“I believe that the welfare of each is bound up in the welfare of all.”

— Helen Keller
Helen Keller International (HKI), co-founded in 1915 by our namesake, is committed to saving and improving the sight and lives of the world’s vulnerable by combating the causes and consequences of blindness, poor health and malnutrition. We envision a world where no one suffers from preventable or treatable blindness, low vision, disease or malnutrition.

Working to prevent the preventable and treat the treatable, HKI is well known and respected in the global health and development sectors for our expertise in translating science and research into innovative, effective programs. Our programs empower millions of people to achieve their potential through the delivery of preventative and curative solutions in eye health, nutrition, and neglected tropical diseases. Headquartered in New York City, HKI currently works in 12 countries in Africa, eight in Asia-Pacific, and in the United States.
Dear Friends,

Fifty years ago, on June 1, 1968, Helen Keller died peacefully, just shy of her 88th birthday. On that day the world lost one of its brightest lights: A champion of the poor. A defender of the rights of the oppressed and the marginalized. An educated, accomplished, and courageous woman who challenged accepted ideas about people with disabilities—about who they are and what they can contribute.

Helen Keller never stopped fighting and never flagged in her efforts to build a more just world, no matter the obstacles. For more than 100 years, the organization that bears her name has endeavored to build on Helen’s achievements.

From our earliest efforts to assist soldiers who were blinded in World War I to our work today aimed at ending malnutrition and crippling diseases, HKI has been grounded in the legacy and spirit of Helen Keller.

The results of our work are dramatic and far-reaching. Last year, our proven and cost-effective programs reached some 300 million people in 20 countries across Africa and Asia and in the United States. Through robust partnerships with governments, the private sector and civic and community organizations, our programs are designed to have a lasting impact on individuals and on entire health systems.

HKI knows the most effective programs are evidence-based and rooted in state-of-the-art knowledge. We design and test innovative approaches to current challenges and utilize rigorous evaluation to maximize impact and develop new expertise.

We have trained hundreds of thousands of people across Africa and Asia in sustainable agricultural techniques so that their communities can grow nutritious crops and raise poultry for eggs and meat. We’re teaching smallholder farmers and homesteaders how to increase production yields and improve their skills and knowledge about nutrition and health.

We are also leading the fight against neglected tropical diseases, which blind and disable millions every year. And we continue to combat vitamin A deficiency in Africa by delivering high-dosage supplements to children to protect their vision and overall health. In the United States, we have provided vision screenings to nearly two million children and provided free prescription glasses to more than a quarter million of them, so they can succeed in school and life.

We are making bold progress, but there is much more to be done. Every year, as many as 3 million children die before they reach their fifth birthday from causes related to malnutrition – deaths that we know are preventable. Infectious diseases afflict more than one sixth of the world’s population even though inexpensive drugs exist to treat them. Worldwide, 36 million people are blind – but there are proven methods to treat or prevent 80 percent of the causes.
These statistics are unacceptable. They challenge us to redouble our efforts to vanquish these age-old afflictions and work toward a world where no one is blind from a preventable cause, where no one is deprived of nourishing food because of poverty or neglect, and where no one is denied the chance to realize their full potential.

By deploying the expertise that we have developed through years of research, experience and learning, HKI will build on our successes and tackle new challenges, including stemming the tide of blindness due to diabetes. We will empower tens of thousands more women and smallholder farmers, helping them to increase their production of healthy foods, providing essential skills related to nutrition and health that will enable them to escape the scourge of malnutrition and poverty. Here in our own country, we will expand programs to reach America’s poor and marginalized, including homeless youth, veterans, immigrants, at-risk mothers and children in poverty.

As we work toward these goals, we recognize that we are living in a time of fear and of hostility to ideals we hold dear. Many nations, including our own, are cutting international aid and assistance to programs for the poor and the sick, and raising barriers to refugees and immigrants. Political debate over these issues often scapegoats the most vulnerable among us, undermining empathy and respect for those Helen Keller called upon us to serve by her example and advocacy.

At HKI, we are committed to protecting and empowering those the world has forgotten. We continue in this endeavor not just because it is the right thing to do, but because, as Helen Keller said, “the welfare of each is bound up in the welfare of all.” We believe that helping the unseen is not an act of charity — it is a step toward building a healthier and more equitable shared future for all of us.

