Activity Report
2014/2015
OUR APPROACH
Development co-operation – a call to action

- We support local partners in the underprivileged areas of the world in their work for persons with disabilities.
- We provide help regardless of gender, race or religion, giving particular attention to disadvantaged groups such as women, children, minorities and marginalised groups.
- We take the rights and needs of persons with disabilities into consideration.
- Our programme work contributes effectively to the development and implementation of national development strategies designed to ensure the full and equal participation of persons with disabilities.
- We involve local stakeholders in our programme work.
- We ensure the efficient and cost-effective use of resources with appropriate internal structures and processes conducive to the effectiveness of our project work.
- We provide expertise and are committed to quality management.
- We facilitate the global exchange of experience on effective and efficient concepts for the programmes we promote.
FOREWORD

In 2014 we were able to reach 1.2 million people with our work

Dear Friends of LIGHT FOR THE WORLD,

We are pleased to report on the success of last year’s activities, and at the same time to remember that behind all the statistics are the personal stories of individuals who, for one reason or another, are in need of assistance. No matter whether they need eye care and the nearest clinic seems impossible to reach. Or whether they need rehabilitation and are not even aware that this possibility exists. Or whether they do not have access to school education because there are no barrier-free schools or trained teaching staff.

There is much inequality in the world when it comes to the availability of opportunities and resources: we are committed to redressing this inequality. In 2014 we were able to perform 53,145 cataract surgeries, support 59,410 children by means of rehabilitative measures, and enable 11,477 children with disabilities to attend school. This success has many ‘mothers and fathers’: about 159,000 donors, volunteers and full-time employees, foundations and companies have supported us and continue to accompany us on our journey.

We would like to thank everyone for their support!

Rupert Roniger
(Director Austria)

Ton ten Hove
(Director Netherlands)

Čestmír Hrdinka
(Director Czech Republic)

Isabelle Verhaegen
(Director Belgium)

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BANGLADESH
DUTCH MINISTER VISITS RANA PLAZA COORDINATION CELL

The Dutch Foreign Trade and Development Cooperation minister Lilianne Ploumen visited partner organisation CDD, the Centre for Disability in Development, to meet with a number of Rana Plaza victims and representatives from Rana Plaza Coordination Cell. The Executive Director of CDD, AHM Noman Khan, informed the Minister about CDD’s strategic partnership with LIGHT FOR THE WORLD and also presented CDD materials. He later presented the Minister with the learning document – ‘Inclusion Works’ based on learning from a 5 year Food Security project which had 40,000 ultra-poor women as beneficiaries.

ETHIOPIA & MOZAMBIQUE
TRACHOMA MAPPING COMPLETED

One of our priorities in 2014 was the fight against trachoma, an infectious disease that may result in blindness if untreated. In cooperation with partners and under the lead of Sightsavers we have carried out detailed surveys of this disease in Ethiopia and Mozambique. The results will form the basis for the specific measures to be taken in 2015.

UGANDA
FIRST UNIVERSITY COURSE IN OPTOMETRY

Uncorrected, defective vision may restrict a person’s sight so severely that they may be classified as functionally blind. However, they can be helped by means of proper diagnosis and a pair of spectacles. LIGHT FOR THE WORLD initiated in cooperation with the Brian Holden Vision Institute the development of a university course in optometry at Makere University, and is working to integrate it into the health care system.
BURKINA FASO
10 YEARS OF ZORGHO

We opened the eye clinic in Zorgho exactly ten years ago in an area where there had previously been no eye care services. To date over 137,825 patients have received ophthalmological treatment here: 12,490 of them were able to see again after cataract operations. Ophthalmologist Dr. Bikaba – the first graduate of a scholarship awarded by LIGHT FOR THE WORLD – started working at the clinic in 2014. The fact that his salary is now to be paid by the Ministry of Health shows that our work is showing sustainable effects.

MOZAMBIQUE
GROUND-BREAKING CEREMONY IN BEIRA

Beira has been diligently constructing the Invicta Eye Clinic since July 2014. This will be an important eye care facility for two million people as well as a training centre for specialists in order to provide comprehensive eye care for all the people of Mozambique in the long-term.

RWANDA
“RESTORING SIGHT” PROGRAMME

Rwanda suffers from a severe shortage of qualified staff to treat eye diseases. Currently ophthalmic training doesn’t exist in this country. In April 2014, LIGHT FOR THE WORLD launched “Restoring Sight”, a two-year programme focusing on prevention and treatment of eye diseases. The objectives are: to treat at least 100,000 patients with eye problems of whom 7,500 people need eye surgery. LIGHT FOR THE WORLD helps to make quality eye care available to the whole Rwandese population.

SOUTH SUDAN
HELP IN A CRISIS

Hundreds of thousands of people live in refugee camps as a result of political conflicts. The situation there is particularly precarious for persons with disabilities. We provided eye care and rehabilitation for 15,937 people in refugee camps.
Cataract
(clouding of the lens)
Cataracts are the world’s most common cause of blindness, and are responsible for the loss of vision in 20 million people. This clouding of the lens may occur due to age or to an eye injury. Cataracts can be cured by replacing the cloudy lens by an artificial one in a 15-minute operation.

Uncorrected refractive errors
About 106 million people are visually impaired due to uncorrected refractive errors. In most cases, normal vision can be restored with eyeglasses. In Uganda LIGHT FOR THE WORLD together with the Brian Holden Vision Institute has successfully initiated a National Programme giving poor people access to high quality tailor-made spectacles.

Childhood blindness
About 1.4 million children are blind, 70% in Asia 20% in Africa. 12 million children are visually impaired due to uncorrected refractive errors. We support their early detection, treatment, therapy and rehabilitation.

Glaucoma
Glaucoma is the second most common cause of blindness. Although it is not completely curable, glaucoma can be treated with medication and alleviated by a small operation.

