2023 S.L. Gimbel Foundation Fund
Grant Application

Internal Use Only:

Grant_____

Organization / Agency Information

1)Organization/Agency Name: HCP Cureblindness		
2)Physical Address: 5430 Waterbury Stowe Road, Suite 2		***City/State/Zip*** Waterbury Center, VT 05677
3)Mailing Address: PO Box 55		***City/State/Zip*** Waterbury, VT 05676
4)CEO or Director: K-T Overbey		***Title:*** CEO
5)Phone: (888) 287-8530	***6)Fax:*** (802) 649-1041	***7)Email:*** info@cureblindness.org
8)Contact Person: Hillary Robbins		***Title:*** Grants Officer
9)Phone: (802) 698-3142	***10)Fax:*** (802) 649-1041	***11)Email:*** hrobbins@cureblindness.org
12)Web Site Address: cureblindness.org		***13)Tax ID:*** 03-0362926

Program / Grant Information

Interest Area: ☐Animal Protection ☐Education ☐Environment ☐Health ☒Human Dignity

14)Program/Project Name: Strengthening Eye Care in Ethiopia			***15)Amount of Grant Requested:*** $250,000
16)Total Organization Budget: $15,852,362 (2023)	***17)Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):*** 75.8%	***18)Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):*** 17.3%	***19)Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):*** 24.2%
20)Purpose of Grant Request (one sentence): Grant funds will support outreach cataract care with HCP's local implementing partners in Ethiopia aimed at reducing unnecessary blindness and alleviating poverty.			
21)Program Start Date (Month and Year): June 2023		***22)Program End Date (Month and Year):*** May 2024	
23)Gimbel Grants Received: List Year(s) and Award Amount(s) 2021: $100,000; 2019: $100,000; 2018: $75,000; 2017: $50,000, 2015: $50,000; 2013: $50,000			

Signatures

24)Board President / Chair: (Print name and Title) Geoffrey Tabin, Board Chairman	***Signature:*** Geoff Tabin	***Date:*** 3/6/23
25)Executive Director/President: (Print name and Title) Katherine (K-T) Overbey, CEO	***Signature:*** Katherine K-T Overbey	***Date:*** 3/6/23

2023 S.L. Gimbel Foundation Fund APPLICATION
Narrative

I. Organization Background

A) What are the history, mission and purpose of your organization?

HCP is a 501(c)(3) non-profit organization whose mission is to cure needless blindness with high-quality, cost-effective eye care in underserved areas of the world. Ophthalmologists Dr. Geoffrey Tabin and Dr. Sanduk Ruit founded HCP in 1995 to serve Nepal, one of the lowest income countries in South Asia, with the goal of ending needless blindness there within their lifetimes. They perfected an efficient cataract surgery delivery model capable of providing high quality, high volume, low cost care in remote outreach settings using a surgical technique that takes 10 minutes and less than $25 in materials. From the outset, they realized that to truly address the enormity of cataract blindness in Nepal, they would need to develop systems of sustainable eye care delivery and build local capacity through skills transfer, mentorship and training.

In its 27 years of operation, HCP's reach has since grown beyond the Himalayas to tackle needless blindness in over 20 countries in South Asia and Sub-Saharan Africa. Today, we provide critical eye care services, training for ophthalmic professionals, and enhanced eye care infrastructure where they are needed most. Our multi-pronged approach allows us to build local leadership, empower key actors, and develop sustainable practices from the ground up – all to accomplish our vision of a world in which no person is needlessly blind and all people have access to local, high-quality eye care.

B) How long has the organization been providing programs and services to the community?

HCP has been working to eradicate needless blindness in Ethiopia since 2008. Over the past 15 years, HCP has provided over $17M of investment in Ethiopia, resulting in over 5 million eye care examinations, over 600,000 sight restoring surgeries, and 927 distinct training opportunities for eye care personnel in partnership with more than 20 local institutions across five regions.

C) What are some of your past organizational accomplishments (last three years)?

Over the past three years, key organizational accomplishments include:

- Adapting programming in light of COVID-19 and supporting local implementing partners
- Establishing a country office in Ethiopia
- Commencement of construction of the Bahir Dar Specialty Eye Center in Ethiopia
- Commencement of construction of a new Eye Center at the Cape Coast Teaching Hospital in Ghana, which will host the third ophthalmology residency program in the country
- Standardizing a Global Data Standard for Cataract Surgical Services (GDSCSS) across all of our partnering institutions
- Rapid growth of the National Cataract Outreach Program in Ghana
- Expansion of programs into South Sudan, Tanzania, Kenya, Eritrea, Sierra Leone, and the Philippines

Since 1995, HCP has supported its partners in over 20 countries in delivering the following care:

- Providing screening and treatment for over 15.4 million people
- Performing more than 1.25 million sight restoring surgeries
- Training 21,000 eye care professionals, including 631 ophthalmologists from 56 countries
- Establishing 4 dedicated eye hospitals/training institutes

D) What are your key programs and activities?

HCP works to eradicate needless blindness in low-income countries around the world, with long-standing country programs in Nepal, Ghana and Ethiopia. Our model is based on a four-pronged approach which includes: 1) delivery of clinical care through surgical outreach events, 2) provision of training for ophthalmic personnel at all levels of care, 3) procurement of equipment and cutting-edge technology for new and growing eye care facilities, and 4) advocacy efforts to increase awareness of and motivation around improving eye health.

The credibility of the HCP model can be found in the transformation of eye care in Nepal over the last twenty-five years. Since HCP initiated its work, the prevalence of blindness in Nepal has fallen 58%, the number of cataract surgeries has increased by 2000%, and Nepalese surgeons have established themselves among the world's master trainers in ophthalmology. The Tilganga Institute of Ophthalmology in Nepal, HCP's flagship implementing training partner, has grown into a World Health Organization-recognized international center of excellence that has treated over six million patients, performed over 640,000 surgeries throughout its network of 18 satellites and outreach program, and trained over 21,000 physicians and ophthalmic personnel from 56 countries. Since 2003, Tilganga has received over $6.5M in ASHA funds for construction or renovation of the facility and commodities to outfit the institute with high-quality equipment. Today, HCP is working to replicate Tilganga's successful eye care service delivery model in other countries. HCP has active programs in South Asia and Sub-Saharan Africa, where we proliferate our work in a sustainable way by equipping, training and empowering local eye care provider

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

Globally, 1.1 billion people live with vision loss, 90% of which is preventable or treatable. Approximately 43 million people are completely blind, while an additional 295 million experience moderate to severe vision loss. Unfortunately, in many regions of the world, the prevalence of vision loss is growing due to insufficient scale and approach of existing eye care service delivery.[1]

