Dr. Ruit and Dr. Tabin co-founded the Himalayan Cataract Project to cure as much unnecessary blindness as they could in their lifetimes as described in *Second Suns: Two Doctors and Their Amazing Quest to Restore Sight and Save Lives*, by David Oliver Relin.
Dear Friends,

It is with great pleasure that we share this 2018 Annual Report with you, capturing an extraordinary year with a widening arc of partners and record number of beneficiaries. With your support, we achieved the following milestones in 2018:

• Provided screening and basic treatment for nearly 1.7 million people – including 123,648 sight-restoring surgeries
• Supported 534 training opportunities for eye care personnel in countries across the world including Nepal, Ghana, Ethiopia, Bhutan, India, Myanmar, Nigeria, Tanzania, Canada and the United States
• Sourced over $3.68 million worth of ophthalmic equipment and supplies for eye care programs in 14 countries through our Technology & Procurement Program
• Celebrated 10 years of programmatic activity in Ethiopia, fueled by partnerships and high volume surgical events
• Launched the National Cataract Outreach Program in Ghana

There are very few public health solutions with as immediate and impactful a result as cataract surgery. Early in the year, NPR’s Global Health Correspondent Jason Beaubien captured the essence of our work during his visit to a cataract campaign in Ethiopia when he wrote: “Three local surgeons are working in the adjacent rooms, and three residents are shadowing the team. Together they can remove and replace as many as 300 cataracts a day.” High volume surgical events such as this provide hands-on training to local ophthalmic teams while restoring sight to thousands of people.

We take great pride in our financial efficiency and accountability. We know you expect us to use your funds wisely, and we are committed to maximizing the value of every donation we receive, directing those funds where they are most needed.

We cannot thank you enough for the support you have provided to make our work possible. Your continued commitment and your tremendous generosity will change lives forever.

On behalf of the Himalayan Cataract Project and all our partners, we wish to extend our heartfelt thanks.
WHO WE HELP

Himalayan Cataract Project: Restoring Sight, Changing Lives

Globally, 36 million people are blind – almost half are blind due to cataracts, and close to 90% live in low- and middle-income countries. The Himalayan Cataract Project’s (HCP) mission is to cure needless blindness with the highest quality care at the lowest cost.

In 2018, HCP and its partners provided screenings for nearly 1.7 million individuals and performed 123,648 surgeries throughout five countries in Asia and Sub-Saharan Africa. Through a diverse range of activities, we also directly supported 534 training opportunities for ophthalmic personnel, a 70% increase over 2017.
HOW WE HELP

Strengthening Eye Care

The Himalayan Cataract Project brings life-changing eye care to people in underserved areas of the world with continual focus on training local personnel. We work in Asia and Africa, providing care, training and equipment to reduce the rates of blindness and strengthen eye care systems. We maximize our impact by working with an extensive network of partners, leveraging available talent and resources.
Dr. Ruit Receives Padma Shri

In January, the Indian government awarded HCP Co-Founder, Dr. Sanduk Ruit with Padma Shri Award in the field of Medicine. The Padma Shri is the fourth highest civilian award in India. Dr. Ruit was chosen for his innovations that led to a 90% reduction in the cost of cataract surgery, including the distribution of low-cost intraocular lenses to over 30 countries; his efforts to treat 2,500 patients every week with fees waived for those who cannot afford care; and a lifetime dedicated to restoring eyesight to thousands of people across Asia and Africa.
HCP Work in Ethiopia Featured on NPR

In December, NPR’s Global Health and Development Correspondent, Jason Beaubien joined HCP Board Member, Dr. Matt Oliva during a high volume cataract outreach event at Bisidimo Hospital in Harar, Ethiopia. Dr. Oliva worked alongside HCP Partner and Head Ophthalmologist at Bisidimo, Dr. Mandefro Sintayehu, and his team to provide 1,605 sight restoring surgeries over the course of five days. The segment, “The Miracle Of Cataract Surgery: The Blind Can See Again,” focused on the human impact of blindness and effects of cataract surgery. The segment was aired on All Things Considered and featured on the public radio station’s blog Goats and Soda.

J&J DONATE A PHOTO

Johnson & Johnson Vision, a broad-based global leader in eye health, launched a worldwide campaign to #spotlightsight on World Sight Day in October to raise awareness of the importance of eye health and support the global humanitarian efforts of HCP. The program concluded in December and met its goal to provide 1,000 people with a 10-minute life changing cataract surgery.

HCP CELEBRATES 10 years in Ethiopia!

