Shrushti Ananthkumar, aged nine, has severe low vision but is able to continue with her studies thanks to an inclusive education project run by our partners National Association for the Blind (NAB) Karnataka.
Welcome from our Chief Executive

2011 has been an incredible year for Sightsavers. Given the economic situation, and the difficulties in some of the countries where we work, I did not expect to be able to open this year’s Annual Review with these words. We have already met (or nearly met) our strategic targets, increased most of our outputs, and seen both our profile and our income rise significantly. The underlying reason for this is the fact that we are collaborating with others, more now than ever before. In times like these, collaboration is a prerequisite for success.

As ever, our partners and supporters have been amazing, and without them we would have achieved very little. Our longstanding partners (Standard Chartered and the ministries of health and education) are of course uppermost in our minds, but there are many new relationships to celebrate. Our new Programme Partnership Arrangement with DFID, the collaborations with Comic Relief and Financial Times which raised our profile (and awareness of our mission) so dramatically, and partnerships with a number of international agencies such as The Fred Hollows Foundation and Helen Keller International helped us make great progress.

We launched aggressive new plans in trachoma and river blindness – moving from control to elimination. The issue of neglected tropical diseases attracted major international interest in 2011, and Sightsavers is playing a leading role in this area. I personally find it incredibly exciting that we should be involved with the elimination of a number of diseases (several of which are blinding) which have been scourges of humanity throughout history.

Other exciting developments include a step up in advocacy activities across all our countries, where we have been able to secure some important policy wins for disabled people – and to persuade governments to give higher priority to eye health and training of eye health workers.

I would like to pay tribute to our employees, many of whom have worked long hours, some in risky conditions. We made some difficult decisions last year in the interests of efficiency, closing one of our regional offices and reducing administrative costs at our head office. Times of economic uncertainty are never easy, and I am well aware that we would not have such an excellent year without their professionalism and dedication.

39 million people in the world are blind

80% of this is preventable

Caroline Harper
Chief Executive
Our mission, our methods

Sightsavers’ vision is of a world where no one is blind from avoidable causes and where visually impaired people participate equally in society. We aim to achieve our vision by working with a huge range of partner organisations, non-governmental organisations (NGOs), governments and health authorities.

How we work

We’ve rooted our strategy in a culture of learning, measurement and accountability in order to work as effectively as we can – and help the most people. We measure and report progress based on the aims and objectives shown in our strategy map on the page opposite.

Our focus isn’t just on short-term goals – unless, like our plans to eliminate two neglected tropical diseases, they result in long-term benefit to the communities we help.

What we’ve achieved, and how we did it

The pages of this review will cover our achievements in the areas in which we seek change: eye health, education, community development and social inclusion, and stories from just a few of the people whose lives we’ve helped to transform.

They will also explore the methods we use to protect and restore sight – and change lives – in the most cost-effective and sustainable way. We train; we demonstrate; we advocate; and, most importantly, we collaborate.

In Tanzania, Hamadi Khamis, now 15 years old, was blind by the age of eight from cataract. His family had to accompany him everywhere he went, and he struggled at his studies. His teacher whipped him for being 'stupid'. He was referred to Muhilbili Hospital, where two straightforward operations supported by Sightsavers restored his sight. “My life has changed completely since the operation,” he told us. “The best thing is that I can play football. I can help on my family’s farm, and school is good again.”
How we measure our progress

