THE INTERNATIONAL ASSISTANCE MISSION

We believe that the people of Afghanistan can build a more just, peaceful, and sustainable future.

The International Assistance Mission (IAM) is a non-profit charitable organisation through which staff from the Islamic Republic of Afghanistan and international Christian volunteers serve in partnership to build capacity in the sectors of health and development. We believe that the people of Afghanistan can build a more just, peaceful and sustainable future, and as such, work together in hope.
# TABLE OF CONTENTS

**GENERAL**
- FROM THE EXECUTIVE DIRECTOR       PAGE 4
- OUR LOCATIONS                      PAGE 5
- CORE VALUES                        PAGE 6
- IAM’S APPROACH                     PAGE 7

**EYE CARE**
- INTRODUCTION                       PAGE 8-11
- NOOR CENTRAL ADMINISTRATION        PAGE 11
- MAZAR OPHTHALMIC CENTRE            PAGE 12
- NOOR EYE CARE TRAINING CENTRE      PAGE 13
- OPHTHALMIC TECHNICIAN TRAINING PROGRAMME PAGE 14
- KANDAHAR NOOR EYE HOSPITAL         PAGE 15
- DASHT-E BARCHI CLINIC              PAGE 16-17

**MENTAL HEALTH**
- INTRODUCTION                       PAGE 18-20
- MENTAL HEALTH TRAINING CENTRE      PAGE 21
- POSITIVE PARENTING PROJECT         PAGE 22
- COMMUNITY BASED MENTAL HEALTH PROJECT PAGE 23
- YOUTH EMOTIONAL RESILIENCY PROJECT PAGE 24
- CHILD AND ADOLESCENT PSYCHIATRY PROJECT PAGE 25

**DEVELOPMENT & EDUCATION**
- INTRODUCTION                       PAGE 26-27
- COMMUNITY DEVELOPMENT PROGRAMME    PAGE 28-29
- SILK ROAD ENGLISH CENTRE           PAGE 30
- PEACEBUILDING PROJECT              PAGE 31
- FEMALE TEACHER EDUCATION PROJECT   PAGE 32-33
- MAZAR LIVELIHOODS AND DEVELOPMENT PROJECT PAGE 34

**SUPPORT SERVICES**
- INTERNAL REPORTS                   PAGE 35
- PROGRAMME EXPENSES                 PAGE 36-37
- PARTNERS                           PAGE 38
- GET INVOLVED                       PAGE 39
From the Executive Director

THOUGHTS FROM 2018

“This report is about more than simply numbers and activity – it is about people.”

Dear friends, supporters and partners,

Welcome to the 2018 Annual Report of IAM!

When I was asked recently, ‘so what is IAM? What do you do?’ the first thing I did was take a deep breath...

...and then I said, ‘we actually do quite a lot! IAM’s a partnership of international volunteers and people from Afghanistan – we’re impartial, we’re neutral, we’re a small NGO...and we do projects around the country – eye care, mental health, community development, education, youth peacebuilding.’

For a quicker answer I could have said, “we try to obey God by serving other people in the hope of a better day.”

Or I could have taken out my phone and said, “Let me show you, on our website and Facebook – pictures of people and places, and stories of lives changing.”

Because it’s easy to list our activities, but the real question should be “what difference do you make?”

At IAM, we want to make a difference in this country of Afghanistan. So, when we work, we value dependence on God, love for all the peoples of Afghanistan, teamwork which supports each other and brings out the best in ourselves and our colleagues, quality work which will last for years, accountability and transparency, and learning from success and mistakes.

The first step to learning is listening.

In the pages of this report, and online, you will find just a few of the stories our project teams have collected in 2018 by listening to participants, beneficiaries, and families whose everyday lives have changed in some way because of IAM’s work with them. We hope you are informed and inspired by the reports, the stories, and the great pictures!

None of this would be possible without the partnership between people from around the world and people and communities in Afghanistan. As we give thanks for the people who make up IAM, we also want to remember three of our staff who died in the last year.

Amina was a village facilitator who taught many women how to make changes in their lives, a widowed mother who cared for her family, and a gentle leader of women in her workplace. Like many others in Afghanistan last year, she died as a civilian casualty of crossfire.

Anbia was a young student, and dear son, learning how to be an ophthalmic technician, with hopes and dreams of a life of useful work ahead of him, preventing blindness and sight problems for everyday people. He died suddenly of cancer whilst still enrolled in the study programme.

Steph was a clinical psychologist, a good friend to many women, and the youngest member of our leadership team, who volunteered in Afghanistan so that she could build professional capacity and standards in health workers. She died earlier this year, a year and a half after being diagnosed with cancer and leaving Afghanistan. We acknowledge their important role in our mission to see change happen in the lives of people of Afghanistan, and we grieve the loss of them with their friends and families.

This report is about more than simply numbers and activity – it is about people. And every positive change is to the glory of Almighty God.

Mark Allan, Executive Director
**OUR PROJECT LOCATIONS**

**CENTRAL HIGHLANDS**
- Community Development Programme

**HERAT**
- Positive Parenting Project
- Youth Emotional Resiliency Project
- Community Based Mental Health Project
- Child and Adolescent Psychiatrist Project
- Mental Health Training Centre

**KANDAHAR**
- Kandahar NOOR Eye Hospital

**MAZAR-E-SHARIF**
- Female Teacher Education Project
- Mazar Ophthalmic Centre
- Mazar Livelihoods and Development Project
- Silk Road English Centre

**KABUL**
- NOOR Dasht-e Barchi Eye Clinic
- NOOR Central Administration
- NOOR Eye Care Training Hospital
- Peacebuilding Project
CORE VALUES

Dependency 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.
IAM 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, contribute to national development goals and are designed so that project benefits continue after IAM withdraws.

Strategically Serving Afghans
IAM projects are strategically focused either on people in rural and urban areas who are underserved or 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.
“...I am very thankful...for everything that has been done for me. I am very happy that my child has been saved from blindness.”

- NOOR Beneficiary

Read the full story on page 13
IAM’s work in eye care

**Hospitals and Clinics**
NOOR operates one clinic, Dasht-e Barchi, and three hospitals: the Kandahar NOOR Eye Hospital (KNEH), the Mazar Ophthalmic Centre (MOC), and the NOOR Eye Care Training Centre (NETC).

**Ophthalmic Technician Training Programme**
NOOR is also the only trainer of Ophthalmic Technicians in Afghanistan. Our Ophthalmic Technician Training Programme trains mid-level eye care professionals, who can increase accessibility to basic eye care services throughout the country.

**Vision Centres**
NOOR has also established eight Vision Centres, which provide basic eye care services, in remote areas of Afghanistan where no other eye care is available. These centres are operated by our own ophthalmic technician graduates.

**Continued Support**
NOOR also provides both logistical support, NOOR branding, and the financial framework for the Ministry of Public Health’s Central Polyclinic in Kabul and Herat Ophthalmic Centre.

**Central Administration**
NOOR central administration provides oversight for all NOOR projects, and also produces pharmaceutical products, such as eye drops, which are sold throughout the county.
In 2018, NOOR continued to provide eye care services and training for the people of Afghanistan through its direct projects: our NOOR Eye Care Training Centre, Dasht-e Barchi Clinic, Kandahar NOOR Eye Care Hospital and Mazar Ophthalmic Centre.