See page 12 for more
Tilganga Institute of Ophthalmology

At the core of HCP’s success is its long-standing, trusted partnership with the Tilganga Institute of Ophthalmology based in Kathmandu, Nepal. Together, HCP and Tilganga have dramatically improved eye care by creating a proven eye care model worthy of worldwide replication and by providing a wide range of training opportunities for eye care professionals at all levels.

**Partners in Training**

HCP provided support for 151 Nepali eye care professionals to receive ongoing training, both in Nepal and internationally, including hands-on sub-specialty training and observerships for ophthalmologists, skills transfer opportunities for mid-level personnel and primary eye-care workers, and sponsorship for ophthalmology conferences. The Tilganga Academic and Training Department hosted 1,543 trainees, including 60 doctors, from 43 countries at Tilganga programs. Tilganga has hosted a total of 18,616 trainees since inception.

**A Center of Excellence**

In December, the construction of staff housing was completed at the Hetauda Community Eye Hospital. This project was part of Tilganga’s master plan to build a sustainable regional model eye care center in Hetauda with the following purposes:

- Provide affordable eye care service in a rural region without access to quality eye care
- Establish a training program for mid and high level human resources for eye health
- Provide an additional training location for the hundreds of trainees who go to Tilganga to learn the clinical service delivery model adapted for the low- and middle-income countries.

**Nepal Eye Bank**

In 2018, 1,037 corneas were transplanted, representing 23% growth over 2017. Thanks to the expansion of the Hospital Cornea Retrieval Program’s new collection center model, and HCP’s partnership with SightLife,
the Nepal Eye Bank (NEB) continues to thrive. HCP’s partnership with SightLife began in 2011 in an effort to strengthen the NEB, implemented by Tilganga. Additionally, through our combined efforts, it is projected that the NEB will be sustainable by 2020.

**Continued Success with Corneal Ulcer Prevention Program**

In partnership with SightLife, HCP continued implementation of the Village Integrated Eye Worker (VIEW) program in Nepal. The prevention program helps support the development of female community health workers (FCHWs) in India and Nepal to diagnose and manage corneal abrasions before they escalate to corneal blindness through the following programmatic objectives:

- Increase the number of corneal abrasions diagnosed and managed by trained CHWs
- Increase the number of patient referrals to local eye hospitals
- Decrease the number of days between ocular trauma and first report to a care provider
- Decrease the incidence of corneal abrasions that progress into corneal ulcers
- Continue HCP’s role in Nepal as a leader in addressing corneal blindness in the country.

By using FCHWs, we are effectively reducing the future burden of corneal blindness by empowering community health workers to diagnose and manage corneal abrasions. Left untreated, these common eye injuries can develop infectious keratitis and become corneal ulcers which cause vision loss. Eye trauma accounts for up to 2 million new cases of corneal blindness in low- and middle-income countries each year, but more than 90 percent of cases can be prevented if patients have appropriate and timely access to care.
Small Country, Big Impact

HCP has worked in Bhutan since 2000, partnering with the Royal Government to develop a comprehensive eye care system by supporting specialized training for all 8 practicing ophthalmologists and dozens of paramedical staff and providing support for outreach services throughout the rural and mountainous regions.

2018 Highlights

• In 2018, our partners in Bhutan performed 2,513 surgeries, 247 of which were performed across 3 outreach campaigns. Eye care screenings were provided to 140,826 patients, including 1,636 screened at outreach events.

• The School Health Program continued to thrive in 2018 with visits to 507 schools, performing 119,593 eye examinations, and identifying 109 students with refractive error.

<table>
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<th></th>
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</table>
National Eye Hospital of Bhutan

Construction progressed on Bhutan’s Gyalyum Kesang Choeden Wangchuck National Eye Center in the country’s capital, Thimphu. The new tertiary hospital will provide general and specialized eye care to the country’s population free of charge. Additionally, the hospital will serve as a training site, offering short courses for ophthalmic personnel. The project is a collaboration between HCP, Tilganga, the Royal Government of Bhutan and Wen Giving and was more than 75% complete at the end of 2018.

Training

In 2018, HCP provided 104 training opportunities for Bhutanese ophthalmic personnel, including 12 ophthalmic personnel who trained in mid-level/allied health practice and management, and one ophthalmologist who trained at the Tilganga Institute of Ophthalmology in Nepal. Further, 88 ophthalmic personnel participated in workshops on primary eye care and treatment, while two additional ophthalmologists participated in the South Asian Association for Regional Cooperation (SAARC) Academy of Ophthalmology Congress in Nepal.
Building Local Capacity in Three Regions

In partnership with Tilganga’s international outreach team, HCP programs supports eye care facilities in northern India. The outreach team implements surgical outreach and participates in skills transfer events at these institutions.

In 2018, HCP support resulted in 1,817 surgeries, of which, 1,285 were performed at outreach events.