River blindness (onchocerciasis)
River blindness is a parasitic disease. The pathogens migrate through the body to the eyes, where they cause inflammation and bleeding that ultimately leads to blindness. River blindness is on the retreat worldwide thanks to the widespread distribution of the drug Mectizan.
Avoidable blindness

About 80 percent of blindness is preventable

A small boy injures himself in the eye whilst playing and, because the inflammation is not treated, becomes blind. An elderly woman develops a cataract and her vision becomes increasingly weak until she can no longer see. A young girl is infected with trachoma by a fly and because she does not receive antibiotics, might lose her sight forever.

Cases of preventable blindness are particularly tragic because they could easily be treated: by the timely administration of medication, by small routine operations, by prevention and education. However, many people still do not have access to treatment, medication or doctors.

For many years now, LIGHT FOR THE WORLD has been working to reduce preventable blindness. Through education, distribution of medication, training of ophthalmologists, and by building hospitals and mobile services that provide health care in remote areas. By participating in the global “Vision 2020” initiative, LIGHT FOR THE WORLD has set itself an ambitious goal: the elimination of preventable blindness.

Together with the other – more than 100 – members of the International Agency for Prevention of Blindness we have joined hands with the World Health Organisation to put the Global Action Plan on Universal Eye Health into practice. Training more eye care professionals, ensuring access to affordable eye health services for poor people, and creating a good evidence base are important elements within the national health strategies of the partner countries we support.

2014 FIGURES

| 53,145 | cataract operations |
| 20,280 | eyelid operations for trachoma |
| 62,127 | people provided with spectacles |
| 20,334 | people supplied with medication for trachoma |
| 2,414,997 | people received medication for river blindness |
Trachoma is caused by the bacterium Chlamydia trachomatis and the most widespread infectious cause of blindness worldwide. It is transmitted by dirty hands, clothing and flies. Repeated infections cause the inside of the eyelid to become scarred and turn inward. This advanced stage of trachoma is referred to as trachomatous trichiasis (TT). TT is very painful, because the eyelashes turn inward, scratching the cornea each time the individual blinks and slowly destroying the cornea. Young children and women are the most severely affected group.

**FACTS**

- **232 million** people worldwide live in endemic trachoma areas
- **21.4 million** people in 51 countries are affected
- **1.8 million** people are suffering from trachoma at an advanced stage
- **500,000** people are already blind due to trachoma
Why is this disease so problematic?
Dr. Bedri: The first infection usually occurs in childhood, and the disease progresses over a number of years. The late complications usually occur only in adulthood, so the chronic eye inflammations of childhood are rarely associated with complications in adults.

Why is trachoma so widespread?
Dr. Bedri: Trachoma is a disease of poverty that is endemic mainly in remote, under-resourced areas where people live in poor hygienic conditions with limited access to sanitation, health care and clean water.

What can be done about it?
Dr. Bedri: Trachoma is both preventable and treatable. It is easy to prevent through education, improvement of general sanitation and hygiene, as well as the reduction of fly breeding sites. Even the advanced stage, when the eyelashes have already turned inward, can be reversed by means of a simple surgical procedure.

What does S.A.F.E. mean, and what does it stand for?
Dr. Bedri: The S.A.F.E. strategy is one recommended by the WHO that combines medical procedures with health measures to combat trachoma. S.A.F.E. stands for S – surgery (eyelid operations) A – antibiotics F – facial cleanliness (facial hygiene) E – environment (improvement of environmental conditions)

How has the situation changed over the last few years?
Dr. Bedri: Today the disease is receiving the necessary attention, and the focus is on control and containment. Major projects for disease control – such as the global trachoma mapping project – are financed by international donors.

What exactly is meant by trachoma mapping?
Dr. Bedri: It is the largest survey in history ever carried out for the collection of data on health. The project was initiated by the British Department for International Development in 2011 and financed to the tune of eleven million pounds. The aim is to ensure that help is directed where it is needed by carrying out a detailed survey of problem areas – with the aid of smart phone technology and electronic data acquisition.

What is LIGHT FOR THE WORLD doing to fight trachoma?
Dr. Bedri: LIGHT FOR THE WORLD is part of a worldwide initiative aimed at ensuring that by the year 2020 nobody loses their sight due to trachoma. We are responsible for trachoma mapping in the Tigray and Somali regions of Ethiopia, and we are also implementing the S.A.F.E. strategy here. We are also coordinating the mapping in two provinces of Mozambique, where trachoma is less widespread. The necessary measures will be integrated into our standard blindness prevention programme.
Life has changed dramatically for 14-year-old Bezuaeyehu Taddese of Ethiopia since she started exercising regularly with a rehabilitation assistant.

Children with disabilities are still denied access to education in many parts of the world. In 21 inclusive education programmes in Ethiopia, Burkina Faso, Mozambique, Northeast India and Bolivia, we are working with parents, teachers, school authorities and ministries, organising further education and suitable school supplies, adapting buildings and preparing children with disabilities for schooling. At inclusive schools, children with and without disabilities are all taught together in the same classrooms. Regardless of whether or not they grow up with disabilities, all children have talents that need to be recognised and furthered. Though this certainly offers no guarantee, it does provide the cornerstone of a promising future for them.
REHABILITATION

COMMUNITY-BASED REHABILITATION

Everybody works together

Community-based rehabilitation (CBR) is based on the realisation that children with disabilities develop best in their familiar environment. The children involved in CBR programmes are not cared for in isolation in institutions, but receive regular visits in their homes from rehabilitation assistants. The latter organise medical care and aids such as crutches and wheelchairs. At the same time, they show parents how they can support and strengthen their child by means of physiotherapy exercises. Another positive aspect of CBR is that if rehabilitation takes place directly in the village and parents, friends and neighbours are all involved in the child’s care, many people find it easier to overcome their fears and prejudices. As soon as people are no longer afraid, children with disabilities are no longer excluded, but accepted quite naturally as fully participating members of the community.