NOOR is committed to continuing its operation as in previous years, as the prevalence of blindness in Afghanistan is 1.5 to 2%, which is around 400,000 to 500,000 blind people. According to the World Health Organisation and the International Agencies for the Prevention of Blindness, 80% of this blindness is curable if patients have access to eye care services and are treated in time. The last Rapid Assessment for Avoidable Blindness that was undertaken in 2018 in Kabul province shows that cataracts are still the leading cause of blindness for people above the age of 50. This indicates that there is huge backlog of cataract work that has been left untreated.

The overall goal for IAM’s NOOR Eye Care Programme is to reduce avoidable blindness in Afghanistan. In order to achieve this goal, this year NOOR focused on three key areas: access, sustainability and modern technologies for eye care services.

According to the Ministry of Public Health’s situational analysis for the eye care workforce in Afghanistan (April 2018), more than 70% of eye care professionals are working in major cities in Afghanistan such as Kabul, Mazar, Herat, and Kandahar. Opening vision centres will increase access to quality eye care services in underserved areas for the people of Afghanistan. NOOR opened eight vision centres in underserved areas and plans to support the opening of other vision centres in the coming years. Vision centres will be run by an Ophthalmic Technician graduate from our Ophthalmic Technician Training Programme, who can perform basic eye care services economically and can easily be placed in underserved areas. NOOR will continue to work to get funding for opening more vision centres as the programme believes that it is a sustainable way to reduce avoidable blindness in Afghanistan and provide primary eye care services for underserved areas.

For the sustainability of the NOOR Eye Care Programme in 2018, NOOR continued to work as a team and focused on training of the eye care workforce, both ophthalmologists and ophthalmic technicians. We also focused on the expansion of the NOOR Kabul pharmacy production in two ways. Firstly, we aim to increase the kinds of drops available with an additional five to seven new types. Most of these new drops will be small volume but high profit margin, though one drop will be high volume. Secondly, we plan to have new customers from hospitals in the private sector. The aim is that by the end of 2019, pharmacy has increased production by 20%.

NOOR will continue to introduce new ophthalmic technology and techniques in the public sector. This will provide quality work for eye patients, as well as reflect IAM core values such as quality work, learning, and team work. NOOR introduced the OCT (Optical Coherence Tomography) machine and Avastin injections in our Mazar Ophthalmic Centre and Kabul for the first time in the public sector in 2018. An OCT machine was donated by Newcastle upon Tyne Hospital NHS Foundation and an OCT machine was bought for MOC. This has helped patients pay less than the charges in the private sector. NOOR will continue to equip the programme with modern technologies in the coming year. This will help the programme to stand on its own two feet financially and result in fewer patients needing to go abroad or to the private sector for their treatment.
NOOR has worked on the overall sustainability of the programme for many years and will continue to do so. Now NOOR Eye Care Programme is, as a whole, financially self-sustainable operationally and needs funding only for capital items and new initiatives.

In IAM indirect projects – Central Polyclinic and Herat Ophthalmic Centre – 180,600 patients were examined, 28,702 pairs of glasses were distributed, and 8,610 operations were performed.

2018 was a mixture of successes and challenges for NOOR. The successes of this year were to have modern technology in the shape of Avastin injections and OCT machines for the first time in the public sector for Kabul and Mazar, and having an external ophthalmologist deliver short-term training.

There were a few challenges for NOOR in 2018, the first being the turnover of ophthalmologists.

When ophthalmologists leave the country and emigrate elsewhere, other ophthalmologists fill their positions in the private sector.

Secondly, changing security situations have made it difficult to access the underserved areas; patients and professionals find it difficult to travel in remote areas. This is a challenge for the whole organisation, and ultimately, for the country.

*Numbers above do not include NOOR’s indirect projects, the Central Polyclinic and Herat Ophthalmic Centre.
Mazar Ophthalmic Centre (MOC)

Mazar Ophthalmic Centre was established in 1994 as a project of IAM’s NOOR Eye Care programme. MOC is the only non-profit eye hospital in the North of Afghanistan. MOC is a multifaceted project, functioning as both a training centre for ophthalmologists and a service provider for affordable and accessible eye care. Currently, there are six resident ophthalmologists. We accept two new residents annually through entrance exams, conducted by the Ministry of Public Health. Two of our doctors have now finished their four-year residency programme and are working as fully qualified ophthalmologists at MOC.

MOC examines around 90,000 patients, performs 6,500 surgeries and produces around 120,000 bottles of eye drops annually. We are open six days a week, with an average of 360 patients seen and 20 surgeries performed daily. That means that with direct beneficiaries, patients, and indirect beneficiaries, such as families of the patients, MOC has around 540,000 beneficiaries per year.

We work hard to ensure that the price of our services is affordable for all people, and that all of our products, such as our glasses and eyedrops, are high quality. While we do charge for all of our services and are financially self-sustainable, we ensure that no patients go from the NOOR hospitals without treatment due to economic limitations.

“Will you help him, too?”

When Fatima arrived at MOC, her eyesight was so poor she had stopped going to school, where her classmates often teased her, calling her blind.

When she and her mother arrived, she was diagnosed with cataracts in both eyes.

Her mother shared that she had asked her husband to take Fatima to the eye doctor before, but they didn’t have very much money. Her father was a daily worker and earned about 300 AFN (4 USD) a day.

Even though her family did not have any money, the doctors at MOC performed the surgeries, which were successful.

When Fatima came for her checkup, she told the project manager of the hospital that her 13-year-old brother, Jamil, also could not see very well. “Will you help him and give him a free operation as well?”

Soon, she returned to MOC. This time, she came with another boy. With a huge smile on her face, she said, “This is my brother, Jamil!”

Jamil also had cataracts in both eyes, and after being diagnosed, had the necessary operations. Afterwards, he too could see well and was thrilled.

Highlights from 2018

In 2018, doctors at MOC took part in several trainings.

Firstly, all doctors participated in a four-day training on Avastin injections, which will expand the services MOC is able to provide, particularly for those with eye diseases such as macular degeneration and diabetic retinopathy. This is the first time Avastin injections have been available in the public sector in Afghanistan, and we are excited that NOOR can now offer these services.

Secondly, our doctors also received training on using OCT Machines, which we purchased this year. This machine allows doctors to take clear pictures of the anterior and posterior chamber of patient’s eyes. These pictures help with diagnosis and treatment guidance for glaucoma and diseases of the retina. These retinal diseases include age-related macular degeneration (AMD) and diabetic eye disease. MOC is the only eye hospital in northern part of Afghanistan that has the OCT Machine, which means that people no longer need to go to Kabul or out of the county for this eye examination.

We also had a one-week training on strabismus and how to use a Brightness scan (B Scan) machine, which enables us to see a two-dimensional cross-sectional view of the eye and is helpful when there is difficulty in examining the eye normally. Both our doctors and ophthalmic technicians attended this training.

Lastly, a number of our senior staff took part in a pilot management training on IAM’s Core Values (page 6).
NOOR Eye Care Training Centre, a project of IAM NOOR Eye Care Programme, started in March 2010. Prior to that, NETC worked jointly with University Eye Hospital, a project of the Ministry of Higher Education (MoHE). While NETC does provide eye care services, its primary purpose is to train resident doctors and offer a place of practice for our ophthalmic technicians in our training programme (OTTP). We currently have six residents, who are all in their third year of our four-year ophthalmology programme. Many of our doctors and ophthalmic technicians come from underserved areas of the country. The goal is to train them and have them return to their home regions once they have completed their training, thus increasing accessibility to basic eye care services throughout the country. At NETC, approximately 50,000 patients are examined and 4,500 surgeries performed in a year. These surgeries are primarily sight saving surgeries.

