Our Mission
HKI saves and improves the sight and lives of the world’s vulnerable by combatting the causes and consequences of blindness, poor health and malnutrition.

Our Vision
A world without preventable blindness and malnutrition.
Dear Friends,

Helen Keller International works at the intersection of nutrition and health, translating science and knowledge into effective solutions to preserve the sight and lives of the world’s most vulnerable.

These solutions are delivered through nearly 200 locally owned and operated programs, each designed to thrive far beyond our direct involvement. In this way we are giving families and individuals the support and training they need to tackle difficult problems well into the future.

In FY2015, we not only celebrated the joyous occasion of our 100th year as an organization, but also noted several significant milestones from our past year’s work. In Africa—where, following our response to the deadly Ebola outbreak in 2014, HKI’s offices in Guinea and Sierra Leone resumed core services—we aided in the distribution of more than 66 million medical treatments combatting some of the most debilitating and disabling neglected tropical diseases (NTDs). Through our Suaahara nutrition project in Nepal, we helped over 600,000 women and family members achieve better food security and financial stability. And, through our signature ChildSight® program, we initiated eye health services for runaway and homeless youth in New York City.

Through these programs and many more, we are making considerable strides in addressing the ongoing global challenge of delivering essential health services to disadvantaged populations. There has been significant progress, as evidenced by the decrease in numbers of those suffering and dying. Yet malnutrition remains an underlying cause of nearly half of all child deaths; NTDs affect more than one billion people; and 9 in 10 of the world’s visually impaired still live in low-income settings. Clearly, huge unmet needs remain.

So we persevere. We find inspiration in the unflagging spirit of the women, children and families we serve. We find inspiration in the words of HKI’s extraordinary co-founder Helen Keller: “The best and most beautiful things in the world cannot be seen or even touched—they must be felt with the heart.”

And, as we embark on our second century of building healthier futures for the world’s vulnerable, we find inspiration in the steadfast commitment of our partners and supporters. Thanks to you, HKI is helping millions break the vicious cycle of poverty, malnutrition and illness, and become agents of positive change in their own communities.

Thanks to you, we are transforming lives.

With deep gratitude,

Kathy Spahn
President and CEO

Henry C. Barkhorn III
Chairman
Helen Keller International was founded in 1915 by a then 35-year-old Helen Keller to help soldiers blinded during World War I. Her co-founder was George Kessler, a wealthy New York businessman who survived the sinking of the Lusitania.

Known then as the Permanent Blind Relief War Fund for Soldiers & Sailors of the Allies, the groundbreaking enterprise offered blinded veterans in Belgium and France professional skills training to help them rebuild their lives and support themselves and their families.

Kessler passed away in 1920 and left a specific request for New York lawyer William Nelson Cromwell, co-founder of Sullivan & Cromwell, to be his successor. In taking the helm, Cromwell expanded the initiative’s focus to include support for people who were blind. During his tenure, more than five million pages of writing and music were published in Braille and shared with libraries worldwide, significantly increasing materials available to those who were blind.

By 1939 the work further expanded to include rehabilitation and advocacy, and the organization was renamed the American Foundation for the Overseas Blind (AFOB). In the decades that followed, Helen Keller visited a still recovering Hiroshima, Johannesburg’s Soweto Township, the closed nation of Burma, and dozens more of the world’s most remote and difficult places to explore the conditions and needs of people who were blind. Reflecting on these experiences she noted, “I was prepared for the tragedy but not for its extent or complexity...they do not want charity, they want the kind of help that will give their lives a goal, their frustrated selves a purpose around which to integrate their personalities and regain their inner health.”

By the 1960s, a growing body of research had emerged on the four primary causes of preventable vision loss: cataract, trachoma, river blindness and blindness caused by vitamin A deficiency. In response, AFOB shifted its focus toward blindness prevention and treatment.

In the early 1970s, AFOB partnered with Dr. Alfred Sommer of Johns Hopkins University on a series of vitamin A deficiency studies. This groundbreaking research provided the first proof that controlling this deficiency decreases the risk of childhood mortality, as well as preventing blindness. Driven by these findings and the promise of low-cost investments that can yield life-saving results, AFOB began distributing vitamin A capsules on a massive scale.

