IN 2019

213,320 people directly benefitted

- 20,520 through our mental health programme
- 4,634 through our development work
- 187,730 through our work in eye care

436 through our education work
FAST FACTS

MENTAL HEALTH
71% of people with psychosocial disabilities experienced more social inclusion in our partner communities.

DEVELOPMENT
Open defecation decreased by 80% in our partner communities in the Central Highlands.

EYE CARE
IAM doctors performed 9,888 operations.

EDUCATION
Adults studied English with us this year: 391.

WE WORKED IN 5 PROVINCES WITH 16 PROJECTS.

370 STAFF

25 EXPATRIATE VOLUNTEERS
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 projects, and education. We believe that the people of Afghanistan can build a more just, peaceful and sustainable future.
Dear friends,

Thank you for taking time to read our Annual Report for 2019!

The International Assistance Mission (IAM) does not just do one thing – we help people across Afghanistan through a wide range of programmes and projects. But we try to do everything in the same kind of ‘IAM way’ – with values of dependence on God, love for all, teamwork, quality work, accountability, and learning, which we want to see expressed across the whole organisation. As we serve the people of Afghanistan, we approach all of our work with sustainable, long-term strategies, which aim for individuals, families and communities to experience transformation, regardless of ethnic, religious or political identity.

Part of the role of leadership is to set up and encourage good strategies – and strategies are strongest when they are built from the ground up on foundations of experience, understanding, and realistic vision. It has been a pleasure to see the leadership and management teams in our various programmes taking responsibility for strategies which we hope will deliver the following headlines:

**Eye Care: ‘the eradication of preventable blindness’**
To be achieved through better access to services, building national professional capacity, and developing our financial stability.

**Mental Health and Peace: ‘a society where all people, especially young people and those with psychosocial disability, are mentally well and socially included’**
To be achieved through prevention, treatment and advocacy.

**Development and Education: ‘a society that is emotionally, academically, physically, and socially enabled to meet their basic needs and lead their own further development’**
To be achieved through community participation, replication of success, innovation, and applying the learning from our evaluations.

I am proud of every small spark of hope and change

Behind each ‘headline’ is the belief that such things are possible, with the help of God – and beneath each headline come the stories of change, of learning, and growing, which we share with the world online and in this report.

These are the kind of results we have been able to see in Afghanistan during 2019, through the patient hard work of hundreds of national staff in partnership with directors, advisors and colleagues from around the world.

With the whole Leadership Team, I am grateful to Almighty God for the impact of IAM this year – and proud of every small spark of hope and change. I’m proud to get my eyes checked and have my new glasses made by IAM’s National Organisation for Ophthalmic Rehabilitation (NOOR), proud to see tomorrow’s teachers in training, and proud that our small development budgets are matched by communities putting in their own resources. I’m proud that we can maintain and develop an affordable eye care system that invests in training professionals in new techniques, proud that our team are partnering with parents, teachers and communities to help people with mental health disorders, proud that we keep courses and training affordable and accessible to regular Afghan people, and proud that we work in neighbourhoods where local volunteers are helping to change lives.

We cannot ignore the challenges facing Afghanistan today: climate, conflict and corruption; a young and restless population (half of all Afghan people are aged 18 or under); high unemployment; and trauma from generations of violence. But as we seek to lead IAM in a fair and open way, and keep IAM as an attractive place for Afghan citizens and international volunteers to work, we can draw encouragement and strength from God and from each other, and from the accounts of change and hope in this year’s report.

Peace be with you, and long live Afghanistan!

Mark Allan, Executive Director
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I AM 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.
OUR PROJECT LOCATIONS

HERAT
- Child and Adolescent Psychiatry Project
- Community Based Mental Health Project
- Positive Parenting Project
- Upgrading Psychosocial Counsellors Project
- Youth Emotional Resilience Project

KANDAHAR
- Kandahar NOOR Eye Hospital

BALKH
- Female Teacher Education Project
- Mazar Livelihoods and Development Project
- Mazar Ophthalmic Centre
- Silk Road English Centre

CENTRAL HIGHLANDS
- Community Development Programme

KABUL
- NOOR Central Administration
- NOOR Dasht-e-Barchi Eye Clinic
- NOOR Eye Care Training Centre
- Peacebuilding Project
THIS YEAR IN

MENTAL HEALTH

iamafg.org/health
Journeying to joy

Seven years of depression. Four months of counselling. A family transformed.

Sabera* would beat her children and pull out chunks of her own hair. She lost interest in money, in her house, and even in her family. She didn’t care if she lived or died.

For seven years, Sabera suffered with severe depression. It started after two of her children died, and her husband had a serious accident. Despite trips to many doctors in the west of Afghanistan, nothing helped.

“We didn’t know why she was sick or what was wrong with her,” says Sabera’s husband, Isaaq*. “We didn’t know what mental health was. We didn’t know that it was treatable.”

Because of all of her bad experiences, Sabera had lost faith in doctors. So, when she first heard about IAM’s mental health clinic in her community, she refused to go. But now, after just a few short months, Sabera is enthusiastically bringing other people with mental health issues to the IAM team for help.

It started with a neighbour. When an IAM volunteer invited Sabera to come and see our counsellor, she wouldn’t go. But once word spread about the mental health services IAM was running in her district, and other people started seeing changes, Sabera reconsidered.

“A lady in my neighbourhood told me, ‘I went to that clinic and it was very useful. You should go!’” says Sabera. “So I thought, let’s try it!”

Listening helps.
Once our mental health team had talked with Sabera, they were able to properly diagnose her and give her the right medication. She is receiving ongoing counselling from an IAM counsellor, too.

Isaaq had been struggling to support his family financially while also looking after his wife and their nine remaining children. But four months into Sabera’s treatment with IAM, the whole family is seeing huge changes. “Now, our life is ten times better than before,” says Isaaq, who is finally able to share the weight of caring for his family again – both practically and financially. “Now I can work, and every aspect of our lives is changing in a very good way.”

Helping the whole person – and involving the whole community!
As well as counselling and encouraging Sabera to stop isolating herself and to re-engage with her community, we’ve been advocating for her and for other people with mental health disorders. We’ve trained community volunteers and worked with elders and mullahs from Sabera’s community – helping them to understand what mental health is and how to help, and encouraging them to advocate for people with mental health disorders.

Through this, Sabera was given silkworms to start a small business by her local council. With the money made, she has now bought a sheep and a goat, and hopes that these will help her support her family.

“I am very happy because the counsellor and the doctors changed my life,” says Sabera. “Now, I value my life and my family. That is the transformation I have made.”

“I want to thank you for working with us and helping us as human beings,” Isaaq adds. “Thank you to all of you.”

*Names changed
IAM’s Mental Health Programme is working towards a society where all people, especially young people and those with psychosocial disabilities, are mentally well and socially included. By working in partnership with the Government of Afghanistan and a network of other stakeholders, we aim to develop and demonstrate affordable community mental health services and programmes that can be replicated across the country.

Through five interconnected projects, we are working in prevention, to reduce mental health problems and increase emotional resilience, in advocacy, to change attitudes, behaviours and policies and see communities at the heart of long-lasting change for people with psychosocial disabilities, and in treatment, to ensure people with psychosocial disabilities have access to appropriate, quality care.
Mental health disorders are widespread across Afghanistan, and IAM is working to stop more preventable mental health disorders from arising by addressing some of the root causes.

