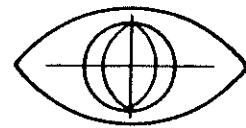


the
International
Eye Foundation

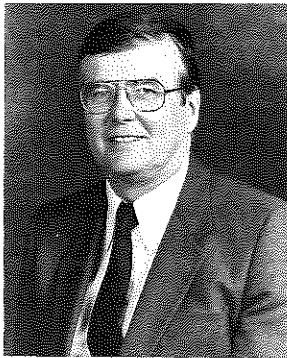


*There can be no task nobler
than giving every child
a better future.*

United Nations World Summit for Children

Annual Report 1990

From the President:



Dear Friends,

The thirtieth year of the International Eye Foundation activities is upon us. I am pleased and excited to be able to report to you that the hopes and dreams of the International Eye Foundation's founder, Dr. John Harry King, Jr. are still with us. As you will read in this report, the IEF is part of a great crusade in the international blindness prevention community—the battle against river blindness, as an effort that can truly make a difference in the lives of millions. In addition, the IEF is at the forefront of programs to save the sight of children threatened by vitamin A deficiency while the International Eye Foundation training programs from Africa to Central America are recognized for their effectiveness and appropriateness.

As we sum up last year's activities and plan for the coming year, I want to emphasize my excitement over the arrival of the IEF's new Executive Director, Victoria Sheffield. Over the course of her first months on the job, Ms. Sheffield has proven to be a knowledgeable and dynamic leader. Her commitment to IEF's mission of fighting unnecessary blindness in the developing world is unmatched. I speak for the IEF's entire Board of Directors when I say that I am confident and proud to have Ms. Sheffield leading the IEF's sight-saving efforts.

Now more than ever, the International Eye Foundation relies on your support to continue and expand these urgently needed programs. Working together, driven by the vision of a world without unnecessary blindness, we can accomplish so much.

Thank you for your support.

Dr. Arnold Simonse

From the Executive Director:

Dear Friends,

As the new Executive Director of the International Eye Foundation, I can review the activities of the past year with pride and excitement. The IEF team, both at headquarters and in the field, small but strong, is having a tremendous impact on the goal of providing sustainable quality eye care services to those who desperately need them.

Moving into my 19th year in the field of ophthalmology and my 12th year in international eye care, I look back with pride over my very fortunate international career which began with the IEF in 1979. It is a great privilege to have worked with the IEF's founder, Dr. John Harry King, Jr., who gave me the opportunities to work and learn in Africa and the Caribbean. He also introduced to me the world of public health and development, helping people improve their health which in turn improves their lives. He shared with me, as he did with so many thousands of people whose lives he touched, his philosophy of people helping people, sharing and exchanging, not only about eye care, but about values, culture and dignity.

After six and one half outstanding years with Helen Keller International, I am now extremely proud to be back with the International Eye Foundation, as its Executive Director. Its expert team of public health specialists and managers, ophthalmologists and researchers are working together to build successful programs and to take on new challenges. I am proud and humbled by the trust given to me by the Board of Directors and my colleagues from around the world to carry on the work of the IEF.

Your support and encouragement have given the IEF the resources necessary to get the job done, to reach out to thousands more, and to teach. Enabling and empowering people to progress independently and with confidence was the dream of Dr. John Harry King, Jr. We are proud to carry on this vision and for your support in that great quest, we thank you.



Ms. Victoria M. Sheffield

Board of Directors

Dr. Arnold Simonse
President

Dr. Lawrence M. King, Jr.
Vice Pres./Medical Dir.

Mr. William Carrigan
Secretary

Dr. Frank S. Ashburn, Jr.
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Mr. William D. Clark
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Dr. Paul Gavaris
Dr. Barbara A. Underwood

