Helen Keller International works in the most vulnerable countries around the world with headquarters in New York City, regional offices in Senegal and Cambodia, and an affiliate in France.
As We Reach In, Families and Communities Lift Up

Helen Keller International is committed to sharing our expertise with local partners so that our advantages become theirs, too. This process starts each time we work with local organizations to develop customized models to prevent blindness and reduce malnutrition that respond to the community’s specific health needs and realities. Once those models are tested and proven, we collaborate and advocate with national governments and organizations to integrate them into the health care infrastructure so interventions can be taken to full scale and reach millions in need.

Why is this approach so effective? Why is it better than simply giving money to the local communities?

The success of our programs is due to our technical abilities, and our extensive experience in similar contexts. Money, in fact, is the least of what HKI brings. The more important currencies are knowledge and 

Our Mission

The mission of Helen Keller International is to save the sight and lives of the most vulnerable and disadvantaged. We combat the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health, and nutrition.

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expertise about, for example, proven and tested methods to prevent blinding trachoma, how to provide high-quality cataract surgeries in under-resourced communities, and which nutrition practices are essential for young children.

As an example, in Indonesia, HKI has recently begun to address refractive error in school children by bringing our successful ChildSight® program to underserved communities in the country.

ChildSight® has been active in the United States for 17 years, and has reached over 1.4 million students. We have perfected our model so that it’s cost-effective and efficient in eliminating the barriers to getting prescription eyeglasses. In the U.S., HKI brings the vision screening directly to the public schools and returns within a week to deliver the free glasses.

In Indonesia, we realized that it would be possible to train the teachers to conduct the vision screenings themselves. Research had demonstrated that teachers can screen children ages 11 to 15 as accurately as optometrists, and we thought that also providing screenings and glasses to the teachers themselves would serve as an incentive. In the capital of Jakarta, after advocating with the government Ministries of Health and Education to ensure their commitment, HKI created training manuals and provided the tools, such as eye charts, for the teachers who were screening the children. We also developed materials for parents to educate them about the importance of vision health for their children. Since the program began, over 1,500 teachers have been trained who have in turn screened over 85,000 children; 16,500 of them received glasses.

Thanks to HKI’s advocacy with key government stakeholders, we’ve been able to expand the program to other areas in Jakarta and to another province. We’ve also begun a similar program in Vietnam based on the Indonesia model.

As you read about HKI’s work in 2011 in this report, there’s a common message: “Look at what we have been able to do, thanks to HKI.”

Thank you for the support you provided in 2011 to help achieve these successes.
HKI’s Global Impact

HKI works around the globe to address the urgent needs of those whose vision and health are at risk. The results of our efforts are dramatic and wide-ranging: school children in disadvantaged communities in the urban and rural United States can now see the blackboard and succeed in school… children in Africa routinely wash their faces to prevent trachoma… critically needed nutritional data from Bangladesh is informing life-saving policies… Neglected Tropical Diseases are addressed through partnerships with national health agencies… and much more.
Cataract Treatment

Responsible for more blindness and vision loss than any other cause, cataract affects some 62 million people (with 18 million totally blind)—a toll rising dramatically in countries with rapidly aging populations. HKI’s Comprehensive Cataract Care Model utilizes a public health approach to make cataract detection and treatment more available and affordable for patients, and more cost-effective for hospitals and clinics. The model also includes greater community awareness, faster patient identification and referral, and improved post-operative care.

For many of us, the millions of the world’s blind are largely hidden from view. HKI brings awareness and solutions so that we may see them, and they may see their future.

Vision loss in the developing world is a largely invisible epidemic, widely under-recognized in developed countries like the United States where basic eye care can be taken for granted. Worldwide, 39 million people are blind; yet more than 31 million of them could have had their blindness prevented or treated because 80 percent of all blindness is avoidable. Getting ahead of the causes of preventable blindness among populations most at risk is the core objective of HKI’s eye health programs.
ONCHOCERCIASIS CONTROL

The world’s second leading cause of preventable blindness, onchocerciasis afflicts at least 18 million people, primarily in Africa. Also known as “river blindness,” it is a major impediment to developing some of Africa’s most agriculturally productive areas, most of which lie alongside bodies of water where the disease is spread by the bites of the black fly. By training volunteer networks of community health workers to distribute annual doses of the drug ivermectin (Mectizan®, donated by Merck & Co., Inc.). HKI works with partners to eliminate river blindness as a public health problem within 15-20 years.

