

***IAM***



**2021  
ANNUAL REPORT**

# KEY FACTS AND FIGURES:

## IAM IN 2021

Despite the continued challenges of the COVID-19 pandemic and a change in government, IAM continued to serve the people of Afghanistan throughout 2021.

This year, IAM had a total of

**21 PROJECTS**  
in **5 PROVINCES**



including **2 NEW PROJECTS.**

Our work was supported by **OVER 20 INTERNATIONAL VOLUNTEERS** and made possible through the commitment and hard work of

**OVER 300**  
**MEMBERS OF**  
**LOCAL STAFF.**



**123,909**

PEOPLE WERE DIRECTLY  
IMPACTED BY OUR WORK IN  
MENTAL HEALTH

### MENTAL HEALTH PROGRAMME

In addition to the pre-existing work of our Mental Health Programme, we began the Mental Health Inclusion Project in 2021, focusing on the mental wellness and social and economic inclusion of people and children with psychosocial disability.

# WE BELIEVE THAT THE PEOPLE OF AFGHANISTAN CAN BUILD A MORE JUST, PEACEFUL, AND SUSTAINABLE FUTURE.

287,680

PEOPLE WERE DIRECTLY IMPACTED BY OUR WORK IN 2021

204

PEOPLE WERE DIRECTLY IMPACTED BY OUR WORK IN EDUCATION

## EDUCATION PROGRAMME

Our Education Programme continued to serve young adults in Afghanistan, teaching English to expand possibilities, training young women to teach girls in their own villages, and building up understanding around peace and reconciliation.

159,201

PEOPLE WERE DIRECTLY IMPACTED BY OUR WORK IN EYE CARE

## EYE CARE PROGRAMME

Our Eye Care Programme was eager to continue service provision throughout and immediately after periods of instability in 2021, and was able to help even more people than in 2020!

4,366

PEOPLE WERE DIRECTLY IMPACTED BY OUR WORK IN DEVELOPMENT

## DEVELOPMENT PROGRAMME

In 2021, IAM's development work continued to benefit people in remote places and people internally displaced by drought or instability. In addition, we began a pilot project to investigate sustainable agricultural practices in Afghanistan.

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## WHO WE ARE:

The International Assistance Mission exists to bring hope and transformation to the people of Afghanistan. We focus on building capacity in the sectors of health and development – seeing lives changed through eye care, community development, health, and education.

# FROM OUR

# EXECUTIVE DIRECTOR



Dear friends, supporters, and partners,

Thank you for taking the time to read about IAM's work in 2021.

Like 2020, 2021 brought many challenges and changes in Afghanistan, with COVID-19 continuing to impact lives across the country, and the instability and uncertainty that we saw in the months leading up to and after the change in government.

**However, IAM remains committed to continuing our work in Afghanistan.**

IAM's front-line healthcare projects continued operating throughout the challenging seasons of 2021, including providing their vital services even after the uncertainty of the August change of government. I am proud of how these projects were able to continue providing much needed services despite the rapidly changing context, demonstrating IAM's commitment to continuing to serve the Afghan people as we have done since 1966.

Other project activities were temporarily suspended as we sought to work out the impact that the change in government and context would have on our projects. We also joined other NGOs and coordinating bodies in calling for unhindered access to work for our female staff members, and access to our projects for female beneficiaries. That's because we want all of Afghan society – both men and women – to be strengthened and supported through our work. We know this is key to seeing large scale change in society. With permissions and assurances received, I am pleased that the vast majority of work is back underway, as well as new projects that we

have added to help respond to the crisis in Afghanistan.

IAM's Core Values continue to guide us – and throughout 2021, we have seen many of them in action. Our value of Dependence on God is as relevant now as it has ever been for IAM and the work that we do. Another of our core values is teamwork, and that has manifested in many different aspects of what we do: the partnership between IAM's foreign volunteers and our dedicated local staff, the partnerships that we have within the communities where we work, and the partnerships with other organisations across Afghanistan. IAM's work is so much stronger because of the partnership between our all our staff – across projects, programmes, regions, and with both our male and female staff working for the good of Afghanistan.

As you read this annual report, I hope that – like me – you are encouraged by the impact that we have been able to have despite the many challenges; from the story of Ahmad's\* children on page 22, who had their lives transformed by sight-giving eye surgery, to the story of Zainab\* who talks about the training she received on child mental health on page 14, and the profound impact it has had on her relationship with her children.

2021 was not as we expected it to be, but I am grateful that we were able to work diligently together in love for this nation, in order to pursue hope and transformation. This year has shown me that we can continue to facilitate sustainable development, be strategic in our service, foster transformation, and strengthen communities, even in the face of adversity.

Sincerely,

**Phil Lewis**

# OUR CORE VALUES

## Dependence on God

We recognise that only with God's guidance and help can we do anything worthwhile.

## Love for All

We believe every human being has the same God-given value, and therefore deserves our love and care. We will therefore not discriminate but treat everyone with respect, paying special attention to those most marginalised.

## Teamwork

We will utilise a participatory approach, involving all concerned, particularly the intended beneficiaries, and will encourage everyone to contribute according to their strengths.

## Accountability

We will do what we say and what is right, be transparent about what we do and that will be subject to internal and external evaluation.

## Learning

We encourage continuous learning, raising questions and seeking answers that throw new light on the complex issues that affect the lives of Afghans.

## Quality Work

While aiming at excellence we will seek to use resources effectively and deliver sustainable, long-term results through capacity building and transformation.

# OUR

# APPROACH



## Staff reflecting IAM core values

IAM staff and volunteers demonstrate reverence for God, love for others and good character in their lives, work and relationships.

## Facilitating sustainable development

IAM projects are innovative, benefit Afghan people and contribute to national development goals and are designed so that project benefits continue after IAM withdraws.



## Strategically service Afghans

IAM projects are strategically focused either on people in rural and urban areas who are under-served or focused on men and women in leadership.

## Fostering transformation

IAM facilitates personal, professional, and organisational learning and growth that builds people's capacity and fosters the holistic transformation of individuals as well as society.



## Strengthening communities

IAM promotes mutual understanding, respect and reconciliation within and between diverse communities and peoples and reduces their vulnerabilities.

# INTERNAL

# REPORTS

IAM's work would be impossible without the internal departments that support our staff and volunteers. Although this year had some challenges, our internal departments continued to enable our work.

IAM's **Finance Department** is managed and run by young Afghan financial professionals and supported by experienced international volunteers. Its purposes are to support the organisation by providing accurate, timely and actionable financial reporting; to help assist decision-makers in making well-informed decisions; to protect IAM's resources and assets through the implementation of clear processes and internal controls; and to comply with our legal, regulatory and financial requirements, whilst building a working environment that fosters teamwork, good relationships, and fruitful work.

The **National Administration Department** ensures good working relations with government authorities, manages official registration and permissions for all our programmes and assets, maintains work registrations and visas for international staff and visitors, and oversees tasks related to customs, procurement and other essential logistics.

In June, IAM hired a National Human Resources Manager (NHRM) to improve **HR** and staff well-being across IAM. The first six months of holding the post was an unusual period, so the NHRM prioritised communication and tried to strengthen the relationship between the staff and the leadership, with the help of the regional HR employees and focal points. To do so, she led the development of an FAQ document in which staff questions about employment conditions were answered and conducted meetings with women to assure them that their voice was heard at IAM, and their problems and concerns would be addressed. Towards the end of the year, because of her initial observations and evaluation of HR at IAM, she drew the HR employees together to begin work on an HR improvement plan.

The **IAMtech** team maintains the hardware and software that enables IAM to function in the modern world: computers, software licenses, email accounts, website, file sharing, internet contracts, local networks, and policies to prevent improper use and cyber-attacks. In 2021 we worked a system to facilitate file sharing and a central backup of all computers in the office. We were also able to back up a surgical machine in NOOR to prevent hard drive failure. These developments all occurred while continuing to support the usual IT needs of IAM. The significant change in 2021 was in the management of IAMtech, which is now led by a young Afghan professional and staffed in three regions by technicians and programmers who work together to build the capacity of our projects, programmes, and individuals across all IAM locations.

The **IAM Media** team is responsible for this Annual Report and other resources which help raise national and international awareness of IAM, recruitment, fundraising and training. You can check out the latest news from IAM on [iam-afg.org](http://iam-afg.org)

IAM overall is supported and led by the **Executive Director and different leadership groups** that help to ensure IAM's projects and programmes are empowered and equipped to implement their strategies. Support for our international workers also includes a parent-governed primary school, trained language teachers with a flexible modern learning programme (all IAM international staff study Dari or Pashto before they begin work placements), a small personnel/recruitment team (also responsible for HR policies and training for the whole organisation), local maintenance, trained drivers, and security staff.

## PROJECT LOCATIONS



BALKH  
GHOR  
KANDAHAR  
KABUL  
HERAT

# Our Mental Health Programme

We envision an Afghan society where all people, especially young people and those with a psychosocial disability, are mentally well and socially included.

# 2021

Learn more about  
our work in Mental  
Health at [iamafg.org/  
health](http://iamafg.org/health)

# ONE MEETING CHANGED

## HER LIFE

NASIMA'S MENTAL HEALTH JOURNEY



**“My story of mental health challenges begins when my father forced me to marry a man who did not understand anything about life,” Nasima shares.**

“There was always violence in his family; my mother-in-law was beaten by her husband.” For Nasima, days passed in much the same way until they started having children. First, they had a little girl, and two years later, had another little girl. “With the birth of our second daughter, my husband and his family were very upset. Their affronts were increasing day by day, and they were continually insulting me because I had another daughter.”

