

 orbis

2015

A close-up photograph of a young Black woman smiling warmly at a baby she is holding. The woman is wearing a patterned top with green, yellow, and brown spots. The baby is wearing a white shirt with a red collar. The background is a blurred orange and white pattern.

**ORBIS AFRICA  
ANNUAL REPORT**

# WHO WE ARE AND WHAT WE DO

Orbis Africa is part of Orbis International, a global non-profit organisation dedicated to preserving and restoring the sight of people in the poorest communities around the world.

As one of the leading members of the International Agency for the Prevention of Blindness (IAPB), Orbis is known for its prevention and treatment strategies against avoidable blindness.

Orbis Africa was established in 2010, and our head office is in Cape Town.

We recognise that while all eye health services across Sub-Saharan Africa are scarce, services for children are particularly rare. That's why a significant part of our work focuses on child eye health. We manage two large initiatives in Sub-Saharan Africa: The Child Eye Health initiative focuses on a comprehensive model for child eye health in the region to strengthen existing services and establish new services.

The Human Resources for Eye Health (HReH) Strengthening initiative, in partnership with IAPB Africa, supports the development of human resources to strengthen eye health in the region.

We work with local partners to develop their capacity for accessible, high quality, sustainable eye health services for all, regardless of their ability to pay. We do this by developing infrastructure, providing training to local doctors, nurses and community members, and conducting outreach services.

Orbis partners closely with the existing healthcare systems in the areas where we work. By collaborating with mainstream doctors and universities, and ensuring that our programmes speak to the latest scientific research on eye health, we make sure that we bring optimal eye health to as many people as possible. That said, we also work within community-based systems (such as engaging traditional healers and women's

groups) to augment the work we do in the formal healthcare system.

All our programmes are designed for clinical and medical excellence and are informed by sound research.

We also advocate prioritising eye health on national agendas, and are passionate about campaigning for public awareness and education.

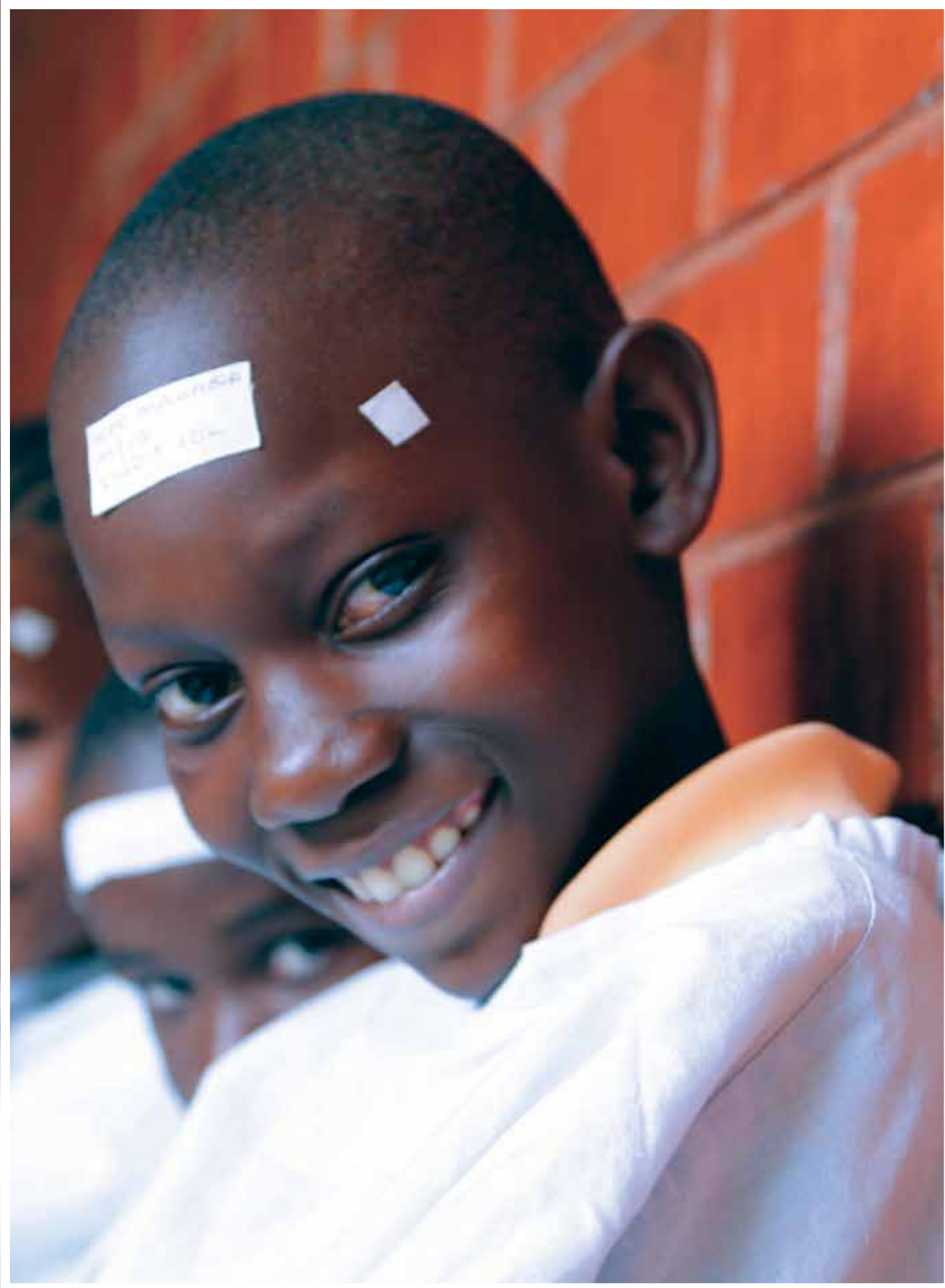
The ultimate goal of our work is to preserve or restore the sight of people living in highly impoverished communities in Africa.