TRACHOMA CONTROL

Afflicting nearly 150 million people, of whom three-quarters are children, trachoma thrives in crowded, unsanitary conditions through contact with infected persons or flies. Left untreated, it leads to irreversible blindness. HKI implements the WHO-endorsed SAFE Strategy (Surgery/ Antibiotics/ Face cleanliness/ Environmental improvements) through community-based programs and health worker training to perform surgery on the end-stage result of trachoma, trichiasis. Because daily face-washing substantially reduces infection risk, HKI’s in-school education program motivates children to adopt this and other preventive habits and bring them home to siblings and parents.

VISION CORRECTION/ CHILDSIGHT®

Refractive error—more commonly known as near-sightedness, far-sightedness, and astigmatism—occurs in 25 percent of all US children ages 10-15. Yet in-school vision screening is largely non-existent in underserved communities, leaving countless cases of refractive error undiagnosed and its sufferers unable to achieve their full academic or vocational potential. ChildSight® brings free vision screening and eyeglasses to at-risk children living in urban and rural poverty. In a typical school year, ChildSight® screens more than 100,000 students and provides more than 14,000 free prescription eyeglasses in six states. Its consistent success has catalyzed expansion to targeted countries in Africa and Asia.

DIABETIC RETINOPATHY TREATMENT

Of some 220 million people with diabetes worldwide, 50 percent will suffer vision loss due to diabetic retinopathy (DR) within 15 years of their diagnosis. Early detection of the vision complication is critical, as untreated DR can lead to blindness. Many health systems in developing countries are ill-equipped to provide the necessary screening and treatment to avoid this vision loss. HKI and our partners improve access to, and long-term compliance with, DR care, especially among the poor, by establishing collaborative networks to identify and refer cases on a timely basis, provide quality treatment, and keep patients in the healthcare system once identified.

Blindness
Malnutrition affects almost one billion children and adults in the developing world. It is the single biggest contributor to child mortality, and is implicated in the deaths of over 7,000 children under age five every single day. Malnutrition also causes stunting and permanent disability, severely reducing a child’s potential.

Vitamin A deficiency alone is a major cause of child mortality and the leading cause of childhood blindness.

HKI works to alleviate malnutrition permanently through a range of sustainable and direct-impact programs.

Children under two and pregnant and lactating women are the most likely to suffer from the devastating effects of malnutrition. To address this, HKI implements the Essential Nutrition Actions (ENA) framework to deliver an integrated package of cost-effective nutrition actions that can reduce maternal and child undernutrition and associated illness and death. HKI teaches health and community agents to counsel and work with families so they adopt optimal behaviors including vitamin A supplementation, immediate and exclusive breast-feeding, enriched complementary feeding with continued breast-feeding for children over six months, nutritional care for sick children, and anemia control.
VITAMIN A SUPPLEMENTATION

Approximately one-third of the developing world’s children under age five suffer from vitamin A deficiency (VAD). An estimated 670,000 children die annually from causes linked to VAD and 350,000 go blind. Yet twice-yearly distribution of vitamin A capsules, costing just $1 per child per year, has led to remarkable success in preventing those tragic consequences. HKI is the global leader in designing, implementing, and monitoring annual vitamin A supplementation programs and advocating for continued investment to build on progress made to date. We also promote long-term strategies to control VAD, including the production and consumption of vitamin A-rich foods like orange-fleshed sweetpotatoes.

HOMESTEAD FOOD PRODUCTION

HKI believes that the primary role of non-profits is to help people help themselves until outside support is no longer needed. Our homestead food production programs improve the nutritional status of families, reduce poverty, and promote gender equality. At an average start-up cost of just $20 per garden, HKI provides nutrition education, training, seedlings, starter animals, and other resources to enable families and communities to produce enough nutrient-rich fruits, vegetables, and egg-producing poultry to feed themselves and generate income through sales of surplus produce.

FOOD FORTIFICATION

Micronutrient deficiencies create widespread health problems across the developing world. Anemia alone is a critical health issue for some two billion people—30 percent of the world’s population. HKI employs two primary approaches to deliver immediate and long-term solutions: we work with the private sector to fortify cooking oil and wheat flour with essential vitamins and minerals; and we develop and test channels to distribute supplements that can be added to food in-home.

MANAGING ACUTE MALNUTRITION

The pervasive malnutrition across much of Africa and Asia is often tragically exacerbated by famine, natural disasters, and civil conflict. HKI works with local partners to respond to food shortages by integrating Community-based Management of Acute Malnutrition (CMAM) into existing child survival and malnutrition prevention programs, providing a holistic approach to managing under-nutrition. Children with appetites are given high-nutrient foods that reverse the threat of malnutrition, while those with medical complications receive care in health centers or hospitals.
“Sure the world is full of trouble, but as long as we have people undoing trouble, we have a pretty good world.”