Sightsavers’ strategy map

**Our vision:** No one is blind from avoidable causes; visually impaired people participate equally in society

**Our mission:** To eliminate avoidable blindness and promote equality of opportunity for disabled people

<table>
<thead>
<tr>
<th>Ultimate aims</th>
<th>Beneficiaries (What must we achieve for our beneficiaries?)</th>
<th>Capacities (What do we need to excel at to deliver for our beneficiaries?)</th>
<th>Learning and growth (Where do we need to invest in order to excel?)</th>
<th>Resources (How do we ensure we are resourced adequately?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governments ensure quality eye care is universally available as an integral part of wider health systems</td>
<td>Demonstrate scalable cost-effective approaches to eye care which strengthen health systems</td>
<td>Develop effective partnerships</td>
<td>Develop country/area level teams</td>
<td>Fund our work through growth and diversification of income</td>
</tr>
<tr>
<td>Governments ensure all disabled children receive a quality education within the wider education system</td>
<td>Demonstrate scalable cost-effective approaches to the education of visually impaired children in their local context</td>
<td>Ensure high quality programmes</td>
<td>Ensure adequate specialist/technical expertise</td>
<td>Use resources strategically and efficiently</td>
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<tr>
<td>Visually impaired people are equal members of society and governments implement obligations under international conventions for disabled people</td>
<td>Enable BPOs* and DPOs** to advocate effectively for their members’ rights</td>
<td>Develop effective and joined-up advocacy</td>
<td>Gather and disseminate sound research and evidence</td>
<td>Establish effective information sharing systems</td>
</tr>
<tr>
<td>People actively seek eye care services and enjoy a change in quality of life through community development programmes</td>
<td>Ensure all eye care and social inclusion programmes are rooted in community development</td>
<td>Establish strong strategic networks and alliances</td>
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</tbody>
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* BPO: Blind People’s Organisation  ** DPO: Disabled People’s Organisation

For more information please visit www.sightsavers.org/SIMcard
Mutiyan Lopa’s father always suspected that his son couldn’t see very well, but when his teacher noticed that he was unable to read the board this bright 13-year-old Malawian boy’s life began to change for the better.

He was referred to Lions FirstSight Hospital – which Sightsavers supports – where he was diagnosed with cataract in both eyes. Before the operation on his second eye he only had blurry vision in the other, but when his bandages were removed he was overjoyed with the final result: “I am very happy as I will be able to go back to school and will not bump in to things.”

His father, Chisoni, said: “I am very happy. I will wake with a free mind now my son can see.”
Sightsavers works to protect and restore sight to people in the developing world, and the results change lives. The effect of vision loss on individuals, families and communities in the developing world can be devastating. Breadwinners find themselves unable to provide for their families; children with sight loss are far less likely to get an education than their sighted peers; younger family members are often held back from school or work in order to act as carers for blind relatives.

**How we prevent and cure blindness**

We don’t just want to fund direct treatments as this only has a short-term impact. We work in partnership with local organisations or governments to demonstrate how eye health systems can be strengthened, enabling local or national health authorities to ramp up and replicate them. Our ultimate goal is for a project is handing it over to national or local health authorities, or those authorities replicating our demonstrated model themselves on a greater scale.

- A Vision Bangladesh pilot scheme, in the Sylhet division of the country, has reduced a sizeable backlog of cataract operations and opened the door to nationwide replication by government. The pilot was supported by Sightsavers in partnership with the NGO BRAC and the local Ministry of Health. A total of 38,549 surgeries were performed against the yearly target of 30,000.

**Q: Why do these statistics show a drop?**

**A:** We believe that the year-on-year drop in these figures reflects the results of our strategy change beginning to take effect. With our support, local and national governments are incorporating eye care into their own health programmes — and providing funding themselves.

For example, our figures show a reduction in the total number of operations in India, where we’ve reduced funding in response to greater investment from governments themselves. This allows us to focus our funding on countries where we’d like to see similar change take place; in Africa our number of cataract surgeries saw an increase of 37%, from 44,890 in 2010 to 61,742 in 2011.

**SIM card update:** In 2011, 14% of our countries showed an increase in public spending in eye care.
We invest in people, in-country

The countries in which we work, especially in Africa, suffer from a shortage of trained eye health workers; the World Health Organization (WHO) estimates that the world is in need of more than four million health professionals.

We supported local partners in the training of 66 ophthalmologists in 2011 – double the 33 trained in 2010 – but to address the widespread need for eye care we’ve helped train health professionals at all levels. If ophthalmic nurses are given the necessary training to perform minor procedures and deliver pre-and post-operative care, a surgeon gets more time to deal with complex cases.

- We addressed a human resources gap in Sierra Leone by supporting the enrolment of nine nurses into an ophthalmic nursing course. Two optometrists have completed their internships and are now practising in the country.

- In the Caribbean, we joined forces with partner organisation the Caribbean Council for the Blind to hold an event for eye health workers. It aimed to foster a more cohesive regional approach to reducing the prevalence of blindness, and participants discussed the shortage of eye health professionals, particularly in the public sector.

