairo, Egypt
Project Director - Badia A. Bas Al-Sherif, M.D., FRCSophth.
PURPOSE: Case detection, surgical intervention, low vision aids and rehabilitation for blind and visually impaired school children enrolled in the 17 schools for the blind in the greater Cairo area.
RESULTS: Project was approved in April, 1997, activities commencing September, 1997.

International Centre for Eye Health, London, England (project located in South Africa)
Project Director - Clare Gilbert, FRCOphth., M.D., Mac
PURPOSE: Conduct a survey of the blind schools in South Africa to identify children who can be visually rehabilitated and to collect nationwide data on the causes of blindness in children.
RESULTS: The survey of blind schools examined 1,311 children, providing needed and valuable information for the planned comprehensive prevention of blindness program.

LIONS SIGHTFIRST EYE HOSPITAL, LITONGWE, MALAWI
Project Director - Moses C. Chiramba, M.D., Director
PURPOSE: Advanced training of Ophthalmic Medical Assistants.
RESULTS: Training and outreach activities during the project's first year resulted in 532 children referred for sight saving surgery, and 21,694 children screened for eye diseases.

Materbeiland South Comprehensive Eyecare Programme, Gwanda Provincial Hospital, Gwanda, Zimbabwe
Project Director - Sanjay Dhawan, M.D.
PURPOSE: Provide advanced training for a pediatric ophthalmologist and an anesthesia assistant, and to secure specialized ophthalmic instruments and equipment for pediatric surgery.
RESULTS: Project commenced in June, 1997, with plans for Dr. Dhawan to participate in pediatric ophthalmology workshops at the 1997 American Academy of Ophthalmology meeting.

ASIA AND THE PACIFIC REGION

Aravind Eye Hospital, Madurai, India
Project Director - P. Vijayalakshmi, M.D., Chief of Pediatric Ophthalmology
PURPOSE: Develop a pediatric outreach program to specifically find and bring for treatment children needing eye care and surgery.
RESULTS: Trained five ophthalmic technicians in outreach screening activities in schools, government run preschool groups, and eye screening camps. During the project's first year, 46,356 children were screened with 1,787 children receiving surgery.

L. V. Prasad Eye Institute (LVPEI), Hyderabad, India
Project Director - Gullapalli N. Rao, M.D., Director
PURPOSE: Secure specialized anesthesia equipment for a new pediatric eye unit.
RESULTS: The anesthesia equipment facilitated the safety and efficiency of surgical care of the very young LVPEI functions as a tertiary referral and training center for the region. During the first year of activities, 1,178 children under the age of six years were screened and 2,183 children (0 to 15 years) received surgery.

Supported by IEP's "Seeing 2000" project, a worker from the Lumbini Eye Hospital screens children for vision problems at an outreach eye camp in a remote village in Nepal.

Trained through IEP's "Seeing 2000" program, an anesthesia assistant prepares a young girl for ocular surgery at the Gwanda Provincial Hospital, Zimbabwe.

Lumbini Rana-Ambika Eye Hospital, Bhairahawa, Nepal
Project Director - S.P. Dhital, M.D., Lumbini Program Director
PURPOSE: Increase the safety, awareness and utilization of child ocular surgery in the Lumbini Zone. One specific goal is to enhance the
SEENING 2000
Continued

abilities of staff in administering general anesthesia making it possible for the youngest infants to benefit from sight-saving surgery.

RESULTS Three teams of outreach workers conducted house-to-house eye examinations and screened 88,028 children under the age of six. Outreach workers also screen children up to age 15 in schools. Children with ocular problems referred to one of six provincial clinics or the Lumbini Eye Hospital. Children with vitamin A deficiency are given the first dose of vitamin A once before admission to the clinic for follow up treatment. Anesthesia equipment was put into place near the end of the first year of the grant funding obstacles presented by their remote rural location. Three hundred and seventy-seven children received surgery. "Seeing 2000" has served an important catalytic role in increasing pediatric surgery and motivating staff to overcome obstacles.

Tilganga Eye Centre, Kathmandu, Nepal
Project Director - S. Ruit, M.D.
PURPOSE Secure additional trained staff to conduct screening eye camps and surgical eye camps, with an emphasis on the recognition of amblyopia (lazy eye) and its therapy.

RESULTS Project commenced June, 1997.

Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan
Project Director - Hairoon Awan, M.D.
PURPOSE Identify children with surgically correctable eye conditions through screening camps and at the 6 blind schools, train ophthalmologists in sub-specialty pediatric ophthalmology, and conduct awareness campaigns on ocular disease in children targeted to health care personnel and the general public.