Things continued in this way until Nasima had her third child – a boy. “When he was born, life started looking up, and I had more good days,” Nasima reflects. For a while, things went well, but before long, her son – still young – became ill and died.

“His death darkened my life and my mental health was worse than

before. I wanted to be alone. Most of the time I did not want to do the housework or even talk to anyone. This made my husband even angrier and he beat me.”

**“Most of the time I did not want to do the housework or even talk to anyone”**

For several years, Nasima carried on this way. But one day, at the insistence of a neighbour, she went to a council meeting in their area. “They talked about mental health in the meeting, and council members spoke about mental health services,” she says. “As the council members spoke about things like isolation, violence, and the reluctance to engage in daily activities that I was experiencing, I thought I might have a mental illness.” When Nasima recognised so much of what they were saying to be true for her, too, she discretely got the address of the centre and went there the next day.

After the first visit, the doctor diagnosed her with depression.

“A year has passed since then, and after a year of receiving treatment, my mental health has improved. I am once again interested in housework. Now I take better care of my children and this situation has had a very positive effect on the atmosphere of my home. My husband and family have changed how they act as well, and sometimes

# MENTAL HEALTH PROGRAMME

## OVERVIEW: 2021



my husband comes to the mental health centre with me.”

Nasima also takes part in a patient support group for her area, where fellow patients meet every month to talk about their illness.

“Joining this group and our local council meetings has helped me have hope in my life, learn new things, and help people who have similar problems,” she shares. With support from the group and the local council, she was even able to join a work programme and learn vegetable pickling. “It has been three months since I first made pickles in my house and sold them to my neighbors, friends, and relatives. This has made me busy, helped me to focus less on life’s problems, and even helped my family with our expenses.”

“I am thankful for the constant support of IAM and the local council, who help many people like me,” Nasima says.

*“Joining this group and our local council meetings has helped me have hope in my life, learn new things, and help people who have similar problems.”*

The effects of our mental health projects are far reaching – not just for those who participate directly, like Nasima has, but also for her family and families like hers.

Keep reading to learn more about each of these projects, and highlights from our work in mental health in 2021.

IAM’s work in mental health envisions an Afghan society where all people, especially young people and those with psychosocial disability (PPSDs), are mentally well and socially included.

We pursue this vision through our comprehensive Mental Health Programme, made up of six different projects: the Youth Emotional Resiliency Project (YERP), the Community Based Mental Health Project (CBMHP), the Child and Adolescent Psychiatry Project (CAPP), the Positive Parenting Project (PPP), the Health Social Counsellors Project (HSCP), and new in 2021, the Mental Health Inclusion Project (MHIP). These projects each contribute to our strategy of developing and demonstrating affordable community mental health services, reducing mental health problems, and increasing emotional resilience. For this report, we have broken down how our projects address the areas of **prevention**, **treatment**, and **advocacy** for a holistic approach that contributes towards lasting hope for people with psychosocial disability.

123,909

TOTAL DIRECT BENEFICIARIES IN 2021

162,692

TOTAL INDIRECT BENEFICIARIES IN 2021

943

PEOPLE TRAINED in mental health, communication, rights, advocacy, life skills, parenting and behavior change communication trainings

87

PPSDS NOW HAVE WORK

137

PPSDS ARE NOW EXPERIENCING MORE SOCIAL INCLUSION

275

HEALTH STAFF, COMMUNITY LEADERS AND VOLUNTEERS received psychosocial first aid and stress management training

# PREVENTION

**We know that we can be proactive about mental health, and that as we do so, we can help to prevent mental health issues before they even begin.** Our Youth Emotional Resiliency Project and Positive Parenting Project both look at areas where we can promote increased emotional resilience, conflict resolution skills, and trauma healing, and reduce violence against children.

## Youth Emotional Resilience Project (YERP)

YERP teaches life skills and techniques for when young adults are confronted with challenges. We aim to give them the tools they need to achieve emotional endurance and strengthen their emotional flexibility.

To do so, the project works closely with the Herat Department of Education, and begins by training teachers in life skills, who then teach these same skills to their students.

*"[Before the course], anger was a strange and uncontrollable force for me. Life was difficult, and I couldn't communicate well with those around me. But later on, self-control exercises helped me to control my anger and refrain from upsetting myself and those around me for no reason. These exercises changed my outlook on life."*

– Zainab,\* YERP student

Students can then share what they have learned about life skills with their peers. We also work with families and communities to increase their knowledge and understanding of these skills in the lives of young people, and work to build relationships between families and schools.

We hold trainings on advocacy, dispute resolution, life skills, and youth rights for members of the teachers' association, supervisory members of the Department of Education, parents, village council members and community leaders,

and involve them in project activities. Through these activities, we see positive effects, such as improved relationships between parents and their children. Tenth graders have learned to talk to their parents about their problems at home and ask them for advice and help.

The year 2021 was quite challenging, with many schools closed due to the coronavirus pandemic. However, the project was able to prepare and carry out our regular activities, which included organising and facilitating training for teachers in 14 schools and providing them with information, education, and communications materials.



Awareness training with YERP

**YERP directly impacted a total of 14,365 people in 2021.**

## YERP HIGHLIGHTS FROM 2021

- 33 teachers from four new high schools participated in life skills training.
- 179 teachers received a refresher training on life skills.
- 4,380 students received life skills training through trained teachers in 12 schools.
- 20 teacher association members benefited from trainings in life skills, youth rights, human rights, petitioning, effective communication, and dispute resolution.
- 15 Education Department employees received various life skills trainings.
- 21 parents' meetings were organised in 14 schools. In total, 225 parents participated.
- Three youth support groups, with 15 members each, were established in four schools.
- 28 community leaders benefited from trainings in life skills, human rights, and the role of youth in society.
- One TV programme about life skills and resilience was prepared and broadcast by a local TV station.



## Positive Parenting Project (PPP)

Violence against children in the home, at school, or in communities has a direct impact on the development of mental disorders in children and youth. PPP aims to improve family function and decrease the level of violence against children in Afghanistan.

We recognise that violence against children within families and at school are two important determinants of psychosocial disability. PPP works closely with parents, teachers, and community leaders, training them on non-violent management and parenting in order to change their attitude and behaviour towards children.

The project also establishes relationships with related NGOs and service providers in order to promote a non-violent environment towards children. We first provide training for NGO staff about mental health and non-violent management. These NGOs can then refer cases to our mental health services and projects to help children and parents. PPP also advocates for children through media campaigns, events, and meetings with other relevant NGOs.

*"I used to think that the only way to manage and control children's behaviour was violence, but now I have different parenting skills, and I believe that even without violence, children's behaviour can be managed."*

– Nawida,\* project beneficiary

*"Previously, the differences between students in my classes were not important to me and I used to compare them. But now I know that children are different, and I no longer compare them."*

– a PPP trained teacher



Non-violence training with PPP

**PPP directly impacted a total of 65,724 in 2021.**

### PPP HIGHLIGHTS FROM 2021

- 69 parents benefited from mental health and non-violent management training
- 71 parents regularly participated in monthly support group meetings and shared their experiences.
- 107 school teachers participated in child mental health training and non-violent classroom management.
- 11 TV programmes focused on non-violent classroom management, parenting, and child mental health were broadcasted by the local TV channel
- 20 community and religious leaders benefited from non-violent management and children's mental health training.
- Three parent support groups organised.
- 138 parents participated in parent-teacher meetings to support children in school.
- 43 students who suffered from mental health problems were identified and referred to mental health centres.
- Three animations on the subject of non-violent parenting were prepared and broadcast by the local TV channels.

# TREATMENT

Our Mental Health Programme aims to **develop and demonstrate high quality, affordable, community based mental health services**, because we know – and want others to know – that mental health can be improved, and psychosocial disabilities can be treated.

Four of our projects have components that focus on **treatment** and **service provision**: our Community-Based Mental Health Project – which you can read more about in the following section on advocacy – our Child and Adolescent Psychiatry Project, Health Social Counselor Project, and our Mental Health Inclusion Project, which began this year.



## Child and Adolescence Psychiatry Project (CAPP)

CAPP is designed to support children with psychosocial disabilities (CPSDs) and their families, to improve their mental and social wellbeing, and to integrate them into society so that they can benefit from their basic rights. The services CAPP provides include medication and counseling for recovery of psychosocial disabilities, depression, anxiety, proactive disorder, autism, learning disabilities, sleep and behavioural disorders for children and their parents.

All of our CAPP activities are designed to emphasise ongoing outcomes, including behavioral changes and healthier social interactions, like allowing children with epilepsy to attend school. We want to ensure the effects of treatment do not stop when interaction with our programming stops, so we follow up with parents to make sure they can continue to provide medicine for their children, too. In a broader sense, we promote lasting social change through television and radio programmes, success stories, and group sharing.

*“After receiving the training sessions on child mental health, I understood that parental love plays a major role in the situation of the children. Now I spend more time with my children, and I love them more. I can see that I wasn’t a good mother to them before.”*

– Zainab\*, a training participant.

This year, we trained community volunteers (CVs), parents, village council members, support group members, government and non-government staff in topics surrounding children’s mental health. All those who were trained shared about the child mental health topics they learned so that they can increase awareness of different types of mental disorders in children. The treatment and prevention services continued in all four centres and CPSDs are benefiting from the services.