The impact of visual impairment, especially at high rates, is significant on both the individual and community levels. In low and middle-income economies, blindness causes $49 billion in lost productivity each year. Visual impairment can cause disabilities that may limit personal or socioeconomic autonomy and significantly interfere with one's ability to function independently. Vision impairment is associated with a diminished quality of life and decreased survival expectancy in the middle-aged and elderly population. In a study conducted in Ethiopia in 2016, mortality risk was found to be significantly elevated for older cataract-blind patients when compared with non-cataract-blind patients—an elevation of risk that was not noted in an age-matched cohort of cataract-blind patients who underwent cataract surgery as early as 1-year follow-up.[2] Additionally, prevalence of psychological distress has been found to be significantly higher in patients with visual loss compared to patients with normal vision.[3] It can be concluded that an emphasis on prevention and reversal of visual impairment is necessary in order to decrease the economic, social and political burden of visual disability.[4]

In short, few populations are more marginalized than those who are blind living in low resource settings. Data show that vision loss disproportionately affects otherwise excluded groups, such as women, the poor, and rural communities. Fundamentally, HCP focuses on these very populations. We

[1] *Vision Atlas*. The International Agency for the Prevention of Blindness. (2022, April 8). Retrieved June 8, 2022, from https://www.iapb.org/learn/vision-atlas/
[2] Thomas, B. J., Sanders, D. S., Oliva, M. S., Orrs, M. S., Glick, P., Ruit, S., Chen, W., Luoto, J., Tasfaw, A. K., & Tabin, G. C. (2016). Blindness, cataract surgery and mortality in Ethiopia. *The British journal of ophthalmology*, *100*(9), 1157–1162. https://doi.org/10.1136/bjophthalmol-2015-308328
[3] Abateneh A, Tesfaye M, Bekele S, Gelaw Y (2013) Vision Loss and Psychological Distress among Ethiopians Adults: A Comparative Cross-Sectional Study. PLOS ONE 8(10): e78335. https://doi.org/10.1371/journal.pone.0078335
[4] Abebe, H., Wagnew, F., Zeleke, H. *et al*. Magnitude of visual impairment and associated factors among patients attending ophthalmic clinics of Debre Markos referral hospital, north West Ethiopia. *BMC Ophthalmol* 21, 96 (2021). https://doi.org/10.1186/s12886-021-01863-0

care for individuals and communities where basic health services have not yet reached. Our interventions help individuals regain their independence and participate more fully in community life regardless of race, creed, or identity. We intentionally target the underserved and travel the last mile to bring them care. We train community health workers to screen and reach the poorest, most remote communities. Frequently, these communities are composed entirely of marginalized groups or persecuted minorities. We organize outreach surgery campaigns to provide care in disparate regions so that we overcome the barriers to access that our patients would otherwise have to face.

The majority of the patients we serve make less than two dollars per day, are located in both urban and rural communities, and have basic education levels. In a typical outreach, an equal percentage of men and women are served, and the typical patient profile is adult, with an average age of 60.

II. Project Information:

A) Statement of Need

1. Specify the community need(s) you want to address and are seeking funds for.

Ethiopia shoulders one of the highest national burdens of blindness in the world, with approximately 8.8 million people experiencing some level of vision loss. Yet, 87.4% of blindness and 91.2% of low vision in Ethiopia is treatable and/or avoidable. Causes of blindness in Ethiopia include cataract (50%), trachoma (11.5%), refractive error (7.8%), and other corneal opacity (7.8%). Currently, there is an estimated backlog of 800,000 people living with cataract blindness. Only 70,000 Ethiopians receive cataract surgery each year, leaving hundreds of thousands waiting for care. Geography and gender significantly impact prevalence rates, with higher levels of blindness for both women (1.9% female vs. 1.2% male) and those living in rural areas (1.6% rural vs. 1.1% urban).[5]

The main constraint to addressing the issue of unnecessary blindness in Ethiopia is access to high-quality, affordable care. Currently, there are only around 160 ophthalmologists in Ethiopia (1.4 ophthalmologists per million people), 60% percent of whom are clustered in the capital. The national cataract surgical rate is estimated at 658 per million, far lower than the World Health Organization recommendation for Sub-Saharan Africa of at least 2,000 cataract surgeries per million.[6] A study conducted in 2021 assessing progress towards VISION 2020 Goals in the Gurage Zone of Ethiopia found limited baseline data; insufficient critical human resources, services and equipment; and a lack of systematic evaluation of progress in the sector.[7]

HCP has been working in Ethiopia since 2008 to address the cataract backlog and human resource gaps. We have expanded its partner network to include 23 implementing partners throughout all regions of the country by training their ophthalmic staff in the successful cataract service delivery model that was refined in Nepal and supporting their outreach efforts.

We are seeking funds both to reduce unnecessary blindness and poverty by putting people and their caregivers back to work, and to continue building ophthalmic capacity for future eye care providers who learn through supporting practitioners at outreach surgeries. HCP is requesting a $250,000 grant from the S.L. Gimbel Foundation to support outreach cataract care with our local implementing partners across Ethiopia. Sight restoring surgery allows patients and their caregivers to return to their communities as contributing members while also providing ample opportunity for onsite skills transfer between senior and junior eye care personnel.

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[5] Berhane, Yemane & Worku, Alemayehu & Bejiga, Abebe & Alemayehu, Wondu & Kello, Amir & Ayalew, Allehone & Adamu, Yilikal & Gebre, Teshome & Kebede, Tewodros & Gower, Emily & West, Sheila. (2008). Prevalence and causes of blindness and Low Vision in Ethiopia. *Ethiopian Journal of Health Development.* 21. 10.4314/ejhd.v21i3.10050.

[6] *Ethiopia Country Map & Estimates of Vision Loss.* The International Agency for the Prevention of Blindness. (2021, February 23). Retrieved June 8, 2022, from https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/ethiopia/

[7] Soboka, J. G., Teshome, T., Salamanca, O., & Calise, A. (2021, October 27). *Evaluating Eye Health Care Services Progress Towards VISION 2020 Goals in Gurage Zone, Ethiopia.* Retrieved January 8, 2022, from https://assets.researchsquare.com/files/rs-900364/v1/9e5c6a0c-1305-46a2-9e96-8cb09ae495ad.pdf?c=1636393335

B) Project Description

1. Describe your project. How does your project meet the community need?

HCP's programmatic priority is to increase access to eye health services in Ethiopia with the ultimate goal of eradicating needless blindness due to cataracts. In the face of the political, geographical, financial, and other barriers that limit Ethiopians' ability to access eye care, our strategy is to bring services to those in need by conducting cataract surgical outreach campaigns. This approach – developed in collaboration with the Ethiopian Government, the Federal Ministry of Health, and our implementing partners – allows us to meet the community need by circumventing barriers and delivering high-quality eye care to the most vulnerable and remote populations in Ethiopia.