In 2011 we supported 59,743 health, education and social work professionals on eye health courses.

### Graphs

**Number of professionals supported on primary eye care short courses**

- 80,000
- 70,000
- 60,000
- 50,000
- 40,000
- 30,000
- 20,000
- 10,000
- 0

<table>
<thead>
<tr>
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<th>Number</th>
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<tr>
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<td></td>
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<tr>
<td>2010</td>
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</tr>
<tr>
<td>2011</td>
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</tbody>
</table>

**Number of ophthalmologists trained to qualification**

- 200
- 190
- 180
- 170
- 160
- 150
- 0

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<td>2010</td>
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</tr>
<tr>
<td>2011</td>
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</tr>
</tbody>
</table>

**Number of allied health workers trained to qualification**

- 200
- 190
- 180
- 160
- 0

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<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<td>2010</td>
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<tr>
<td>2011</td>
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Meet the experts

Mariama Dulanda Dueng works at the Labe Eye Care Unit in Guinea, and is responsible for training primary health workers in eye care. In addition to this she sees patients and trains teachers to identify pupils who need support for eye health issues:

“We train around 24 students a month in eye care; they are often from rural areas. They learn about patient care, how to recognise cataract and identify trachoma in children. The students will be able to protect themselves, their families and their communities.”
We work for long-term change

We support in-country projects and work with other non-government organisations (NGOs) to reach as many people as possible, but we also collaborate with governments too.

Helping governments include or strengthen eye health in their own systems takes us beyond funding vital treatments – we aim to help countries achieve sustainable, positive change for themselves.

We’re also working with the UK government. In 2011 DFID became the largest contributor of strategic funding to Sightsavers, through a three year Programme Partnership Arrangement. This has helped us to achieve our strategic aims of reducing poverty through building health and education systems, supporting disabled people and rooting our work in community development.

• In Southern India, we’ve supported our partners in Maharashtra to train the entire state government school health unit – over 500 units – in eye health. Paediatric eye care is now embedded in the state’s health systems.

• In Zambia, we completed the construction of the Chainama Optometry Training Centre in partnership with Specsavers, Vision Aid Overseas and the Ministry of Health, and handed the project over to the government in September.

SIM card update: In 2011, 68% of our projects were embedded into national health care plans.

Meet the experts

Adoley Sonii is the Country Director in Liberia, which is currently rebuilding its health services after decades of civil war. In 2011 Sightsavers supported the training of a cataract surgeon and optometrist, 278 people on primary eye care courses and 8204 volunteer community drug distributors.

“Sightsavers works in partnership with the government, and the challenges are many because the government has gone through 15 years of civil crisis. Infrastructures were damaged and the area in which we work is the most underdeveloped and under-served in the country, even before the war.

Sightsavers is demonstrating to governments, and the people of Liberia, that eye care can be made possible – even in the rural areas.

We celebrated a major step forward this year when the government moved to incorporate eye care into its ten year national health plan. Once eye care is embedded in the national health plan, budget provision will be made. It may not be a huge amount from the beginning, but it will increase as they start to see the positive effects their investment has made. Over a period of time, we look forward to seeing that government will take the driving seat to support eye care.”

For more information please visit www.sightsavers.org/healthindepth
Mrs Ayasha opens her eyes for the first time after cataract surgery. She was referred to the Islamia Eye Hospital in Bangladesh, part of the Sightsavers-supported Dhaka Urban Comprehensive Eye Care Project, which aims to integrate its activities into public health systems.
In Tanzania, 75-year-old grandmother Hadiya Selehe is awaiting the removal of her dressings after a successful operation for trichiasis, the advanced form of trachoma. The pain and irritation in her eyes stopped her from farming the crops that supported her family, and, had she not sought treatment, her vision would have been damaged irreparably.

Beforehand she told us: “I am not scared, because I have had eye surgery before” – a Sightsavers-funded operation removed her cataract a few years ago – “and I can’t wait to go home and start farming again!”
We aim to eliminate trachoma from 24 countries

Trachoma, a neglected tropical disease (NTD), is a bacterial infection of the eye that causes irritation and pain. Repeated infections can cause trichiasis – where eyelashes turn inwards on the eye, scraping its surface with every blink. Without surgical intervention, this can leave the sufferer with irreversible damage.