Dr. Claude L. Cowan
Mr. William Amory Jewett
Mr. Charles B. Wheeler

Mrs. Charlotte M. Wilmer

NIGERIA

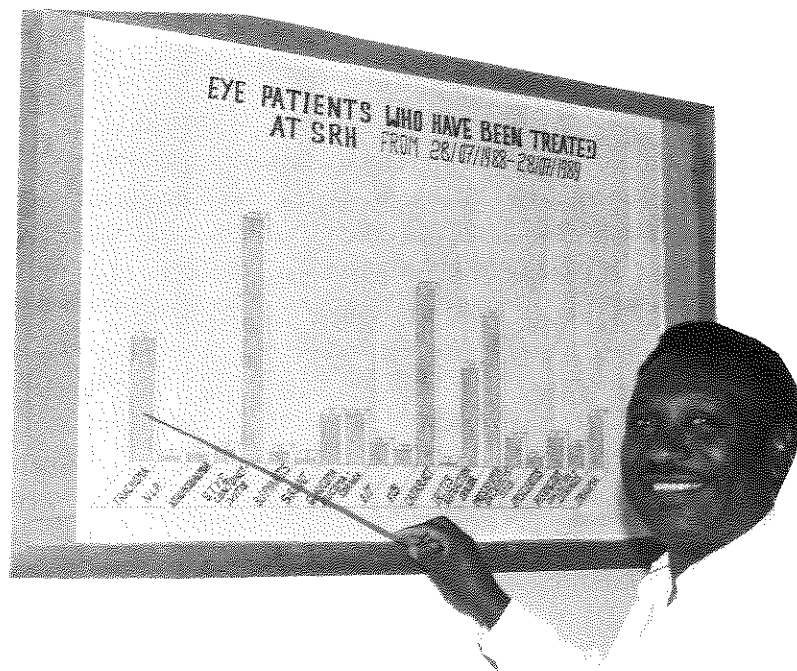
Onchocerciasis, commonly known as River Blindness, is spread by the bite of a black fly and threatens the sight of an estimated 100 million people in developing countries. Until recently, there was no effective or safe medication to treat this disabling disease. Thanks to Merck and Company, an American pharmaceutical house, a new drug called Mectizan is now available. This highly effective and safe drug is now being used worldwide to treat hundreds of thousands of victims of River Blindness. Though the drug is provided free of charge by Merck and Company, distribution to remote areas presents a tremendous challenge to the IEF and other organizations.



The West African nation of Nigeria contains one-third of the world's total River Blindness. **Twenty million people** are currently at risk. In some localities in the Kwara State, over 55% of the population is infected and another 3% are blind as a result of this disease. Due to this debilitating disease's association with rivers and streams, villagers have been abandoning their family homes and farms in Nigeria's fertile river valleys.

In 1989, IEF, working in conjunction with Africare, began implementation of the first river blindness project by American non-governmental organizations in Africa. In the initial project year, basic support structures were put into place and 25,000 people received their first treatment of Mectizan. In year-two, IEF plans to redistribute to these initial localities as well as target 30,000 additional people.

The IEF River Blindness project has received national and international recognition for establishing innovative, sustainable and replicable modes of treatment delivery. Dr. Robert Pond, a project manager working with the Nigeria project, has published two manuals on training and Mectizan distribution which will extend the knowledge acquired in Nigeria to assist other endemic regions of the world. The International Eye Foundation and its partner, Africare, are very proud of the unquestionable success of the Nigeria River Blindness Control Program.

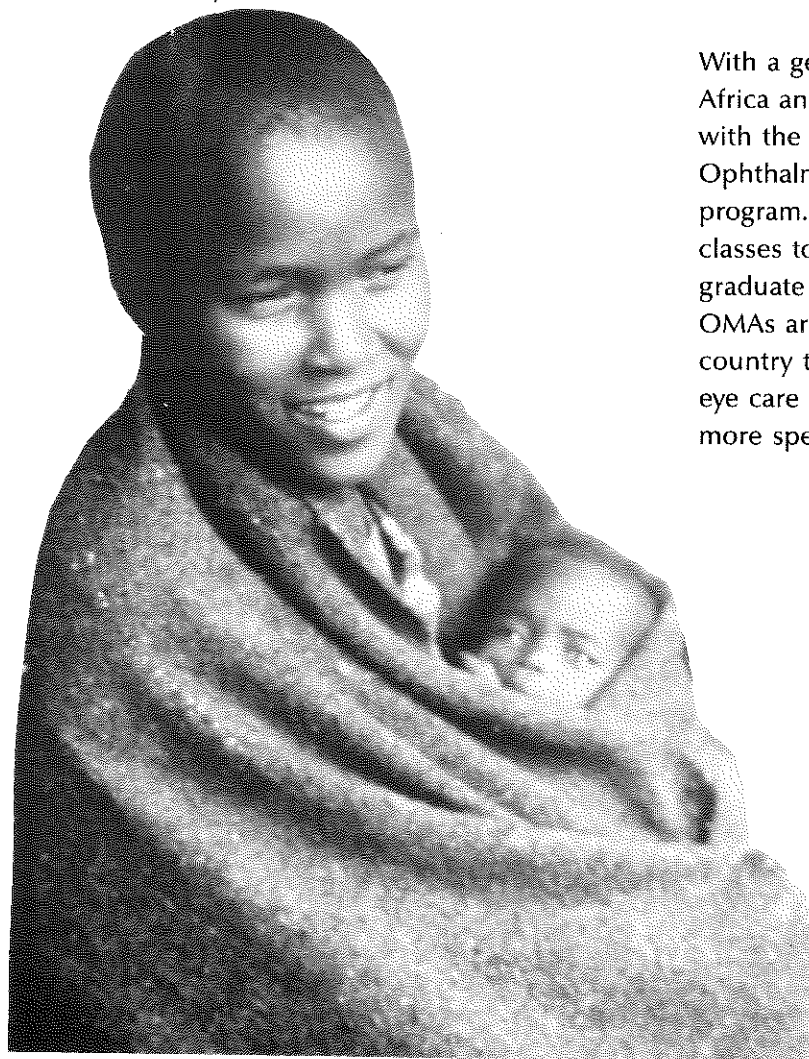


ETHIOPIA

Ethiopia, a land of 48 million people with rich history and traditions, has been plagued by war and drought which have caused untold hardship among its people. Preventable eye diseases such as trachoma and xerophthalmia, the result of vitamin A deficiency, have affected thousands who previously had no access to eye care.