This year at the NOOR Eye Care Training Centre, we had a number of developments. We had an OCT machine donated from Newcastle Upon Tyne Hospital Trust, received training on using an OCT machine and performing Avastin injections, and hired a female guard. With the recruitment of a female guard, we can now more easily check the female patients entering the hospital. We could not have our male guards check the female patients. Having our doctors trained in Avastin injections and using an OCT machine was an important development this year, as we can now offer these new services to patients. By making Avastin injections available in the public sector, patients are now paying half the price they would have in private hospitals. In order to make sure Avastin injections are effective, patients need to come back monthly for six months to receive the full treatment. This has been an area of growth for NETC in both patient numbers and coordination of treatments.

As always, we offer services to everyone who needs them, and are also happy to offer financial subsidies to those who cannot afford the services on their own, so that no one should be turned away because of poverty.

Hamidullah, a 45-year-old man from Zabul province, was getting his eyes treated in Ghazni province, and had brought his three-year-old daughter, Rohila, with him. “The doctor told me there was nothing serious to worry about, but while I was being treated, the doctor pointed to my child, and she didn’t react.”

The doctor asked why Rohila wasn’t responding, and Hamidullah wasn’t sure either. The doctor decided to check her eyes, too. He found that her eyesight was very poor and advised that they seek treatment in Kabul.

“The doctor told me about IAM’s eye hospital there, and I decided to take my daughter there.”

When he arrived at the hospital, they checked Rohila’s eyes, and found that she would need an operation. “I was able to pay for the operation, but had no extra money to pay for the laboratory fees or medicine.” He received a discount, and they went forward with the operation. The first operation was successful, and Hamidullah and Rohila stayed in the hospital for five more days until her second operation, which was also successful.

“I am very thankful…for everything that has been done for me. I am very happy that my child has been saved from blindness.”
IAM began the Ophthalmic Technician Training Programme in 1996, as part of our NOOR Eye Care Programme in Kabul. The aim of the programme is to train ophthalmic personnel efficiently and effectively to meet urgent eye care needs in Afghanistan. This ophthalmic education is an essential part of the plan to eliminate avoidable vision loss and improve eye care even in remote provinces in Afghanistan.

Over the years, we have developed our admissions processes, so that we are now able to hold our entrance exam in five regions in Afghanistan where there are no eye care facilities. This allows us to provide opportunities for students from further provinces to take the entrance exam and potentially become ophthalmic technicians.

At the beginning of 2018, there were two groups of ophthalmic technicians (OTs) in OTTP. In 2018, 12 students, who were part of OTTP’s 11th group of students going through the programme, passed their final exams and graduated from the programme in August. The second group was made up of 19 students in their second semester. Of these students, 14 passed their final exam, and are now continuing their third semester, which started early September 2018.

In 2018 OTTP started preparing plans and began the initial steps to recruit our 13th batch of ophthalmic technicians. This round of OTs is divided into two different groups: the first group are candidates recruited from Paktika, Urozgan, Saripul, Nimroz and Jowzjan provinces, as these areas have less accessibility to eye care services than others, and the second group are students recruited from other provinces, mainly Kabul. The internal exam was conducted at the end of December, and 33 students were selected for the programme. Our hope is that, through training OTs from select provinces and enabling them to set up Vision Centres, we can help to fill the gap in eye care services and give people in these areas access to primary eye care services.

Seeing Double

A few years ago, my mother said that she was seeing everything double. She said that her eyes seemed like they were misaligned. After I became an OTTP student, I understood that my mother had an eye problem and would need treatment. So, in 2018 I took my mother for an eye exam and treatment at the NOOR Eye Care Training Centre, where I am studying.

After a few different tests, the head doctor of NETC said the root of the problem was related to nerve issues, which he recommended should be discussed with a neurologist. We followed his recommendation and went to a neurologist. After a few medicine prescriptions, her vision returned to normal. I am very thankful to God, NETC staff, and my OTTP teacher, who helped my mother with this problem.

Highlights

At the beginning of 2018, there were two groups of ophthalmic technicians (OTs) in OTTP. In 2018, 12 students, who were part of OTTP’s 11th group of students going through the programme, passed their final exams and graduated from the programme in August. The second group was made up of 19 students in their second semester. Of these students, 14 passed their final exam, and are now continuing their third semester, which started early September 2018.

In 2018 OTTP started preparing plans and began the initial steps to recruit our 13th batch of ophthalmic technicians. This round of OTs is divided into two different groups: the first group are candidates recruited from Paktika, Urozgan, Saripul, Nimroz and Jowzjan provinces, as these areas have less accessibility to eye care services than others, and the second group are students recruited from other provinces, mainly Kabul. The internal exam was conducted at the end of December, and 33 students were selected for the programme. Our hope is that, through training OTs from select provinces and enabling them to set up Vision Centres, we can help to fill the gap in eye care services and give people in these areas access to primary eye care services.
Kandahar NOOR Eye Hospital (KNEH)

An Introduction

Kandahar NOOR Eye Hospital, located in Kandahar Province, was established in 2006 as a project of our NOOR Eye Care programme. It is the only non-profit eye hospital in the southern part of Afghanistan.

Kandahar NOOR Eye Hospital examines around 25,377 patients in a year, performing 1,185 surgeries and selling roughly 5,000 pairs of eye glasses. Kandahar NOOR Eye Hospital is open six days of week, seeing an average of 100 patients and performing four surgeries daily. The direct and indirect beneficiaries reach around 126,885 people in a year.

As with other NOOR projects, Kandahar NOOR Eye hospital charges fees for all its services including medicines, surgeries and glasses based on the Memorandum of Understanding signed with Ministry of Public Health. While this enables us to be 75% financially self-sustaining, we also ensure that the price of our services is affordable, and that no patients leave the Kandahar NOOR Eye Hospital without receiving treatment because of economic limitations.

This year at KNEH

In 2018, Kandahar NOOR Eye Hospital saw a number of changes, including a new project manager, new resident doctors who are completing their training at the NOOR Eye Care Training Centre, and streamlining maintenance at KNEH.

The new project manager that was hired for KNEH brought about some changes in staff managements which have increased efficiency at KNEH. One of these changes was shifting a guard to a maintenance position, which has resulted in a fixed generator, water pumps, electricity, and cabins, and decreased expenses.

In addition, we have greatly increased the service for patients in the South of Afghanistan. There are now two more doctors in KNEH who are training as residents at NOOR Eye Care Training Centre in Kabul. As this is their third year of training, they are beginning to return periodically to KNEH to perform surgeries under the head ophthalmologist, with the aim of returning to KNEH full time after their graduation. In December of 2018 one of the residents returned to KNEH and treated patients alongside the senior doctor. This resulted in an increase of services and an extension of hours. In comparison to December 2017, KNEH served a total of 347 more patients, performed 116% more surgeries, and prescribed and sold 56% more eye glasses.

Farid’s story

Farid is a shoemaker in Kandahar city, where he has worked for 20 years with declining vision. As the years have gone on, his vision loss continues to make his work more challenging.

“I have two daughters and one son, and it’s my responsibility to provide for them. But day by day, my eyesight continued to worsen – everything was getting darker. Eventually, I was no longer able to work or feed my family.”