We strengthen eye health systems from community through primary-, secondary- and tertiary levels and raise awareness to make sure that services are used by the target beneficiaries in the countries where we work.

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# WELCOME

We are proud to present here our annual report which, we hope, captures the heart, soul, facts and figures of what we've achieved during 2015.

At Orbis we are passionate about eye health – our mission is the elimination of avoidable blindness worldwide. This touches people's lives in many diverse ways, including their general health, poverty alleviation, gender equality, early childhood development and education. Restoring a child's eyesight allows them to study, work, contribute to their community and enhance their economy. It also allows that child to live an independent life thus freeing their family from the burden of looking after them.

Our strategy to fulfil our mission includes:

- Building strong partnerships across different sectors
- Innovations that work for real people in a real world
- A long-term view of eye health as part of the Sustainable Development Goals

A heartfelt thank you to all our partners without whom restoration of sight for millions of the poorest people in the world and the development of the world's eye health would remain an unfulfilled hope.



Seated among you are the leadership of Orbis Africa. Through their Vision 2020 project, they aim to eliminate avoidable blindness by the year 2020 – recognising that '80% of all visual impairment can be avoided or cured'. I mention this both because of my personal involvement with the project, in recognition of the importance of their work, and as a window to both the context and content of today's address – which centres on the kind of vision required to grow the South African economy."

*Address by Former President of South Africa Kgalema Motlanthe at the American Chamber of Commerce Annual General Meeting, Johannesburg, March 2016*

Lene Øverland  
CEO: Orbis Africa

Dr Robert F. Walters  
Chair: Orbis Africa





# OUR IMPACT

When sight is restored to the visually impaired, or when blindness is prevented, it doesn't just improve the lives of individuals - it strengthens their families and communities. By developing resources and employing the expertise of eye health professionals around the world, we're giving countless communities access to quality eye healthcare, and transforming lives in the process.