The disease thrives in the poorest of countries where sanitation is an issue and, due to its bacterial nature, spreads easily between mothers and children. Every 15 minutes, someone in the world loses their sight to trachoma.

The World Health Organization (WHO) promotes the SAFE strategy – Surgery, Antibiotics, Face washing and Environmental improvement – to tackle trachoma, which is why working in partnership with agencies with other specialisms is essential.

The next steps: Between 2012 and 2015 we’ll be distributing 252 million doses of antibiotics to tackle trachoma – per year, that’ll be almost double the amount we dispensed in 2011.

• In Cameroon, treatment of NTDs is fully integrated into the national health system, with their dedicated Ministry of Health staff implementing treatment programmes.

• We’ve been working on a joint paper with the Ministry of Health in Kenya on an intervention to tackle trachoma in the high-prevalence Turkana County.

“In 2011 we announced plans for a fast track initiative to eliminate blinding trachoma from 24 countries. This is an ambitious plan, but is achievable thanks to our partnerships: ministries of health help us co-ordinate operations, and ministries of education help us promote hygiene in schools. We work alongside NGOs who specialise in water and sanitation, WHO for their expertise in training, and Pfizer, who are providing the antibiotics free of charge.”

Agatha Aboe, Global Trachoma Programme Co-ordinator, Sightsavers

For more information please visit www.sightsavers.org/trachoma

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We plan on eliminating river blindness from 14 countries

The World Health Organization (WHO) estimates that 37 million people are already infected by river blindness, a parasitic neglected tropical disease. The destruction it causes can extend beyond sight – communities and livelihoods suffer when whole villages have fled from fertile river lands to escape the disease.

We’ve been part of control efforts since 1952. However, donation of the river blindness treatment Mectizan® by its manufacturer Merck has underpinned our new fast-track initiative for elimination. We plan on eliminating the infection and transmission of river blindness in all Sightsavers-supported countries by 2021, with the majority reaching this status by 2016.

We’re already starting to see results. Sightsavers has co-authored a key study (alongside the African Programme for Onchocerciasis Control (APOC), one of our key partners). It suggests that river blindness may already be eliminated in Kaduna State, Nigeria, where we have been distributing Mectizan® in partnership with the Ministry of Health since 1991.

The next steps: The volunteer distribution routes that we’ve created help us to tackle other NTDs. We’ve integrated treatments for lymphatic filariasis, soil transmitted helminths and schistosomiasis – all equally as debilitating as trachoma and river blindness – into these routes, distributing over 50 million doses throughout Africa in 2011.

“Sightsavers was there at the beginning of Mectizan® mass distribution. Working with governments and other partners, they are now the NGO supporting the highest number of treatments; with their fast track initiative they plan to be there at the end!”

Dr Adrian Hopkins, Director, Mectizan® Donation Program
Thiernou Sow, Guinea, has volunteered as a Mectizan® distributor for over four years.

“My feet are my special equipment, I walk to all the different villages and often out into the fields to reach people. I take my measuring stick and record book. This the only place with safe water, so sometimes I have to take my own supply with me to villages that are as much as 15km away. I always let people know that I’m on my way; telling people at mosque after prayers, at the weekly market, in schools, at community events and through sending texts to people that have phones. When people see my stick, they recognise it and know why I’m here – they know I am here with Mectizan®.”
We work towards social inclusion

Although 80% of the world’s blindness is preventable, this still leaves a large number of people for whom loss of vision is an unavoidable reality. Where communities live in poverty, someone who is blind or partially sighted – or disabled in any other way – can be easily considered a burden and become socially isolated.

We work with our partners to ensure that people living with blindness and other disabilities are identified so that we can help their inclusion further. For example, we support assistance with daily living skills and vocational training, to help people earn their own living.

• We supported a computer learning centre in Ghana that trained 64 blind and partially sighted people in basic computer literacy and Microsoft Office skills in 2011.

• In Cameroon, we joined forces with local disabled people’s organisations to form a coalition in the run-up to the 2011 Presidential election process – pressing for changes that made it easier for people with disabilities to vote.

SIM card update: In 2011, we’re supporting disability organisations to advocate for themselves in over half of the countries we work in.