TOTAL DIRECT BENEFICIARIES OF CAPP IN 2021

17,642

### CAPP HIGHLIGHTS FROM 2021

- 168 boys and girls participated in counselling group therapy
- Five support groups for parents of the CPSDs formed, 82 men and women participated
- 5,550 community members received mental health awareness training
- 45 PPSDs referred to mental health centres by NGOs and service providers to receive advanced mental health services
- 60% of community volunteers involved in CAPP were women, which will increase women’s access to project services
- In total, 62% of the participants and beneficiaries in this project were women
- Four child friendly spaces established and used by 4,016 CPSDs
- 26 health care staff from different health facilities trained in children’s mental health
- 101 parents of CPSDs received mental health training focused on children’s mental health
- 33 members of the government and non-government staff received child mental health training
- 1,132 received new mental health and psychosocial support services, and 2,323 PPSDs attended follow-up sessions
- Speech therapy established in our CAP centre and benefitted 99 children



## Mental Health Inclusion Project (MHIP)

MHIP was launched in 2021, and aims to ensure that people with psychosocial disability (PPSDs) and children with psychosocial disability (CPSDs) in Herat Province and Lal-wa-Sar-Jangal district of Ghor province are mentally well, and socially and economically included.

The project facilitates access of PPCSDs to mental health services and other specialised services for PPCSDs and CPSDs, including epilepsy services. As economic empowerment is important for PPCSDs and their families, MHIP also implements livelihoods activities to include PPCSDs in income generating activities.

At the community level in Herat and Lal district, we established relationships with local community leaders who received detailed information on the project objectives, outcomes, outputs, and activities. Village council members provided continued support to the project implementation through facilitation of field visits by the staff, supported the implementation of household surveys, introduced community volunteers, and participated in regular coordination meetings to discuss the progress, challenges, solutions, and plans for the project.

Regular coordination meetings were conducted with the identified stakeholders, and they agreed on cooperation such as the referral of participants to our services and sharing our technical resources.

**“My daughter wasn’t interested in going to school – she didn’t pay attention to her studies and preferred to be alone. After receiving counselling services, she is now interested in going to school, studying, and playing with other children.”**

– Sakina,\* a mother of a CPSD

### MHIP HIGHLIGHTS FROM 2021

- Epilepsy department was established in CAP Centre, where epileptic children can now access services in Herat
- Child psychiatrist received a training on diagnosing and managing the treatment of children with epilepsy.
- 16 health staff from different health facilities in Herat province were trained on mental health and epilepsy.
- 4,632 people received awareness training about mental health and special needs of children.
- 222 children with epilepsy received specialised services.
- 10 community volunteers were mobilised and began to serve local communities in Lal district.
- Supportive sessions organised with 87 village council members to increase their understanding about mental health and epilepsy to help them to apply and advocate for mental health services in their communities.
- 20 community/religious leaders received training on mental health and communication.
- 342 PPCSDs and 79 CPSDs benefited from new mental health services.
- 50 PPCSDs included in livelihood activities and received vocational equipment.

## Health Social Counsellors Project (HSCP)

2021 was the third year of HSCP. This project is a training programme that upgrades Psychosocial Counsellors (PSCs) to Health Social Counsellors (HSCs). This project’s training increases access to quality mental health care offered at health care facilities through the government’s Basic Package of Health Services. In collaboration with HealthNet TPO, IAM aims to upgrade a total of 190 PSCs to HSCs in all provinces of Afghanistan.

This year, 45 PSCs from nine provinces (Herat, Farah, Badghis, Ghor, Nimroz, Kandahar, Helmand, Urozgan, and Zabul) were in training in Herat. The participants train in two Dari and Pashto batches, which included 22 women and 23 men.

The year-long training is designed with a theoretical and practical phase, with a month between phases. By the end of the programme, in addition to the psychosocial counselling services participants were previously able to provide, they will also be able to provide

services in the fields of child labour, cognitive behavior therapy (CBT), counselling, work with tuberculosis, AIDS, malaria, heart disease and diabetes patients, and social work with children, adolescents, individuals, groups, and families. They will also receive training in professional ethics and values and grow their skills in locating resources that can be used to address clients’ needs. During the training programme the students receive support supervision in the class and their health facilities. Through the supervision sessions the trainers review the students’ work. Providing phone support is another way of helping them once they are back in their own clinics. In total during 2021, project trainers completed 681 phone supervision sessions, 44 individual field supervisions and 28 group supervision meetings.

The training was supposed to end in December 2021, but due to the third wave of coronavirus, security issues, and the change in government, we have extended the programme. As a result, 45 psychosocial counselors are on track to graduate in the first quarter of 2022.

5,537

DIRECT BENEFICIARIES OF MHIP IN 2021

45

PSYCHOSOCIAL COUNSELLORS IN TRAINING

# ADVOCACY

Our Mental Health Programme sees advocacy as an important aspect of promoting long term inclusion of people with psychosocial disabilities. Through advocacy, we can help families and communities build systems that offer the supports that people with psychosocial disabilities need. While many of our projects include aspects of advocacy, our Community Based Mental Health Project has a strong component of advocacy, in addition to treatment.

**11,953** | TOTAL DIRECT BENEFICIARIES OF CBMHP IN 2021

## Community Based Mental Health Project (CBMHP)

CBMHP provides community based mental health services for People with Psychosocial Disabilities (PPSDs). The project aims to provide sustainable improvement in the lives of PPCDs and their families through integrated social, psychological, medical care and increased social inclusion. The project works closely with community leadership structures to find PPCDs and their families who need help and helps to them find support for their mental health and psychosocial disabilities. The project works in cooperation with village councils to select a few community volunteers, who then play an

*“Before, I was ashamed to participate in group discussions and share my ideas with others. After receiving awareness about mental health and the support of a community mobiliser, I became member of a support group. Now my confidence has increased, I can share my experiences in the group, and I feel better and am more hopeful for life.”*  
 – Zahra\*, a CBMHP participant

important role in mental health awareness, referrals, and home-based follow up.

A team consisting of psychiatrists and counsellors provides mental health services for the PPCDs in the project. Psychosocial support is provided for PPCDs and their

families, with close coordination of the community and psychiatry team. Community mobilisers function as a bridge between the community and project. They facilitate the access of PPCDs and their families to psychiatry services and socio-economic opportunities inside of the community.

The project also establishes networks among the project stakeholders. All of the project stakeholders (Village Committees, PPCDs, family of PPCDs, NGOs, service providers, CVs, and health staff) received mental health training, and as a result of working with these stakeholders, 87 PPCDs were socially included in their community.

## CBMHP HIGHLIGHTS AND STATISTICS

- 2,689 PPCDs and 1,297 CPSDs received new and follow up mental health services.
- 60 PPCD and family members organised into support groups.
- 88 village council members, PPCDs, and support groups for family members of PPCDs received mental health, advocacy, gender, equality, communication and behavior change training.
- 63 CVs received mental health and communication training.
- 87 PPCDs included in the community and currently work to contribute to the family income.
- 50 PPCDs received livelihood support from the project.
- 4,675 people sensitised on mental health, advocacy, and rights by village councils and community volunteers.
- 2,951 brochures and posters distributed to beneficiaries.



Follow up with community volunteers



Income generation activities



Counselling through CBMHP



# Our Education Programme

2021

Learn more about our  
work in Education at  
[iamafg.org/education](http://iamafg.org/education)



# FEMALE TEACHER

# EDUCATION PROJECT

The Female Teacher Education Project (FTEP) is designed to increase access to education for girls by providing a means whereby villages can have their own trained female teachers.

This second round of the project commenced in 2018. FTEP staff worked in partnership with village elders and school principals to identify female students from villages who could qualify to undertake both the government Teacher Training College programme to be recognised as qualified teachers, as well as the FTEP Teacher Training course, where they would be trained in Learner-Centred methodology. 45 female students from 18 villages were selected to join the programme and move into an all-female dormitory with female staff.

In February of 2021, all 45 students graduated from the programme and returned to their villages as qualified teachers and began working in their local schools. The project continues to support each teacher for a further two years, with teacher trainers visiting their classrooms, conducting classroom observations, and mentoring the teachers.

A mid-term external evaluation was conducted in April 2021, once the students had returned to their villages and commenced teaching. The feedback from government officials, village elders, school principals, and families in relation to graduates of FTEP – both in

phase one and two – was incredibly positive.

As a school shura member explained during a focus group discussion, **“the quality of training in this programme is excellent, because the teachers who graduated from this programme are among the most successful and talented teachers in our school, and have had remarkable achievements. You saw their activities in the school laboratory; and it is worth saying that these FTEP graduates use new methods in their teaching that none of the teachers in this school had used before or were even aware of.”**

Family members commented on the transformation they saw in their daughters, which was clear in the evaluation, which said, “Alongside the subject knowledge and ‘hard’ skills (such as specific teaching, classroom management and assessment methods, lesson planning, etc.) that FTEP graduates gained from participation in the programme, of equal, if not greater, importance are the social benefits and ‘soft’ skills (such as self-confidence, self-management, reflection, empathy, communication, coordination and teamwork, questioning, and critical thinking).”