With a generous three-year grant from USA for Africa and BandAid-LiveAid, the IEF has worked with the Government of Ethiopia to establish an Ophthalmic Medical Assistant (OMA) training program. The one-year course has graduated two classes totalling 36 OMAs. The third class will graduate 23 OMAs in September 1990. These 59 OMAs are, or will be, working throughout the country to provide primary and secondary level eye care and are able to refer patients needing more specialized care.

Now that this three-year grant is completed, the following months will be a transition time for evaluating the success of the program and bringing the OMAs back to the capital for refresher courses. Due to the program's success, it will be upgraded to a two-year course for nurses. It will include a course in cataract surgery in order to address the cataract backlog in the country. The IEF is very proud of the OMA training program which has had a major impact on the improvement of eye care services, especially to the rural poor. The program has provided relief as well as development all through these difficult times.



MALAWI

Blinding malnutrition is the primary cause of blindness for children in the developing world. In the Lower Shire Valley of Malawi, the IEF continues to battle malnutrition and infant and child mortality with a Child Survival/Vitamin A intervention grant from USAID/Washington. The Malawi Vitamin A and Nutrition project targets a population of over 20,000 women and children in 45 villages in the Lower Shire Valley. Activities include: nutrition education, vitamin A distribution, and primary eye care services. The team of Dr. Susan Lewallen, an ophthalmologist, and Dr. Paul Courtright, an epidemiologist, has recently joined the IEF staff to augment Malawi project activities.

This year, IEF will begin a five-year Mectizan distribution project to combat river blindness in Malawi. A population of 12,000 people in the high prevalence areas of the Thyolo Highlands will soon be receiving its first Mectizan treatment. During the five year life of the project, IEF plans to treat a total of 108,000 Malawians for river blindness. This coverage represents more than 60% of the population eligible to receive Mectizan in the Thyolo Highlands of Malawi.