With this report on our work during the past year, HKI affirms more than a century of leadership and proposes a vision for protecting the health and dignity of the world’s most vulnerable.

Speaking on behalf of our Board and staff, and all those served by HKI, we wish to express our appreciation and gratitude to you, our indispensable partners, for your extraordinary support.

Kathy Spahn, President and CEO

Henry C. Barkhorn III, Chairman
At 19-years-old, Antonio has big plans for the future. He wants to take his SATs, obtain a scholarship to attend college and study software engineering, all while spending his spare time developing killer apps with his friends.

There is one immediate problem preventing his vision from becoming reality: Antonio can barely see.

“The last time I wore glasses was a long time ago,” says Antonio, who until recently was homeless and living on the streets of New York City. “I got jumped, and my glasses broke. Without them, it’s like throwing a rock in a really dark cave: Hopefully, I’m hitting something. I need to get really close to things to see. But everything is like a Picasso painting: blurry and colorful.”

When he was homeless, Antonio’s days were consumed with immediate needs such as food, shelter and staying safe. Obtaining a pair of glasses was an out-of-reach luxury.

But then, Antonio moved into Covenant House, a nonprofit that serves at-risk and homeless youth. That’s where he learned about HKI’s ChildSight program.

For nearly 25 years, HKI has provided in-school vision screenings and delivered free prescription glasses to children in some of the poorest communities in the United States. Since the program’s inception, HKI has screened more than 1.9 million children and provided more than 275,000 glasses to children in need. The program is now expanding to reach runaway and homeless youth living in shelters and on the street.

The need is great. Runaway and homeless youth face numerous barriers to accessing health services, and they face higher rates of chronic health problems than their peers. As a result, the majority of kids referred to the ChildSight program at Covenant House have had bad vision for years, many times without even being aware of the problem.

“Many of them have been wearing outdated prescriptions or doing without glasses for much too long, causing their vision to worsen,” says Meghan Lynch, the national director of the ChildSight program. “Most of these issues are easily corrected with properly prescribed glasses, but having access to that care is the first step.”

At a recent ChildSight vision screening in Covenant House, a steady stream of young people lined up to read eye charts and take a quick eye exam. Those who failed the initial screening were seen by an onsite HKI optometrist. Anyone needing glasses, Antonio among them, was guided to a table where they could select...
Seeing Possibilities

Children’s ability to learn — and to become their true selves — depends on their ability to see. We go directly into schools and communities to screen students for vision disorders. Our ChildSight program fills a critical gap in health services for children with limited or no access to quality basic health or vision care services.

- Since 1994, we have screened more than 1.9 million disadvantaged youth in the United States and provided free prescription eyeglasses to more than 275,000 of them.

- We provide free vision services to tens of thousands of children in Cleveland, Hartford, Los Angeles, Newark, New Haven and New York City, among other cities. We identify children with potentially serious vision disorders and provide them with a referral to a local community eye care provider for free or low-cost treatment.

- We are expanding our programs to serve more low-income youth — focusing on the 25 cities in the U.S. with the highest child-poverty rates — so they too can achieve their full potential in the classroom and in life.

HKI provides in-school vision screenings and delivers free prescription glasses to children in some of the nation’s poorest communities.

from a wide assortment of stylish frames. Because of the transience of homeless youth and rapid turnover at the shelter, the new prescription eyeglasses were delivered back to Covenant House within just five days.

Since launching our pilot program at Covenant House, HKI has screened and distributed glasses to more than 1,000 homeless young people. The program has been so successful that we have partnered with five additional homeless youth programs in New York City, including the Ali Forney Center, the largest LGBTQ-only youth shelter in the U.S.

HKI has also extended our services to older students in G.E.D. programs, recent immigrants and refugees, low-income seniors, veterans, and to more public schools in cities with high rates of child poverty. In Newark, New Jersey, for example, HKI screened 12,500 children in pre-kindergarten through grade 8 during the 2017-2018 school year. Indeed, because of the enormous gap in eye health services — an estimated 4 million children and 12 million adults still suffer from uncorrected refractive error in the U.S. simply because they cannot obtain a pair of correctly prescribed eyeglasses — HKI is boldly planning to double the reach of our vision screening program over the next five years.