EmployAble

In April 2014 the EmployAble programme was launched. EmployAble is a programme to develop practices on inclusive vocational education, training and employment in Rwanda, Kenya and Ethiopia. In these countries there are good policies, but the practices lag behind. During this three year programme at least 625 young persons with disabilities will be followed closely by capturing their stories to elicit the barriers they face, good practices they have noted and to foster practical discussions on what is needed to make inclusion work for them. In accordance with the UN Convention on the Rights of Persons with Disabilities, the EmployAble programme aims to promote equal opportunities for youth with disabilities in vocational education, as well as relevant and decent employment. LIGHT FOR THE WORLD leads this ambitious and innovative programme in partnership with non-governmental organisations, companies, government departments and vocational training institutes.
The main documents forming the basis of the post-2015 development agenda include explicit references to persons with disabilities. The recognition by governments to leave no one behind and to include persons with disabilities is also the result of coherent and consistent messages by the international disability community. We are proud that we were able to contribute to this success with expertise, resources, and leadership in key processes.

Rachele Tardi
UN Advocacy Officer

“Leaving no-one behind: the Post-2015 Development Agenda”

Johannes Trimmel
Director International Programme Support and Policies

“A way to implement the UN Convention: Inclusive Sustainable Development Goals”

2015 is the final year of the Millennium Development Goals. Over the last two years LIGHT FOR THE WORLD has been engaged in processes to set up the post-2015 development agenda. As it looks today, with success. When, as it is hoped, they are finally adopted at the UN General Assembly in September 2015, the new Sustainable Development Goals (SDGs) – shaping the international development framework up to 2030 – will be much stronger on including persons with disabilities. They will be universal: all countries worldwide need to take action for their implementation. This gives us the chance to address the root causes of discrimination and exclusion of persons with disabilities globally and to work towards overcoming the barriers that deny persons with disabilities equal access to education, health and livelihood. The UN Convention on the Rights of Persons with Disabilities (UN CRPD) must guide the SDGs to become truly accessible and inclusive. In that way the SDGs will help to implement the UN CRPD.

We engage in global advocacy and awareness raising initiatives to make sure high-level political commitments are kept and trickle down to make a real and lasting change for persons with disabilities.
Steffie Neyens  
EU Liaison Officer

“Including persons with disabilities in EU’s aid”

In 2014 the EU adopted new funding instruments for international cooperation. Our advocacy resulted amongst others in the inclusion of disability as a cross-cutting issue in the Development Cooperation Instrument (DCI). At the moment the European Commission is setting up a programme to support developing countries in the implementation of the UN Convention on the Rights of Persons with Disabilities (UN CRPD). LIGHT FOR THE WORLD has been involved in the first discussions with the EU and the member states. This new programme is in line with the EU’s ratification of the UN CRPD. This is particularly relevant since the EU is currently under revision at the UN CRPD committee. LIGHT FOR THE WORLD, as part of the International Disability and Development Consortium, together with the European Disability Forum has been very active in providing a civil society perspective to the UN CRPD Committee.”

Yetnebersh Nigussie
Executive Director
Ethiopian Center for Disability and Development (ECDD)

Reaching the mainstream: Practising Inclusion in Ethiopia

Inclusive development as a goal describes the end state of development: a society for all, in which persons with disabilities have access to the same services and opportunities as others, are routinely included, have a voice and are accepted as equal members of society. ECDD – a strategic partner of LIGHT FOR THE WORLD in Ethiopia – supports mainstream organisations in practising inclusion. ECDD has conducted more than 200 sessions of facilitating the inclusion of persons with disabilities. With these, ECDD has reached more than 6,000 personnel of government, NGOs and the private sector. Persons with disabilities have significantly contributed to this process as experts in guiding the overall promotion and monitoring of inclusion.
In many parts of the world, persons with disabilities have no access to medical care, rehabilitation, education and training. About 80% of the world’s one billion persons with disabilities live in developing countries and are in need of assistance due to their economic circumstances or level of development. Many disabilities are poverty-related consequences of malnutrition, poor hygiene and lack of medical care. On the other hand, disabilities are often the reason for a life of poverty. This is a vicious circle that we can break only if we concentrate on the causes.

We support blindness prevention programmes in our focus countries of Ethiopia, Burkina Faso, Mozambique, South Sudan, Cambodia, Northeast India, the Democratic Republic of the Congo and Bolivia, and campaign for the rehabilitation and rights of persons with disabilities. Other partner countries include Bosnia and Herzegovina, Pakistan, Papua New Guinea, Uganda and Tanzania.

In 2014 we reached a total of 1,217,285 people with 169 projects.

**POVERTY AND DISABILITY**

**We take action!**

**AFGHANISTAN**
3,577 cataract surgeries were carried out.

**INDONESIA**
Over 30,000 pages from school books were translated to Braille format.

**NEPAL**
Sports were organized in refugee camps for both able and children with disabilities.

**DR CONGO**
As the only ophthalmologist in a province with a population of over 8 million people, Dr. Richard Hardi operates on adventurous missions to remote regions.

**BURKINA FASO**
A total of 3,731 children with and without disabilities learn with and from each other at the inclusive CEFISE school.
**MOZAMBIQUE**
Sport is a particularly suitable means of overcoming social barriers, which is why we support various sports organisations for the disabled.

**SOUTH SUDAN**
We look after thousands of persons with disabilities in refugee camps.

**PAKISTAN**
We help persons with disabilities to assert their rights in areas such as health, education, training and social inclusion.

**ETHIOPIA**
Austrian ophthalmologist Anelia Hochwarter gives staff at the university clinic in Jimma retinal surgery training on a voluntary basis.

**NORTHEAST INDIA**
We promote the establishment of self-representation groups in villages that can join forces in regional disabled organisations, making it easier for them to assert their rights.