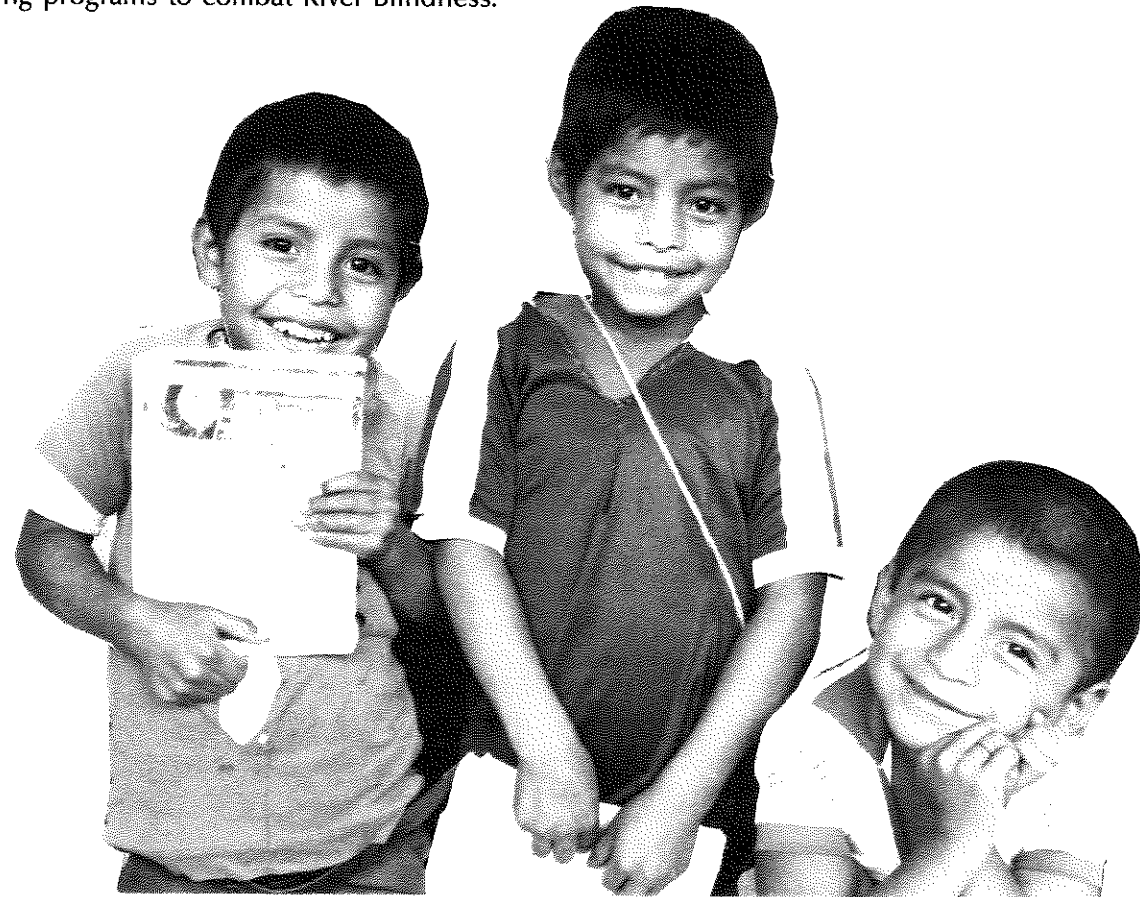
GUATEMALA

Since the IEF began working with Guatemala's National Committee for the Blind and Deaf, Guatemala has become one of the IEF's most active programs. In 1987, the IEF first received a seed grant from USAID to develop and distribute the vitamin A-rich cereal-like food supplement, NutriAtol. NutriAtol is distributed to preschool children who have been weakened by measles or diarrhea. The food supplement replenishes the child's body with the essential Vitamin A. In order to reach these children scattered throughout remote mountainous regions, IEF has developed a program which distributes NutriAtol through the rural school system. To date, over 15,000 children have received this vitamin A supplement food enhancing their general health status and preventing the risk of blindness. A generous grant from F. Hoffmann-La Roche's "Task Force Sight and Life" is allowing the IEF to geographically expand this program to the Yepocapa-Chimaltenango region.

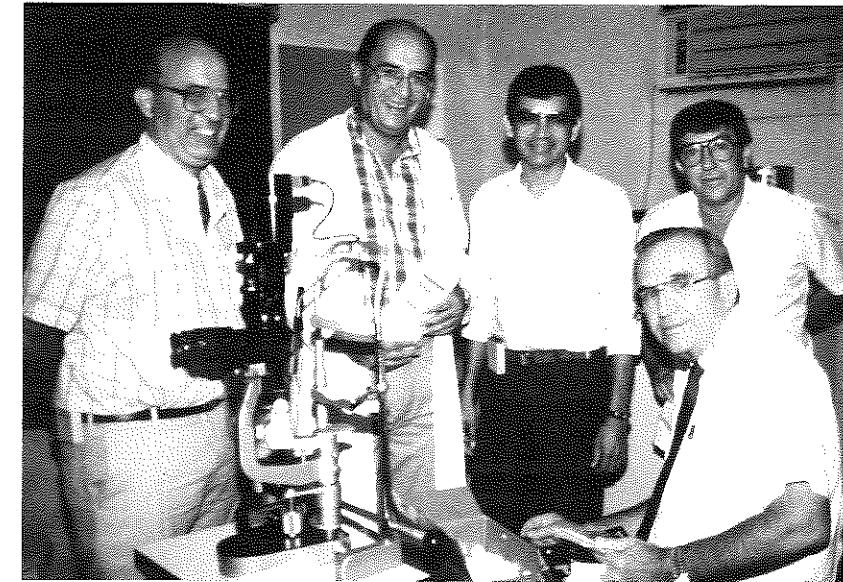
The Office of Nutrition at USAID is funding an Intra-Household Study to survey Guatemalan mothers on the availability and usage of vitamin A rich foods. This valuable information can then be used to develop public education programs targetting specific groups who lack vitamin A in their diet.

The IEF is also combatting River Blindness in the Yepocapa region of Guatemala. This innovative program which has been generously supported with funds from the Public Welfare Foundation, is now one year old. Over 6,000 people have been reached with the new safe and effective drug, Mectizan.

The Guatemala River Blindness Control Program utilizes two teams of health workers. The "promotion team" first visits villages to meet with leaders and conduct a public education campaign. This team is then followed by a "distribution team" of doctors and medical assistants who register the patients, complete a brief basic health examination and then give the Mectizan tablets. So far, 50 of the 71 villages and coffee plantations targeted have been covered by both teams. The teams anticipate covering the remaining 21 villages treating 8,000 in the next few months. This successful IEF program will be used as a model for other Central and South American countries establishing programs to combat River Blindness.