RESULTS Project commenced June, 1997, with screening camps planned for seven villages.

North West Frontier Province, Lady Reading Hospital, Peshawar, Pakistan
Project Director - Dr. Mohammed Daud Khan, MBBS, D.O., FR.Ophthal, FCPS, FPAMS, Professor and Head of the Department
PURPOSE Secure specialized surgical supplies and equipment for pediatric surgery, offer staff workshops in pediatric ophthalmology, and conduct outreach programs.

RESULTS "Seeing 2000" enabled the creation of a dedicated pediatric screening clinic. As a teaching hospital, this new emphasis on pediatric ophthalmology stimulated the interest and skills of the ophthalmic residents and strengthened the significance of pediatric eye care as a sub-specialty. "Seeing 2000" funding generated many spinoff activities including a population based survey of the prevalence of childhood blindness in the district of Bannu.

"Seeing 2000" reporting concludes in more rigorous record keeping, including updating from a manual record keeping system to a computer data base and an overall improved health information system. 1,548 children received surgical care and 7,221 children were screened during the first year of the project.

Mount Sion Centre for the Blind, Papua New Guinea
Project Director - Van C. Lanning, M.D.
PURPOSE Support child ocular surgery in areas outside the capital. Currently, patients must be transported to the nation's capital by airplane. RESULTS "Seeing 2000" secured additional medical equipment and supplies, resulting in improved access to care in rural areas and on site treatment. Surgical care was provided to 161 children, and 98 of the six years of age were screened for eye diseases. Recognition of the "Seeing 2000" project's success and of its future potential was a key factor in securing additional funding from the New Zealand government, and accreditation of the Mount Sion Centre for the Blind as a university level ophthalmic training center gives the government of Papua New Guinea.

SightReach and Additional Program Achievements
FY 1997 Program Expenses - $181,724

Active leadership in international blindness prevention committees and coalitions of NGOs has been provided by IEF since its earliest days. As an active partner in the global effort to reduce and eliminate avoidable blindness, IEF strives to develop and incorporate ever more effective strategies in delivering quality eye care services.

SightReach

At the invitation of Dr. Newton Kara-Joe, President of the Pan American Association of Ophthalmology (PAAO), Dr. Juan Batle (Dominican Republic), Dr. Orlando Oliva (IEF/Guatemala), and Ellen Paretti, MPH (IEF/Headquarters), presented an abbreviated, half-day training management course at the first Congress on Blindness Prevention held in Sao Paulo, Brazil in September 1996. Participation by IEF's SightReach ophthalmologists at this Congress, and at the annual meeting of PAAO in Cancun, Mexico in May 1997, increases the impact that SightReach's training and support for Latin American ophthalmologists has on increasing the availability of ophthalmic care in underserved areas.

Other Program Achievements

In May 1997, IEF's SightReach Medical Director Dr. Larry Schaub and Executive Director Victoria M. Sheffield made presentations at the IV International Congress of the Pan-Arab Council of Ophthalmology in Amman, Jordan. Dr. Schaub, a member of the Advisory Board of the Afro-Arab Council of Ophthalmology, also chaired various meetings and scientific sessions. Ms. Sheffield met privately with Her Majesty Queen Noor, a member of the IEF Honorary Board, who agreed to serve as Honorary Patron of the new National Blindness Prevention Committee of Jordan.

The World Bank in Washington, DC celebrated the 10th anniversary of the Meclitan Donation Program and the initiation of the Bank's "African Programme for Ophthalmic Control" (APOC) on June 27, 1997. A life-size statue depicting a child leading a blind man with a stick was dedicated at the ceremony which included Mrs. Jimmy Carter, World Bank President James Wolfensohn, former Bank President Robert McNamara, and leaders from Afican countries affected by onchocerciasis. IEF staff and Board members attended the ceremonies along with colleagues from other NGOs and bilateral organizations. The International Eye Foundation is listed on the base of the statue both as one of the organizations implementing onchocerciasis control programs in Africa, and as a contributor to the statue's placement at the Bank.

IEF's Executive Director, Ms. Sheffield, continues to serve as Chair 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 has grown to include 31 member eye care NGOs representing 14 countries and 25 observer organizations representing 10 countries, the Asia Region, and five which are global. The NGOs together contribute approximately $80 million per year toward international blindness prevention programs.

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

The IEF is a member of the WHO/NGO "Coordination Group for Ivermectin Distribution" which works with national ministries of health and the WHO to develop, support, and implement national programs for onchocerciasis control in Africa. The IEF provided key leadership in drafting the Malawi Ministry of Health's successful APoC proposal.

