

Annual report 2018



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Chapter 1 Introduction

This chapter provides an overview of the structure of this annual report. Furthermore, it elaborates on the background as to why this report has been written.

1.1 Structure of the report

This report subsequently discusses the following topics: the next chapter contains the mission and vision of Eye for Zambia combined with background on the team as well as the governance structure. This is followed by a specific report on the activities of 2018 in the third and fourth chapter. In the fifth chapter, the Profit and Loss Statement will be discussed which is followed by the Balance Sheet in the sixth chapter. This annual report does also provide an overview of the activity expectations of 2019 in the seventh chapter. The final part of this report concerns the conclusion and the approval of the Board. All amounts as shown in this report are Euros unless stated otherwise.

1.2 Background of the report

The aim of this report is to give account regarding primarily the financial statements to its stakeholders. Eye for Zambia is a foundation which started mid-2016.

Please note that the foundation is ANBI-certified by the Dutch Tax Administration. Since 2008 the Dutch Tax Administration can designate an institution to be a "Public Benefit Organisation" (Dutch: Algemeen Nut Beogende Instelling, ANBI).



At least 90% of the efforts of an ANBI has to be focused on the general good. If in a calendar year the sum of someone's gifts to ANBIs exceeds 1% of the Dutch threshold income, the excess, with a maximum of 10% of that income, is deductible income. In order to maintain this ANBI-status, it is of crucial importance to provide the necessary information throughout this annual report.



Figure 1 Macha Mission Hospital main entrance

Chapter 2 Mission and Vision

This chapter discusses the mission and vision of Eye for Zambia. Furthermore, it contains information regarding the team involved. The chapter concludes with an in-depth discussion regarding the governance structure.

2.1 Mission and Vision

Eye for Zambia's vision is: *Good eye sight for everyone*

This has led to the following mission statement:

"Towards good vision for everyone and improved quality of life for people living with avoidable and treatable blindness in the Macha region"

Eye for Zambia contributes to the start-up and establishment of an eye clinic in Zambia. Improving sight for residents of Zambia has an important side effect: when older people lose their sight, children are needed to take care of them. When the eyesight of an older person is improved, the daily care by children is no longer necessary. As a result, the child can go (back) to school and as such have a positive contribution to the economy of Zambia.



In Zambia, a country with over 17 million residents, a significant number of people is blind or visually impaired. Of this group, approximately 80% is unnecessary blind or visually impaired. Eye disorders such as cataract are relatively easy to treat.

Improving peoples' eyesight has a major effect on the quality of life of an individual. It has a personal effect on the individual, his or her environment and also contributes positively to the national economy. Academic research has shown that every \$ 1 invested in the above gives a return of \$ 4 economically.

Within Zambia there is a lack of knowledge on this subject. E.g. of the people with cataract, 43% is unaware of possible treatment. Furthermore, the number of ophthalmologists within Zambia is limited. On every million residents, there is about 1 ophthalmologist. This can be compared to 44 ophthalmologists per million residents within the Netherlands, or even 81 per

million residents in the United States. Within Zambia, reaching good eye care is often impossible due to high transport costs and long travelling distances.

Concluding, quality eye care is highly needed in Zambia and can significantly contribute to the vision of Eye for Zambia: good eyesight for everyone. For the specific activities of the eye clinic see the additional information on the website: www.eyeforzambia.org.

2.2 Team

The 2018 team in Zambia consists of the following people:

- Dumazile Maseko, ophthalmic nurse (from start - July 2018)
- Muleya Michelo, Registered nurse (from start - December 2018)
- Patience Munguya, Zambian enrolled nurse (from start – now)
- Abraham Mudenda, Zambian enrolled nurse (from July 2018 - now)
- Luyando Munachilala, eye clinic assistant (from July 2017 – July 2018)
- Belindah Chikobolo, eye clinic assistant (from July 2018 – now)
- Amos Phiri, spectacle technician (from November 2017 - now)
- Samuël Verkerk, ophthalmologist (from start – now)
- Tamara Verkerk-Brussee, optometrist (from start – now)

There are two people in training to work in the eye clinic in the future:

Elton Munguya, ophthalmic clinic officer / cataract surgeon in training, KCMC, Moshi, Tanzania

Luyando Munachilala, general nurse in training, to become ophthalmic nurse in the future, Macha / Lusaka, Zambia

The Board of Eye for Zambia is formed by the following persons (as per December 2018):

- Chairman: B.P. (Bart) Waalewijn
- Secretary: L.M. (Laura) Verkerk
- Treasurer: R.T. (Rinze) Beursken
- Member: A. (Adriaan) Verkerk

In April 2018 A. Verkerk stepped back as chairman to become a member and B.P. Waalewijn took over this position. During the year various candidates were asked to participate as board member, this has resulted in a new boardmember for 2019: Bram van Kooij.