School children are an important link in NutriAtol delivery in Guatemala



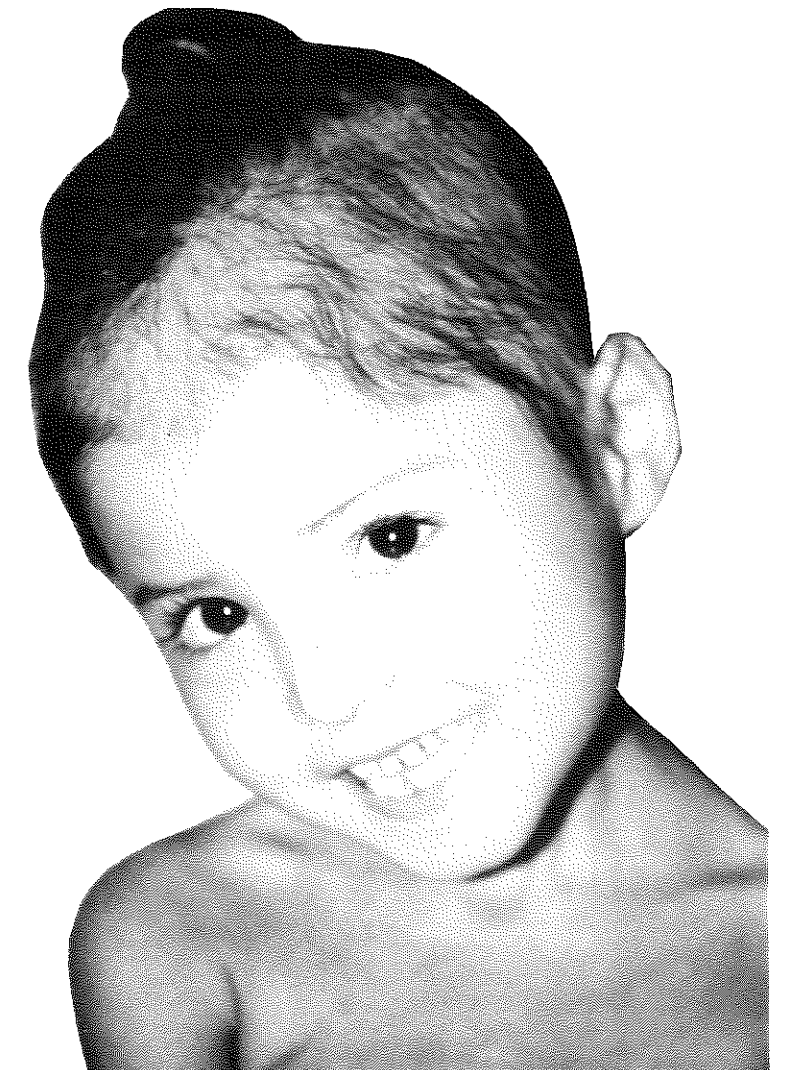
Dr. Lawrence M. King, Jr., IEF Medical Director (lower right) conferring with Honduran ophthalmologists at the Magi Eye Clinic.

HONDURAS

In the past year, IEF activities in Honduras have greatly expanded. The successful Magi Eye Clinic, funded largely by the Ramona and William M. Carrigan Foundation, has moved to the newly opened hospital in the northern city of San Pedro Sula. This modern eye clinic, fully equipped by the IEF, is able to provide services to all patients who walk through its doors.

A new outreach clinic in Santa Barbara, Honduras is nearing completion. Dr. Francisco Ehrler, trained and supported by the IEF, has completed his ophthalmology training and will manage this clinical program. This new outreach clinic will provide treatment for people who otherwise would have no access to eye care services. The development of the Magi Eye Clinic and the new Santa Barbara clinic has been due in large part, to the dedication and energy of the IEF's Senior Medical Director, Dr. Lawrence M. King, Jr.

The Government of Honduras has asked the IEF to address vitamin A deficiency among the children living in the peri-urban slums of Tegucigalpa, the capital city. With a grant from USAID, the IEF will establish a program targetting 80% of 11,500 children under the age of 6 years. Under the leadership of Mrs. Antonieta Dominguez King, the IEF's Country Director, activities will include nutrition education, the promotion of home gardening, and vitamin A capsule distribution.



PUERTO RICO

The International Eye Foundation continues to support Latin American ophthalmologists attending the Basic Science Course held at the University of Puerto Rico each year. This program is extremely valuable to the entire strategy of ophthalmology training for Latin America and is almost fully self-sustainable. The IEF is pleased to have been a part of the establishment, growth and independence of this program.

BELIZE

Dr. Victoriano Valdez, a young ophthalmologist from Belize, has finished his ophthalmology training with the support of the IEF and has now returned to Belize. One of only four ophthalmologists in the country, he has been appointed to direct the eye clinic at the hospital in the new capital city of Belmopan. This new clinic has been established with ophthalmic equipment and supplies donated by the IEF. Dr. Valdez is kept very busy, but now plans to expand his duties to include the gathering of blindness prevalence data and training health workers in primary eye care.



ST. KITT'S AND NEVIS

In the Caribbean nation of St. Kitt's and Nevis there is currently no trained ophthalmologist. Since the mid-1980's, IEF has assisted the St. Kitt's government by arranging for volunteer American ophthalmologists to travel to St. Kitt's to treat patients with ophthalmic disorders. A hospital-based eye care clinic is equipped with medical supplies and medications provided by the IEF. As the incidence of glaucoma in the Caribbean is 25% higher than in the developed world, this program is crucial to the isolated citizens of this island nation.