Meet the experts

Shanti Raghaven
Shanti is the founder of Enable India, which she set up in 1999. Supported by Sightsavers, Enable supports people with disabilities, including visual impairment. Its main focus is on helping them towards independence by providing the training they need to earn their own living.

“I was inspired to set up the project to help my brother who was diagnosed with a rare degenerative eye condition.

We offer a life skills training programme that aims to equip visually impaired people to overcome social and behavioural obstacles. It will instil confidence in them to negotiate life and get ahead. The training will also involve counselling and job adjustment training 450 people a year.”
In Bangladesh, 18-year-old Ashraful Islam left school at 13 because of his low vision. A rehabilitation worker from Sightsavers’ partner ABC introduced him to a new group in the area for people with disabilities, and he was delighted to meet others facing similar challenges to his own.

With the help of the group, he started a small grocery shop in the local market, which he’s now built up to a permanent stall. He’s learned how to handle money, build trust with customers, and manage stock in his shop. He is also a fully-fledged member of the group, giving a small percentage of his earnings back to help support other members.
Approximately three-quarters of the world’s blind children live in the poorest regions of Africa and Asia. We believe that sight loss should be no barrier to a quality education, and that, wherever possible, children who are blind or partially sighted should be educated alongside their sighted peers in an inclusive setting.

Sightsavers works with its partners to give teachers the skills they need to include blind children fully in lessons and school life, and to identify possible eye health issues in all pupils. In 2011 we helped to train 4,390 teachers in the skills they need to include children who are blind or partially sighted in their lessons.

Just as we work with government health authorities, we also work with ministries of education.

- In Pakistan, we have successfully launched a school health programme in five metropolitan cities. This contributes to Pakistan’s 2009 National Education policy.

- In The Gambia, the Ministry of Basic and Secondary Education has replicated our education programme. They have provided teaching staff and materials necessary to include children with visual impairments in education, and expanded the programme to more mainstream schools.

**SIM card update**: In 2011, 31% of countries supported by Sightsavers have governments implementing education plans in line with global best practice.
In Bangladesh the parents of Borsha Akhter, now nine years old, were devastated when their baby daughter was diagnosed as blind. They assumed that her disability would keep her from attending school, but two years ago a visiting rehabilitation assistant – from Sightsavers’ partner ABC – persuaded them to change their minds.

Borsha’s new teacher received training on how to teach her, in Braille in particular. Borsha is catching up fast and excelling at her lessons. She’s also chatty and has plenty of friends. Borsha wants to study law in the future, and her parents say they will support her in whatever she wants to do.

To read an FT article on our work in inclusive education please visit www.sightsavers.org/FT-education
Where we work

- Working in partnership (with offices)
- Working in partnership (without offices)
- Offices to open in 2012-13
Some of our other achievements

• In **North East India** we supported two vision centres within government health units as a demonstration of the integration of primary eye care into general health systems. This was achieved following continuous advocacy with the Kolkata Municipal Corporation.

• We’ve been working with the **Ugandan Ministry of Health**, enabling them to take on the running of Child Days Plus, an eye screening day for schools.

• We opened a pilot project – an Optical, Low Vision and Refractive Services Clinic – at the government-run Kericho District hospital in **Kenya**. By the end of 2011 it was providing services to a steady flow of patients, and if it continues to be successful, will be replicated by other government health facilities.

• We’ve been working with the authorities of Chittorgarh district in **North West India** – which has the lowest Cataract Surgical Rate (CSR) in its state – to help strengthen Government eye health initiatives.

• In **Sri Lanka**, we’ve been making good progress in our work in the Jaffna district, which is recovering from the destruction caused by 25 years of civil war. We’ve been working with the Regional Director of Health Services to set up a permanent eye care unit, and outreach services for people who are now returning to their former land. We’ve now handed over full ownership to the Directorate.

• **Pakistan** became the first country in South Asia to launch the World Health Organization’s Community Based Rehabilitation guidelines at country level. Sightsavers played a key part in this work, alongside United Nations Economic and Social Commission for Asia and the Pacific, Asia Pacific Development Centre on Disability, Special Talent Exchange Programme and the Government of Pakistan.

