



**EYE
CARE**
FOUNDATION

 Proud member

ANNUAL REPORT 2021



www.eyecarefoundation.nl

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Cover: the first combined eye camp & vaccination point worldwide in Tanzania



**Eye screening,
Tanzania, 2021**

Preface

“With my glasses, I can now read well in class and get good marks.”

Eleven-year old *Trang* from Vietnam has dreams to achieve. Coming from a poor background, she wants to do well in school and get high marks. According to her teacher, she is very smart, but her grades are far behind her ability. Her eyes do not see well and she needs glasses. But her parents cannot afford them because the coronavirus crises hit hard on the family income. Thanks to our training, her teacher recognized the eye sight challenge of Trang and contacted ECF. Thanks to our donors, we managed to provide Trang’s whole class with an eye test in-between lockdowns. Trang and her friends received free glasses with the right prescriptions and now they can build on their future. Children with a vision impairment have poorer educational outcomes and are more likely to be excluded from schools. Guaranteeing good eyesight is sustainable. Trang’s case echoes within the United Nations via SDG Number 4 on *Quality Education*.

The ECF 2021 annual report looks back on the implementation of the first year of our multiyear strategy (2021-2025). A year in which we started a new way of working, integrated processes and took opportunities to learn and grow, while making our efforts more accountable via key performance and general indicators. We further professionalized our organisation, fulfilled our mission, and involved our donors. Despite the pandemic, we continued to carry out our projects and raised funds for our causes. In the second year of COVID, ECF dealt with the responsibility for the health of its employees such as mental health and long-term remote working issues. Despite all challenges, we have been constantly impressed by the passion and resilience across our colleagues and partners and their commitment to provide eye care services often in the most difficult of circumstances. We have had many achievements to celebrate this year. ECF provided over 130,000 screenings and over 3,000 (cataract) operations.

The circumstances and the measures taken by the government differ per (programme) country. All the countries we operate in have had (partially) lockdowns. The strictness and the length of a lockdown period differed from one country to another and had an effect on our projects. For these reasons, our planned activities could not always be carried out optimally and fully.

We would like to give a warm thankyou to our donors for taking a constructive approach with us, sharing their stories and making our activities possible through their donations. On behalf of them, we give special thanks to those who last year gave an insight into their lives and were willing to share their stories in addition to Trang: *Swow, Kisan, Violeth, Grandma Noun Bunthea, the children of Rezah and the ophthalmologists. Dr Prat, Dr Sao Sakhem, Dr Meng, Dr Lim Davy, Dr Wouter Japing, Dr Porushottam, Dr Nassania Shilla, Dr Indra Man and natural healer Saïd.*

We strive to create a world in which good quality eye care is available and accessible to everyone with a focus on those most in need; a world where each person has equal opportunity to build a future with clear vision and a world in which people are independent rather than relying on others to care for them because of poor eyesight. ECF promotes good eyesight so individuals have the opportunity to develop to their full potential.

We always maintain a strict financial policy. The result for 2021 is calculated at € 860,863 (positive). This positive result was mainly caused due to the increased donations (particularly from gifts received from legacies) in combination with lower target spending caused by the global situation.

Finally, we would like to take this opportunity to thank all colleagues for your extraordinary work over the past year. We wish Trang and her class a good school year with better grades and we would also like to wish you all the very best for your upcoming year.

In the light of the aforementioned, we present to you with pride our annual report for 2021.

We hope you enjoy reading our report,

Arthur van Praag
Chairman

Björn Stenvers
CEO



**Project visit,
Vietnam, 2021**



Patient,
Tanzania,
2021

Executive Summary 2021

Executive Summary 2021

Despite global conditions, ECF was still able to realize 43% of its projects. The long lockdown periods and consequently (among other things) school closures are the main reasons for not being able to achieve our project activity results. Leadership & Governance and Capacity Strengthening (education) were able to excel perfectly because of the online environments.

In carrying out our mission, we achieved an average of 54% of our planned activities on (1) service delivery. Our adult eye screening targets were met in Nepal, Laos and Tanzania. Cambodia and Vietnam had experienced long lockdown periods¹, which made it impossible to achieve the objectives there. In Cambodia and Laos we were able to achieve our objectives on (cataract) operations. (2) Our infrastructural targets have been achieved for 86% of our thanks to Vietnam and Nepal. (3) Since most school screenings and camps could not take place, the awareness for this had no added value. The result on some replacement educational projects therefore ended at 15% of the set awareness target. (4) Fortunately, we were able to carry out a lot of training digitally and physically in Laos, Tanzania and Nepal. Hence, capacity strengthening was able to finish at 102% on average. (5) Due to the pandemic situation, the number of meetings has intensified digitally and occurred more frequently physically in between the lockdowns. Thanks to the increase in quantity and quality contact, the relationship with our partners (governments, hospitals and funds) has become stronger and closer as a result. The higher number brings our strategic pillar of *Leadership & Governance* to 205%.

Beginning last year, the organization now raises funds in advance, focusses on multiyear projects together with partners and has managed to turn the tide with private donors by ending the year on target after many years. We have our generous donors, their legacies and their constructive approach to thank for this. We were also more visible with an upward trend last year. Our project awareness activities are now being measured since last year.

The development of the organisation also continued. We developed an internal Regulations Policy with medical advisors, Tanzania has a multiyear strategy, remote working became normal for us, we have started implementing work with the SDGs, we developed a theory of change (TOC) for each country and our risk analyses have been updated.

Our number of donors represents 19,292 (active) donors.

One of the goals in our multiyear strategy is to increase our impact and make more people aware of our cause and projects. The goal was to increase our awareness by 10%. To support we also published five educational booklets. Good project proposals are essential in successfully applying for grants with institutional donors. We were able to shift from raising funds during the current year to raising funds in advance and often on a multiyear basis. This important change in the process leads to financial stability and secures the future of our projects. By working in this manner and focusing on multiyear partnerships, we can keep expanding our programmes.

¹ The Lockdown in 2021: Vietnam (July to September) and Cambodia (May to December). The lockdown in Tanzania was short.



Nurse,
Vietnam,
2021

Goal, Mission & Vision

Goal, Mission, Vision

We envision a world where avoidable blindness and visual impairment no longer limit people's capacity. A world in which there is equal access to quality eye care and where everyone has the opportunity to build their future with good eyesight. ECF is an international non-governmental organisation that aims to prevent and cure avoidable blindness and vision impairment for people in low-income countries.

Our dream is to end avoidable blindness and vision impairment in low- and middle-income countries and thus improve the position of people already living under harsh conditions. ECF strives to ensure a world where both effective cataract treatment and refractive error prevention plus treatment are accessible. Not only to a select few but to all of those in need. In recent years, significant progress has been made but, at the same time, an increase in the number of people experiencing myopia and cataract is dramatically emerging. This is also due to the consequences of the global pandemic.

Our vision: We envision a world where people are enabled by good eyesight to attain their full potential in life.

Our mission: To eliminate avoidable blindness and vision impairment in order to support people to become productive citizens and contribute to the socio-economic growth of their societies.



At the eye clinic,
Tanzania, 2021

Goal Realization: 2021 Results in Projects

Overview of projects

To achieve ECF's objectives in each project country, we work via six intervention strategies depending on the contextual situation within each country. Multiple strategies have been implemented alongside one another. Each of these intervention strategies link to particular developments in the project countries. We work according to these strategies, which are based on the World Health Organisation's (WHO) health systems framework², commonly known as the 'WHO Building Blocks'. These focus on the need to strengthen health systems, and to guide a common conceptual understanding of what constitutes a health system, in order to go about strengthening it.³ The six intervention strategies are the following:

- | | |
|-------------------------------------|---|
| 1. Service Delivery | 4. Health Financing |
| 2. Capacity Strengthening | 5. Medicine and Technology |
| 3. Leadership and Governance | 6. Health Management Information Systems |

To ensure that the work effectively aligns with the situation in each country, ECF develops plans that are relevant to the stage of development of eye care within those countries. An appropriate combination of intervention strategies is selected for supporting the most relevant eye care solutions with a focus on the most underprivileged population groups. The basic principle is that the intervention strategy must contribute towards the direct and indirect embedding of eye care in the national healthcare policy to reach the most disadvantaged people and, in particular, women and children, people with disabilities and minority ethnic groups.

Results in Project Countries

We worked on the professionalizing of our project administration. Due to cooperation with donors and stakeholders, our team improved our project management system. All of our projects have been administered in ProjectConnect, a web-based project tool for non-profit organizations. Project details varying from general information, such as project duration, to the planned results and budget and the achieved results and expenses have been entered in ProjectConnect. This has eventually been used for reporting all project results.

The outbreak of the coronavirus and the subsequent government measures affected ECF's activities. The measures, including lockdowns, prevented ECF from carrying out our planned activities for 2021. As a consequence, the realised results and expenses for projects in (programme) countries were lower compared to the target. In consultation with our donors, partners and local authorities, a large number of our projects needed to be postponed to the first quarter of 2022 or have been carried out in well-prepared swift catch-up projects in between the lockdowns. Due to the earlier lifting of the restrictions in Laos and Cambodia, we were able to achieve some of our year goals.

However, because most schools in Asia remained closed, many of our planned school screenings could not be carried out. Local governments demanded COVID support from our partners. Many of the eye units and (provincial) hospitals were used as a location to provide COVID patient care and as storage for medications. The staff such as ophthalmologists and nurses were assigned as general medical staff and had to support patient care and the vaccination programmes. This also contributed to the fact that we were able to screen fewer adults in Tanzania, Vietnam and Cambodia. Despite everything, the daily emergency eye care did continue to be operational throughout the year in all countries.

² Retrieved on 01-05-2022. WHO. <https://extranet.who.int/nhptool/BuildingBlock.aspx>

³ The Service Delivery intervention strategy has been divided in three components: Service Delivery, Service Delivery – Infrastructure & Service Delivery – Awareness. These have been presented separately in the graphs: Table 1.1. See page 11

We did not include any results in the table below for the three building blocks on Health Financing, Medicine & Technology and Health Management Information System because our current organization focus is more on Service Delivery, Capacity Strengthening, Leadership and Governance.

Intervention Strategy	Indicator	Cambodia		Laos		Nepal		Tanzania		Vietnam		Total planned	Total Realised	Total Realised
		Planned (2021)	Realised (2021)											
SD - Service Delivery														
	# of children having their eyes checked	7,950	3,687	3,000	2,139	26,625	11,301	0	616	83,000	3,786	120,575	21,529	18%
	# of adults having their eyes checked	15,270	6,605	7,750	8,473	77,960	87,397	350	2,844	16,744	4,808	118,074	110,127	93%
	# of cataract operations	1,035	372	425	343	1,860	1,838	35	72	220	370	3,575	2,995	84%
	other surgical operations	200	81	130	87	0	0	0	28	0	0	330	196	59%
	# of glasses subsidised (adults)	270	80	300	245	495	142	0	529	1,900	369	2,965	1,365	46%
	# of glasses subsidised (children)	90	168	30	3	90	90	0	0	1,900	242	2,110	503	24%
SD - Infrastructure														
	# of facilities being constructed							3	1				3	1
	# of facilities renovated or constructed	0	0	0	0	2	2	3	1	1	0	6	3	50%
	# of equipment	3	1	1	1	24	26	0	12	0	0	28	40	143%
	# of instruments	2	12	2	2	1	1	0	0	202	228	207	243	117%
SD - Awareness raising														
	# of people made aware about the importance of good eyesight and where to go	412,984	35,111	800,000	650	173,750	173,970	0	1,140	5,032	1,895	1,391,766	212,766	15%
Capacity Strengthening														
	Auxiliary staff- training or continued	90	23	58	16	290	419	0	0	107	49	545	507	93%
	Medical staff, training or continued education	0	0	56	54	160	160	0	0	0	0	216	214	99%
	Mid-level eye staff in-training													
	Optometrists							2	4			2	4	200%
	Allied ophthalmic personnel							1	1			1	1	100%
	Mid-level eye staff trained													
	Optometrists	0	0	0	0	0	0	0	1	0	0	0	1	200%
	Allied ophthalmic personnel	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmologists													
	In-training	11	11	5	5	0	0	1	2	2	2	19	20	105%
	Trained	5	5	4	4	0	0	0	0	0	0	9	9	100%
	Continued education	4	0	0	0	0	0	2	1	0	0	6	1	17%
Leadership & Governance														
	# of meetings held with policy and decision makers	2	30	15	2	4	4	0	7	0	0	21	43	205%
Health Financing												0	0	0
Medicine & technology												0	0	0
Health Management Information Systems												0	0	0

Table 1.1 Output on 2021 project results

Service Delivery

As the overview shows, the various lockdowns in the countries have had a significant impact on our service delivery-related activities. Schools were closed which led to the cancellation of many school screenings (only 18% of our target for children screenings could be met in 2021). With conducting activities in-between the lockdowns, we managed to carry out 93% of our target on adult eye screenings (and therefore 84% of the total planned cataract surgeries). The provision of glasses has remained low (only 24% of the total target for children and 46% for adults). As most glasses are provided during school screenings, this number has been highly affected by the closure of the schools. Furthermore, procuring protective gear and implementing COVID-19 safety measures brought along extra costs and a decrease in number of eye screenings. This caused an increase in the costs per eye check, glasses and cataract operation during the year.

Service Delivery - Infrastructure

The targets for the construction of eye care facilities have not been met (33% to 50%) due to two reasons. The first reason was prioritisation. Secondly, the unavailability of supplies and capacity of suppliers played an important role. The construction work has been postponed until 2022. If there was a possibility, we tried to proceed with the intended activities or we initiated additional activities. A big thank you for the flexibility of our donors with whom we could make adjusted agreements.