HELEN KELLER

HKI’S GLOBAL PROGRAMS AND INITIATIVES

Cataract Treatment
Onchocerciasis Control
Trachoma Control
Other Neglected Tropical Diseases
School Health
Vision Correction/ChildSight®
Diabetic Retinopathy Treatment
Opportunities for Vulnerable Children
Vitamin A Supplementation
Homestead Food Production
Nutritional Support for People Living with HIV/AIDS
Food Fortification (In-Home & Large-Scale)
Orange-fleshed Sweetpotatoes
Zinc Supplementation
Community-Based Management of Acute Malnutrition
Anemia Control
Infant & Young Child Feeding
Nutrition Surveillance
Intercepting One of Diabetes’ Most Dangerous Complications

Most people with diabetes know insulin and diet are critical to managing their condition. Some know that failure to manage their care risks the loss of a limb. But from Illinois to Indonesia, many don’t know diabetes can lead to blindness.

In the developing world, where migration from rural areas means the sacrifice of traditional and more nutritious diets, rates of diabetes and diabetic retinopathy (DR) are skyrocketing, with 8.4 million cases in Indonesia alone.

The likelihood of developing DR increases the longer a person lives with diabetes; almost everyone with juvenile diabetes and 60 percent of those with adult onset diabetes will develop DR after 20 years. In poorer countries, rates are higher due to a lack of awareness, barriers to care, and a shortage of DR-trained doctors.

Poorly managed blood sugar sets the stage, causing blood vessels in the retina to rupture. Blind spots appear and impair night vision, reading, and facial recognition. Without treatment, the deterioration progresses to blindness.

That was the risk faced by Imam Barozi of Bogor, Indonesia. Diabetic for ten years, he managed his care...
faithfully and connected with support groups. He still didn’t know blindness was a threat from his diabetes until he attended a free education program at his local hospital, offered by HKI.

“I was surprised that my disease could harm my vision,” recalls Imam. Echoing many diabetics worldwide, he believed his vision loss was simply “part of growing older.”

A free screening voucher encouraged Imam to make the two-hour trip to a Jakarta hospital for a thorough exam. There, a photo of his eye detected DR. He was immediately scheduled for laser treatment and follow-up care.

Though he had to take regular journeys to Jakarta, Imam was undaunted. “Vision means everything to me,” he says. “I would travel much further to protect myself.”

“I was very surprised that my disease could harm my vision. I thought vision loss was just a part of growing older.”
As Thida, an HKI outreach worker in Pursat, Cambodia, approaches a small home, its owner steps from behind a trellis of long beans, her face in a wide smile. Behind her, a farm is flourishing, with lush rows of mustard greens and eggplant, climbing vines of cucumber, and bustling flocks of chickens. Thida has arrived at one of Pursat’s 150 Village Model Farms (VMFs). She’s there to give advice on increasing output, planning for next season, and how the farmers can become a resource for their neighbors.

As a Village Model Farmer, Keang Khim is a font of knowledge and support for her village’s 20 female farmers who also participate in HKI’s Enhanced Homestead Food Production program. If someone’s morning glory isn’t growing as expected or insects are eating potato vines, they come to Keang for advice.

Over the last 18 months, Keang has produced seeds, seedlings and saplings, and raised chickens for eggs, all of which are shared with neighbors. She talks with other farmers, most of them mothers of small children, about the nutritious value of various foods and the health benefit of eating them daily.
Those practices are vital in Cambodia, where chronic malnutrition stunts nearly 40 percent of children under five. Consuming nutrient-rich foods reduces the risk of stunting — and early childhood death.

First-time visitors to Keang’s farm are struck by its scale, the joy she takes in her work, and her commitment to supporting her neighbors. As more farms are visited, a pattern emerges: bountiful plots, farmers beaming with pride, and women experiencing new levels of empowerment.

As one mother explained, “Now we get all our vegetables from this garden and don’t have to buy them. What we don’t eat, we sell and spend the earnings on meat and school for our children. And because they grow up stronger, we don’t have to spend money on doctors.”
Mass Distribution Gives Way to a Significant Achievement

A collaboration between HKI and the government’s Ministry of Health in Mali has made great strides to eliminate blinding trachoma using a multi-pronged approach. Novel ways to raise awareness about national-level mass drug administration, such as disc jockey educators on the radio and student animators in national colleges, contributed to the initiative’s impressive success across Mali to shield the country’s children and adults from the devastating toll of trachoma.

