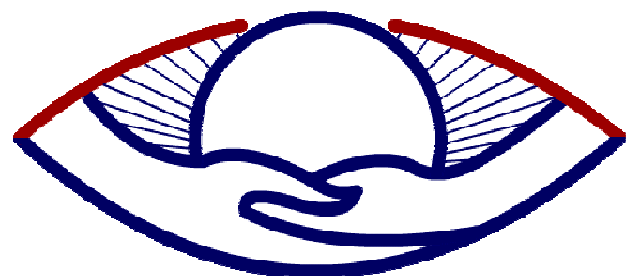


# EBSAR LOW VISION PROGRAM



## Progress & Data Report (2005-2009)

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# Introduction:

This report aims to provide a brief history of Ebsar Foundation's Low Vision (LV) Program and an overview of its activities and data collection over the past five years in order to increase public awareness and highlight the need for low vision specialists in Ebsar Clinic and the region. The low vision clinic in Ebsar has been temporarily shut down due to the lack of a specialist to run it. This comes at a critical time considering the number of people developing low vision in Saudi Arabia continues to increase and presents a significant demand for low vision services. Also, the Ebsar LV Clinical Training Program has been on hold since April, 2007, due to a lack of finances. According to the WHO 2007 report, there are 124 million people with low vision worldwide and 15 million of them are in the East Mediterranean Region countries. Ebsar LV Clinical Report (2007) estimated that there are 474 thousand people with low vision in Saudi Arabia, yet there are only 1000 registered ophthalmologists and 600 optometrists in the country; and of them, only 138 have attended Ebsar LV Clinical Courses. This clearly shows the importance of reopening Ebsar LV Clinic, re-establishing Ebsar LV Clinical Training Courses, and expanding the service program throughout the country in order to meet the demands of the community.

# History:

The idea of establishing low vision services in Jeddah began when I was given early retirement from Saudi Arabian Airlines in 1992 when I developed low vision due to Retinitis Pigmentosa. Having worked for 13 years as a flight attendant and in-flight services training instructor, and pioneering the “Meals for the Blind” project which won the airlines the IFCA 1992 Mercury Award (Saudi Airline’s first international award), IFSA 1992 and on board service magazine award 1992.

I was keen to expand the project to "**vision impairment air safety care**" which lead me to know the lighthouse and creating a role model of vision rehabilitation services in the region to overcome the consequences of my vision loss as there were no low vision services in Jeddah. In 1994, I had a low vision exam at the Lighthouse International, NYC, and in 1996 attended one month of vision rehabilitation at Blind Inc. in Minnesota. These events inspired me to conduct a media campaign about the need for low vision and rehabilitation services in Saudi Arabia, and following this writing a proposal for establishing a vision rehabilitation center in the region. The proposal was adopted and supported by HRH Prince Talal bin Abdul Aziz (President AGFUND), HRH Prince Abdu El-Aziz Bin Ahmed (president EMR-IAPB Office), Dr. Ahmed Mohammed Ali (President Islamic Development Bank), and Dr. Akef Magrabi (Chairman Magrabi Eye and Ear Hospital Group) who played a big role in accelerating and implement the Ebsar low vision program by put it into action when he provided the project with an office was opened in Magrabi hospital in March 2001 in order to conduct further studies

and research on developing a low vision and rehabilitation center in Jeddah.

The low vision services program was initiated in 2002 when the Lighthouse International was approached and asked to help establish a center in Saudi Arabia. In June 2002, upon Ebsar's request, Dr. MaryAnn Lang, from the Lighthouse International, NYC, came to Jeddah in order to assess the needs and propose a cooperative venture between Ebsar and the Lighthouse International. A contract agreement (funded by AGFUND and the Islamic Development Bank) was established for consultation and training over a 5-



**Core team at lighthouse NYC**

year period, and in October of 2003, a core team of six professionals attended two weeks training at the Lighthouse International.

On November 5, 2003, Ebsar Foundation was formally registered with the Ministry of Social Affairs as a Saudi Foundation for vision impairment and rehabilitation services in Jeddah. Within 2 years, Ebsar opened their low vision clinic and went on to become the first foundation in the EMR to provide low vision and blind rehabilitation services as well as training for professionals out of a unique facility which was designed to offer the maximum vision rehabilitation services for children and adults.