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 sectors overseas. Dr. Larry Schaub, the IEF's Senior Medical Director, is the Chairman of the Committee on International Ophthalmology. Dr. Alan Robin, IEF 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 overseas, advocates for and educates the American public about international development issues, furthering the United States' leadership in the global community. IEF's Executive Director serves as an officer and on the Executive Committee of InterAction.
data on blindness and projections for the year 2020 with some 65 members and guests. Dr. Thylefors was also honored by the AAO with its annual "International Blindness Prevention Award" recognizing his lifetime of achievement in the area of international blindness prevention and sight restoration. The 1997 IEF/SVS Breakfast Meeting to be held in San Francisco, will feature Dr. Kazuichi Konyama of the Department of Ophthalmology of Juntendo University School of Medicine in Tokyo as Honorary Chairman. Dr. Konyama, the 1997 AAO "International Blindness Prevention Award" recipient, will speak on "Public Health Ophthalmology in its True Sense of Practice." In addition, Prof. Mohammed Daud Khan will present information on the Lady Reading Hospital’s "Seeing 2000" project in Peshawar, Pakistan.

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Dr. Maskhob Pakhi Bakshun
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The IEF wishes to extend its deepest gratitude to these special people for their gifts of time and talent in support of the IEF’s mission.

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Ms. Amanda Baerwald
Juan Batlle, MD
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Carol Burgess, RN, CRNA
Ms. Molly Burke
Elizabeth Aiken Burt, COT
Jr. Jo A.S. Carpenter
Paul Courtright, DPH
Dr. Alberto Ehrler
Clare Gilbert, FRCOphth, MD, MSc
David Green, MPH
Lawrence M. King, Jr, MD

Society of Eye Surgeons

Our Partners in Eye Care Development
Al Noor Foundation (Saudi Arabia), Al-Shifa Trust Eye Hospital (Pakistan), American Academy of Ophthalmology (AAO), Aravind Eye Hospital (India), Charles University Centre for International Ophthalmology (Czech Republic), Canadian Blind Foundation, CBB/Malawi, Centro Cristiano de Servicios Médicos, Inc. Hospital (Dominican Republic), CeiSIM (Guatemala), Children’s Christian Fund, Duke Center for Preventive Ophthalmology (John Hopkins University), El-Maghreby Eye Centre (Egypt), Family Health International, Foresight Australia/Port Moresby General Hospital (Papua New Guinea), Foundation for International Medical Services, Hayatabad Medical Complex (Pakistan), Health for Humanity, Fred Hollows Foundation, InterAction, International Agency for the Prevention of Blindness (IAPB), International Centre for Eye Health (ICEH), International Federation of Eye Banks (IFEB), International Science and Technology Institute (IST/IMPACT), International Service Agencies (ISO185), International Vitamin A Consultative Group (IVACG), John O’Neill Foundation, Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), Layton Rehabilitation Foundation, Trust (Pakistan), Lions Clubs International Foundation—SightFirst, Lions SightFirst Eye Hospital (Malawi), Lumbini Rana-Ambita Eye Hospital (Nepal), L.V. Prasad Eye Institute (India), Malanalo Hospital (Malawi), Mataleholland South Comprehensive EyeCare Program (Zimbabwe), Mectran® Donation Program at the Carter Center, Mount Sinai Center for the Blind (Papua New Guinea), National Center for Ophthalmology (Nicaragua), Opportunities for Micronutrient Initiatives (OMN), ORBIS International, Pan American Health Organization (PAHO), Pontificia Universidad Católica de Chile (Chile), Project HOPE, Queen Elizabeth Central Hospital (Malawi), "Rodolfo Robles V" Hospital (Guatemala), Roosevelt Hospital (Guatemala), San Bartolomeo Foundation and Children’s Hospital (Peru), San Felipe General Hospital (Bolivia), Socha Foundation, Sight Savers International/UK, The Sorens Foundation, Surgical Eye Expeditions, "Task Force Sight and Life"—F. Hoffmann-La Roche, Ltd. ("Tugane Eye Centre" (Nepal), UNICEF/Malawi, UNICEF/Nigeria, U.S. Agency for International Development (USAID), University Research Corporation, World Health Organization (WHO), and WRO/NGO "Partnership Committee of International Non-Governmental Organizations Dedicated to the Prevention of Blindness and the Education and Rehabilitation of the Blind."

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Edward Parelhoff, MD
Mrs. Liliana M. Riva
Robert Sargent, MD
James B. Sprague, MD
Maynard B. Wheeler, MD
The important and necessary work of the International Eye Foundation is supported through the continued generosity, dedication and commitment of people and organizations representing a diverse range of social economic and philanthropic backgrounds.