“In the arena of public health in the U.S., there are few issues where the solution is so tangible,” says Lynch. “With this program, we show up at a school or other facility, we provide vision services, we give out glasses, and a problem is fixed.”

For Antonio, a new pair of glasses means he is one step closer to fulfilling his dreams. Thanks to Covenant House, he is receiving financial aid, enrolling in courses offered by the nonprofit and preparing for the SATs. Thanks to HKI’s ChildSight program, he’ll be able to walk clear-eyed and confidently into his future.

“I love computers. It’s my lifelong dream to work with them,” Antonio says. “My eyes impaired my ability to do things on the computer. With these glasses, I’ll actually be able to react to things. I’ll actually be able to see.”

Left: Screening a student’s vision, New York City. Above: Current frame choices for free prescription eyeglasses; Covenant House, New York City.
“A henhouse is a win-win investment: it gives back much more than you put into it!” says Aissatou Ba with enthusiasm. “The chickens lay the eggs that I use to make breakfast for my family. And with the money I save from not having to buy eggs, I buy chicken feed or vaccines.”

Aissatou doesn’t live on a farm but in Guédiawaye, a crowded urban neighborhood in Senegal’s capital city of Dakar. Until recently she had never considered raising chickens. But then she was introduced to HKI’s Creating Homestead Agriculture for Nutrition and Gender Equity (CHANGE) project, which helps women like Aissatou improve their family’s nutrition by introducing them to a novel approach to urban agriculture.

Chicken eggs are rich in protein and micronutrients, but they are too expensive for most families in Guédiawaye to purchase. Since women here hold the primary responsibility for their families’ nutrition, but are afforded few means of earning income, CHANGE was specifically designed to help them produce nutritious foods, by gardening and raising hens, and make money by selling eggs and surplus produce.

About 1,300 women received a henhouse — built especially for use in urban settings — along with three laying hens, one rooster, personalized training and veterinary support. A customized curriculum also empowered the women through interactive sessions in which they and their husbands learned to improve communication, build cooperation, and share more of the household work. This helped to ensure that the women could retain control of their chickens — and the resulting revenues.

Before CHANGE, almost no women in the neighborhood owned chickens. But over time, flocks steadily grew. Two years after the project was introduced in 2013, 20 percent of participants owned ten or more chickens, and the average household was producing about four dozen eggs per month for personal consumption and for sale.
Urban poultry rearing has proven to be highly sustainable. In 2017, 75 percent of the women were still raising chickens, and sales have continued to grow. In the space of three years, Aissatou Ba increased her flock from three hens to seven, and she has added a third level to her henhouse. She also expands her flock in advance of holidays so that she has chickens to sell when the period of spiritual fasting during Ramadan comes to an end with Korité (Eid al-Fitr).

To maintain their reliable source of nutrition and income, the women learned not only how to raise their flocks, but how to protect their hens' health through vaccination and to save money by making their own feed. HKI also trained a team of women to serve as local experts on urban poultry raising to help fellow project participants troubleshoot problems. Aissatou was part of this team of experts, and she remains an important resource for her neighbors. “Many people still ask me if I can advise them about raising chickens — some of them from far outside my neighborhood.”

“A henhouse is a win-win investment: it gives back much more than you put into it!”
— Aissatou Ba, urban farmer

Aissatou’s ambitions continue to grow. “I have a great passion for raising chickens,” she says, “I dream of having a huge henhouse … and of producing even more.” Seeing plenty of potential both within and beyond the neighborhood, she now has plans to partner with restaurants that will buy her chickens.

As the squawks of chickens become ever more common amid the rooftops and courtyards of Guédiawaye and beyond, Aissatou and her neighbors are confident that urban poultry rearing will improve nutrition and livelihoods well into the future.

Fulfilling Potential

Chronic malnutrition robs children of the chance to reach their full potential. We collaborate with governments and community partners to provide nutrition support to young children and their mothers.