Local radio stations in five districts delivered trachoma-specific messages for three months over a 100-station network. Disc jockeys across the network received training to deliver trachoma prevention messages and responded to inquiries from listeners who called in. Messages were broadcast at least three times per day in French, Bamanan, Peulh, Soninké, and Senoufo, with a total of more than 36,000...
broadcasts during the targeted time period.

Some 40 motorcycle and automobile-riding surgeons conducted almost 1,000 trichiasis-curing operations in Bafoulabé, Diéma, Kayes, Kéniéba, Kita, Nioro, and Yelimané in 2011, the third year of the five-year program. During each motorcycle mission, one trichiasis operator traveled from village to village to provide the surgeries; during the car missions, surgical teams were transported to fixed locations to perform the procedures. More than half of those operated on were women.

Community health volunteers also distributed antibiotics to 960,000 persons in Gao, Kayes, Kidal, Koulikoro, and Segou to combat trachoma infection.

As a result, the country has reached a significant milestone: 41 out of its 51 districts no longer need mass drug administration at the district level — a major stride forward on the path to eliminate trachoma as a public health problem by 2015.

“Through cars, broadcasts and motorcycles, thousands receive trachoma education and care.”
As a parent raising a child in the Pout district of Senegal, Aminata has her hands full. By day, she sells seasonal fruit to travelers in the hot African sun. She has done the same job since she was a young girl, working such long hours that it prevented her from getting an education.

Despite the demands of her job, Aminata is building her knowledge base of how to take best care of her children, thanks to an education program sponsored by HKI.

The goal of the activities is to impart practical information about accessible — and essential — health practices and interventions that parents can trust will ensure their children’s healthy development.

Aminata has learned that one of the most critical interventions is vitamin A supplementation, a vital twice-yearly action that plays a powerful role in preventing childhood blindness and improving the chance that her daughter, Diarra, can survive childhood sicknesses.

Mass vitamin A distribution events are held twice-yearly and reach a large percentage of the local population. The vitamin is given only to children who are at least six months old; younger children
must wait at least six more months for the next event. Their mothers can, however, get vitamin A at local health clinics year-round.

Aminata knows how important it is to make sure that babies receive the sight- and life-saving capsules as soon as they reach the age of six months. So, based on what she learned during the HKI mobilization sessions, Aminata has taken it upon herself to spread the “VAS at 6 Months” message.

Now, in addition to the freshest seasonal fruits at her market stand, Aminata also gives the many mothers and caregivers among her customer base this important information.

“One of the most critical interventions is vitamin A supplementation, a vital twice-yearly action that plays a powerful role in preventing childhood blindness.”
“Small Things” Make Big Things Possible in Bronx School

Educators want to eliminate every barrier to student success,” says Chevonne Sharpe, assistant principal at Middle School 302 in the Bronx, New York, “especially the small barriers that needlessly hold them back.”

Ms. Sharpe was referring to the positive impact of HKI’s ChildSight® program, which gives students free vision screening and glasses.

One student is 12-year-old José Melendez, whose sight grew increasingly blurry.

“I could see close but not far,” he said. “Words were mixed up. Even when I squinted, I couldn’t tell what they were.”

José’s mother noticed the squinting, but a trip to an eye doctor — much less a pair of glasses — was beyond her means. “Like a lot of people around here, I make just enough to support my family with the basics,” she lamented. “The medical needs surpass my income.”

Evelyn Figueroa, School Social Worker, sees that quandary all the time. “Most of our parents can’t afford a
“$200 pair of eyeglasses,” she said. “That can be their rent.”

Schools have similar budget constraints, especially in the under-resourced districts targeted by ChildSight®. Most have no funding for eye exams, even in states where the law mandates it. That makes ChildSight®’s no-cost model almost too good to be true.

“About one-third of our students need eyeglasses,” says Ms. Figueroa. “Teachers will say the students squint, have headaches, or can’t see the blackboard even if moved to the front of the room. Without ChildSight®, there wouldn’t be a solution.”

“When ChildSight® comes into our school, it’s often the very first time that the students are even aware that they have a vision problem.”

“Once students receive their glasses, it’s a whole new world,” says Ian McGhie, one of José’s teachers. “They get better grades and have more success overall. It’s striking.”