Tilganga’s master trainer, Dr. Govinda Paudel, led outreach teams in Sikkim, Mangarh in Uttar Pradesh, and Kargil in the Ladakh region.
Training local providers has always been central to the work of HCP. Our training and education efforts hinge on maximizing the capacity of eye care staff at all levels. This allows for the expansion of efficient eye care delivery, an increased number of patients treated, and an increased number of trained eye care specialists who can then train future eye care providers.

Meet Dr. Hlaing Win. In 2018, Dr. Win completed three months of short-term training in vitreoretinal surgery at the Tilganga Institute of Ophthalmology, Kathmandu, Nepal. A member of the Eye Department at the Eye & ENT Hospital located in Mandalay, Myanmar, Dr. Win was trained by Tilganga Master Trainer, Dr. Sanyam Bajimaya. Dr. Win’s main area of focus was vitreoretinal surgery, surgical management of diabetic retinopathy and surgical management of complex retinal detachment. Dr. Win plans to take these skills and teach them to other specialists in Myanmar.

“Learning about retinal diseases both medically and surgically, will contribute to the ongoing patient care at my hospital. Sharing knowledge and experiences to my colleagues is very important. I would like to thank HCP for giving me the opportunity to learn and increase my skills in vitreoretinal surgery. I will do my best to take care of my patients.”

Support for Dr. Win’s training was provided by HCP in partnership with Oregon Health & Science University’s (OHSU) Casey Eye Institute.
**HCP celebrates 10 Years in Ethiopia**

HCP’s greatest strength lies in our ability to build relationships with existing eye care providers, enhance training capacity, and develop and strengthen world-class eye care infrastructure yielding high-quality outcomes. We began our work in Ethiopia in 2008 with Dr. Tilahun Kiros, head ophthalmologist of the Quiha General Hospital & Tertiary Eye Care Center, during a series of cataract outreach events, which yielded 630 surgeries.

Today, HCP partners with 19 organizations, hospitals and clinics. Over the last decade we have screened 2,506,928 and performed 325,531 surgeries. By leveraging the strengths of all of our partners, we have helped develop and strengthen a robust eye care delivery system that is making great strides in reducing avoidable blindness in Ethiopia.

**Exceeding Expectations**

In 2018, HCP directly supported its partners in Ethiopia to perform 20,056 outreach surgeries over the course of 42 surgical campaigns – compared to 16,575 in 2017.

In collaboration with 19 partner institutions and the Federal Ministry of Health, HCP helped provide regular outpatient care and hospital-based surgeries in a variety of subspecialties, including 670,701 screenings and 62,439 surgeries, an average of 24% growth since last year.
I heard about HCP while I was a resident. The ophthalmology department had an existing strong partnership with HCP, and we, the residents, benefited greatly by acquiring practical exposure from the HCP supported cataract campaigns and guest lectures. I am very grateful for HCP for sponsoring my study.

The past decade has proven to be very pivotal in many aspects for eye care service in Ethiopia. Human and infrastructure capacity has shown incremental growth both in number and diversity. New surgical techniques in Cataract (transition from ECCE to SICS, familiarization of phaco), corneal transplant (PK, DSEK), Glaucoma (Ahmed tube, adjuvant antimetabolites), Retina, Pediatric and Oculoplastics has transformed the quality of surgical care. Similarly the diagnostic and therapeutic care have been influenced positively by the modern technologies in the field.

– DR. TESFAYE TADESSE, Addis Ababa University (AAU) / Menelik II Hospital, Ethiopia
Focus on Training

In 2018, HCP provided 169 training opportunities to ophthalmic personnel from Ethiopia, representing 28% growth over 2017. This included an increase in hands-on in-country workshops led by visiting HCP affiliated ophthalmologists as well as Master Trainers from the Tilganga Institute of Ophthalmology. Workshops included training in corneal surgery, pediatrics, oculoplastics, phacoemulsification, biomedical maintenance and capacity building of Ethiopian ophthalmic nurses in high volume cataract campaign management.

Ethiopia Eye Bank

In 2018, the Eye Bank of Ethiopia (EBE) successfully collected corneas for 299 transplants, 28% above target and 27% growth over 2017.

2018 Eye Bank Highlights

• Implemented DSAEK pre-cut capability
• Implemented amniotic membrane graft preparation capability
• Launched the Transplant Coordinator Program to drive surgeon engagement nationally

EBE Celebrates 15 Years

For the past 15 years, the Eye Bank of Ethiopia has worked tirelessly to reverse corneal blindness in the country through the collection and processing of donor corneas. Initially when the Eye Bank formed, there were no corneal transplant surgeons trained in the country. In 2011, HCP began working in partnership with the Ethiopian Ministry of Health, SightLife and Orbis International to increase efficiency of the Eye Bank and attract more ophthalmologists to the cornea subspecialty. Through a culmination of efforts among the partners, the Eye Bank’s capacity and impact have grown. From 2003 to 2018, the Eye Bank successfully distributed 2,117 corneas for transplant.