- We promote optimal nutrition practices for women, infants and children, including breastfeeding and complementary feeding to give children more vitamins and nutrients during critical stages of development.
- Our Enhanced Homestead Food Production program teaches mothers how to grow nutrient-rich crops in home gardens and raise chickens, fish and other small animals. Mothers learn the importance of feeding their children and themselves with the nutritious food produced.
- Since 1990, we have worked with local partners to support more than 1.6 million families directly with the agricultural tools and training that enable them to grow and consume more nutritious foods. Many others in the communities in which these families live indirectly reap the benefits of our support through the sale of surplus nutritious food in local marketplaces.

Left: Aissatou Ba with her henhouse. Above: Participants at HKI’s nutrition festival in Son La Province, Vietnam.
“I first felt the pain 22 years ago. It felt like pins sticking in my eyes. At school I couldn’t see the pages of my book so I had to stay home. Today, my eyes still hurt but I have a big family to feed. To work you need your eyes.”

Mamadou, a farmer from Burkina Faso, is describing the effects of trachoma, an infectious eye disease that can lead to loss of sight in a particularly painful way: the eyelashes turn inward and scrape against the cornea. Every blink of the eye can be excruciating, and if left untreated the condition, called trichiasis, leads to blindness — and, as a result, social isolation and a loss of access to education and livelihood.

Trachoma is a disease of poverty, affecting communities where water is scarce and face and handwashing are difficult. Trachoma’s blinding damage builds over decades of repeated infections that begin in childhood. The infections are spread from person to person, or by flies that feed from seeping eyes.

Trachoma was eliminated in the United States and Europe as living standards improved, but it remains endemic in much of Africa and parts of Latin America and Asia and remains the leading infectious cause of blindness worldwide. The World Health Organization (WHO) estimates that trachoma is responsible for the blindness or visual impairment of 1.9 million people; and more than 150 million people live in trachoma endemic areas and are at risk of blindness from the disease.

But a major effort to eliminate trachoma infection is making progress. In one of the largest public health endeavors of recent years, WHO is leading an international alliance of governments, nongovernmental organizations — including HKI — researchers, and donors working to eliminate trachoma by 2020. Relatively simple and inexpensive measures such as providing donated antibiotics to everyone in a community, coupled with improved sanitation and hygiene practices, can put a stop to transmission of the disease.

There is also hope for those in the final stage of trichiasis, like Mamadou: a 15-minute surgery on the eyelids that can relieve pain and prevent further deterioration of vision.
The procedure is so simple that a health worker can do it after a few weeks of surgical training.

When Mamadou learned that an HKI mobile health clinic would be offering the surgery in his village for free, he jumped at the opportunity.

While Mamadou lay nervously on an operating table set up in the village health dispensary, a surgeon delicately cut into his eyelid. The procedure, which involves lifting the lashes off the lacerated eyes, can’t totally restore Amadou’s eyesight, but it can stop the damage to his corneas and allow him to see well enough to work and resume a normal life.

After the operation, Mamadou, his face swathed in bandages, was helped outside by his surgeon, Minata. “Today, I’ve already operated on 11 eyelids and will do 17 in all,” she said. “It makes us proud to have saved someone’s sight because then their health recovers, and they can work again without problems.”

During a recent 10-day campaign in Burkina Faso, HKI mobile health teams visited more than 60 villages, screened more than 7,500 people for trachoma, and operated on more than 250 patients. In 2017 as a whole, nearly 80,000 people were screened and 695 people operated on for trichiasis.

Already, Burkina Faso has seen important progress in stopping transmission of the disease. Prevalence of the disease has fallen so much that mass antibiotic treatment is no longer needed. The expansion of HKI’s community-based outreach, screening and field surgery programs will enable thousands of previously infected people to receive needed help and support.

Just 24 hours after surgery, Mamadou had the bandages removed from his eyes. “I no longer have any pain!” he declared. “It’s a big change for me. Now I can work and look after my family. Before, I was strong but had bad eyes. Now, I’m healthy and I am so happy!”

“It makes us proud to have saved someone’s sight because then their health recovers and they can work again.” — Minata, HKI trained surgeon

Overcoming Obstacles

Around the world millions suffer from a group of neglected tropical diseases (NTDs) that are linked to poverty and can cause blindness, chronic pain, severe disability and malnutrition. We are working to prevent and treat five major NTDs — trachoma, river blindness, intestinal worms, lymphatic filariasis (elephantiasis) and schistosomiasis (snail fever) — and to eliminate them altogether.