2.3 Governance structure

The ophthalmologist and optometrist both perform medical care and have an advisory role towards the Board. The meetings of the Board have a periodicity of at least once every three months. The Board amongst others focuses on sustainability of the donations as well as the production of the annual report. The contact between the Board and the ophthalmologist and optometrist is on a regular basis.

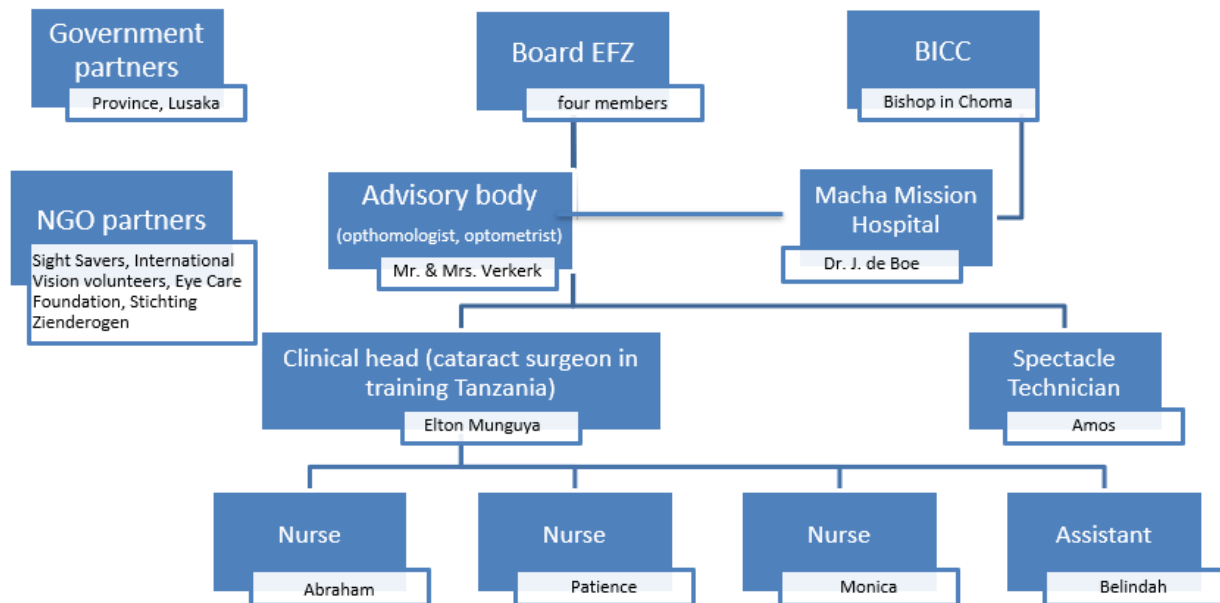


Figure 2: Organogram December 2018. NGO partners vary from international NGOs to Zambian based NGOs



Figure 3 Spectacle Technician Amos

Chapter 3 Clinical activities 2018

3.1 Introduction

In January 2017, Eye for Zambia became active in Macha Mission Hospital, Choma district, Southern Province, Zambia and surroundings by sending an ophthalmologist and optometrist to help set up an eye clinic which provides comprehensive eye care for the region and to be involved in eye care in the Southern Province of Zambia. In 2017, after obtaining the required documents, a cataract surgical service was put in place, the number of rooms was increased and plans were made to set up an optical shop.

In 2018 the clinical efforts continued. Logistics were improved and cataract services extended. The clinic also started dispensing prescribed glasses. The number of patients increased.

Because of lack of space, plans were further developed in 2017 to build a new eye clinic. The actual construction started in June 2018 (Chapter 4). A Log Frame (Annex I) shows the results for 2018, and compares these with the original 2018 plans.

3.2 Out patients and outreaches

An increase in patient numbers was seen in 2018, however the visiting pattern changed compared to both 2016 and 2017. Outreaches in 2018 were performed with more focus on finding cataract patients, and cataract patients were operated in collaboration with Sightsavers International.