For 10 years we have worked with our dedicated Ethiopian partners to strengthen and deliver high quality eye care and reduce the backlog of cataract blindness in the country and I am so proud of the work we have accomplished together. Our impact continues to grow exponentially—especially through our efforts to train the next generation of eye care leaders for sub-Saharan Africa.

With enough resources and focused effort we can eliminate needless suffering from cataract blindness in Ethiopia in a decade.”

– DR. MATT OLIVA, HCP Board Member

HIMALAYAN CATARACT PROJECT
Cataracts continue to be the leading cause of low-vision and blindness in Ghana. In an effort to address the backlog and improve cataract care at the national level, the Ghana Health Service, in collaboration with the Himalayan Cataract Project, launched the National Cataract Outreach Program (NCOP). The NCOP was developed in collaboration with public, private and nonprofit stakeholders in Ghana to establish guidelines for expanding the reach of cataract care by increasing the quantity and improving the quality of cataract outreach campaigns in all regions of the country.

On September 17, dignitaries from the National and Regional health directorates, representatives from the Ghana Health Service, management and hospital staff from the Eastern Regional Hospital in Koforidua, community members, staff from HCP and patients waiting to receive sight-restoring surgeries attended the official launch event. During this outreach event, nearly 200 sight-restoring surgeries were performed.
In the past five years especially, through the sterling efforts of HCP, Ghana is benefiting greatly in subspecialty training in glaucoma, vitreo-retinal surgery, pediatric, anterior segment, etc., as well as the training of nurses and equipment technicians among others. Many eye institutions are benefiting from equipment upgrades, with the addition of state of the art eye center for Komfo Anokye Teaching Hospital in Kumasi many eye institutions are benefiting from equipment upgrades, with the addition of state of the art eye center for Komfo Anokye Teaching Hospital in Kumasi. HCP’s support for the national cataract surgical outreach program is a great boost to Ghana’s effort to eliminate avoidable blindness.”

— DR. VERA ESSUMAN, Senior Lecturer and Head of the Ophthalmology Unit, Department of Surgery, School of Medicine and Dentistry, College of Health Sciences, University of Ghana and a Pediatric Ophthalmologist/Ophthalmic Surgeon at Korle-Bu Teaching Hospital

Kevin Cox, Alder Security
Clinical Care
In 2018, HCP’s partners in Ghana provided eye screening and comprehensive care services for 145,623 people and performed 9,711 surgeries, including 6,021 conducted during outreach efforts - a 62% increase over 2017.

Training
In 2018, HCP provided 104 training opportunities for ophthalmic personnel from Ghana, as compared to just 28 in 2017. Trainings included five participants in three different subspecialty areas (cornea, pediatric, and neuroophthalmology), hands-on workshops in subspecialty and phacoemulsification, mid-level/allied health, residents and nine hands-on in-country subspecialty training programs, including cornea, vitreoretina, oculoplastics, phacoemulsification and pediatrics.

Highlights
• Dr. Vera Essuman participated in a 2-month pediatric subspecialty training at Sickkids Hospital in Toronto, Canada
• Dr. John Pajka traveled to KATH to lead his second phaco training workshop in early November, building upon the work he did with Drs. Amos Aikins, Akwasi Ahmed and Angie Ampong in May
• Drs. Scott McClintic and Sam Farmer provided a month-long vitreoretinal training at KATH
• Dr. Srijana Adhikari of Tilganga continued her mentorship of Dr. Dziffa Ofori-Adjei by conducting a week-long pediatric/phaco workshop at Korle Bu Teaching Hospital in November
HCP procured more than $3.14 million in ophthalmic equipment and supplies for programs in 14 countries. Funding from HCP supporters helps to ensure that dependable equipment and materials are available where and when needed for HCP programs.
**TRAINING**

**ENHANCING CATARACT & OPHTHALMIC SKILLS WORLDWIDE**

**TRAINEE COUNTRY BREAKDOWN**

- ETHIOPIA: 169
- NEPAL: 151
- GHANA: 104
- BHUTAN: 104
- TANZANIA: 2
- USA: 2
- NIGERIA: 1
- MYANMAR: 1
- KENYA: 1

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**TYPES OF TRAINING OPPORTUNITIES**