• In 2017, HKI supported the screening of nearly one million individuals for trichiasis and surgery for more than 36,000 individuals suffering from this condition. HKI trains surgeons and local health providers to perform a sight-preserving surgery for those at risk of blindness due to trachoma infection. The campaign is part of a major international effort to eliminate trachoma with HKI working to save sight in Burkina Faso, Cameroon, Ethiopia, Guinea, Mali, Niger, Nigeria and Tanzania.

• We have supported the following governments in implementing mass drug administration (MDA) programs: Burkina Faso, Cameroon, Guinea, Mali, Niger, Nigeria, and Sierra Leone. In 2017 alone, HKI supported the distribution of more than 110 million NTD treatments through community-based MDA.

• We provided over 35 million deworming tablets to children in Africa to combat intestinal worms, and over 33 million treatments to prevent transmission of lymphatic filariasis, a disfiguring mosquito-borne infection. HKI also supported the training of more than 100 surgeons and nearly 300 other health providers to provide high-quality hydrocele surgery for people with filariasis, and directly supported surgery and post-operative care for over 1,000 individuals.
Our Impact
In 2017 HKI and our partners:

Continued to provide tools and training that since 1990 have enabled more than 1.6 million families in Africa and Asia to grow and consume more nutritious food.

Screened the vision of nearly 66,000 disadvantaged youth in the United States and provided more than 16,000 of them with free prescription eyeglasses.

Provided more than 110 million drug treatments to people at risk of disabling and disfiguring diseases in six African countries.
Performed some 36,000 sight-saving eyelid surgeries for trachomatous trichiasis (TT), a potentially blinding bacterial infection of the eyes, in seven African countries.

Trained more than 200 TT surgeons and provided TT-related training (including how to screen for the disease and provide community education) to nearly 5,500 people in six African countries.

Performed 35,000 cataract surgeries in Myanmar.
In 2017, HKI and our partners also:

Screened nearly **one million** people in seven African countries for trachomatous trichiasis (TT).

Screened **15,000** people in Bangladesh and Indonesia for diabetic retinopathy, which can lead to vision loss, and treated nearly **1,300** of them.

Continued to provide support across Africa to national governments, local food companies, and regional networks to strengthen their capacity to fortify essential food staples with micronutrients. Over the years our efforts have reached more than **285 million** consumers with vitamin A-fortified cooking oil and **293 million** with iron and folic acid-fortified wheat flour.
HKI Partnerships and Initiatives

Ensuring Safe Foods for the World’s Infants
HKI’s Assessment & Research on Child Feeding (ARCH) project investigates how food products for infants and young children are promoted and marketed. In the first three years of the project, ARCH conducted research in Cambodia, Nepal, Senegal and Tanzania on the availability, promotion and consumption of foods by infants and young children under two years of age, including breastmilk substitutes and commercially produced complementary foods and snack foods. Now also working in Indonesia, ARCH ensures that these research findings are used to inform decision-making at the global and national levels about policies and programs to improve the nutritional status of infants and young children.

Nourishing Nepal’s Future
HKI leads the Suaahara II (Good Nutrition) program, funded by the U.S. Agency for International Development (USAID), and works closely with the government of Nepal to strengthen policies and programs that will improve the health and nutritional status of women and children. Although the country has made significant progress in reducing deficiencies in vitamin A, iron and iodine, malnutrition rates remain high. More than 40 percent of children under five suffer from stunting, 11 percent from wasting and 29 percent are underweight. With the help of community health volunteers, the program educates women about farming, sanitation and nutrition to improve nutritional status and livelihoods.

Managing Disabling Diseases
HKI leads the Morbidity Management and Disability Prevention (MMDP) program, a five-year effort funded by USAID to support national governments in their work to eliminate trachoma and lymphatic filariasis (also known as elephantiasis). Our mandate is to ensure high-quality treatment and care for people afflicted with these diseases. For those suffering from the final, blinding stage of trachoma, we strengthen in-country capacity to deliver sight-preserving eyelid surgeries. For men with hydrocele, the severe swelling of the scrotum caused by lymphatic filariasis, we support countries in their work to provide high-quality surgical treatments. We also offer technical assistance for the training of health workers to care for people afflicted with lymphatic filariasis.
HKI is deeply appreciative of our generous donors, all of whom share Helen Keller’s belief that “the welfare of each is bound up in the welfare of all.” The support of these dedicated contributors makes it possible for us to save and improve the sight and lives of vulnerable families around the world.