You’ll get no argument from José. “With my glasses, everything is crystal clear. I can see everything again and do extra credit. I like that.”
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AANH Community Based Organization
AVRDC - The World Vegetable Center
Association of Women’s Groups for Development
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Can Tho Eye and Maxillo-Dental Hospital
Chauk Secondary Eye Center
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Chittagong Eye Inflammatory and Training Hospital
Côte d'Ivoire National Institute for Public Health
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Kongzua Chiracham Project
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Kyauktan General Hospital
Labutta General Hospital
Lashio General Hospital
Mandalay Eye & ENT Hospital
Maukai General Hospital
Meiktila Secondary Eye Center
Minsu Secondary Eye Center
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ANNUAL REPORT 2011

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## Financial Statement

### Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>YEAR ENDED 6/30/2011</th>
<th>YEAR ENDED 6/30/2010</th>
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</thead>
<tbody>
<tr>
<td>Contributions from Individuals,</td>
<td>$ 13,758,377</td>
<td>$ 13,421,973</td>
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<tr>
<td>Corporations and Foundations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants from US Government Agencies</td>
<td>19,076,440</td>
<td>16,212,712</td>
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<tr>
<td>Grants from Other Government Agencies</td>
<td>6,954,115</td>
<td>6,262,526</td>
</tr>
<tr>
<td>Gifts in Kind</td>
<td>121,462,281</td>
<td>75,729,301</td>
</tr>
<tr>
<td>Program and Other Revenue</td>
<td>18,524</td>
<td>153,907</td>
</tr>
<tr>
<td>Legacies and Trusts</td>
<td>1,136,626</td>
<td>198,759</td>
</tr>
<tr>
<td>Gifts in Kind</td>
<td>121,467,834</td>
<td>75,728,251</td>
</tr>
<tr>
<td>Total Operating Support and Revenue</td>
<td>$ 162,438,443</td>
<td>$ 112,229,387</td>
</tr>
</tbody>
</table>

### Expenses

**PROGRAM SERVICES:**

Prevention of Blindness and Malnutrition

<table>
<thead>
<tr>
<th>Source</th>
<th>YEAR ENDED 6/30/2011</th>
<th>YEAR ENDED 6/30/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>$ 24,330,770</td>
<td>$ 23,521,515</td>
</tr>
<tr>
<td>ChildSight®</td>
<td>1,650,409</td>
<td>2,000,770</td>
</tr>
<tr>
<td>Eye Health</td>
<td>1,275,114</td>
<td>2,174,141</td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>53,102</td>
<td>423,968</td>
</tr>
<tr>
<td>Trachoma</td>
<td>938,032</td>
<td>1,077,911</td>
</tr>
<tr>
<td>Neglected Tropical Diseases</td>
<td>5,748,501</td>
<td>2,404,582</td>
</tr>
<tr>
<td>Tsunami, Famine and Other Relief Services</td>
<td>905,548</td>
<td>120,039</td>
</tr>
<tr>
<td>Gifts in Kind</td>
<td>121,447,834</td>
<td>75,728,251</td>
</tr>
<tr>
<td>Total Prevention of Blindness and Malnutrition</td>
<td>$ 156,349,310</td>
<td>$ 107,451,177</td>
</tr>
<tr>
<td>Management and General</td>
<td>5,755,475</td>
<td>6,105,468</td>
</tr>
<tr>
<td>Fundraising</td>
<td>914,277</td>
<td>678,587</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$ 163,019,062</td>
<td>$ 114,235,232</td>
</tr>
</tbody>
</table>

### OTHER CHANGES

Net realized and unrealized (losses) gains on investments | $ 87,744 | 36,198 |
Change in perpetual and restricted trusts | $ 143,773 | 56,367 |
Total Other Changes | $231,517 | 92,565 |

### Change in Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>YEAR ENDED 6/30/2011</th>
<th>YEAR ENDED 6/30/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets, Beginning of Year</td>
<td>12,717,662</td>
<td>14,630,942</td>
</tr>
<tr>
<td>Net Assets, End of Year</td>
<td>$12,368,560</td>
<td>$12,717,662</td>
</tr>
</tbody>
</table>
STATEMENT OF ACTIVITY
EXCLUDING GIFTS IN KIND*
FOR THE YEAR ENDED JUNE 30, 2011

Revenue

Contributions 33.6%

Government Grants 63.5%

Other* 2.9%

Expenses

Management and General 13.8%

Prevention of Blindness and Malnutrition 84%

Fundraising 2.2%

*NOTES TO PIE CHARTS: [1] “OTHER” INCLUDES PROGRAM REVENUE, LEGACIES AND TRUSTS, DIVIDENDS, INTEREST AND MISCELLANEOUS INCOME.
[2] PIE CHARTS DO NOT INCLUDE GIFTS IN KIND (GIK). IF INCLUDED GIK WOULD REPRESENT 75% OF TOTAL REVENUE, AND PROGRAM EXPENSES WOULD BE 96% OF THE TOTAL.

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*AS OF FEBRUARY 2012