**Prevention through IAM’s Positive Parenting Project (PPP)**

There is a strong link between experiencing violence in childhood and the development of mental health disorders. We want to break the cycle of violence in families and schools; preventing future mental health issues by giving people the skills they need to deal with children’s behaviour in a positive way and build the emotional resilience of their children.

In 2019, we trained 129 teachers in nonviolent classroom management techniques, and 75% of those teachers no longer use violence. Instead, they have learned to use nonviolent techniques, such as talking to students who are misbehaving in a calm way to try to uncover the reasons for their negative behaviour. After making this change, principals of our partner schools noticed that their students’ behaviour improved: now, they are friendly to each other and to their teachers, their study results have improved, they are active, and they do not cause trouble during lessons.

90% of parents involved in our positive parenting training have also started using the skills they learned, and are now finding it easier to manage their children’s behaviour. Parents said that, by using the method of ignoring negative behaviour and encouraging positive behaviour, their children have stopped yelling if they are unsatisfied. Parents also learned to express positive characteristics of their children and their behaviour, which can help to increase their children’s empathy and self-esteem, strengthen the parent-child bond, and reinforce good patterns.

As a result of YERP, communication between teachers and students in our partner schools and communities has become more positive. Violence in the classroom has decreased, and the teachers better understand their students’ feelings. Parents have started to ask their teenagers’ opinions about various family issues and actively include them in decision-making, and parents and their children are getting better at communicating with one another: tenth-grade students have learnt to share about their problems at home and receive help from their parents.

**Prevention through IAM’s Youth Emotional Resilience Project (YERP)**

We train tenth-grade teachers to give lessons on key life skills, with classes looking at empathy, anger, peer pressure, coping with grief, self-esteem, dealing with failure, bullying, time management, and life choices. Through these lessons, students are equipped with knowledge and practical skills that empower them to confront issues as they arise – leaving them better equipped to help prevent mental health issues in their own and one another’s lives.

This year, we trained education department employees, parents, teachers, teacher association members, community leaders, and student self-help groups in the Life Skills Curriculum, which they then taught to over 450 tenth-grade students. One documentary of the project itself and two short video clips about stress management and critical thinking were produced. Parents and teachers had quarterly meetings to discuss their experiences dealing with their teenage children and, in order to establish close contact and open communication between teachers and tenth-grade students, self-help groups were also established. Students who participated in the training also transferred their knowledge to other students and distributed posters and banners.

After participating in a positive parenting skills training, the United Nations Children’s Fund (UNICEF) in Herat and the Women’s Social Equality Organisation (WSEO) in Herat also included Positive Parenting Skills training in their programmes.
We can’t change the whole of Afghanistan on our own. That’s why, in addition to our work in prevention and treatment, we advocate to government bodies, NGOs, and communities in order to raise awareness about mental health throughout Afghanistan. We are passionate about seeing people with psychosocial disabilities fully included in society, and our work in advocacy is key to achieving this goal.

**Advocacy through IAM’s Community Based Mental Health Project (CBMHP)**

This year, we gave advocacy skills and community mobilisation training to community volunteers, community leaders, people with psychosocial disabilities (PPSDs) and their families, and community mobilisers. IAM doctors and counsellors met with these groups quarterly to talk about mental health issues, focusing on creating an inclusive community for people with mental health disorders and reducing the stigma they face, mobilising organisations to support and include PPSDs, and encouraging families and communities to better support PPSDs and to use and promote existing mental health services.

New support groups of PPSDs and their family members were established, providing a place for them to share their experiences about health and other issues. Village councils in our partner communities began including PPSDs in their monthly council meetings, giving them an opportunity to voice their concerns and share their needs. Community mobilisers started meeting with local shopkeepers, youth associations, and private businesses that were giving vocational training like tailoring, embroidery and literacy courses, encouraging them to offer training and work opportunities for PPSDs. As a result, 104 PPSDs were able to begin working; some began work in local shops, others started animal husbandry and farming, and others became day labourers and participated in processing saffron for sale.

Through our advocacy work, 71% of PPSDs in our target communities said they experienced better inclusion.

**Advocacy through IAM’s Positive Parenting Project**

In 2019, we established a strong relationship with Herat’s Child Protection Action Network (CPAN). We shared our survey findings with them, showing that many parents and teachers use violence against children both at school and in the home. All members of the network learned about child rights and the effects of violence on mental health. After our advocacy and sensitisation, the Education Committee of CPAN and the Education Directorate joined forces to establish anti-violence committees at schools in Herat city, which will work to investigate and deal with reports of violence occurring in schools.

After the general public wrote to television companies requesting content about parenting, IAM’s Child and Adolescent Psychiatry Project (CAPP) and PPP produced 22 television programmes about positive parenting skills and children’s mental health disorders, 19 of which were broadcast for free. 65% of audience members interviewed about the programmes expressed finding the media campaigns useful, saying that they helped them to apply positive parenting methods in their own families.

This year, we also worked with the Directorate of Information and Culture to develop a Memorandum of Understanding, which will enable us to better influence local media channels to broadcast mental health messages, and to speak out about content that can be harmful to children’s mental health, such as shows with extreme violence.

Local councils spreading the word

Arzu’s seizures started when she was six years old. Everyone had theories about why she had them, and despite being taken many times to traditional healers, nothing helped. Through an awareness session by the local council, Arzu’s father heard about IAM’s mental health services in his community and he took her to the psychiatrist.

Now, Arzu is receiving the medication she needs and is doing really well. Her father is now spreading the word too, and encouraging other people to go and get help from our centre.
IAM has been striving to improve mental health provision in Afghanistan since 1996. Now, we’re focusing on developing and demonstrating affordable, high-quality mental health services at the community level, and on filling the much-needed gap of providing treatment for children and young people with psychosocial disabilities.

**Treatment through IAM’s Community Based Mental Health Project**

We work within six communities in Herat Province, offering medical treatment and counselling to those who need it at community centres, or within their homes if they are unable to come to the centre. This year, we worked to make sure that wider community members, including PPSDs and their families, were made aware of available mental health services and were mobilised by IAM community volunteers and community mobilisers to access these services. As a result, our psychiatrists and counsellors gave treatment and counselling to 848 PPSDs in community centres or within their own homes, and 64% of PPSDs showed improvement in their mental health condition.

**Treatment through IAM’s Child and Adolescent Psychiatry Project (CAPP)**

IAM is the only organisation providing specialised treatment for children and young people with mental health disorders in the whole of Afghanistan. In 2019, 1,088 children benefitted from CAPP services. This year, at our Child and Adolescent Mental Health Centre, our child counsellors and psychiatrist introduced speech therapy (which is also new to Afghanistan), and 53 children benefited from this new service. Our Afghan clinical psychologist and counsellors also received two weeks of training from a child psychologist from the United Kingdom, where they learned new counselling techniques for children and their parents, which they are putting into practice.

At the request of the Mental Health Department of the Ministry of Public Health (MoPH), this year CAPP developed standards and guidelines for child and adolescent psychiatry in Afghanistan, which is the first time Afghanistan has had written standards in this area. It is looking hopeful that after the MoPH reviews these standards, they will be included as national tools for the whole country. We also established multidisciplinary collaboration with 30 NGOs in Herat Province, and a strong network is now willing to support mental health inclusion in their own programmes.