It was then that Farid sought help at another eye hospital, who told him that he had glaucoma in one eye and a cataract in the other and would need surgery right away. A friend encouraged him to go to Kandahar NOOR Eye Hospital, where he had heard the doctors were high quality and could do the operations necessary.

Farid came to Kandahar NOOR Eye Hospital, where he explained his situation. “I told them I am from a poor family, with two unmarried daughters, and couldn’t pay them for the operation I needed.”

The doctor checked him anyway, confirming that he had a cataract in his right eye and glaucoma in his left. The doctor then gave him medicine to control the pressure in his left eye and confirmed that an operation would be necessary on the cataract in his right eye. We ensured that Farid received the help he needed financially to have the surgeries done, and he went on to have a successful operation.
Dasht-e Barchi Clinic

The Dasht-e Barchi Eye Clinic is a surgical unit that was established in 2009, with the aim of increasing access to eye services to the Barchi area in the outskirts of Kabul, where many people have migrated from provinces such as Daikundi, Bamyan, Ghor, and Wardak. We currently have ten staff working in the clinic. By having a clinic in this area, more people are able to find eye health services easily, without wasting time or effort. Over 28,000 patients have been referred and more than 500 eye operations were performed by Dasht-e Barchi Eye Clinic in 2018.

2018 saw both excellent progress in some areas, and challenges in others. One particular challenge is security. Amidst ongoing conflict, some armed opposition groups are targeting minority Muslim populations, which has had a significant impact on the security situation in the Barchi area.

A positive we have seen this year is a continued reduction of a funding deficit. After many years of hard work, we are close to eliminating this deficit, and are hopeful for continued financial growth in 2019.

Fattah is 80 years old, and now that his four daughters are married, it’s just he and his wife in their home in Wardak province. He is from a poor family and works as a farmer on rented land to provide for his family.

Two years ago, Fattah came to Kabul with his wife, who had a cataract operation in Dasht-e Barchi Clinic. After the operation, which was successful, his wife was very happy that she once again had normal vision.

After two years, Fattah, who also had eye problems, had experienced such a decrease in vision he could hardly see. He now had a hard time even walking on his own. He came back to Dasht-e Barchi for a checkup, where he found out that both of his eyes had cataracts along with age related macular degeneration (AMD). The doctors told him that he would need operations on both eyes, but that even after the operations, he would not have perfect vision due to AMD. He didn’t have enough money to have both operations, but was offered a discount, and agreed to the operations. He was hopeful that he would soon be able to see well enough to walk again.

After a successful operation by a Dasht-e Barchi doctor, he could recognise movement at five metres distance with his right eye, which was an excellent result, and meant he could walk again.
NOOR Central Administration (NCA) is the administrative office that oversees the financial systems of all of NOOR’s direct and indirect projects. NCA is also responsible for reporting NOOR activities to donors or related government ministries such as the Ministry of Public Health (MoPH) and the Ministry of Education (MoE).

NCA has a pharmaceutical laboratory that produces different eye drops and medical supplies that are used for treatment or diagnostic purposes. These products are distributed to both direct and indirect NOOR projects, as well as the private sector, with the goal of decreasing avoidable blindness in the country. There is also an optical workshop within NCA that covers most optical supplies of NOOR project as well.

In 2018, NCA decided to expand its pharmaceutical products and began the process to receive manufacturing permission from MoPH. In addition, NCA submitted proposals for a new building to house a pharmaceutical laboratory. A donor responded with funding to go forward on the building, and permission procedures for the building are now underway.
“Working in the mental health support group, participating in trainings and meetings was very useful for me. It impacted my own life, and I learned effective skills to control my emotions and change behaviours.”

- Mental Health Beneficiary

Read the full story on page 24
IAM’s work in Mental Health

- Positive Parenting Project
- Community Based Mental Health Project
- Youth Emotional Resilience Project
- Child and Adolescent Psychiatry Project
In 2018, our Mental Health Programme launched its new Community Based Mental Health Programme in three communities in Herat province. Four out of six interconnected projects within the Mental Health Programme began in 2018, which are:

- **the Community Based Mental Health Project**, which aims to achieve sustainable improvement in the lives of people with psychosocial disability and their families through integrated social, psychological and medical care and increased social inclusion.
- **the integrated Child and Adolescent Psychiatry Project**, which aims for sustainable improvement in the mental health and full inclusion into community life for children with psychosocial disabilities.
- **the Positive Parenting Project**, which aims for sustainable improvement in the family functioning in Herat Province leading to reduced levels of violence against children in families and schools.
- **the Youth Emotional Resilience Project**, which aims for sustainable improvement in the emotional resilience of young people in Herat Province.

All four projects work together to bring changes in behaviour, attitude and relationship of the target groups to ensure community support for building an inclusive environment for the people with mental health disorders. The programme works with key governmental and non-governmental agencies to develop, revise and apply policies for sustainable support for people with psychosocial disabilities.

IAM hopes to start two new projects in 2019: the first working with people with substance use disorder, to improve their psychosocial support and community follow up, and one with the Herat Asylum, to improve standards and rehabilitate as many people as possible.

### This year:

- The Mental Health Training Centre in Herat, which was established by IAM in 2016, was successfully handed over to the Ministry of Public Health.
- The Child and Adolescent Psychiatry Centre was established on government land in the Mental Health Training Centre compound.
- Three community centres were established in three targeted communities of the programme.
- A network of 36 community volunteers were established and trained.
- 253 key governmental staff received training about mental health with specific focus on community based mental health interventions.
- 438 key community members (Shura, Mullahs, community volunteers) were trained in mental health.
- 3,291 people with psychosocial disability/children with psychosocial disability benefitted from community mental health services.
- 28 community groups formed to support and advocate for mental health. Total 416 members.
- 77,156 people were sensitised about mental health.
- 21 psychiatrists/residents benefited from ongoing training activities.
- 401 Education Directorate staff and teachers received training about mental health, life skills and how to include children in education system.
- Two research papers were published.
In 2006, IAM established the Mental Health Training Centre in Herat province (MHTC-H) with the goal of strengthening national capacities to provide quality and professional psychiatry and counselling services, as well as strengthening the identification of mental health disorders and basic intervention at the primary level.

After a series of consultations between IAM and the Ministry of Public Health (MoPH), an agreement was signed between the parties, resulting in the successful handover of MHTC-H from IAM to the MoPH, which took full responsibility for MHTC-H in 2018. This was a key step towards the long term sustainability of MHTC-H and the continuation of the services developed by IAM.

In the next phase of our Mental Health Programme, IAM will continue to provide technical support to the staff of MHTC-H to help them to deliver quality mental health services for the people.

**MHTC-H in 2018:**

- 32 Basic Package of Health Services staff were trained.
- 224 medical stagers participated in seven weeks of practical work at MHTC-H.
- 62 psychosocial counsellors graduated from a one-year course.
- 8,494 new patients were seen by doctors and counsellors.
- 18,466 patients had follow up sessions with doctors and counsellors.
- 26,520 patients with mental health disorders were seen by IAM trained psychiatrists, including 5,304 patients seen by an IAM trained psychiatrist in Badghis.

**Finding Hope**

Habiba, who is 37 years old, came to MHTC-H after struggling with convulsions for many years.

“It was a very difficult situation — I never knew when a convulsion was going to happen. That was how I lost my hands and burned my face — I had a convulsion while I was cooking bread, and fell into the tandoor (local oven).

“My family took me to religious healers many times, but there was never any improvement. I became hopeless. I had only one wish: to die as soon as possible. I couldn’t see a point to my life.

