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SPIRIT OF SERVICE

NEWSLETTER

SEVA DONORS MAKE THE MIRACLE OF SIGHT POSSIBLE IN CAMBODIA

Have you ever wondered about the power of your donation and the difference it made in the life of someone who was needlessly blind or visually impaired?

Above: The lives of these Cambodian students were changed for the better with new eyeglasses.

This past February, a rural school in Cambodia experienced firsthand how the support and compassion of Seva donors, combined with a few dashes of serendipity, changed the lives of the students and teachers forever.

The story starts in 1996, when long-time supporters Marissa and David Troxell made their first gift to Seva, and continues to the present, with one little girl named Rattana and her entire school's journey to clear vision.

Several months out of the year, David and Marissa volunteer to teach English at Rattana's school. Students who attend this school come from impoverished homes. These children are not able

to attend regular public school because their families cannot afford the fees to purchase school uniforms. The cost to attend this special school is covered through grants and donations. Instead of working their childhoods away in the fields, these children are given the greatest gift they can imagine — an education.

Like many students who attend her school, Rattana comes from a broken home. Her parents divorced and separately moved to Thailand to work as unskilled laborers. Because wages for unskilled labor are so low, neither one is able to send money home. Rattana and her four siblings now live with their grandparents, who struggle to make ends meet.

When Rattana was younger, she had a traumatic accident that injured one of her eyes. The accident left her with poor vision and deviation of the injured eye. The injury affected both her vision and her self-esteem. She looked different than the other

CONTINUED ON PAGE 2



Above: Rattana wearing her new glasses.

Right: David and Marissa with the students and teachers that received their first eyeglasses.



CONTINUED FROM PAGE 1

Seva Donors Make the Miracle of Sight Possible in Cambodia

children and was teased because of her crossed eye. She was unable to play sports at school because she lacked the necessary hand-eye coordination. Reading was challenging and she struggled in class because she couldn't see the blackboard.

classrooms, that there was but one pair of glasses in the entire school (in addition to the ones Rattana received after her surgery) and those belonged to a student whose father was one of the teachers at the school," said Marissa. "We realized that there were likely many students at the school who could not even see the new white boards."

"The ah-ha moment came when we noticed, in looking out over the masses of faces in our classrooms, that there was but one pair of glasses in the entire school."

Again, Marissa contacted Seva and arranged for the Seva Cambodia outreach team to visit the school. Through the school-screening program supported by Seva donors, all 350 students and staff received eye exams. Seventeen children and four teachers were diagnosed with visual impairment.

GIVE THE GIFT OF SIGHT
YOU CAN MAKE MIRACLES HAPPEN!

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Marissa was immediately drawn to Rattana when the two met. Marissa had been born with an eye condition similar to the one that afflicted Rattana. Unlike Rattana, Marissa's parents could afford surgery and had her eyes corrected when she was two and a half. Marissa knew she had to help Rattana receive surgery, too.

Because she had been a long-time donor to Seva, Marissa knew what to do. She contacted the Seva Berkeley office, who connected her to the Seva Cambodia team and arranged for Rattana to get the eye care she needed at one of Seva's nearby partner hospitals.

After the surgery, Marissa realized that there might be other children at Rattana's school with eye problems.

"The ah-ha moment came when we noticed, in looking out over the masses of faces in our

The next serendipitous intersection of this story comes from one of Seva's Gift-in-Kind donors, MODO Eyewear. They design, manufacture, and distribute high quality designer eyewear and are a leader in producing sustainable frames.

MODO sent a supply of colorful pediatric frames to Seva, which were hand carried to Cambodia by Seva staff prior to the school screening. The 17 students excitedly chose from the stylish selection of frames. Two days later, prescriptions filled, the students and teachers proudly put on their beautiful new glasses — some of them putting on glasses for the first time ever in their lives.

"When we were leaving the school after the eye exams and Rattana was wearing her new pretty pink glasses, she took my hand and beamed up at me and said 'Thank you!'" shared Marissa. "Rattana knew her life had changed!"

NEW DOCUMENTARY

OPEN YOUR EYES

A note from filmmaker Irene Taylor Brodsky



I first documented people who are blind in Nepal in 1992. I was living in Kathmandu and writing a book on the lives of the disabled hidden in the Himalayas. I hitched my wagon to the work of Dr. Yanta Mani Pradhan, a legendary Nepali eye surgeon who would walk for days, even weeks, with his team to remove cataracts from milky eyes blinded by high-altitude sun. His patients were carried by porters and family members, over mountain passes to reach his eye camps, each of them praying for a life-changing miracle. They never paid a penny because his camps were always free.