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HKI is honored to acknowledge the exceptional support of donors whose steadfast giving has sustained our work over many years.

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"What we like the most about HKI’s ChildSight program is that it’s so impactful and immediate."

— Donna Esposito  
Board President  
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Hai-Hui Xue
Kristian and Victor Zimmermann
Zisson Foundation, Inc.

Helen Keller Legacy Society

We are deeply grateful to those who have included HKI in their estate plans. (through January 31, 2018)
Anonymous (2)
Karina and Henry Barkhorn
Randy C. Belcher
D. Brooks Betts
Jean C. Buchler
Jennifer Buda
Karen A. Carlson
Dana and Gregory Feller

“From a charitable standpoint, there is no other organization more worthy than HKI, nor is there another organization that would put our bequest to better use.”
— Dana and Gregory Feller

Lawrence B. Miller
Beverly and Peter Orthwein
Sheena Pappalardo
Ric Plaisance
Joan Raffe
Kathy Spahn
Kate and Mitchell Watson
Donald William Wilkie
Norman Seiden

Funds for the Future

We are honored to acknowledge the tribute gifts that help to secure HKI’s financial strength for the future.

Mildred M. Brock Fund (1993)
Susan Mary Hannam Fund (2000)
Charles B. Harding Memorial Fund (1995)
Kazuo Iwata Memorial Fund (1993)
Henry R. Labouisse Memorial Fund (1993)
Thomas Moore Memorial Fund (1999)
Alice C. & Benjamin W. Morris Memorial Fund (1994)
Robert B. & Mary W. O’Connor Fund (1993)
Elia Peretti Fund (2000)
David C. Scott Memorial Fund (1994)
Anne Sullivan Memorial Fund (1993)

Gifts in Kind

HKI thanks the following for their generous gifts in kind and pro bono support of our work.

39DollarGlasses
Alcon Laboratories, Inc.
Alston & Bird LLP
Denham Wolf Real Estate Services
Essilor
Johnson & Johnson
Merck & Co., Inc.
Perkins Eastman Architects, D.P.C.
Scalars Publishing
Standard Chartered Bank
TechSoup
TOMS
Winston & Strawn LLP
Special Recognition

HKI gratefully acknowledges the governments, multilateral/bilateral agencies, and educational and nongovernmental organizations that support our work.

Action Against Hunger (Action Contre La Faim (ACF))
Action Against Hunger-USA
American Dream Charter School
AVRDC - Asian Vegetable Research and Development Center
BronxWorks, Inc.
Centers for Disease Control and Prevention (CDC)
Children’s Aid Society NY
Cooperative for Assistance and Relief Everywhere, Inc. (CARE)
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
East Brooklyn Community School
Economic Community of West African States (ECOWAS)
EngenderHealth
The Equity Project Charter School
Family Health International (FHI360)
Fund for Public Health in New York, Inc
Global Affairs Canada (GAC)
Global Alliance for Improved Nutrition (GAIN)
Global Alliance for Livestock Veterinary Medicines (GALVmed)
Green Dot Public Schools - CA
Harewelle International Ltd
Harlem Children’s Zone
Hawthorne School District
Heidelberg University
International Agency for the Prevention of Blindness (IAPB)
International Development Research Center (IDRC) Canada
International Food Policy Research Institute (IFPRI)
IntraHealth International
Irish Aid
Johns Hopkins University
Johnson & Johnson Services Inc.
John Snow Research & Training Institute Inc.
Lennox School District - CA
Lions Club International Foundation (LCIF)
Mercy Corps
Montebello Unified School District
The Netherlands Organisation for Scientific Research (NWO-WOTRO)
New York City Board of Education - Office of School Health
New York City Community Learning Schools
New York City Department of Mental Health and Hygiene
Neys-van Hoogstraten Foundation
Orbis International
Passaic Public Schools
PATH
Partners for Global Research and Development (PGRD)
Project Healthy Children/Sanku
Project Management Institute Educational Foundation
Republic of China (Taiwan)
RTI International
SABIN
Save the Children Federation, Inc.
Sightsavers
Smarter Futures
The Task Force for Global Health (TFGH)
Teacher’s College, Columbia University
Total Exploration & Production Myanmar General Manager
Tufts University
The UK Association for Schools for the Blind in Sierra Leone
United Nations Children’s Emergency Fund (UNICEF)
U.S. Agency for International Development (USAID)
University of California, Davis
World Diabetes Foundation (WDF)
World Food Programme (WFP)
WorldFish
# Financial Statement