TURKS AND CAICOS

In the past two years, IEF has been working to establish regular eye care services in the Caribbean island group of Turks and Caicos. IEF Volunteer Ophthalmologists, carrying their own ophthalmic equipment, travel to Turks and Caicos to meet the eye care needs of these island communities. Plans are presently being formulated to institute a more permanent eye care strategy for Turks and Caicos.

The John Harry King Society*

- | | | |
|-------------------------------|-----------------------------------|------------------------------------|
| Dr. and Mrs. Frank S. Ashburn | Mr. and Mrs. David P. Close | Mr. and Mrs. Louis T. Donatelli |
| Dr. and Mrs. Paul T. Gavaris | Mr. and Mrs. William Amory Jewett | Dr. and Mrs. Lawrence M. King, Jr. |
| Mrs. Labrot Spence | Dr. Barbara A. Underwood | Mr. and Mrs. Charles B. Wheeler |

* The John Harry King Society was established in the Spring of 1989 to honor IEF's founder. Dr. King was the driving force behind IEF's humanitarian programs until his death in 1986. Created in memory of Dr. King's dream of "peace through sight", the Society provides funds for IEF's most important pacesetting programs.



Donated medical equipment and supplies reach patients in many developing countries through the IEF.

Major Donors *

*(*For Fiscal Year ending 6/30/90)*

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|
| Alcon | Ethicon | Pharmacia |
| Allergan | Eye Associates | Public Welfare Foundation |
| Alzapiedi Eyewear | Eye Physicians & Surgeon | Retinol Group, Ltd. |
| American Academy of Ophthalmology | IBM Corporation | River Blindness Foundation |
| BandAid | International Foundation | Mr. and Mrs. Hugo Schiattareggia |
| Mrs. Eleanor C. Barzin | IntraOptics, Inc. | "Sight and Life" Task Force of |
| Binyon Optometrist | Iolab | F. Hoffmann-LaRoche, Co., Inc. |
| Brother's Brother Foundation | Mr. and Mrs. William Amory Jewett | Mrs. Labrot Spence |
| Mr. and Mrs. William M. Carrigan | Dr. and Mrs. Lawrence King, Jr. | Martha Washington & Harry H. Strauss |
| Chibret International | Dr. James S. Long, Jr. | Foundation |
| Mr. David P. Close | Dr. A. J. MaGee | Mr. and Mrs. Guerin Todd |
| Ms. Brenda C. Coleman | Marcus Opticians | Dr. Barbara Underwood |
| Crestar Bank | Marjorie Merriweather Post Foundation | USA for Africa |
| Dietz-McLean Optical Co. Ltd. | Dr. Robert Meaders | U.S. Agency for International |
| Mr. and Mrs. Louis T. Donatelli | Merck & Co., Inc. | Development |
| E.B. Brown Opticians | MIRA, Inc. | Welch-Allyn |
| Ellis Opticians | Muchnic Foundation | Dr. R. Wilson |
| | Mr. and Mrs. H. W. Wright, Jr. | |

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
International Eye Foundation
Bethesda, Maryland

We have audited the accompanying balance sheet of the International Eye Foundation as of June 30, 1990, and the related statements of support and revenue, expenses and changes in fund balances and cash flows for the year then ended. The financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements as of June 30, 1989, were audited by other auditors whose report dated September 7, 1989 expressed an unqualified opinion on those statements.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the International Eye Foundation as of June 30, 1990 and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

Gelman, Rosenberg, and Freedman

August 17, 1990

STATEMENT OF FUNCTIONAL EXPENSES for the year ended June 30, 1990

1990 Program Services					1990 Supporting Services			Total Expenses	
	Africa Program	Latin America Program	Eastern Caribbean Program	Program Develop.	Total Program Services	Management & General	Fund Raising	Total Expenses	
Salaries	\$152,417	\$72,367	\$10,763	\$20,728	\$256,275	\$89,160	\$27,912	\$117,072	\$373,347
Taxes & fringe benefits	40,197	39,591	2,150	3,621	85,559	20,045	5,164	25,209	110,768
Consultants	16,878	21,087	150	-	38,115	2,303	3,650	5,953	44,068
Fellowships & stipends	-	15,531	12,400	-	27,931	-	-	-	27,931
Medical supplies & equipment	390,586	209,250	42,586	-	642,422	-	-	-	642,422
Supplies & equipment	8,731	4,084	39	562	13,416	2,401	251	2,652	16,068
Telephone & telegraph	6,452	3,316	-	474	10,242	5,030	391	5,421	15,663
Shipping & storage	10,565	7,138	3,773	378	21,854	366	-	366	22,220
Materials & training	20,110	-	-	331	20,441	-	50	50	20,491
Postage	2,039	1,750	117	646	4,552	3,808	2,002	5,810	10,362
Printing & duplication	746	1,885	-	3,581	6,212	1,409	3,506	4,915	11,127
Rents	385	188	-	-	573	46,910	-	46,910	47,483
Registration, dues & fees	966	1,055	1,200	520	3,741	10,809	3,266	14,075	17,816
Travel	50,604	19,333	2,853	13,913	86,703	4,538	672	5,210	91,913
Vehicle purchases	65,383	9,712	-	-	75,095	-	-	-	75,095
Depreciation	-	-	-	-	-	5,187	-	5,187	5,187
Miscellaneous	3,016	1,413	-	55	4,484	7,711	-	7,711	12,195
Subcontract	19,647	-	-	-	19,647	-	-	-	19,647
General & administrative	31,404	16,614	-	-	48,018	(48,018)	-	(48,018)	-
	\$844,819	\$432,793	\$76,065	\$44,809	\$1,398,486	\$151,659	\$46,864	\$198,523	\$1,597,009