Eye surgeons in Nepal have the fearlessness of a mountain pilot, the hands of a craftsman, and the stamina of, well, a Nepali. I eventually left the country, but vowed one day to tell their story.

I had the chance 25 years later. This time, I called Dr. Larry Brilliant, a former filmmaking colleague and a co-founder of Seva Foundation. Larry connected me with Nepalis carrying out Seva's mission, and suggested I head to an unassuming town called Tansen in the Himalayan foothills.

I had seen short films showing that miraculous moment when a blind person sheds her bandages and can see again. But who exactly were these people? Who had carried them to these camps, up and down mountains in a basket, for the chance to see again? Even more, what was it like to be blind in Nepal...and what would it be like to return, forever changed, back home again?

"A blind person is a mouth with no hands," I had often heard Nepali people say, but only when I traveled with Seva's eye care foot soldiers did I understand it. I followed the Seva team walking door to door, climbing to ever-higher elevations, looking for blind people. Someone we met on the trail told us if we walked a little further, we'd find a married couple, together blinded by cataracts for years, leading a shuttered existence.

We found Manisara sitting cross-legged in a pile of turmeric root, which she was resigned to peel and

crush, day after day. Her husband, Durga, no longer the farmer he once was, could not navigate the warren of pathways around him, nor feed his animals. They had become completely dependent on their family for their most basic needs. There were no cars to transport them anywhere. Life had become static.

I tentatively filmed as the team tested their sight, then coaxed them to leave home and follow them back down the mountain for one of Seva's monthly free eye camps. A surgeon, they added, had even come from Kathmandu to operate. But the taste of defeat and growing pains had made Manisara skeptical. And besides, who would carry her down the mountain?

Just then, her youngest granddaughter plopped herself into Manisara's lap. The grandmother started running her hands over the little girl's feet, her legs, her nose. Is she like me? Touching the child, Manisara connected her past to a new kind of future. At that moment, they committed to take the journey, and I geared up to tell their story.

An hour later, we set out for the eye hospital. They tripped over goats and stones as they went, on trails they had not travelled for years. Their son and a strong nephew walked with us. The couple were carried, guided and then driven on a bewildering odyssey to the city. With 55 others, they arrived at the small hospital and waited.

Everyone was there for a miracle, you could say a routine miracle — Seva is closing in on having supported 4 million sight-saving surgeries. The cost of a surgical intraocular lens, that transformative piece of plastic that can make the blind to see, is now widely available for less than two dollars.

Open Your Eyes was shot in three days. Their surgery took just six minutes. I put the camera down only when they made it back home again, all of us exhausted, but ready to meet the children and grandchildren they had always known, yet never seen.

— Irene Taylor Brodsky



Top: Irene Taylor Brodsky and Dr. Larry Brilliant celebrating the debut of the film.

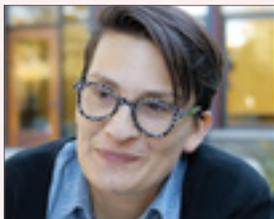
Above: *Open Your Eyes* HBO poster.

Open Your Eyes will premiere on HBO's Summer Documentary Film Series.

Watch the trailer at: www.seva.org/openyoureyes

HIGHLIGHTING FEMALE LEADERS IN EYE CARE

Supporting women to become leaders in the field of eye care, and increasing women's access to eye care, are two of Seva's top priorities. We are proud to feature these five women and their inspirational stories.



Dr. Lindsey Marvel
NEW MEXICO

Dr. Marvel is an enrolled member of the Caddo Nation of Oklahoma and is Chief of Optometry at the Santo Domingo Health Center. Dr. Marvel works with patients who have a disproportionately high rate of diabetes and autoimmune diseases, which can create many complications for eye health. With Seva's help, she is working to build a comprehensive eye care clinic for patients from Santo Domingo Pueblo and surrounding tribes.

How did you originally get interested in eye care?

I always enjoyed going to the eye doctor when I was younger; I'm pretty near sighted. I was always playing with microscopes and telescopes and different lenses and things that I would get at

antique stores, and I always had lenses in my pocket. Vision has always been an interest.

What are some of the challenges of being a woman in your field?