**PHILIPPINES**
49 schools and houses were rebuilt or repaired after typhoon Haiyan.
Apart from 23,973 cataract operations carried out as part of a mobile relief effort and our ophthalmological work in twelve eye clinics, in 2014 we also carried out a comprehensive trachoma survey in the Tigray and Somali regions. This resulted in an action plan to determine how we and our regional partners intend to eliminate this infectious disease by the year 2020 (see p. 8). We had already carried out 18,149 eyelid operations on advanced trachoma in 2014, and these will be followed by a further 40,000 urgently needed operations in order to prevent these patients from going blind. Onchocerciasis and lymphatic filariasis – two other Neglected Tropical Diseases – are also endemic in Oromia region. In partnership with leading research institute, RTI International, supported by USAID, in 2014 we distributed the highly effective drugs Mectizan and Albendazole to 2.4 million people. LIGHT FOR THE WORLD also facilitates the training and further education of local specialists in order to ensure ophthalmological care for the indigenous population. In cooperation with the university clinics in Jimma and Gondar, we support local doctors with a view to building up a nationwide ophthalmological supply chain in the long-term.

Our seven community-based rehabilitation projects are running very successfully, and the response from the population has been very positive. In 2014 we provided rehabilitative measures for 9,253 children with disabilities, supporting them and helping them lead independent lives. In order to improve their long-term prospects, our next step is to focus on inclusive education. This should give all children, whether with or without disabilities, the same opportunities for a promising future. In the year under review we enabled 1,805 pupils with disabilities to gain access to education.
The opening of the eye clinic in Zorgho ten years ago was an important milestone for the people of the entire region, who previously often had to rely on help from neighbouring countries. Over this ten-year period, a total of 137,825 patients have received ophthalmological treatment and 12,490 cataract operations have been carried out. Apart from the eye clinic in Zorgho, we also support another seven eye clinics and care for people in remote areas with our mobile clinics. In Burkina Faso – as in other African countries – there is an severe shortage of ophthalmologists, and the few which the country has are very adversely located. Only four of these ophthalmologists work in rural areas, where 80% of the population lives. We finance ophthalmological training with scholarships in order to ensure eye care services in the long-term. Dr. Bikaba has been working at the clinic in Zorgho since last year. He was the first graduate of the ophthalmological training courses made possible with scholarships from LIGHT FOR THE WORLD. In 2014 we were able to save the sight of 5,310 people in Burkina Faso by means of cataract operations.

We use awareness measures to draw people’s attention to community-based rehabilitation services and inclusive education. We were able to reach some 10,000 people at theatre and cinema performances with round-table discussions and workshops for multipliers. In co-operation with the country’s Ministry of Education, we are developing training modules, supporting signing courses, adapting schools and providing teaching materials. 25,427 children received rehabilitative assistance in 2014, and 1,900 children with disabilities were able to attend school.
In July 2014 the ground-breaking ceremony took place at the eye clinic in Beira scheduled to commence operation in 2016. The clinic will provide treatment for around two million people in the region, and will also serve as a training centre for eye care professionals. Our ultimate goal is gradually to establish nationwide ophthalmological care. In the meantime, our work in our focus regions of Tete, Sofala, Cabo Delgado and Niassa continues. In 2014 we were able to reach a total of 104,941 people and carry out 1,844 cataract operations through our permanent and mobile clinics. The trachoma surveys in the provinces of Sofala and Tete have now been completed. One encouraging result is that, although there are more severely affected regions, the situation is not as dramatic as in Ethiopia. Trachoma treatments (distribution of medication and operations) have now been integrated into our existing ophthalmological programmes in order to help infected patients. Our mobile relief efforts include educational measures, distribution of medication and eyelid surgery. At the same time, we are also training eye care nurses to perform sight-saving eyelid surgery. 

Although Castigo has deformed legs, stretching and extension exercises have improved his mobility so much that he is now able to attend school.

New eye clinic for two million people

GROUND-BREAKING CEREMONY AT BEIRA EYE CLINIC

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ENCOURAGING PERSONS WITH DISABILITIES

Encouraged by the success of our rehabilitation programme in Beira, in 2014 we expanded our work to two projects in the districts of Gorongosa and Büzi. This is the first time that community-based rehabilitation has also been offered in the rural districts of Mozambique. 429 people in these two districts were given access to rehabilitation in 2014, half of them children with disabilities. Our four rehabilitation programmes enabled us to benefit a total of 512 children with disabilities and prepare them for attending school.
Although overshadowed by the tense political situation, we were able to continue our work in South Sudan. After an interruption of several months due to the continuing hostilities, the establishment of the ophthalmology department at the clinic in Rumbek is now progressing steadily. Last year the three eye clinics in Mundri, Yei and Rumbek supported by LIGHT FOR THE WORLD and the mobile eye clinics based there gave ophthalmological treatment to a total of 13,975 people and carried out 952 cataract operations. Additionally we are delivering eye care services to the great number of refugees in camps.