## IN PROGRAMMES SUPPORTED BY ORBIS AFRICA IN 2015:

69

TRAINING OPPORTUNITIES WERE PROVIDED FOR DOCTORS

639

SUPPORT STAFF WERE TRAINED INCLUDING NURSES, BIOMEDICAL ENGINEERS, TEACHERS AND OTHER HEALTHCARE PROFESSIONALS AND VOLUNTEERS.

2 900

EYE SURGERIES/LASER TREATMENTS WERE PERFORMED BY PARTNER INSTITUTIONS ON ADULTS AND CHILDREN.

88 052

MEDICAL AND OPTICAL TREATMENTS WERE CONDUCTED BY PARTNER INSTITUTIONS ON ADULTS AND CHILDREN.

199 914

SCREENINGS AND EXAMINATIONS WERE CONDUCTED.





# OUR WORK

Orbis Africa is dedicated to saving sight in Africa through comprehensive eye health for children and adults. During childhood and into adulthood, impaired vision or blindness hampers access to education and employment opportunities that allow individuals to provide for their families. Those affected also suffer from social exclusion and in old age are not part of a cohesive community. By saving sight, Orbis Africa helps prevent these problems.

## HUMAN RESOURCES FOR EYE HEALTH

Human Resources are the cornerstone of any successful health system. Without them, the complex health needs of communities go unmet. According to the World Health Organisation (WHO) 57 countries are currently in crisis when it comes to Human Resources for Health. Of those, 36 are in Sub-Saharan Africa.

Innovative strategies to address these shortages in human resource are more urgent than ever. Across Africa, an estimated 4.8 million people are blind and a further 16.6 million are moderately to severely impaired, making it essential for us to improve on the quality of graduates and the outcomes of eye health training institutions across Sub-Saharan Africa.

Orbis Africa in partnership with IAPB Africa and the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) will roll out Human Resources for Eye Health strengthening activities in East-, Central- and Southern Africa. Orbis Africa's work will center around Kenya, Malawi, Rwanda, Tanzania and Uganda.

## CHILD EYE HEALTH

Visual development takes place during the first two years of a child's life. Visual perception is developed in the brain, so as a child grows, their brain learns how to use their eyes to see. Any problems in this developmental stage need to be treated as early as possible while their brain is still learning to see, otherwise they risk having poor vision for life.

This has devastating social as well as medical implications; children miss out on school and become a burden to families already suffering from a lack of resources.

By providing the tools, training and technology to local partners, we aim to develop lasting solutions to avoidable blindness and visual impairment. To this end, and with our special interest in children for the reasons mentioned, Orbis Africa is committed to establishing or strengthening ten Child Eye Health Tertiary Facilities by 2020.





# OUR WORK CONTINUED

Orbis Africa will strengthen its work in Human Resources for Eye Health through its different programmes and tools. These include:

#### THE ORBIS FLYING EYE HOSPITAL

*The world's only flying ophthalmic teaching hospital*

#### THE ORBIS VOLUNTEER FACULTY

*Volunteer medical professionals providing high quality skills exchange and training to local partners*

#### THE CYBERSIGHT TELEMEDICINE PLATFORM

*An ophthalmic telemedicine website offering patient consultation, mentoring and learning resources*

#### HOSPITAL-BASED PROGRAMMES

*Providing hands-on experience and skills exchange working alongside local counterparts*

### CAMEROON

Cameroon is home to 19.6 million people, with just over half living in urban centres. An estimated 230,000 Cameroonians are blind while 600,000 suffer from severe visual impairment. For almost half of those who are blind, cataract is the cause. Other major causes include glaucoma, onchocerciasis and trachoma. Yaoundé, Cameroon's capital with a population of approximately 2.5 million, is estimated to have 90,000 blind and visually impaired adults and children. In this area, screenings and referrals for eye disease, and access to quality eye care for the impoverished remain grossly inadequate. In 2012 Orbis Africa was invited by the Prime Minister to support investment in quality eye health services. Orbis now works with the Cameroonian Ministry of Health to strengthen eye health services - in particular adult cataract services at the Yaoundé Central Hospital. Orbis is also working with the Magrabi Foundation to establish a Paediatric Teaching and Training Centre at the Magrabi International Council of Ophthalmology Cameroon Eye Institute.