<table>
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<tr>
<th>Opportunity</th>
<th>Count</th>
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<tbody>
<tr>
<td>Hands-On Workshops</td>
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</tr>
<tr>
<td>Management Trainings</td>
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</tr>
<tr>
<td>Conference Attendees</td>
<td>54</td>
</tr>
</tbody>
</table>

**IN-COUNTRY WORKSHOPS**

- Total: 204
- Observerships: 6
- International Fellows: 2

**RESIDENT SUPPORT**

- (SICS outreach experience, residency rotations, workshops for residents (3), ICO Prep Course (70), lectures

- Subspecialty trainings: 14

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2018 ANNUAL REPORT
In 2018, 52 ophthalmologists participated in both hands-on trainings and observerships as part of ophthalmology subspecialty fellowships in pediatrics, cornea, retina, glaucoma, neuro-ophthalmology and uveitis. Training opportunities ranged from one week and to one year and took place in the U.S., Asia and Africa.

### TRAINING SUBSPECIALTY FELLOWSHIPS
Specialized Training Opportunities for Ophthalmologists

<table>
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<tr>
<th>Trainee</th>
<th>Home Country</th>
<th>Home Institution</th>
<th>Type of Training</th>
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<td>VR</td>
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<td>Dr. Sisay Bekele</td>
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<td>Retina</td>
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<td>Dr. Benjamin Sarkodie</td>
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<td>Apollo Cancer Institute, India</td>
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<td>PCEA Kikuyu</td>
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### OBSERVERSHIPS

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</table>
Building the Next Generation of Ophthalmologists

Residents represent the future of eye health for their countries. They are vital to the establishment of sustainable eye care systems and will go on to be the leaders in their respective institutions, regions and countries, driving towards eliminating needless blindness. Residents learn through lectures and hands-on training in a variety of clinical environments, including outreach surgical events. HCP supports hands-on surgical training and exposure at outreach settings, often with HCP affiliated ophthalmologists.

<table>
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<th>RESIDENT</th>
<th>HOME COUNTRY</th>
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<td>Outreach Participation</td>
<td>Hosanna</td>
</tr>
<tr>
<td>Dr. Joseph Kwarteng</td>
<td>Ghana</td>
<td>KATH</td>
<td>Outreach Participation</td>
<td>Techiman</td>
</tr>
<tr>
<td>Dr. Abigail Nyarko</td>
<td>Ghana</td>
<td>KATH</td>
<td>Outreach Participation</td>
<td>Techiman</td>
</tr>
<tr>
<td>Resident</td>
<td>Home Country</td>
<td>Home Institution</td>
<td>Type of Training</td>
<td>Location of Exchange</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
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<td>Ethiopia</td>
<td>Menelik II</td>
<td>Outreach Participation</td>
<td>Arbaminch</td>
</tr>
<tr>
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<tr>
<td>Dr. Addishiwot</td>
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<td>Sinskey</td>
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<tr>
<td>Dr. Sufa Adugna</td>
<td>Ethiopia</td>
<td>Jimma</td>
<td>Residency Rotation</td>
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<tr>
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<tr>
<td>Dr. Kwaku Kwarteng</td>
<td>Ghana</td>
<td>Korle Bu</td>
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<td>Outreach Participation</td>
<td>Arbaminch</td>
</tr>
<tr>
<td>Dr. Matyas Tesfaw</td>
<td>Ethiopia</td>
<td>Gondar</td>
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<td>Quiha</td>
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<td>Dr. Derese Firew</td>
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<td>Gondar</td>
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<td>Quiha</td>
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<tr>
<td>Dr. Argaw Abera</td>
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<td>Dr. Shanbel Sindolo</td>
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<td>Residency Rotation</td>
<td>Sinskey</td>
</tr>
<tr>
<td>Dr. Bethelihem Silesi</td>
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<td>Boru Meda</td>
</tr>
<tr>
<td>Dr. Rabawit Habtewold</td>
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<td>Bisidimo</td>
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<tr>
<td>Dr. Moltotal</td>
<td>Ethiopia</td>
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<td>Outreach Participation</td>
<td>Bisidimo</td>
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<tr>
<td>Dr. Abigail Nyarko</td>
<td>Ghana</td>
<td>KATH</td>
<td>Outreach Participation</td>
<td>Bolga</td>
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<tr>
<td>Dr. Saba</td>
<td>Ethiopia</td>
<td>Menelik II</td>
<td>Outreach Participation</td>
<td>Askum</td>
</tr>
</tbody>
</table>

During my residency, I received financial support from HCP, which helped me focus on my studies and be successful without any burdens. Later on, to increase the knowledge of myself and my peers, HCP organized guest lecturers to teach and share their experience with Ethiopian residents. To improve my skill, I had the opportunity to attend a high volume cataract surgery conducted in Merabete which was organized by HCP. Currently, I work at Quiha Eye Hospital, in the Tigray region - where there are only two ophthalmologists who serve more than eight million people. I work there is to share this burden and to serve the community where I am from.