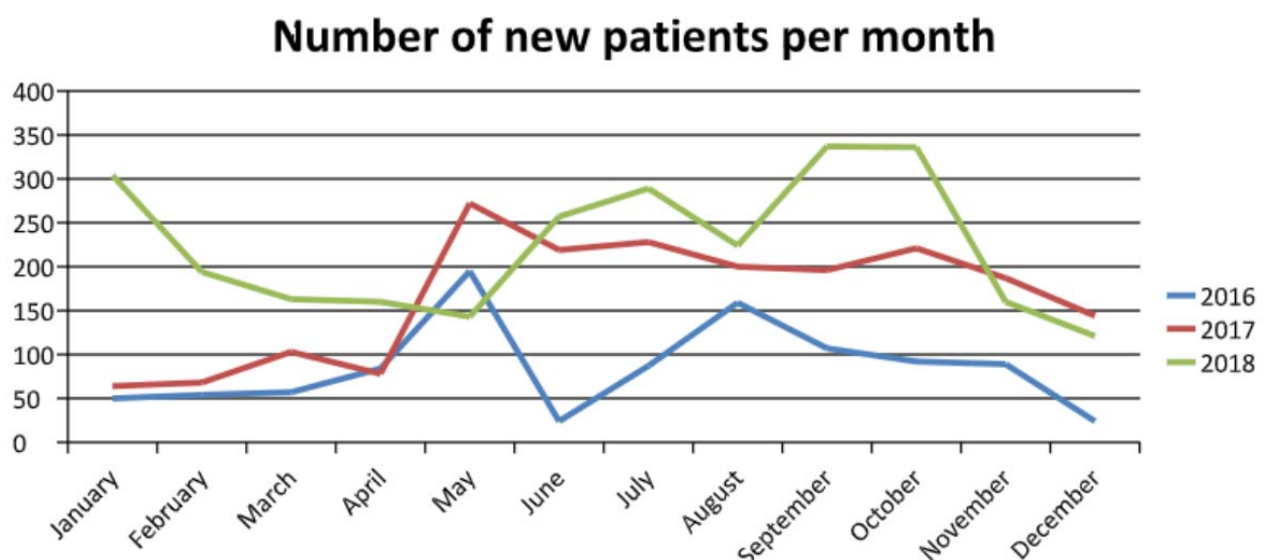


Figure 4 Monthly number of new patients in 2016, 2017 and 2018.

Due to the rainy season in 2018 was different than usual and due to the annual leave of the ophthalmologist in March-May and a month paternity/maternity leave in October/November, the number of patients per month in 2018 are different than the numbers in 2016 and 2017.

	2016	2017	2018
Q1 New	161	235	661
Q2 New	303	569	560
Q3 New	353	624	850
Q4 New	205	552	617
Total New	1022	1980	2688
Total Including Reviews	n/a	n/a	4248

Table 1 Overview of the number of patients per quarter and totals (2016-2018)

The average number of new patients per month was 85 (2016), 165 (2017) and 230 (2018). In addition to that, an average number of 130 reviews per month were attended to in 2018.

3.3 Diagnoses

The most common diagnosis at Macha Eye Clinic was cataract, followed by allergic conjunctivitis. Compared to 2017, allergic conjunctivitis and bacterial conjunctivitis decreased in percentage. The percentage of cataract in 2018 compared to 2017 was almost the same.

Rank	Diagnosis	Number	Percentage
1	cataract	380	13%
2	allergy	318	11%
3	dry eyes / irritation	271	9%
4	bacterial conjunctivitis	244	8%
5	presbyopia	200	7%
6	refractive error	155	5%
7	foreign body	146	5%
8	normal eyes	146	5%
9	Trauma	137	5%
10	Vernal Keratoconjunctivitis (VKC)	123	4%
11	Other	824	28%
	Total	2944	100%

Table 2 Diagnoses seen at Macha Eye Clinic (2018)

3.4 Age and sex

The largest group of patients was children, especially under the age of 10. Of all new patients in 2018, 30% was under the age of 18. The older age categories were quite equally represented in numbers, but after correction for the age distribution in the region, the older age groups were relatively overrepresented compared to the younger age groups.. 57% of the new patients was female, 43% was male.

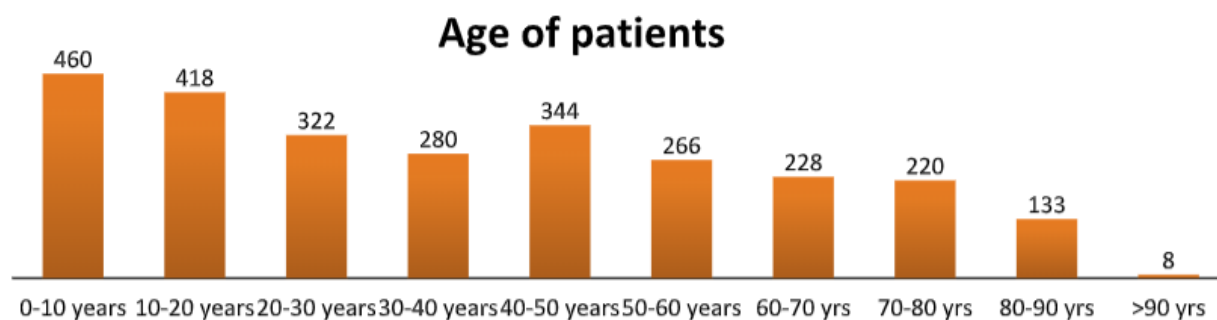


Figure 5 Age distribution of new patients at eye clinic in 2018 (years)

3.5 Home village

All new patients had their home villages and districts registered.