**Improving treatment for the future through Upgrading Psychosocial Counsellors to Health Social Counsellors**

In a new project for 2019, in partnership with HealthNet TPO, we are improving the capacity of 45 Psychosocial Counsellors in the southern and western regions of Afghanistan to treat people with psychosocial disorders by upgrading them to Health Social Counsellors. This will help to improve the quality and geographical reach of mental health services in Afghanistan – which are currently still extremely limited.

In order to support MoPH in integrating Health Social Counsellors into the governmental health care structure, 190 psychosocial counsellors will receive 12 months of training during the three-year project, in centres in Mazar, Kabul and Herat, with IAM leading the training in Herat. In November 2019, 16 women and seven men started training with us, and another six women and 16 men joined the project in December. After 12 months, they will become certified diploma holders according to the standard of MoPH. These 45 new Health Social Counsellors will then serve in public health facilities with limited mental health services, and support people suffering from social and mental problems including chronic diseases like HIV and AIDS, cancer, and tuberculosis, and illegal drug use.

**1,088 Children with Psychosocial Disabilities Treated Through CAPP in 2019**

- 35% Epilepsy
- 20% Intellectual Disability
- 16% Depression
- 13% Other Disorders
- 14% Anxiety
- 2% Obsessive Compulsive Disorder
- 13% Other Disorders
THIS YEAR IN

DEVELOPMENT

iamafg.org/development
Empowered For Change

How community development transformed Marwa’s life – and her entire village.

Marwa* never imagined that she could run a small business, be the treasurer of a women’s self-help group and play a big part in the economic empowerment of her village. But these are just some of the ways her life – and her village – has changed over the past few years.

“I was completely illiterate. I couldn’t even read phone numbers, I couldn’t count,” says Marwa, who later talks us through her well-kept self-help group accounts. This young mother from a small village in the Central Highlands is incredibly capable, but until recently, she had no idea how much she and her village could achieve.

IAM’s Community Development Programme (CDP) exists to see the effects of poverty, conflict, and vulnerability reduced, and to help communities like Marwa’s thrive. We work alongside families and communities, building their capacity to meet their own basic needs, increase their resilience, and improve the quality of their lives. We pride ourselves on the holistic nature of our development work, and Marwa’s story illustrates just how much transformation is possible when you empower people to change their own lives.

Five years ago, preventable diseases were rampant in Marwa’s village. “Back then, if someone got sick, it seemed that there was no way forward – they would just die,” Marwa shares. Tragically, a lack of access to transportation or health services meant that a sickness that would seem inconsequential in other places could be the end of someone’s life in Marwa’s village.

“We were forced to take [sick people] by donkey under the hot sun,” Marwa says. “At one point, got sick, and died. There was typhoid and tuberculosis. Each sickness was so dangerous.”

That’s why, when IAM’s Community Development team arrived, they began by focusing on water and sanitation.

Marwa’s village had been drinking water from an old well, which was full of worms and microbes. We worked with community members to build a new, clean water source and composting latrines, and gave...

“If someone got sick, it seemed that there was no way forward – they would just die.”
memorable lessons about health and hygiene to young and old (and everyone in between). Now, the whole community is seeing significant changes. Sicknesses like typhoid have disappeared and the overall health of the community has rapidly improved. “These illnesses are gone,” says Marwa. “There is no vomiting and diarrhea, no more malnutrition.”

Malnutrition is an issue that hits close to home for Marwa. Her youngest daughter was very tiny, and the CDP team explained that she was malnourished and what that could mean for her future development. Our team worked with Marwa, advising her on what she could do to help her daughter get better and regularly visiting and following up on their progress. “I took good care of her and worked hard to help her get better, until she was no longer malnourished,” Marwa says. “Now she’s one year and eight months old, and she is well. I’m so happy.”

Marwa’s playing a part in helping other sick and malnourished children too, thanks to her role as treasurer in the self-help group IAM started in her village. Through the group, families are saving money and are now able to pay to take their children to the doctor when they get sick and buy medical supplies. Small business ventures have sprung up, too. Marwa and her group have been selling mobile phone credit and other small items to their fellow villagers, learning about business while they generate some income to support their families.

“It’s very helpful for us,” Marwa says. “I didn’t think I could do these things! It’s good that we can now solve our own problems.”

When we ask Marwa why it’s important that women have savings as well as the men in their family, she smiles and says, “Women also have their own problems! So, it’s important for them to have money too. Before this, I often didn’t have any money in my pockets. And then a travelling salesman would arrive, and I wouldn’t have any money!”

Marwa’s newfound ability to read and manage money, thanks to the IAM literacy course she excelled in, coupled with her access to savings means she can care for her family even better than before. As well as enabling Marwa and other women in her village to save money and create businesses, their self-help group has also given them the opportunity to do something that had always been out of their reach. For the first time ever, they got to visit Band-e-Amir, Afghanistan’s beautiful national park.

As we’re finishing our interview, Marwa is quick to reiterate her thanks. “You’ve done such important work here: all of the waste around our houses is clean, the sicknesses that were common here have disappeared, and we are so happy.”

We can’t leave without seeing the water pump that CDP helped to build and the clean water it brings the village. The sun shines brightly, and children are standing nearby, smiling and laughing. Healthy. The village is clean and welcoming, and it’s hard to imagine how different this scene may have been just a few years ago. The clear, disease-free water that flows is just the start of the good things IAM was able to be a part of in this community. “It’s been about four or five years since your office came, and now, praise God, we are without sorrows.”

*Name changed
Over the course of 2019, IAM’s Community Development Programme (CDP) has continued working in 22 villages in the Central Highlands of Afghanistan, helping to address problems such as unsafe water, poor sanitation and hygiene, complications with pregnancies, a shortage of income generating opportunities, vulnerabilities to disasters, and malnutrition.

We use a number of interventions as we partner with communities to address the issues of poverty holistically. Our work in birth and life saving skills (BLiSS) offers training to both men and women on safer birthing practices and the life-saving knowledge and skills that they need to ensure that mothers and babies stay safe during pregnancy, labour, and beyond. We work in the area of water, sanitation and hygiene (WASH) to help provide clean and safe drinking water to villages, reducing the prevalence of water-borne diseases and the time taken to collect water. We also help people to build hygienic composting latrines that help reduce disease, keep the environment clean, and provide nutrient-rich ‘humanure’ that they can use to improve soil fertility. We work alongside farmers and families to demonstrate the best practices in agriculture – both at the household and farm level – as well as introduce new varieties of wheat and vegetables that will thrive in the harsh growing conditions of the Central Highlands. And we provide training on literacy and tailoring, and help to form self-help groups where women can learn about financial literacy, generate income, and become more active participants within their communities.

The results we have seen in 2019, after working closely with these communities for the last five years, are really encouraging. Fifteen of the villages that we are working in are now open-defecation free. Prior to our work beginning, open defecation was a large problem in these communities, contributing to the spread of preventable diseases. Women who were previously unable to participate financially are now active members of our self-help groups, and are able to take advantage of the credit available to them by using loans for small businesses, for important medical expenses, or for leisure and recreation activities. Community members who have participated in our adult literacy courses have improved their reading and writing skills, enabling them to become more connected to other communities through their new ability to read mobile phone numbers and save these on their phones, and empowering them to do simple but important things such as reading the directions on medicine packets to know how many tablets to take. One woman who had completed our literacy courses told us, “you find literacy, you find all things.”