The sources of this support are as varied as the people who offer it: money collected by young school children learning to care about others from their families in the world; contributions by ophthalmologists and corporations, large and small; collections taken up by caring company boquets; bequests made by those wishing to honor a living legacy, gifts made to honor a person or a significant life event; and contributions of cash and other financial assets from individuals, organizations, and corporations. For all those who give, the International Eye Foundation, on behalf of the countless people served, is honored to express its deep gratitude.

The IEF wishes to recognize the donors from July 1, 1996 to June 30, 1997. The IEF makes every effort to ensure the accuracy of this listing. If an error has been made or a donor wishes to remain anonymous, please contact the IEF so that a proper listing may be made. Thank you.

1997 Annual Fund: Contributors to the IEF’s Annual Fund campaign are marked with an (*).
Giving Opportunities

The International Eye Foundation has been working for the prevention and cure of blindness in the developing world since 1961. This has been made possible through the foresight, dedication, and generosity of many thousands of people like yourselves. Your gift assures the continuance of these critical, sight-saving programs today and... tomorrow. Various gift opportunities exist to meet your personal requirements.

Cash, securities, or personal property — Gifts of cash, securities, or personal property are tax deductible and may also be eligible for a matching gift from your employer.

Bequests — When preparing your will or securing life insurance, consider leaving a charitable bequest. After ensuring the needs of family and loved ones, a charitable bequest through a will or life insurance policy is a simple, yet effective means of making a significant contribution to the work of the IEF. The following forms are suggestions for discussion with your attorney:

To specify an amount: ‘I give, devise, and bequeath the sum of $________ (or ______% of my estate) to the International Eye Foundation, Inc., Bethesda, Maryland.’

To leave a residual amount, after satisfying other bequests: ‘I give, devise, and bequeath all (or a specified portion of) the rest, residue, and remainder of my estate, both real and personal, to the International Eye Foundation, Inc., Bethesda, Maryland.’

Gifts Paying Income to You — Life-income plans allow you to donate an asset while retaining the income from the asset. Gift Annuities, Charitable Remainder Trusts, Charitable Lead Trusts, or Other Charitable Trusts will pay an income to you or to other named beneficiaries for life or for a specified period of years. The benefits to you include an immediate tax deduction, capital gains tax benefits, estate tax benefits, and reduced probate costs.

Honor and Memorial Gifts — Honor and Memorial Gifts provide a wonderful means of thoughtfully remembering a loved one or recognizing a significant event in someone’s life. The International Eye Foundation sends an acknowledgement that a memorial or honor gift was made.

The IEF welcomes inquiries from you or your advisor about any of these gift opportunities. Please contact the IEF’s Public Affairs Officer at 301-986-1830.
INTERNATIONAL EYE FOUNDATION
Statement of Financial Position • June 30, 1997

ASSETS
CURRENT ASSETS
Cash and Cash equivalents $191,347
Accounts receivable: Government grants 10,349
Other 11,737
Advances 47,462
Prepaid expenses 15,208
Inventory 42,624
Total current assets $296,038
MARKETABLE SECURITIES
1,186,990
PROPERTY AND EQUIPMENT – at cost:
Furniture and equipment 28,797
Equipment under capital lease 21,663
Less accumulated depreciation 32,238
20,460
TOTAL ASSETS $1,497,658

LIABILITIES AND NET ASSETS
CURRENT LIABILITIES
Accounts payable 56,981
Accrued pension 24,123
Accrued vacation 26,561
Refundable advances: Government grants 75,162
Other grants 62,262
Total liabilities 258,769
NET ASSETS
Unrestricted 656,756
Temporarily restricted 143,289
Permanently restricted 399,535
Total net assets 1,299,389

TOTAL LIABILITIES AND NET ASSETS 1,558,058

PUBLIC SUPPORT & REVENUE
Public support-received directly:
Contributions $571,601
Grants (nongovernment) 223,225
International Eye Foundation 1,144,329
Donated medical supplies 1,144,329
Donated medical services 7,200
Total 1,916,355

Special event-EyeBall:
Revenue from event 80,684
Direct cost of event 36,309
Net support from special event-EyeBall® 44,375
Total received directly 1,960,730

Public support-received indirectly:
Allocated by International Services Agencies 27,109
Total Public Support 1,987,839

Grants from U.S. Government agencies 1,466,212
Other revenue:
Dues 3,721
Interest and dividends 46,995
Net unrealized and realized gains on marketable securities 275,583
Other income 127
Total other revenue 329,445