“One day, my family heard about the Mental Health Clinic through a television programme, and decided to take me there. After few sessions, my convulsions reduced drastically. My mother and I also began going to counselling, which helped me find the hope to continue my life again.”

Habiba has continued to see a psychiatrist and a counselling team through MHTC-H.

“After one year, I have no more convulsions, and I enjoy life with my family. Even without hands, I can still help out with household activities and visit our relatives and neighbours. I know that I need to continue taking medicine to protect myself from convulsions. This medicine is provided by my family, even though they are not rich. I am so thankful for MHTC’s work, and for those who helped me come back to my life.”
The goal of the Positive Parenting Project (PPP) is to see sustainable improvement in family functioning in Herat Province, which would result in reduced levels of violence against children, both in the home and school. The project works closely with the Education Directorate, schools, and parents to promote a functional concept of positive parenting in communities.

The first part of the project was spent collecting baseline data, which showed that only about 15% of parents do not use violent parenting methods.

The project also works to support non-violent classroom management in target area schools. In 2018, we were able to orientate teachers and Education Directorate staff about the existing government policies on non-violent classroom management. By setting up functional parent-teacher meetings for the first time in the schools, there is now a mechanism in which parents can advocate to teachers for a more positive school environment.

This year, the Positive Parenting Project also started Parent Support Groups. Parent Support Groups provide a place where parents can learn about alternatives to violent parenting and how to practice non-violent parenting techniques. Many of the participants in these support groups are either parents of a child with special needs or have a mental health problem themselves.

The Positive Parenting Project conducts trainings about children’s mental health disorders and non-violent classroom management skills for teachers in schools, as well as helps teachers to identify the needs of students with mental health disorders so they can refer them to available services.

In one of our target schools, we gave a training that the head teacher, Fereshta, quickly adapted into the school’s everyday practices. “The trainings were useful for us, and I am sure the teachers will practice the skills in the classes,” said Fereshta.

Fereshta has taken the initiative to bring positive changes to the school. For example, she plays a song for the students before the classes start. She said, “I see the students get up early in the mornings and come to school with no energy. I use this song to give them positive energy and joy to try and reduce any feelings of boredom or tiredness.” She plays the same music in class using a sound system and said, “When I enter a class and see the students are tired of learning, I do not blame them, but I try increase their motivation to study. So, I play the music and practice some simple sports.” The head teacher has also made an area where unwell students can rest if needed.

The teachers are practicing new classroom management skills; none of the teachers use physical punishment anymore.

The other teachers are happy with Fereshta’s management, too. “After the training I have seen positive changes in communication between the teachers and students in the classes. The teachers are practicing new classroom management skills; none of the teachers use physical punishment anymore,” said one of the teachers.

Since the training, 11 students at Fereshta’s school have been referred to mental health services. One child who benefitted from the mental health services was Hamida, who had suffered with anxiety and depression and had wanted to leave school. As a result of counselling, she has been able to return to school.
Community Based Mental Health Project

The goal of the Community Based Mental Health Project (CBMHP) is to foster sustainable improvement in the lives of People with Psychosocial Disability (PPSD) and their families through integrated social, psychological and medical care and increased social inclusion. The project works closely with local leadership councils (called shuras), service providers, NGOs, Basic Package of Health Services (BPHS) implementers and wider communities to mainstream mental health in the broader context of community development.

CBMHP conducted house-to-house surveys in its target communities and found that 51% of the households had at least one PPSD. Before our project only 1% of PPSDs had seen a mental health professional, by the end of 2018 this had risen to 14%. The project prioritised people with severe symptoms to see mental health professionals, using a mobile team of psychiatrists and counsellors. 36 community volunteers were identified and trained, who support the work of the whole mental health programme. Support Groups for people were established, where people with similar problems come together to help each other. CBMHP has begun connecting people to other existing services in the communities, such as livelihood and economic services. The shuras talked about mental health issues at every meeting and have been trained to advocate for and support PPSDs in their communities.

Dawood

Dawood is one of the PPSDs helped in 2018 by the Community Based Mental Health Project. He comes from a poor family and his father died when he was a child. He has had symptoms of mental health disorders since he was a child, and this caused him to be socially isolated and not to have any friends. As he became a teenager, he began self-harming and used illegal drugs. His mother did not understand that he had mental health problems and thought that if Dawood married he would improve. Unfortunately, marriage and the financial pressures of the wedding caused Dawood’s mental health to get even worse. His wife divorced him, and his community rejected him, calling him “the crazy one.”

When the community mobiliser for the Community Based Mental Health Project came to Dawood’s village, they encouraged Dawood to attend the local centre and see the mobile team of a psychiatrist and a counsellor. He began medication and counselling for his condition. Since he started treatment, Dawood’s self-confidence has improved and he is taking a more active role in his family.
Youth Emotional Resiliency Project

The Youth Emotional Resilience Project (YERP) wants to build the emotional resilience of young people in Herat Province. Working with the Education Directorate, schools and students, the project promotes and facilitates life skills training for students.

The project trains teachers to deliver ten life skills lessons to grade ten students. These lessons are designed to improve the emotional resilience of students. In 2018, 792 school students participated in this training. Through the project activities, schools are strengthened to create teachers’ associations and regular parent-teacher meetings. The Education Directorate visited all the target schools to support and encourage the project. 85 school students, along with some parents and teachers, participated in Support Groups for life skills and helped to distribute brochures and posters about life skills to 2,500 people. This year, the project also made some short clips for TV about life skills.

Aref: Mental Health Support Group

Aref’s daughter is a student at one of the target schools for the Youth Emotional Resiliency Project, where she participated in our life skills programme. From early on in the programme, Aref could see she was changing. “I saw that she was less easily angered and more hopeful than before.”

After the life skills programme concluded, Aref was invited to his daughter’s school for an advocacy meeting for the parents. In the meeting, parents expressed their ideas about the life skills programme and shared their experiences about how to support youth in controlling their emotions.

That was when Aref decided to join the support group. The group, which advocates for the rights of youth and for life skills to become more widely recognised in Afghanistan, was helpful to Aref as well. For his entire life, he had problems controlling his anger, and often found his family atmosphere very difficult.

“Working in the mental health support group, participating in trainings and meetings was very useful for me. It impacted my own life, and I learned effective skills to control my emotions and change behaviours.”

Now, when he uses the techniques he has learned about, he can better control his anger and is more kind to his family. “I was excited when my daughter told me, You are changing positively. You don’t yell at us anymore.”

Aref spoke of transferring the knowledge to others in his life who it may help. “A few days ago, I talked with one of my neighbours who had fought with his son. I told him about what I had learned; how to control his anger and how to practice empathy with his son.” Aref is hopeful that he will see changes in his neighbour, too.
The goal of our Child and Adolescent Psychiatry Project (CAPP) is to foster sustainable improvement in the mental health and full inclusion into community life for Children with Psychosocial Disability. Through this project, the first Child and Adolescent Psychiatry centre has been established in Herat province and is working closely with health and education sectors to facilitate early intervention for the children who need Mental Health services.

From the target communities, over 600 children have been identified who have mental health and psychosocial disability issues. These children are being assessed and helped through a variety of means: one on one psychiatry and counselling, support groups and help for their parents to manage their problems. CAPP has worked in schools to help teachers and education staff to better understand children with learning difficulties and other mental health conditions and 96 children have been referred from schools to the services for assessment and help. Two short videos were made about children in 2018, one about childhood violence and trauma and the other about how children with epilepsy can attend school and live normal lives.