The name Helen Keller International (HKI) was adopted in 1977 to recognize the contributions of our founder in helping not only those who were blind, but all of the world’s vulnerable and disadvantaged.
Over the next two decades, we continued to build on our legacy of innovation. In the mid-1980s HKI helped develop the SAFE strategy for trachoma control (surgery, antibiotics, facial cleanliness, environmental improvement) and launched programs to effectively distribute drugs to prevent and treat this and other neglected tropical diseases throughout Africa and Asia.

In 1988, in search of a sustainable solution to vitamin A deficiency, HKI launched our first Homestead Food Production program with 20 households in Bangladesh, focused on the production of vitamin A-rich fruits and vegetables. The award-winning model has evolved to include small animal husbandry (poultry, goats, pigs…even fish) and now benefits more than one million families in 11 countries. In 1994, HKI launched ChildSight®, our first US-based program, to reach disadvantaged students in need of eyeglasses.

On September 11, 2001, HKI headquarters was destroyed during the terrorist attacks on New York City. While no employees were injured, Helen Keller’s archives were lost. Despite these setbacks, the organization was quick to recover and continue our growth as one of the world’s most honored, respected and effective international organizations dedicated to preventing blindness and vision loss and reducing malnutrition.

In 2015 nearly 300 million people benefited from our programs in 13 African and 8 Asian countries, as well as in the United States. While the mission has evolved with the changing needs of our world, our work remains grounded in helping those most in need attain the tools and resources to help themselves.

A more detailed history of HKI is available at www.hki.org/100Years
Helen Keller International
Centennial Celebration

The cornerstone of Helen Keller International’s Centennial Anniversary was our Spirit of Helen Keller Gala on May 18, 2015, at The New York Public Library.

More than 400 guests joined HKI for this special evening, raising more than $1.5 million in support of our sight- and life-saving programs, and honoring some of our most valued partners: Bill and Melinda Gates, Co-Chairs of the Bill & Melinda Gates Foundation, with The Spirit of Helen Keller Award; and Dr. David Nabarro, United Nations Secretary-General’s Special Assistant on the Sustainable Development Goals and co-founder of the Scaling Up Nutrition movement, with The Helen Keller Humanitarian Award.

In accepting the award, Melinda Gates said, “One of my favorite Helen Keller quotes is ‘Alone we can do so little. Together we can do so much.’ And the proof is this great organization that has brought us all together and done so much over the course of 100 years. It is an honor to receive an award from an organization that has taught me so much, and I am humbled to be associated in any way with the spirit of Helen Keller.”

In addition, HKI Europe hosted a Centennial Gala in Paris, the city in which the organization was originally founded. Celebrations were also held in several of our Africa and Asia regional and country offices and attended by US ambassadors and national dignitaries.

1 Left to right: Kathy Spahn, HKI President and CEO; Melinda Gates, Co-Chair, Bill & Melinda Gates Foundation; Henry Barkhorn III, Chairman, HKI Board of Trustees
2 Left to right: Kathy Spahn; Dr. David Nabarro, United Nations Secretary-General’s Special Assistant on the Sustainable Development Goals; Dr. Alfred Sommer, Chairman Emeritus, Bloomberg School of Public Health, Johns Hopkins University
3 Left to right: Pham Kim Ngoc, Country Director, HKI-Vietnam; Melinda Gates; Temina Mkumbwa, Vitamin A Supplementation Program Officer, East, Central, and Southern Africa
4 Kate Ganz, HKI Honorary Board Member, Centennial Chair
To mark our Centennial Anniversary, Helen Keller International chose to shine a light on the progress made and the promise to help even more people in need build healthier, happier lives. We also honored our valuable partnerships with the many funders, supporters, governments and partner organizations who have joined us in our efforts to provide opportunity, hope and healthier futures for the most vulnerable among us.

In 2015, HKI introduced the Helen Keller International Council, whose members serve as informal ambassadors helping to spread the story of our impactful work. Inaugural members include Tom Arnold, Christopher Burge, Dr. William Foege, Gordon and Llura Gund, Marie-Josée and Henry Kravis, Dr. Daniel Sisler, Dr. Alfred Sommer, and H. Mitchell Watson, Jr.

Helen Keller International was also recognized for our work and impact in reducing malnutrition with the BBVA Foundation’s Frontiers of Knowledge Award in Development Cooperation.

The fiscal year concluded with HKI preparing for a climb of Mt. Kilimanjaro. President and CEO Kathy Spahn led a team including Board of Trustees Chair Henry C. Barkhorn and Trustee Randy Belcher of Fossil Group, Inc. on the climb with The END Fund to raise awareness and funds toward our efforts in eliminating neglected tropical diseases.