## Operating Support and Revenue

<table>
<thead>
<tr>
<th>Support</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions – corporations, foundations, and individuals</td>
<td>$25,866,268</td>
<td>$20,905,043</td>
</tr>
<tr>
<td>Contributions – medical supplies, medicines, and other (in-kind)</td>
<td>$147,781,911</td>
<td>$160,516,250</td>
</tr>
<tr>
<td>Legacies and trusts</td>
<td>$330,794</td>
<td>$203,822</td>
</tr>
<tr>
<td>Grants – U.S. Government agencies</td>
<td>$47,262,350</td>
<td>$34,082,689</td>
</tr>
<tr>
<td>Grants – Non-U.S. Government agencies</td>
<td>$3,091,133</td>
<td>$13,696,960</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Support</strong></td>
<td><strong>$224,332,456</strong></td>
<td><strong>$229,404,764</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program and other revenue</td>
<td>$685,487</td>
<td>$273,889</td>
</tr>
<tr>
<td>Dividends and interest income</td>
<td>$15,821</td>
<td>$37,316</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$701,308</strong></td>
<td><strong>$311,205</strong></td>
</tr>
<tr>
<td><strong>Total Operating &amp; Support Revenue</strong></td>
<td><strong>$225,033,764</strong></td>
<td><strong>$229,715,969</strong></td>
</tr>
</tbody>
</table>

## Expenses

<table>
<thead>
<tr>
<th>Program Services</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>ChildSight®</td>
<td>$1,749,107</td>
<td>$1,295,755</td>
</tr>
<tr>
<td>Famine and Other Relief Services</td>
<td>-</td>
<td>$1,665,446</td>
</tr>
<tr>
<td>Nutrition, including Vitamin A</td>
<td>$37,696,346</td>
<td>$35,507,745</td>
</tr>
<tr>
<td>International Eye Health</td>
<td>$1,286,351</td>
<td>$1,117,167</td>
</tr>
<tr>
<td>Neglected Tropical Diseases</td>
<td>$22,513,604</td>
<td>$19,326,901</td>
</tr>
<tr>
<td>Distribution of medicines and other (in-kind), primarily for blindness prevention</td>
<td>$147,781,911</td>
<td>$160,524,815</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td><strong>$211,027,319</strong></td>
<td><strong>$219,437,829</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support Services</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>$9,571,819</td>
<td>$9,233,102</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$1,798,042</td>
<td>$1,335,657</td>
</tr>
<tr>
<td><strong>Total Support Services</strong></td>
<td><strong>$11,369,861</strong></td>
<td><strong>$10,568,759</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$222,397,180</strong></td>
<td><strong>$230,006,588</strong></td>
</tr>
</tbody>
</table>

| Excess (deficit) of revenue over expenses              | $2,636,584      | $(290,619)      |
OTHER CHANGES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net realized and unrealized (losses) gains on investments</td>
<td>$58,840</td>
<td>$(10,552)</td>
</tr>
<tr>
<td>Change in perpetual and restricted trusts</td>
<td>$70,013</td>
<td>$(74,065)</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$2,765,437</td>
<td>$(375,236)</td>
</tr>
</tbody>
</table>

NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>$30,233,459</td>
<td>$30,608,695</td>
</tr>
<tr>
<td>End of year</td>
<td>$32,998,896</td>
<td>$30,233,459</td>
</tr>
</tbody>
</table>

Statement of Activity

Pie charts represent the fiscal year ended June 30, 2017. Pie charts do not include gifts in kind. If included, gifts in kind would represent 66% of total revenue, and program expenses would be 95%. “Other” revenue includes program revenue, dividends, interest, and miscellaneous income.
Expanding ChildSight

Because of the enormous gap in the provision of eye health services in the United States, HKI is expanding our ChildSight vision screening program, specifically targeting communities with high rates of child poverty and limited access to vision care. With support from Margaret A. Cargill Philanthropies, HKI will screen schoolchildren in Milwaukee and Minneapolis-St. Paul for common vision problems and provide free eyeglasses when needed. Services will also be expanded to reach rural communities in the Upper Midwest, which often lack qualified vision care providers.