### GHANA

Ghana's population is around 25 million, 40% of whom are under 15. More than 9,000 children are blind, with the main causes including corneal scarring, congenital cataract, glaucoma, retinal and optic nerve disease and whole globe abnormalities. Of these causes, 50% to 70% are avoidable or treatable. Orbis is working in the Ashanti region with a focus on comprehensive child eye health, strengthening the capacity of tertiary paediatric services at our partner Komfo Anokye Teaching Hospital (KATH). Phase 2 of this focuses on increasing awareness at community level, and improving services so that uptake is better. Working closely with the formal health sector, our focus is on comprehensive training for health cadres at primary level. We are also engaged in community education, training of teachers, and involving Queen Mothers and traditional healers in four districts surrounding KATH.

# OUR WORK CONTINUED

## SOUTH AFRICA

South Africa is home to just under 55-million people. It is often viewed as an affluent nation, yet it is one of the most unequal nations in the world with some living in extreme wealth but a great many more living in abject poverty. According to Statistics South Africa, more than 435,000 people in South Africa have low vision. Early detection and intervention could prevent a rapid growth in this number. The need for training is therefore urgent and critical, in eye health in general and also in sub-specialities. Paediatric ophthalmology is a crucial gap in the system as it means many cases are left untreated during childhood, leading to irreversible vision loss later on.

## KWAZULU-NATAL

Almost a third of South Africa's blind children reside in KwaZulu-Natal (KZN) which is believed to have a childhood blindness prevalence nearly twice that of the rest of the country. In KZN, screening, referrals and quality eye care for the poor are very scarce. Rural clinics in particular are under-resourced, under-staffed and ill-equipped to cope with the number of children living with treatable conditions such as cataract.

Orbis Africa has been working in partnership with the KZN Department of Health since 2011 to strengthen eye health services in the province. In the first phase, Orbis Africa focused its efforts on the Inkosi Albert Luthuli Central Hospital, a quaternary-level institution in Durban, supporting the development of a child eye health unit through the provision of human resource development, supplies and equipment. Similar support is currently being provided at tertiary and secondary levels, and at district level within communities. Over the last three years Orbis Africa has trained over 300 primary healthcare nurses in basic paediatric eye health and care across KZN.