# Activities:

Ebsar Low Vision Clinic began receiving patients after hiring Wedad Abbas, a senior Saudi OP (one of the core crew who attended the Lighthouse training in NYC). Ms. Abbas was hired on a part-time basis while continuing to work at the government eye hospital in Jeddah. At 12:30 PM on 12/9/2005 She saw the first low vision patient (Mr. salah al-Zahrani ) who has retinitis pigmentosa with weak hearing and mobility impaired . she prescribed for him ( low vision devices , CCTV and referred him to ONM Rehabilitation Training ) , Later On 3/1/2006 he was the first low vision patient to be work in Ebsar as a receptionist and customer relation service.



As the number of patients needing services increased and the Lighthouse/Ebsar continuing education program started to gear up, Dr. Sarfaraz Khan, MD (Director of LV Prassat in India) was hired to be Ebsar's Low Vision and Rehabilitation Services Director (2007). In May, 2008, Ibtihaj Felimban, OP (having attended the Lighthouse/Ebsar LV Clinical course in April) was hired as a full-time low vision specialist to work with Dr. Khan and replace Ms. Abbas.

Each of them had remarkable achievements within their time of work at Ebsar especially considering there were no similar services available in the region. They were able to successfully provide hundreds of people with low vision care by identifying the



needs of each patient, determining the appropriate magnification and prescribing the suitable low vision device, demonstrating and training the patient in the use of the device, assessing the need for different types of illumination, and coordinating with other staff for referral to other services (counseling, educational and vocational guidance, mobility and orientation training, computer and assistive devices training, etc.). They enabled the foundation to do public awareness campaigns and advocacy which included networking with national and international organizations (IAPB, Vision 20/20, MEACO), conducting different activities such as celebrating World Sight Day, eye screening at several schools in order to identify students with low vision, designing brochures and distributing them to eye clinics and hospitals in order to increase the eye care professionals' awareness about low vision, organizing lectures and visits of a low vision team to hospitals, and providing consultancy in the setting up of low vision clinics for several hospitals in KSA.

Also, they worked with an international faculty (Linda Lawrence, MD, Lea Hyvärinen, MD, Mark Wilkinson, OD, and Abdul Aziz AlRajhi, MD, Krister Inde, PhD, and Bhushan Punani, PhD-ICEVI) and the team from the Lighthouse International (Karen Seidman, MPA, Mary Ann Lang, PhD, and Bruce Rosenthal, MD) in providing 13 courses (both basic and pediatric low vision clinical courses) and seminars at international conferences to over 600 eye care professionals in four EMR countries (Saudi Arabia, Egypt, Emirates, and Bahrain).



These activities led Ebsar Foundation to become a member of the Saudi National Committee of Blind Prevention, and to be recognized by the Saudi Ophthalmological Society, the Eastern Mediterranean Region of the International Agency for the Prevention of Blindness (EMR-IAPB), and MEACO (the Middle East Africa Council of Ophthalmology) as the source for educational programs on low vision for professionals in the region as well as a service provider.

Even though Ebsar clinic has made great progress towards developing a range of vision rehabilitation services – unique in the region, it has not been able to fulfill its potential due to inconsistent funding for over-all operational costs of the foundation, lack of experience and training programs for support staff, and other challenges. These issues as well as a decrease in motivation and interest on the personal level have caused the clinical staff to leave Ebsar resulting in a, hopefully, temporary shut-down of the low vision clinic.

# Data:

## 1. Ebsar Clinic:

Total Number of visual impaired people registered at Ebsar Foundation from February 13th 2005 to December 17th 2009 "1111" visual impaired people 67.4% "749" of them were examined at Ebsar LV clinic which clearly indicate the increasing number of low vision patients in KSA:

### Ages & Gender of low vision patients:

		MALE	FEMALE	TOTAL
2005	0-15	10	4	14
	>15	43	21	64
<b>TOTAL</b>		<b>53</b>	<b>25</b>	<b>78</b>
2006	0-15	9	8	17
	>15	80	18	98
<b>TOTAL</b>		<b>89</b>	<b>26</b>	<b>115</b>
2007	0-15	22	16	38
	>15	88	35	123
<b>TOTAL</b>		<b>110</b>	<b>51</b>	<b>161</b>
2008	0-15	13	23	36
	>15	132	46	178
<b>TOTAL</b>		<b>145</b>	<b>69</b>	<b>214</b>
2009	0-15	25	21	46
	>15	94	41	135
<b>TOTAL</b>		<b>119</b>	<b>62</b>	<b>181</b>
<b>TOTAL</b>	0-15	79	72	151
	>15	437	161	598
<b>TOTAL</b>		<b>516</b>	<b>233</b>	<b>749</b>