## FTEP HIGHLIGHTS FROM 2021

- 45 young women graduated from TTC and the Female Teacher Education Programme.
- 18 Villages from six districts acquired new female teachers from their own villages.
- FTEP teacher trainers made several calls to each student over the course of the year to encourage and mentor them as they began classroom teaching.
- An external evaluation was completed with very positive results, and stakeholders reporting an increase in female student attendance due to the provision of female teachers from FTEP.
- The external evaluation reported unanimous calls from stakeholders to not only continue but expand the project, recommended a third phase of the project.

# SILK ROAD ENGLISH CENTRE

Since its founding in 2003, the vision of the Silk Road English Centre has remained the same: **to enable Afghan adults to become proficient in English so they can participate in international-level communication, relationships, education, and employment opportunities.**



Students who attend SREC do so for a variety of motivations. Some seek to increase their English competency to the level where they can study their master's degree abroad. Others seek to gain employment or a promotion at the offices of international development agencies that operate in English. Many desire to access the wealth of information available through the internet and social media. Whatever the motivation, students come to SREC as it is one of

the only places in Mazar where they can receive instruction from native English speakers.

SREC teachers provide lessons on English speaking, writing, listening, and reading. They also teach key life-skills, such as CV writing and job interviewing, academic essay writing, and critical thinking. The majority of students study at SREC between six months and several years.

**"TOEFL class not only helped me in achieving my goals, but it also helped me to create a new vision for myself"**

– Naim\*, a TOEFL graduate

## SREC HIGHLIGHTS FROM 2021

Due to COVID-19 restrictions and the political situation, SREC was only able to operate for a few months in 2021. Nevertheless, during that time:

- 79 students attended English classes at SREC.
- 47% of the students were women.
- 41 students finished a Test of English as a Foreign Language (TOEFL) preparation course.
- 18 students finished our 6-month pre-intermediate level course.



# PEACEBUILDING

# PROJECT

IAM's Peacebuilding Project started with the belief that an individual's peace can lead to peace between others, and eventually peace throughout whole society. We started our work with teachers, young adults, and teenagers, all of whom can have a remarkable and positive impact on peace at a societal level by starting with themselves. We work to prepare young peoples' minds for peace, which then ripples outwards, resulting in a peaceful, committed, and hopeful society.

In 2021, IAM's Peacebuilding Project continued its activities within schools. By training 80 teachers, we were able to deliver life skills lessons to 1,113 students from 10 schools. In these lessons, important topics and skills including dealing with anger, coping with grief, peer pressure, time management, self-confidence, and life choices were covered. Our hope is that students will continue to apply these principles throughout their lives and reflect what they have learned to the society. This will not only promote personal success but also peace on a wider scale.

Due to COVID-19, 2021 was a challenging year, but our work was still able to continue, because our life skills lessons were taught to students

by their own teachers prior to school closures.

In early July, we communicated with 10 schools chosen by the Kabul Directorate of Education, which included five girls' schools, three boys' schools and two mixed gender schools. Peacebuilding training of trainers (TOTs) were facilitated for 58 teachers from 10 schools, but due to mid-year exams in schools and shortage of teachers, 22 teachers could not participate in the trainings. Later in August, because of closing schools, peacebuilding trainings were not conducted in schools.

In peacebuilding trainings, important topics taught include conflict, conflict resolution, conflict resolution tools, cycles of violence and peacebuilding,

and communication skills.

In early August, Peacebuilding staff participated in positive parenting training, where they learned about topics such as: every child being different; loving and nurturing children, toddlers, middle aged children and teenagers; levels and types of growing; and parenting skills and styles. Positive Parenting trainings are helpful to empower and educate children, their parents, and teachers. Moreover, it can prevent children from becoming violent, which can eventually eradicate violence from society.

"I used to avoid conflict," said Wazhma, an 11th grade student who participated in our peacebuilding training. "I thought it was something negative, and the main cause of fighting. But now, after participating in the peacebuilding classes in my school, I know that conflict can be an opportunity or a danger in life, and it's up to us how to use it. Now, I know that if I see a conflict as an opportunity, I can look at the issues behind the conflict and find a better solution."



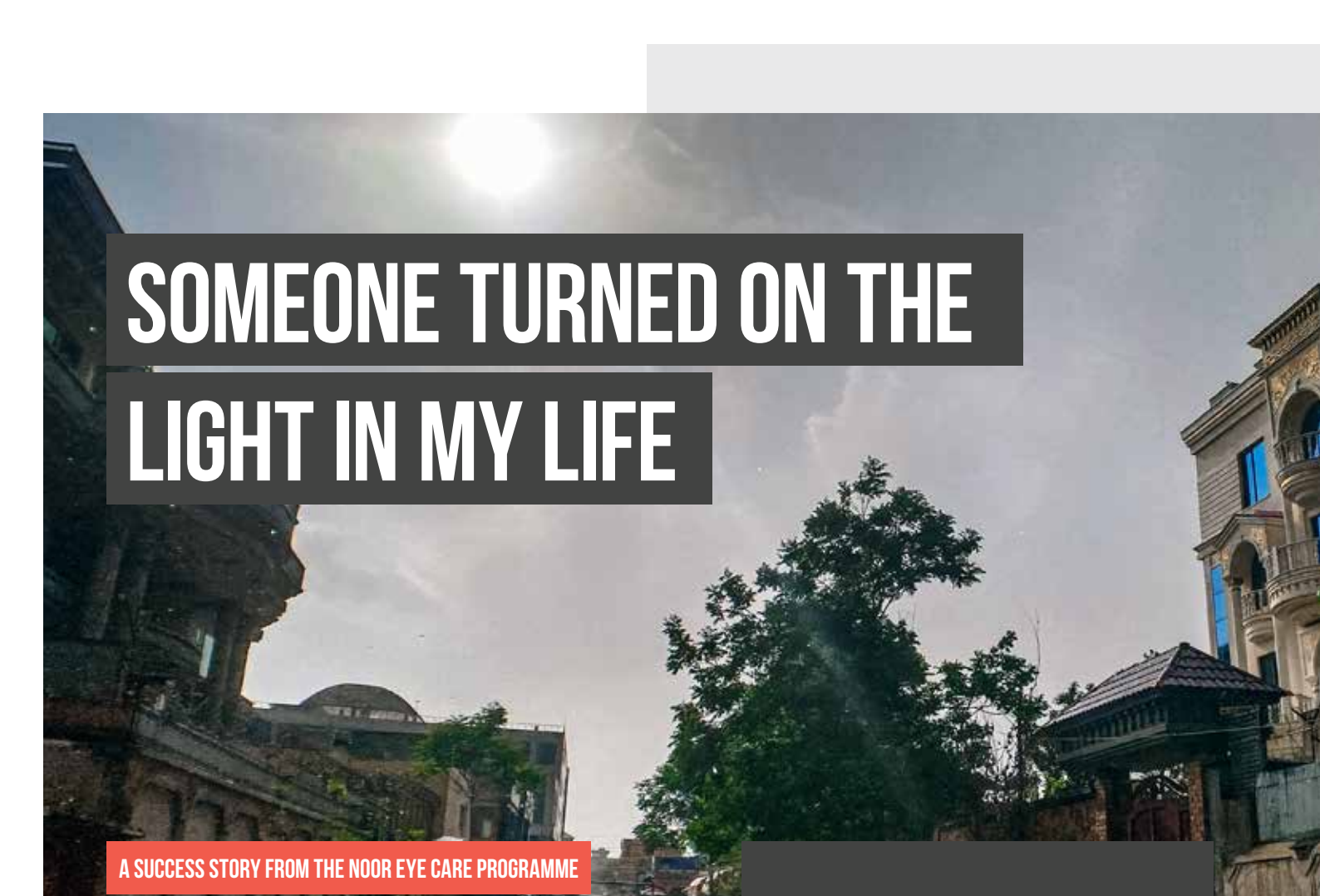
# Our Eye Care Programme

We envision the eradication of preventable blindness in Afghanistan.



2021

Learn more about our work in Eye Care at [iamafg.org/eyecare](http://iamafg.org/eyecare)



# SOMEONE TURNED ON THE LIGHT IN MY LIFE

A SUCCESS STORY FROM THE NOOR EYE CARE PROGRAMME

## For years, three of Ahmad's nine children could not see.

But when Ahmad heard from a neighbour that he could take his children to the Mazar NOOR Eye Hospital and they would see again, he hesitated. His focus had been on feeding his family, and he did not have any money left over to pay for their treatment.

When his neighbour insisted that he should go and ask for help, Ahmad eventually agreed, and took his one blind daughter and two blind sons to the NOOR hospital in Mazar.

Each child had cataracts in both eyes, and when the staff asked why they had not come sooner, Ahmad shared his struggle. NOOR was able to offer him free treatment and gave him a date for his children's surgeries.