STATEMENT OF PUBLIC SUPPORT AND REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

For the year ended June 30, 1990

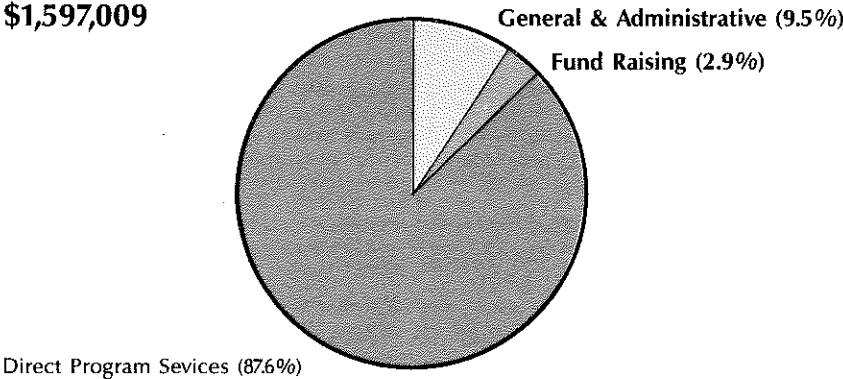
	Unrestricted.	Restricted	1990 Total	1989 Total
PUBLIC SUPPORT AND REVENUE				
Public Support:				
Contributions and grants	\$376,499	\$101,904	\$478,403	\$486,445
Donated medical supplies	466,398	-	466,398	1,310,956
Fund raising events	38,123	-	38,123	47,550
International Services Agency	141,697	-	141,697	113,881
Total public support	1,022,717	101,904	1,124,621	1,958,832
Grants from governmental agencies	-	242,018	242,018	294,470
Other revenue:				
Dues	4,020	-	4,020	16,130
Interest	31,043	-	31,043	23,618
Endowment income expended	-	22,563	22,563	28,705
Other	46,525	-	46,525	12,551
Total other revenue	81,588	22,563	104,151	81,004
Total Public Support and Revenue	1,104,305	366,485	1,470,790	2,334,306
EXPENSES:				
Program services	1,032,001	366,485	1,398,486	2,036,391
Support services:				
General and administrative	151,659	-	151,659	177,922
Fund raising	46,864	-	46,864	258,373
Total expenses	1,230,524	366,485	1,597,009	2,472,686
Decrease in fund balances before extraordinary item	(126,219)	-	(126,219)	(138,380)
Extraordinary item	-	-	-	-
gain on forgiveness of debt	177,948	-	177,948	-
Fund balance, beginning of year	215,439	399,535	614,974	753,354
Fund Balance, End of Year	\$267,168	\$399,535	\$666,703	\$614,974

BALANCE SHEET

INTERNATIONAL EYE FOUNDATION, INC.

	June 30, 1990		1989	
	Unrestricted	Restricted	Total	Total
ASSETS				
Cash	\$51,088	\$67,824	\$118,912	\$88,313
Certificates of deposit	291,682	368,796	660,478	606,237
Interfund transfers	(59,471)	59,471	-	-
Accounts receivable	5,257	-	5,257	11,093
Interest receivable	-	202	202	1,234
Advances	47,630	-	47,630	21,767
Prepaid expenses	4,174	-	4,174	4,325
Inventory (Note 4)	26,686	-	26,686	168,292
Total current assets	367,046	496,293	863,339	901,261
Furniture and Equipment	\$52,341	-	\$52,341	\$53,789
Less: Accumulated depreciation	(27,309)	-	(27,309)	(29,159)
Total fixed assets	25,032	-	25,032	24,630
Mortgage notes receivable	-	14,159	14,159	33,429
Total Assets	\$392,078	\$510,452	\$902,530	\$959,320
LIABILITIES				
Accounts payable	\$4,119	-	\$4,119	\$256,958
Due to unrestricted fund	-	\$1,060	1,060	3,562
Accrued pension	6,326	-	6,326	-
Accrued vacation	8,831	-	8,831	-
Deferred revenue—federal grants (Note 2)	-	17,574	17,574	-
Deferred revenue—other grants	105,634	41,897	147,531	50,568
Unexpended endowment	-	50,386	50,386	33,258
Total liabilities	124,910	110,917	235,827	344,346
FUND BALANCES				
Unrestricted fund balance	184,032	-	184,032	136,705
Dr. John Henry King Memorial Fund	83,136	-	83,136	78,734
William M. and Ramona Carrigan Fund	-	399,535	399,535	399,535
Total fund balance	267,168	399,535	666,703	614,974
Total Liabilities and Fund Balances	\$392,078	\$510,452	\$902,530	\$959,320