–Dr. Haftamu Assefa, Quiha General Hospital & Tertiary Eye Care Center
In 2018, Affiliated Ophthalmologists provided 30+ weeks of critical teaching and mentoring at our implementing partner institutions in Nepal, Ethiopia, Rwanda, Kenya, Ghana and India. These hands-on, in-country workshops form the backbone of HCP training programs.

<table>
<thead>
<tr>
<th>AFFILIATED OPTHALMOLOGISTS</th>
<th>HOME INSTITUTE</th>
<th>COUNTRY VISITED</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Matt Bujak</td>
<td>University of Toronto</td>
<td>Ethiopia</td>
<td>Cornea</td>
</tr>
<tr>
<td>Dr. Sam Cady</td>
<td>Maine Eye Center</td>
<td>Ethiopia</td>
<td>Cataract</td>
</tr>
<tr>
<td>Dr. Mo Hartstein</td>
<td>Tel Aviv University (Yitzak Shamir Medical Center)</td>
<td>Ethiopia</td>
<td>Oculoplastics</td>
</tr>
<tr>
<td>Dr. Neda Nikpoor</td>
<td>HCP International Fellow</td>
<td>Ethiopia, Ghana, Kenya, Nepal, Tanzania, Rwanda</td>
<td>Cornea</td>
</tr>
<tr>
<td>Dr. Alison Jarstad</td>
<td>HCP International Fellow</td>
<td>Ethiopia, Ghana, Kenya, Nepal, Tanzania, Rwanda</td>
<td>Cornea</td>
</tr>
<tr>
<td>Dr. Huck Holz</td>
<td>Kaiser Permanente Medical</td>
<td>Ethiopia</td>
<td>Cornea</td>
</tr>
<tr>
<td>Dr. Doug Fredricks</td>
<td>Byers Eye Institute at Stanford</td>
<td>Ethiopia</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Dr. Michael Richard</td>
<td>Nigel Center for Cosmetic &amp; Laser Surgery</td>
<td>Ethiopia</td>
<td>Oculoplastics</td>
</tr>
<tr>
<td>Dr. Eric Letko</td>
<td>Colorado Permanente Medical Group</td>
<td>Ethiopia</td>
<td>Cataract</td>
</tr>
</tbody>
</table>
## Training
### Affiliated Ophthalmologist Exchanges

<table>
<thead>
<tr>
<th>Affiliated Ophthalmologists</th>
<th>Home Institute</th>
<th>Country Visited</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Anya Gushchin</td>
<td>Moran Eye Center, University of Utah</td>
<td>Ghana</td>
<td>Oculoplastics</td>
</tr>
<tr>
<td>Dr. Geoffrey Tabin</td>
<td>Byers Eye Institute at Stanford</td>
<td>Ghana, Ethiopia, Nepal, Kenya, Rwanda, India</td>
<td>Cataract &amp; Cornea</td>
</tr>
<tr>
<td>Dr. Anna Fakedej</td>
<td>Carolina Eye Associates, NC</td>
<td>Ethiopia</td>
<td>Cataract</td>
</tr>
<tr>
<td>Dr. Barb Erny</td>
<td>ASCRS</td>
<td>Ethiopia</td>
<td>Cataract</td>
</tr>
<tr>
<td>Dr. Matt Oliva</td>
<td>Medical Eye Center</td>
<td>Ethiopia</td>
<td>Cornea &amp; Cataract</td>
</tr>
<tr>
<td>Dr. Michael Fellmeier</td>
<td>University of Nebraska Medical Center</td>
<td>Ethiopia</td>
<td>Cornea &amp; Cataract</td>
</tr>
<tr>
<td>Dr. Jason Dimmig</td>
<td>Bend Ophthalmology, OR</td>
<td>Ethiopia</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Dr. Eric Hansen</td>
<td>Moran Eye Center, University of Utah</td>
<td>Ghana</td>
<td>Retina</td>
</tr>
<tr>
<td>Dr. John Welling</td>
<td>Medical Eye Center</td>
<td>Ghana</td>
<td>Cataract</td>
</tr>
<tr>
<td>Dr. John Pajka</td>
<td>Pajka Eye Center</td>
<td>Ghana</td>
<td>Cataract</td>
</tr>
<tr>
<td>Dr. Alan Crandall</td>
<td>Moran Eye Center, University of Utah</td>
<td>Ethiopia</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Dr. In Hei Hahn</td>
<td>Patient First, MD</td>
<td>Ethiopia</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Dr. Scott McClintic</td>
<td>Retina Consultants, OR</td>
<td>Ghana</td>
<td>Retina</td>
</tr>
<tr>
<td>Dr. Sam Farmer</td>
<td>Retina Consultants, OR</td>
<td>Ghana</td>
<td>Retina</td>
</tr>
<tr>
<td>Dr. Robert Hoffman</td>
<td>Moran Eye Center, University of Utah</td>
<td>Nepal</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Dr. Paul Bernstein</td>
<td>Moran Eye Center, University of Utah</td>
<td>Ghana</td>
<td>Retina</td>
</tr>
<tr>
<td>Dr. Sanyam Bajimaya</td>
<td>Tilganga Institute of Ophthalmology, Nepal</td>
<td>Ghana</td>
<td>VR</td>
</tr>
<tr>
<td>Dr. Govinda Paudyal</td>
<td>Tilganga Institute of Ophthalmology, Nepal</td>
<td>Ghana</td>
<td>VR</td>
</tr>
<tr>
<td>Dr. Bidya Pant</td>
<td>Dhangadhi Netralaya Eye Hospital, Nepal and Tipitaka</td>
<td>Ethiopia</td>
<td>Cataract</td>
</tr>
<tr>
<td></td>
<td>Chakuplala Eye Hospital, Myanmar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Geoff Woodruff</td>
<td>Leicester Royal Infirmary UK</td>
<td>Ethiopia</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Dr. Sirjana Adhikari</td>
<td>Tilganga Institute of Ophthalmology, Nepal</td>
<td>Ghana</td>
<td>Pediatrics</td>
</tr>
</tbody>
</table>
### Financials