Where I work, women are not allowed to ride horses, they elect a governor who is head of everything every year, and that can never be a woman, it's always a man. So that's kind of new to me, dealing with that. And sometimes I wonder, do the men trust what I'm saying, because I am a woman? Are they going to trust me as much as they would a man? I know that sometimes as a woman, your voice isn't heard, and you feel like you need to repeat yourself, or speak louder, or say it in a certain way, and sometimes I feel myself just being quiet. But I don't let it get to me, and I just keep going.

Tell us about your clinic and how Seva donors are supporting your work.

The Santo Domingo Pueblo is between Albuquerque and Santa Fe. It is very traditional; things have not changed there too much. The size of the Pueblo is 2,500 people, and in the eye clinic we see Native people from the surrounding pueblos as well. When I first

walked into the clinic, there was just one room with equipment, none of it worked. With Seva's support, I was able to hire two technicians and set up an optical shop and it has really grown from there. Seva has done a lot; they bought an auto-refractor that really speeds up the eye exams. Seva also has a fund for our diabetic elders so that they can get a free pair of glasses. They can't believe it, I tell them that they are going to be free this year, and they're just so excited about it. Just the support too, having someone to talk to when things get frustrating. Seva has always been there to be supportive.



Fortunate Shija
TANZANIA

Fortunate is the Micro-finance and Eye Care Coordinator at Seva's partner, the Kilimanjaro Centre for Community Ophthalmology (KCCO), based in Tanzania. She identifies potential micro-finance groups in areas where there are outreach programs supported by KCCO and creates relationships between the women and the eye care programs.

Are eye care services in your region readily available?

Access to eye care services is poor. When I go to an average clinic, there will be one doctor or practitioner who most of the time is not trained to do eye care. They might be trained to give eye drops and that's it. So the serious conditions like cataract, trachoma, and others go unchecked.

Why are women accessing eye care less often than men?

A man has better access to a hospital, because in the family

a man would have a bicycle or a motorcycle and have access to the money. In the rural areas, if there is a girl and boy child the same age, suffering with an eye problem and they have to take one of them, they would traditionally select the boy as a first priority.

Tell a bit about your work:

I started working with micro-finance in eye care, to engage women in Africa, specifically trying to make eye care more accessible to women in rural areas.

How is the microfinance program helping to increase women's access to eye care?

One of the primary barriers to accessing eye care is around decision-making. Women are not able to make decisions for the family because most of the time they are not the breadwinners. The strong women in the rural areas are the ones who have a source of money or earnings. Microfinance has been brought about to empower women. It is helping women in the rural areas to start small businesses. We work with these women to spread knowledge about eye care services that are available. We select representatives to be trained in eye care services, and we ask them to go and tell their customers. We tell them about all the possible surgical treatments, and they help us refer the patients. They have pictures and posters on display in their businesses. They keep repeating the message every day.

Was it a challenge for you as a woman to get an education in Tanzania?

Why should we educate a woman? That is the big challenge that most women face. They have to fight through a community that doesn't approve. They will have to work more to show that they are important. The woman has to prove they are worthy. I worked hard and studied sciences and molecular biology. When I graduated, I was able to join KCCO as the Childhood Blindness and Low Vision Coordinator.

Do you face obstacles in your everyday work because you are a woman?

In certain areas that I work, men have much more power in their communities. As a woman, going to talk to these senior male leaders, I have to be careful of what I'm wearing, and there is also a tradition that as a woman I cannot speak before they do. But they also understand that I'm not from the same tribe, and through that, I get to talk. I feel that through my role, and the roles of the women that I'm working with, we are given more chances to speak. The men realize they couldn't do this without these women and it has been a positive experience.

How are Seva donors helping to support your work to empower women in Tanzania and Ethiopia?

All the meetings and expenses that are incurred in this program are funded by Seva. They help us to build our capacity, exchange ideas on what to do, what data to get, and help build our human resources to provide eye care.



Parami Dhakhwa
NEPAL

Parami is the Assistant Program and Finance Manager at Seva's Nepal office. She is a key member of our local staff working to collect data from our partner hospitals, coordinate studies, support community education, and manage grants.

How did you first get involved with Seva?

Before becoming a Seva staff member I was a recipient of a Seva service because my brother was helped by Seva to cure an eye problem.

Seva provided support for his treatment. Now he has a normal life and I so appreciate what Seva has done for my brother. After that my father worked for Seva for several years, and then I joined; I feel so connected to Seva. It is a part of my family.

Tell us about the gender disparity in eye care in Nepal and what Seva is doing to bridge the gap.