The proposed project will target supporting 39,000 patient examinations and 4,545 sight-restoring surgeries throughout a series of surgical interventions organized by HCP's implementing partners across Ethiopia. The partners include Sinskey Eye Institute in the Addis Ababa Region; Debre Birhan Referral Hospital, Felege Hiwot Referral Hospital, and Gondar University Hospital in the Amhara Region; Bisidimo General Hospital, Bule Hora General Hospital and Nekemte Hospital in the Oromia Region, Wolaita Sodo University Teaching Referral Hospital in the Southern Nations, Nationalities and Peoples' Region; and Quiha Zonal Hospital in the Tigray Region.

The ophthalmic teams from these partners will work closely with HCP's clinical and administrative staff based in Addis Ababa. HCP's local team members attend the majority of HCP supported surgical interventions to ensure adherence to standard operating procedures - updated to meet the Global Data Standard for Cataract Surgery and address ongoing COVID mitigation.

2. What is unique and innovative about this project?

One notable distinction found in HCP's approach to cataract surgical interventions is its steadfast commitment to training. Every HCP supported outreach event includes both veteran and newly trained Ethiopian ophthalmic staff to provide sight-restoring surgeries while also expanding the capacity of local providers. Every event includes a 3rd or 4th year ophthalmology resident from one of the five ophthalmology residency training programs thereby ensuring that these residents graduate with advanced surgical skills, owing to their involvement in these campaigns. HCP's local team members also provide specialized training for allied health personnel including ophthalmic nurses, optometrists, equipment technicians, statisticians and outreach coordinators to ensure standardized and consistent care.

Another recent innovation related to these events is their utilization of a standardized Global Data Standard for Cataract Surgical Services (GDSCSS). Following the conclusion of a five-year project to develop, test, refine and implement a standard for the data collected from patients prior to, during and after cataract surgery, all of HCP's partners (including in Ethiopia) now utilize this uniform measure. This project involved multiple stakeholders including International NGOs working in Eye Care, HCP's clinical advisors, representatives from several implementing partners and Academic Institutions interested in global ophthalmology, and resulted in the creation and population of a database of over 80,000 surgical records from nine low- and middle-income countries (LMICs). Any outreaches conducted as part of this project will serve a secondary role of contributing additional data points to this database for future analysis and ongoing refinement of cataract surgical outcome monitoring (CSOM) practices.

C) Project Goal, Objective, Activities and Expected Outcome

1. **Note: Objective, Outcome and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served, or acres improved"). 1. This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

2. **State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
3. **State One Objective.** The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. **Specify the activities** you will undertake to meet the objective and number of participants for each activity.
4. **State One Outcome.** An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in a quantifiable and verifiable term.
5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured? Provide specific information on how many individuals will be evaluated (should be the same number as in the objective), how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.

BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION: Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable and verifiable. Do not use percentages)

STATE THE GOAL, OBJECTIVES, AND OUTCOME

GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.
OBJECTIVE: House up to 145 homeless youth referred or who contact us within 24 hours.
ACTIVITIES:
1. For each of 145 youth identified, develop a case management file.
2. Create a 90 day sufficiency action plan for each of the 145 youth.
3. Input weekly progress reports for each of the 145 youth.

OUTCOME: We expect to provide rapid rehousing to over 145 homeless youth in 2020.
EVALUATION: Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 youth. Account for additional successes or lower numbers of youth in the program.

WRITE YOUR RESPONSES HERE AND Use the following format for your goal, objective, respective activities and expected outcome:

GOAL: Reduce the backlog of blindness in Ethiopia by strengthening the national eye care system.

OBJECTIVES: Reduce barriers to accessing high quality eye care, specifically cataract surgery, throughout Ethiopia by:

- Providing basic eye care for 39,000 people during patient screening for outreach campaigns.
- Restoring sight to patients via delivery of 4,545 cataract surgeries through implementation of outreach campaigns.

ACTIVITIES:

1. Screen 39,000 people to identify patients who are good candidates for cataract surgery, providing eye examinations and referrals as needed.
2. Perform 4,545 cataract surgeries during outreach campaign(s). During the week of the surgical campaign, patients will be bussed to the event site on their scheduled appointment day. Each patient will have their preoperative visual acuity tested and biometry calculated in order to determine what power lens should be implanted into the eye during surgery. Patients will be lodged overnight and fed meals during their stay at the outreach site.
3. Deliver follow-up care for patients at one day (including postoperative visual acuity testing and distribution of eye drops), one week and one month post surgery.

OUTCOMES: We expect to provide **39,000 eye screening exams and** 4,545 sight-restoring cataract surgeries free of charge to patients from marginalized communities throughout Ethiopia who would have otherwise not received care from June 2023-May 2024.

EVALUATION: Using HCP's data standardization and collection tools, **account for all individuals who received eye screenings and** collect deidentified patient data for all patients who received cataract surgery. Data collected will adhere to the GDSCSS and include the number of people screened and the number of patients who received surgery. Patient data on visual acuity and complications will be obtained for further analysis of surgical outcomes. **HCP will** account for additional or fewer **screenings and surgeries than the 39,000 screenings and** 4,545 **cataract surgeries originally** planned.

D) Timeline

Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page. Start date should be 3 months after the submission date.
The program start date is: 6/6/2023
The program end date is: 5/30/2024
Include timeframes for specific activities, as appropriate.

Below is a tentative outreach schedule for the proposed program dates. Please note that the exact dates of these activities are subject to change based on a number of circumstances including travel restrictions, political unrest, climate/weather, partner availability, etc.

June

- 5-11 - Sinskey Eye Institute (300 surgeries)
- 12-18 - Felege Hiwot Referral Hospital (500 surgeries)
- 19-25 - Bule Hora General Hospital (500 surgeries)

July

- 17-23 - University of Gondar Hospital (400 surgeries)

August

- 21-27 - Wolaita Sodo University Teaching Referral Hospital (500 surgeries)

September

October

- 2-8 - Debre Birhan Referral Hospital (500 surgeries)
- 9-15 - Wolaita Sodo University Teaching Referral Hospital (500 surgeries)

November

- 6-12 - University of Gondar Hospital (400 surgeries)
- 20-26 - Quiha Zonal Hospital (500 surgeries)
- 27-Dec 3 - Nekemte Hospital (450 surgeries)

December

January-May 2024

- Dates for outreach campaigns to take place in 2024 will be determined during HCP's partner planning process in October 2023. (Remaining surgeries to total 4,545)

E) Target Population

1. Who will this grant serve?

This project will serve individuals in rural areas across Ethiopia who would not otherwise seek eye care and/or receive cataract surgery due to lack of funds, access, or knowledge.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

Based on previous experience, of the 4,545 surgeries to be performed by HCP's implementing partner institutions, the majority of patients will be over 50 years old, approximately split between women and men, and an estimated 80 surgeries will be provided for children under 18.