Total Expenditures for 1990 \$1,597,009



INTERNATIONAL EYE FOUNDATION
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 1990

- Summary of Significant Accounting Policies and General Information**

Organization—The International Eye Foundation was organized to support and assist with the prevention and cure of blindness throughout the world, and to promote peace and goodwill through its efforts. The Foundation was incorporated in 1969 under the statutes of the District of Colombia.

Basis of presentation—The Foundation's financial statements are prepared on the accrual basis of accounting. Therefore, revenue, support, and related assets are recognized when earned and expenses and related liabilities are recognized when obligations are incurred.

Income tax status—The International Eye Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Inventory—Inventory on hand is recorded at the fair market value at the time of the donation.

Property and equipment—Property and equipment are recorded at cost in the Unrestricted Fund and depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Fixed assets purchased with restricted grant funds are charged as an expense of the grant when purchased. If the fixed assets are to become the property of the Foundation upon the completion of the grant, the asset is also capitalized in the Unrestricted Fund and depreciated as stated above.

Foreign currency translation—Revenue and expenses of the Foundation's foreign operations are translated at weighted average exchange rates for the period.
- Grant Funds**

At June 30, 1990, the Foundation had several grants with the United States Government. Revenue from such grants is recognized only to the extent of actual expenses incurred in compliance with the grants. Revenue received in excess of expenses is shown as a deferred current liability in the accompanying financial statements.
- Pension Plan**

The Foundation has a pension plan to provide retirement benefits for employees who have met the length of service and age requirements. The plan is a defined contribution trustee plan. The contribution to the plan is based upon specific percentages of salaries. For the year ended June 30, 1990, pension costs totalled \$2,861.
- Donated Medical Supplies**

The Foundation has received contributions in the form of medical supplies to be used in various eye care programs. The donated supplies are recorded at the fair market value established by the donors at the time of the gift. A total of \$168,292 of medical supplies were on hand at June 30, 1989. In addition, medical supplies in the amount of \$466,398 were received during the year ended June 30, 1990. Of these supplies, \$26,686 were on hand at June 30, 1990 and \$608,004 is included in expenses (medical supplies and equipment). The inventory at June 30, 1990 consists of eye sutures, cataract glasses and other miscellaneous medical supplies which have been restricted for use only for charitable purposes in the Foundations's various eye programs and cannot be sold or exchanged for property or services.
- Lease Commitment**

The Foundation has entered into a lease for office space which requires monthly lease payments of \$3,202 until the lease expires on November 30, 1991. The minimum total lease payments for each of the two years succeeding June 30, 1990 are as follows:

Year Ending June 30	Amount
1991	\$38,424
1992	16,010
	\$54,434
- Public Relations and Fund Raising**

The Foundation raises some of its revenue through direct solicitation programs. The associated costs are multipurpose and are allocated among the program and fund raising categories on the basis of the use made of the literature as determined from its content, the reasons for its distribution, and the audience to whom it is addressed. The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the program and supporting services benefitted.
- Endowment Fund**

Endowment fund revenue restricted for specific programs is reported as revenue and expenses when expended.

IEF Malawi
P.O. Box 2273
Blantyre, Malawi
Tel: 011-265-630-273
Fax: 011-265-632-940
Tel: 011-265-426-298
(Ngabu)
*Dr. Susan Lewallen
*Dr. Paul Courtright

IEF Nigeria (w/Africare)
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45 Ademola Street
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Falomo, Ikoyi, S.W.
Lagos, Nigeria
Tel: 011-2341-68-54-00

IEF Guatemala
Comite Nacional Prociegos y Sordomudos,
Hospital de Ojos y Oidos
"Dr. Rodolfo Robles V."
Diagonal 21 y 19 Calle, Zona 11
Guatemala City, Guatemala
Tel: 011-5022-73-03-75
Fax: 011-5022-73-39-06
*Dr. Gustavo Hernandez Polanco
*Dr. Karen Casasola
*Mr. William Scott

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Fax: 011-2511-51-28-26
*Dr. Pawlos Quana'a
*Mr. Bulti Kalbessa

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Colonia 15 de Septiembre,
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Comayaguela, Honduras
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Fax: 011-504-37-62-61
*Mrs. Maria Antonieta
Dominguez King
*Ms. Vicki Vivan de Alvarado