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1 Left to right: Hou Kroeun, Deputy Country Director, HKI-Vietnam; Nancy Haselow, HKI Vice President for Asia Pacific
2 Left to right: Madam Ida Odinga, Kenyan businesswoman, activist, and educator; Mette Kjaer Kinoti, HKI Vice President for Africa; Victoria Quinn, HKI Senior Vice President of Programs
3 Left to right: Victoria Quinn; Tom Arnold, Director General, Institute of International and European Affairs
4 Kathy Spahn, HKI President and CEO, accepting the 2015 BBVA Foundation Frontiers of Knowledge Award in Development Cooperation in Madrid, Spain
Where We Work

United States

Africa

California
New Jersey
Ohio
Connecticut
New York

Burkina Faso
Nigeria
Niger
Mali
Côte d'Ivoire
Guinea
Sierra Leone
Senegal
Cameroon
Democratic Republic of Congo
Tanzania
Mozambique
Kenya

Africa
Asia-Pacific

Legend
- Eye health
- Nutrition/Vitamin A supplementation
- ChildSight®
- Neglected tropical diseases
“Although the world is full of suffering, it is also full of the overcoming of it.”
— Helen Keller

With more than 120 programs in Asia, Africa and the United States, Helen Keller International is working at the forefront of saving the sight and lives of those most in need.

Through our innovative, proven approaches, we are preventing vision loss, building access to better nutrition and helping reach global goals to eliminate neglected tropical diseases.

HELPING PEOPLE SEE

Globally, 285 million people are blind or visually impaired and most live in the world’s poorest places. Four in five have preventable and treatable conditions like cataract or vision loss from diabetes. Others just need a properly prescribed pair of glasses.

Helen Keller International is working to remove common barriers—social, economic, geographic—to quality vision care.

Our ChildSight® program provides free vision screenings and prescription eyeglasses to children living in poverty in the United States, as well as in China, Indonesia and Vietnam.

We train doctors in preventative care and treatment for diabetic retinopathy in Bangladesh and Indonesia, where diabetes, mostly among the poor, is rising dramatically.

We are also training local doctors in cataract surgery to increase access for impoverished and remote communities in Asia.

And we are providing children with visual impairments and other special needs access to quality education in Africa and Asia.
IMPROVING NUTRITION

Two billion people in our world are suffering from malnutrition, with about 3.1 million children each year dying before their fifth birthday due to poor nutrition.

Helen Keller International is improving access to healthy food and knowledge about good nutrition in the developing world so that fewer people suffer from the causes and consequences of malnutrition.

We have empowered more than 1.25 million families to grow their own nutritious food in Africa and Asia.

We promote positive practices like breastfeeding and using nutrient-rich vegetables for meals in communities with high child mortality rates.

We train local health workers to identify and treat cases of acute malnutrition, enabling communities to help themselves during times of crisis.

We help distribute millions of sight- and life-saving vitamin A supplements to young children as part of holistic child survival and wellness programs.

And we are ensuring that foods fortified with essential micronutrients are safe and made available for those in impoverished communities.

ELIMINATING DISEASES OF POVERTY

One in six people worldwide, including half a billion children, suffer from neglected tropical diseases. This painful, debilitating and sometimes deadly group of illnesses is directly linked to continuing cycles of poverty and often keeps children from school and adults from work.

Helen Keller International programs are contributing to global elimination goals for trachoma, river blindness, intestinal worms, lymphatic filariasis and snail fever. We distribute proven medicines to prevent and treat these illnesses, reaching millions of people each year.

We promote preventative behaviors like face and hand washing and better access to clean water and sanitation.

We are also training health professionals throughout Africa in surgeries to treat advanced stages of trachoma and the crippling effects of elephantiasis.
Our Impact: **Eye Health**

**FY15 Eye Health Highlights**

- In Bangladesh, we screened 11,542 people and treated 2,602 for diabetic retinopathy.

- In the United States, our ChildSight® program conducted vision screenings for 64,098 students living in low-income communities and provided 14,963 pairs of free eyeglasses. We also expanded our ChildSight® services to assist runaway and homeless youth.

- In Myanmar, we performed 31,136 cataract surgeries in HKI-supported secondary eye centers (SECs) and hospitals.