F) Projects in the Community

1. How does this program relate to other existing programs in the community?

Proposed program activity will enhance current eye care programs in the region with the addition of the HCP local team who will ensure standardization of protocols. HCP inputs help expand the quantity of care provided by local teams and also the quality of the care.

2. Who are your community partners (if any)?

The selected community partner institutions include the following:

- Bisidimo General Hospital
- Bule Hora General Hospital
- Debre Birhan Referral Hospital
- Felege Hiwot Referral Hospital
- Gondar University Hospital
- Nekemte Hospital
- Quiha Zonal Hospital
- Sinskey Eye Institute
- Wolaita Sodo University Teaching Referral Hospital

HCP's partners are geographically situated to serve a population with tremendous need, and staffed to provide necessary care while increasing efficiency and output through targeted training and experiential learning.

3. Who else in the community is providing this service or has a similar project?

Other collaborating groups working in Ethiopia include Orbis International, the Fred Hollows Foundation, SightLife, Essilor, Light for the World, Christian Blind Mission, Vision Aid Overseas, and Operations Ethiopia. HCP is a member of working groups to coordinate eye care activities in the country including the FMOH, the INGO Forum, and committees for the National Prevention of Blindness and National Eye Health Planning and Survey.

4. How are you utilizing volunteers?

HCP has a cadre of volunteer affiliated ophthalmologists who help implement project activities. HCP Co-founder and Chairman, Dr. Geoffrey Tabin, and Board Member and Ethiopia Program Lead, Dr. Matt Oliva, oversee all clinical aspects of activities and spend at least ten weeks combined each year implementing these campaigns, providing onsite hand-on training and skills transfer. Volunteer nurses help coordinate other medical and non-medical volunteers who may be in attendance. It is important to note, however, that we do not substitute local personnel with volunteers.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Grants funds will be utilized to cover expenses related to screening cataract patients and providing 4,545 cataract surgeries in Ethiopia at a rate of $55/surgery. Specific expenses included in that cost per surgery are the cost of per diems for local medical personnel carrying out screening and surgical activities, logistical/operational support including food, lodging, and transportation for patients and staff, as well as supplies and consumables for surgical care. Please see the budget for cost breakdown.

III. Project Future

A) Sustainability

Explain how you will support this program after the grant performance period. Include plans for fundraising or increasing financial support designated for the program.

Sustainability is the backbone of our operational strategy. HCP has established an Ethiopia Country Office with a staff of 12 to ensure long-term presence and sustainability of programs. To grow capacity for eye care, HCP supports training opportunities at all levels so that national eye care systems that support long-term local care may be built. In addition, hands-on learning and mentorship for ophthalmic personnel are part of every surgical outreach, with at least one operating table devoted to training. Providing experiential learning opportunities help build a larger population of eye care professionals equipped to perform cataract procedures independently through their own implementation programs and within their own communities. With more surgeries performed by HCP and our partners, the greater the leveraging opportunity for continued governmental support to devote resources to eye care.

Our ongoing partnership with the S.L. Gimbel Foundation has helped HCP leverage several grants to expand outreach, monitoring and evaluation capacity, and generate charitable donations from new donors and in-kind donations of equipment and materials from the US ophthalmic industry. In addition, thanks to HCP's close partnership with Ethiopia's Ministry of Health (MoH) and the Ophthalmic Society of Ethiopia, we are well positioned to advocate for larger investment in national eye care with the MoH, ensuring that cataract outreach remains a priority of health care funding. Through HCP's partnership with the MoH, we regularly incorporate our patient data into their national database, thereby assisting the MoH in analyzing the effectiveness of the country's ophthalmic care, leading to improved health equity and better decision making in the allocation of resources where they are most needed. We are confident that the success of our evidence-based surgical cataract outreach model will continue to garner additional interest and support.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

HCP is overseen by a twelve-member Board of Directors, committed leaders in business, finance and ophthalmology. The Board meets quarterly to govern HCP. Board Chair Dr. Geoffrey Tabin is the Fairweather Foundation Endowed Chair and Professor of Ophthalmology and Global Medicine at Stanford University. CEO Katherine (K-T) Overbey manages a staff of forty-four (including both U.S.- and Ethiopia-based staff) and all organizational functions including program delivery, administration, and fundraising. Board Member Dr. Matt Oliva, a cataract and cornea specialist at Medical Eye Center in Medford, OR, provides leadership and clinical expertise for HCP activities in Ethiopia.

2. What committees exist within your board of directors?

The Board of Directors has four standing committees: Finance, Audit & Investment, Nominating & Governance, Risk Management, and Strategic Development. The Finance & Audit Committee oversees the organization's financial planning and annual audit. The Investment Committee sets the organization's investment policies and monitors the performance of its investment funds. The Nominating & Governance Committee identifies candidates to join the Board, as needed, and makes recommendations to the full Board regarding the policies and procedures of the organization and the compensation of the Chief Executive Officer. The Risk Management Committee has the primary responsibility of providing oversight of company-wide risk management practices. The Strategic Development committee works with organizational leadership and the Development team to maximize fundraising. Each committee is comprised of at least three Board members and meets at least once annually (typically quarterly).

3. How does the board of directors make decisions?

The Board and Board Committees are provided a full package of materials prior to each meeting. Decisions are identified, relevant information is furnished, discussion is had and where necessary, a Board vote is taken.

B) Management

1. Describe the qualifications of key personnel/staff responsible for the project.

Programmatic vision and clinical oversight will be provided by HCP Chairman Dr. Geoff Tabin, who serves as Professor of Ophthalmology at Stanford University and Board Member Dr. Matt Oliva, who leads HCP's Ethiopia programs. Both Drs. Tabin and Oliva spend considerable time each year in Ethiopia providing direct skills transfer to local ophthalmologists.

Oversight and grant management will be provided by Program Manager, Regina Noh with administrative support from Program Coordinator, Wallis Cronin and in-country support from HCP Ethiopia Country Manager, Zelalem Habtamu, and his Ethiopia based team.

2. What is the CEO/Executive Director's salary?

$300,000

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V. Project Budget and Narrative (Do not delete these instructions on your completed form and use this form).