In addition, in relation to the procurement of instruments and equipment, we have achieved more than our original target (117% to 143%). We have also responded to the call for support to solve the shortage of oxygen equipment in Nepal. We also made a contribution of extra requirements such as COVID protective clothing and materials.

Service Delivery - Awareness Raising

As we redefined the way of measuring project awareness, we could autogenerate the results of table 1.1 (page 11.) for projects. We reached 212,766 people with our awareness activities.

Most of our project activities focus on people living in remote areas. To reach the people in those regions we use two methods: making people in the project area aware and inviting them to one of our eye screenings or eye camps and secondly providing educational ways of communication on disease prevention, eye treatment and rehabilitation services. For both methods, we used a variety of ways such as information, education, and communication (IEC) tools such as posters, pamphlets and flyers at local markets, radio announcements, loudspeaker options, videos, churches and mosques, meetings, and social media.

Capacity Strengthening

We took the opportunity to develop our online services, and this is where we excelled in 2021. When the medical staff of our partners were not busy with COVID activities, they participated in various online training programmes as teachers or participants. As a result, our Capacity Strengthening exceeded our targets (100% to 200%). We provided six general staff training programmes and we gave 30 ophthalmologists a training program each so that they could develop their knowledge further with the support of ECF. We have trained a high number of auxiliary staff (school nurses, teachers and community health workers) and medical staff (93 to 99%). This is important because these people are in close contact with the community and can provide primary eye health care and raise awareness.

Leadership & Governance

The lockdowns and the overall pandemic have strengthened our relationship with all partners. We were forced to have more consultations and discussions and that is why we had to work more closely together. This has resulted in an increase in meetings (205%). Last year we had many achievements. Together with our INGO colleagues The Brien Holden Vision Institute (BHVI) and The Fred Hollows Foundation (FHF), we achieved the official recognition of Optometry as a profession by the Vietnamese government.⁴ This allows us to educate local people to become optometrists who can work within the public system. With our internal capacity building programme, we developed together the first multiyear plan for Tanzania (including budgets and project proposals), and received the IAPB Eye Health Hero Award for Mr Faraja Mlipano, Ophthalmic nurse at Mlimba Health Centre (Morogoro region, Tanzania).⁵ We also hosted two launches of the World Report on Vision and supported the development of the 2021-2030 National Strategic Plan for Blindness Prevention (Cambodia) and the National Eye Health Strategy (Nepal).

⁴ The Fred Hollows Foundation (FHF)

⁵ Retrieved on 09-05-2022. IAPB. <https://www.iapb.org/connect/members/eye-health-heroes/eye-health-hero-faraja-mlipano/>



PhD Celebration
Ceremony,
Nepal, 2021

Our projects: A Short Overview

Our projects: A Short Overview

We would like to take you through the countries where we carried out our projects and their local results. The numbers and figures correlate with the aforementioned Table (1.1); see page 11.

Cambodia

In Cambodia, there was an estimated 2.3 million people with vision loss in 2020. Of these, 110,000 people were blind.⁶ We partly based our 2021 year plan on the basis of these figures. ECF stepped in where FHF phased out their activities in several provinces along the Thai border and mainly for establishing more vision centres. Unfortunately, our colleague The Brien Holden Vision Institute Foundation had to withdraw from Cambodia in June 2021.

Many of the Eye Units and Hospitals of our partners were used as locations to provide COVID patient care, storage places for medication and, unfortunately, as a morgue. The staff of our partners were also assigned to support the vaccination programmes. Two examples of many were the eye hospital in Tbong Khmum, which was occupied as a quarantine room for hospital staff, and the temporary use of the eye unit in Svay Rieng and Ratanakiri.

Our Australian volunteer Marguerite Goulding (part of the Cambodian team) has been working from Australia since the lockdown in March 2020. We managed to create a remote way of working for her in collaboration with Australian Volunteer International (AVI).

Service Delivery

We managed to reach 42% of our target on adult eye screenings and 46% of the targeted children had their eyes checked. ECF could carry out 19 community outreach screenings. We carried out 36% of planned cataract operations and 31% of the other eye disease operations. Furthermore, we managed to distribute 69% of the glasses needed and run one mobile eye care camp in the remote area of Steung Treng.

Service Delivery - Infrastructure

We met our goals in providing support for medical equipment repairs and supplying instruments.

Capacity Strengthening

With the partnership of The Fred Hollows Foundation, eleven people among which five ophthalmology residents graduated in relation to the Ophthalmology Residency Training Programme at the University of Health Sciences (UHS). We also trained 23% of our goal on teachers in Krousar Thmey on low vision assessment.

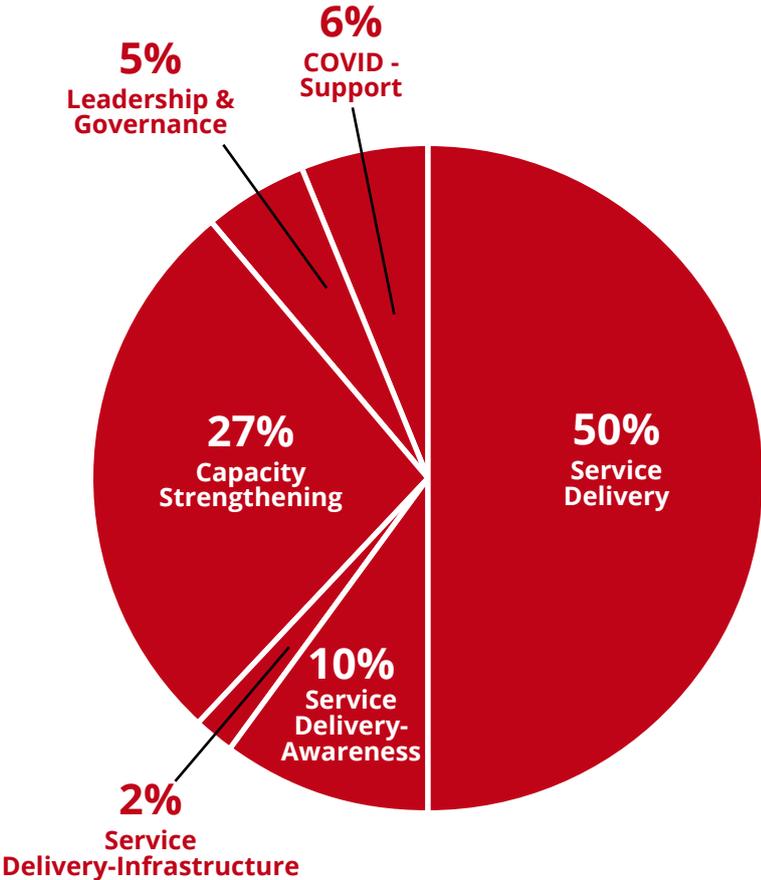
⁶ Retrieved from IAPB Atlas (WHO) 01.05.2022. <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/cambodia>

ECF supported two clinical research courses in cooperation with the Research Department of the UHS and the National Programme for Eye Health (NPEH). We provided training for two junior ophthalmology lecturers (Dr Sok Kheng, Khmer Soviet Friendship Hospital and Dr Krin Sreypeou, Preah Ang Doung Hospital) to improve their lecturing skills. We supported clinical research on the Evaluation for Anatomical Success in Macular Hole Surgery in the Cambodian Population carried out by Dr Un Leng, ophthalmologist (Preah Angdoug Hospital).

Leadership and Governance

During the year, we worked together with our colleagues from the NPEH and other eye care I-NGOs. We worked (1) on: the *development of the Prevention 2021-2030 National Strategic Plan for Blindness* and on (2) the *National Strategic Plan for Blindness Prevention and Control*. ECF, along with our NGO partner The Fred Hollows Foundation, participated in the National Programme of Eye Health study on *Quality Refractive Error Care Studies (Q-REC)*. We worked closely with the NPEH of the Ministry of Health to seek comments and re-planning of the remaining/pending activities, and especially for mobile camps.

Cambodia project expenses per intervention strategy (%)



Nepal

In Nepal, there were an estimated 6.8 million people with vision loss in 2020. Of these, 100,000 people were blind.⁷ We partly based our year plan on the basis of these figures. In Nepal, we faced some challenges with completing our next five year Gandaki Dhaulagiri Eye Care Programme (GDECP) project agreement after the expiry of our existing five year agreement in 2021. The many government changes, complicated this process.

Service Delivery

The eye camps couldn't continue if the number was less than 98,698 people had their eyes examined and a total of 1,838 cataract surgeries were performed and 232 glasses were distributed. The monthly surgical camps in Gorkha were successfully held. Another example was the set of screening camps in Dhampus and Pokhara, which were organised by our partner Himalaya Eye Hospital (HEH) team. They were able to examine 218 patients and they provided 37 pairs of glasses to correct presbyopia. Ten cataract patients were referred for surgery to HEH. We developed a video shoot of this screening camp together with our partner Nepal Netra Jyoti Sangh (NNJS) and the IAPB.⁸ The eye centre in Baglung could recruit full-time ophthalmologists with ECF support and now Baglung have been upgraded to a secondary level eye hospital.

Service Delivery - Infrastructure

Under the supervision of HEH, the Gorkha Lions Eye Centre signed an agreement with Siranchowk Rural Municipality to develop the new Primary Eye Care Centre (PECC) at Gorkha. This was the third planned PECC (out of three). The HEH was able to start two new eye centres, one in Sorukot-Mugu and one in Harichour-Baglung.



Patient,
Cambodia

⁷ Retrieved from IAPB Atlas (WHO) 01.05.2022. <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/nepal>

⁸ IAPB: International Agency for the Prevention of Blindness

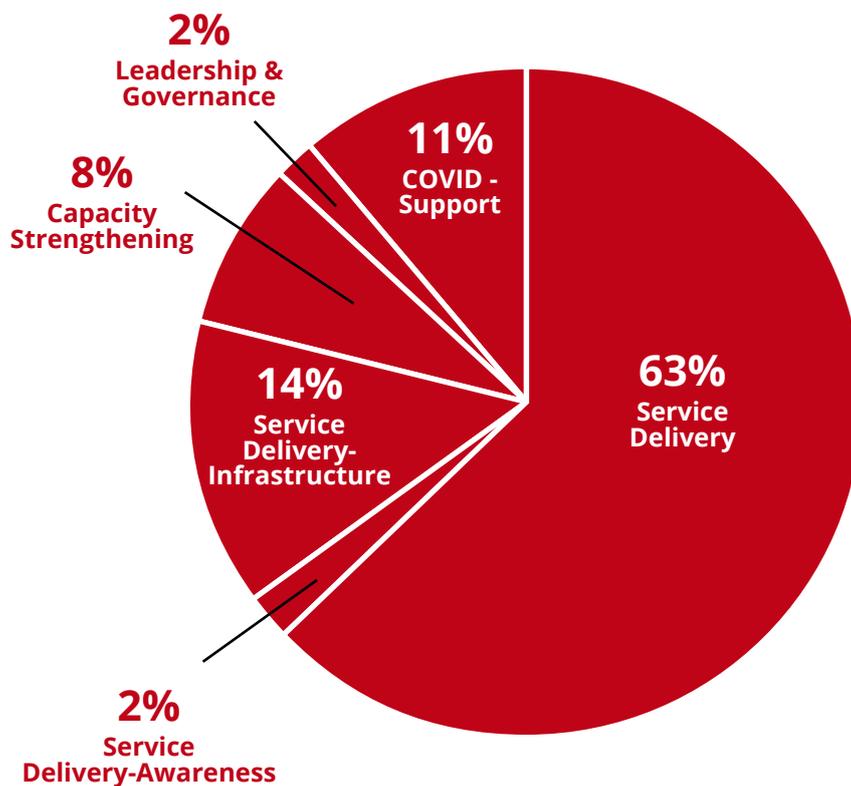
Capacity Strengthening

Primary eye care training was provided to 419 auxiliary government (health department) staff members. Annual Planning and Review workshops were organised at the HEH which were attended by representatives of the 11 Primary Eye Care Centres we worked with.

Leadership and Governance

The final draft of the *National Eye Health Strategy* was completed and submitted to the Ministry of Health (and Population). ECF was part of the developing committee. In addition to this, we supported the launch of the World Report on Vision together with the Ministry of Health and the WHO. In Nepal, the Karnali Province Ministry of Social Development had formed a nine-member task force that included ECF to develop the *Karnali Provincial Eye Health Strategy*. We also participated in several online meetings thus contributing to various eye care strategies and task forces of the Government. We could not carry out the final evaluation of the GDECP project. However, even without this, the Social Welfare Council (SWC) requested that the project agreement for the next five years be submitted based on our good work.

Nepal project expenses per intervention strategy (%)



Laos

In the Lao People's Democratic Republic, there were an estimated 750,000 people with vision loss in 2020. Of these, 15,000 people were blind.⁹ We partly based our 2021 year plan on the basis of these figures. We had to wait for the renewal of permits in relation to our activities. When all measures were lifted, they were approved by the Ministry of Foreign Affairs and signed by ECF and the National Ophthalmology Centre (NOC) in July. After this approval, we immediately restarted our projects again.

Service Delivery

Our team in Laos worked very swiftly in-between lockdowns. This resulted in reaching 18 outreach screening camps, 109% of our annual target on adult eye checking. We carried out five school screening sessions and reached 71% of our goal on children having their eye checked.

During these eye checks, we referred and carried out 81% of our goal on cataract operations and 67% of other surgeries. In total, we distributed 75% of our target number of prescription glasses.