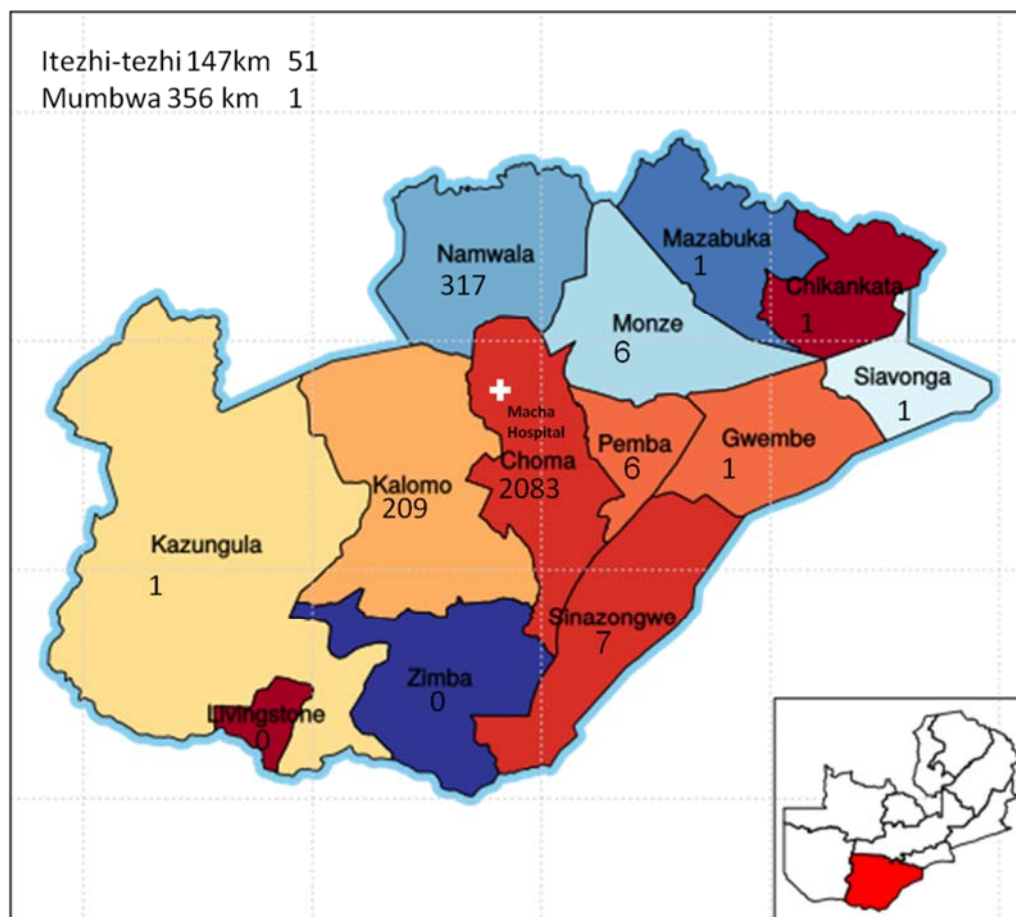


Figure 6 Distribution of origin of patients in 2018 (district level)

3.6 Outreaches and school children

In 2017 a declining number of patients during outreaches was noted. Therefore the Eye for Zambia decided to better select the locations for outreaches in 2018. The timeframe for outreaches was April – November because of the rainy season. In June there was an outreach to Mbabala with close to 100 patients, in July the eye clinic went to Namwala hospital, also attracting about 100 patients, and in September the team went to Mapanza where they attended to about 100 patients. Total distance covered in those outreaches was 402 km. In collaboration with Sightsavers International the further screening of patients in the Namwala region and the transport of the screened patients together with the patients from Mbabala and Mapanza was arranged. This resulted in two 1-week cataract camps in July and September.

Pilot programmes for school screening were performed, both at a primary school and at a secondary school. At both schools 150 children were screened, a total of 300 children in 2018.

3.7 Operations

In 2018 an increase of the number of cataract surgeries was reported. However, there were still a lot of drop-outs in cataract surgery. Patients were scheduled for surgery, but did not come to the hospital. The reasons for drop-outs could be finances (the operations are free, however travel costs are high in Zambia), anxiousness and lack of support by their social environment.