The above Data Indicate:

- Growth in number of LV. Patients every year About 26% which indicate improvement of community awareness about low vision



- The gap between male to female patients confirm what was the stated WSD report 2009 regarding the gender.
- growing in number of female patients by 49% in 2007 comparing to 2006 and 26% in 2008 comparing to 2007 as a result of reach out to girl schools by Ebsar clinic team and conduct eye screening and low vision promotion
- operating the clinic with full time MD and optometrist in 2008 lead to reach the highest peak in the five year .
- Growing in number of LV patients every year from 0 - 15 years indicate more awareness of parents .

## Patients Demographic

	2005	2006	2007	2008	2009	total	%
<b>Saudi Arabia</b>							
<b>Western region</b>							
Jeddah	46	80	98	125	112	461	74%
Makkah	7	8	12	23	22	72	12%
Medina	2	2	6	6	7	23	4%
Taif	4	3	10	11	7	35	6%
Yanbu	1		2	5	2	10	2%
Qunfudah	2	3	3	5		13	2%
AILith			1	1	1	3	0.5%
Rabigh	1		1	1		3	0.5%
<b>Total Western region</b>	<b>63</b>	<b>96</b>	<b>133</b>	<b>177</b>	<b>151</b>	<b>620</b>	<b>100%</b>

<b>Central region</b>							
Riyadh		7	4	3	4	18	67%
Qqassim					2	2	7%
Brydah			1	1		2	7%
Onaizah	1		1			2	7%
Afif	1	1			1	3	11%
<b>Total Central region</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>27</b>	<b>100%</b>

<b>Southern region</b>							
Khamis Mushayt				8		8	15%
Abha	4	2	1	3	5	15	29%

	2005	2006	2007	2008	2009	total	%
<b>Saudi Arabia</b>							
Mahayel Asir		1	1			2	4%
Baha		2	1		2	5	10%
Khamis albahar	1					1	2%
farasn			1			1	2%
Bisha	1		1	1		3	6%
Sabia					1	1	2%
Paljrchi	1					1	2%
Najran	1		1		1	3	6%
Jizan		1		5	6	12	23%
<b>Total Southern region</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>17</b>	<b>15</b>	<b>52</b>	<b>100%</b>

<b>Eastern region</b>							
Dammam	2	1	1	5	1	10	67%
Dhahran			2			2	13%
Jubail			1			1	7%
Hasa		1				1	7%
hafr al Batin			1			1	7%
<b>Total Eastern region</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>15</b>	<b>100%</b>

<b>Northern Region</b>							
Tabuk		1				1	11%
Hail		1	3	1	1	6	67%
Gurayat		1				1	11%
Omloj	1					1	11%
<b>Total Northern Region</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>100%</b>

<b>Other Countries</b>							
Algeria	1		1			2	8%
Nigeria	1			5		6	23%
Teshad			1			1	4%
Sudan			1			1	4%
Pakistan			-		1	1	4%
Ethiopia			1	2		3	12%
Syria			1		4	5	19%
Yemen				1	1	2	8%

	2005	2006	2007	2008	2009	total	%
<b>Saudi Arabia</b>							
Somalia			1	2		3	12%
Eritrea			1			1	4%
UAE			1			1	4%
<b>Total Other Countries</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>10</b>	<b>6</b>	<b>26</b>	<b>100%</b>

	2005	2006	2007	2008	2009	total	%
<b>Total Western Region</b>	63	96	133	177	151	620	86%
<b>Total Southern Region</b>	8	6	6	17	15	52	7%
<b>Total Central Region</b>	2	8	6	4	7	27	4%
<b>Total Eastern Region</b>	2	2	5	5	1	15	2%
<b>Total Northern Region</b>	1	3	3	1	1	9	1%
<b>Total Saudi Arabia</b>	<b>76</b>	<b>115</b>	<b>153</b>	<b>204</b>	<b>175</b>	<b>723</b>	<b>97%</b>
<b>Total Other Countries</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>10</b>	<b>6</b>	<b>26</b>	<b>3%</b>
<b>Grand Total</b>	<b>78</b>	<b>115</b>	<b>161</b>	<b>214</b>	<b>181</b>	<b>749</b>	<b>100%</b>

- The Demographic of LV clinic patients Indicates the Spreading of low vision through out the country and the region.
- The location of Ebsar made the western region of the country to have the highest Percentage "86%" of patients vested the clinic comparing to others in Saudi Arabia.
- Then they was a decrease in the percentage according how far is the distance from Ebsar (southern region 7%, Central Region 4%, and eastern region, northern region about 1-2%).
- there is a growing number of LV patients form other areas and countries each year.