The number of persons with disabilities is particularly high in war zones. Many people’s injuries cannot be properly treated due to the lack of medical care, leaving them with severe disabilities. The situation is particularly precarious for internally displaced persons with disabilities who gather in makeshift refugee camps so as to escape the fighting. We looked after 15,739 persons with disabilities in the Mahad and Gumbo IDP camps in Juba, providing aids such as wheelchairs and crutches, attending to medical treatment and rehabilitative care, and holding training courses for camp leaders. At the same time, we are working hard to ensure that in cases of natural disasters and political crises persons with disabilities are also involved in the projects of other NGOs as a matter of course. We support rehabilitation programmes and inclusive schooling in Mundri and Yei in order to give these people – many of them children – a greater opportunity of leading independent lives. In 2014 we were able to reach 1,626 children with disabilities thanks to our community-based rehabilitation projects, and 535 children with disabilities received schooling.
In 2014, the eye clinics supported by LIGHT FOR THE WORLD in Lubumbashi, Likasi and Mbuji-Mayi performed 4,313 eye surgeries. In 2015, the medical teams will continue their efforts in order to make eye care available to the poorest. This year, the eye clinics of Lubumbashi and Likasi are aiming to treat at least 38,000 patients (consultations). This is why they focus on increasing the efficiency of the community workers in charge of tracing patients with eye diseases in the villages. They will also invest in awareness-raising programmes on local radio and television. In order to maintain and boost the quality of eye care provided in the Lubumbashi and Likasi clinics, LIGHT FOR THE WORLD will continue to train medical personnel as well as administrative and financial managers. Doctors will be trained in using an eye fundus camera and performing phacoemulsification cataract surgery. Managers will follow training sessions in finance and human resources. In 2016, LIGHT FOR THE WORLD will open a fourth eye clinic in South Congo – construction in Kolwezi started at the end of February 2015. There are approximately 12,000 blind people in Kolwezi, 1,000 of whom are children.

In developing countries, an estimated 90% of children do not go to school. At the end of 2013, LIGHT FOR THE WORLD launched an inclusive education project targeting children with visual impairments. The project aims at introducing visually impaired children at every level of the educational system and at lifting the obstacles to the societal integration of those children. During the first year, 39 children took part in the project. At the start of the school year 2014-2015, 63 children have been entered in 45 different schools in Lubumbashi.

FOCUS COUNTRIES
DEM. REPUBLIC OF THE CONGO

4,313 eye surgeries and education for all

ACTIVELY TRACING PATIENTS

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INCLUSIVE EDUCATION PROJECT

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Our programme aims at facilitating the best possible education for children with low vision in Cambodia. Highlights this year included the opening of the school year by the Minister of Education and the annual National Forum on Inclusive Education, both of which demonstrate the close and successful collaboration with the Ministry. A national TV spot has been designed and, thanks to our partnership with the Ministry of Information, will be broadcast on a high number of TV channels in 2015.

Twelve workshops were held at district level to raise awareness on inclusive education and identification of children with disabilities. A mapping of 568 children with a possible disability (blindness, low vision, and deafness) has been set up. Over 400 local teachers and local stakeholders attended training on education for children with low vision. Thanks to successful collaboration with two eye care specialists, initial eye screenings of 233 children with possible eye problems were carried out in the 12 districts. 58 children were found to have low vision, 76 children received spectacles and 31 were referred to hospital for eye surgeries. 131 children with possible hearing problems have now been seen by an inspector for deaf children education and 102 have now been identified as deaf or hard of hearing children.

With regard to education, our objective is that by 2020, inclusive education is part of the Royal Government of Cambodia’s vision on education, with good practices developed throughout the country. To do so, LIGHT FOR THE WORLD will work on three levels: working with partners on the district level to develop good practices, mainstreaming disability into programmes carried out by education NGOs and advocating for policies and resources at the national level.
Although children with disabilities in Bolivia have had a right to inclusive education since 2010, many of them are nevertheless unable to attend mainstream schools. There is a lack of barrier-free schools, suitable teaching materials and well-trained teachers. In order to improve this situation in 2014 LIGHT FOR THE WORLD published a practical handbook for teachers, parents and rehabilitation assistants. Over a thousand teachers and community-based rehabilitation assistants have received training to enable them – with the help of this handbook – to improve the learning environment for all children, making it possible for them to attend school and have the chance of a promising future. We assisted a total of 3,439 children with disabilities – many of them particularly in the field of education – through our six community-based rehabilitation projects. Another objective for the coming years is the strategic integration of eye health into our community-based rehabilitation projects. A first pilot project in the Monteagudo and Huacareta regions is starting in 2015.

This is the slogan used by self-advocates to actively assert their rights. To reinforce this message, we helped representatives of the Bolivian disability movement to collect disability data for inclusion in a report for the ‘universal survey of human rights’. In 2014 this report was submitted to the UN in Geneva for review. Every country is obliged to carry out this review in order to monitor compliance with human rights and make clear recommendations as to how they should be improved. Thanks to the support of LIGHT FOR THE WORLD, for the first time persons with disabilities were also involved in the consultation process in Bolivia.
The problem in Northeast India is not so much a shortage of ophthalmic doctors, as their geographical distribution. Whereas there are sufficient doctors in major cities, people in rural areas barely have access to eye care. Often, the nearest clinic is many kilometres away, and many people don’t even know of the existence of eye care services. We support four hospitals especially in the planning and implementation of their mobile clinics in order to reach people in remote areas where there is a serious lack of medical services. In 2014 we provided eye treatment for 29,086 patients, saving the sight of many with 2,472 cataract operations.

Although Northeast India has a progressive government assistance scheme for persons with disabilities, in many instances the people affected do not have adequate information about it. As well as physical support in the form of specific rehabilitation training and the provision of aids such as wheelchairs and crutches, we also provide persons with disabilities in our 17 community-based rehabilitation projects with information about their rights and opportunities, and encourage mainstream organisations to include persons with disabilities in their work. To be independent, persons with disabilities must have access to rehabilitation, education and income generating activities. We encourage the establishment of self-representation groups in villages, and help them join together in regional associations for the handicapped so as to make it easier for them to assert their rights and prepare them to lead independent lives. The rights of children and adolescents with disabilities also includes the right to proper school education and training. Through helping our inclusive partner schools and the regional educational authorities to work together, we made it possible for 970 children with disabilities to attend school in 2014.
INDONESIA

In Indonesia ten hospitals receive support to run an eye department. Through outreach programmes people with eye problems are detected and referred to the hospital for treatment. This year 30 staff members were trained and over 12,000 people had access to eye care. We are handing over our support step by step to make the hospitals independent from foreign aid. Over 3,000 blind students had access to school books in Braille and audio. Our partner organisation Mitra Netra does an exceptional job in making education accessible for the blind. Adaptive materials are distributed over the internet to 40 libraries.