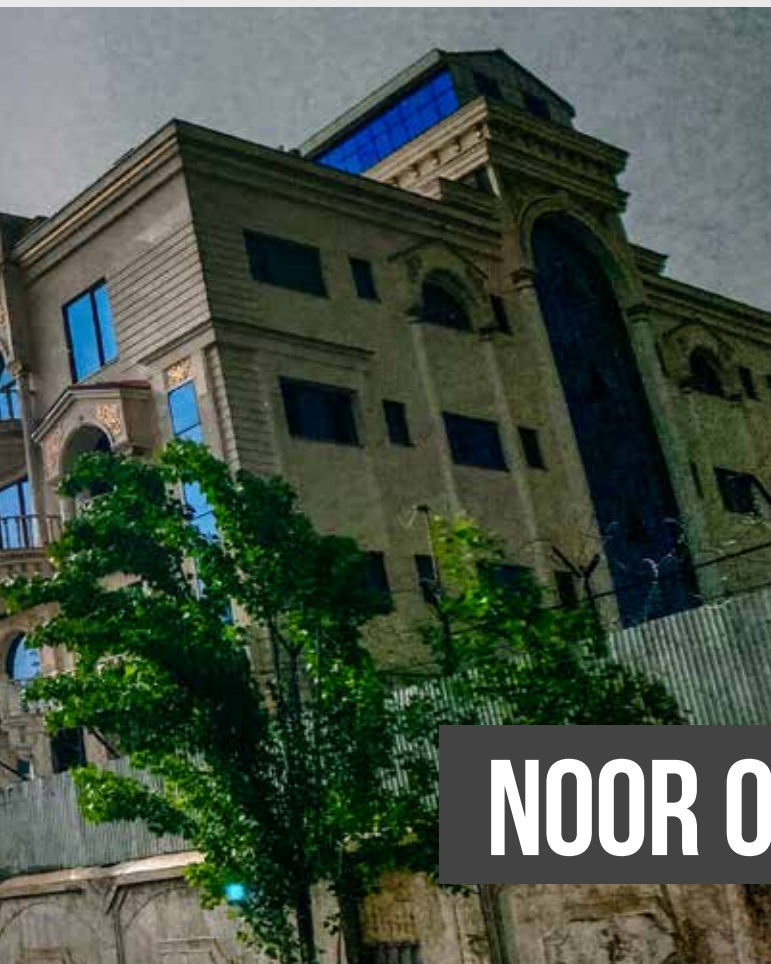
**“My children couldn't sleep the whole night before the surgery, they were so happy with the thought that the next day, they would be able to see once again,” Ahmad shared.**

After the operation, the children's vision improved from only perceiving light to seeing at six metres what a normally-sighted person can see at 24! They will continue to improve in the coming days as their wounds heal.

When the hospital manager asked one of the boys how he felt after the surgery, he responded, “I feel like someone turned on the light in my life.”

## HIGHLIGHTS FROM 2021

- 10 residents were in training
- 2,887 sight-saving Avastin injections given
- 883 patients underwent Phacoemulsification surgery for cataracts
- 26 ophthalmic technicians in training
- 25,974 pairs of glasses sold
- 422,853 bottles of eye drops produced
- 159,201 patients examined
- 10,880 operations performed
- Four ophthalmologists trained in phacoemulsification surgery
- Eight family medicine doctors from CURE international hospital participated in a month-long training in ophthalmology



# NOOR OVERVIEW: 2021

**IAM’s NOOR Eye Care Programme began in 1966, and we have partnered with the Ministry of Public Health for the past 55 years to found and support eye care facilities throughout the country.**

We do this all to achieve our vision: **to see preventable blindness eradicated in Afghanistan.**

By providing **training** to eye care professionals, working in **service provision**, and producing high quality pharmaceutical **products**, we are able to make a difference in the lives of many Afghans each year.

Even though there were plenty of challenges this year, including changes in government and a third wave of COVID in Afghanistan, NOOR continued to work throughout 2021. As a result, more patients benefited this year compared to 2020.

## VISION CENTRES

Primary eye care centres

- Five new centres opened
- 5,067 patients examined
- 18 operations performed
- 595 pairs of glasses sold
- 297 patients referred to equipped eye hospitals



# TRAINING

**We see training eye care professionals as an integral part of reducing preventable blindness throughout Afghanistan. The more professionals in eye care there are, the more people who can receive the treatment they need.**

NOOR facilitates training through our residency programmes in Mazar and Kabul – with 10 residents in 2021 – as well as through our NOOR Eye Care Training Centre (NETC) and our Ophthalmic Technician Training Programme (OTTP), which trains mid-level eye care professionals.

NETC is our Kabul based eye hospital, and while it provides eye care services to more than 50,000 patients annually, it is also the main training centre for other NOOR projects,

ophthalmic technicians, resident doctors, and family medicine doctors who come for ophthalmology training from other hospitals. In 2021, NETC trained eight family medicine doctors from CURE International Hospital in ophthalmology, and trained four of our own ophthalmologists from Mazar, Kandahar, and Kabul in phacoemulsification surgeries – the latest cataract surgery technique involving state of the art technology, which increases the safety and effectiveness of procedure.

The focus of OTTP is to recruit students from underserved areas of the country and train them so that when they return to their home communities, they can provide access to primary eye care services where there were previously none.

In 2021, two classes with a total of 26 students were in training as ophthalmic technicians – which will become the 15th and 16th graduating classes since OTTP began.

Our OTTP is the only training programme for mid-level eye care professionals in the country. The training



has both practical and theoretical parts. The private sector tried to train OTs, but their training failed due to lack of practical application work. As a result, the vast majority of ophthalmic technicians working in Afghanistan have been trained by us, making NOOR the country's leading organisation in eye care, both in providing services and training professionals.

In 2021, NOOR decided to extend the training of OTs from two years to three years. The first two years will be mostly theoretical training with the third year being fully practical. The hope with this change is to graduate qualified OTs who can work more independently after graduation.

Once OTs graduate, they will be able to perform primary ocular diagnostic examinations, refractions, prescribe glasses and contact lenses, diagnose and treat simple eye diseases in the regions where there are no ophthalmologists, conduct and perform screenings for prevention of blindness programmes, train community health workers, and assist ophthalmologists in outpatient and inpatient care as well as in the operating room.



# SERVICE DELIVERY

## According to WHO and International Agencies for Prevention of Blindness (IAPB) statistics, 1.5 to 2% of the Afghanistan population is blind, but if treated in time, 80% of this blindness is avoidable.

Our core goal in service delivery is to provide quality and affordable eye care services to reduce the prevalence of avoidable blindness in the country.

NOOR is involved in providing or supporting most public eye care services available in Afghanistan. We operate three referral hospitals and one satellite surgical clinic: the NOOR Eye Care Training Centre (NETC), Mazar Ophthalmic Centre (MOC), Kandahar NOOR Eye Hospital (KNEH), and Dasht-e-Barchi Clinic. In each of these locations, NOOR provides eye care services, including examinations, different types of eye surgeries, distributes eyeglasses, and produces eye drops. We also aim to continuously improve the quality services we provide by equipping NOOR facilities with modern technology and training doctors in new techniques.

In Kabul, Dasht-e-Barchi clinic sees 20,000 patients annually, and NETC

provides eye care services to more than 50,000 patients annually. NETC also functions as a referral hospital for other NOOR locations. In 2021, NETC was equipped with a modern Optical Coherence Tomography (OCT) machine, which enables examiners to detect the early onset of a variety of eye conditions and diseases, including macular degeneration, glaucoma, and diabetic retinopathy – which are the top three diseases known to cause blindness. NETC was also equipped with a laser machine, which will be used for treating medical retina. The use of the laser machine was supposed to begin in 2021, but due to the change in government and COVID restrictions, NOOR was not able to invite expertise from outside of the country to train NOOR doctors. Our hope is that NOOR will be able to receive training and begin using this machine in 2022.

MOC examines around 80,000 patients per year, and is the only non-profit public eye hospital in the northern part of Afghanistan that provides affordable, quality eye care services. In 2020, MOC began offering Avastin injection services for patients suffering from diabetes, hypertension, or other vascular disease, eliminating the need for patients to travel to Kabul or Pakistan to get the injection. In 2021, MOC also started providing phacoemulsification surgeries.

KNEH provides eye care to approximately 24,000 people from Kandahar and the surrounding

southern regions each year, and since its start in 2006, has had only one ophthalmologist. In 2021, the second doctor was successfully recruited. As a result, we have been able to increase surgeries and help more people in the region. In addition, in 2021, KNEH was equipped with a second-hand OCT (Optical Coherence Tomography) machine which helps to detect the early onset of a number of eye conditions and can determine if patients need Avastin injections. One of the doctors also started Phacoemulsification surgery training in Kabul and we hope to have him complete his training in February 2022. Then we can offer Phaco surgeries in KNEH as well. Before the introduction of OCT and Avastin, Kandahar patients would have to travel to Kabul or Pakistan to get the required treatment. Accessibility of Avastin injections and the OCT machine has increased the affordability of treatment for patients in the region.

Additionally, NOOR provides logistical support and financial oversight to Kabul MoPH Eye National and Specialty Hospital (KMNSH) and logistical support to the Herat Ophthalmic Centre. In 2021, one of the KMNSH doctors was trained in Avastin injections which are now also offered in this hospital. These two referral hospitals were founded by NOOR and continue to operate under IAM NOOR protocols.

NOOR also opened five new Vision Centres (VCs) this year. These centres are in areas that previously had no access to primary eye care services. In addition to providing these services, they can refer complicated cases to an equipped eye hospital, and they help to form a network that makes eye care services accessible and affordable for the patients. While we had hoped to open six centres in 2021, this was not possible in one location, but we know that the five opened will be impactful. Going forward, we will offer support to these centres, including marketing training and financial support to ensure sustainability.



# PRODUCTS AND ADMINISTRATION

NOOR Central Administration (NCA) supports all of NOOR's work through security, human resources, government liaison, and finances. NCA also produces high-quality eye care products, with which we stock our own hospitals, clinics, and vision centres, and can help to stock other hospitals and clinics around the country. Just like everything we do at NOOR, we see access to high quality products as part of our work towards eradicating preventable blindness –both doctors and patients need to know the medicine they are prescribing or using is reliable and will truly help them.