We see at hospitals that there are more men coming in for the services than females. Seva has strategies to increase the number of female patients coming in. One is to do outreach activities and establish eye care centers near to the community so that female patients don't have to travel all the way to a city or big hospital. Another is to do a lot of training of Female Community Health Volunteers. We provide them with trainings on eye health. There are about 50,000 Female Community Health Volunteers in Nepal and they are the first point of contact for a lot of women in the communities.

Are these strategies working?

The data showed that urban hospitals saw 70% male versus 30% female patients. Thanks to Seva's outreach programs, our eye care centers now see 50% women, which is a big increase in the number of female patients who are coming in.

What challenges have you faced as a woman with a career in eye care?

It is a male oriented society. If I go to big meetings it will often be all men, there will hardly be any women.

The situation for women in Nepal is very challenging. There are changes: my mother wasn't allowed to study after 10th grade because it would have meant having to move to another city and that was not allowed. But for me, I could study and I could work.

But working still depends on which family you are married to, because it is the husband or father-in-law who decides if you can work or not.

But I can see the changes now, like at Lumbini Eye Hospital where Seva works, there are now more female ophthalmologists than male. Nepal recently got its first woman president. It is changing, and I'm hopeful that things will improve.



Sasipriya Karumanchi
INDIA

Sasipriya "Sashi" is a senior faculty member at Lions Aravind Institute of Community Ophthalmology (LAICO), in Madurai, India. Sashi heads the consulting services team who develops sustainable eye hospitals worldwide, including with many Seva partners.

Tell us a bit about your work.

We are in the business of doing eye care better, so that eye care in the developing world is delivered efficiently and effectively and that the communities are served.

In India, is there a gender disparity in eye care?

In our experience, men are more likely to have access to eye care. Women, though they might feel that they have some problem with their eyes, the immediate focus is, 'ok if I'm going into a hospital or going in for surgery, who is going to take care of my family? Who will cook food for the children, or take care of day-to-day affairs.' For them long term doesn't come to mind, so that is one important issue we keep seeing.

Why are screening camps and outreach programs important to reach more women?

We see a lot of women accessing screening eye camps because they are very close. Depending upon their preparedness, they will go for surgery. Sometimes anxieties or uncertainties are there. If someone can counsel them, they get motivated. And when we provide transport, it is easier because there is no need for anybody to accompany them.

Once a woman receives these eye care services, how will that impact her life, her family, and her community?

In general, when a woman undergoes sight-restoring surgery she can again be independent. Being independent really makes a difference. Having that freedom and mobility. Most don't want to be a burden to their family. So if it is cataract surgery or another surgery, it helps for them to be completely independent. And that's something very important.

Tell us about your experience as a woman working in the field of eye care.

I come from an organization where the majority of staff are women, and we have a very strong woman leader, Dr. Natchiar. But in general it is not easy being a woman at work. You have to really struggle. In our experience, our staff are taking care of their families, and then coming into work and taking care of patients here.

Talk about how Seva has supported your work in particular.

We don't even consider Seva a funding organization, they are more of an enabling partner. There is a very personal touch. They are able to relate and understand what the partner is doing. I think that personal relationship is very important because it is more collaborative. Then we can look for opportunities. When programs get very structured, there

is little room for innovation. Learning and growing in the process of implementation can otherwise get lost. The Seva relationship is long-term, it is not just a transaction, it is not just one project and then they move on. Instead, you become very much a part of the organization. I feel that is something unique, and more helpful.

How is Seva's support of your work unique?

Seva's focus on personal development is important. Seva is also about the person behind the project, the person behind the work. I feel that is something very enriching, and very unique. If you hit a roadblock they make an effort to help. There is this team whom we can rely on. So I think that personal relationship is very important.



Sheri Red Shirt
NEW MEXICO

Sheri is an instructor at the Southwestern Indian Polytechnic Institute's Vision Care program in Albuquerque, New Mexico. Her responsibilities include all aspects from student orientation, through their educational careers, and into job placement.

Tell us a bit about yourself.

I am originally from the Navajo Nation and am a graduate of the program where I now teach. Early on in my career, I began fabricating glasses, and then eventually went on to work with an ophthalmologist and optometrist. My career went fast from there. I teach Native American students from all over the United States in a two-year degree program and a one-year certificate program.

Do your female students face barriers to success?

Our gender roles are really significant among Native Americans. You have different reservations, tribes, and pueblos that still observe certain traditions, and a lot of that is the females staying at home and being caregivers or participating in their ceremonies. Which means education becomes secondary. It does reflect in absences and not attending certain key components of their education. So you have those cultural conflicts. It is difficult to sometimes have that conversation with students, especially female students. Hopefully their families are supportive and understand the importance of their education so that they will not have to rely on services, food stamps, or any other type of assistance.