Procedure	Total	Q1 No.	Q2 No.	Q3 No.	Q4 No.
SICS	129	25	15	70	19
Evisceration	12	6	2	2	2
TE	4	3	1	0	0
Chalazion	3	3	0	0	0
Repair	5	3	0	0	2
Eyelid growth	4	1	0	0	3
SCC	8	3	2	1	2
Excision	19	4	4	10	1
Others	7	1	0	2	4
Exenteration	1	0	1	0	0
Phaco	6	0	0	5	1
Total number	198	49	25	90	34

Table 3 Numbers of patients per treatment (Quater 1 - 4 in 2018)

The total number of SICS (small incision cataract surgery) operations was 129, and the number of phaco emulsifications 6 (different technique for cataract surgery). Excisions of conjunctival growths and eviscerations (removal of the eye) were common operations. SCC (squamous cell carcinoma) operations were done 8 times. Glaucoma surgery (TE, trabeculectomy) was started up this year. Total admission days (defined as spending a night in the hospital) were 448, and total day procedures (treated and discharged on the same day) were 34.

Due to logistical reasons all surgeries took place at Macha Mission Hospital. The Eye for Zambia team did not perform procedures at other clinics.

3.8 Training and capacity building

Training of staff has previously been identified as a core value of Eye for Zambia. Effort has been made to recruit and select the most suitable people to work with the Eye for Zambia team. Elton Munguya was sent to Tanzania in 2017 to be trained as a cataract surgeon. His two year training is sponsored with help from Eye for Zambia (expected finishing date mid 2019).

Additional hands-on training and theoretical training is provided on-site by the ophthalmologist and the optometrist. The nurses, the eye clinic assistant and the spectacle technician have also received on-site training specific for their work field.

In January 2018 Marloes Bak, optometrist, visited the eye clinic for 6 weeks, helping with school screenings. In June and July Bram van Kooij, ophthalmologist, visited for 6 weeks, helping out

in the clinic and identifying needs. He also helped in an outreach and with the cataracts that were identified in that outreach. In the beginning of 2019, he has joined the board of Eye for Zambia. In July also Ilon de Boer, a Dutch intern, came to shadow at the eye clinic. In September, there was a visit of Gabriëlle Jansen, optometrist, and Eelco Busch, ophthalmologist, mainly to sort out the optical shop and to install the new phaco-emulsification machine. They also had an advisory role concerning the logistics of the eye clinic as a whole and the needs of the clinic concerning machines and equipment.

During the year medical students and nursing students from several countries visited the eye clinic for observation of out patient care and operations.



Figure 7 Nurse Abraham assisting with procedure

Chapter 4 Construction activities 2018

4.1 Narrative progress report

Based on the *Construction Eye Clinic project* (version 1.0, January 2018) numerous activities unfolded during 2018. Important achievements and milestones were (1) the selection of a Lusaka based contractor with extensive building experience in the region, (2) negotiations and formal contract signing with contractor, (3) actual start of construction of out patient department, (4) start of construction of operation theatre.

After opening up for a bid, various contractor candidates responded to the building project in Macha. Based on quality, costs, reliability, openness in communication and transparency in costs the board accepted the first-choice contractor of the advisory board / local representatives. Since the signing of the contract (11-06-2018) mutual understanding and open communication has taken place. The constructor partially employs local workers, thereby also increasing ownership in the region and stimulating local laborers.

As the out-patient department was most urgently needed, the construction started with this department. More details on the progress and how planned objectives were met can be presented upon request from the board. Unfortunately delay took place before the contracting phase by a few months, however clear reasons could be pointed out for this. Contact and communication with the various potential contractors took longer than expected as various did not respond after their initial reply.

Simultaneously with the building progress of the outpatient department full funding was secured to complete this phase including the operation theatre. By December 2018 the out-patient department was completed for 75% and the raw construction of the operation theatre was in place (~25% completed).