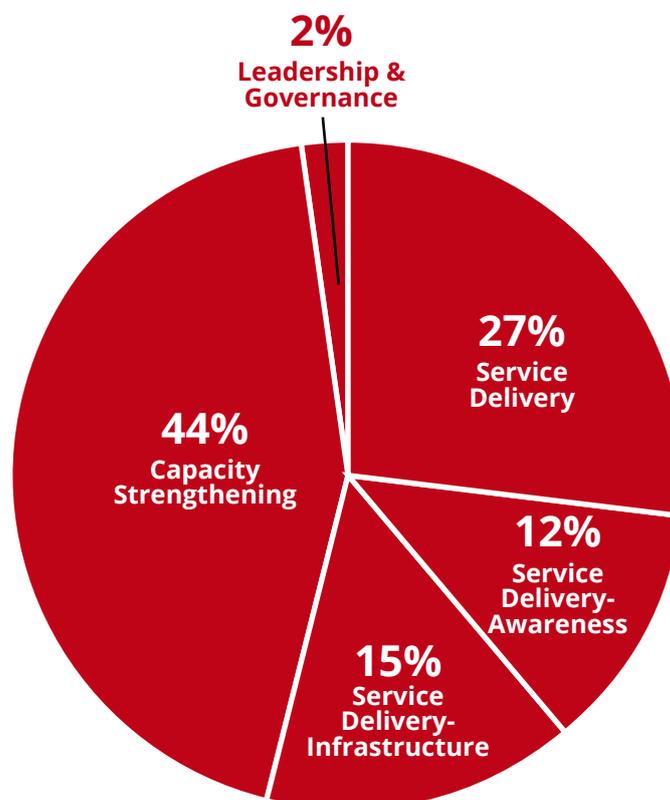
Capacity Strengthening

Three new ophthalmologists and one basic eye doctor (BED) graduated and returned to the remote areas in their provinces. In addition to this, we could provide *Primary Eye Care Training* to 61% of the targeted medical staff and auxiliary staff such as school teachers.

Service Delivery – Infrastructure

We provided medical equipment according to the result table (a slit lamp).

Laos project expenses per intervention strategy (%)



⁹ Retrieved from IAPB Atlas (WHO) 01.05.2022. <https://www.iapb.org:8443/learn/vision-atlas/magnitude-and-projections/countries/lao-peoples-democratic-republic>

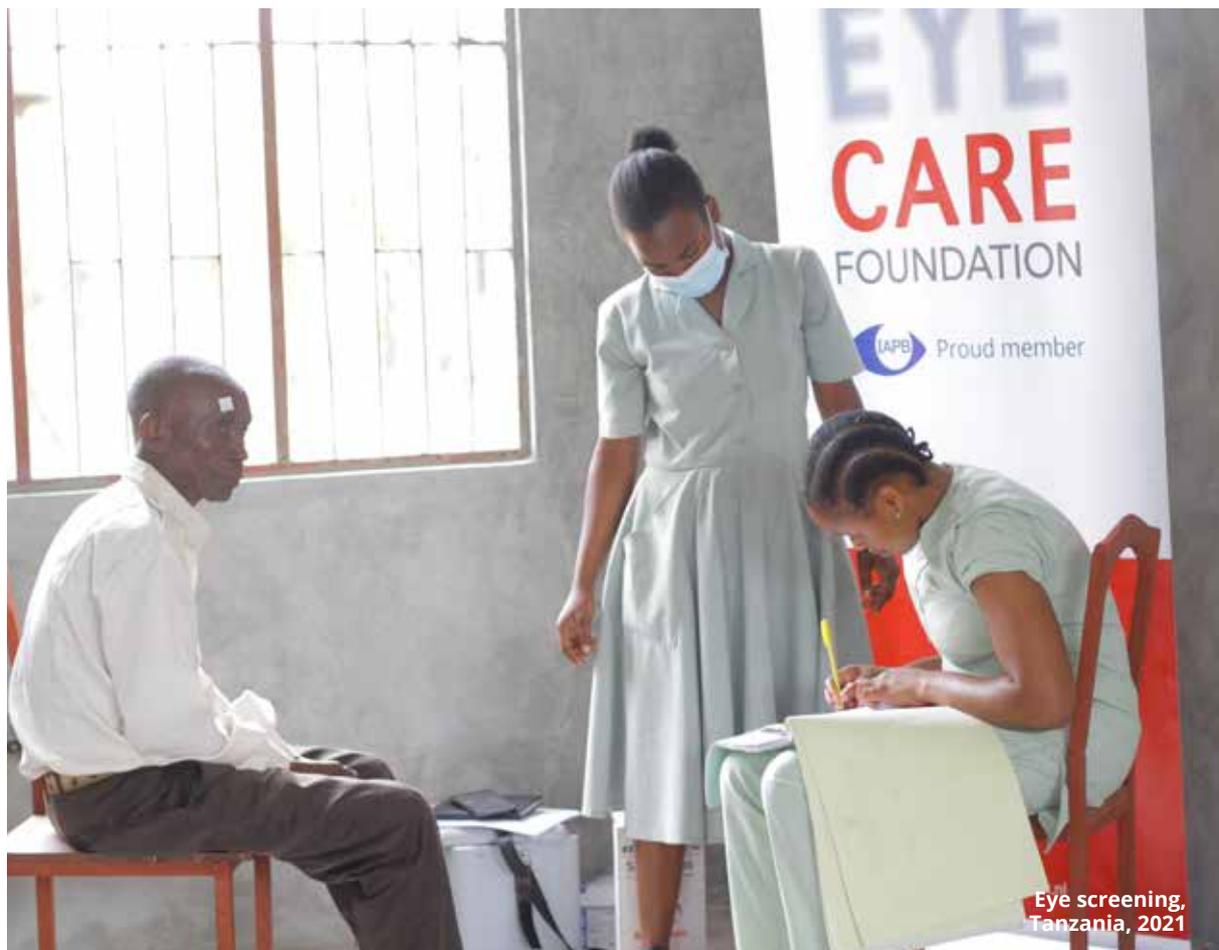
Tanzania

In Tanzania, there were an estimated 8.2 million people with vision loss in 2020. Of these, 290,000 people were blind.¹⁰ We used these figures as a basis for our 2021 annual plan on these figures. The situation in Tanzania differed from our project countries in Asia. The presidential change provided recognition to the existence of COVID-19 and led to many programmes that included house-to-house sensitisation and voluntary vaccination.

In order to continue our work in Tanzania and follow the local rules, ECF had set up a local foundation with the establishment of a (local) Board with two Tanzanian members. The board of ECF approved and appointed Dr J. (John) Kisimbi and Dr H.A. (Heri) Marwa as the two local members of the Tanzanian ECF Board. We also moved our office from Ifakara to Morogoro for the proper management of current and future projects.

Service Delivery

Tanzania claimed a worldwide first in combining an eye camp with a vaccination camp. We supported 2,848 adults and 616 children who received eye screening and 99 (cataract) surgeries. Post-operative care was also conducted two and four weeks consecutively after surgery. In total, we provided 529 prescription glasses in collaboration with the St Francis Hospital eye department.



¹⁰ Retrieved from IAPB Atlas (WHO) 01.05.2022. <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/tanzania>

Service Delivery - Infrastructure

Among the two planned construction projects, the eye unit in Mahenge in Ulanga District already had been put into operation for walk-in-patients. The construction in Malinyi also continued but with a delay as a result of the shortage of construction materials in the country, management changes within the district especially the district engineer, and the lack of craftsmen in the area due to restrictions.

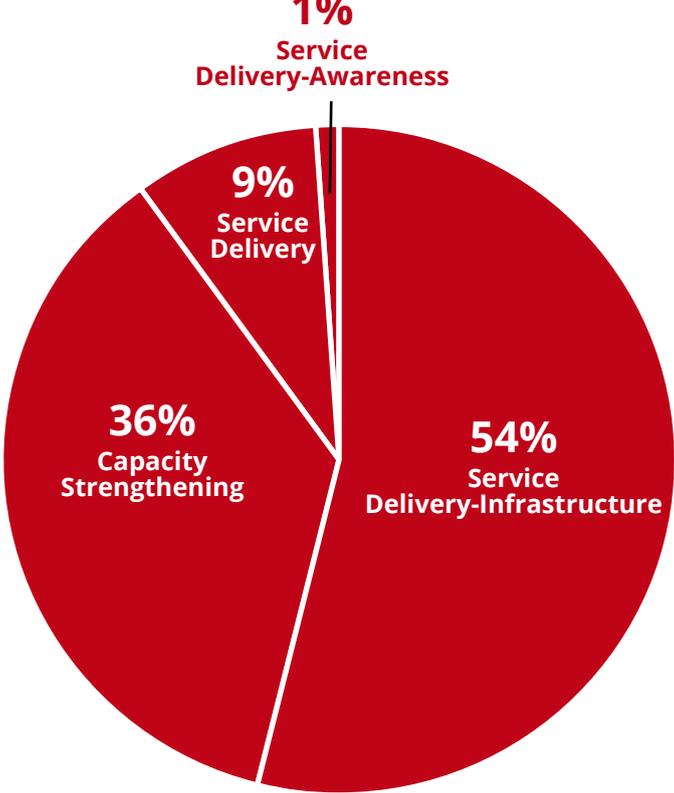
Capacity Strengthening

We continued to support optometrist and ophthalmology education. Two optometrists from Ifakara and Mlimba and one new ophthalmologist received support. We also had an optometrist graduating due to ECF's support at KCMC.¹¹ Additionally, two resident students in ophthalmology from St Francis hospital continued to receive support from ECF and will graduate at the end of 2022.

Leadership and governance

We had many meetings with partners and the government on national and regional level. In addition to this, we supported the organisation of the launch of the *World Report on Vision* and the *Primary Eye Care Training Manual*.

Tanzania project expenses per intervention strategy (%)



¹¹ KCMC: Kilimanjaro Christian Medical Centre

Vietnam

In Vietnam, there were an estimated 14 million people with vision loss in 2020. Of these, 520,000 people were blind.¹² We based our 2021 annual plan on these figures.

Service Delivery

Together with the Eye & Skin Hospital, we organised a large Eye Care Festival for 400 school children in Ca Mau with participation of members of the Consular Club, who has been a long-term in-country donor. Most outreach activities were cancelled due to lockdowns which took most of the year. As a result, approximately 9,000 people (including children and elderly people) received eye screening and examinations with 600 prescription glasses provided. Thanks to our partnership with USAID, we could start to improve access to eye care for all school-age children in three provinces in the Mekong Delta for 2021-2023.

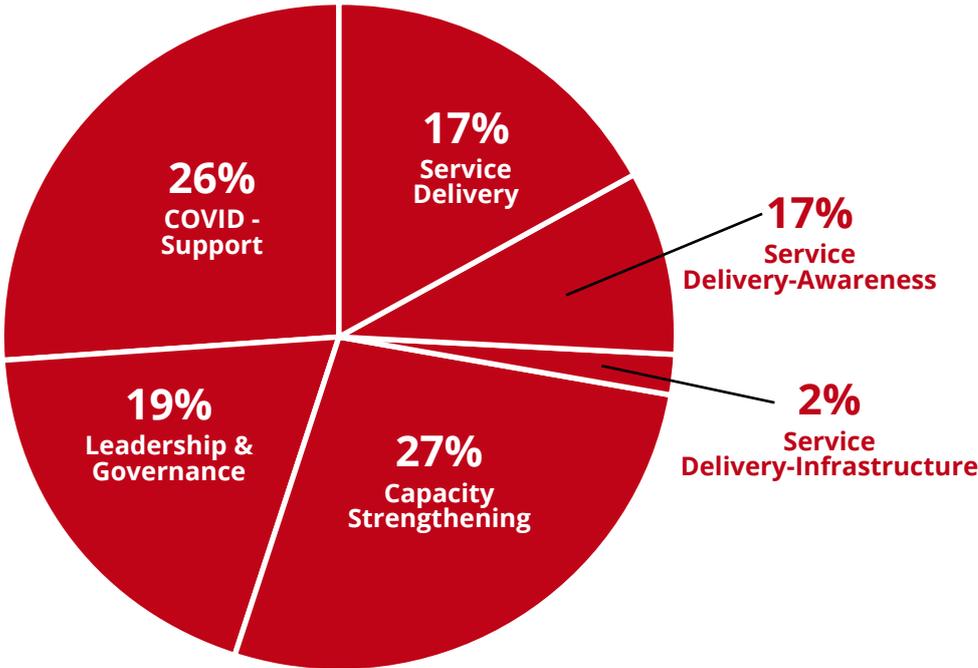
Capacity Strengthening

During the lockdowns, our team provided many meetings, workshops and training sessions online for provincial ophthalmologists, nurses, hospital staff and government staff. For 51 eye care staff, we provided different training sessions on various topics including basic eye doctor, refraction, primary eye care and behaviour change communication.

Leadership and governance

Together with our INGO partner BHVI and the FHF, we achieved a significant advocacy milestone in that the Ministry of Health in Vietnam issued a communication (1 November) on the competencies, roles & responsibilities of optometrists so that they have an official position to work at public eye hospitals. ECF became the chosen Chair of all I-NGO's on Eye Care in Vietnam.

Vietnam project expenses per intervention strategy (%)



¹² Retrieved from IAPB Atlas (WHO) 01.05.2022. <https://www.iapb.org/learn/vision-atlas/magnitude-and-projections/countries/viet-nam/>

Other projects

Ecuador

The Dutch tropical doctors Ms Carolien and Mr Jacob Bouwman - Van der Ende from Quina Care Hospital in Ecuador received from ECF boxes with various of donated prescription sunglasses and a variety of donated instruments from our Dutch partners. These were shipped from the Netherlands to their hospital in Ecuador. Together, we began the development of a multiyear project, starting with the basics of setting up an eye unit in their remote hospital with local ophthalmologists and supporting staff at the Colombian border at the river embankment. ECF looks forward to growing this partnership through the support of this project.