AFGHANISTAN

We treat eye diseases in underserved rural communities in Parwan and Kabul provinces, our work includes training (government) community health workers, basic health staff and school teachers in recognising eye problems and referral of clients to existing services. At the Noor Eye Care Training Centre four ophthalmologists and 20 mid-level eye care specialists have been trained and thousands of patients treated every year. We offer pre-school training and educational support to schools and children with disabilities.

RWANDA

In Rwanda, LIGHT FOR THE WORLD has been supporting the Kabgayi Eye Clinic since 2003, and the clinic is now designated as the national eye care reference centre. In 2014, the Belgian ophthalmologist Piet Noë (photo) and his colleagues performed 4,672 eye surgeries in Kabgayi. In 2015, LIGHT FOR THE WORLD aims to strengthen primary health care in Rwanda through financing medical equipment for 14 district hospitals and additional training for medical personnel. By the end of 2015, 20 ‘TSOs’ (nurses specialised in eye care) and 40 general nurses will have been trained at the Kabgayi hospital where they can gain valuable experience.

TANZANIA

The main focus of our work in Tanzania is on the prevention and treatment of childhood blindness. We support two hospitals specialising in the ophthalmological treatment of children. Moreover, we ensure that the children suffering from blindness, visual defects or eye diseases receive medical and rehabilitative assistance in our projects, and are prepared for school. 7,226 children benefited from projects in 2014, and 2,017 of them received sight-saving surgery.
PARTNER COUNTRIES

PAPUA NEW GUINEA

For a variety of reasons, an above-average proportion of the population of Papua New Guinea have hearing problems. We promote the rehabilitation of deaf people by training teachers in sign language and in the recognition of hearing impairments. In 2014 our CBR programmes enabled us to train 214 teachers, screen 13,822 persons and give assistance to 20,683 children with disabilities.

NEPAL

Together with our partner Caritas Nepal we work to empower all persons with disabilities in the Bhutanese Refugee Camps, as well as providing humanitarian assistance. Disability workers visit the huts of persons with disabilities on monthly basis. During home visits they identify the needs of persons with disabilities. As well as our work in the refugee camps, we looked after persons with disabilities after the devastating earthquake in May 2015 which left many people seriously injured. We supplied them with aids such as wheelchairs and crutches, medical treatment and rehabilitative care.

EAST AFRICA

Our focus in our partner countries in East Africa is on the training and further education of young doctors to become ophthalmologists so as to bolster the local health care network and eye treatment facilities. 15 scholarship recipients are currently studying at universities in Kenya and Tanzania, and four of the students sponsored by LIGHT FOR THE WORLD successfully completed their training in 2014.

PAKISTAN

Our work is progressing despite the country’s tense political situation. We support four eye clinics and screening in schools so that visually impaired individuals can be identified at an early stage, and children fitted with spectacles. We were able to reach a total of 69,231 people and carry out 1,998 operations on cataracts. Our community-based rehabilitation projects are now a permanent feature of village life in many areas. 813 children with disabilities were assisted in 2014 thanks to our projects.
AFGHANISTAN
Kabul Eye care training centre
Kabul & Parwan Enabling and mobilising persons with disabilities
National Prevention of blindness

AFRICA GENERAL
East Africa Scholarships and training programmes, eye health for school children, inclusive education campaign, vocational training for persons with disabilities, inclusive vocational education and internships for students with disabilities
South Africa Training programme for eye care personnel, scholarships for ophthalmologists, VISION 2020 coordination WHO Africa

BANGLADESH
Sirajganj Mainstreaming children with disabilities
National Rehabilitation and mainstreaming

BOLIVIA
Cabezas & El Torno Community based rehabilitation
Cochabamba Inclusive education and community based rehabilitation
Concepcion Community based rehabilitation
Monteagudo & Huacareta Community based rehabilitation
Sacaba Inclusion of children and adolescents with disabilities, community based rehabilitation
San Ignacio Rehabilitation for children and adolescents
Santa Cruz Community based rehabilitation
Sucre Model school for inclusive education
Trinidad School for deaf children and adolescents
National Eye health programme, coordination prevention of blindness, advocacy for the rights of persons with disabilities, inclusive education

BOSNIA-HERZEGOVINA
National Community integration of persons with disabilities, monitoring report of disabled people organisations on the implementation of disability rights, emergency relief

BURKINA FASO
Bobo Dioulasso University eye clinic, school for deaf children
Diebougou Community based rehabilitation
Gaoua Community based rehabilitation
Garango Inclusive education, community based rehabilitation
Kaya Community based rehabilitation
Koudougou Eye clinic
Laba Eye clinic
Manga Inclusive education, community based rehabilitation
Nouna Eye clinic, community based rehabilitation
Ouahigouya Eye clinic
Ouargaye Community based rehabilitation

Ouagadougou School for deaf children and children hard of hearing, eye clinic, outreaches and eye care, training programme for eye care staff, scholarships for ophthalmologists, University eye clinic, school for deaf children and adolescent, information material
Zabre Community based rehabilitation
Zorgho Eye clinic
National Advocacy for the rights of persons with disabilities

CAMBODIA
Kampong Cham CBR programme for the blind and visually impaired
National Towards inclusive education for children with low vision

DR CONGO
Likasi Eye clinic
Lubumbashi Eye clinic, blindness prevention programme, education for children with visual impairments
Mbuji-Mayi Eye clinic, blindness prevention programme