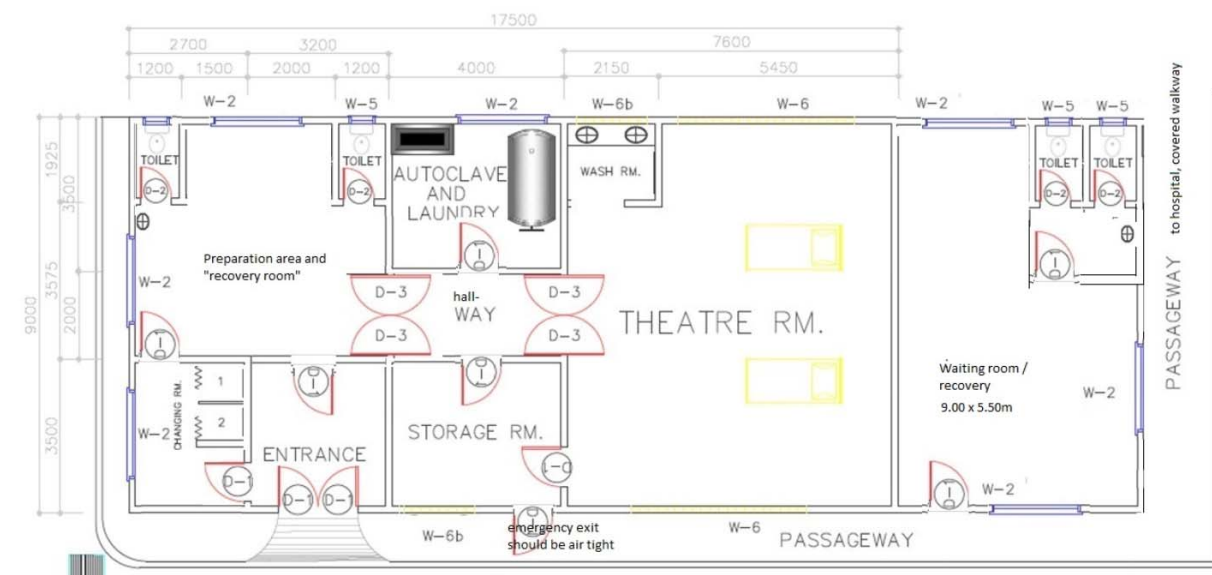


Figure 8 Design of operating theatre



Figure 9 In front outpatient department



Figure 10 Various rooms in outpatient department



Figure 11 Construction of operation theatre



Figure 12 Out-patient department

Chapter 5 Profit and Loss Statement

Whereas the previous chapter has discussed the income and expenses, this chapter contains the Profit and Loss Statement, i.e. revenues and costs. Both differ from each other on the element of the purchase of the car in 2017 (fixed asset on balance sheet and hence depreciation costs in the profit and loss statement).

PROFIT AND LOSS STATEMENT			
	2016	2017	2018
<i>Revenues from fundraising private individuals</i>	18.282	18.779	32.015
<i>Revenues from foundations and enterprises</i>	26.200	95.901	216.385
Total revenues	44.482	114.680	248.400
<i>Reimbursement of expenses ophthalmologist and optometrist</i>		30.000	22.094
<i>Container</i>	5.099	21.532	9.638
<i>Insurance costs</i>		10.846	8.498
<i>Costs for medicines and equipment</i>	388	9.073	3.524
<i>Training costs</i>		7.007	-
<i>Travel costs</i>		5.272	5.022
<i>Renovation costs</i>		4.239	1.474
<i>Registration costs and permits</i>		2.275	97
<i>Staff costs</i>		2.134	5.724
<i>Office costs</i>	357	1.065	563
<i>Maintenance costs car</i>		905	2.564
<i>Costs for website</i>		390	-
<i>Costs Elton Munguya</i>			6.817
<i>Other costs</i>		410	2.113
<i>Building costs new Eye Clini</i>			107.158
Total costs	5.844	95.147	175.288
EBITDA	38.638	19.533	73.112
<i>Depreciation car</i>	-	4.793	4.793
Result	38.638	14.740	68.319

Regarding the revenues, a distinction has been made between private individuals and foundations and enterprises. A specification of the donations of the foundations can be found in the previous chapter. It is noteworthy that in addition to the received donations, donors have given assistance in kind, e.g. the supply of several materials. Eye for Zambia is very thankful for all the received donations as well as the assistance in kind. Concerning the costs, the total costs of EUR 175k minus the building expenses of EUR 107k are broadly in line with the plan for 2018 as communicated in the annual report of 2017. If necessary, further specification can be provided on request.

*Thank
you* 

Chapter 6 Balance Sheet

Below the Balance Sheet per 31 December is shown. The realized result as shown in the Profit and Loss Statement in the previous chapter, is logically part of the equity. Please note that the in 2017 a contribution for a car was received from Wilde Ganzen / Fight for Sight.

BALANCE SHEET					
	Dec-18	Dec-17		Dec-18	Dec-17
Fixed assets (car)	24.380	29.173	Equity start of the year	72.893	38.638
			Profit/loss current year	68.319	14.740
			Contribution car Wilde Ganzen / Fight for Sight	-	19.516
Stocks	-	-	Equity end of the year	141.212	72.893
Receivables	-	-			
Cash and bank equivalents	116.832	43.720	Other liabilities	-	-
Current assets	116.832	43.720			
Total assets	141.212	72.893	Total liabilities	141.212	72.893



Figure 13 Testing for refractive error

Chapter 7 Plan 2019

In 2018 Eye for Zambia is aiming to consolidate and strengthen its core activity, to provide comprehensive eye care to the people living in Macha region and outside. The local team has changed in 2018, therefore training and collaboration will need attention in 2019.