- In Shanxi Province, China, working with local and international partners, we provided vision screenings to more than 408,000 students in need and free eyeglasses to 5,052.
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>2,602</td>
<td>The number of people in Bangladesh treated for diabetic retinopathy.</td>
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<tr>
<td>64,098</td>
<td>The number of ChildSight® conducted vision screenings in the United States.</td>
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<tr>
<td>408,000</td>
<td>The number of vision screenings provided in Shanxi Province, China to students in need.</td>
</tr>
<tr>
<td>31,136</td>
<td>The number of cataract surgeries performed in Myanmar.</td>
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Our Impact: **Eye Health**

**For Some Elders, Their First Vision Exam**

At 86, Hoang Dac Thang remains energetic and fully engaged. He’s chairman of the management board of the Elderly Association in his commune in the Quoc Oai District of Hanoi, Vietnam. Many members of the association had gone a lifetime without seeing an eye doctor, Mr. Hoang said. So he and his management-board colleagues were delighted when they were invited to help implement in their commune HKI’s Vision Entrepreneurs Project for Rural Communities in Hanoi.

HKI launched the initiative, in cooperation with Vietnamese health authorities, to address the unmet needs of older adults experiencing (as most do) presbyopia—visual impairment that can be corrected with eyeglasses. In the process, HKI aimed to develop a service delivery model that could be replicated in other underserved communities.

“We realized that the Elderly Association should be proactive because we would be the direct beneficiaries of the project,” Mr. Hoang said. Once the local health center established an eye-exam schedule, he said, his team got the word out every way they could: messages, phone calls, bulletin-board reminders and public-address system announcements.

“This work was not easy, because elderly people in a rural area like ours are often hesitant to seek health care services,” Mr. Hoang said. But all went well. “I witnessed eye examinations to our members by a foreign eye doctor. I could see with my own eyes that she was very careful. And members who needed it were taken to free eye surgery in Quoc Oai Hospital.”

A few weeks after the exams, he said, Elderly Association members picked up their prescribed eyeglasses (from optic shops in Quoc Oai) at the community health center, either at an affordable price or free to those who qualified. Follow-ups were arranged to ensure any problems were remedied.

Mr. Hoang hopes that the Vision Entrepreneurs Project can be widely expanded.
Glasses Show Students What They Can Become

“The world has been so blurry.”

Ashley sits in the front of the classroom but still can’t see. She has never been to the eye doctor before.

“It’s been frustrating not to see,” she says.

Luckily for Ashley, ChildSight® visited her school in Orange County, California, this year. The program serves low-income students aged 10-15 in underserved communities whose families often have limited access to health or vision care. Quick assessments identify students who have vision that is 20/40 and poorer, and then those students receive an on-site assessment by one of our optometrists. After seeing the doctor, children who need glasses will select their frames from a stylish assortment provided by ChildSight® and receive them within two weeks—free of charge. We will even replace them for free if they break within a year.

Looking through her prescription for the first time, Ashley said, “I can finally see.”

A few of Ashley’s classmates also received the care they needed. Angel had been getting headaches. She used to have glasses but they broke years ago. She knew she needs glasses—but her family couldn’t afford to send her to the eye doctor.

Isaac, like Angel, used to have glasses. Our optometrist suspected he may have keratoconus, a degenerative condition that distorts vision as the cornea becomes cone shaped, and referred him to a specialist for follow-up.

For all three, the glasses are really a symbol. The ability to see brings with it the ability to learn—to see what they can become.

“I see a lot of behavior issues because a kid can’t see, and once they get glasses, teachers say they are paying closer attention in class,” says JD, a school nurse who serves several schools in the Orange County district. “I think we’re going to see an impact on test scores.”
Our Impact: Nutrition

FY15 Nutrition Highlights

- Through the SPRING project, HKI helped establish 1,280 new Farmer Nutrition Schools in Bangladesh, reaching more than 24,000 women with vital education in growing their own healthy foods, proper hygiene, nutrition and positive feeding habits for their children.

- In the Philippines, HKI trained local health workers in the distribution of micronutrient powders (MNP) and iron folic acid, reaching 40,000 children under 2 years of age and 20,000 pregnant women.

- HKI’s ARCH project continued to conduct research and use the findings to influence national and global health policies about the need to promote breastfeeding and other vital nutrition interventions for infants and children in Cambodia, Nepal, Senegal and Tanzania, as well as other countries with high child mortality rates.

- In Vietnam, the National Institute of Nutrition adopted HKI’s education materials on Essential Nutrition Actions for use in promoting healthy feeding practices for pregnant women and children.