ETHIOPIA
Addis Abeba Inclusion of deaf children
Addis Abeba/National Support for accessibility
Ambo Community based rehabilitation
Arba Minch Community based rehabilitation
Arba Minch Eye clinic
Arsi Community based rehabilitation
Awassa Community based rehabilitation
Batu/Zewaye Eye clinic
Butajira Eye clinic
Debark Eye clinic
Dembidollo Eye clinic
Gondar Community based rehabilitation
Gondar University eye clinic: training and mobile eye care services
Jijiga/Somali Eye clinic and prevention of blindness
Jimma University eye clinic: training and mobile eye care services
Kambata Inclusive education for children hard of hearing
Mekelle/Tigray Region Eye clinic
Nekemte Eye clinic
Somali Region Trachoma programme
Tigray Region Trachoma programme
Western Oromia Region Prevention of onchocerciasis
Wolayta Soddo Eye clinic
Woliso Community based rehabilitation
Yabello Community based rehabilitation
Yirga Alem Eye clinic and mobile eye care services
National Inclusive education and various evaluations

PROJECTS 2014/2015: 169 (Status 1st April 2015)
India

- Arunachal Pradesh: Mobile eye care services
- Assam: Outreach and eye care, mobile eye care services
- Barapani: Education and rehabilitation for deaf children
- Bokulgaon: Day care centre for children with disabilities
- Manipur: Advocacy for the rights of persons with disabilities
- Meghalaya: Advocacy for the rights of persons with disabilities, mobile eye care services
- Northeast India: Community based rehabilitation in 6 states, inclusive education for children with disabilities, legal support for persons with disabilities, promotion of inclusive employment
- Shillong: Day care centre for children with disabilities
- Tura: Training Programme for Special Educational Needs Teachers
- National: Disability, CBR and Inclusive Development Journal

Indonesia

- East Indonesia: Advanced mentoring for eye care in five hospitals

International

- Prevention of blindness, psychosocial intervention for persons with disabilities, empowerment of civil society, trachoma programme

Mozambique

- Beira: Community based rehabilitation, construction of new eye clinic, inclusion of deaf people, vocational training for persons with disabilities
- Buzi: Community based rehabilitation
- Cabo Delgado: Eye clinic and blindness prevention programme
- Gorongosa: Community based rehabilitation
- Lichinga/Niassa: Eye clinic, blindness prevention programme
- Manica: Sports programme for persons with disabilities
- Maputo: Training programme for ophthalmologists
- National: Eye health programme
- Niassa: Sports programme for persons with disabilities
- Sofala and Tete: Training programme for teachers with disabilities
- Sofala: Eye clinic and blindness prevention programme, inclusive education, sports programme for persons with disabilities, advocacy for the rights of persons with disabilities, trachoma programme, promotion of community based rehabilitation
- Tete: Eye clinic and blindness prevention programme, trachoma programme

Nepal

- Jhapa & Morang: Support and skills development for persons with disabilities at refugee camps

Pakistan

- Battagram: Inclusive education, eye clinic, prevention of blindness
- Gilgit-Baltistan/Skardu: Community based rehabilitation and inclusion of persons with disabilities
- Hangu: Eye clinic, prevention of blindness
- Khyber Pakhtunkhwa: Community based rehabilitation
- Peshawar: Training programme for eye care staff
- Swabi: Community based eye care centre
- Takht Bhai: Eye clinic
- National: Monitoring of the UN-Convention, empowerment of women with disabilities

Papua New Guinea

- Arawa: Inclusive education, community based rehabilitation
- Buka: Inclusive education, community based rehabilitation
- Kiunga & Daru: Inclusive education, community based rehabilitation
- National: Education and health care programmes for deaf children

Philippines

- National: Emergency relief after typhoon

Rwanda

- Kabgayi: Eye clinic, prevention of blindness
- Kibeho: Education for children with visual impairments
- South Rwanda: Training and medical material for eye care in district hospitals

Uganda

- Mbarara: Eye clinic, training programme for eye care staff, rehabilitation for children with low vision
- National: Programme for the correction of refraction errors

South Sudan

- Juba: Mainstreaming disability in refugee camps, inclusive education, prevention of blindness
- Lakes County: Start eye health centre
- Mundri: Eye clinic, community based rehabilitation, inclusive education
- National: Inclusive education, emergency relief, development of a sign language
- Rumbek: Providing eye care in government hospital
- Yei: Eye clinic, community based rehabilitation, inclusive education

Tanzania

- Dar es Salaam: Training programme for eye care staff
- Morogoro & Dodoma Region: Inclusive education
- Moshi: Eye care for children
- South Tanzania: Eye care for children
1,217,285
Persons received eye care services, rehabilitative assistance and other support in our projects.

53,145
Cataract surgeries

1,217,285

59,410
Children with disabilities reached in rehabilitation programmes

20,280
Trachoma surgeries

2,414,997
People received Mectizan

1,012,140
Eye consultations

62,127
Provision of spectacles and low vision aids

11,477
Children with disabilities received school education

Our funds were used to support 169 projects around the world and promote an inclusive society at national level and within the international community.
**OUR AIM**

*Inclusive Society*

**LIGHT FOR THE WORLD** strives for a world in which persons with disabilities in developing countries have a decent life, equally participate in society and have access to their rights.

We focus on persons with disabilities living in poverty, who are amongst the most excluded and underprivileged groups in society. Putting them at the centre of our development efforts will advance the removal of barriers for other excluded groups as well and bring about change to an inclusive society. Our work follows a human-rights-based approach, centred on the principles of non-discrimination, participation, empowerment and accountability.

<table>
<thead>
<tr>
<th>Access to Programmes</th>
<th>Social Change Process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability Specific Actions</strong></td>
<td><strong>Empower persons with disabilities</strong></td>
</tr>
<tr>
<td>Address specific needs of persons with disabilities</td>
<td></td>
</tr>
<tr>
<td><strong>Mainstream Targeted Actions</strong></td>
<td><strong>Overcome all barriers in society excluding persons with disabilities</strong></td>
</tr>
<tr>
<td>Involve persons with disabilities in ALL development-programmes</td>
<td></td>
</tr>
</tbody>
</table>
Anti-Corruption & Transparency

For many years now, the quality and transparency of our work has been ensured by a comprehensive internal control system. This helps us to use every single Euro efficiently and to the greatest possible effect. This has been enhanced by the transparency and Anti-Corruption Policy adopted by LIGHT FOR THE WORLD in 2014. We have introduced measures designed to ensure transparency, simplify integrity and prevent corruption. These include the drawing-up of a code of conduct, anti-corruption clauses in our partner contracts, awareness-raising and training of staff in our own and partner organisations, candid internal and external communication of the subject, and the setting-up of a whistleblowing hotline.