Samuel Yowasi, aged 9, was screened by the Child Days Plus scheme in Uganda. He was diagnosed with ptosis, a condition of the eyelid, which was subsequently rectified with surgery before it could damage his vision permanently.

To see news coverage of our work please visit www.sightsavers.org/inthenews
Our thanks to the Financial Times

At Christmas we were delighted to have been made the beneficiary of the Financial Times Seasonal Appeal 2011. Our corporate partners Standard Chartered matched all donations from its Seeing is Believing programme – and the UK Government (DFID) matched those made from the UK through the UK Aid Match scheme.

The FT says:
“The FT was delighted to partner with Sightsavers for its 2011/2012 appeal and thrilled that our generous readers and match funders helped the charity raise such a large sum. It is a critical time to be generating support, as current economic difficulties mean the vulnerable populations Sightsavers works with face increasing hardship. The FT was pleased to visit some of the countries where the charity operates to bring its work to life through extensive editorial coverage, both in print and online. The Sightsavers appeal raised £634,000 more than in any of our previous appeals, bringing the total that FT charity appeals have raised over the past six years to over £9.4m.”

The FT followed 55-year-old Indian Aratibala Das and her treatment for cataract at the Sundarban Social Development Centre, supported by Sightsavers. Delighted to be able to see again, she thanked everyone at the clinic – including FT journalist Frederick Studemann (pictured bottom left). She was also photographed holding her grandchild, whom she was able to see clearly for the first time.
March 2011 saw our work broadcast on Red Nose Day for Comic Relief, when nine celebrities trekked 100km across Kenyan desert to see our trachoma work first-hand. Comic Relief gave us a grant of £2 million, which we have already put to work in Zambia, Uganda and Kenya. Thanks to the generosity of Comic Relief viewers, we have achieved the following:

<table>
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<tr>
<th>Description</th>
<th>Number</th>
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<tr>
<td>Number of people screened at school, in the community or at in-patient departments</td>
<td>179,773</td>
</tr>
<tr>
<td>Number of cataract operations performed</td>
<td>4,628</td>
</tr>
<tr>
<td>Number of people treated with antibiotic for trachoma</td>
<td>141,105</td>
</tr>
<tr>
<td>Number of people prescribed spectacles</td>
<td>12,863</td>
</tr>
<tr>
<td>Number of people dispensed spectacles</td>
<td>3,414</td>
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</table>

One of our trekkers, singer Olly Murs, met Julius, who was blind from cataract in both eyes, after his sight-restoring operation. Julius couldn’t farm his crops any more, or provide for his family. Once a proud pillar of his community, he became isolated and miserable after losing his independence.

We caught up with him a few months after the operation and found a very different man waiting to greet us. He had already tilled his land and was looking forward to planting this season. He was also appointed the chairman of a local water preservation group, a position he couldn’t have imagined taking before.

He told us: “Now that I can see, I am very optimistic about the future. The operation has enabled me to do many things. I walk alone, am able to work, these are things I would not do before.”
What our supporters say about us

“The markets in which Standard Chartered operates are among those most affected by avoidable blindness. In 2003, we established an initiative to help tackle avoidable blindness called Seeing is Believing. Sightsavers have been partners in this initiative from the very beginning. The opportunity to partner with them to support their appeal with the Financial Times by providing matching funds was therefore a natural progression of our partnership. We are delighted with the success of the appeal, the fantastic media profile it generated for the issue of avoidable blindness and the raised public awareness that this really is an issue we can make huge and immediate change to.”

Jeanette McKenna – Head of Seeing is Believing, Standard Chartered’s global initiative to help tackle avoidable blindness.

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Jeanette McKenna – Head of Seeing is Believing, Standard Chartered’s global initiative to help tackle avoidable blindness.

“We have been pleased to support a variety of Sightsavers’ work in Kenya recently. This has included the purchase of land and the construction of a centre for a blind persons’ self-help group as well as a comprehensive eye care programme in the west of the country. It has been valuable and encouraging to learn about the impact of Sightsavers work, through project reports and case studies of individuals and we are delighted to be part of a wider partnership with Sightsavers and associated organisations in meeting the tremendous need for improved eye health services.”