Preventing Blindness from Diabetes

With support from the Lavelle Fund for the Blind, HKI is scaling up our efforts to prevent and treat diabetic retinopathy (DR) in Bangladesh. DR is a leading cause of preventable vision loss and blindness especially in poor countries with high rates of diabetes. Because there are no symptoms in DR’s early stages, early detection and treatment are crucial. Expanding our already successful program in Bangladesh, HKI will establish new screening and treatment centers, train new health care providers, and increase education programs, especially in impoverished communities where people are at greater risk.
Eliminating Diseases of Poverty
HKI continues to be a leader in the effort to prevent and treat neglected tropical diseases (NTDs). With support from the Conrad N. Hilton Foundation, HKI is carrying out a major effort to eliminate the blinding disease of trachoma from Mali and Niger by 2020. USAID, meanwhile, is funding major HKI programs to control and eliminate seven NTDs in Burkina Faso, Cameroon, Guinea, Mali, Niger and Sierra Leone.

Improving Nutrition Practices with Technology
The Eleanor Crook Foundation, a U.S.-based philanthropy committed to ending global malnutrition, is investing in HKI’s efforts to support better nutritional practices in Tanzania. The foundation has awarded HKI a multi-year grant to research how using text messaging to deliver basic nutrition information to young mothers and their families can improve infant and child feeding practices. The study will examine whether text messaging alone or in combination with in-person group counseling can better raise awareness of good nutritional practices. The study will be one of the first to evaluate whether utilizing mobile technology can help change an individual’s eating and feeding habits.
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HELEN KELLER INTERNATIONAL COUNCIL
At the time of our 50th Anniversary (when we were the American Foundation for the Overseas Blind), a group of prominent people came together to form the Helen Keller World Crusade for the Blind National Committee. Chaired by Katherine Cornell, the Committee’s membership included many renowned and influential individuals.

In honor of our 100th Anniversary in 2015, we revived the tradition through the creation of the Helen Keller International Council. The Council consists of special friends of HKI, many of whom we have honored over the years.

Council members serve as informal ambassadors who help to spread the word about the impact of our efforts to save the sight and lives of the world’s vulnerable and disadvantaged.

We are delighted to acknowledge the contributions of Council members:

Tom Arnold
Christopher Burge
Dr. William Foege
Gordon and Llura Gund
Marie Josée and Henry Kravis
Dr. Alfred Sommer
H. Mitchell Watson, Jr.

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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.

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Inside cover and p. 1: HKI (Mothers improve their families’ nutrition through HKI’s Creating Homestead Agriculture for Nutrition and Gender Equity program [CHANGE], Burkina Faso.)
pp. 3: HKI (Women learn urban chicken farming through HKI’s CHANGE program; Dakar, Senegal.)
pp. 4 and 5: Matthew Septimus
p. 6: K. Thiam
p. 7: HKI
p. 8: John Uniack Davis
p. 9: David Doledec
p. 10: Nicholas Mancus (HKI trains local health workers in countries like Côte d'Ivoire.)
p. 11: HKI (Ground-breaking for a school garden, Nutri Healthy Lifestyle Project; Lagos, Nigeria.)
p. 12: Shafiqur Rahman (A mother prepares produce she has grown through HKI’s Enhanced Homestead Food Production program [EHFP], Bangladesh.)
p. 14: HKI (EHFP participant, Myanmar.)
p. 17: Philomena Orji (Preparing patients for trichiasis surgery, Nigeria)
p. 19: Mary Houghton (Screening for NTDs; Dande District, Burkina Faso.)
p. 22: Ian Christmann (Correcting refractive error; ChildSight program, Connecticut.)
p. 23: Rolf Klemm (Using technology in support of the Essential Nutrition Actions, Tanzania.)
Back Cover: Ian Christmann (A student in Fair Haven, Connecticut, received free prescription eyeglasses through HKI’s ChildSight program.)