In order to meet the high need for eye care, additional professional training of local staff might start in 2019 (upgrade to RN) and dialogue with the provincial health director Dr. Monze (ophthalmologist) will continue. An ophthalmic nurse is presently absent although the need for one is clearly available. A training scheme will be made in such a way that ongoing clinical activities are not at risk. Collaboration and handing over of tasks to the cataract surgeon are expected by late 2019.

In 2019 there will be plans for outreaches again, and in the beginning of the year a screening programme together with an education programme on a local secondary school will be set up. An increase of the number of outpatients is expected again because the eye clinic will start to use the new building which is expected to attract more patients.

More emphasis will be put into reducing drop-outs, mainly by educating patients in the eye clinic and during outreaches. Working together with ambassadors (previously operated patients) to reduce anxiousness will also be more actively adopted.

In deviation to the original (Jan. 2018) construction plan, the eye clinic is expected to complete in 2019 without separate inpatient ophthalmic wards. The relatively empty general hospital wards (the mean bed coverage rate is about 30%), together with the added building costs and HR / nursing costs make this construction irrelevant. Time, energy and funding is expected to be spend more effectively in the smooth running of the entire eye clinic. By making use of the general hospital wards, strong attachment and ownership by the hospital is strived for.

Finally, Eye for Zambia expects to support the local organisation by seeking a financial officer who can help in setting up structures and processes for the smooth running of the optic shop and eye clinic. Income generating activities are expected once the new clinic is finished.

(Appendix II, Detailed plans for 2019)



Chapter 8 Approval of the Board

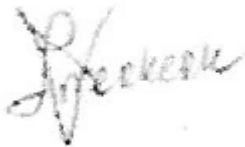
Please note that this Annual report can be qualified as final after his has been signed by every member of the Board of the Eye for Zambia foundation.

Approval annual report 2018 members of the Board foundation Eye for Zambia

Chairman: B.P. (Bart) Waalewijn



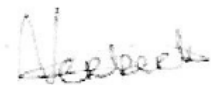
Secretary: L.M. (Laura) Verkerk



Treasurer: R.T. (Rinze) Beursken



Member: A. (Adriaan) Verkerk



Annex 1 Log frame 2018

2018	Output 1.1	Output 1.2	Output 1.3	Output 1.4	Output 1.5
	Eye unit and optical shop are established	Eye unit and optical shop are financially sustainable.	Capacity of eye unit staff in Macha eye unit is strengthened	Eye services are available for people of the Macha region (3)	People in the Macha district are aware of the services rendered by the Macha eye unit (4)
Q1 and Q2	Purchase additional instruments, medicines and supplies to treat glaucoma and refractive ametropia	Hospital counselor classifies into predefined payment groups(1)	Attract personnel to deal with glaucoma and refractive ametropia	200 eyes operated on for cataracts (or "cataract surgeries") (Actual number 40)	Eye screening pupils of 6 schools (750 screenings) (screened 1 school)
	Make a proposal for additional rooms in the eye unit and appoint a project manager		Unfold education program (2)	5 trachoma cases operated - 2017: 5 (Actual number 0)	Set up prevention protocol (when to see an eye doctor, eye hygiene etc.)
	Consider building a clinic for eye patients		Attract 2 optometry technicians and train in-service	70 additional operations (actual number 34)	
	Investigate rehabilitation needs and if necessary develop a revalidation programme.			200 glasses dispensed to people with refractive error (actual number 69)	
				10 people treated and supported with low vision (actual number 10)	
				1500 OPD patients (Actual number 1221)	
Q3 and Q4	Hygiene - optimize hygiene standards with personnel		Optimize employment policy	200 eyes operated on cataract (actual number 95)	Eye-screening pupils of 6 schools (750 screenings) (screened 1 school)
	Start building		Financially support two expats (ophthalmologists and optometrist) to cover their basic and essential needs	5 trachoma cases operated - 2017: 5 (actual number 0)	Train 10 field workers to recognize patients for the eye unit in Macha and how to use the prevention-protocol

				70 additional operations (actual number 35)	1500 patients in outreaches (Actual number 400)
	Make structural agreements with suppliers of medicine, consumables.			200 glasses dispensed to people with refractive error –(actual number 110)	
	Develop a plan to maintain the instruments.			10 people treated and supported with low vision (actual number 10)	
				1500 OPD patients (actual number 1467)	

Green = target has been met, Orange and Red = respectively target partially and not met

- (1) Hospital counsellor has not yet been assigned because the hospital has adopted a policy of patients not having to pay for services, starting 01-01-2018.
- (2) Education program is in place, due to changes in eye clinic staff, it has not completely been implemented yet. The optical technician has received a refraction course, given by Vision Aid Oversees. In 2019 implementation of a local education program will be done. Nurses will also be sent to go for a training for ophthalmic nurses.
- (3) Eye services are very available for patients in de Macha area. At the time this log frame was made it was very difficult to determine the exact numbers. We have been too ambitious. But that does not mean nothing has been done. As can be seen in the clinical report, progress has been made, and the numbers of patients are rising. However, there are quite a lot of barriers for patients to seek care.
- (4) Focus has mainly been set on the local eye clinic. Outreaches have been done, but not in the extent that was forecasted.