Bernard Lewis Family Charitable Trust

Margaret Clarke
Margaret Clarke, a UK volunteer, has been giving her time as a visiting speaker for Sightsavers for over a year:

“I visit schools and social groups as a speaker, on average once a month. I was delighted to be offered an opportunity to support a worthwhile cause which enables people across the world to help themselves. Both my husband and I have had sight problems so it seemed a good charity to help. People always respond better to a visitor than just reading information from a pamphlet. A visitor introduces a personal element which is so important. Speaking has been in my experience inspiring, rewarding and humbling, and I would recommend it!”
“We are very glad to have supported Sightsavers over the last few years and our visit to Colombo last year showed that our money was being wisely spent.

It was apparent that they were working closely to help the Health Service take the ownership of the necessary measures with very professional advice and investment.

Helping people improve their eyesight is fundamentally life-enhancing and it was impressive to learn how the existence of even the poorest can be changed by a small donation. The fantastic results show how much can be achieved by good management both in head office and the country team in Sri Lanka.”

David Durnford-Slater

Musa Hamis Vuai, 51, suffers from glaucoma and his sight deteriorated until he was unable to work. He had preventative surgery on his left eye at Mnazi Mmoja Eye Clinic, Tanzania, through a Sightsavers-funded outreach clinic.

Sri Lankan Public Health Midwife
Mrs Chandra Weersinghe and patient Heshani at a healthcare project in partnership with the Ministry of Healthcare and the College of Ophthalmologists

Dr Kay Hurly was a committed supporter of Sightsavers over many years. A glaucoma sufferer, she was more than aware of the difference treatment made to her life. Her condition allowed her to empathise with those who lack access to diagnosis or treatment for eye diseases. A doctor herself, she enjoyed reading about our work in the British Medical Journal. This, along with the regular news she received from us, sustained her support over many years.

Dr Hurly left a share of her estate to support our work as she knew that we helped people to receive life-changing treatment. The gift to Sightsavers that Kay left in her Will is a living memorial to her life and work. We would like to pay tribute to her and all the others who have remembered us in their Will this year.

For more information please visit www.sightsavers.org/giftsinwills
Income and expenditure

Total income 2011*
£39,145,000 (100%)

- Individuals £17,482,000 (44.7%)
  - Others £701,000 (1.8%)
  - Legacies £8,245,000 (21.1%)
  - Companies £2,619,000 (6.7%)
- Grants from governments £8,658,000 (22.1%)
- Trusts £1,440,000 (3.7%)
- Companies £2,619,000 (6.7%)

Total expenditure 2011*
£36,515,000 (100%)

- Cost of generating funds £8,700,000 (23.8%)
- Governance costs £638,000 (1.7%)

Charitable activities 2011*
£27,177,000 (100%)

- Health – eye care £20,056,000 (73.8%)
  - Education £2,371,000 (8.7%)
  - Social inclusion £2,226,000 (8.2%)
  - Community development £1,401,000 (5.2%)
- Health – Mectizan® Distribution £1,123,000 (4.1%)
- Charitable activities £27,177,000 (100%)

* Excludes gifts in kind of £122,166,000

Annual Review 2011
Our thanks go to everyone who helped us to make 2011 a great year for Sightsavers, including:


**Individuals:** Lady N Bracewell-Smith, Brigadier Body, Mr H Bourn, Ben Brodie, The Brown Family, Sanjay Jawa, Derek and Elizabeth Joseph, Mr J Lennon, Greg Nasmyth, Dr & Mrs Mark and Jan Scott, Stephen Walsh and Jill Gallagher, Lyn Wendon, Michael Pearson in memory of Lilian, Mr Colin Williams in memory of his wife Milly.


To find out how you can help us this year, please visit [www.sightsavers.org](http://www.sightsavers.org)
**Cover image:**

**Jharna Patra,** aged three, attends an eye screening organised by the Sundarban Social Development Centre, Bengal, India, on an island called Partherpratima. Her father, a farmer, brought her to the screening because they were worried about her watery eyes. They travelled on two ferries from her home island of Achintangir for her to be examined.

After an eye test, which determined that her vision was fine, she was diagnosed with an eye infection and prescribed simple antibiotic drops.

**Other formats:**

This publication is available upon request in Braille, large print and audio.

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