- Research assessing HKI-led home gardening and Fish on Farms programs showed participating households were more likely to be food secure as compared to other households.
The average increase in income from gardens for families participating in HKI’s home gardening programs in Bangladesh, from $1.55 to $12.74 per month.

The number of Vitamin A capsules HKI helped distribute in Africa during the first half of 2015.

The number of Nepali women with children under 2 who, with HKI’s help, established home gardens in the past year.

The number of breeding chickens vaccinated against Newcastle Disease in Nepal through the HKI-led prevention program where services are provided through local workers at affordable rates for farmers in rural, impoverished regions.
Mobilizing Communities to Tackle Malnutrition

The effects of acute malnutrition are devastating: Acutely malnourished children are 4 to 9 times more likely to die than well-nourished children.

Treatment has been transformed through Community-Based Management of Acute Malnutrition (CMAM), ready-to-use therapeutic foods and measuring tapes that help identify cases. In Burkina Faso, Guinea, Mali, Niger and Senegal, HKI built the capacity of local partners to deliver this program, and added a preventive strategy using Essential Nutrition Actions.

“It is not just about feeding a malnourished child,” says El Hadji Issakha Diop, HKI’s CMAM Program Coordinator in West Africa. “It is about awareness, prevention and care to promote appropriate infant and young child feeding, hygiene and sanitation practices that prevent kids from becoming malnourished.”

Mr. Diop, a native of Senegal who joined HKI in 2010, adds that “HKI trains health workers and volunteers to encourage mothers and caretakers to adopt healthy child-feeding practices and to identify malnourished children for referral and treatment.”

He says that as he and his colleagues work toward ending hunger and providing food security, “HKI’s mission inspires me and brings me a strong dose of hope for the future.”
 HKI’s Earthquake Response Prioritizes Mothers and Children

Helen Keller International, which has been active in Nepal since 1988, was one of the first organizations to respond in the aftermath of the devastating earthquakes of spring 2015, coordinating with the Nepali government in rapid assessment of the needs of women and children—the most vulnerable in post-disaster situations—as well as health and nutrition services for families in some of the hardest hit regions.

Prior to the disaster, HKI served as a partner with the USAID Suaahara project, designed to improve nutrition among women and children under two through home gardening programs, maternal and child health services, family planning, and water, sanitation and hygiene initiatives, working with local, women-led networks. Since 2014 the program has reached more than 600,000 women and children, trained over 55,000 health workers, and helped establish nearly 6,000 community farms.

In the days after the earthquake, in the Kathmandu Valley, HKI organized a bus service to transport mothers who had given birth immediately following the disaster to two major hospitals. HKI also worked in the ravaged Nuwakot and Rasuwa districts to mobilize supplies of food, medicines, hygiene kits, water purifiers and clothing. In the weeks that followed, building on fundamentals already set by Suaahara, HKI revitalized local mothers’ groups and set up areas to provide supplemental food and micronutrient powders for more than 5,000 mothers whose homes had been destroyed.

In the months since the earthquakes, HKI has resumed our work with Suaahara, helping thousands of families rebuild and continue to improve their access to good nutrition and a better quality of life. This includes work with women like Ranju Basnet, a 20-year-old mother living in the rural, mountainous district of Dolakha. She had been working in the vegetable garden she learned to cultivate through the program when the earthquake hit, destroying her home.

After the initial shock of the tragedy subsided, Ranju and her family took stock and made up their minds not to give up. Using the skills and knowledge she gained through Suaahara, she was determined to begin again. Rebuilding that vegetable garden is part of her plan to build a brighter future for herself and her family.
Our Impact: Neglected Tropical Diseases

FY15 Neglected Tropical Diseases Highlights

- Overall, HKI administered over 66 million NTD treatments in 6 African countries for people afflicted with trachoma, schistosomiasis, intestinal worms, onchocerciasis and lymphatic filariasis.

- We provided high-quality surgery and disease management services in Cameroon to 5.6 million people who suffer from disabling lymphatic filariasis.

- Our programs alleviated pain and vision loss for trachoma sufferers in Niger by facilitating more than 2,000 surgeries.

- We reached more than 218,000 schoolchildren in Guinea with treatments for chronic and disabling intestinal worms.

- HKI disbursed treatments to 3 million people in Mali for debilitating schistosomiasis.
5.6 million
The number of people provided high-quality surgery and disease management services in Cameroon.