In 2019

- 221 adults took part in literacy courses
- 794 women and 396 men trained to help keep women and babies healthy and safe during pregnancy and childbirth
- 165 adults and 185 children empowered to grow vegetables
- 36 women empowered to make and save money through tailoring courses

“You find literacy, you find all things”
We’ve also looked at the way we work, ensuring that we do everything efficiently and maximising the impact our programme has. To do so, we’ve started training local people twice a year to be able to give maternal health training in their own villages. This means that more people over the year can receive the life-saving knowledge that they need to help a mother during pregnancy and labour, and to help newborn babies. We’ve looked at new opportunities and partnerships, which this year resulted in us running an essay contest in local schools, with children writing on ‘the value of the mother tongue’. Sets of books in Hazaragi (the mother tongue) were given to the winners, and over 6,000 other books were distributed to local schools. We had an external evaluator visit the programme, to assess the impact that it’s had over the past five years, and give us some recommendations for how we can build on and improve it for the future.

We feel confident that, with these changes and recommendations, we can help even more people in the Central Highlands, and do it more effectively.

Open defecation reduced by over 80% across our 22 partner villages, and eradicated in 15 villages.

46 women and 18 men trained to deliver life-saving maternal health courses in their own villages, up 45% from the number trained in 2018.

Five new varieties of wheat (four types of rust-resistant wheat seeds and one new type) sold to 73 farmers from 35 villages.

Six new self-help groups formed – including more than 70 women.

247 adults and 101 children trained in peacebuilding

11 wells, 2 new water distribution points and 60 latrines built

208 women participated in self-help groups
In 2019, the Mazar Livelihoods and Development Project (MLDP) worked with nearly 500 internally displaced people (IDPs) in four communities, giving trainings in WASH, agriculture, and various practical and income generating skills.

Conflict, drought, and economic pressure continue to force people throughout Afghanistan to leave their home communities. Displaced people from across the north of Afghanistan have resettled on the outskirts of Mazar, where we partner with community members and leaders to develop their ability to survive and make a life in their new home. We have also been working to raise awareness of the situation of IDPs and advocating for our partner communities, with the hope that relevant government entities and other NGOs will also get involved in supporting their long-term development.

In order to build capacity and self-sufficiency, we trained community members in a myriad of different ways this year. We gave first aid training in our partner communities, establishing basic first aid skills for community members. We taught a number of health courses to women and children, informing IDPs about personal and environmental hygiene with the hope of reducing preventable illnesses in their communities. As part of our work in sanitation, we built two outdoor shower rooms for two struggling families who had nowhere to bathe.

We helped to build income-generating skills through three different kinds of embroidery courses and the distribution of wool to be spun into yarn and resold. Men and women in partner communities participated in training on growing vegetables, both under plastic tunnels in the winter months and for kitchen gardens in the spring. We also trained community members in two of our partner communities to work with local leadership councils to form village councils, empowering them to advocate for the development of their new ‘villages’ at governmental and non-governmental organisations.

Through advocacy to other NGOs, we’ve been able to ensure that these villages can also receive help in areas beyond our own programming. This year, our partner communities have received birth and life saving skills (BLiSS) training from Operation Mercy, and 212 families now have access to clean water thanks to solar-powered deep tube wells built by Global Partners.

Nadima, an IDP, can testify to the impact of MLDP’s work in her community in 2019. “The tailoring courses for women were very beneficial,” she said. “And we didn’t have access to clean drinking water before, but with the help and advocacy of IAM our water issues were resolved.”

“All of these projects have helped us to have a much better quality of life.”

**Highlights**

- **27 women** participated in embroidery courses
- **132 men and women** took part in basic first aid training
- **60 men** saw demonstrations on composting
- **53 women** received raw sheep wool for income generation
- **55 men and women** learned about growing vegetables
- **80 women** participated in health and hygiene courses
NEW TECHNOLOGY IN NOOR HOSPITALS SAVES SIGHT

Hundreds of people are being saved from irreversible blindness thanks to a new treatment the International Assistance Mission has brought to the public health sector in Afghanistan.

“If I didn’t come here, I think I would have lost all my vision,” says 70-year-old Zamon*.

He came to IAM’s Mazar Ophthalmic Centre (MOC) after going almost completely blind in his right eye, and losing much of the vision in his left. He was told by another clinic that he had cataracts and to come to MOC for surgery; but when he arrived, our doctors saw that he didn’t have cataracts at all, but diabetic retinopathy.

Before 2018, most eye specialists in Afghanistan were unable to diagnose and treat retinal vascular diseases like Zamon’s. These diseases occur when the blood vessels that nourish the retina get blocked, causing the growth of abnormal blood vessels in the back of the eye that often leak, resulting in a loss of vision. Until recently, people experiencing these disorders (often those with diabetes or high blood pressure) had to repeatedly travel abroad for treatment, or find a private clinic in Afghanistan that could do the procedure. If they couldn’t afford it, they faced irreversible blindness.

Now, IAM’s National Organisation for Ophthalmic Rehabilitation (NOOR) is offering this sight-saving treatment in Kabul and Mazar for a fraction of the cost. That means that far more people in Afghanistan have access to a service that can stop them from going permanently blind.

Poor people and wealthy people are treated equally. That’s why I came here.

Nilofar’s* grandson accidentally hit her in the eye, causing it to bleed. After suffering with a headache for a few days, she travelled to MOC to get help. The team checked her eye and realised there was a bigger problem.

Using their new Optical Coherence Tomography (OCT) machine – that captures images of the back of the eye – they could see that she was suffering from a retinal vascular disease.

IAM doctors are now able to diagnose and treat these diseases using a series of injections over a period of six months or so. They inject Avastin – a medicine that was originally used to treat cancer – into the back of the eye and it blocks the growth of abnormal vessels.

“This is the third time I am going to receive the injection,” says Nilofar, who has just had her monthly check-up. “After getting the other injections, the [blood clot] in the back of my eye is reducing. I believe after two more months it will vanish completely!”

The images of the back of Nilofar and Zamon’s eyes before and after their first series of injections show a huge improvement. Sadly for Zamon, it was too late for the doctors to do anything about his right eye. If he’d left it much longer, the damage to his left eye would have been unstoppable, too.

“If I lost my sight, it would be very difficult for me and my family,” says Zamon, who is onto his seventh round of injections. At 70 years old, he is still the primary breadwinner for his family, working as a farmer to pay for his children to get through university. Without IAM, Zamon could never have paid for the treatment he needed to save his eye.
“Poor people and wealthy people are treated equally. That’s why I came here,” says Nilofar.

“[MOC] has very intelligent doctors and it is well-known for its good service. I am thankful to the doctors who treated me very well. And I am happy.”

In 2019, IAM hospitals in Kabul and Mazar gave 1,631 Avastin injections, helping hundreds of people to keep their sight. The new diagnostic tool we have through OCT machines and our doctors’ new skill in giving Avastin injections means that we are one step closer towards our goal of ending preventable blindness in Afghanistan.