We are producing an annual anti-corruption report, which is available on request. www.light-for-the-world.org

### SOURCES OF INCOME

- Donations in cash and Sponsoring
- Donations in kind
- Foundations, Trusts
- Public, Government funding
- Bequests
- Project support alliance partners

### INCOME IN EUR

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations in cash and Sponsoring</td>
<td>12,446,266</td>
<td>12,497,313</td>
</tr>
<tr>
<td>Donations in kind</td>
<td>1,189,046</td>
<td>841,717</td>
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<tr>
<td>Foundations, Trusts</td>
<td>2,950,716</td>
<td>3,681,080</td>
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<tr>
<td>Public, Government funding</td>
<td>2,983,622</td>
<td>2,764,003</td>
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<tr>
<td>Bequests</td>
<td>435,221</td>
<td>1,057,715</td>
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<tr>
<td>Project support alliance partners</td>
<td>1,015,464</td>
<td>1,525,295</td>
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<tr>
<td>Other income</td>
<td>72,245</td>
<td>109,524</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>21,092,580</strong></td>
<td><strong>22,476,647</strong></td>
</tr>
</tbody>
</table>

www.light-for-the-world.org
Reliability

All four members of LIGHT FOR THE WORLD in Austria, Belgium, the Czech Republic and the Netherlands have their accounts audited by independent external auditors. The 2014 accounts were audited by IB Interbilanz Wirtschaftsprüfung GmbH (Austria), burg. bvba Clybouw bedrijfsrevisoren (Belgium), Deloitte Czech Republic (Czech Republic) and WITh accountants (The Netherlands). LIGHT FOR THE WORLD confederation members have been granted quality seals in their respective countries. We have established an internal quality management system across the confederation and implement an Anti-Corruption Policy within the organisation as well as with our project partners.

Donations to LIGHT FOR THE WORLD are tax deductible in all four confederation countries as well as in Germany and Switzerland.
Ophthalmologist **FITSUM BEKELE** is one of only 25 ophthalmologists in Mozambique. He treats and operates on his patients at the eye clinic in Beira – an eye care centre for two million people.

**CHALTU DERESSA** – eye care specialist from Ethiopia: “*The best thing about my work are the immediate results. Within a few hours you can operate on blind person so that they can see again.*”

MONIQUE is blind and has been working as a volunteer in Belgium for 8 years. Always smiling and cheerful, Monique’s duties consist in franking, preparing and classifying mail.

Founder of the St-Raphaël Eye Clinic in Mbuji-Mayi (DRC) and supported by LIGHT FOR THE WORLD, **RICHARD HARDI** regularly goes on medical missions in very remote areas in order to bring eye care to the poorest and most vulnerable patients.

Ophthalmologist **FITSUM BEKELE** is one of only 25 ophthalmologists in Mozambique. He treats and operates on his patients at the eye clinic in Beira – an eye care centre for two million people.

International

Our thanks go to all our supporters, volunteers and employees.
MELDAH TUMUKUNDE – just started as programme manager for the EmployAble programme in East Africa.

TOYIN ADEREMI – Programme Manager in South Sudan: „I can’t use my legs, but I have accepted that. My impairment does not hinder me to help other persons with disabilities. My motivation is to contribute to the realisation of a just and equitable world, where persons with disabilities have equal chances to flourish and achieve like their non-disabled peers.”

MEKONEN MANEAYE coordinates and develops inclusive schooling at the “Del Be-tegel Primary and First Cycle School” in Addis Abeba, Ethiopia.

As an ambassador for LIGHT FOR THE WORLD, Ethiopian running superstar HAILE GEBRSELASSIE accompanies and supports our work. In 2014 he visited the rehabilitation centre in Hawassa, Ethiopia.
PARTNERS

A BIG THANK-YOU TO ALL OUR PARTNERS!

Partners and Supporters

- European Union
- Austrian Development Cooperation
- Belgian Development Cooperation
- Czech Development Agency
- Federal Province of Lower Austria
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- Porticus
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- Queen Elizabeth Diamond Jubilee Trust
- Rotterdam Blind Foundation
- RTI
- Seva Foundation
- Seeing is Believing – Standard Chartered Bank
- Sightsavers
- Sir Peter Ustinov Stiftung
- St Antonius Foundation
- Stavros Niarchos Foundation
- Stiftung ABANTU
- Stiftung FERNE HORIZONTE
- Strømme Foundation
- Swiss Re Foundation
- Walter und Louise M. Davidson-Stiftung
- Yvonne Anthoni Foundation

Memberships, Platforms & Alliances

- International Agency for the Prevention of Blindness (IAPB; VISION 2020 – The Right to Sight)
- International Coalition for Trachoma Control
- ENVISION Alliance
- International Disability and Development Consortium (IDDC)
- International Council for Education of People with Visual Impairment (ICEVI)
- Global Campaign for Education
- EU-CORD
- Beyond 2015
- action/2015
- Global Impact Investing Network (GIIN)
- Human Rights and Democracy Network
- European Working Group on Social Protection and Decent Work in Development Cooperation
- ICCO Cooperation
- Dutch Coalition on Disability and Development (DCDD)
- Alliance for Disability-Inclusive Development (ADID)
- MDF Training & Consultancy
LIGHT FOR THE WORLD is a confederation of national development organisations that joined forces to eradicate avoidable blindness and advocate for an inclusive society.

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