218,000
The number of schoolchildren in Guinea reached with treatments for chronic and disabling intestinal worms.

2,000
The number of surgeries provided for trachoma sufferers in Niger.

3 million
The number of treatments disbursed to people in Mali for debilitating schistosomiasis.
Tackling NTDs in the Wake of Ebola

Over many years, thanks largely to collaborative efforts between HKI and government health workers, the West African nation of Sierra Leone made significant strides toward eliminating or controlling neglected tropical diseases (NTDs). Then in 2014 disaster struck with the Ebola outbreak. Beyond the tragic human toll, health services were disrupted and the work managed by HKI Sierra Leone shifted in priority.

Once the crisis subsided, however, the office pivoted back to its core mission, says Mustapha Sonnie, director of programs for HKI Sierra Leone. In the past year, work has resumed in treating and controlling lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis, and soil transmitted helminthiasis (intestinal worms).

While the Ebola emergency had forced the postponement of mass drug treatment campaigns in 2014, by early 2015 conditions warranted the resumption of campaigns in certain areas. The standard schedule for campaigns is now resuming.

When asked his motivation for staying in place during the crisis and resuming critical work on NTDs, Mr. Sonnie does not hesitate: “I am helping to save my people,” he says.
A New Chance at Life

HKI is leading a $35 million project, funded by USAID, to help a trio of African countries—Burkina Faso, Cameroon and Ethiopia—hard hit by two disabling and disfiguring neglected tropical diseases (NTDs): trachoma and lymphatic filariasis.

Officially known as the Morbidity Management and Disability Prevention for Blinding Trachoma and Lymphatic Filariasis Project (or MMDP), the HKI-led initiative builds on our decades of experience in combatting NTDs, a group of infectious diseases that affect more than one billion people worldwide.

These diseases cause enormous pain and suffering, and can also deepen poverty as families suffer the loss of livelihood and devastating medical expenses. For example, trachoma causes trichiasis, a painful condition in which turned-in eyelashes rake the cornea, leading to irreversible blindness. Lymphatic filariasis, commonly known as elephantiasis, leads to extreme swelling of the limbs and genitals and a painful thickening of the skin.

“These diseases—and the pain and suffering associated with them—can be eliminated,” said Kathy Spahn, HKI’s President and CEO. “We have seen so right here in the United States, where trachoma was a problem until the early 1950s when it was eliminated, thanks in part to improved sanitation and better living conditions.”

The five-year project aims to strengthen the ability of the target countries to treat people afflicted with these diseases and to promote internationally recognized prevention practices, including improved hygiene. These treatment models complement ongoing prevention efforts that seek to eradicate both diseases through large-scale drug distribution.

A key HKI strategy is to train local surgeons on eyelid surgery (to reverse trichiasis) and hydrocele surgery (to remove scrotal swelling). The training uses innovative, recently developed medical-training mannequins to give surgeons realistic hands-on practice. Newly produced videos further enhance training.

Emily Toubali, MMDP Project Director, is optimistic about what will be achieved. “We’re equipping local health providers with the tools and knowledge they need to give a new chance at life for those who are suffering.”
Mohamed Turay: Ebola Tracker

HKI has become a global leader in the rapidly growing field of mHealth—the use of mobile and wireless technologies to provide and support health services—thanks in large part to Mohamed Turay. A native of Sierra Leone, he joined HKI Sierra Leone in 2011 as a student intern. By 2014 the tech-savvy Mr. Turay had became HKI’s IT Coordinator, with special responsibilities for mHealth.

The defining moment of his young career was his inspiring response during the frightening Ebola crisis that swept through West Africa—including Sierra Leone—in 2014. He stayed to help, he says, “because of the passion and love I have for my country.” During one sleepless, 72-hour stretch, Mr. Turay programmed software for the innovative mobile platform that would track new outbreaks of the lethal disease, as well as monitor disease surveillance and quarantine at-risk households.

In 2016, mHealth technology is being applied across a wider range of health interventions, including monitoring of vitamin A supplementation and treatment of neglected tropical diseases.

“HKI is like a second family to me,” says Mr. Turay. “Here everyone is dedicated to work as a team towards achieving our goals of better health solutions.”

Nancy Haselow: Inclusive Education Advocate

In Indonesia as in many other developing countries, children with disabilities, especially blindness, have long been “hidden” from society, says Nancy Haselow, HKI’s Vice President for Asia-Pacific. “They were either not in school at all or they were in special needs schools for the blind or visually impaired.”