Suriname

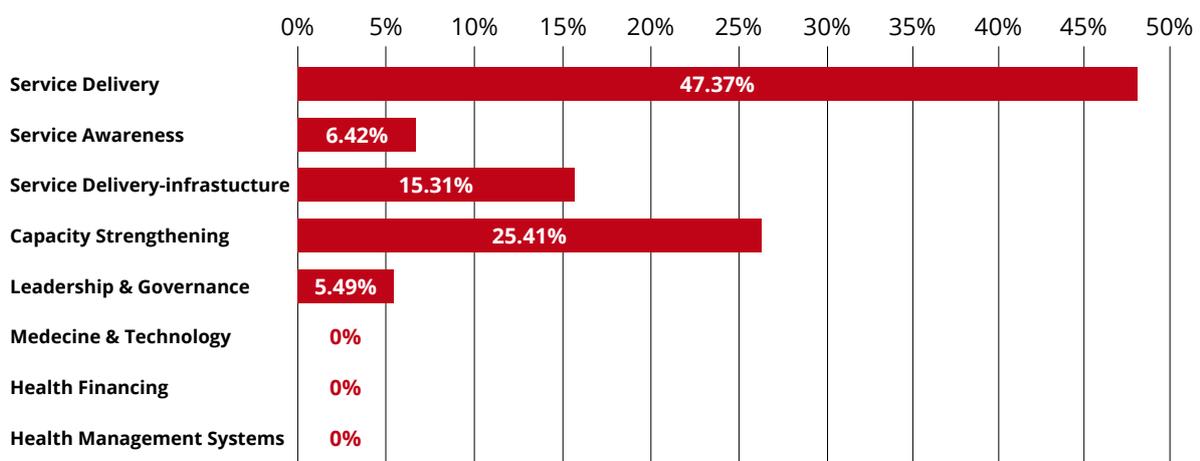
Thanks to the Lions Club Host-1 Amsterdam, ECF could start a partnership with three of the six hospitals (Academic Hospital Suriname, St. Vincentius Hospital and Wanica Regional Hospital) to commit to limiting avoidable blindness and treating visual impairment. In 2021, Suriname had only 16 ophthalmologists and a big outreach programme. There was a need for us to support our partners there. We started symbolically by handing over the first ECF Snellen Charts to the three hospitals.

Allocation of resources

The allocation of resources over the different intervention strategies is shown in the bar chart below. ECF focuses on *Service Delivery* and *Capacity Strengthening*. Most of the resources were spent on *Service Delivery*. This includes school screenings, surgical camps, outreach activities, the provision of glasses and providing (surgical) eye treatments. ECF provided over 130,000 screenings and over 3,000 operations in 2021. Capacity Strengthening was the second largest intervention strategy. ECF supported the education of ophthalmologists, optometrists and over 700 auxiliary staff and other medical staff. We supported a variety of training programmes, workshops and educational grants.

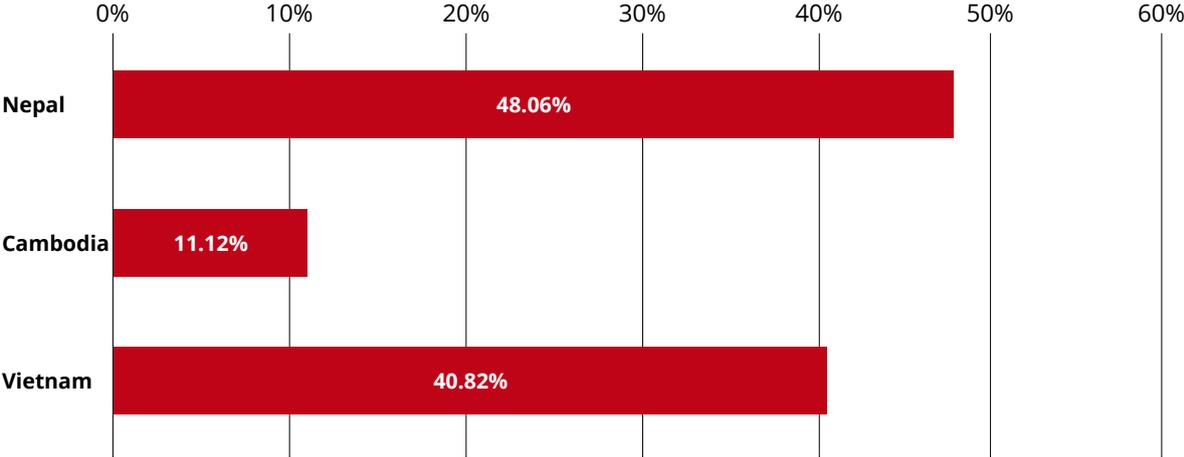
The following bar chart shows an overview of the intervention strategies (%):

2021 expenses per intervention strategy (%)



During this period, an extra appeal by governments to ECF was simultaneously made to additionally invest in COVID-19 protective measures. To raise funds for this, an additional campaign was organised to invite donors to make an extra contribution for oxygen machines and PPE clothing for Nepal, Cambodia and Vietnam. We could assist rapidly due to our Coronavirus Recovery Programme.

Covid-19 support (%)



For more details about ECF’s eye care projects, refer to the country pages on our website: www.eyecarefoundation.eu/projects.

Medical Advisors

Since 1984, we have had ophthalmologists advising our organisation. Although the role of a medical advisor has changed over the last 40 years, the importance cannot be expressed more. Today, this means being a multitasker: that is, being an advisor, auditor, ambassador and educator. Our medical advisors support and advise our partners and colleagues. ECF wanted to properly safeguard for the first time this role of a medical advisor within the organisation. Thanks to intensive cooperation and team effort, we developed an internal Regulation Policy (approved by the Board in February 2022).

Throughout the year we – together with the medical advisors Dr Cees van der Windt, Dr The Ahn Mai, Dr Alberta Thiadens, Dr Margot Dellaert, Dr Hedwig Kemme, Dr Peter-Jaap de Lint and Dr Gerard Smith - have worked closely together to maintain good relations with our partners and Ministries of Health during all lockdowns with many digital meetings.

The medical advisors had their annual meeting in the Netherlands and were involved in a variety of consultations for many of our projects. Including our (1) policy regarding second-hand glasses, (2) on the development of several online publications on eye disorders by Dr P.J. (Peter Jaap) de Lint and (3) on supporting the development of the multiyear plan and budgeting for Tanzania (Dr A. (Alberta) Thiadens).¹³

¹³ The number of ophthalmologists in the countries we work in: TZ (69), CA (71), LA (27), VN (1,300), NP (240), NL (637), RW (17), EC (400) and SU (12). Retrieved IAPB Atlas: <https://www.iapb.org/learn/vision-atlas/>



EYE
CARE
FOUNDATION

 Proud member

First combined eye camp
& vaccination point,
Tanzania, 2021

Connecting with Our Donors

Connecting with our Donors

It was a challenging year for the whole world and ECF's fundraising was significantly impacted. Nevertheless, our donors continued to generously support us via donations, flexibility and sharing knowledge throughout the year, for which we are extremely grateful.

ECF operated with resilience in a changing context in each of the countries we work in. Working mostly remotely, we learned to adjust the way we perform our activities in various ways: (1) to protect colleagues, medical staff and patients, (2) to (re)gain trust and confidence of our patients and assure them that it is still safe to visit eye screenings and (3) to increase and provide extra explanatory communication, education and awareness activities (e.g. in cases where projects were postponed or cancelled).

Additionally, we invited donors to think about how to face new occurring challenges and adjust our campaigns and events, which in some cases led to an extra donation. We also made changes to our fundraising process, working towards a situation where we have funding in place before the start of projects, by raising funds well in advance and focusing on multiyear partnerships.

Corporate awareness raising

One of the goals in our multiyear strategy is to increase our impact and make more people aware of our cause and projects. We want to ever improve the quality, reach more people, have even more impact and initiate a difference in educational programmes. To support this, we published three booklets for children in Vietnamese, Swahili and English designed by illustrators from Vietnam and Bangladesh. The launch was done by Mr Gahendra Rajbhandari (Nepal's Ambassador in the Benelux) in the presence of Mr Cas de Stoppelaar (Nepal's Consul in The Netherlands). Besides these three publications, we also launched several booklets in cooperation with our medical advisor, Dr Peter Jaap de Lint, on several eye conditions including glaucoma and myopia. This was in order to provide our awareness portfolio with a substantial foundation. The last publication was the Carrot recipe booklet launched on World Carrot Day by Mr Toine Van Peperstraten (ECF's Ambassador).

Our goal was to increase our awareness by 10%. Our followers and visitors to our digital channels are increasing rapidly: the website had 36,913 (2020: 21,583) visitors and our Facebook page had 22,840 (2020: 22,760) followers and 22,857 likes (2020: 22,775). Our other social media channels also had increased traffic: TikTok: 3.5+ million (2020: 0) views and 4,612,000 (2020: 0) likes and 6,700 followers (2020: 0), Instagram had 1,644 (2020: 1,554), LinkedIn had 706 (2020: 334) and YouTube had 99 (2020: 72) members and Twitter had 874 (2020: 718) members.

We participated in many IAPB and WHO campaigns and celebratory days. From Carrot Day all the way to World Woman Day and Giving Tuesday. World Sight day's theme was *#loveyoureyes*. In Nepal, we celebrated this day by screening the film 'Dhampus screening camp' and, in Cambodia, we organised activities for women on a national scale. During the Christmas period, our ECF Ambassador gave a special online Season's Greetings video message.

Private donors

With our mailing campaigns, we ended the year roughly on target in terms of revenue. and we managed a slight increase in donors.

We strive to give each donor the appropriate care and consideration in order for them to engage with ECF's work at an appropriate level. We demonstrated to our donors how their contributions were used and kept them informed about results, developments and achievements in our projects. We did our utmost to keep donors involved by sharing as much information as possible through personal calls, newsletters, our website, social media and direct mailings. We visited many donors and involved them more and more. Their stories made us aware why it is so great to support our cause.

The context for fundraising changed substantially, resulting in adjustments in communication with our donors. In 2021, again our main focus was, first and foremost, to keep our donors involved and informed about what our projects and beneficiaries experienced during the pandemic. This quality contact deepened our relationships and many joint activities were developed. ECF is continuously working to improve the services for and with our donors.

Data analysis shows that most of our active Dutch donors live in Amsterdam followed by The Hague and Rotterdam. Our number of donors represents 19,292¹⁴ (active) donors.

Since all banks will stop processing the Giro collection form as of 1 June 2023, we must look for alternatives that retain the ease of payment for our donors. An example of this is the QR code. In the mailing of December 2021, we used a QR code for the first time.

Our information and donation request activities in 2021 can be grouped in these focus areas:

- (a) We carried out seven (direct) mailing campaigns to inform and involve our donors.
- (b) We sent a reminder mailing to support the effect of these direct mailings.
- (c) In order to respond to the need of our donors to create closer and warmer relationships, we called and visited them more.
- (d) Donors who had contributed to ECF more than two years ago were approached, inquiring as to whether they would consider donating again (reactivation).
- (e) To keep our donors informed and involved, we captured and shared our experiences in the field, to illustrate the impact of the pandemic on our work, especially on a person's life. We achieved this through constant communication on our website, social media, our different mailings, donor gatherings and personal contact. The telemarketing campaigns required adaptation of the subjects discussed and tone of voice. The direct mailing campaigns were adjusted, changing to relevant COVID-19 patient stories.

Thanks to the sponsorship of our loyal partner Tramedico and the efforts of the participants, we organised an alternative Amsterdam Dam Run. The official run could not take place because of the coronavirus restrictions. Due of the lockdowns and travel restrictions, we could not organise field trips to our projects for our donors. We therefore organised on 30 October a reunion of travellers from all past four Donor journeys (Nepal: 2014 and 2019, Cambodia: 2017 and Laos: 2018).

The legacies we receive made a huge difference to the special projects and people in our care. We are immensely grateful for the support from our grant and legacy donors. Without this support, we would not be able to do some of our most important and innovative work.

¹⁴ Reference date 12 January 2022

Institutional fundraising

Good project proposals are essential in successfully applying for grants with institutional donors. Our Institutional Fundraising team was able to shift from raising funds during the current year to raising funds in advance and often on a multiyear basis. We also started working together more with other eye care organisations in applying for grants in a joint effort. This important change in the process leads to financial stability and secures the future of our projects. By working in this manner and focusing on multiyear partnerships, we can keep expanding our programmes. After two years of preparation, we started fundraising for our projects in 2022 already in July 2021.

We adjust our methods constantly to ensure our donors are properly informed. We provided our institutional donors with custom-made reports. In 2021 we worked more together with partners on a joint application with The *Fred Hollow Foundation* and the *SeeYou Foundation* (former *Light for the World Netherlands*). With USAID, we worked on our children projects in Vietnam for the 2021 – 2023 period. And with the Amsterdam Lions Club (Host-1) we worked on a project in Suriname.

The hospital foundation of the Dutch Rivierenland Hospital contributed, as a first step to develop a partnership, to the eye clinic in Xieng Khouang (Laos). Members of the Blindness Genetics Team of the Department of Human Genetics in Nijmegen (NL), Retinal International and ECF discussed performing genetic testing for eye diseases with a special focus on inherited retinal diseases (IRDs).