PUBLIC SUPPORT & REVENUE $2,008,337

Other expenses:
Program Services:
Operational programs 2,041,513
Donated medical supplies 1,157,019
Support Services:
General and administrative 100,821
Funding-raising 317,814
Total expenses 3,582,167

CHANGES IN NET ASSETS
377,505

NET ASSETS AT BEGINNING OF YEAR 399,535

NET ASSETS AT END OF YEAR $696,556 $1,239,389

$1,939,535
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|                | 30,257    | 98,394   | 6,470    | 81,512  | 466,863 |
|                |           |          | 3,198,532| 3,630,685|        |
|                |           |          | 1,081    | 466     |        |

|                | 30,257    | 98,394   | 6,470    | 81,512  | 466,863 |
With a wide range of professional experiences, social backgrounds, and philosophies, the members of the IEF Board of Directors all share common bonds—a dedication to service and to the IEF’s mission to saving sight and preventing blindness. Overseeing IEF’s management, finances, and programmatic direction, the diversity within the Board is a great asset in achieving our goals in a responsible manner. The IEF wishes to acknowledge our debt of gratitude to these selfless individuals who give of their time, their talents, and their resources for "...the promotion of peace through the prevention of blindness." (Dr. John Harry King, Founder)
IEF Headquarters
E-mail: info@iefusa.org Victoria M. Sheffield, Executive Director; Edwin M. Henderson, Director of Finance and Administration; John M. Barrows, MPH, Director of Programs; Liliana Riva Clement, MPH, Child Survival/Public Health Coordinator; Ellen M. Patetti, MPH, Program Officer; Lori Cattani, MPH, "Seeding 2000" Program Coordinator; Calvin Baerveldt, Public Affairs Officer; Rosenda Keys, Administrative Assistant.

IEF/Staff and Offices

IEF Headquarters in Bethesda.

IEF Albania

IEF Bulgaria
Eye Department, "Pueber" Center for Sight, St. Anna Hospital, 8th Floor, 1 "Rogeni Pavlovski" str., Sofia 1184, Bulgaria. Telephone: 011-359-2-74-6156. Fax: 011-359-2-76-8800.
Prof. Petja L. Vassileva, MD, PhD, DSc, MPH, Country Director, Yordanka Koleva, Project Manager.

IEF Cameroon
Fax 011-237-21-5567.
MARIE-PASCALINE MENOME, Project Advisor.

IEF Canada

IEF Eritrea
Birhan Eye Hospital, Asmara, Eritrea. Telephone: 011-391-1-111277 (Eye Hospital), Dr. Desbelle Gebreghiorgis, Country Representative; Rita Malikai, MPH, Child Survival/Vitamin A Project Advisor.

IEF Malawi
P.O. Box 2273, Blantyre, Malawi. Telephone: 011-265-624-448. Fax: 011-265-624-526. Christine Witts, PhD, MPH, Country Director; GEORGE CHIPWALLA, CS/VA Project Manager.

IEF Guatemala
Fundacion Internacional del Ojo, 17 Ave. 5-30, Zona 14, Guatemala City, Guatemala. Telephone and fax: 011-502-2-537-422. Martha Berdick de Piedrosanta, MPH, Country Director; Orlando Oliva de Leon, MD, SightReach Coordinator.

IEF Honduras
Fundacion Internacional del Ojo, Colonia Los Castanos, Calle Cedro Real No. 201, Tegucigalpa, Honduras. Telephone: 011-504-6-8500. Fax: 011-504-21-9438. RAUL GOMEZ, MD, Country Director; Victoria Vivas de Alvarado, RN, BSc, Project Manager; Marylene Aritu, MD, Medical Advisor to Child Survival.

IEF Nigeria
NOCIP Office, Zone C, 1 Golf Course Road, P.O. Box 503, Kuduna, Nigeria. Telephone and fax: 011-234-62-373-924. Ifonma Onolh, MPH, IEF Managerial Advisor to UNICEF.

IEF Malawi
The staff of IEF/Malawi.

IEF Staff
IEF/Staff and Offices continued

IEF/Honduras staff outside their new offices in Tegucigalpa.

IEF/Ghana staff at the IEF office in Accra.

IEF/Ghana/IEF staff with PF outside offices of the Lions Sightfirst NGO Coalition for Onchocerciasis Control.

IEF/Ghana staff with PF.

IEF/Honduras staff outside their new offices in Tegucigalpa.

IEF Nigeria Managerial Advisor to UNICEF (far right), with administrative officials of a local eye care NGO in Lagos.

(Note: Personnel information recorded above was current during FY 1997. Addresses are listed 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 301-986-1830.)