#### Statement of Financial Position

**December 31, 2018**

The Statement of Financial Position and the Statement of Activities for the Year ended December 31, 2018 have been drawn from audited financial statements. To obtain copies of the complete 2018 audited financial statements, please contact us at info@cureblindness.org.

#### Designated Net Assets

The designated net assets of HCP consist of the following:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endowment</strong></td>
<td>$3,537,110</td>
</tr>
<tr>
<td><strong>Education and Training Fund</strong></td>
<td>$40,677</td>
</tr>
<tr>
<td><strong>Contingency Fund</strong></td>
<td>$1,557,368</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$5,135,155</td>
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#### Assets

**Current Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and equivalents</td>
<td>$2,262,175</td>
</tr>
<tr>
<td>Investments</td>
<td>6,399,975</td>
</tr>
<tr>
<td>Grants and contributions receivable</td>
<td>1,665,523</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>15,384</td>
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<tr>
<td>Inventory</td>
<td>1,045,334</td>
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<tr>
<td>Deposits on equipment and consumables</td>
<td>419,532</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>50,230</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>11,858,153</td>
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</table>

**Fixed Assets**

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>Property and equipment</td>
<td>36,682</td>
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<tr>
<td>Less: Accumulated depreciation</td>
<td>(33,815)</td>
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<tr>
<td><strong>Net Fixed Assets</strong></td>
<td>2,867</td>
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**Other Assets**

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Security deposits</td>
<td>1,250</td>
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<tr>
<td>Grants receivable, net of current portion</td>
<td>182,618</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$12,044,888</td>
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#### Liabilities and Net Assets

**Current Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable &amp; accrued liabilities</td>
<td>$637,743</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
<td>637,743</td>
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</table>

**Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without donor restrictions</td>
<td>9,507,904</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>1,899,241</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>11,407,145</td>
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</tbody>
</table>

**Total Liabilities and Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$12,044,888</td>
</tr>
</tbody>
</table>
# Financials