Celebrations

In 2021, ECF celebrated its 37th anniversary. ECF was established thanks to our founding fathers Dr Gerard Smit, Peter de Boer, Leendert Parlevliet, and Anita Boer.

We also celebrated the 28th anniversary of the Himalaya Eye Hospital (HEH) in 2021. The HEH in Pokhara was opened in 1993 and is still supported by the Eye Care Foundation. This hospital still organises eye camps with us in the mountains of the remote areas of the Himalayas on a weekly basis and serves as a training facility for local and international students.

ECF also celebrated the 25th anniversary of the Mechi Eye Hospital (MEH). We are beyond proud of our longstanding collaboration. We hope we will achieve even greater results in our battle against avoidable blindness and visual impairment in the future. On this special occasion, we presented a Certificate of Appreciation to the hospital which was kindly received by the Medical Director Dr Purushottam Joshi and the Programme Manager Mr Prashant Shrestha.



Ophthalmologist,
Nepal, 2021

Financial Review

Financial Review

Accountability

The annual accounts for the financial year that ended on 31 December 2021 can be found from page 41 of this report. ECF's annual accounts have been prepared in accordance with the Dutch Accounting Standard for Fundraising Institutions (RJ 650). The annual accounts comprise the balance sheet and income and expenses for 2021. All expenses are committed to the ECF goal to prevent and cure avoidable blindness and vision impairment for people in low-income countries.

The Central Bureau for Fundraising (CBF) conducted its regular annual review and concluded that we comply with their standards and extended our official recognition.

ECF's annual accounts have been audited by Dubois & Co Accountants. They expressed an unqualified audit opinion on ECF's annual accounts for the 2021 financial year. The Board had approved ECF's Annual Report and accounts for 2021 on 21 June 2022.

Appropriation of Result

2021 was the first year of our newly formulated multiyear strategy (2021-2025). We included a new way of working, integrated processes and provided opportunities for learning and growth. ECF needed to invest to generate funds and incurred management and administration costs to ensure its continuity and proper operation. ECF's result for the 2021 financial year was € 880,854 positive (2020: € 442,092 positive). The budgeted result for 2021 was € 350 positive. The difference mainly stemmed from the income from legacies and bequests, which were not budgeted given the uncertainty of such income. Another reason concerned the underspending on our objectives: we spent a total of € 1.2 million (budgeted € 1.6 million) on objectives, 27% lower than budgeted. For a second year in a row, the coronavirus had affected the process and results of our organisation. In our programme countries, in collaboration with partners, some projects were only partially implemented while others were cancelled. Due to various measures taken because of the pandemic, our staff has (again) mainly been working from home on a global scale.



Child patient,
Nepal

Financial position, reserve and funds

The reserves and funds of ECF consisted of a continuity reserve, appropriate reserves for projects and others and earmarked funds. The continuity reserve created a sufficient healthy buffer to cover financial risks in the short term in case of a significant shortfall of key sources of funding. It included funding necessary for actions to enable ECF to recover such a shortfall while still meeting legal and moral obligations. This continuity reserve can be seen as a financial buffer for the organisation operations. The appropriate reserve for projects as a buffer to complete or terminate current projects and/or programmes in the event of a shortage of financing. In addition, an appropriate other reserve had been established in 2021. This reserve meant to support the repair of eye care centres, renovation and upgrading in Gorkha and Baglung, Nepal.

The continuity reserve amounted to € 1.6 million (2020: € 1.2 million), the appropriated reserve for projects amounted to € 773,997 (2020: € 675,530) and the Other Reserve € 128,672. Last year, a risk analysis was carried out for the standardisation of the continuity reserve for the first time. This risk analysis included an estimate of the potential financial consequences of the risk identified. The analysis led to a required amount for the continuity reserve of € 1.3 million. The continuity reserve amounted to € 1.6 million at the end of 2021 and met this criterion.

The earmarked funds represented all received earmarked income from donors intended for a specific project purpose for which the underlying objective and related expenses had not yet been realised. This included donations that businesses, associations and (capital) funds had given to ECF. The earmarked funds at the end of 2021 amounted to € 293,867 (2020: € 49,544).

At the end of 2021, the total of reserves and funds amounted to € 2.8 million, which was 88% of the total balance amount.

Liquidity and solvency were important when considering ECF's financial position. In terms of liquidity, ECF is currently in a healthy position bearing in mind the balances of cash were almost € 2.7 million at the end of 2021 (2020: € 1.8 million), 85% of the total balance (2020: 82%).

The liquidity (current ratio: short-term assets/short-term liabilities) was 8.5 (2020: 8.6). On the basis of the relationship between ECF's reserve and funds and total balance, the solvability ratio (reserves and funds/ total liabilities) at the end of 2021 (89%) was stable with regards to last year's outcome (89%) and was therefore still adequate.

Spending percentage

The ratio of the total expenses on objectives as a percentage of the total income in 2021 was 42.2% (2020: 61.7%). The decrease of the percentage compared to last year had two reasons: Due to the impact of the pandemic, less was spent on our objectives. While at the same time, donations from legacies increased the income. In relation to the total expenses, this amounted to 61.4% (2020: 72.6%).

The ratio of the fundraising costs compared to the total income amounted to 18.8% in 2021 (2020: 17.3%). The ratio of costs for management and administration compared to the total of expenses amounted to 11.3% in 2021 (2020: 7.0%). This was caused, for example, because of a different allocation of the non-directly attributable costs: the percentage in the current year.



Risks and uncertainties

Risks and uncertainties

In all of its activities in 2021, ECF aimed to assess, analyse and cover potential risks as effectively as possible. Organisational risks included data security and the availability of qualified staff and correctly functioning information systems. To work together efficiently, ECF managed external and internal opportunities and risks and contributed to optimal efficiency of the organisation. ECF worked methodically and evaluated processes, systems and knowledge of employees regularly. By working in this manner, ECF ensured identification of opportunities to improve performance and encouraged staff to have an active role in this process.

Reputation

Our reputation and the trust of our patients counted also for our donors. It was fundamental for continuing our work. We handled complaints with care and, to this end, we drew up a general complaints regulation. We were aware of our social responsibility and strived to maintain good relationships with all our stakeholders. In order to attain full transparency, we endeavoured to communicate with them frequently, openly and with a positive tone. We also focused on constructive, transparent and positive messaging. We maintained our own integrity policy and code of conduct as well as a zero-tolerance policy in response to fraud and violation of human rights. In addition, the quality of the work of the ophthalmologists and all ophthalmic professionals in our projects sets the standard for all our activities.

In 2021, we received two complaints. Both have been dealt with. One concerned a complaint about the handling of a donation. The matter was completed to the satisfaction of the executor of the donor. The second concerned a complaint by a donor who received a mailing by mistake. Also this matter was resolved.

Financial and operational

The priority of our organisation was to spend as much as possible of the received donations on realising our objectives. In order to be able to fulfil the financial obligations over the long term, financial reserves were maintained. In general, ECF negotiated contracts with local partners in local currencies. The annual accounts were determined in euros, ECF's functional and reporting currency. Transactions denominated in foreign currencies conducted during the reporting period were recognised in the annual accounts at the average rate of exchange. Any resulting exchange differences were recognised in the statement of income and expenses. This meant that currency fluctuations in relation to the euro had either positive or negative consequences. To minimize currency risk, cash and cash equivalents in local office bank accounts (in local currency) were limited to the budgeted amount needed for the coming quarter to cover staff, office and project costs.

The funds were spread over several banks to minimise the exposure to credit risk. Surplus funds were put in a savings account. ECF has not invested in shares.

ECF used a customer relationship management system, which also facilitated fundraising, projects and bookkeeping data. Data security, both from cybercrime and privacy points of view, was critical to our operations. We continuously stressed the importance of data security to staff as their alertness and caution was critical. Since the organisation had become more digital, we had included increased attention to the General Data Protection Regulation (GDPR) and cyber security in planning and programming.

To know what was relevant for our donors, we had to get to know each other. The start was having reliable, up-to-date and accessible information in our database. We took our responsibility concerning GDPR seriously and so we did not keep more information than needed or allowed. Additionally, our donors always had the right to know what information we kept about them. The GDPR applies to all NGOs in the Netherlands. We continued to develop our database with our donors in mind to ensure their requirements could be met. We informed our partners and donors through mailings, emails, donor meetings, website posts, phone calls, social media or in person during an event.

ECF understood that a sustained effort over several years was required to realise a structural increase of income from donors. There was an ongoing focus on the implementation of the General Data Protection Regulation (GDPR).

ECF continued to focus on further increasing professionalism with the business operations. Improvements with regard to the financial function, the administrative organisation and the internal management process will be further expanded. Likewise for the Customer Relationship Management (CRM) system, which facilitates fundraising and grant management and its processes. The backup and recovery plan for the IT system had been outsourced and was regularly monitored.



Before eye surgery,
Cambodia, 2021

Management, organisation and governance

Management, organisation and governance

The 2021 annual plan included a new way of working, integrated processes and offering opportunities to learn and grow. 2021 was therefore an important year for ECF in which we started implementing the strategic plan. This required a lot of attention from management.

While our annual plan was being implemented, we became more resilient and agile as an organisation and the impact of ECF increased. The need to help more people was great and opportune. The IAPB and the WHO indicated that the number of cataract patients and the visually impaired was only growing and unfortunately not decreasing. This due to no possibility for early detection and the use of screens by school children to follow their online classes. The last one most of the time via mobile phones due to the lack of finance to buy a laptop.

ECF developed

During 2021, ECF worked on several strategic developments. (1) A multiyear plan for our projects in Tanzania, for example, assisted by our medical advisor in Tanzania, Ms Alberta Thiadens. (2) A Theory of Change (ToC) globally and for every programme country. (3) The ECF database consisted of the financial accounting, the project administration as well as the donor administration with the data of donors, creditors and other contacts. Where possible, improvements were being made. This was also necessary from the point of view of legislation and regulations. It remained important to continue to invest in optimising work processes and increasing the demand for donations tailor-made to our donors through better selections from the donor database. Thanks to another professionalisation effort in our project data system (ProjectConnect), we monitored our project results each quarter. (4) We developed in good cooperation multiyear plans, year plans, budgets, project descriptions, project proposals, etc. by working closely on a global scale.

Moving the offices in Tanzania and Netherlands

ECF Tanzania moved to a new office (from Ifakara town to Morogoro municipality). The (forced) relocation of the Netherlands office from Naritaweg to Weesperplein within Amsterdam also took place.

We have all mainly been able to continue working digitally from a distance. During the year, the offices had been totally digitised to give the global team access to all available information and work remotely.

Sustainable development goals

The United Nations' Sustainable Development Goals (SDGs) were a universal call to action to build a healthier world for the entire world population and the environment by 2030. ECF contributed to the following SDGs: Good health and well-being (SDG 3), Quality education (SDG 4), Gender equality (SDG 5), Economic growth, (SDG 8), To reduce inequality (SDG 10) and Partnerships to achieve the goals (SDG 17).

(SDG 3) Poor eye health is linked to increased mortality, lower levels of well-being and higher rates of depression. Thus by providing eye health services we are contributing to improved health and well-being.

(SDG 4) Children with vision impairment have worse educational outcomes and are more likely to be excluded from schools. By ensuring eye care services are made accessible to children, we hope to improve educational outcomes. We increased our educational goals with our new developed online services.

With the many school screenings we provided, children with vision impairment have also been helped with

free glasses and now can now improve their results.

(SDG 5) Women have worse access to eye health services and are 12% more likely to suffer sight loss than men.¹⁵ We developed a Gender Policy. Besides the Uncorrected Refractive Error committees, we also became a member of the Gender Equity Survey Committee of the IAPB. Lan Luong, our country director in Vietnam, is an active member in these committees.

(SDG 8) As vision loss is responsible for a productivity loss of 410.7 billion annually, it reduces employment and addressing vision loss can increase household expenditure with 36% to 88%.¹⁶

(SDG 10) In our mission and ambition, we strive for a world where each person has equal opportunities to build a future with clear vision; a world in which people are independent rather than relying on others to care for them because of poor eyesight. ECF promotes good eyesight so individuals have the opportunity to develop to their full potential.

(SDG 17) We closely worked together with our umbrella organisation IAPB (WHO) and even applied for the IAPB Europe Chair position. Even though we came in second, during our campaigning, we met all NGO colleagues. We had the chance to introduce ECF and learn about the sector.

We signed an MOU¹⁷ with The Fred Hollows Foundation on joint fundraising projects, worked together with BHVI¹⁸ on the recognition of the profession of optometrist in Vietnam and, with Light for the World, we came to agreements on coordination on both of our activities in Tanzania.

Staff

One of the topics for professionalising the organisation concerned the improvement and introduction of matters in the field of Human Resources. In this, the focus was on a strategic Human Resource policy and a guideline for good progress discussions between managers and employees.

Internally, we work in a supportive way together. All our teams in the different countries worked as one global team together. The Nepal office supported the activities in Tanzania, the Cambodia office supported Laos and our Vietnam office supported our temporary or new country projects (such as Suriname, Ecuador and Rwanda).

During this second year of the coronavirus, ECF also took responsibility for the (mental) health and well-being of its employees supported by a specialist agency. In addition, we provided a set of workshops and online UN PACCOM¹⁹ management courses in Monitoring, Evaluation & Learning (ME&L), online training on Theory of Change (ToC), online refresher training on research methodology proposal and scientific writing, online training on Research for Development Data Analysis in Eye Care and a Leadership and Management Development Workshop in Gorkha Nepal.