A Light has Shone

Murtaza was born into a poor family. His parents were very happy to see that their newborn baby smiled and was healthy. Before long, however, his parents began to notice that his development was slower than other children. When Murtaza turned one, his parents decided to borrow money and take him to the doctor, where they were told that he had intellectual disability and that there was no treatment.

“We were very upset and were disappointed that there were no services for Murtaza. We blamed ourselves for being poor,” said his mother.

As Murtaza grew older, he became aware that he was different from other children. “I felt humiliated when I went out or went to the shops with my mother,” said Murtaza. “I seemed different, and other boys sometimes made fun of me.”

One day when he was watching other boys play, the boys began making fun of him and one of them assaulted him, causing him to lose the vision in one eye.

In addition, Murtaza’s father was unable to accept Murtaza’s condition and would sometimes beat him and say that he wished that Murtaza had never been born.

When Murtaza was around 15 years old, his mother found out about IAM’s Child and Adolescent Psychiatry Project. With the combination of medication and counselling, his life has improved.

“I know I have changed a lot. Now, I do not feel humiliated. I feel I can have a life like others do,” said Murtaza. “I feel as though a light has shone in my dark life, and now I am hopeful.”

Now Murtaza is a student at a local tailor’s shop. Murtaza hopes to be able to be financially independent one day and to show his father that children with special needs are not a burden on their families.
IAM’s work in Development and Education

Female Teacher Education Project

Community Development Programme

Silk Road English Centre

Peacebuilding Project

Mazar Livelihoods and Development Project
“Thank you so much, dear teacher. Because of you I can do my job. I wish all moments of your life be best and full of happiness.”
- Miryam

After graduating from university, Miryam’s desire was to hone her skills as a writer and in conversational English. Miryam was a soft-spoken young woman who began attending Silk Road English Centre (SREC) a year ago. Not only has her experience at SREC positively impacted her ability to do her job, her whole demeanour radiates her self confidence as she is able to communicate more proficiently in English.
Community Development Programme

An Introduction

Our Community Development Programme aims to transform communities by increasing local capacity – both at a family and community level – to meet basic needs, increase resilience, and improve the quality of locals’ lives.

We work in a variety of spheres, each aiming to transform communities by enabling locals to overcome the problems of poverty. Our key goals include:

- Improved Food Security
- Increased Peace-building Skills
- Reduction of Preventable Disease
- Improved Economic Capacity of Families
- Decreased Maternal Mortality and Health Problems
- Increased Local Development Capacity

What does that look like practically? Through large and small-scale agricultural demonstrations and interventions, skills training in a variety of areas, education on water, sanitation and hygiene (WASH), maternal health, financial literacy, peacebuilding and community leadership training, and help with infrastructure such as latrines and clean water solutions, our team works alongside villagers to find solutions that work for their communities.

Highlights for 2018

Our programme continues to reach into new areas, and we continue to learn and grow with communities. This year, beyond our normal projects, we:

- Held our first BLiSS training of trainers conducted entirely by our local staff
- Conducted Water and Sanitation Health Reviews
- Began Digitising Surveys
- Continued Agricultural Research

In previous years, Operation Mercy, who oversee the BLiSS (Birth and Life-Saving Skills) programme nationwide, has come in to give the training. This year, however, we were able to conduct the training on our own. By training local teachers, we are able to expand the reach of our BLiSS programme far more throughout the region, and having our own staff give the training increases the sustainability of the programme.

Our hope is to further decrease open defecation in these partner communities. Through this WASH review, we also implemented ‘clean police’, two children in the village who help to monitor for open defecation and encourage other children to practice safe hygiene.

Prior to this year, staff have conducted surveys on paper, and spent many weeks entering the information into our database. By switching to digitised surveys, we not only save our staff time, but are also able to reduce our waste.

This included continued trials of rust resistant wheat and different varieties of dryland and irrigated wheat, researching potential chicken breeds for an income generation and nutrition chicken project, and introducing appropriate technologies.
Vegetables at 66

An important part of the agricultural training we give in our Community Development Programme is education on nutrition, and with it, the production of vegetables.

In one of the villages we are working in, there was a villager who had seen vegetables grown in Iran. However, he didn’t know how to grow them at this altitude (roughly 3,000 metres). The agriculture team taught the villagers about the benefit of vegetables and how to grow them, and set up a demonstration garden on this man’s land.

"Now at 66 you have tasted vegetables, grown here in this village!"

He shared: During this time my old uncle came to visit. When he saw me working in the garden, he laughed, saying, “I am 66 years old and have never seen vegetables grown here; those people are just telling you stories!”

Some time passed, and my uncle came to visit along with some other guests. When dinner was ready, I spread the tablecloth and served the food. I brought out plates of fresh radishes and lettuce to eat along with the other foods. When my uncle ate some of the fresh produce that was laid out, I smiled and asked him, “Now how old are you?”

My uncle said, “66 years old, why?”

I said, “Thanks be to God, now at 66 you have tasted vegetables, grown here in this village!”

My uncle laughed, “They are truly delicious!”

After that, whenever my sons harvested vegetables from the garden, my uncle would also take some of them to his own home.
Silk Road English Centre

Our Work

Building on its good reputation and the high demand for English classes in Mazar-e-Sharif, the Silk Road English Centre (SREC) continues to provide quality English instruction to adult learners.

While there are many English courses in Mazar, SREC is one of the only places where students can study with expert English speakers. It is also a place where they learn to share their own opinions, engage with new ideas, and cultivate essential academic skills such as essay writing and creative thinking.

The majority of our students take part in six-month long courses that focus on listening, reading, writing, and speaking. Students receive an evaluation every two months. From time to time we offer English for Specific Purposes courses that focus on specific skills or topics.

We held a writing competition, asking students the question, “If you had $10,000 to spend on improving the situation in Afghanistan, what would you spend it on and why?” SREC staff selected the winner and runner-up through a blind vote, and they were each awarded with a tablet device.

The winning essay contained this introduction, shown unedited:

“Afghanistan is a mountainous and landlocked country. A country that has been involved in internal and external wars for many years and consequently its environment has been seriously devastated. A healthsome environment has a direct impact on citizen’s health both mentally and psychologically. In a peaceful and wholesome environment, people can happily and actively take part in different aspects of the country’s development and demonstrate creativity and innovation. Therefore, if I had 10,000 USD I would spend on building a breeding seedling greenhouse to save our society. Building a breeding seedling greenhouse has many advantages such as; creating jobs, green city and bring happiness to citizens. So let’s start today and save tomorrow.”
Peacebuilding Project

Introduction

The year 2018 was a time of transformation, growth and change for IAM’s Peacebuilding Project and its staff members. It was a productive year:

- Peacebuilding trainings for different groups inside IAM, such as the Ophthalmic Technician Training Programme, the Female Teacher Education Project, IAM Mental Health Projects in Herat and the Community Development Programme occurred.
- Two new pilot projects; Youth Resilience in Kabul and Youth Peacebuilding in Kabul, Kandahar, Mazar and Herat were started.
- A new three-year strategic plan for the Peacebuilding Project was developed.

Through the Youth Resilience pilot project our aim was to work with female school students who are in the tenth grade and train them in life skills so they could learn skills for emotional resilience and understand basic mental health problems. Through this approach we hoped to change their knowledge and attitudes towards mental health and emotional resilience. Through Youth Peacebuilding, we aimed to contribute to a permanent peace in the future Afghanistan by increasing the capacities for non-violent conflict resolution, communication and changing attitudes and practices in four universities in four ethnically diverse cities.