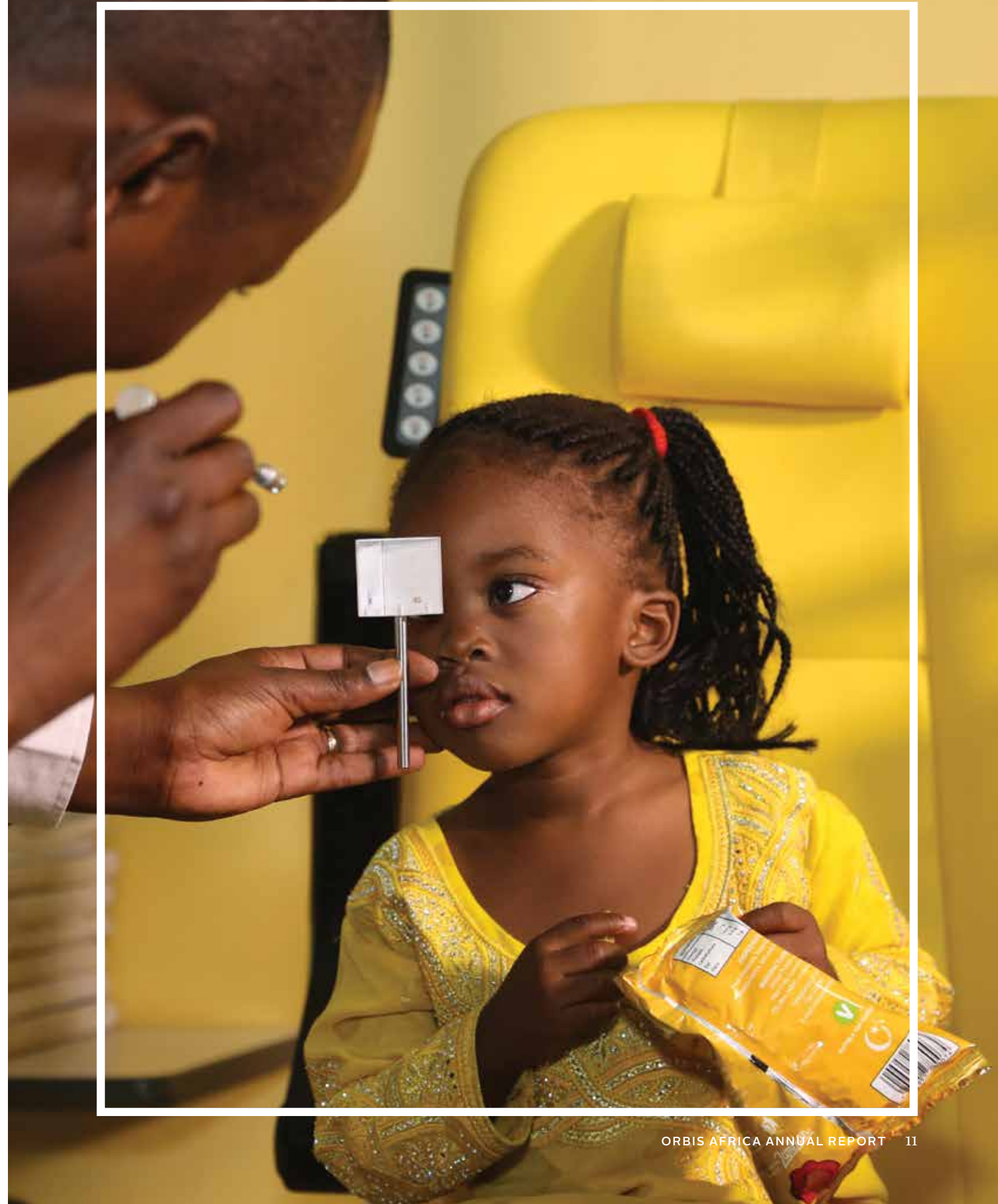
## GAUTENG

Despite its small geographical size, Gauteng province is home to a quarter of the country's total population: over 12-million people. 70% of these people depend on public healthcare, with facilities unable to cope with the sheer number of patients seeking care. This makes quality service unrealistic: for example, the province failed to reach its adult cataract surgical target of 1500 operations per million during three of the past five years. This means the backlog currently sits at 3500, with patients waiting for several months at a time to undergo surgery. As a response, the national Department of Health identified Chris Hani Baragwanath Hospital and Bheki Mlangeni District Hospital as priority development sites.

## ZAMBIA

A total of 76 facilities offer eye health services in Zambia, but their geographical position favours urban areas. There is one ophthalmologist for every 725,000 Zambians and one clinical officer for every 373,000 persons. Cataract, corneal scarring, glaucoma and diabetic retinopathy are the major blinding diseases. Orbis Africa's work in Zambia is strongly aligned to the country's National Eye Health Strategic Plan (2016-2020) in which both child eye health and human resources for eye health (HReH) are priorities.

Three key projects are being implemented by Orbis Africa in Zambia: in North Western Province, Orbis Africa continues to work across all levels of eye health throughout the province's eight districts, with a focus on increasing the cataract surgical rate and implementing trachoma control and prevention in areas with prevalence above 10%. In Copperbelt Province, Orbis Africa has commenced expansion of its child eye health programme from tertiary level to community-, primary- and secondary levels of care in the province's ten districts. In Lusaka, Orbis Africa has made important headway in its HReH project at the University Teaching Hospital and the Chainama College of Health Sciences resulting in critical skills development.