## Causes of Low Vision:

	<b>Causes of Low Vision</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Total</b>	<b>%</b>
1.	Retinitis Pigmentosa	18	33	25	37	35	<b>148</b>	<b>19.8%</b>
2.	Optic Atrophy	14	20	25	38	16	<b>113</b>	<b>15.1%</b>
3.	Macular Degeneration	6	10	19	32	17	<b>84</b>	<b>11.2%</b>
4.	Diabetic Retinopathy	4	13	6	28	16	<b>67</b>	<b>8.9%</b>
5.	Glaucoma	4	4	7	15	9	<b>39</b>	<b>5.2%</b>
6.	Retinal Degeneration	4	3	8	8	5	<b>28</b>	<b>3.7%</b>
7.	Rods & Cone Dystrophy	4	2	8	3	10	<b>27</b>	<b>3.6%</b>
8.	Stargardt's Disease	4	2	9	3	5	<b>23</b>	<b>3.1%</b>
9.	Cataract	2	2	2	11	4	<b>21</b>	<b>2.8%</b>
10.	Myopic Degeneration		6	5	5	3	<b>20</b>	<b>2.7%</b>
11.	Albinism	1	1	6	5	6	<b>19</b>	<b>2.5%</b>
12.	Retinal Detachment	1	-	4	6	8	<b>19</b>	<b>2.5%</b>
13.	Congenital-Childhood Cataract	1	1	2	4	10	<b>18</b>	<b>2.4%</b>
14.	Congenital Glaucoma	4	1	2	5	1	<b>13</b>	<b>1.7%</b>
15.	Corneal Dystrophy	-	3	-	7	3	<b>13</b>	<b>1.7%</b>
16.	Leber's Congenital Amaurosis Syndromes	1	-	2	2	2	<b>7</b>	<b>0.9%</b>
17.	Congenital blindness	-	-	-	2	5	<b>7</b>	<b>0.9%</b>
18.	Refractive Errors	-	-	1	-	6	<b>7</b>	<b>0.9%</b>
19.	Retinopathy of prematurity	-	-	6	-	-	<b>6</b>	<b>0.8%</b>
20.	Congenital Nystagmus	4	-	1	-	-	<b>5</b>	<b>0.7%</b>
21.	Keratoplasty		1	3	-	-	<b>4</b>	<b>0.5%</b>
22.	Large Brain Tumor	-	-	1	2	1	<b>4</b>	<b>0.5%</b>
23.	Others	-	-	-	-	3	<b>3</b>	<b>0.4%</b>
24.	Maculopathy	2	-	1	-	-	<b>3</b>	<b>0.4%</b>
25.	Myopic Degeneration + Cataract	-	1	-	-	1	<b>2</b>	<b>0.3%</b>
26.	Proliferative diabetic retinopathy + Macular Oedema		-	2	-	-	<b>2</b>	<b>0.3%</b>
27.	Retinal Pigmentosa + Opttic Atrophy	-	-	2	-	-	<b>2</b>	<b>0.3%</b>
28.	Uveitis	-	-	-	-	2	<b>2</b>	<b>0.3%</b>
29.	Albinism + Congenital Nystagmus	-	-	1	-	-	<b>1</b>	<b>0.1%</b>