And, as word of this new treatment spreads, we hope to save the eyesight of many more patients in 2020.

*names changed

The vision of IAM’s NOOR programme is to see preventable blindness eradicated in Afghanistan. We work in partnership with the Government of Afghanistan to provide high-quality eye care across the country. We focus on training high and mid-level eye care professionals to build capacity in the local population, offering affordable and accessible services throughout the country (and introducing new technologies for the public sector), and developing high-quality pharmacy products.

We want every person in Afghanistan to have access to excellent eye care services, and the hope of a better life through improved vision.
Training eye care professionals is a key step to reducing preventable blindness. According to the World Health Organisation, roughly 25,000 Afghans lose vision in one of their eyes every year. Eye care services are limited to a few of the major cities – current studies show that 70% of eye care professionals in Afghanistan live and work in big cities like Kabul, Herat, Mazar-e-Sharif and Kandahar, which means that 80% of the country has limited or no access to eye care services. NOOR remains committed to training doctors and mid-level eye care professionals to cover the underserved areas of the country, as we have done since IAM began its work in eye care in 1966.

NOOR runs a four-year residency programme in Kabul and Mazar. This year, at the Mazar Ophthalmic Centre, we have four resident doctors. At the NOOR Eye Care Training Centre in Kabul, there are currently ten resident doctors.

We try to ensure our eye care professionals get more than just basic training, which is why we’ve had visiting international doctors come in and give training on new techniques to help us best serve the people of Afghanistan. This year, because of external training, we were able to introduce a modern cataract surgery technique – Phacoemulsification (Phaco) – to our hospital in Kabul. Using the Phaco technique, not only is surgery time for cataracts decreased, but patients also have better results. It is common that after other cataract surgery techniques, patients still need glasses, but with Phaco, glasses usually aren’t needed. This operation can also be done on immature cataracts, which means patients can get the surgery done before they lose too much sight. In addition to training in Phaco, our doctors have received further training on Avastin injections, which combat retinal diseases. This has enabled us to serve even more people suffering from retinal diseases in Mazar and Kabul.

Through our Ophthalmic Technician Training Programme (OTTP), NOOR’s training of mid-level eye care professionals, or ophthalmic technicians (OTs), is another key part of our training strategy. OTs receive training with a strong emphasis on refraction and diagnosing basic eye diseases, while also acquiring some nursing, theatre and optical skills that enable them to function in a variety of circumstances. That is important because, with a well-trained OT, ophthalmologists can be free to concentrate on more difficult cases and surgeries, with OTs providing basic services to rural and remote populations.

Our OTTP is the only accredited training programme for OTs in Afghanistan. We recognise that any effective training programme needs to provide both theoretical and practical learning within an eye hospital. Even though the training of OTs has been made a priority by the World Health Organisation, the Ministry of Public Health (MoPH), and NOOR in order to better supply the country with more appropriate eye care professionals, other training providers have not been able to meet both the theoretical and practical requirements. In 2019, 25 OTs were in their first year of training with IAM, 24 in their second, and 139 graduated from the programme.

In addition to these training programmes, NOOR also provides training for other NGOs, such as CURE International and Hope Family Medicine Afghanistan, who run family medicine residency programmes. NOOR provides their residents with a three-week training, which goes over a manual of eye care approved by MoPH. This manual is a mandatory part of general ophthalmology training, including the treatment of simple eye diseases and diagnosing complicated and surgical cases, in order to refer patients to an equipped eye hospital.
NOOR aims to provide accessible and affordable eye care services for the whole of Afghanistan. The majority of public eye care services available in the country are provided by or supported by NOOR. Through our eye care programme, patients can have sight-saving and cosmetic surgeries, get glasses, and find high-quality eye medication – most of which is produced by NOOR itself.

In order to do this, we operate three referral hospitals and one surgical satellite clinic: the NOOR Eye Care Training Centre (NETC) in Kabul, the Mazar Ophthalmic Centre (MOC) in Mazar-e-Sharif, the Kandahar NOOR Eye Hospital (KNEH) in Kandahar, and the Dasht-e-Barchi satellite clinic in Kabul. Additionally, NOOR provides logistical support and financial oversight to the Ministry of Public Health’s Central Polyclinic in Kabul and logistical support for Herat Ophthalmic Centre in Herat. These referral hospitals were founded by NOOR and continue to operate under IAM protocols.

In 2019, NOOR increased the number of patients treated with Avastin injections in Kabul and Mazar. In 2019, our doctors administered 1,631 injections to patients, up from 50 injections in 2018. NOOR charges just 30% of what these patients would have to pay in the private sector, greatly increasing access to sight-saving treatment for patients with retinal diseases.

After receiving training, our doctors were also able to perform 217 Phaco surgeries in the last quarter of 2019. In total, in 2019 we provided eye care services for 187,730 patients through our direct projects.

In 2017, NOOR helped recent OT graduates to open eight Vision Centres in underserved areas of the country, in order to provide primary eye care services to people in areas without prior access to them. Many people just require basic services, so having a Vision Centre nearby means that they now have access to the treatment they need. When these centres are unable to address more serious cases, they can refer patients to an equipped eye care centre.

NOOR plans to open another Vision Centre in Wardak province in 2020. Currently, there are no eye care centres in Wardak province, so people have to travel to Kabul to receive eye care services. This Vision Centre will be run by a junior ophthalmologist, which means that it will be able to provide surgical services in addition to outpatient examination. We are also planning to open five new Vision Centres in 2021 in five other provinces which currently have no access to eye care services.

Providing eye care services is strongly linked to the training of eye care professionals. Without having hospitals or clinics for trainees to practice, eye care professionals can’t be properly trained, and without properly trained eye care professionals, the task of reducing avoidable blindness in the country is impossible. By training eye care professionals and providing places for them to gain experience, we can help to ensure that there will be more experienced and qualified eye care professionals throughout the country.
Without NOOR Central Administration (NCA), IAM’s work in eye care would be far more difficult. NCA produces high-quality eye care products, in addition to providing support for human resources, finance and security for the whole NOOR programme.

This is key to our goal of eradicating preventable blindness – it means that more people have access to high-quality products. By stocking not only our own hospitals and clinics, but also others around the country, people can be assured that the medication they are using is going to work.

The production of eyedrops is done through NOOR’s own pharmaceutical laboratory. NCA imports raw materials for the production of eye drops from neighboring countries, and then our trained staff make them into useful products for the people of Afghanistan. The finished products, which are used for treatment or diagnostic purposes, are supplied to both NOOR’s own projects, as well as MoPH partners and the private sector.

In 2019, thanks to donor funding, NCA started the construction of a new pharmacy building in Kabul. This new facility will enable us to expand the production of eye drops, increase productivity, and meet MoPH pharmacy department requirements. The development of NOOR’s pharmacy production is key to helping the programme to be financially sustainable. Most of the income for the programme comes from the sale of eye care and pharmacy-related products, such as eye drops, and income from patient fees. This means that the programme is able to remain self-sufficient and is not reliant on donor funding to operate a pharmaceutical laboratory. While we are able to cover operating expenses from sales and fees, we still needed some external funding to replace large capital items. Recently, a donor has responded to a request for an automatic filling machine which will speed up the production of eye drops in 2020.