# VOLUNTEER FACULTY

Internationally, Orbis maintains an active pool of more than 450 volunteer medical faculty with a high level of expertise, many from the world's most prestigious eye health institutions. These volunteer medical professionals provide skills exchange and training to local partners.



“Choosing to become an Orbis Volunteer Faculty (VF) made perfect sense to me. When I was a young registrar I was involved in an adult cataract outreach programme where you were able to perform 10 to 15 operations every day over a 3-day period. While it was extremely rewarding as I was able to perform many surgeries and make a difference in people's lives, it was clear that the impact was short-lived. As a VF for Orbis I am able to play a part in bringing about lasting change and do what I love most – teaching. I am able to use my experience through hospital – based training programmes in Africa, to help grow the skills of other doctors who are passionate about restoring sight.”

*Orbis VF Dr Travis Pollock (FCSOphthSA) Paediatric Ophthalmology & Strabismus,  
Red Cross War Memorial Children's Hospital*





# 2015 CONSOLIDATED FINANCIAL SUMMARY

This report illustrates an overview of the consolidated statement of comprehensive income for Project Orbis International Inc. and Orbis Africa NPC.

## INCOME

A total income of R59.24 million which includes investment income of R290K was recorded during 2015. Our income is generated from donations received mainly from Project Orbis International, Inc. and Orbis Charitable Trust, Corporations, Trust and Foundation. Included in the income is the recorded Gift in Kind of R25.18 million.

## EXPENDITURE

92% or R54.68-million of income was invested in implementing our projects in blindness prevention training, screening, treatments and surgeries.

85% or R46.39-million was a direct investment into programme delivery costs.

10% or R5.41-million was used to support programme delivery and includes coordination costs.

5% or R2.88-million was used for fundraising and communication costs.

*\*Project Orbis International Inc. has been successfully deregistered with Companies and Intellectual Property Commission.*



Lene Øverland  
CEO: Orbis Africa



Dr Robert F. Walters  
Chair: Orbis Africa

For further information you can obtain audited financial statement from our offices or visit our website [www.orbis.org.za](http://www.orbis.org.za)