	<b>Causes of Low Vision</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Total</b>	<b>%</b>
30.	Amblyopia	1	-	-	-	-	1	0.1%
31.	AMD + Diabetic	-	1	-	-	-	1	0.1%
32.	AMD + Optic Atrophy + Glaucoma	-	1	-	-	-	1	0.1%
33.	Aphakia	-	1	-	-	-	1	0.1%
34.	Microphthalmia	1	-	-	-	-	1	0.1%
35.	Bilateral ptosis	-	-	-	-	1	1	0.1%
36.	Cataract + Optic atrophy	-	-	-	-	1	1	0.1%
37.	Chorioretinitis	-	1	-	-	-	1	0.1%
38.	choroidal NVM	-	1	-	-	-	1	0.1%
39.	Congenital defects on retinal cell	-	-	-	-	1	1	0.1%
40.	Congenital Strabismus	-	-	1	-	-	1	0.1%
41.	Corneal Dystrophy + cataract	-	-	1	-	-	1	0.1%
42.	Cortical visual impairment	1	-	-	-	-	1	0.1%
43.	Diabetic Retinopathy + cataract	-	-	1	-	-	1	0.1%
44.	Diabetic Retinopathy + Optic Atrapy	-	1	-	-	-	1	0.1%
45.	Glaucoma + Cataract	-	1	-	-	-	1	0.1%
46.	Glaucoma + Retinal Detachment	-	-	-	-	1	1	0.1%
47.	Healed CNUM + Diabetic Maculopathy	-	-	1	-	-	1	0.1%
48.	Ischemic maculopathy + Mild Glaucoma	-	-	1	-	-	1	0.1%
49.	Macular dystrophy + Rods & Cone Dystrophy	-	-	1	-	-	1	0.1%
50.	Medical error	-	-	-	-	1	1	0.1%
51.	Microcornea + Pseudophakia	-	-	-	-	1	1	0.1%
52.	Mild Optic Disc pallor	-	-	-	-	1	1	0.1%
53.	Non-proliferative diabetic Retinopathy	-	-	1	-	-	1	0.1%
54.	Optic Disc Hypoplasia	-	-	-	-	1	1	0.1%
55.	Optic Neuritis	-	1	-	-	-	1	0.1%
56.	Optic Neuropathy	-	-	1	-	-	1	0.1%



	<b>Causes of Low Vision</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Total</b>	<b>%</b>
57.	Pseudophakia Amblyopia + Retinal Degeneration	-	-	-	-	1	1	0.1%
58.	Retinal Detachment + Diabetic Retionophy	-	-	1	-	-	1	0.1%
59.	Retinal Detachment + leukocoria	-	-	1	-	-	1	0.1%
60.	Retinal Dystrophy + Retinitis Pigmentosa	-	-	-	-	1	1	0.1%
61.	Rhegmatogenous Retinal Detachment	-	-	1	-	-	1	0.1%
62.	Stargard's Disease + Rods & Cone Dystrophy	-	-	1	-	-	1	0.1%
63.	symblepharon	-	-	-	1	-	1	0.1%
64.	Terson's syndrome + Mild vitreous hemorrhage	-	-	1	-	-	1	0.1%
65.	Vascular Occlusion	-	1	-	-	-	1	0.1%
66.	Persistent hyperplastic primary vitreous	-	1	-	-	-	1	0.1%
67.	Optic Newpathy	-	1	-	-	-	1	0.1%
68.	Corneal Opacity	-	1	-	-	-	1	0.1%
69.	Congenital Anophthalmia	-	-	-	-	1	1	0.1%
70.	Congenital Globless	-	-	-	-	1	1	0.1%
71.	Onchocerciasis and epilepsy	-	-	-	-	1	1	0.1%
<b>Total New patients</b>		<b>78</b>	<b>115</b>	<b>161</b>	<b>214</b>	<b>181</b>	<b>749</b>	<b>100%</b>
<b>Total Follow-up patients</b>		<b>6</b>	<b>44</b>	<b>61</b>	<b>53</b>	<b>55</b>	<b>219</b>	
<b>Total</b>		<b>84</b>	<b>159</b>	<b>222</b>	<b>267</b>	<b>236</b>	<b>968</b>	

- Retinitis Pigmentosa consider as the main Causes of low vision in Saudi Arabia due to cross marriages.
- (Retinitis Pigmentosa , Optic Atrophy , Diabetic Retinopathy and Macular Degeneration) consider as 46% from the total diseases which cause low vision in Saudi Arabia.