More than a decade ago, HKI secured funding from USAID to develop and implement a program that would transform this situation. “It began the process of ‘mainstreaming’ these children into regular schools,” explains Ms. Haselow. Today, funding from Fossil Foundation and UNICEF allows us to continue this groundbreaking work.
HKI’s Opportunities for Vulnerable Children (OVC) program in Indonesia introduced the concept of “inclusive schools” where students with special needs attend school alongside students without disabilities and are taught by teachers trained in inclusive practices.

Prior to this program, no Indonesian law, policy or practice existed for educational access for children with disabilities in public schools. Fewer than 4% of these children had access to any educational services at all.

Ms. Haselow has seen the inspiring success of inclusive schools firsthand. She describes meeting a pair of students: “One student with low vision was very shy. I asked her what she would like to be someday, and she said, ‘a cartoonist.’ Her student partner became very excited, telling me, ‘You should see how she can draw!’ This program helps students with special needs see their full potential, and it teaches other students to have tolerance and respect for those with disabilities.”

To date, the OVC program has provided access to inclusive schools for tens of thousands of students and trained thousands of teachers in inclusive education practices throughout Indonesia. “The program,” says Ms. Haselow, “has evolved over time beyond blindness and visual impairments to include children with learning disabilities, deafness, mobility disabilities and more.”

It is in this spirit of inclusiveness that the OVC program succeeds, as it has been a truly collaborative effort at the national, provincial and district levels. “HKI leads the partnership and provides assistance to school districts in the provinces. We give them the tools to teach students with special needs in the same classrooms as any other student,” explains Ms. Haselow.

The ultimate goal for the program is long-term sustainability. “We want this to keep going,” says Ms. Haselow. “So we advocate at the district level for the local ministry of education to continue including inclusive education in their budgets. Provinces and districts are now using some of their discretionary funds to train new teachers in inclusive education.” Schools that have incorporated the program want to continue beyond HKI’s direct involvement. “These schools want to remain inclusive.”
HKI Visionaries cont.

Sally Crook: Seeing Is Believing

For more than a decade, HKI has partnered with Standard Chartered Bank (SCB) and the International Agency for the Prevention of Blindness (IAPB) on Seeing Is Believing, a broad range of initiatives designed to prevent and eliminate avoidable blindness. In 2015 alone, SCB has awarded close to $10.6 million to fund HKI programs as part of Seeing Is Believing efforts.

Among other projects, through Seeing Is Believing support, HKI has helped to save the sight of hundreds of thousands of vulnerable children by aiding the distribution of vitamin A capsules throughout Africa and Asia, and by developing comprehensive eye care interventions for children in Jakarta and Surabaya, Indonesia.

Dr. Sally Crook of the IAPB administers program grants on behalf of the primary funder, Standard Chartered Bank. She attributes several factors to the program’s success, such as the ability of the program partners to “respond to local needs for each project at the country level”; the Bank’s hands-on role, including a drive for the staff “to raise half the money themselves” and “paid volunteering days linked to Seeing Is Believing projects”; and HKI’s “commitment to meeting eye care needs in marginalized communities in low-income regions, including at the root level.”
Our Supporters

HKI gratefully acknowledges our most exceptional supporters.

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$1,000,000 +

$1,000,000 +
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Standard Chartered Bank
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$25,000—$49,999
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<thead>
<tr>
<th>Support</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Contributions – corporations, foundations,</td>
<td>$15,100,</td>
<td>$29,251,</td>
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<tr>
<td>and individuals</td>
<td>786</td>
<td>121</td>
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<tr>
<td>Contributions – medical supplies, medicines</td>
<td>$188,300</td>
<td>$162,680</td>
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<tr>
<td>and other (in-kind)</td>
<td>788</td>
<td>592</td>
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<tr>
<td>Legacies and trusts</td>
<td>$1,192,8</td>
<td>$434,07</td>
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<tr>
<td>849</td>
<td>8</td>
<td>7</td>
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<tr>
<td>Grants – U.S. Government agencies</td>
<td>$23,450,</td>
<td>$27,074,</td>
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<td>484</td>
<td>7</td>
<td>776</td>
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<td>Grants – Non U.S. Government agencies</td>
<td>$18,409,</td>
<td>$14,967,</td>
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<td>662</td>
<td>286</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>- -</td>
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<tr>
<td>Total Support</td>
<td>$246,454</td>
<td>$234,407</td>
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<th>Revenue</th>
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<td>Program and other revenue</td>
<td>$254,54</td>
<td>$238,49</td>
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<tr>
<td>Dividends and interest income</td>
<td>$17,16</td>
<td>$35,75</td>
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<td>Total Revenue</td>
<td>$271,70</td>
<td>$274,24</td>
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<tr>
<td>Total Operating &amp; Support Revenue</td>
<td>$246,72</td>
<td>$234,68</td>
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<td>627</td>
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### EXPENSES