## 2015 AT A GLANCE

TOTAL REVENUE

**R59.24m**

TOTAL EXPENSES

**R54.68m**

DIRECT PROGRAMME COSTS

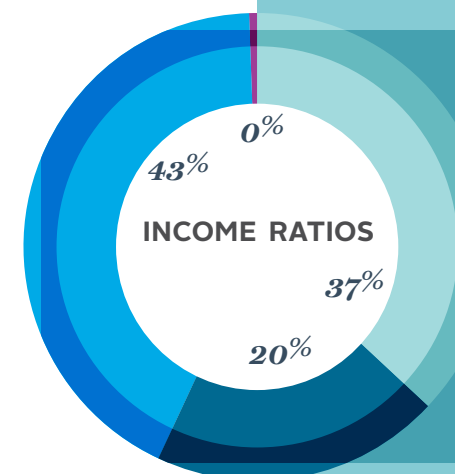
**R46.39m**

FINANCE & ADMINISTRATION COSTS

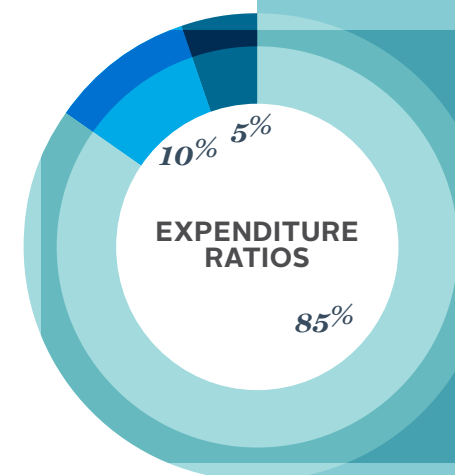
**R5.41m**

FUNDRAISING & COMMUNICATION COSTS

**R2.88m**



- RESTRICTED INCOME
- UNRESTRICTED INCOME
- GIFTS IN KIND
- INVESTMENT INCOME



- DIRECT PROGRAMME COSTS
- FINANCE & ADMINISTRATION COSTS
- FUNDRAISING & COMMUNICATIONS COSTS



# LEADERSHIP & DONORS

## ORBIS AFRICA BOARD OF DIRECTORS 2015

<b>Mr Robert F Walters</b> FRCS, FRCS (Ed), FRCOphth, DO Chair	Professor Emeritus <b>Shirley Pendlebury</b> Director	<b>Ms Lene Øverland</b> Director	<b>Mr Adrian J Paull</b> Director
Professor Emeritus <b>Anthony Murray</b> Director	Professor <b>Debra Meyer</b> Director	<b>Mr Nigel Young</b> Director	Professor <b>John Macgregor</b> Director
		<b>Ms Rebecca Cronin</b> Director	Professor <b>Shirley Zinn</b> (Resigned 16 March 2016)

## ORBIS AFRICA AMBASSADORS 2016

**Dr Michael Mol**  
**Mr Pradeep Maharaj**  
**Professor Shirley Zinn**

## ORBIS AFRICA TEAM 2016

### EXECUTIVE MANAGEMENT TEAM

**Lene Øverland:** Chief Executive Officer  
**Papate A Mphahlele:** Director of Finance & Operations  
**Reshma Dabideen:** Director of Programme  
**Helen White:** Director of Communications and Fundraising

### CAPE TOWN

**Andiswa Madinda:** Logistics Coordinator  
**Chantal Le Fleur-Bellerose:** Monitoring & Evaluation Manager  
**Christa Robijn:** Fundraising Manager  
**Eleanor McNab:** Head of Programme Management  
**Frano Loots:** Communications Officer  
**Halli Manolakos-Tsehisi:** Head of Programme Development  
**Karen Kemp:** Fundraising Admin Assistant  
**Kira-Leigh Kuhnert:** Global Advocacy Coordinator  
**Nomboniso Mnyameni:** Finance Officer  
**Ntombenhle Mkhize:** Project Manager  
**Sanlee Orovan:** Operations Manager  
**Sasha Ho-Tong:** Operations Officer  
**Tammy Merrill:** Programme Development Manager  
**Ursula van Rooyen:** Office Aide

**Venaisha Naidoo:** Executive Support Officer  
**Vanessa Djoumessi Kenfack:** Grant Accountant  
**Zukisa Mqhele:** Accountant

### DURBAN

**Vusumuzi Lushaba:** Programme Manager

### CAMEROON

**Adeline Tcheboh:** Finance Assistant  
**Hortance Manjo:** Country Representative

### ZAMBIA

**Boyd Kamayoyo:** Finance Officer  
**Generous Mukanga:** Country Representative  
**Lucia Nadaf:** Project Officer - Copperbelt Province Zambia  
**Moffat Shawa:** Project Officer - North West Province Zambia  
**Shadrack Mwaba:** Project Assistant  
**Webster Bwalya:** Finance Officer

### GHANA

**Anowuo Nsiah-Ababio:** Programme Manager  
**Maria Hagan:** Advisor

## SOUTH AFRICA DONORS 2015

### GIFTS IN KIND

Zambian Ministry of Health

### GRANTS

#### R1,000 000+

Discovery Fund  
Standard Chartered Bank

#### R200 000+

Discovery Foundation

#### R50 000+

Patel Foundation  
Victor Daitz Foundation

#### R5 000+

Capital Equipment Group  
GENOP (Epi-max)

### INDIVIDUALS

Ajay Soni  
Alex Levin  
Amber Fenton  
Amit Bhatt  
Andrea Molinari  
Andrew Collin  
Andrew Neely  
Anneke Du Plessis  
Arisha Ramsaran  
Ashima Gupta  
Asokan Moodley  
Barry Pinchoff  
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Faramarz Hidaji  
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	CSE	Northmec	

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Non Profit Organisation No 126-853 NPO