## Patients with Additional disability:

	2005	2006	2007	2008	2009	Total
LV + Hearing Impairment	2	1	0	18	0	21
LV + Motor Disability	0	1	2	6	5	14
LV + Mental Disabilities	0	0	3	2	6	11
LV + Speech and Language Disorders	1	0	1	2	0	4
<b>Total</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>28</b>	<b>11</b>	<b>50</b>

Low vision with additional disability accrete great challenge for the clinical team

## Data of low vision devices prescribed:

	2005	2006	2007	2008	2009	total
<b>Optical</b>						
Hand magnifier	11	36	97	35	29	<b>208</b>
Spectacle magnifier (prism)	2	111	9	7	39	<b>168</b>
Telescope	0	4	28	22	19	<b>73</b>
sun-glasses filter	0	3		15	26	<b>44</b>
electronic devices	9	8	9	6	6	<b>38</b>
glasses	0	0	0	0	29	<b>29</b>
<b>Non-optical</b>						
Others	9	5	0	13	31	<b>58</b>
Felt-tipped pen	0	14	0	0	0	<b>14</b>
Flashlight	0	7	0	0	0	<b>7</b>
Overhead reading lamp	0	6	0	0	0	<b>6</b>
Bold line paper	0	3	0	0	0	<b>3</b>
<b>Assistive Devices</b>						
computer software	13	32	27	15	18	<b>105</b>
<b>Total</b>	<b>44</b>	<b>229</b>	<b>170</b>	<b>113</b>	<b>197</b>	<b>753</b>

- The number of optical devices which distributed comparing to number of patients vested the clinic as a result of high costs of these devices.

## Eye Screening

year	number		Number of schools	visual impaired		% of visual impaired		remarks	
	students	teachers		students	teachers	students	teachers		
2006	50								No result was reported
2007	96	19	3	52	11	54%	58%		
2008	103	2	4	36	2	35%	100%		
2009	374								No result was reported

## 2. PRO Continuous education programs:

	2004	2005	2006	2007	2008	2009	Total
<b>Ebsar / Lighthouse</b>							
LV Basic CLINICAL CRS	28	19	-	123	-	-	170
LV Pediatric Clinical CRS	-	38	80	-	69	-	187
LV Advance training Program (SOS)	-	-	-	-	69	-	69
Scientific Lecture (SOS, MEACO, MACO)	-	-	300	300	75	-	675
<b>Other Programs</b>							
LV Pediatric Clinical CRS	-	-	-	102	-	-	102
Clinical training program	-	10	-	-	-	-	10
Ebsar Seminars	-	Not counted	-	76	-	-	76
<b>Total</b>	<b>28</b>	<b>67</b>	<b>380</b>	<b>601</b>	<b>213</b>	<b>0</b>	<b>1289</b>

# Recommendation:

At this point, priority should be given to re-establishing Ebsar Foundation's low vision program and re-opening the low vision clinic by recruiting an ophthalmologist, optometrist, and occupational therapist who will:

1. provide LV patients with an effective low vision evaluation, good history taking, proper visual function examination on daily tasks, proper device prescription and training, constructive consultation, and rehabilitation which will enhance the patient's quality of life.
2. implement outreach to local eye clinics in order to encourage more low vision patient referrals.
3. work with international faculty in delivering low vision courses to eye care professionals in the region.
4. Explore options for acquiring or training vision rehabilitation staff (VRT and O&M) who can offer services on a regular basis or may be hiring a Certified Vision Rehabilitation Therapist from abroad.
5. Train an occupational therapy staff member from other rehabilitation centers to work full-time or part-time with Ebsar, while finding an Occupational therapist from abroad
6. conduct public awareness campaigns in order to encourage local companies and private donors to become more involved in low vision services.

All above data were collected and reviewed by the following staff members:

#	Name	Job Titel
1.	Mohammed Towfik Bellow	Secretary General of Ebsar Foundation
2.	Dr. Mohamed Mahmoud Ayoub	Finance & PR Development Manager
3.	Mohammad Hassan Al Mosabi	Support and Coordination Chief
4.	Hanna Auda Al Shetairy	Humanitarian Affairs Coordinator
5.	Rama Ibrahim Shaikh Oghaly	Communication & follow-up Secretary
6.	Abeer Haj hassaan	International Programs Associate
7.	Hanadi Zakaria Abbas	Social worker
8.	Arowa AL-hasani	Social worker
9.	Afnan Adel Baghdadi	Customer Relations

**Your feedback is highly appreciated**

**Sincerely,**

**Mohammed Towfik Bellow  
Secretary General of Ebsar Foundation**

**For Donation**

Account #. : 061-232-025-008

Account Name : Ebsar Foundation

IBAN: SA55-5000-0000-0612-3202-5008

Bank : Saudi Hollandi Bank

Swift : AAALSARIA

Address: Jeddah – almadinah rood – k 11 - KSA