A) **Budget Table**: Provide a detailed line-item budget for your **entire** program by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

1) Line item requests for materials, supplies, equipment and others:
    a. Identify and list the type of materials, supplies, equipment, etc.
    b. **Specify the unit cost, number of units, and total cost**
    c. Use a formula/equation as applicable. (i.e. 40 books @ $100 each = $4000)
2) Line item requests for staff compensation, benefits: **Do not use FTE percentages**.
    a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. $20/hr x 20 hours/week x 20 weeks = $8,000)
    b. For benefits, provide the formula and calculation (i.e. $8,000 x 25% = $2,000)
3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Surgical Intervention Support	The completion of 4,545 cataract surgeries including screening, patient food, accommodations and ground transport. (4,545 surgeries @ $55/surgery = 249,975 >> $250,000)			$250,000	$250,000
Cataract Surgical Consumables	Aurolab surgical consumables necessary for cataract surgery. (4,545 surgical consumable kits @ $17/kit = $77,265)	$77,265			$77,265
Training & Education	In-Country Training Workshops on optometry, ophthalmic nursing, biomedical engineering. (2 workshops @ $3,800/workshop = $7,600)	$7,600			$7,600
Volunteer Ophthalmologist Skills Transfer	HCP Volunteer Ophthalmologists participating in and providing skills transfer to local ophthalmic personnel at a surgical intervention, including flights, ground transport, and accommodations plus their time valued in-kind.	$1,000	$13,730		$14,730

	(HCP: 2 people @ $500/person/wk x 1 wk each = $1000) (Other Funder: 2 people @ $6,865/person/wk x 1 wk each = $13,730)				
HCP Personnel	US- and Ethiopia-based staff overseeing planning, implementation, data analysis, and reporting for the project. (3 staff members x 5 hrs/wk x 40 wks @ $20/hr = $12,000)	$12,000			$12,000
TOTALS:		$97,865	$13,730	$250,000	$361,595

B) **Narrative:** The budget narrative is the justification of "how" and/or "why" a line item helps to meet the program deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the program. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Program Budget and Budget Narrative

Budget Narrative:

1. Surgical Intervention Support: In order to complete 4,545 cataract surgeries, partner institutions will run screening programs in rural communities and screen an estimated XX,XXX patients. Good candidates for cataract surgery will be transported to the hospital and will be provided with the surgery, meals, and accommodations. The average cost per surgery (inclusive of screening, transport, and accommodations) is estimated at $55. (4,545 surgeries @ $55/surgery = 249,975 rounded up to $250,000)
2. Cataract Surgical Consumables: Aurolab surgical consumables and associated medical supplies necessary for cataract surgery. HCP will purchase and ship these directly to our HCP Ethiopia office to be distributed to partners as needed during surgical outreach campaigns (4,545 surgical consumable kits @ $17/kit = $77,265)
3. Training & Education: HCP will host two training workshops for support staff in coordination with the funded outreach campaigns on topics including optometry, ophthalmic nursing, and biomedical engineering. Each training will take place over the course of two weeks: the first week will consist of lectures while the second week will be hands-on skills training during an outreach campaign. Approximately 24 trainees will attend each workshop, which will focus on ophthalmic best practices and HCP Standard Operating Procedures. (2 workshops @ $3,800/workshop = $7,600)
4. Volunteer Ophthalmologist Skills Transfer: HCP Volunteer Ophthalmologists will be present at two of the planned surgical interventions to provide hands-on skills training, ensure best practices are followed, troubleshoot issues, provide support, and provide feedback. Costs associated with this include transport and accommodations during the campaign as well as the ophthalmologists' time valued in-kind. (HCP: 2 people @ $500/person/wk x 1 wk each = $1000) (Other Funder: 2 people @ $6,865/person/wk x 1 wk each = $13,730)
5. HCP Personnel: U.S.-based Project Manager and Project Coordinator as well as Ethiopia-based Program Director will coordinate activities including scheduling events, preparing training and materials, collecting and analyzing data, and preparing reports for the project. (3 staff members x 5 hrs/wk x 40 wks @ $20/hr = $12,000)

2023 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount
USAID ASHA	$600,000
Izumi Foundation	$135,000
Robert M. Sinskey Foundation	$61,116
R.W. Naito Foundation	$50,000
Lions Club International	$49,600
Hayes Foundation	$5,000

Pending

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount	Decision Date
ASCRS Foundation	$30,000	Spring
Bausch Foundation	$30,000	Spring
Flahive Family Foundation	$10,000	Spring

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue***	Funding Source	Amount	% of Total Revenue
Contributions*	$24,227,732	92.8%			
Fundraising/Special Events**	$0	0%			
Corp/Foundation Grants	$1,744,350	6.7%			
Government Grants	$174,400	0.7%			

Notes:

Figures were taken from HCP 2022 Preliminary Financials

*Gifts from individuals and foundations.
**Fundraising/Special Events amounts to a small figure and would be included in Gifts or Grants.
***Total Revenue includes Realized and Unrealized Gains (Losses).

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Himalayan Cataract Project, Inc.
Most Current Fiscal Year (Dates): From 01/01/2021 **To:** 12/31/2021

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization.** Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures**!

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
8,680,654	6,579,627	1,502,631	598,396

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	75.8%	17.3%*	6.9%

*The percentage of our management and general expenses being above 15% in 2021 (and 2020) was an anomaly due to COVID impacting our ability to implement programs. Prior to COVID, in 2019 our management and general expenses were at 9.4% and in 2018 they were at 8%. Additionally, our projected management and general expenses for 2022 are expected to once again be below 15%.

2) **Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)**

Percentage of Organization's Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	**Differential**
Less than 15%	17.3%	-2.3%

If the differential is above (+) or below (**-**) **10%**, provide an explanation:

S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio*
$21,624,410	$2,560,090	$2,216,110	10.91

*December 31, 2022

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
$13,904,749	$4,010,912

Notes:

VIII. EMAIL TWO PDF files to Gimbel@iegives.org

A. **One PDF file of the following, #1 to #5** **B. Second PDF file of the following, #6 & #7**

#1	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	#6	A copy of your most recent year-end financial statements (audited if available)
#2	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	#7	A copy of your most recent 990. **Please make sure that the Form 990 you submit is no more than two (2) years old.**
#3	Part IX **only** of the 990 form, Statement of Functional Expenses (one page). **Please make sure that the Form 990 you submit is no more than two (2) years old.**		
#4	For past grantees, a copy of your most recent final report.		
#5	A copy of your current 501(c)(3) letter from the IRS		

SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
Income	**20____**	**20____**	
Individual Contributions	-	-	-
Corporate Contributions	-	-	-
Foundation Grants	-	-	-
Government Contributions	-	-	-
Other Earned Income	-	-	-
Other Unearned Income	-	-	-
Interest & Dividend Income	-	-	-
Total Income	**-**	**-**	**-**
Expenditures			
Personnel			
Salary CEO/Executive Director	-	-	-
Staff Salary (total)	-	-	-
Payroll Taxes	-	-	-
Insurance - Workers' Comp	-	-	-
Insurance - Health	-	-	-
Payroll Services	-	-	-
Retirement	-	-	-
Total Personnel	**-**	**-**	**-**
General Program/Administrative			
Bank/Investment Fee	-	-	-
Publications	-	-	-
Conferences & Meetings	-	-	-
Mileage	-	-	-
Audit & Accounting	-	-	-
Program Consultants	-	-	-
Insurance Expense	-	-	-
Telephone Expense - Land Lines	-	-	-
DSL & Internet	-	-	-
Website	-	-	-
Office Supplies	-	-	-
Postage & Delivery	-	-	-
Printing & Copying	-	-	-
Miscellaneous	-	-	-
Total General Program/Administrative	**-**	**-**	**-**
Total Expenditures	**-**	**-**	**-**
Revenue Less Expense	**-**	**-**	**-**

SAMPLE Project Budget and Budget Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Personnel: Project Coordinator	10 hours/week x $20/hour x 40 weeks = $8,000			$ 8,000	$ 8,000
Meetings	10 meetings x $200/meeting for food and drinks = $2,000		$1,000	$ 1,000	$ 2,000
Training and Education: Honoraria-trainers	10 trainers x $200/trainer = $2,000			$ 2,000	$ 2,000
Materials and Supplies	$40/student x 40 students = $1,600	$ 600		$ 1,000	$ 1,600
Workbooks	$30 each x 40 students = $1,200	$ 200		$ 1,000	$ 1,200
Facility Cost	$300/meeting x 10 meetings = $3,000			$ 3,000	$ 3,000
Grant awards		$5,000	$5,000	$10,000	$20,000
Youth Recognition Event: Food	$10/person x 100 people = $1,000			$ 1,000	$ 1,000
TOTALS:		$5,800	$ 6,000	$27,000	$38,800

Budget Narrative:

1. Personnel: Project Coordinator
   Coordinate all activities of the Youth Program such as setting meeting schedules, contacting students, preparing materials for meetings, scheduling trainers, etc.
   10hrs/week x $20/hr. x 40 weeks = $8,000
2. Meetings: 10 meetings x $200/meeting for food, drinks, snacks. There are 40 students per meeting. Cost per student is $5 x 40 students = $2,000
3. Training and Education: Honoraria for 10 trainers/presenters x $200/trainer = $2,000.
4. Materials & Supplies - paper, binders, pens, etc. for meetings, activities, events.
   40 students x $40 per student = $1,600.
5. Workbooks: Leadership training workbooks costs $30 each x 40 students = $1,200
6. Facility cost – Room cost at a nonprofit agency is $100/hour x 3 hours per meeting x 10 meetings = $3,000
7. Grantmaking – Grant awards to nonprofit youth agencies. Maximum $2500/agency x 8 = $20,000
8. Youth Recognition Event – end of the year event for students and grantees.
   100 attendees x $10/person = $1,000

Himalayan Cataract Project, Inc.
Budget Comparison
2022 vs. 2023 Budget

	Preliminary 2022 Actuals	Provisional 2023 Budget		
	Jan - Dec 22	Jan - Dec 23	$ Change	% Change
Income				
Contributions; Gifts and Grants				
Non-Cash Contributions	512,847	616,855	-104,008	-17%
Gifts	24,227,732	9,063,785	15,163,947	167%
Grants	1,744,350	2,053,144	-308,794	-15%
Grants - Government	174,400	968,663	-794,263	-82%
Total Contributions; Gifts and Grants	26,659,329	12,702,447	13,956,882	110%
Technology & Procurement	138,947	220,000	-81,053	-37%
Investment Income	193,428	75,000	118,428	158%
Realized Gains (Losses)	4,683,612		4,683,612	100%
Unrealized Gains (Losses)	-5,591,839		-5,591,839	-100%
Other Income	36,940	188,264	-151,324	-80%
Total Income	26,120,417	13,185,711	12,934,706	98%
Cost of Goods Sold	85,605	287,974	-202,369	-70%
Gross Profit	26,034,812	12,897,737	13,137,075	102%
Expense				
Supplies & Consumables				
Program - Grants & Allocations				
Grants & Allocations				
Nepal	437,383	824,280	-386,897	-47%
India	50,000	49,500	500	1%
Bhutan	229,380	179,268	50,112	28%
Ghana	2,101,960	2,134,664	-32,704	-2%
Ethiopia	2,086,862	2,700,881	-614,019	-23%
BDSEC	129,960	837,180	-707,220	-84%
RSU Biruh Vision	52,772	71,000	-18,228	-26%
Other Country Programs	315,087	362,487	-47,400	-13%
South Sudan	366,955	643,815	-276,860	-43%
Monitoring Evaluation Learning	0	116,500	-116,500	-100%
Educational Fellowships	31,764	105,000	-73,236	-70%
Technology & Procurement	-3,514	191,304	-194,818	-102%
Research & Innovation	13,367	156,001	-142,634	-91%
Travel - Prog. Implem & Monitor	63,473	90,000	-26,527	-29%
Total Grants & Allocations	5,875,449	8,461,880	-2,586,431	-31%
Non-Cash/Donated Gds & Svcs	428,152	616,855	-188,703	-31%
Program - Grants & Allocations - Other	0	0	0	0%
Total Program - Grants & Allocations	6,303,601	9,078,735	-2,775,134	-31%
Personnel Related Expenses				
Salaries & related expenses				
Payroll Expenses *	3,440,650	4,230,211	-789,561	-19%
Benefits	577,384	790,584	-213,200	-27%
Total Salaries & related expenses	4,018,034	5,020,795	-1,002,761	-20%
Total Contract Service Expenses	456,979	453,250	3,729	1%
Total Personnel Related Expenses	4,475,013	5,474,045	-999,032	-18%
Non-personnel Related Expenses				
Non-personnel Expenses	113,674	145,876	-32,202	-22%
Facility & Equipment Expenses	293,198	388,402	-95,204	-25%
Travel	255,891	339,700	-83,809	-25%
Other Expenses	688,686	425,604	263,082	62%
Total Non-personnel Related Expenses	1,351,449	1,299,582	51,867	4%
Total Expense	12,130,063	15,852,362	-3,722,299	-23%
Net Income	**13,904,749**	**-2,954,625**	**16,859,374**	**571%**