In the new three-year cycle of the project, IAM Peacebuilding Project’s staff members hope to add peacebuilding as a formal subject in Afghan school and university curriculums. Project staff have started to work and advocate for peacebuilding curriculums to become part of the national education curriculums of Afghan schools and universities. We hope this will contribute to bringing peace in the country. Through these mediums we want to work to raise people’s level of awareness about conflict, conflict resolution skills and trauma healing and mainstream those skills into their day-to-day lives.

Highlights

- Conducted a four-day Peace Camp in Kabul in cooperation with Afghan Peace Volunteers.
- Worked with 13 students in their third semester of our Ophthalmic Technician Training Programme and conducted four sessions for them which covered themes including Introduction to Conflict, Conflict Analysis Tools, Conflict Resolution Skills and Introduction to Trauma Healing.
- Ran Youth Resilience classes for more than 313 female grade ten students in two schools.
- Ran Youth Peacebuilding classes for more than 800 university students in universities in Kabul, Kandahar, Mazar and Herat.

Sharbanu’s Story

Sharbanu is a student in the Hemefund Literacy Classes and is also taking tailoring classes. In addition, she is studying our Peace is Happiness lessons through her classes.

“Before participating in the Peace is Happiness lessons, I used to judge everything and everyone, but after participating in these courses I can see a lot of changes in my life. Now, I have become a patient person.

“I used to have many problems with my sister—we were always fighting about chores around the house. Currently, she is studying in school. I used to think that since her education was for her own benefit, she should be able to continue to do her duties properly at home I felt this way even when she was very busy and had exams at school. But now, I can understand her more and I try to help her.

“I also had some problems with my neighbour who lives with us in one plot. My conflict with her was about cleaning/sweeping the yard, because she did not sweep the yard when it was her turn. But now, I know she has many small children and it is very hard for her to do all her duties; therefore, I clean the yard even when it is her turn and I don’t wait for her.”
The Female Teacher Education Project (FTEP) exists to train young women from villages to become quality teachers so that other girls in their villages have the opportunity to go to school. It first started in 2013 as a pilot project, with 15 high-school aged students. After studying for two years at the city high school, obtaining their high school diplomas, and receiving teacher training in the afternoons and on holidays from FTEP, they returned to their villages as teachers in 2015. FTEP teacher trainers continued to monitor these new teachers for two additional years, providing feedback and seminars on a regular basis. These FTEP-trained teachers were praised by their communities, schools, and students as quality teachers of good character. Additionally, they helped provide better access to education for girls in their villages, contributing to a 40% increase in female student attendance in their schools in 2017.

We began our second cycle of the project with triple the number of students in 2018. Working in collaboration with the Ministry of Education, FTEP surveyed six districts and 23 villages in need of female teachers in the Balkh province. After meeting with village elders, school officials, and families of interested students, FTEP selected 45 female students to participate in the project. However, in this new cycle, all FTEP students are high school graduates so that, in addition to FTEP classes, the students are able to attend the government Teacher Training College (TTC). This will allow students to earn their fourteenth-grade teaching certificates and have professional teaching status when they return to their village schools in 2020.

Currently, our students have just finished their first semester of studies at FTEP and the TTC. Already, these girls from various villages, ethnicities, and religious backgrounds have become like one big family in our dormitory as they live and study together. In addition to academic classes, FTEP students also have the opportunity to participate in other character-building seminars like peacebuilding, integrity, and teamwork. Day by day, FTEP teachers and staff are seeing quiet and reserved village girls transform into teachers and leaders as they help each other learn and grow with the goal of bringing better education to their villages in the near future.

**Highlights in 2018:**

**February**
Memorandum of Understanding signed between IAM and the Ministry of Education for the second cycle of FTEP.

**February - May**
FTEP staff surveyed villages and selected students for the second cycle of FTEP.

**May**
61 students took the FTEP entrance exam.

**June - July**
15 new project staff hired and trained; final selection of students; dormitory and office Preparations.

**August**
Students arrived for two weeks of programme orientation.

**September**
45 students began their studies at FTEP and the government’s Teacher Training College.
Transformation in a Father’s Life

In our Female Teacher Education Project, our goal is not just to train female teachers but to also bring lasting transformation to their villages and communities through their changed lives. One student from FTEP’s first cycle who brought such transformation to her own family is Shugufa, a student from the village of Qoj.

Shugufa’s family was against her starting our programme in 2013, especially her uncle. However, they eventually allowed Shugufa to study, despite their many concerns of allowing her stay in a dormitory alone in the city. Shugufa returned home to her village praising FTEP – her teachers, the curriculum, the dormitory, and her fellow students. Her family also noted a positive change in her life; she was not the same girl who had left home two years prior. She was now a confident, talented, and skilled teacher.

As a result of Shugufa’s success, Shugufa’s uncle, who had not even wanted his niece to participate in the programme, asked to enroll his own daughter, Mursal, in our programme’s second cycle. This transformation in Mursal’s father’s life is remarkable, considering that he had tried to force Mursal to drop out of school in the ninth grade to work to earn money for the family. She went on a hunger strike and eventually got permission to go to school in the morning and work the rest of the day peddling a bike to create electricity for her sister to sew clothes in their tailor business.

Now, Mursal is thankful for the opportunity to study full-time at FTEP and hopes to return to her village to help open their minds to the power of education and show that there is a purpose for girls to study. Her father has already noticed the programme’s positive effects in her life and promises that if another cycle of FTEP opens, he would love his youngest daughter to participate as well.
Mazar Livelihoods and Development Project

This year

In 2018, the twin threat of insecurity and severe drought meant that more and more people were moving into the outskirts of Mazar to try and find safety and opportunities to provide for their family.

As a response to this need, 2018 saw the creation of the Mazar Livelihoods and Development Project (MLDP). MLDP was created as a pilot project to find out how to provide development support and help improve the livelihoods of the internally displaced people (IDPs) that are now moving to the outskirts of the city.

After a time of research, speaking with other organisations and visiting other project sites, staff selected an area to the southwest of the city of Mazar, with the majority of IDPs from Faryab province.

Pilot projects that we have run have included a relief project that gave immediate winter assistance to forty refugee families from Faryab province that have settled at the edge of the city, by distributing the material for 40 liafs (thick quilts), which the people themselves made with the materials. The project also doubled up as a livelihoods project, with a nine-month tailoring skills course started for five women.

A traditional Afghan phrase of hospitality is, ‘the house is yours,’ meaning ‘make yourself at home.’ During a monitoring visit after the distribution some community members said, ‘this village is yours.’ Now we know that both ourselves and our work are warmly welcomed in this village.

Highlights

40 women participated in skills training on how to make quilts.

40 quilts distributed to IDP families, with 240 direct beneficiaries.

5 women started taking a tailoring course.
Internal Reports

IAM projects make the news with stories and pictures of change – but none of this would be possible without IAM’s support departments. IAM invests in the young people of Afghanistan by employing, training and mentoring them within our central support departments.

Finance Department

IAM’s Finance Department aims to support the rest of the organisation by providing accurate, timely and actionable finance information, to help assist decision-makers in making well-supported decisions. By helping to make sure that the assets of the company are protected and safeguarded through the implementation of clear processes and internal controls, we hope to ensure that IAM complies with our legal, regulatory and financial requirements, whilst building a working environment that fosters teamwork, good relationships, and fruitful work.