## Statement of Activities

For Year Ended December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$3,551,146</td>
<td>$425,748</td>
<td>$3,986,894</td>
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<tr>
<td>Foundation grants</td>
<td>376,500</td>
<td>3,435,618</td>
<td>3,812,118</td>
</tr>
<tr>
<td>Contributed services &amp; materials</td>
<td>2,391,152</td>
<td>-</td>
<td>2,391,152</td>
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<tr>
<td>Government grants</td>
<td>675,829</td>
<td>-</td>
<td>675,829</td>
</tr>
<tr>
<td>Investment income</td>
<td>(52,777)</td>
<td>-</td>
<td>(52,777)</td>
</tr>
<tr>
<td>Technology &amp; procurement program revenue</td>
<td>86,427</td>
<td>-</td>
<td>86,427</td>
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<tr>
<td>Net assets released from donor restrictions</td>
<td>2,884,078</td>
<td>(2,884,078)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total revenue &amp; support</strong></td>
<td><strong>$9,912,355</strong></td>
<td><strong>987,288</strong></td>
<td><strong>$10,899,643</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Care and Education</td>
<td>8,945,998</td>
<td>-</td>
<td>8,945,998</td>
</tr>
<tr>
<td>Support Services:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>757,384</td>
<td>-</td>
<td>757,384</td>
</tr>
<tr>
<td>Fundraising</td>
<td>532,017</td>
<td>-</td>
<td>532,017</td>
</tr>
<tr>
<td><strong>Total Support Services</strong></td>
<td><strong>1,289,401</strong></td>
<td>-</td>
<td>1,289,401</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$10,235,399</strong></td>
<td>-</td>
<td><strong>$10,235,399</strong></td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td><strong>(323,044)</strong></td>
<td>987,288</td>
<td>664,244</td>
</tr>
<tr>
<td><strong>Net Assets: Beginning of Year</strong></td>
<td><strong>9,830,948</strong></td>
<td>911,953</td>
<td>10,742,901</td>
</tr>
<tr>
<td><strong>Net Assets: End of Year</strong></td>
<td><strong>$9,507,904</strong></td>
<td><strong>$1,899,241</strong></td>
<td><strong>$11,407,145</strong></td>
</tr>
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</table>
FINANCIALS

REVENUE AND EXPENSES
FY 2018

CONTRIBUTIONS
REVENUE BY SOURCE

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>A: Individuals</td>
<td>37%</td>
<td>$3,986,894</td>
</tr>
<tr>
<td>B: Foundations</td>
<td>35%</td>
<td>$3,812,118</td>
</tr>
<tr>
<td>C: Government</td>
<td>6%</td>
<td>$675,829</td>
</tr>
<tr>
<td>D: Gifts in Kind</td>
<td>22%</td>
<td>$2,391,152</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>$10,865,994</td>
</tr>
</tbody>
</table>

EXPENSE ALLOCATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Program</td>
<td>87%</td>
<td>$8,945,998</td>
</tr>
<tr>
<td>B: Mgmt. &amp; General</td>
<td>7%</td>
<td>$757,384</td>
</tr>
<tr>
<td>C: Fundraising</td>
<td>5%</td>
<td>$532,017</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>$10,235,399</td>
</tr>
</tbody>
</table>

PROGRAM EXPENSE BY REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Himalayas:</td>
<td>38%</td>
</tr>
<tr>
<td>Sub-Saharan Africa:</td>
<td>60%</td>
</tr>
<tr>
<td>Other:</td>
<td>2%</td>
</tr>
</tbody>
</table>

2018 ANNUAL REPORT
The generous financial support of HCP’s donors is enhanced by the invaluable services of volunteers who share their time, expertise and services, as well as businesses, organizations and individuals that provide equipment, consumables and goods for our work. The medical volunteers assist in our educational programs, teaching the next generation of ophthalmologists from the developing world. The non-medical volunteers share their special expertise and promote the organization.

The Himalayan Cataract Project greatly appreciates the generosity of the following businesses, organizations and individuals that contributed in-kind support, totaling more than $2,092,500.

<table>
<thead>
<tr>
<th>EQUIPMENT, CONSUMABLES AND GOODS</th>
<th>NON-MEDICAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcon</td>
<td>Alder Security</td>
</tr>
<tr>
<td>Dr. Michael Feilmeier</td>
<td>Kevin Cox</td>
</tr>
<tr>
<td>Tom and Lynn Fey</td>
<td>John Kernick</td>
</tr>
<tr>
<td>Dr. Roger Furlong</td>
<td>Ace Kvale</td>
</tr>
<tr>
<td>Carl Zeiss Meditec</td>
<td>Marie Lemonier</td>
</tr>
<tr>
<td>Johnson &amp; Johnson Vision</td>
<td>Eric Perlman</td>
</tr>
<tr>
<td>Midwest Eye Center</td>
<td>Adam Schanz</td>
</tr>
<tr>
<td>Volk/Halma Group</td>
<td>Jon Spangsvig</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL VOLUNTEERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Paul Bernstein</td>
<td>Dr. John Pajka</td>
</tr>
<tr>
<td>Dr. Matt Bujak</td>
<td>Dr. Michael Richard</td>
</tr>
<tr>
<td>Dr. Sam Cady</td>
<td>Dr. Jeff Rutgard</td>
</tr>
<tr>
<td>Dr. Alan Crandall</td>
<td>Dr. Geoff Tabin</td>
</tr>
<tr>
<td>Dr. Jason Dimmig</td>
<td>Dr. John Welling</td>
</tr>
<tr>
<td>Dr. Barbara Erny</td>
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