Within NCA, there is also an optical workshop that covers most optical supplies for NOOR projects. In addition, NCA has a small stock of the surgical instruments to ensure that all NOOR projects can continue running smoothly. Most of the administrative work, such as preparing Memoranda of Understanding with
THIS YEAR IN
EDUCATION

iamafg.org/education
If you visit Salima* and Khatereh’s* school, you’ll see classrooms filled with girls, boys, and women, ready for a day of learning. You’ll find an open library, see girls hard at work in the science laboratory, and hear students asking their teachers questions. A few years ago, you would have found something very different. When Salima and Khatereh were younger, school was not a friendly environment for girls. Having no female teachers in their village meant that many families wouldn’t allow their daughters to study beyond the third or fourth grade. And even girls who were allowed to continue attending were often let down by the quality of teaching – they would get to the end of their schooling and feel like they still knew hardly anything at all. ”When we asked [our teachers] questions, their level of knowledge was really low,” Khatereh recalls. ”They would say, ‘Oh, just look in the book, and you’ll see’, or ‘I’ll tell you tomorrow’, hoping that we would forget our question.” Many of their teachers came an hour or two late, or didn’t show up at all. “When we asked [our teachers] questions, their level of knowledge was really low,” Khatereh recalls. “They would say, ‘Oh, just look in the book, and you’ll see’, or ‘I’ll tell you tomorrow’, hoping that we would forget our question.” Many of their teachers came an hour or two late, or didn’t show up at all. These problems are encountered by girls in many villages across Afghanistan. That’s why IAM runs the Female Teacher Education Project (FTEP), training young women from these villages to be the change for other girls in their communities. IAM-trained female teachers are bringing high-quality education to their villages and increasing opportunity for girls to study. Salima had dreamed of becoming a teacher. “The position of a teacher in my district is a very influential one, and they can further develop people,” she says. But as an orphan, it seemed unlikely that she would ever achieve her dream and become a role model for other girls in her village. “In Afghanistan, it’s very difficult for someone who doesn’t have a father or mother to go somewhere with their life,” Salima says, blinking back tears as she explains that her father was martyred before she was born and her mother died from heart problems when she was just ten years old. After she lost both of her parents, Salima moved in with her older sister and her brother-in-law – Khatereh’s parents – who raised her as one of their own. Her brother-in-law was always supportive of her studying. “He always encourages us that everywhere we go, we should try to learn something, to put something new into our minds,” says Salima. “Knowledge is like a river – however much we learn, it never ends.” It was this open-mindedness that enabled Salima and Khatereh to take part in FTEP. When Rahima*, FTEP’s Liaison Officer and Dean of Students, and other FTEP staff came to their village to invite young women to be part of the five-year teacher training programme, many parents refused to send their daughters to the city. Just this one family gave permission for their girls to attend. Salima was shy and nervous when she first arrived at FTEP. “She didn’t talk much, and if I asked her a question, she would blush and wouldn’t be able to answer, or tears would come into her eyes,” says Rahima. “Now, there is such a big difference!” Today, Salima sits before us as a confident, strong young woman – speaking knowledgeably on different teaching methods and how she uses them to help her students learn. Although many people in her village spoke badly of both her and Khatereh for going to study in the city, they gradually realised that these young women had returned bringing knowledge and skills that would benefit their entire community. When Salima and Khatereh first started teaching, many of their...
female students were scared to speak or ask questions – just like Salima had been. “I tried to teach them not to be afraid, saying, ‘You can do this! You have the courage to do this!’ I acted normally with them, like my teachers [at FTEP] did with me.” says Salima. “When people have self-confidence, they will be passionate to learn different things.”

And it’s not just young girls who are now attending school and gaining confidence because of Khatereh and Salima. Women who were made to drop out when they were younger are being given permission from their husbands to come back and study, too! “When I came back to teach, many women came back to school,” says Khatereh. “Even those who already had two or three or four children came back, because it wasn’t a male teacher anymore.”

Khatereh radiates confidence. The passion she has brought to the classroom is now being mirrored by her students. Khatereh says that the principal at the time was quick to acknowledge her effect on the school, saying things like, “If you’re not here, all of the students are out in the halls instead of in their classrooms.” Students would also echo these sentiments, saying, “If [Khatereh] is not here, I’m leaving. But if she’s here, I’ll stay and study.”

These FTEP-trained women have improved learning beyond the classroom, too. Salima has reopened the library and created a schedule for students and teachers to use it, got students studying science in the laboratory, and helped students learn to use computers as well. And what’s really exciting is that other teachers in the school are beginning to change their methods too.

“Little by little, [other teachers’] ideas have changed... they encouraged me and began working with me in these areas, saying, ‘this is really good for the development of the students, it’s really helpful,’” says Salima.

FTEP also ensured that their graduates had access to the internet for their first two years back in their villages, which meant that Salima and Khatereh could use their new computer skills to research different teaching ideas and find answers to questions their students had if they didn’t know them.

Against all odds, Salima is now acting principal of her school. People who used to look down on her for being an orphan and think badly of her for moving to the city are now coming to her for advice and sending their daughters and wives to her school. She leads by example, and is demonstrating the value of different ways of thinking, teaching and learning.

“Everyone who sees me at school says that I am an example, and I tell my students to see me as an example – because if I can become something and do something, so can they,” she says.

Today, Salima and Khatereh continue to work to improve education in their village, and two of their former students are now studying to be teachers with FTEP, too. Gradually people are changing their thinking – students are learning to participate in their own learning and to learn from each other. “I say, ‘Here, we can help to solve one another’s problems. This isn’t the place to say who is good and who is bad, who is higher and who is lower.’ I have a different kind of thinking, and little by little, [others] have started to see things that way too.”

Salima and Khatereh are just two of 15 young women who studied with FTEP in the first cycle of the project. Today, 13 of those women are working in village schools, reaching over 3,000 students in total, and changing their communities in the way they teach and interact every day.

*names changed
In 2019, IAM’s Female Teacher Education Project (FTEP) began its second year of training for the current 45 students.

From the beginning of this project, many people expressed doubts about its viability. “There’s no way that you’ll be able to get 45 fathers from villages to agree to give their daughters permission to come and stay in a dormitory in the city.” And, “There’s no way you can get 45 girls from the villages to have enough education to become teachers themselves.”

The reality at FTEP this year has demonstrated that these hurdles can be overcome. Even though many of the students were very academically behind when they began our programme – so much so that even their Teacher Training College (TTC) teachers despaired – they have worked tirelessly to improve. With the encouragement and support of their FTEP teachers, who have gone above and beyond what would normally be expected of teachers, these young women have made incredible academic progress in maths, Dari, English, computer sciences, and pedagogy.

Undoubtedly, one of the highlights at FTEP this year was the end of semester function the staff and students organised. Both parents and government officials were invited, and students showcased what they had learnt over the semester. Parents of our students had the opportunity to share their observations, and many said that – through their time at FTEP – their daughters had transformed before their eyes into confident, well-spoken, respectful and peace-loving young women. One father insisted that the project must run again, and that he would personally lobby the government to make sure it does. The father stated that he could easily gather another cohort of young women just from his district! The government officials, too, only had praise for what they saw.

Another feature of this year has been additional training for both students and staff, on topics ranging from time management to peacebuilding, from how to be environmentally friendly to first aid. Not only has this allowed for personal and professional development, it has also aided in the creation of a close-knit and supportive work environment, with a real sense of teamwork and care for one another, regardless of status or position.