Most of our eyedrops are produced in NOOR's own pharmaceutical laboratory. NCA imports raw materials for the production of eye drops from neighboring countries, and then our staff in Kabul, Mazar, and Herat get to work, making them into useful products for the people of Afghanistan. The finished products, which are used for treatment or diagnostic purposes, are supplied to both direct and indirect NOOR projects, as well as the private sector.



STAFF COMPLETING THE PACKAGING OF EYE DROPS



**In 2021, NOOR was able to install an automatic filling machine for eyedrops, which increased our production volume by 57%!**

It also helped to ensure the quality of the product and reduce the workload on our staff, as they were previously filling and capping each bottle by hand.

A constant supply of eye care materials is vital for all levels of eye care in Afghanistan. Therefore, IAM NOOR will continue to import and manufacture medicines, eyeglasses, and other needed supplies until these materials are locally available, affordable, and reliable.



# Our Development Programme

We envision an Afghan society that is emotionally, academically, physically, and socially enabled to meet their basic needs and lead their own further development.

# 2021

Learn more about our  
work in Development  
at [iamafg.org/development](https://iamafg.org/development)



**“WE NEED HER**

**TO COME AND HELP”**

**RIPPLE EFFECTS OF BIRTH AND LIFE SAVINGS SKILLS**

**Sughra\* was visiting her relatives when Jamal,\* a man her relatives had hired to help with planting, came in to ask about his sister-in-law, who was in labour.**

“Jamal was told that the baby had been born, but that many hours later, they were still waiting for the delivery of the placenta,” Sughra recounts.

“He became very concerned. He knew the implications could be serious, as some years earlier he had lost his own wife from complications due to a retained placenta. Now his sister, a mother of two small children, was potentially facing the same situation.”

It was then that Sughra spoke up. “A few months ago, some trainers came from Lal to teach people in our village about safe childbirth,” she told Jamal. “Soon after, my daughter-in-law gave birth but it took a while for the placenta to deliver. Remembering what we had been taught, I put the baby to the mother’s breast. She quickly pulled the baby away because the afterpains became so strong. I told my daughter-in-law to let the baby nurse, because sucking stimulates the womb to contract and expel

the placenta. She then allowed the baby to latch on again and the placenta was delivered shortly afterwards.’

Upon hearing Sughra’s story, the man went to his sister-in-law’s home and explained what to do to the family.

“After a few minutes, two village midwives showed up and asked me to come and help, because they had tried and couldn’t get the baby to latch on. I was reluctant to go because it isn’t our custom [there is a cultural taboo against people outside of the family visiting during the first forty days after delivering], but finally I agreed to go and stand in the doorway giving instructions.”

“I told them two women should support her, one on each side, and help her to a squatting position. I told the two other helpers to take the baby and put it to the mother’s breast. After quite a bit of trying, they finally got the baby to latch on and the baby sucked



## OUR COMMUNITY DEVELOPMENT PROGRAMME FACILITATES COURSES IN BIRTH AND LIFE SAVING SKILLS (BLISS).

BLISS gives participants the tools they need to prevent issues in pregnancy, childbirth, and the first year of life, as well as how to deal with issues when they arise. Our hope is always that people will share what they have learned with others, and this story shows just how far those ripple effects can reach – beyond multiple families and villages!

strongly for a good fifteen minutes.”

After nearly twenty-four hours of the placenta being retained, it was finally expelled.

“Everyone in the family was amazed at how well this method worked, grateful and relieved that the mother had safely come through her third delivery.

“But this isn’t the end of the story! I stayed with my relatives for a week. Two or three days after that incident, a messenger came from yet another village. ‘Where is that woman who studied what to do for problems during childbirth? We need her to come and help another woman whose placenta hasn’t delivered.’ So, I went and helped her in the same way!”

**“Everyone in the family was amazed at how well this method worked, grateful and relieved that the mother had safely come through her third delivery”**

In 2021, our Community Development Project completed 33 men’s BLISS courses and 35 women’s BLISS courses, with 790 participants, and eight other women’s BLISS courses were started. These eight courses will be completed in 2022.

**“Where is that woman who studied what to do for problems during childbirth? We need her to come and help another woman”**

Birth and Life Saving Skills (BLISS) is only one aspect of our development work. For all of our work, our hope is that people will share what they have learned with others, and Sughra showed just how far those ripple effects can reach – beyond multiple families and villages!

# COMMUNITY DEVELOPMENT PROGRAMME



Our Community Development Programme (CDP) works to **reduce the effects of poverty, conflict, and vulnerability by building families' and communities' capacity to meet their basic needs, increase resilience and improve the quality of their lives.**

We recognise that poverty is complex, which is why we work in four different areas to partner holistically with communities and address issues from a variety of angles.

We look at issues and partner to find solutions for **improved food security, nutrition, and sanitation practices** in rural communities. That means developing water plans and building water systems with communities to ensure that everyone has access to a clean water system that works for their community. Other activities include facilitating courses in water and sanitation hygiene; working together to build sanitary latrines for each family; building kitchen gardens and facilitating hands-on learning with planting, caring for, harvesting, and cooking nutritious vegetables; screening for and providing nutritional counselling or referrals for malnourished children; and working on food storage options to increase access to nutritionally diverse foods all year long.

We aim for **improved maternal and infant health**, with the goal of reduced maternal mortality in the district. By facilitating courses on birth preparedness, complication readiness, and safer birthing practices, community members – both men and women – have the tools they need to be proactive in pregnancy, birth, and the first year of life to prevent problems, as well as respond to complications.

Another area of our work is focused on **improving economic capacity** through organising self-help groups for women, researching agricultural best practices for better yields and more resilient crops, and increasing income generating opportunities like tailoring.

Finally, we work in the areas of **education and empowerment** in our partner communities, through training for inclusive development committees, facilitating courses on adult literacy, peacebuilding, conflict resolution, drug awareness and prevention, and working to raise awareness about and to support those with physical disabilities.

While 2021 was a challenging year, with multiple pauses in project activities due to a COVID-19 spike, periods of insecurity, and a pause on project work from when the government changed in August to the end of the year, there were still plenty of exciting new accomplishments. In addition to our regular activities which are summarised in the statistics and activities section, we were able to begin our work on a demonstration plot for sustainable agriculture, continue developing resources and mobility devices for people with physical disabilities, and add new lessons on post-natal depression to our BLISS courses!

## CDP directly impacted nearly 4,000 people, and indirectly impacted over 7,500 people.

- 228 children under the age of 5 measured for malnutrition, and 1 child with severe malnutrition referred to the clinic.
- 114 women and 17 men participated in practically growing vegetables on demonstration farms.
- 5 women's tailoring courses started in 5 villages and 32 women participated, which will be completed in 2022.
- Stonework, cement rings, and plaster completed on 33 private latrines completed. From this, 47 families will gain access to safe latrines.
- 33 men's BLISS courses with 376 participants and 35 women's BLISS courses with 414 participants.
- 18 public latrines in 6 villages started and stonework was completed.
- 11 self-help groups established in 9 villages in the new area and 157 women participated in the groups.
- 8 women's BLISS courses started in 8 new villages and 121 women participated, which will be completed in 2022.
- 34 girls and 41 boys in 3 villages participated in child-to-child course, which will be completed in 2022.
- Village committees formed in 20 partner villages.
- 14 farmers cultivated the best performing variety of rust-resistant wheat and were involved in demonstrations on the use of tractors, seeder machines, herbicides and weed control.

# MAZAR LIVELIHOODS AND DEVELOPMENT PROJECT

Mazar Livelihoods and Development Project (MLDP) works with internally displaced people with the goal of fostering communities that are safe, healthy, and able to handle stress, shock, or uncertainty as individuals and together as a community.

To work towards this goal, we facilitate lessons in water and sanitation hygiene, have practical training on different agricultural and kitchen gardening techniques, including seed distribution, and facilitate courses on income generating activities. This year, that included distributing raw wool that could be made into yarn for resale, holding embroidery courses, training young women as beauticians and hairdressers, and young men as barbers. In addition, we set up or work with existing village development councils to promote sustainability, and offer trainings about inclusive governance, advocacy, development, and responsibility.

This year, we were also able to respond to a request for women who didn't have bathing rooms, and partnered with families who couldn't afford to build their own so that they could have a place to bathe.

**In 2021, our work directly impacted nearly 400 people, and indirectly impacted over 700.**

- Organised training for 32 village council members on responsibility, communication, advocacy, and village development.
- Three young men participated in a barbershop course.
- 60 community members trained on planting vegetables in polytunnels.
- 60 community members trained in kitchen gardening.
- Four people trained in drip irrigation.
- Four people trained in building and planting in greenhouses.
- 29 young women participated in a hand embroidery course, to promote income generation.
- Distributed wool to 70 women to spin the wool into yarn for income generation.
- 70 women participated in self-help groups.
- Organised two child-to-child courses for 37 kids not attending school.
- Distributed materials for building 19 bathing rooms and partnered with families to build them.