After 22 years, Ms Yvonne Reifler retired on 24 July 2021. First, she worked at Mekong Eye Doctors and, after the merger with Oogzorg Wereldwijd, as Project Director at the Eye Care Foundation. Thanks to her knowledge of the projects, her open and professional attitude and her understanding approach to local healthcare providers, her achievements were many. Yvonne Reifler contributed extensively to building sustainable eye care in Africa and Southeast Asia. The Eye Care Foundation will miss Yvonne as a very dedicated and knowledgeable colleague.

¹⁵ Retrieved 09-05-2022. IAPB. https://www.iapb.org/news_tags/2021-in-review/

¹⁶ Source: IAPB

¹⁷ MOU: Memorandum of Understanding

¹⁸ BHVI: Brien Holden Vision Institute (<https://bhvi.org>)

¹⁹ Retrieved 09-05-2022. UN. <http://vufo.org.vn/Pacom-training-to-help-foreign-NGOs-operation-11-365.html?lang=e>

Composition of the Board

The Board fulfilled a supervisory and advisory role and operated as the employer of all staff. The Board adopts the general policy, laid down in the (country) policy plans, annual plans and budgets for the organisation on the basis of the preparation of the CEO. Additionally, it controlled the implementation of the budget and plans on the basis of quarterly reports.

The Board of ECF comprised the following individuals as of 31 December 2021:

Mr A.M. (Thijs) van Praag, Chairman (general; director and major shareholder at A.M. van Praag Beheer B.V.);
Ms L.A. (Linda) Hummel, Vice-Chairwoman (fundraising and communication; CEO at NLR (until No Leprosy Remains); other ancillary position: member of Stichting Support Metropole Orkest);
Ms J.B.B. (Sascha) Bogerd, Treasurer (finance, accountancy; Finance Director at Kiadis Pharma Netherlands B.V.);
Ms I.B. (Indira) Rombley, Board Member (HR; Senior HRM Advisor Servicepoint71);
Dr R. (Ruud) van der Pol, Board Member (Ophthalmic/Medical; Ophthalmologist at Alrijne Hospital; other ancillary positions: member of VMS Alrijne, Werkgroep Tropische Oogheelkunde, Stichting Leer Anderen Helpen, HiX Users Groeps Oogheelkunde);

Board members were appointed for a period of four years. Board members can serve a maximum of two four-year terms.

Board activities in 2021

After the lockdown in Nepal was lifted, our Nepal team felt fortunate to welcome Ms Linda Hummel, Vice-Chairwoman in December. The Board convened seven times in 2021 including for a self-evaluation. Performance assessments and requirements for membership determine the outcome of the renewal process. The CEO provided leadership to the organisation and carried out his work on the basis of a director's code. In 2021, the CEO reported on progress, activities and finances. The 2020 annual report, the 2020 annual accounts, the audit report from the auditors and the implementation of the ECF 2021-2025 multiyear strategy were approved by the Board in 2021.

Board expenses and remuneration

Board members are not remunerated. In 2021, the Board expenses were € 2,489 (2020: € 1,374) and mainly consisted of general meetings costs.

The Board has established the remuneration policy and amount for the CEO in accordance with the Dutch Charities Association (Goede Doelen Nederland) regulation regarding remuneration for Executive Directors (see www.goededoelennederland.nl). The policy is updated periodically.

The regulation determined a maximum for annual income based on a number of criteria. The Board applied the criteria to ECF, which resulted in what is referred to in Dutch as a BSD²⁰ (Executive Job Basic Score) of 370 points. In 2021, the remuneration amounted to € 90,781 (gross salary plus holiday allowance). ECF did not pay bonuses to its CEO. See page 60 for details.

²⁰ Basisscore directiefunctie (BSD) [NL] according to the regulations for director remuneration [NL: Regeling Beloning Directeuren Goededoelenorganisaties]



Eye patient,
Nepal, 2021

Expected progress

Expected Progress

ECF continued to progress with the implementation of its 2021-2025 multiyear strategy. Where 2021 was a year of preparations and the first roll-out phase, in 2022 we will take a significant leap forward in terms of the goals of the strategy. This plan had been developed through a participatory approach involving all ECF colleagues. We had instigated the multiyear strategy to raise funds in advance by accessing new markets, creating joint grant proposals and multiyear projects as well as strengthening story development to emphasise the importance of case studies. We will further professionalise our organisation while we involve our donors while fulfilling our mission. We continue to carry out our projects where possible aligned with raising funds for our causes.

The 2022 budget is set out below. In 2022, ECF focuses on strengthening the work of the organisation as well as its financial position. Our reserves and funding are sufficient at year-end to ensure the continuation of the existing programmes in the coming years.

We anticipate spending € 1.7 million on our objectives (projects, structural assistance and awareness raising), which is 66% of the total income of € 2.6 million. Due to the impact of the pandemic, we budgeted lower spending on our objectives compared with previous years. In the ECF multiyear strategy, a higher spending on the objectives was budgeted for the coming years. For this to happen, revenue must increase. ECF needs to sustain the existing sources of income and obtain and expand new sources of funding, targeting both new and existing institutional and private donors both in the Netherlands and abroad. It remains crucial to invest in our donor database and donor services and to continue the transition of the organisation in order to accelerate the achievement of ECF's strategic objectives.

The pandemic caused ongoing periods of lockdowns in several parts of the world, which resulted in the completion of fewer programmes and project activities than planned. The countries where ECF had programmes and project activities will scale up slowly to a 'new' way of working while taking into account the ongoing challenges. ECF has been closely monitored all developments concerning the impact of the pandemic on our projects especially the impact on the partners in the various countries. This concern stretched beyond the consequences in their financial situations to include the longer-term effects on the political, social and climate impact in Asia and Africa.

	2022 budget EUR	2021 actuals EUR	2021 budget EUR
Income			
Income raised	2,609,000	2,835,058	2,345,300
Other income	0	0	0
Total of Income	2,609,000	2,835,058	2,345,300
Spent on Objectives			
Projects, structural assistance	1,474,600	995,130	1,264,700
Awareness raising	240,200	200,309	364,550
	1,714,800	1,195,439	1,629,250
Fundraising costs	614,700	532,928	569,050
Management and administration costs	279,500	220,027	146,750
Total Expenses	2,609,000	1,948,394	2,345,050
Total financial income and expenses	0	-5,809	100
Result	0	880,854	350



At the eye clinic,
Cambodia, 2021

Annual Accounts for 2021

Balance Sheet of 31 December 2021

(after Appropriation of Results) (All amounts are in euros)

	Notes	31 December 2021	31 December 2020
ASSETS			
Intangible assets	A.1.	62,531	79,261
Tangible assets	A.2.	15,142	97,378
Receivables and accruals	B.	397,312	208,345
Cash	C.	2,734,221	1,791,648
Total assets		<u>3,209,206</u>	<u>2,176,632</u>
LIABILITIES			
Reserves and funds	D.		
- Continuity reserve	D.1.	1,629,492	1,220,100
- Appropriation reserves	D.2.	902,669	675,530
- Earmarked fund(s)	D.3.	<u>293,867</u>	<u>49,544</u>
		2,826,029	1,945,174
Short-term liabilities	E.	383,177	231,458
Total liabilities		<u>3,209,206</u>	<u>2,176,632</u>

Statement of Income and Expenses for 2021

(All amounts are in euros)

	Notes	2021 Actuals	2020 Budget	2020 Actuals
INCOME				
Income raised	F.			
Income from individual donors		2,507,681	1,691,300	2,430,693
Income from companies		60,700	4,000	46,066
Income from other non-profit organisations		266,677	650,000	466,096
Total income		<u>2,835,058</u>	<u>2,345,300</u>	<u>2,942,856</u>
EXPENSES				
Spent on objectives	G.			
Projects, structural assistance		995,130	1,264,700	1,334,293
Awareness raising		200,309	364,550	481,809
		<u>1,195,439</u>	<u>1,629,250</u>	<u>1,816,103</u>
Costs of generating funds	H.			
Fundraising costs		532,928	569,050	509,395
Management and administration costs	I.			
Management and administration costs		220,027	146,750	175,372
Total expenses		<u>1,948,394</u>	<u>2,345,050</u>	<u>2,500,870</u>
Result before financial income and expenses		<u>886,664</u>	<u>250</u>	<u>441,986</u>
Total financial income and expenses	J.	<u>-5,809</u>	<u>100</u>	<u>106</u>
RESULT		<u><u>880,854</u></u>	<u><u>350</u></u>	<u><u>442,092</u></u>
RESULT ALLOCATION				
Addition / withdrawal to:				
Continuity reserve		409,392	350	843,187
Appropriation reserves:				
Reserve for projects		98,467	0	-420,488
Other reserves		128,672	0	0
Earmarked fund(s)		244,323	0	22,926
Registered funds		0	0	-3,533
		<u>880,854</u>	<u>350</u>	<u>442,092</u>



Eye screening,
Cambodia, 2021

Explanatory notes

Accounting policies

General

The annual accounts as of 31 December 2021, and expenses for 2021 have been prepared in accordance with the Dutch Accounting Standard for Fundraising Institutions (RJ650). The annual accounts aim to provide a fair presentation of the financial position of the Eye Care Foundation (ECF), registered in Amsterdam at the Chamber of Commerce (registration no. 34 305 700), having its main office at Weesperplein 4B, 1018 XA Amsterdam, The Netherlands. The financial year coincides with the calendar year. The annual accounts are drawn up on the basis of continuity. The valuation principles and methods of determining the result are the same as those used in the previous years.

Basis of measurement

Unless indicated otherwise, the annual accounts have been prepared using the historical cost basis. Income and expenses are allocated to the period to which they are related.

Functional and reporting currency

The annual accounts are determined in euros, ECF's functional and reporting currency. Transactions denominated in foreign currencies conducted during the reporting period are recognised in the annual accounts at the average rate of exchange. Monetary assets and liabilities denominated in a foreign currency are translated into the financial currency at the rate of exchange on the reporting date. Any resulting exchange differences are recognised in the statement of income and expenses.

Use of estimates

In applying the accounting policies and standards for preparing annual accounts, the management of ECF is required to make estimates and determinations that might significantly influence the amounts disclosed in the annual accounts. Actual results may differ from these estimates. The estimates and underlying assumptions are continuously assessed. Revisions to estimates are recognised in the period in which the estimate is made and revised and recognised in future periods affected by the revision.

Fixed assets

Fixed assets, both tangible and intangible, are carried at historical cost minus the straight-line depreciation over the estimated useful lives. The percentages used are 8% for office improvement, 20% for office interior and 20% for computers and software.

Cash and cash equivalent

Cash and cash equivalents represent cash in hand, bank balances and saving accounts with various banks and are carried at nominal value. The balances are freely available to ECF except for restrictions on a bank guarantee. See more details in note C. of the explanatory balance.

Receivables and accrued income

Receivables and accrued income are initially stated at nominal value. An allowance is made for obsolescence where necessary and is set on the basis of an individual assessment of the recoverability of the claims.

Liabilities

The (other) liabilities are stated at nominal value.

Reserves

In order to secure the continuity of the foundation in case of unexpected events, part of ECF's capital has been transferred to a separate continuity reserve. The size is in accordance with sector regulations and is aimed to meet legal and moral obligations in case of a significant decrease in income.

Appropriation reserves have also been created and determined by the Board. In 2021, two reserves were created: 1) Appropriation reserve for projects, which offered the guarantee that the (long-term) activities to which ECF was committed can also be carried out. The obligations were contingent in the sense that interim reports are made on the basis of which it was determined whether or not to make further financial resources available for the project. The projects will be continued if there is sufficient progress, adequate reporting and if sufficient financing is available to realise and to finance the projects. 2) The Appropriation other reserve was also determined by the Board and intend to cover a project in Nepal and will reserve support; e.g. Gorkha and Baglung eye care centres repair, renovation and upgradation.

Determination of Results

Income from private donors, companies and funds

Income from private individuals, companies and other funds is recognised in the year to which it pertains unless income is subject to conditions still to be met.

Legacies and bequests are valued and accounted for as income in the year of receipt or in which a notarial instrument of division or the presentation of the accounts has been received.

Expenses

Amounts spent on ECF projects and programmes are accounted for as expenses in the financial year in which the contribution has been unconditionally committed. The expenses recognised in the statement of income and expenses include the related direct and indirect costs.

Fundraising, awareness-raising and management & administration costs are charged to the statement of income and expense in the year to which they pertain and as soon as they became apparent. The costs for management & administration encompass the costs incurred by the organisation in the context of (internal) management and administration and are not allocated to a goal or the acquisition of funds. This includes accountancy costs, administration costs (as long as these are not for project administration) and costs of the Board.

Salaries, wages, social security contributions and premiums are recognised in the statement of income and expenses based on the pay and benefit package to the extent that they are payable to employees. Dutch employees participate in a pension from Pensioenfond's Zorg en Welzijn. The contributions from employees amounted to one-third of the pension premium owed. The contribution to be paid as a result of a pension scheme comprises the regular annual contribution premium to be paid to the pension provider.

Allocation of expense

All direct and indirect costs are allocated to 1) the objectives of ECF (projects, structural assistance and awareness-raising, 2) the costs of generating funds and 3) management & administration costs. All indirect costs such as personnel expenses, accommodation, office and general expenses and depreciation are allocated based on an estimate of the time and corresponding personnel costs for each employee arising as a result of the various activities. The direct costs spent on ECF projects, structural assistance and costs for awareness raising are attributed directly.

The allocation of expenses is described in the paragraph Indirectly attributable costs; see page 58.

Financial income

The financial income is recognised in the statement of income and expenses.