***Salary CEO/Executive Director: $300,000**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,690,060.	4,690,060.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	482,623.	170,514.	270,991.	41,118.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,751,318.	890,180.	536,439.	324,699.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,280.	31,135.	18,792.	11,353.
9 Other employee benefits	260,698.	133,946.	78,857.	47,895.
10 Payroll taxes	156,241.	74,930.	55,327.	25,984.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,816.		26,816.	
c Accounting	79,281.		79,281.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,029.		41,029.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	51,883.	17,698.	23,432.	10,753.
12 Advertising and promotion				
13 Office expenses	131,317.	43,106.	36,049.	52,162.
14 Information technology	160,216.	4,529.	129,583.	26,104.
15 Royalties				
16 Occupancy	144,907.	54,547.	82,278.	8,082.
17 Travel	82,693.	45,554.	25,870.	11,269.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,034.		7,034.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,568.	225.	2,343.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROCUREMENT PROGRAM EXP	388,528.	386,957.	1,571.	
b MISCELLANEOUS	57,029.	26,000.	31,016.	13.
c FUNDRAISING	34,320.		2,334.	31,986.
d RECRUITING	23,377.		23,377.	
e All other expenses	47,436.	10,246.	30,212.	6,978.
25 **Total functional expenses.** Add lines 1 through 24e	8,680,654.	6,579,627.	1,502,631.	598,396.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

INLAND EMPIRE COMMUNITY FOUNDATION

S. L. GIMBEL FOUNDATION FUND

Please complete the form and type your answers directly underneath the questions. Leave one space between numbered questions.

ORGANIZATION INFORMATION

1. Name of your Organization: HCP Cureblindness
2. Grant #: 20210307
3. Grant Amount: $100,000
4. Date Awarded (date on award letter): 6/10/2021
5. Grant Period (Indicate start date and end date per Grant Agreement): 6/1/2021-5/31/2022
6. Location of your Organization (City, State): Waterbury, VT
7. Name and Title of person completing evaluation: Hillary Robbins, Grants Officer
8. Phone Number: (802) 698-3142
9. Email Address: hrobbins@cureblindness.org

KEY OUTCOMES AND RESULTS

10. Total number of clients served through this grant funding:

    A) Per original grant application, what is the estimate number served:

    Per HCP's original grant application, the goal for patients served was set at 1,500 sight-restoring surgeries and 15,000 patient exams.

    B) Actual number served:

    As a result of funding from the S.L. Gimbel Foundation Fund, HCP was successfully able to provide **2,343 surgeries and 19,771 patient exams**.

11. Describe the project's key outcomes and results based on the goals and objectives. (Include the program accomplishments as a result of the Gimbel grant AND for the entire program. Please make the distinction between the Gimbel funded program accomplishments and the total organizational program, as a whole).

Goal: The ultimate goal of our Gimbel Foundation funded programmatic work is the reduction of the national backlog of cataract blindness in Ethiopia, with a focus of those living within Southern Nations, Nationalities, and Peoples' Region (SNNPR), through the expansion and delivery of eye care services.

Activities:

- *Screening*: Three weeks prior to the start of surgical intervention outreaches, HCP supported screening efforts in rural communities in SNNPR to examine, diagnose, and provide basic eye care. Arba Minch Hospital conducted screenings within communities local to the hospital and in Adola Woreda. For patients in Adola Woreda, Arba Minch staff performed screenings locally. Once surgical patients were identified, transportation was arranged to assist them reaching Arba Minch Hospital for surgical care. EYU Clinic implemented their outreach program in Hosanna.
- *Surgical care*: Surgical intervention activities with two partner institutions were conducted throughout from 8/11/21 - 12/30/21. During the week of the surgical campaign, patients were bussed to the event site on their scheduled appointment day. Each patient had their preoperative visual acuity tested and biometry calculated in order to determine what power lens would be implanted into the eye during their procedure. The following day, patients had their postoperative visual acuity tested and were provided instructions on proper care and follow-up at week 1 and 4 to 6 weeks postoperatively.

Objective: In terms of specific quantifiable criteria:

A) Per original grant application:

With the support of funding from the S.L. Gimbel Foundation Fund, our direct service objective was to provide 1,500 sight restoring surgeries and 15,000 patient examinations in 2021 through our support to HCP partner institutions: Arba Minch, a secondary hospital and partner since 2010, and the EYU Clinic in Hosanna, a small private clinic run by a cataract surgeon. An additional expected outcome as a result of this programmatic support was the hands-on clinical exposure in the outreach setting for allied health professionals, providing experiential learning opportunities in high-efficiency, high-quality, small incision cataract surgeries.

B) Actual grant outcome, results, accomplishments:

As a result of the support of the Gimbel Foundation, HCP along with our partners working in SNNPR at Arba Minch and EYU Clinic were successfully able to deliver 2,343 surgeries - exceeding our surgical goal by **156%**, and provide a total of 19,771 patient exams - exceeding our target by **132%**.

In 2021 as a whole, 55,253 patients were screened, and 5,889 cataract and 725 TT surgeries were completed through 14 outreaches in the SNNPR. With Gimbel Foundation funded screenings at 36% of the regional total, and 25% of surgeries, the success of our efforts in the region may be attributed in large part to the strategic investments of the Gimbel Foundation toward this coordinated effort.

Across the 14 supported outreaches, 3 ophthalmologists, 20 ophthalmic nurses, 10 optometrists, and 16 clinical support staff from Arba Minch Hospital and Eye Medium Clinic provided clinical care. This large-scale clinical opportunity throughout the SNNPR provided the practical setting with which this diverse ophthalmological care team could continually operate and refine best clinical practice within high volume clinical settings. The skills developed in these campaigns will be applied to day-to-day clinical hospital tasks in order to increase efficiency and quality of care.

12. Describe any challenges/obstacles the organization encountered (if any) in attaining goals and objectives.

Challenges to ideal implementation within this grant period were both experienced on broader, more global levels as well as specific limitations within the infrastructure and support systems of clinic operations. Though ultimately meeting project goals, the ongoing COVID-19 pandemic has continued to present operational challenges, with ongoing government lockdowns and interruptions to service provision within the region playing a significant part. Vehicle accessibility also played a part - though certain areas demonstrated demand for care, there was difficulty in arranging for vehicle transport to areas too challenging to traverse. With a shortage of eye care providers available - most located in urban centers within Ethiopia - the support in both eye centers and within field operations was taxed among fewer providers.

At the beginning of the grant period, limited availability of equipment also influenced the full scale of operations, with a focus on equipment deficiencies including: lack of biometry equipment (A-scan ultrasound and handheld keratometer) for outreach programs, lack of a YAG laser for patients with secondary cataract or PCO in the eye unit, and a limited number of consumables and increasing price on consumables and medications due to global shortages. Lastly, though appropriately diagnosed at screening, a small number of eligible patients ultimately refused TT surgery in some cases due to misconceptions about the efficacy of surgery, a fear of the possibility of recurrence of TT, or fears related to contracting COVID-19.