Meanwhile, our graduates from the last round of the project go from strength to strength. Of the original 15 students, 11 are still teaching in their villages. One has been promoted to acting principal and another to school principal. All 11 are concurrently studying at TTC in order to become fully qualified teachers. Two of the original 15 graduates could not get a position in their village due to corruption (Ministry of Education reforms over appointments are still being rolled out across the country), but they are now studying at university to get their bachelor’s degrees. The other two students could not teach in their villages due to security concerns, but were able to get other jobs in other districts.

We are confident that, as our current 45 students finish their studies in 2020, we will see similar successes. Our students are excited to return to their villages and bring quality education and new opportunities to their communities. They’ve already achieved what many thought was impossible by being a part of FTEP, and we are proud to share the amazing progress they have made this year.

This year at FTEP

45 young women

from 18 villages

studied at TTC and had additional classes in the key subjects of

mathematics

pedagogy

computer sciences

English

Dari
While there are many English courses in Mazar-e-Sharif, IAM’s Silk Road English Centre (SREC) is renowned across the city for its excellent quality teaching. SREC is one of the only places in Mazar where students can study with a native English speaker, and it goes beyond language study. It is also a place where students learn to share their own opinions, engage with new ideas, and cultivate essential academic skills such as essay writing and creative thinking.

Education standards for employment and international studies continue to increase, while greater numbers of Afghans are going to university and getting involved in business and government. As such, there is a major demand for quality English language training to enable Afghans to meet standards and participate at an international level.

Building on its good reputation in Mazar-e-Sharif, SREC continued to provide quality English instruction to adult learners throughout 2019, which included elementary, pre-intermediate, intermediate, upper intermediate, and advanced courses. These courses are typically six months long and focus on listening, reading, writing, and speaking.

This year at SREC

391 students studied with us and 57% of them were women

• 56 students graduated from our pre-intermediate course
• 38 students graduated from our intermediate course
• 38 students graduated from our upper-intermediate course
• 9 women graduated from our ladies-only elementary course

2019 highlights

• After a gap of several years, SREC once again offered a Test of English as a Foreign Language (TOEFL) preparation class for the advanced students who desire to get their master’s degree abroad – former graduates have gone on to study in a variety of countries, including the USA, India, and Japan.
• SREC moved its student library to a larger room to provide a comfortable space for students to study before and after classes.
• SREC teachers assisted several students with scholarship applications to study abroad.
• We held a writing competition, asking students the question, “What advice would you give young people about using social media wisely?” SREC staff selected the winner through a blind vote, and they were awarded a tablet device.
Our Peacebuilding Project is built on the belief that personal peace is a foundation of communal peace, and when people have the tools to foster personal peace, we will see ripple effects in their families, communities, and eventually in the country of Afghanistan as a whole.

We work to equip Afghan youth with the tools they need to be peacebuilders both now and in the future. This year, we trained 1,580 people in peacebuilding and life skills, and are hopeful that participants in our trainings will continue to share about and act on what they learned.

In 2019, IAM’s Peacebuilding Project began working with youth in schools, thanks to a newly signed Memorandum of Understanding (MoU) with the Ministry of Education. We’ve been hoping to work with school students for a number of years, and are thrilled to have begun doing so this year! We believe that young people are the future of Afghanistan, and can be ambassadors of peace in their own families, schools, and communities, eventually affecting the country as a whole.

After this MoU was signed, our peacebuilding staff started life skills and peacebuilding classes with three girls’ and two boys’ schools, by conducting four three-day Training of Trainers (ToT) in both peacebuilding and life skills for 68 teachers from the five schools. In our peacebuilding ToT, teachers were introduced to themes surrounding conflict, such as stages and styles of conflicts, conflict analysis tools, and conflict resolution skills. Our life skills ToT covered themes such as dealing with anger, failure, stress, coping with grief, peer pressure, bullying, time management and life choices. During the second half of the school year, these teachers were able to teach the peacebuilding lessons to 16 11th grade classes and the life skill lessons to 19 tenth grade classes.

IAM’s peacebuilding team helped youth to understand how to resolve conflicts, while APV focused on relationships with nature and family. The camp helped the young people learn more about each other and how they can live together in peace.

“In the past, I mostly used a ‘forcing style’ [of conflict resolution] in my relationships,” say Isaaq, a volunteer with the Afghan Peace Volunteer’s Association. He didn’t realise that there were different ways to approach conflict until he attended IAM’s Training of Trainers on conflict resolution skills.

“Now I try to choose the style [of conflict resolution] according to the situation.”

After attending our course, Isaaq was preparing to present his thesis at university. He was frustrated when one of his friends wanted to postpone their presentation date because he was not ready to present yet. “At first, I couldn’t accept his idea [of postponing], because I thought it was a waste of time for me if I waited for him,” says Isaaq. “But when I thought more about the situation and remembered the conflict styles, I realised that our relationship was more important than finishing my thesis.” Instead of using the ‘forcing style’ and ensuring his view prevailed, Isaaq decided to use the ‘accommodating style’ and let his friend postpone the presentation. 

“I had a really good feeling after [using this style], and this situation strengthened my relationship with my classmate.”
Because of the impact it has on child development, IAM believes in sharing our knowledge and integrating good practice on breastfeeding and infant nutrition into all relevant activities – at project level, and also at personal level. That’s why this year, two of our expatriate team members, who have backgrounds in nursing and lactation coaching, began volunteering at a local hospital’s Labour and Delivery Ward as lactation consultants. Here is their first-hand account of a day at the hospital.

**Part-time volunteering: lactation consultants**

The World Health Organisation (WHO) states that over three million newborn deaths take place a year due to preventable causes worldwide. According to WHO, immediate breastfeeding within the first hour of birth would significantly reduce those numbers; exclusively breastfed children are also 14 times less likely to die within the first six months of life. In a country with a high infant mortality rate, those numbers are not to be taken lightly! By God’s grace, we have been able to break down many negative stereotypes of breastfeeding – such as assuming colostrum is dirty or that mothers don’t have milk right away – and help hundreds upon hundreds of women to breastfeed within the first hour. We’ve also worked with midwives and midwifery students to help them understand the importance of encouraging early breastfeeding as well. With the help of IAM’s Media Department, we have also been able to produce and distribute hundreds of pamphlets on the benefits of breastfeeding.

This woman’s mother-in-law was resistant. “No! That first-milk is dirty! I gave all of my children tea and sugar until my milk came in, and everyone I know did, too, and they turned out fine!” We have heard this before, and, praising God for her own children’s health, also attempted to patiently educate her. But for all our reassuring, it wasn’t until the baby latched, suckling beautifully and receiving all the nourishment she needed, that the grandmother’s position changed. She couldn’t help herself: she burst out laughing in glee, pulling other women over to watch with her, “Look! My daughter has milk already! I can see it in the corners of my grandchild’s mouth! Thanks be to God!” Suddenly, every other woman in the room was being coached by their own mother-in-law to put their baby to the breast, too!

“Breastfeed? Now? But I don’t have any milk!”
The woman had given labour within the hour, and my colleague and I were encouraging her, like we do all women, to breastfeed. “Yes,” we explained, “God has perfectly formed your body to provide for your baby. You now have first-milk, called colostrum, and it’s everything your baby needs for these first few days to give them the best start to life!”