Notes to the balance sheet

(All amounts are in euros)

ASSETS

A. Fixed assets

Intangible fixed assets consisted of externally acquired software. Tangible fixed assets were comprised of office machines, equipment and computers. During the year, the following changes were made:

	2021		2020	
A.1. Intangible fixed assets				
Acquisition value as of 1 January	165,650		163,692	
Cummulative depreciation	86,389		59,163	
		79,261		104,529
Investments	0		1,958	
Investments in development	8,966		0	
Depreciations	25,696		27,226	
Divestments	0		0	
Depreciations of divestments	0		0	
Acquisition value as of 31 December	174,616		165,650	
Cummulative depreciation	112,085		86,389	
Bookvalue as of 31 December		62,531		79,261

The investments in development were related to an adjustment in the software that improves the link with the website and the administration system.

Due to the (enforced) relocation, the server room and related equipment were written off at an accelerated pace.

	2021		2020	
A.2. Tangible fixed assets				
Acquisition value as of 1 January	203,360		203,360	
Cummulative depreciation	105,982		85,530	
		97,378		117,830
Investments	4,343		0	
Depreciations	4,537		20,452	
Divestments	127,693		0	
Depreciations of divestments	45,651		0	
Acquisition value as of 31 December	80,010		203,360	
Cummulative depreciation	64,868		105,982	
Bookvalue as of 31 December		15,142		97,378

The tangible fixed assets were required for operations. The depreciation percentage is 20% for office interior and 8% for office improvement.

Some items have also been written off at an accelerated pace as a result of the relocation in this section.

	2021	2020
B. Receivables and accruals		
Gifts to be received	276	326
Grants to be received	0	127,601
Prepaid project costs	64,957	17,381
Legacies to be received	275,861	0
Pension costs	734	8,899
Health insurance costs	0	18,148
Benefits with regards to sickness	25,769	0
Service Level Agreement and other IT costs	15,578	6,070
Office rental in The Netherlands	4,744	9,842
Deposits	5,999	100
Other receivables	3,394	19,978
	<u>397,312</u>	<u>208,345</u>

All amounts were to be settled within one year after the balance sheet date. In 2021, bequests were made and final accounts were received and are listed as Legacies to be received for a total amount of € 275,861.

	2021	2020
C. Cash		
Savings accounts	1,118,246	1,053,830
Current accounts	1,613,488	734,443
Cash	2,487	3,375
	<u>2,734,221</u>	<u>1,791,648</u>

Placed at banking institutions in Nepal, Cambodia, Laos and Vietnam is a total amount of € 90,653 (2020: € 58,635).

LIABILITIES

D. Reserves and Funds

	2021	2020
D.1. Continuity reserve		
Balance as of 1 January	1,220,100	376,913
Movements due to distribution of results	409,392	843,187
Balance as of 31 December	<u>1,629,492</u>	<u>1,220,100</u>

The continuity reserve was designed to create a sufficient buffer to cover financial risks in the short term in case of a significant shortfall of key sources of funding. It also included funding necessary for actions to enable ECF to rebuild such a shortfall while still meeting legal and moral obligations.

In 2021, a risk analysis was carried out for the first time for the standardisation of the continuity reserve. This risk analysis included an estimate of the potential financial consequences of the risk identified. The analysis led to a required amount for the continuity reserve of € 1.3 million. The continuity reserve met this criterion; it amounted to € 1.6 million at the end of 2021.

The maximum size for the continuity reserve according to the asset's guidelines set by the association for fundraising institutions (Goede Doelen Nederland) equals one and a half times the annual operational costs for the organisation and is, based on the budget for the following year, a maximum amount of € 2,311,200.

	2021	2020
D.2. Appropriate reserves		
<i>D.2.1. Reserve for projects:</i>	773,997	675,530
<i>D.2.2. Other reserve:</i>	128,672	0
Balance as of 31 December	<u>902,669</u>	<u>675,530</u>

	2021	2020
D.2.1. Reserve for projects:		
Balance as of 1 January	675,530	1,096,018
Movements due to distribution of results	98,467	-420,488
Balance as of 31 December	<u>773,997</u>	<u>675,530</u>

The reserve for projects will be used to realise and finance projects to which ECF has committed itself. These obligations were a contingent in the sense that interim reports were made on the basis of which it was determined whether or not to make further financial resources available for the project. The projects will be continued if there is sufficient progress and adequate reporting, and if sufficient financing was available to realise and to finance the projects. Below a summary of the conditional project obligations for the coming years is provided.

	Contract amount	Contract amount
Nepal	0	201,410
Vietnam	517,887	177,927
Cambodia	156,820	103,027
Laos	99,291	74,595
Tanzania	0	118,571
	<u>773,997</u>	<u>675,530</u>

	2021	2020
D.2.2. Other reserve:		
Balance as of 1 January	0	0
Movements due to distribution of results	128,672	0
Balance as of 31 December	<u>128,672</u>	<u>0</u>
Balance as of 31 December	<u>902,669</u>	<u>675,530</u>

The Other reserve appropriation intend to cover a project in Nepal, and will support, for example, the repair, renovation and upgrade of the Gorkha and Baglung eye care centres.

	2021	2020
D.3. Earmarked funds		
Balance as of 1 January	49,544	26,618
Addition	475,432	557,919
Withdrawal	231,109	534,993
Balance as of 31 December	<u>293,867</u>	<u>49,544</u>

The earmarked funds represented all received earmarked income that the donor intended for a specific purpose for which the underlying objective and related expenses have not yet been realised. This included donations that businesses, associations and funds (capital or otherwise) have provided to ECF. The amounts were expected to be entirely spent in future years.

	2021	2020
E. Short-term debts and accrued liabilities		
Creditors	33,136	59,191
Provision longterm sickness	5,166	0
Pension expenses	519	9,427
Taxes and social contributions	40,651	40,203
Holiday-allowances	20,559	21,726
Holiday-days	44,472	54,296
Audit fee	24,200	12,500
Grants received in advance	200,395	0
Other debts and accrued liabilities	14,080	34,115
	<u>383,177</u>	<u>231,458</u>

All other liabilities and accruals are due within one year.

Off balance sheet Rights and Obligations

Long-term financial obligations (conditional or otherwise)

A. There is a long-term, unconditional obligation with respect to rent. The contract for rent will end as of 31 August 2026 with a notice for a cancellation period of three calendar months. The total obligation amounts to € 240,900 from 1 January 2022 to 31 August 2026 of which € 51,600 was due in one year.

B. ECF often works on the basis of long-term contracts. These obligations are contingent in the sense that interim reports were made on the basis of which it was determined whether or not to make further financial resources available for the project. The projects will be continued if there has been sufficient progress and adequate reporting and if sufficient financing was available to realise and to finance the projects. A summary of the conditional project obligations for the coming years (in euros) is given below:

	Contract amount	
Nepal	0	
Vietnam	517,887	
Cambodia	156,820	
Laos	99,291	
Tanzania	0	
		<u>773,997</u>

A. Thanks to a collaborative partner, ECF acquired the rights to share certificates in mid-June 2018. These rights were not (yet) converted at the end of 2021.

B. Together with three other charity organisations, ECF received an inheritance of which the share of ECF represents 70% of the inheritance. This estate includes apartment rights in Amsterdam with an annual rental income. The apartment rights must be maintained and owned in a foundation for at least fifteen years, i.e., until 1 January 2032. After fifteen years, one/tenth (1/10) of the assets may be distributed pro rata to the four organisations.

C. As one of ProjectConnect's partners, we contributed to the further development of the ProjectConnect software. As part of this partnership agreement, the fee for this investment is determined annually. We can use it to finance new innovations, but it can also be used to purchase a module of the software.

D. ECF received a grant for a project in Vietnam, titled "Make Children's Vision Count - To Leave No Child Behind", during the period of 19 July 2021 to 18 May 2023 and amounted USD 175,000 as per 31 December 2021.

Explanatory Notes for the Statement of Income and Expenses (All amounts are in euros)

INCOME

	2021 actuals	2021 budget	2020 actuals
F. Income raised			
F.1. Income from individual donors	2,507,681	1,691,300	2,430,693
F.2. Income from companies	60,700	4,000	46,066
F.3. Income from other non-profit organizations	266,677	650,000	466,096
Total income raised	2,835,058	2,345,300	2,942,856

F.1. Income from Individual Donors

This income comprised donations and gifts as well as legacies and bequests. The donations and gifts from private individual donors amounted to a total of € 2,507,681, an increase of 3.2% when compared to the total of the previous year (2020: € 2,430,694). Compared to the budgeted income, there was an increase of 48%. This higher income was due to higher income from legacies. Without this increase, we managed to keep the contributions from individual donors stable when compared to last year and budgeted.

The Income from legacies and bequests amounted to € 1,384,457 (budgeted € 700,000 and for 2020: € 1,325,744). ECF used the basic principle to allocate these amounts to sustain (new) projects and or programmes and continuing the work of ECF.

F.2./F.3. Income from companies and non-profit organisations

We noticed that our donors who are responsible for the income from companies and non-profit organisations were increasingly asking for: (1) projects that have not yet started and (2) for project activities that will actually be implemented. Project activities carried out were limited due to the high impact of the pandemic and the resulting government arrangements in our programme countries.

In 2021, the focus shifted from raising funds during the current year of implementation to primarily raising funds in advance (and for several years) for programmes that are yet to be implemented. This important change in this process made it possible to secure more funding in advance, get in touch with new funds in time and work on multi-year partnerships. All of this will allow more programmes to be implemented in the future, increase ECF's impact and make it more resilient and flexible as an organisation. Our new working method has already proven itself. Based on informal reports, it was estimated that we have a good chance of receiving the requested subsidy. We also focused on establishing and strengthening collegial partnerships in order to increase income.

Not-for-profit organisations such as institutional donors, private associations, capital funds and service clubs donated a total of € 266,677 in 2021 (budgeted € 650,000). These benefits mainly relate to labelled gifts for specific (elements of) eye care projects.

	2021 actuals	2021 budget	2020 actuals
J. Balance of financial income and expenses			
Interest	-5,809	100	106
	<u>-5,809</u>	<u>100</u>	<u>106</u>

This concerned the banks' settlement of savings and the negative interest rate.

EXPENSES

	2021 actuals	2021 budget	2020 actuals
G. Spent on objectives			
G.1. Projects; structural assistance			
Nepal	179,201	213,300	188,627
Vietnam	128,635	197,200	234,505
Cambodia	138,222	209,400	230,424
Laos	90,772	106,000	52,458
Tanzania	49,648	50,000	175,812
Other project costs	9,779	76,600	12,640
	<u>596,257</u>	<u>852,500</u>	<u>894,466</u>
Indirectly attributable costs	398,873	412,200	439,827
<i>Subtotal</i>	<u>995,130</u>	<u>1,264,700</u>	<u>1,334,293</u>
G.2. Awareness raising			
Website	20,399	15,500	26,174
Advertising costs	581	0	421
Information materials	6,759	5,000	718
Information materials newsletters	30,846	33,700	37,939
Information materials Prospects	0	32,700	106,956
Others	32,034	20,000	34,709
	<u>90,619</u>	<u>106,900</u>	<u>206,917</u>
Indirectly attributable costs	109,690	257,650	274,892
<i>Subtotal</i>	<u>200,309</u>	<u>364,550</u>	<u>481,809</u>
Total spent on objectives	<u>1,195,439</u>	<u>1,629,250</u>	<u>1,816,103</u>

The total actual expenses spent on objectives over 2021 were less than we budgeted for mainly as a consequence of COVID-19. We travelled less (Other project costs) and, for the more structural assistance costs of ECF's eye care projects, this was an underspending of 21%. The impact of COVID-19 was different for each country where ECF, in cooperation with its partners, carried out its activities. Governments in individual programme countries took their own measures to fight this virus. In consultation with our partners and local authorities, a large number of projects were therefore postponed or were executed in a well-prepared catch-up version in-between the lockdowns. However, most schools in Asia remained closed. The deployment of ophthalmologists as general medical staff also contributed to the fact that we screened fewer adults. In the countries where we were able to do so, we made an extra effort.

As for the costs of awareness raising, the actual spending in 2021 was lower than budgeted (45%). More emphasis has been placed on communication and education through online/social media and online marketing including campaigns through Facebook and other online campaigns. Education/awareness activities about ECF's work aimed at donors as part of the awareness programme have been modified by COVID-19.

In addition, partly due to a different allocation of the indirectly attributable costs, these costs were lower than budgeted; for a more extensive explanation, see page 58, paragraph Indirectly attributable costs.

Spending percentage spent on objectives

The ratio of the total expenses on objectives as a percentage of the **total income** is presented in the following table.

	2021 actuals	2021 budget	2020 actuals
Total spent on objectives	1,195,439	1,629,250	1,816,103
Total income raised	2,835,058	2,345,300	2,942,856
Spending percentage	42.2%	69.5%	61.7%

The decrease of expenses on objectives of the total income in percentages when compared to last year has two causes: due to the impact of the pandemic, less has been spent on our objectives. While at the same time the income has increased. For an explanation of the income raised, see note F and note G for information on the spending on objectives.

Spending percentage spent on objectives

The ratio of the total expenses on objectives as a percentage of the **total expenses** is presented in the following table.

	2021 actuals	2021 budget	2020 actuals
Total spent on objectives	1,195,439	1,629,250	1,816,103
Total expenses	1,948,394	2,345,050	2,500,870
Spending percentage	61.4%	69.5%	72.6%

The lower percentage of expenses on objectives of the total expenses when compared to last year is, as mentioned above, due to the impact of the pandemic and less was spent on our objectives. For an explanation for spending on objectives, see note G.