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<tr>
<th>Program Services</th>
<th>2014</th>
<th>2015</th>
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<tr>
<td>ChildSight®</td>
<td>$1,634,1</td>
<td>$1,313,6</td>
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<td>Trachoma</td>
<td>$1,152,9</td>
<td>$1,485,8</td>
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<td>Rain and other relief services</td>
<td>$1,369,4</td>
<td>$1,602,4</td>
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<td>Nutrition, including Vitamin A</td>
<td>$31,887,</td>
<td>$33,744,</td>
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<tr>
<td>285</td>
<td>419</td>
<td>419</td>
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<tr>
<td>Onchocerciasia</td>
<td>$238,90</td>
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<td>Eye health</td>
<td>$837,20</td>
<td>$1,487,7</td>
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<td>Neglected tropical diseases</td>
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<td>421</td>
<td>434</td>
<td>434</td>
</tr>
<tr>
<td>Distribution of medicines and other (in-kind),</td>
<td>$188,300</td>
<td>$162,58</td>
</tr>
<tr>
<td>primarily for blindness prevention</td>
<td>788</td>
<td>532</td>
</tr>
<tr>
<td>Total Program Services</td>
<td>$237,72</td>
<td>$214,95</td>
</tr>
<tr>
<td></td>
<td>4,211</td>
<td>397</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>$8,072,</td>
<td>$8,699,</td>
</tr>
<tr>
<td></td>
<td>113</td>
<td>278</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$1,049,</td>
<td>$1,200,</td>
</tr>
<tr>
<td></td>
<td>580</td>
<td>360</td>
</tr>
<tr>
<td>Total Support Services</td>
<td>$9,121,</td>
<td>$9,899,</td>
</tr>
<tr>
<td></td>
<td>693</td>
<td>638</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$246,84</td>
<td>$224,85</td>
</tr>
<tr>
<td></td>
<td>5,904</td>
<td>035</td>
</tr>
<tr>
<td>Excess (deficit) of revenue over expenses</td>
<td>$(119,6</td>
<td>$9,827,</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>062</td>
</tr>
</tbody>
</table>
**OTHER CHANGES**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net realized and unrealized gains on investments</td>
<td>$54,551</td>
<td>$15,277</td>
</tr>
<tr>
<td>Change in perpetual and restricted trusts</td>
<td>$100,241</td>
<td>$(70,574)</td>
</tr>
</tbody>
</table>

**CHANGES IN NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>$20,801,770</td>
<td>$20,836,930</td>
</tr>
<tr>
<td>End of year</td>
<td>$20,836,930</td>
<td>$30,608,695</td>
</tr>
</tbody>
</table>

**STATEMENT OF ACTIVITY**

Pie charts represent the fiscal year ended June 30, 2015. Pie charts do not include gifts in kind. If included, gifts in kind would represent 69% of total revenue, and program expenses would be 96%. “Other” revenue includes program revenue, dividends, interest and miscellaneous income.
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* Helen Keller International and Helen Keller International Europe are affiliated non-profit, non-governmental organizations registered in the United States and France respectively and are united in a common mission to prevent blindness and reduce malnutrition.

For the past 100 years, the unwavering commitment of people like you has enabled Helen Keller International to provide sight- and life-saving services for the world’s most vulnerable communities. As we look forward to the next 100 years, we hope you will remain with us on this important journey.

**HOW CAN YOU CONTINUE TO HELP?**

**Donate**
By donating via the enclosed reply form or online at donate.hki.org, you are helping to strengthen programs that save sight and lives in the United States and around the world.

**Arrange for Planned Giving**
By naming Helen Keller International in your will or as a beneficiary of your life insurance policy or remaining IRA funds, you will leave a legacy of compassion for millions of children and families. To learn more, please contact our External Relations team at 877-535-5374 or giving@hki.org.

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