**"When I saw the benefits of growing vegetables, I built another greenhouse without the help of the office. Now, I grow vegetables during the winter, and I can sell the harvest." – Hamid Gul\*, a community member who saw the positive effects of our demonstration greenhouse**



# NETWORK FOR ENVIRONMENTAL HEALTH AND AGRARIAN LEARNING

## EXPERIMENTING WITH A LAYERED COMPOSTING TECHNIQUE

**NEHAL, which means ‘sapling’ in Dari, began in 2021, with the goal of combatting the issues of climate change and the state of agriculture through sustainable and regenerative water management, soil building, and growing techniques.**

**Through this project, we aim to demonstrate permaculture practices and share what we learn by partnering with Afghans in sustainable and regenerative practices that can be applied by a wide range of people in various circumstances.**

Because 2021 was NEHAL's first year, our main activities focused on gathering information and conducting research on sustainable agricultural practices, which we hope will later lead to addressing the environmental and agricultural issues through the application of permaculture principles. Permaculture integrates land, resources, people, and the environment through mutually beneficial synergies. Because permaculture addresses ecosystems as a whole rather than focusing only in one area, its techniques and methods provide a holistic and comprehensive way to look at land and determine exactly what is needed regarding water, soil, wind breaks, and natural disaster management, to address the ecological issues at hand.

In 2021, progress began slower than we had hoped, as getting permissions became more complicated due to a changing system. After months of waiting, we finally secured permissions at a national level in June, and provincially in July.

While we couldn't start the project on a large scale due to lack of permissions until later, we were able to hire staff and begin research at our regional office.

This included creating a compost tea system with local resources that is replicable for farmers; researching the use of locally made compost tea in place of chemical sprays; trialling some irrigation techniques; and a hot compost system that only requires 18 days from start to finish, which would allow farmers to create high quality, affordable fertilizer in a short timeframe. This system has the potential to generate income if a farmer sells this compost to others, or simply as an expedient way to create high volumes of quality fertilizer and kill weed seeds in the compost, as opposed to common “cold” composting techniques. NEHAL staff also developed a planting guide for the Mazar area, which details planting, tending to, and saving seeds for different vegetables, as well as when it is best to plant and harvest them.

In July, initial surveys in several potential communities on the outskirts of Mazar indicated that most farmers were struggling with limited water availability and a reduction in soil fertility, despite using chemical fertilisers.

Unfortunately, due to increasing insecurity and then a change in government, the project was put on hold from August through to the end of 2021.

# COVID-19

## RAPID RESPONSE



In 2021, the COVID-19 crisis entered its third wave in the country. The number of positive cases drastically increased, and all related hospitals were at near-full capacity. The lack of equipment, medications, and disposable materials (such as Personal Protective Equipment, antiseptic materials, face masks and gloves) was challenging for the front-line workers and made it hard to safely treat COVID-19 patients in the hospitals.



According to these needs, IAM's Mental Health Programme took action to reduce both the physical and the psychological risks of people during the Corona pandemic, in addition to continuing our normal mental health activities with adjustments made to prevent the spread of the virus. The implementation of this project was an outstanding asset for the Public Health Directorate to overcome some of the challenges surrounding COVID-19 in Herat province.



The COVID-19 project response targeted existing local community structures to maintain sustainable changes. We trained the local health facility staff, community leaders, religious leaders and community volunteers who were willing to continue the public awareness raising activities on prevention measures in their local communities. We also worked to provide vulnerable households with hygiene toolkits, some key health facilities with PPE, and distributed facemasks in communities. In addition, we opened a telephone line so that programme counsellors could provide online counselling for those who needed it most during the crisis.

### HIGHLIGHTS FROM COVID-19 RAPID RESPONSE IN 2021

- 10 health facilities received PPE kits and prevention materials for three months.
- 2,150 vulnerable households receiving hygiene toolkits.
- 15,000 community members sensitised about the importance of using face masks.
- 5,000 community members received face masks during campaigns.
- 95 health workers trained in Psychological First Aid.
- 50 CVs trained in Psychological First Aid.
- 1170 community members received Psychological First Aid awareness by the trained health workers.
- 54 CVs received training on stress management and trauma healing/resilience trainings.
- 1,550 community members participated in awareness, trauma healing/resilience campaigns about stress management organised by CVs.
- 710 community members benefited from mental health and psychosocial support through telehealth and face-to-face counselling.
- 620 COVID-19 patients and their families received counselling services during their illnesses.



# COMMUNITY BASED PALLIATIVE CARE

**In 2021, our Community Based Palliative Care Project (CBPC) entered its second year. CBPC is a pilot project that aims to help patients who have lifespan limiting illnesses, their families, communities, and local health care providers to enable an optimal quality of life for these patients.**

Palliative care serves patients with active, progressive, far-advanced disease with a limited life expectancy, focusing on their dignity and quality of life.

While Afghanistan currently has no palliative care services, our hope is that by working in a community-based fashion, the CBPC Project will help to build the capacity of local health care professionals to provide basic palliative care, and also help patients, families, and communities to know what they can do, too. When the entire community comes together to support a patient, patients can live and die with dignity – being cared for physically, emotionally, and spiritually. And as communities learn to support and work together in this way, long-term, sustainable practices can be created.

In 2021, CBPC continued to develop materials and hire and train four staff, network, mentor, and spread knowledge about palliative care principles and practices. Our hope was to then survey local communities, physicians, patients, and families to determine what was needed, and then establish professional and community networks, teach local physicians about palliative care basics, and set up referral systems for the CBPC Project.

Unfortunately, due to a deterioration in security and the evacuation of international volunteers – who were heading up the project – we made the difficult decision to close CBPC in late 2021.



# PROMOTION AND SUPPORT OF EARLY INITIATION OF BREASTFEEDING PROJECT

Breastfeeding is one of the most effective ways to ensure a child's health and survival. In fact, WHO and UNICEF recommend that new mother's initiate breastfeeding with their babies within the first hour of birth and be exclusively breastfed for the first 6 months of life.

That's why our Breastfeeding Project continued in 2021, with two of IAM's international volunteers promoting

and assisting women at the local hospital with early breastfeeding. Due to COVID-19, the majority of their time was spent on the caesarean wards helping women, their babies, and their families following surgery. There, women who have just had a caesarean are less likely to breastfeed early due to pain, challenges in positioning, and a belief that they do not initially have milk.

They are not usually encouraged to try breastfeeding by their families or hospital staff, and instead give their babies sugar solution, powdered milk, or even tea. Through education, coming alongside women and showing them solutions to early breastfeeding after a caesarean, we were able to help over 250 mothers and their new babies to get the best start possible!

**A snap shot of the impact of our breastfeeding project:**

**"Today, one woman was three days post caesarean and hadn't tried to breastfeed her baby as she was insistent she had no milk. The baby fed beautifully straight away and the mother-in-law listened intently to everything we said and repeated it all back to another relative."**

## **HIGHLIGHTS FROM 2021:**

- Over 250 receptive mothers and their families keenly listened to our education and put it into practice.
- Hundreds of leaflets giving information and practical advice about breastfeeding distributed to women.
- Assisted and educated mothers following the birth of twins and even triplets to initiate breastfeeding early.
- Spent time with midwifery students, educating them on the importance of promoting early breastfeeding, and encouraging and assisting them to promote early breastfeeding with their own patients, too.

# FINANCIAL REPORTS

## PROGRAMME EXPENSES

	Project Expenditure	Volunteer	Type
<b>Kabul</b>			
NOOR Central Administration	426,341	40,000	Eye Care
NOOR Eye Care Training Centre	550,119		Eye Care
Ophthalmologist Technician Training Project	75,531		Eye Care
Dashte Barchi Eye Clinic	105,148		Eye Care
Peacebuilding Project	61,340	-	Development
<b>Balkh</b>			
Mazar Ophthalmic Centre	445,546	10,000	Eye Care
Silk Road English Centre	11,486	95,000	Education
Female Teacher Education Project	94,944	75,000	Education
Mazar Livelihoods and Development Project	35,558	2,500	Development
NEHAL	8,382	37,500	Development
Community Based Palliative Care Project	18,067	174,000	Health
<b>Central Highlands</b>			
Community Development Programme	237,101	257,500	Development
Mental Health Inclusion Project	29,161	-	Mental Health
<b>Herat</b>			
Community Based Mental Health Project	209,945.00	15,000.00	Mental Health
Youth Emotional Resilience Project	109,535.00	15,000.00	Mental Health
Child and Adolescent Psychiatry Project	141,567.00	15,000.00	Mental Health
Positive Parenting Project	91,722.00	15,000.00	Mental Health
Health Social Counsellors Project	105,164.00	-	Mental Health
COVID-19 Rapid Response Project	159,632.00	-	Health
Mental Health Inclusion Project	81,968.00	-	Mental Health
<b>Kandahar</b>			
Kandahar NOOR Eye Hospital	213,527.00	10,000.00	Eye Care

### CORE VALUE IN ACTION: ACCOUNTABILITY

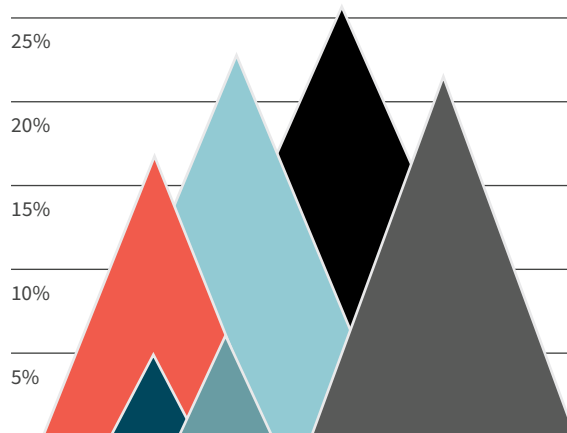
WE WILL DO WHAT WE SAY AND WHAT IS RIGHT, BE TRANSPARENT ABOUT WHAT WE DO AND THAT WILL BE SUBJECT TO INTERNAL AND EXTERNAL EVALUATION.