I come from a background where any female can be successful. The opportunities that I have had, coming from the Navajo Nation, and the encouragement from my family, to try a little harder, and to keep going, put me in a position that came naturally to me. I encourage my female students who might not have that confidence about themselves.

How are Seva donors supporting your students and your program?

Seva has been a blessing to our program. Before being introduced to Seva, it was difficult to really budget. We have limited resources, not having the items that we need to truly practice and train. Seva supported us with lensometers and trial lens sets, and additional resources. Seva also covers a large portion of the cost of the American Board of Opticianary Certification exam. It gives my students something to work towards. It takes away a lot of the stress they had before Seva stepped forward.

To support Seva's gender initiative, please visit www.seva.org/gender

CH-CH-CH-CHANGES: HOSPITALS MAKE STRIDES THROUGH THE GLOBAL SIGHT INITIATIVE NETWORK

Committing to change is never easy — it is even more challenging when you and your organization don't know how to create change. The Global Sight Initiative (GSI), of which Seva is a founding member, works to make change strategies available to eye hospitals around the world to increase the number of patients served. Initial results show that change is a good thing.

Above: Patient at Lumbini Eye Institute.

The GSI is an expansive network comprised of three collaborating international non-governmental organizations, 10 mentor institutions and 55 mentee hospitals. The network strives to increase the productivity of partner mentee hospitals to achieve our common goal of eliminating preventable and curable blindness. Through capacity building work, we identify promising methods of practice and increase the number of high quality, high volume and sustainable eye care services provided by hospitals in the GSI network.

THE GLOBAL SIGHT INITIATIVE INTERVENTION

This change process, or “capacity building intervention,” focuses on challenges faced by many hospitals around the globe that are not performing up to their full potential. These hospitals are often located in low-income, high-need areas. They are capable of providing cataract surgeries and other services at a much higher rate, but need help to make the change. GSI funds mature, high performing institutions (mentors) to provide training, coaching, and systems development to these hospitals (mentees). The intervention focuses on priority needs of hospitals which typically include some combination of: increasing community awareness of the hospital services, expanding the number of trained staff, improving patient flow and quality of services, and boosting the number of people who receive sight-saving services. The intervention also addresses the financial health and governance of the mentee hospital to ensure its vitality and independence from outside funders over time.

Last month, Katie Judson, Seva's Monitoring and Evaluation Program Coordinator, presented findings at the World Ophthalmology Congress in Guadalajara, Mexico from a four-year study on the impact of GSI's change process for 25 eye care programs. Katie shared the overall positive results from the study which assessed several metrics, such as cataract surgeries completed and surgeries per ophthalmologist, as a way to understand the long-term effects of the GSI intervention.

The GSI impact study analyzed data from the first 25 hospitals in 10 countries around the world that have now participated in the mentoring process for four years. The study found that by the end of four years, hospitals had increased their productivity by an average of 69%. Eight of the hospitals even exceeded a 200% increase in productivity by the fourth year. The increase in productivity per surgeon was also substantial. Over half of the hospitals showed the number of surgeries performed per surgeon more than doubled. This means that over 100,000 more people can see again because of the changes implemented through GSI mentoring.

The results of the study point to the success of the GSI intervention. These findings are particularly encouraging because the capacity building methods which mentors employ vary from hospital to hospital. Each mentee receives a tailored approach depending on its needs — an important characteristic of the GSI network. What works to increase the number of children coming for glasses at a hospital in the mountains of Peru may not be effective for a hospital in the vast plains of Tanzania. Strategies for attracting and retaining well-trained staff may differ in Nepal as compared with Guatemala. For this reason, it is vital to have an extensive network of mentor hospitals that can provide different perspectives based on the realities of where and how they work. The broad success found through this impact study speaks to the effectiveness of diverse capacity building methods employed through GSI mentoring. Change is possible and it results in more people who will regain their sight and be able to see the world around them once again.

To learn more about the Global Sight Initiative, visit www.seva.org/gsi

DONOR HIGHLIGHTS



Jeff and Samantha Maas

MT. KILIMANJARO CLIMB RAISES \$7,500 FOR EYE CARE IN AFRICA

Seva donors Jeff and Samantha Maas recently climbed Tanzania's Mt. Kilimanjaro and decided to use the feat to raise funds and awareness for Seva and our local partner Kilimanjaro Centre for Community Ophthalmology (KCCO).