Annex II Logframework Projectplan and activities2019

2019	Output 1.1	Output 1.2	Output 1.3	Output 1.4	Output 1.5	Output 1.6	Output 1.7	Output 1.8
	Eye unit and optical shop are established	Macha eye unit is equipped to help 5000 patients a year.	Work by protocol and operate with quality standards.	Eye services are used by the people of Macha region	People in Macha district are aware of the services rendered by the Macha eye unit	A strong partnership with the Macha Mission Hospital is established.	Eye unit and optical shop are financially sustainable.	Set up satellite eye clinic Namwala
Q1 en Q2	Building eye clinic phase 1 is completed.	Set up organogram for staff needed to reach 5000 patients yearly.	Set up general protocol	Between 2 and 5 trachoma cases operated yearly	Preparation Grand Opening	Agree on an MoU with Macha Mission Hospital	Develop a financial plan for 2020 and 2021.	Preconditions organisation Namwala
	Building eye clinic phase 2 is completed.	Develop internal education plan	Set up hygiene protocol	75 glasses dispensed to people with refractive error	Place sign post	Participate on the managementboard of the hospital.	Make an understanding with Macha Mission Hospital about who has which responsibility in 2020 and onwards.	Procurement equipment
	Building phase 3 (recovery room etc.) is completed.	Develop a function description of the manager, will it be interim or structural? Will clinical officer be manager or someone else?		30 additional operations	Cast radio commercials	Update Bishop progress eye clinic	Set out tasks with financial (Euphemia)	

	Order inventory eye clinic and establish it.	Develop employment policy in order to have a constant flow of educated personnel		10 low vision support a year			Find out about taxes optical shop	
	Order inventory optical shop and establish it.	Develop an education plan for employees.		1500 OPD patients				
	Move into new building and have a try-out period.	Decide salary Elton, until payroll hospital		2 outreaches (100 patients each outreach)				
				100 cataract operations				
Q3 en Q4	Grand opening of the eye clinic	Set up HR policy	Set up operation protocol	2 outreaches (100 patients each outreach)	Identify obstacles for coming to the eye clinic.	Participate on the management board of the hospital.	Develop administration system together with financial officer	Fundraising equipment through Eye Care Foundation
		Clinical officer on payroll hospital		100 cataract operations	Work out ideas around prevention	Lobby for Clinical officer on the payroll of the hospital.	Set out tasks with financial (Euphemia)	Coaching clinicial officer ophthalmology

		Plan: how do we make sure qualified staff is always available?		125 glasses dispensed to people with refractive error				
				40 additional operations				
				1500 OPD patients				

Annex III Budget for 2019

	expected 2019
Income	
Income from fundraising private individuals	25.000
Anonymous foundation	40.000
Anonymous foundation 2	-
Eye Care Foundation	40.000
KSBS equipment Eye Clinic	-
Stichting Het Lot	-
Allergan international foundation	-
Elkerliek Ziekenhuis	-
Stichting Manna	1.200
Churches	2.500
AMO Netherlands B.V.	-
Oogartsenpraktijk Dhooge	-
Oculenti Contactlenspraktijken	-
Diaconie P.G. Varsseveld	-
Van Hardeveld optiek	-
Carl Zeiss B.V.	-
Shirtdeal	-
Gift Raw Concepts Haynes-van Hardeveld	-
Pakkenfabriek	-
Stichting de Lint	-
Fight for Sight / Wilde ganzen	25.000
Carpe Diem Foundation	20.000
Stichting Tonga	1.200
Dutch Reformed Church Westbroek	2.500
Profit Sales Eye Clinic (local)	2.000
Total income	159.400
Expenses	
Insurances	11.750
Bank costs	400
Building expenses Eye Clinic including bank costs	95.000
Car contribution EfZ	-
Clearing and forwarding container / equipment	3.000
Equipment	82.127
Medication / IOLs	2.000
Notary	-
Other expenses (unforeseen)	15.000
Print costs	250
Project managing	30.000
Training Elton Munguya (including bank costs)	4.000
Salary Elton Munguya	2.250
Salaries other supporting personnel	5.000
Training Eye nurses	5.000
Training optician / optometrist	
Transport expenses	5.000
Travel costs	
Website costs	300
Total expenses	261.077