Reserves	
General and Board Designated Funds	1,031,007.00
Designated Project Funds	934,799.00
Donor Restricted Funds	38,743.00
Restricted Asset Funds	308,815.00
<b>TOTAL</b>	<b>2,313,364.00</b>

Assets	
Fixed assets	423,128.00
Inventories	141,873.00
Debtors	405,298.00
Cash in hand at bank	1,764,609.00
<b>TOTAL</b>	<b>2,734,908.00</b>

Liabilities	
Team Member, Staff and Agency	29,591.00
Accrued Expenses	29,300.00
Tax Liabilities and Tax Payables	7,521.00
Other Payables	116,457.00
Deferred Income	-
Severance Payable	238,674.00
<b>TOTAL</b>	<b>421,543.00</b>

## Countries of International Income



United Kingdom: 26%    Australia: 17%  
 Norway: 23%    European Union: 6%  
 United States: 22%    Other: 5%

## Expenditure by region



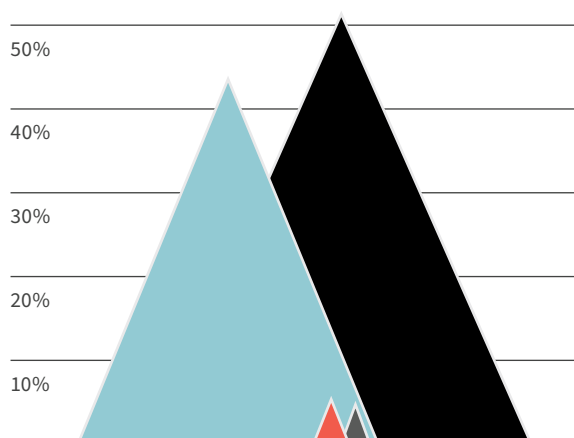
Kandahar: 7%    Herat: 28%  
 Central Highlands: 8%    Kabul: 38%  
 Balkh: 19%

## Expenditure by theme



Eye Care: 57%    Development: 11%  
 Mental Health: 24%    Education: 3%  
 Health: 6%

## Sources of Income



Locally Generated Income: 53%    Non-member agencies: 3%  
 Member agencies: 42%    Individuals: 2%

# DEAR PARTNERS,

Our work in 2021 would have been impossible without your support! We want to thank the following organisations:

## **Cyan**

Community Development Programme  
HQ Finance Department  
Mental Health Inclusion Project  
Network for Environmental Health and Agrarian Learning  
Youth Emotional Resiliency Project

## **Digni**

Female Teacher Education Project  
Community Based Mental Health Project

## **Ember**

Child and Adolescent Psychiatry Project  
Youth Emotional Resiliency Project

## **EU**

Health Social Counsellor Project

## **GBGM/UMCOR**

Community Development Programme  
Community Based Palliative Care  
Child and Adolescent Psychiatry Project  
Youth Emotional Resiliency Project



## **Global Team**

Community Based Palliative Care  
IAM General Fund  
Youth Emotional Resiliency Project

## **Interact**

Child and Adolescent Psychiatry Project  
Community Development Programme  
Mazar Livelihoods and Development Project  
Youth Emotional Resiliency Project

## **Mairie de Chene-Bourg**

Network for Environmental Health and Agrarian Learning

## **MCC**

Community Based Mental Health Project  
Peacebuilding

## **MCCN**

Community Based Mental Health Project  
Mental Health Inclusion Project



Funded by  
the European  
Union



## **TEAM**

Silk Road English Centre

## **Tearfund Australia**

Community Development Programme  
Network for Environmental Health and Agrarian Learning  
Positive Parenting Project  
Youth Emotional Resiliency Project

## **Tearfund UK**

Community Development Programme  
Youth Emotional Resiliency Project

## **UCC**

IAM General Fund

## **UK Aid**

Community Development Programme  
COVID-19 Rapid Response





# DEAR READERS,

If reading through this report has inspired you to get involved, **become a partner today.**

You can donate in any of the following ways, or get in touch to learn more about what you can do as a partner!

## Donate Online:

[iamafg.org/give](http://iamafg.org/give)

Write to [donors@iam-afghanistan.org](mailto:donors@iam-afghanistan.org) to let us know how you would like us to use your gift.

## Switzerland:

UBS

Case Postale

Geneva 2

CH-1211

Beneficiary: Mission Internationale d'Assistance

BIC: UBSWCHZH80A

USD Account IBAN: CH 25 0024 0240 4173 9760R

CHF Account IBAN: CH 83 0024 0240 4173 9741A

Euro Account IBAN: CH 20 0024 0240 4173 9761H

## United Kingdom

Lloyds Bank

Charing Cross Branch

49 Strand

London WC2N 5LL

Beneficiary: International Assistance Mission

Account No: 00361489

Sort code: 30-91-79

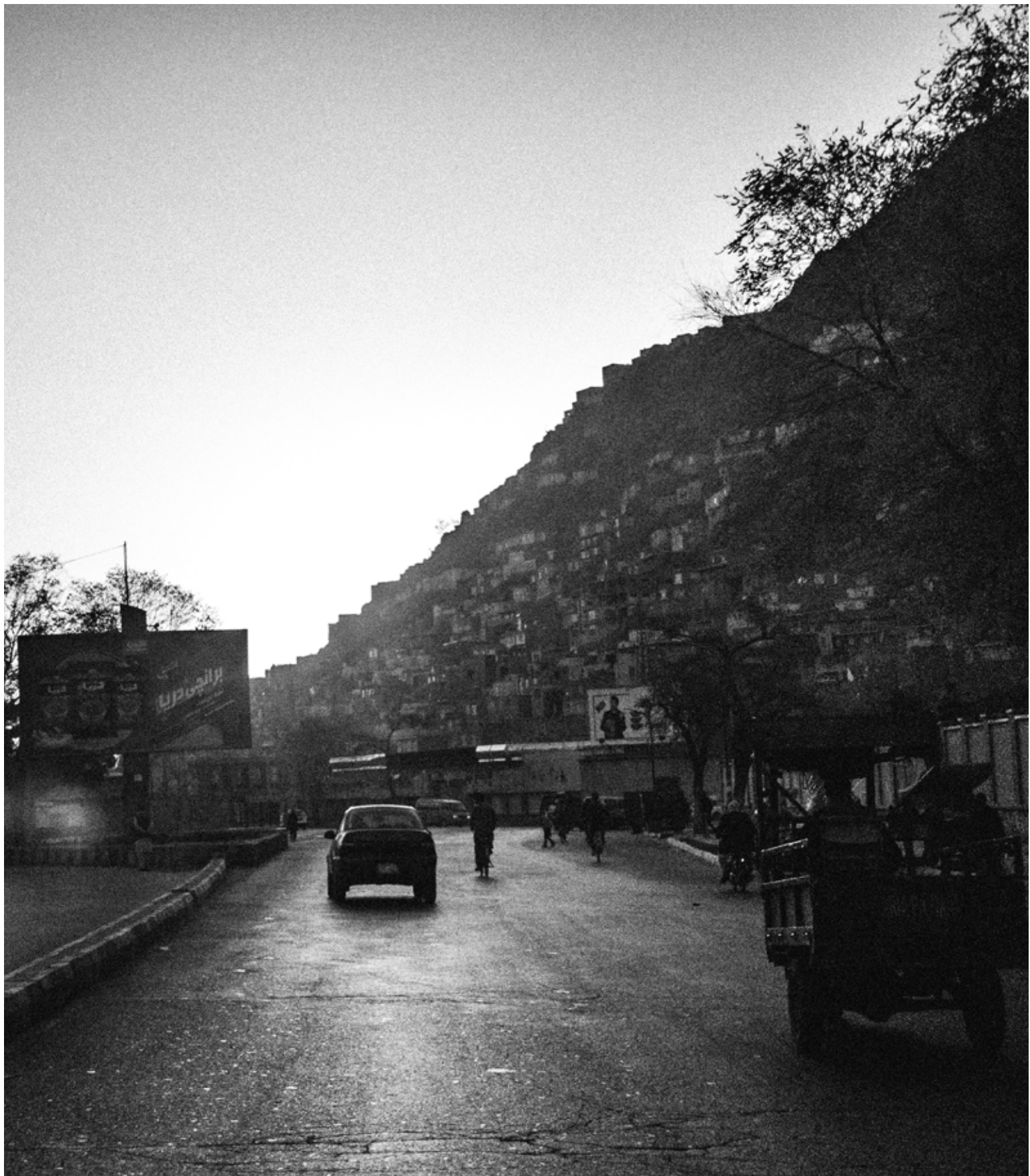
BIC: LOYDGB21216

IBAN: GB84 LOYD 3091 7900 361

## Opportunities for international volunteers to join IAM

If you are interested in joining IAM as an international volunteer, we would love to hear from you! Contact us at [personnel.dir@iam-afghanistan.org](mailto:personnel.dir@iam-afghanistan.org) to find out more!





***Iam***

Keep up with IAM online:

**Website:** [iamafg.org](http://iamafg.org)

**Facebook:**

[facebook.com/internationalassistancemission](https://facebook.com/internationalassistancemission)

Written and produced by the workers of IAM, and printed in Afghanistan. All photographs used with consent and names changed in stories to protect privacy.