"When we decided to climb Mt. Kilimanjaro we became inspired to raise money for a worthy charity that would give back to the country we would be visiting," said Jeff. "Knowing that many of our friends and family would be aware of our journey, we wanted to use that exposure to benefit a greater cause."

After a vetting process that included reviewing Charity Navigator, they decided to dedicate the climb to Seva and KCCO's work. "The more we learned about Seva, the more we knew they were our choice," said Samantha. "We were attracted to the fact that the work Seva does is very tangible in nature, by providing the gift of sight. We felt confident that our supporters would also understand exactly what their contribution would be used for."

While in Tanzania, Jeff and Samantha had the chance to meet KCCO staff. "They work really hard on their outreach efforts in order to serve patients who otherwise wouldn't be aware of the services offered," said Jeff. KCCO relies on methods such as flyers, bullhorns and word of mouth to reach those who need eye care. "We were also impressed with the commitment and dedication of the local staff who take pride in the work they do through KCCO!" added Samantha.

Both found the climb challenging, but they kept going knowing that they had all those people back home supporting them to reach their charitable goal. After six days of climbing, they finally made it all 19,341 feet to the summit to witness the sunrise over the Roof of Africa... "Vision is something that many of us take for granted, and to be able to witness an occurrence in nature that happens every day (a sunrise) on this mountain made us truly appreciate the gift of sight," said Jeff. "We are grateful that others will share in their own future sunrise that will be just as beautiful because of the work of KCCO and Seva."

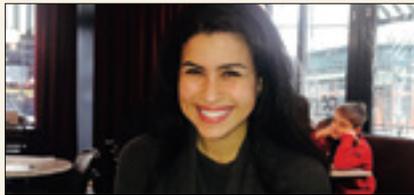


Sandhi Bhide & Soor Aur Saptak™

BOLLYWOOD EVENT RAISES \$24,000 FOR PEDIATRIC EYE CARE IN INDIA

Seva is grateful to Sandhi Bhide and Soor Aur Saptak™ for organizing their 5th Annual Bollywood Karaoke fundraising event on the Intel campus in Hillsboro, Oregon. This event has been successful in raising funds and awareness of the problem of blindness and low vision in children in India, all while keeping in the Seva spirit of having fun while doing our work.

Soor Aur Saptak™ was started by a group of motivated and talented singers who banded together to raise money to support important causes through music. "We were truly blessed to perform in front of an enthusiastic crowd," said the Soor Aur Saptak™ performers, "It is our privilege and honor to raise funds to support Seva's programs to prevent pediatric blindness."



Lana Yarkin

HOMEMADE COOKIES FUNDRAISER BRINGS IN OVER \$1,000

Seva donor Lana Yarkin came up with the innovative idea to support Seva's sight-saving programs by baking and selling delicious holiday cookies.

"I first learned about Seva from my mom who also supports the organization, and the cause immediately resonated with me," explains Lana. "I have poor vision, but I've been fortunate enough to have the resources to visit eye doctors and purchase glasses. I was shocked when I learned that in other parts of the world, children with poor eyesight aren't able to attend school and have extremely limited prospects for their future. The surgeries Seva provides are truly life changing!"

"When I was making my holiday donation to Seva, I wished that I could donate more. I love to bake for my friends and family, and I had the idea that I could use these baked goods to raise more funds for Seva. I wasn't sure what the response would be, and I was thrilled that over 30 of my friends participated!" Seva is grateful to Lana for her support and we are sure her friends are grateful that they got to eat so many homemade goodies!



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SPIRIT OF SERVICE

2016 VOLUME 1

NEWSLETTER



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ABOUT SEVA

Seva is a global nonprofit eye care organization that transforms lives by restoring sight and preventing blindness.

We train local eye care providers and develop self-sustaining eye clinics around the world. Seva has helped nearly 4 million people who were blind to regain their sight in more than 20 countries.

39 million people in the world are blind. 80% of them could see again with your help.

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along to a friend!**

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Happy 80th and 85th Birthdays to Seva Co-Founders Wavy Gravy and Ram Dass!



Photo: Wavy Gravy and Ram Dass in a vintage MG that was generously donated for an auction to support Seva's programs.

PHOTOGRAPHERS

Our heartfelt thanks go to all our photographers for generously donating their work.

Irene Taylor Brodsky, Ellen Crystal, Julie Nestingen, Joe Raffanti and Donna Stoneham.



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