In 2018, we developed a payroll manual to document instructions on how to prepare, review, and authorise payroll, as well as other details about managing the payroll process. We also achieved tax clearance for the years 1390-1396 (2011-2017).

National Administration Department

The National Administration Department ensures good working relations with the Government of Afghanistan; managing official registration and permissions for all our programmes and assets; work registration and visas for international staff and visitors; translation for documents, reports, and IAM online; customs, procurement and other essential logistics as well as coordinating organisational training.

Information and Communication Technology

The IAMtech team maintains the framework of hardware and software that enables IAM to function in the modern world: computers, software licences, email accounts, website, file sharing, internet contracts, local networks, and policies to help prevent improper use and cyber-attacks.

The most significant changes in 2018 were the completion of upgrading all our network hardware from random obsolete equipment, to low cost, centrally managed equipment that gives us the ability to remotely help offices with internet connection problems, and increasing the size of the IAMtech team which means that we now have young technicians and programmers based in three of our regional offices who are building their capacity by supporting projects, programmes and individuals, led by an experienced expatriate professional.

Other Internal Supports

IAM overall is supported and led by the Executive Director and Leadership Team, supported by a security advisor and staffed IAM offices in the various regions.

Support for our international workers also includes a primary school, trained language teachers with a flexible modern learning programme (all IAM international staff study Dari before they begin work placements), a small personnel/recruitment team (also responsible for HR policies and training for the whole organisation), local maintenance and security staff.
Expenses in USD during 2018 by sector and region and are subject to audit.

<table>
<thead>
<tr>
<th>PROJECT EXPENDITURE</th>
<th>VOLUNTEER</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KABUL:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOOR CentralAdministration</td>
<td>$377,566</td>
<td>$10,000</td>
</tr>
<tr>
<td>NOOR Eye Care Training Centre</td>
<td>$414,566</td>
<td>$10,000</td>
</tr>
<tr>
<td>Ophthalmic Technician Training Programme</td>
<td>$59,488</td>
<td>$10,000</td>
</tr>
<tr>
<td>Dasht-e Barchi Clinic</td>
<td>$189,561</td>
<td>$10,000</td>
</tr>
<tr>
<td>Support for Vision Centres</td>
<td>$3,813</td>
<td>——</td>
</tr>
<tr>
<td>Peacebuilding</td>
<td>$55,611</td>
<td>——</td>
</tr>
<tr>
<td><strong>BALKH PROVINCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mazar Ophthalmic Centre</td>
<td>$541,733</td>
<td>$10,000</td>
</tr>
<tr>
<td>Silk Road English Centre</td>
<td>$23,153</td>
<td>$136,750</td>
</tr>
<tr>
<td>Female Teacher Education Project</td>
<td>$136,203</td>
<td>$155,000</td>
</tr>
<tr>
<td>Mazar Livelihoods and Development Project</td>
<td>$14,276</td>
<td>$43,750</td>
</tr>
<tr>
<td><strong>CENTRAL HIGHLANDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Development Programme</td>
<td>$252,735</td>
<td>$250,000</td>
</tr>
<tr>
<td><strong>HERAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Training Centre</td>
<td>$186,470</td>
<td>$30,000</td>
</tr>
<tr>
<td>Community Based Mental Health Project</td>
<td>$177,415</td>
<td>$30,000</td>
</tr>
<tr>
<td>Youth Emotional Resilience Project</td>
<td>$57,971</td>
<td>——</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry Project</td>
<td>$183,217</td>
<td>——</td>
</tr>
<tr>
<td>Positive Parenting Project</td>
<td>$103,847</td>
<td>——</td>
</tr>
<tr>
<td><strong>KANDAHAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kandahar NOOR Eye Hospital</td>
<td>$183,895</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$2,810,800</td>
<td>$605,560</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>$3,416,360</td>
<td></td>
</tr>
</tbody>
</table>
### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>$288,568</td>
</tr>
<tr>
<td>Inventories</td>
<td>$140,454</td>
</tr>
<tr>
<td>Debtors</td>
<td>$279,103</td>
</tr>
<tr>
<td>Cash in hand and at bank</td>
<td>$1,401,861</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$2,128,886</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Member, Staff, and Agency Work Accounts</td>
<td>$47,239</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>$54,897</td>
</tr>
<tr>
<td>Tax Liabilities and Tax Payables</td>
<td>$8,514</td>
</tr>
<tr>
<td>Other Payables</td>
<td>($31,500)</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>$33,903</td>
</tr>
<tr>
<td>Severance Payable</td>
<td>$429,907</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$542,959</strong></td>
</tr>
</tbody>
</table>

### RESERVES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and Board Designated Funds</td>
<td>$756,830</td>
</tr>
<tr>
<td>Designated Project Funds</td>
<td>$488,815</td>
</tr>
<tr>
<td>Donor Restricted Funds</td>
<td>$33,814</td>
</tr>
<tr>
<td>Restricted Asset Fund</td>
<td>$298,568</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td><strong>$1,586,027</strong></td>
</tr>
</tbody>
</table>
TO OUR PARTNERS,

Thank you.

We know none of what we do would be possible without our donors, member agencies, and the many individuals who partner with us through generous donations.

Banque Pictet
YERT

Cyan International
CDP

Digni
FTEP

ELK
Mental Health Programme
NOOR

European Union
MHTC-H and CMHP

FLM
Mental Health Programme

GMGB/UMCOR
TOP

Global Team
MLDP

InterAct
CDP

Läkarmissionen
NOOR

Mairie de Chene Bougeries
CDP

MCC
Peacebuilding

MCCN
Mental Health Programme

MKF
CDP

SolidariteInt
Mental Health Programme

TEAM
Silk Road English Centre

TEAR Australia
Mental Health Programme
CDP

Tearfund UK
CDP
Mental Health Programme
MLDP

UK Aid
CDP

Funded by the European Union

MISSIONSKYRKAN I FINLAND

TEAR AUSTRALIA

UKaid
from the British people
WANT TO get involved?

DONATE
If you’ve been inspired by the things you’ve read in this report and would like to help us, you can donate online or to one of the following accounts:

AFGHANISTAN

Afghanistan International Bank (AIB)
Haji Yaqoob Square, Shahabuddin Watt, Shar-e-Naw
PO Box 2074, Kabul, Afghanistan
Beneficiary: International Assistance Mission
Account Number: 0528102008667300
Swift Code: AFIBAFKAXXX
Currency: USD

UNITED KINGDOM

Lloyds TSB 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

SWITZERLAND

UBS
Case postale
Geneva 2
CH – 1211
Beneficiary: Mission Internationale d’Assistance
BIC: UBSWCHZH80A

 ONLINE DONATIONS

USD Account IBAN: CH 25 0024 0240 4173 9760R
CHF Account IBAN: CH 12 0024 0240 4173 9740U
Euro Account IBAN: CH 20 0024 0240 4173 9761H

Donate online at: iam-afghanistan.org/what-you-can-do

Write to donors@iam-afghanistan.org to let us know how you would like us to use your gift.
THANK YOU FOR READING

Keep up with us by following:
iam-afghanistan.org
facebook.com/internationalassistancemission

Written and produced by the workers of IAM, printed in Afghanistan. All beneficiary names have been changed for security purposes.

Editor: Katelyn Gael
Translator: Rohila Tasmim