At the end of 2018, we received the permission of the local government to volunteer at this public hospital as lactation consultants, encouraging early breastfeeding and educating women on basic infant care, such as how to determine if a baby is getting enough milk, how long to breastfeed, and so forth. We go in once a week, and on any given six-hour shift, we have the privilege of assisting roughly 20 to 40 women post-delivery and 40 women post-caesarean section.

“**No! First milk is not dirty!**"
In 2019, IAM was able to make excellent progress on a new airstrip for the Central Highlands. This airstrip will provide a lifeline for IAM’s expatriate team working in our Community Development Programme, and other humanitarian agencies active in the district, by enabling small planes to fly in and out of the village our team are living in. It will make it easier for current and new team members to reach the Central Highlands, and it will provide another way for them to get out in an emergency.

The previous airstrip our team used has not been operational for many years now due to a land dispute. The new airstrip is on government-owned land, and is being built in cooperation with local government, other NGOs, and humanitarian air service PACTEC.

Once winter is over and the snow has melted, we will be able to resume our work on the airstrip. We estimate that there is about three weeks of work left to do before it is up and running. To date, we have spent about $45,000, and we estimate that the remaining cost will likely be around $22,000. We were able to raise approximately $27,000 through an airstrip appeal to help cover the costs of this project, which we believe will have long-term benefits for development work in the Central Highlands.

In 2019, we had just two expatriate team members living and working in the Central Highlands, but in 2020, God willing, they will be joined by at least three more teammates to support the experienced national staff. We hope that the new airstrip will enable our team to continue growing – and that the impacts of our work on some of the most marginalised people in Afghanistan will grow as a result. If you were one of the generous people who helped to fund this airstrip, thank you.

To find out about the kind of work this airstrip will support, read pages 16-19 of this annual report!
IAM projects make the news with stories and pictures of change – but IAM also invests in the young people of Afghanistan by employing, training and mentoring them within our central support departments.

IAM’s Finance Department is managed and run by young Afghan finance professionals, and supported by experienced expatriates. Its purpose is to support the organisation by providing accurate, timely and actionable finance reporting; to help assist decision-makers in making well-supported decisions; to protect the resources and assets of the organisation 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. In 2019 the team finished the task of completing tax clearances for several previous years and welcomed a new Afghan graduate Finance Manager.

Our National Administration Department ensures good working relations with the Government of Afghanistan, 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.

The IAMtech team maintains the 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 prevent improper use and cyber-attacks.

The most significant changes in 2019 were an updated system for managing our bank of computers cost effectively, new internet contracts that enable us to get far better value and reliability from our internet suppliers, and satellite backup internet services for three key office locations. The IAMtech team is led by an experienced expatriate professional and staffed in three regions by young 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 as well as several other printed and online resources which help raise national and international awareness of IAM, recruitment, fundraising and training. 2019 saw a major expansion of our online profile through the beautiful International Assistance Mission Afghanistan Facebook page and iamafg.org website. They also made a short video capturing the many facets of IAM’s work, which you can find at iamafg.org.

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

Support for our international workers also includes a friendly 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.
Expenses in USD during 2019 by sector and region and are subject to audit.

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<td>Eye Care</td>
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<tr>
<td>Silk Road English Centre</td>
<td>$18,651</td>
<td>$88,000</td>
<td>Education</td>
</tr>
<tr>
<td>Female Teacher Education Project</td>
<td>$167,212</td>
<td>$135,000</td>
<td>Education</td>
</tr>
<tr>
<td>Mazar Livelihoods and Development Project</td>
<td>$36,629</td>
<td>$85,000</td>
<td>Development</td>
</tr>
<tr>
<td><strong>CENTRAL HIGHLANDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Development Programme</td>
<td>$273,765</td>
<td>$145,000</td>
<td>Development</td>
</tr>
<tr>
<td><strong>HERAT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Based Mental Health Project</td>
<td>$213,596</td>
<td>$25,583</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Youth Emotional Resilience Project</td>
<td>$80,163</td>
<td>$25,583</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>$103,910</td>
<td>$25,583</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Positive Parenting Project</td>
<td>$99,986</td>
<td>$25,583</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Upgrading Psychosocial Counsellors</td>
<td>$45,169</td>
<td>$4,583</td>
<td>Mental Health</td>
</tr>
<tr>
<td><strong>KANDAHAR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kandahar NOOR Eye Hospital</td>
<td>$189,138</td>
<td>$9,538</td>
<td>Eye Care</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$2,763,968</td>
<td>$627,996</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$3,391,964</td>
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</tbody>
</table>
### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>$298,568</td>
</tr>
<tr>
<td>Inventories</td>
<td>$140,454</td>
</tr>
<tr>
<td>Debtors</td>
<td>$168,826</td>
</tr>
<tr>
<td>Cash in hand and at bank</td>
<td>$1,648,253</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$2,256,101</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</td>
<td>$23,337</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>$35,942</td>
</tr>
<tr>
<td>Tax Liabilities and Tax Payables</td>
<td>$6,972</td>
</tr>
<tr>
<td>Other Payables</td>
<td>$81,365</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>$48,899</td>
</tr>
<tr>
<td>Severance Payable</td>
<td>$456,166</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$652,681</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>$795,681</td>
</tr>
<tr>
<td>Designated Project Funds</td>
<td>$475,764</td>
</tr>
<tr>
<td>Donor Restricted Funds</td>
<td>$33,406</td>
</tr>
<tr>
<td>Restricted Asset Fund</td>
<td>$298,568</td>
</tr>
<tr>
<td><strong>Total Reserves</strong></td>
<td><strong>$1,603,419</strong></td>
</tr>
</tbody>
</table>

### Sources of Income

- **Local income**: 62%
- **Member agencies**: 34%
- **Individuals**: 1%
- **Other donors**: 3%

### Expenditure by Region

- **Kabul**: 37%
- **Herat**: 19%
- **Balkh**: 27%
- **Central Highlands**: 10%

### Expenditure by Sector

- **Eye Care**: 60%
- **Mental Health**: 20%
- **Development**: 13%
- **Education**: 7%

### International Income

- **Norway**: 31%
- **Australia**: 22%
- **USA**: 17%
- **UK**: 19%
- **EU**: 6%
- **Switzerland**: 3%
- **Other**: 2%
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**
- FTEP

**Cyan International**
- CDP
- YERP
- MLDP
- PPP

**Digni**
- FTEP

**European Union**
- Mental Health Programme

**FLM**
- Mental Health Programme

**GMGB/UMCOR**
- CDP
- MLDP

**Global Team**
- MLDP

**InterAct**
- CDP
- CAPP

**Läkarmissionen**
- OTTP

**Mairie de Chene Bougeries**
- CAPP

**Mairie de Plan-les-Ouates**
- FTEP

**MCC**
- CBMHP
- YERP

**MCCN**
- CBMHP
- YERP

**TEAM**
- SREC

**TEAR Australia**
- CDP
- PPP
- YERP

**Tearfund UK**
- CDP
- CAPP

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- CDP

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Get involved

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Currency: USD

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SERVICE, PARTNERSHIP AND HOPE

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Translator: Aashiquullah