Assessing barriers to uptake, possible misinformation or lack of understanding on clinical care, and the potential for better encouraging informed consent to care, will continue to be an operational focus moving forward. Supporting eligible patients' self-determination and their rights to make the most appropriate decisions for their care, armed with accurate and thorough information of the benefits and risks of surgery remains a priority for HCP and our implementing partners.

13. How did you overcome and/or address the challenges and obstacles?

By strengthening our dedicated teams, HCP and partners made service more accessible and available to the communities most in need within the region. During the course of this project the teams:

- Adapted operations to comply with COVID-19 safety protocol including adhering to recommendations on limitations of participants for outreaches and modifying high-volume surgery provision.
- Recruited additional staff for both center and outreach programs.
- Received Biometry equipment from the HCP Ethiopia office to better equip staff to conduct various outreach programs.
- Relied on the strategic partnership of additional operators' (Wolkite, Durami, and Werabe) ophthalmic equipment and staff to bolster operations of large outreach sites.
- Counseled TT patients with the help of local volunteers to facilitate informed consent to surgery.
- Coordinated efforts with higher governmental officials to aid in mobilizing communities to attend outreaches.

14. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

The provision of comprehensive eye care is a mainstay of HCP and partners' activities on the local level. Comprehensive eye examinations are provided to all patients at no cost in all outreach clinics.

EYU clinic, one of HCP's implementing partners as part of the current project, serves a rural farming population of more than 1.5 million residing in three zones of the Hadiya, Gurage and Silti Zones of SNNPR. It is the only private secondary eye care center in the area that provides ophthalmic services. The services provided include screening and treatment of eye diseases, cataract and lid surgeries, and optometry. The majority of patients (>80%) were seen at outreach clinics run by mobile teams led by experienced ophthalmic nurses and optometrists using government health centers or the primary hospital.

Due to the growing cataract and TT backlog during the COVID-19 pandemic, modest performance goals were set. In 2021, the EYU clinic planned to mobilize, screen, and treat 1,200 cataract cases, 400 TT cases, and provide 92 eyeglasses distributions for Hadiya and other neighboring zones of the SNNPR. In actuality, due in large part to the support of the Gimbel Foundation, outreach teams performed 1807 cataract surgeries, 430 TT surgeries, and distributed 93 pairs of eyeglasses, **exceeding cataract surgical goals by 151%, TT surgical goals by 107%, and eyeglasses distribution goals by 101%** respectively.

15. Briefly describe the impact this grant has had on the organization and community served.

Ethiopia shoulders one of the highest national burdens of blindness in the world, with an estimated 800,000 backlog of people with cataract blindness. Rural Ethiopia in particular experiences a high proportion of preventable blindness. This Gimbel Foundation grant has been instrumental in HCP's recent success in broadening the access to critical eye care services for people living within remote areas of SNNPR - so often restricted by geographic or financial limitations. By directly treating avoidable blindness through cataract and TT surgery, the impacts of restoring sight on the individual level are far reaching and profound: allowing patients to return to work, school, and otherwise supporting their families and community. By restoring patients' independence, caregivers may also have their lives returned to them, allowing them to re-engage in their own work, education, and care for themselves.

Additionally, strategic investments into the provision of eye care itself allows for a secondary benefit of increased opportunities for training of future independent eye care providers who attend these funded outreaches. Therefore, the investment in direct eye care has a cascading effect by bolstering the capacity of our participating implementation partners to deliver eye care services locally within their clinics and through future outreaches within SNNPR. The provision of these services will continue through cataract and trachomatous trichiasis surgery, or through the provision of corrective lenses at the appropriately prescribed strength. Prior to the support of the current grant, our partners struggled to meet the demand of local patients' needs. With this bolstering of financial support, they are now more effectively set to logistically implement cost-effective clinical services upon a foundation of successful operation within the past project year.

BUDGET

16. Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expenses items based upon the **original budget submitted and approved**. Use the form below and expand as needed:

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project	Actual Line Item Expense
Training & Education	**In-Country Trainings on optometry, ophthalmic nursing, biomedical engineering ($2,500 per training, 3 trainings)**	**$7,500**			**$7,500**	**$7,500.00**
Staff Oversight of Surgical Interventions	**3 staff members supporting and overseeing each surgical intervention event (including their flights, ground transport, and accommodations = 3 events, 3 staff at each, $500/person per 1 week event)**	**$4,500**			**$4,500**	**$6,620.11***
Surgical Intervention Support	**The** completion of 1,500 cataract surgeries **at $67 per surgery, inclusive of screening patients (1,500), patient meals, accommodations, and ground transport.**	**$500**		$100,000	**$100,500**	**$112,108.89****
	EYU Clinic *850 cataract surgeries*					*$59,532.17*
	Arba Minch *General Hospital* *1493 cataract surgeries*					***$52,576.72***
Materials and Supplies	**Patient charts, plastic sleeves, some ophthalmic equipment and supplies as needed**	**$4,800**			**$4,800**	**$4,800.00**
HCP Personnel	**US and Ethiopia-based staff overseeing planning, implementation, data analysis, and reporting of project (5 hours per week, 2 staff members, $20/hour, 40 weeks)**	**$8,000**			**$8,000**	**$8,000.00**
TOTALS:		**$25,300**		$100,00	**$125,300**	**$139,029.00**

***Additional spending of $2,120.11 for "Staff Oversight of Surgical Interventions" was covered by support from HCP.**

****Additional spending of $12,108.89 for "Surgical Intervention Support" was attributed to Arba Minch General Hospital outreach cataract surgeries and was covered by support from HCP and Other Funders as follows:**

- **HCP: $1,045.59**
- **Other Funders: $11,063.30**

SUCCESS STORIES

17. Please tell us ONE success story.

Meharu Alemayehu is a 12 year-old boy from Hadero, Kenbata Tembaro Zone who had been blind for three years. Due to his visual impairment, Meharu dropped out of school in the second grade. Meharu said to the staff when he arrived at the outreach clinic, “I came here because I could hardly see things around me. I couldn’t see perfectly. I feel as if I am not blessed. I cannot go to school. I wish I could [get an] education, but because of the sight problem I am forced to stay at home."

During HCP’s Gimbel Foundation supported outreach program in November 2021, Meharu underwent cataract surgery at the Eyu Ophthalmic Clinic, ultimately gaining perfect vision in both eyes post-procedure. Meharu shares that he wants to be a doctor when he grows up, specifically to help those who experience vision problems, just as he had.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 0 8 2004

Employer Identification Number:
03-0362926
DLN:
17053080768034
Contact Person:
THOMAS C KOESTER
ID# 31116
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

HIMALAYAN CATARACT PROJECT INC
C/O LYNETTE WILLIAMS, NONPROFIT SUPPOR
SERVICES
PO BOX 10008
EUGENE, OR 97440

Dear Applicant:

Our letter dated November 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely yours,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)