	2021 actuals	2021 budget	2020 actuals
H. Fundraising costs			
Mail packs	126,083	195,400	162,730
Fundraising online/through social media	19,041	15,000	8,195
Events	3,686	21,500	4,080
Costs for legacies	7,148	1,000	7,689
Communications and PR	324	25,000	9,180
Others	57,547	53,500	42,629
	<u>213,830</u>	<u>311,400</u>	<u>234,503</u>
Indirectly attributable costs	319,098	257,650	274,892
Total of fundraising costs	<u>532,928</u>	<u>569,050</u>	<u>509,395</u>

The costs of generating funds were related to the various funding activities. The most important were the costs in relation to private fundraising and the costs for fundraising grants at institutional funds. In 2021, the focus shifted to information/awareness-raising activities. Several initially proposed campaigns have been dropped.

Spending percentage fundraising

The ratio of the total fundraising as a percentage of the **total income** is presented in the following table.

	2021 actuals	2021 budget	2020 actuals
Total of fundraising	532,928	569,050	509,395
Total income raised	2,835,058	2,345,300	2,942,856
Spending percentage	18.8%	24.3%	17.3%

The lower percentage of fundraising costs of the total income when compared to the budget mainly results from the increase in the total income raised. An explanation of the income raised is included in note F.

	2021 actuals	2021 budget	2020 actuals
I. Costs for management & administration			
Board expenses	2,489	250	1,374
Strategy and policy development	14,636	10,000	33,581
Audit fees	24,913	25,000	24,903
Costs for administration	7,057	7,000	5,557
Others	1,411	1,500	0
	<u>50,506</u>	<u>43,750</u>	<u>65,415</u>
Indirectly attributable costs	169,521	103,000	109,957
Total costs for management & administration	<u>220,027</u>	<u>146,750</u>	<u>175,372</u>

In 2021, further steps have been taken in the professional development of ECF as a team. The Board, medical advisors, other advisors and various stakeholders participated in several sessions over the year.

In addition, partly due to a different allocation of the indirectly attributable costs, these costs were higher than budgeted; see page 58 for the cost's allocation.

Spending percentage for management & administration

The ratio of the total costs for management & administration as a percentage of the **total expenses** is presented in the following table.

	2021 actuals	2021 budget	2020 actuals
Costs for management & administration	220,027	146,750	175,372
Total sum of expenses	1,948,394	2,345,050	2,500,870
Spending percentage	11.3%	6.3%	7.0%

ECF strives to be cost-conscious and aims to achieve a specific percentage for administration costs. Due to a different allocation of the indirectly attributable costs, the percentage in the current year is higher when compared to last year.

TOTAL EXPENSES

(All amounts are in euros)

Expenses	Objectives		Fundraising	Management & Administration	Total 2021	2021 budget	Total for 2020
	Projects	Awareness raising					
Projects and programmes							
Awareness raising	596,257	90,619			596,257	852,500	894,466
Fundraising			213,830		213,830	311,400	234,503
Costs for outsourcing				50,506	50,506	43,750	65,415
Staff costs	288,592	79,363			721,479	782,500	831,584
Accommodation costs	19,635	5,400		122,651	49,087	44,500	40,432
Office and General expenses	46,158	12,693		8,345	115,395	153,500	179,874
Depreciation	44,488	12,234		19,617	111,220	50,000	47,677
Total for 2021/2020	995,130	200,309	532,928	220,027	1,948,393	2,345,050	2,500,870
% of total expenses	51%	10%	27%	11%	100%		

Indirectly attributable costs

(All amounts are in euros)

Costs allocation

All direct and indirect costs are allocated to 1) the objectives of ECF (Projects, structural assistance and awareness-raising); 2) the costs of generating funds; 3) management & administration costs.

All indirectly attributable costs, such as personnel expenses, accommodation, office and general expenses and depreciation are allocated based on an estimate of the time and corresponding personnel costs for each employee arising as a result of the various activities. The allocation of costs is attributed in percentages as follows:

	2021 actuals	2021 budget	2020 actuals
Costs allocation			
Projects, structural assistance	40%	40%	40%
Awareness raising	11%	25%	25%
Fundraising costs	32%	25%	25%
Management and administration costs	17%	10%	10%
Costs for personnel			
Salaries in the Netherlands	568,466	530,500	618,366
Social insurance premiums, insurance	82,900	90,500	92,250
Costs of pension facilities	75,153	63,500	76,418
Costs of volunteers	1,374	3,000	2,410
Benefits with regards to sickness	-77,013	0	0
Other personnel costs	70,598	95,000	42,140
	<u>721,479</u>	<u>782,500</u>	<u>831,584</u>
Accommodation costs			
Rent	37,657	30,000	28,288
Other accommodation costs	11,430	14,500	12,144
	<u>49,087</u>	<u>44,500</u>	<u>40,432</u>
Office and general expenses			
Office and general expenses	115,395	153,500	179,874
	<u>115,395</u>	<u>153,500</u>	<u>179,874</u>
Depreciation costs			
Depreciation costs	30,233	50,000	47,677
Costs of assets disposed/divestments	80,987	0	0
	<u>111,220</u>	<u>50,000</u>	<u>47,677</u>
Total of Indirectly attributable costs	<u>997,181</u>	<u>1,030,500</u>	<u>1,099,568</u>

On balance the total of the indirectly attributable costs amounted to € 997,181 in 2021, which is 3% lower than budgeted (€ 1,030,500). Mainly due to the amount received with regards to sickness (amounted to € 77,013). Some parts of the indirectly attributable costs exceeded the budget, other parts showed an underspending. Compared to last year the lower utilization of the staff costs was among others due to the resignation of the head of projects.

ECF's database included not only financial accounting, but also project administration and gift administration with data of donors, creditors and other relations. Other overspendings of the office and general expenses consisted mainly of the costs for database, ICT, and subscriptions. In addition, due to the forced reallocation of the office in The Netherlands, we had to write off office renovations at an accelerated pace.

	2021 actuals	2021 budget	2020 actuals
Average number of persons employed			
Cambodia office team	3	3	3
The Netherlands office team	11	11	11
Laos office team	1	1	1
Nepal office team	3	3	3
Vietnam office team	3	3	3
As the average number of FTEs			
Cambodia Office Team	3.0	3.0	3.0
The Netherlands Office Team	9.0	9.2	8.7
Laos Office Team	1.0	1.0	1.0
Nepal Office Team	3.0	3.0	3.0
Vietnam Office Team	3.0	3.0	3.0

Management model and remuneration

ECF has a Board for monitoring, supervising, and giving advice on ECF's overall operations, and a Chief Executive Officer (CEO) for the implementation of ECF's strategy and the day-to-day management. The members of the Board receive no remuneration for their activities. Travel costs for trips relating to the organisation's objectives are reimbursed upon approval and in line with the guidelines, which also apply to employees. No loans, advances, or guarantees were provided to individual Board members in 2021. The salaries of the staff were based on a formalized salary structure (BBRA-scale).²¹ The functions were grouped into categories based on the job characteristics.

Board Members

Name	Position
Mr A.M. (Thijs) van Praag	Chairman of the Board
Ms L.A. (Linda) Hummel	Vice-chairman of the Board
Ms J.B.B. (Sascha) Bogerd	Treasurer of the Board
Ms I.B. (Indira) Rombley	Member of the Board
Mr R. (Ruud) van der Pol	Member of the Board

Remuneration of the Chief Executive Officer (CEO)

The Board has established the remuneration policy and fee for the CEO in accordance with the Goede Doelen Nederland (Dutch Charities Association) regulation regarding the remuneration of Executive Directors (see www.goededoelennederland.nl) and the policy is periodically updated.

The regulation determined a maximum annual income based on a number of criteria. The Board applied the criteria to ECF, which resulted in BSD²² score of 370 points. The related maximum annual income for 2021 is an average of € 99,828.

The actual annual earnings relevant to the assessment, at the applicable ceilings of CEO, Mr. Björn Stenvers, of € 90,781. This was well within both remuneration guidelines of Goede Doelen Nederland. The CEO did not receive any bonuses, loans, advance payments or guarantees. The employer's contribution to the pension scheme of the CEO amounted to € 12,391 (2020: € 10,911). Allowances for expenses were only granted based on actual costs incurred and contained no remuneration elements. ECF did not provide lease cars. The CEO did not receive an untaxable commuting allowance in 2021 or 2020.

²¹ [From the Dutch: Bezoldigingsbesluit Burgerlijke Rijksambtenaren (Dutch Civil Servants' Pay Decree 1984 (BBRA))]

²² Management Job Basic Score (MJBS) in accordance with the Director Fee Scheme of charity organisations

	2021	2020
Remuneration in accordance with the Dutch association of charities (Goede Doelen Nederland)		
Name : Björn Stenvers		
Position : Chief Executive Officer		
Contract type	Permanent	Permanent
Full-time hours	36	36
Contract hours	36	32
Part-time percentage	100%	88.9%
Period	01/01 - 31/12	01/01 - 31/12
Remuneration (EUR)		
Yearly income		
Gross salary	78,100	66,520
Holiday allowance	6,224	5,250
13th month	6,457	5,505
<i>Remuneration</i>	<u>90,781</u>	<u>77,274</u>
Pension scheme paid by employer	12,391	10,911
Total of remuneration	<u>103,173</u>	<u>88,185</u>

Remuneration of ECF's goodwill ambassadors

Toine van Peperstraten, ECF's goodwill ambassador, carried out his activities without receiving any remuneration.

Appropriation of result

The result for the 2021 financial year was € 880,854 (positive). The CEO proposed, with approval of the Board, to appropriate the result for the year in accordance with the overview period in the Statement of Income and Expenses on page 43 and the explanation in note D.

After balance sheet date information

There have been no material post-balance sheet events, which would require adjustment to the financial statement of ECF for 2021.

Chief Executive Officer

Björn Stenvers

Board

Thijs van Praag (Chairman)
Linda Hummel (Vice-Chairman)
Sascha Bogerd (Treasurer)
Indira Rombley (Member)
Ruud van der Pol (Member)

Other information

Appropriation of result

The Board of ECF approved the annual accounts drawn up by the Chief Executive Officer. The annual accounts included a proposal for the appropriation of the result for 2021. The appropriation of results took the imposed restrictions on spending by third parties into account.

Teams

Board

- Ms Sascha BOGERD, Treasurer
- Ms Linda HUMMEL, Vice-chairman
- Mr Ruud VAN DER POL, Board member
- Mr Thijs VAN PRAAG, Chairman
- Ms Indira ROMBLEY, Board member

Cambodia office team

- Ms Marguerite GOULDING, Programme Development Mentor
- Mr Piseth HORM, Senior Programme Coordinator
- Ms Soumuny OUK, Administration and Finance
- Mr Sambath POL, Country Representative Cambodia; Programme Manager Laos

Laos office team

- Ms Lattana SENGDALA, Project Officer

Nepal office team

- Ms Sujata GAUTAM, Administration and Finance
- Mr Anil GORKHALY, Country Representative
- Mr Mani RAM PRADHAN, Logistics Staff

The Netherlands office team

- Mr Jop BRUIN, Project Information Manager
- Ms Margreet GEELS, Relations and Events Manager
- Mr Leander HANSEN, Private Donors Fundraising Manager
- Ms Elise KENTER, Programme Manager
- Ms Audrey MOESTADJA, Head of Finance
- Ms Laurine NUIJ, Support Office
- Mr Björn STENVERS, Chief Executive Officer
- Ms Maaïke VAN VEEN, Head of Fundraising and Communication
- Ms Karin VLUG, Relation of Legacies Manager
- Ms Tessa WORTMAN, Institutional Fundraising Manager
- Ms Conny VAN ZIJP, Assistant Controller

Tanzania office team

- Mr Daniel Wilbard MASHELE, Project Coordinator

Vietnam office team

- Ms Lan LUONG THI QUYNH, Country Representative
- Ms Xuan NGUYEN THI TRUONG, Project Officer
- Ms Van Anh NGUYEN, Volunteer
- Ms Chau LE PHAN MINH, Administration and Finance
- Ms Thu LE, Intern

Medical advisors

- Ms Margo DELLAERT, Ophthalmologist
- Ms Hedwig KEMME, Ophthalmologist
- Mr Peter Jaap DE LINT, Ophthalmologist
- Mr The Anh MAI, Ophthalmologist
- Mr Gerard SMITH, Ophthalmologist
- Ms Alberta THIADENS, Ophthalmologist
- Mr Cees VAN DER WINDT, Ophthalmologist

INDEPENDENT AUDITOR'S REPORT

To: the Board of Stichting Eye Care Foundation in Amsterdam, the Netherlands.

A. Report on the audit of the financial statements 2021 included in the annual report

Our opinion

We have audited the financial statements 2021 of Stichting Eye Care Foundation based in Amsterdam, the Netherlands.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Eye Care Foundation as at 31 December 2021 and of its result for 2021 in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

The financial statements comprise:

1. the balance sheet as at 31 December 2021;
2. the statement of income and expenditures for 2021; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Stichting Eye Care Foundation in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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B. Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of the Board's report;

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements. Management is responsible for the preparation of the other information, including the Board's report, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

C. Description of responsibilities regarding the financial statements

Responsibilities of the Board for the financial statements

The Board is responsible for the preparation and fair presentation of the financial statements, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board. Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so.

The board should disclose events and circumstances that may cast significant doubt on the foundation's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements.

Our audit included e.g.:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the foundation's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a foundation to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Amsterdam, 5 July 2022

Dubois & Co. Registeraccountants

A.P. Buteijn RA

K. Ait Boukdir RA