



IAM

INTERNATIONAL ASSISTANCE MISSION
Service, Partnership, and Hope

2020 annual report

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



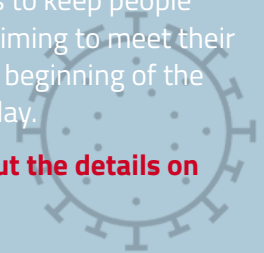
2020 Highlights

2020 was a challenging year for everyone – and IAM’s projects and programmes were impacted as well. However, IAM was able to rise to these challenges, continuing our programming wherever possible, as well as changing how we worked to keep people safe and meet new needs. Check out some of the key facts and figures from this year!

COVID-19 RESPONSE

IAM projects focused on adjusting project activities to keep people safe while still aiming to meet their needs, from the beginning of the pandemic to today.

Read more about the details on pages 34-35.



EYE CARE PROGRAMME

This year, NOOR also opened a Vision Centre in Wardak province, where there was previously no eye care services available. As a result of opening this Vision Center, 731 patients were treated, 36 surgeries were performed, and 32 glasses were distributed.

DEVELOPMENT PROGRAMME

This year, we tried exciting new ways to promote income generation in our Mazar Livelihoods and Development Project, including a cosmetology course for women in our partner villages!

EDUCATION PROGRAMME

Despite having a time away from FTEP due to COVID-19, 45 students from the second round of FTEP completed their final exams, submitted their theses, and graduated the government Teacher Training College.

MENTAL HEALTH PROGRAMME

This year, our Mental Health Programme was able to pivot activities to continue meeting needs amidst COVID-19 lockdowns, including providing online counselling for 3029 PPSDs and their families!

OVER 300 

Members of staff make our work possible.



429,156


People were directly impacted by our work

289



people were directly impacted through our Education Projects

255,976



people were directly impacted through our Mental Health Programme

144,976



people were directly impacted through our Eye Care Programme

27,915



people were directly impacted through our Development Projects

Finished an airstrip increasing access to our work

Over **25** expatriate volunteers

With **17** projects

5 provinces

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

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Keep up with us, and all that
we do, at iamafg.org

from our executive director

Dear friends, supporters and partners,

Thank you for taking the time to read this report of IAM's work during 2020.

Across the world, 2020 has undoubtedly been a difficult year. COVID-19 has challenged the way that we work and presented a new threat to people's health and security. 2020 also saw an increase in violence and insecurity across Afghanistan, with record numbers of incidents recorded across the country. The economic uncertainty due to the twin threat of insecurity and the pandemic has meant that there has been increases in the number of internally displaced people, as well as food insecurity, with a recent UN report listing Afghanistan as having the second highest number of people experiencing food insecurity from emergency situations.

And yet, despite this bleak outlook, when I look at the work that IAM does in Afghanistan, I see hope.

In response to these challenges, IAM's programmes and projects have found ways to both protect the people we serve and meet them where they are, instilling hope to continue amidst all that has gone on this year. This is one of the things that I am most proud of as I look back at IAM's work over the past 12 months. This is particularly clear in the ways that our projects and programmes have responded to COVID-19. Some projects went into 'hibernation' – keeping others safe by reducing the chance of spreading the virus, with the staff focusing on preparatory work for when work could restart. Others made changes to the way that they operated to make sure that vital work could still continue despite the threat of the virus. For example, our NOOR eye care programme was able to continue seeing patients all throughout the year by incorporating best practices to prevent the spread of COVID-19 and keep patients safe. And finally, other projects pivoted their activities

to respond to COVID-19. In Herat – seen as the epicentre of outbreak in Afghanistan – our Mental Health Programme worked with existing and new donors to put together a programme of activities that helped people respond to COVID-19. This included raising awareness of good hygiene practices and health messaging that will prevent the spread of COVID-19, as well as distributing hygiene kits to vulnerable families and personal protective equipment to healthcare providers in both Herat and in the Central Highlands. The team have also been using their expertise in mental health to help tackle the psychological impact that the worry and uncertainty COVID-19 has caused, with psychological first aid training for healthcare

**“When I look at the work that
IAM does in Afghanistan,
I see hope”**

professionals, and mobile phone counselling available for anyone who needed it. Each of these examples are mere snapshots into many stories of impact from this year – and it has been incredible to be more a part of as I have stepped into the role of Executive Director.

As I take over from Mark Allan, I want to pay tribute to the work that he and Emily carried out for the past 16 years. Their hard work, dedication and commitment to serving the people of Afghanistan has impacted the lives of many people here.

I want to thank the donors who have faithfully stood with IAM despite COVID-19 presenting new challenges for funding as they saw their own income cut, as well as the donors (both existing

and new) who have helped to fund our response to COVID-19.

And I want to thank our staff – both local and expatriate volunteers – for their faithful service this year.

We enter 2021 with much uncertainty: how will Afghanistan and the rest of the world respond to the ongoing threat of COVID-19? What will the peace talks mean for the future of Afghanistan? I take comfort that amidst all of this uncertainty, we serve an everlasting and unchanging God. The first of the IAM core values is Dependence on God and I've been so happy to see how our dependence on God this year has enabled us to work and respond how we have – which I hope you will see reflected in the following pages of this report. Ultimately, we know that it is only through God that we are able to achieve anything, and my prayer for the coming year – both for IAM and for Afghanistan – is that God would be at work.

Phil Lewis, Executive Director



Read more about our internal structures on page 39.

IAM overall is supported and led by the Executive Director and different leadership groups that help to ensure IAM's projects and programmes are empowered and equipped to implement their strategies.

our core values

Dependence on God

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

Love for All

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

Teamwork

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

Accountability

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

Learning

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

Quality Work

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

our approach



Staff reflecting IAM core values

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

Facilitating sustainable development

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



Strategically service Afghans

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

Fostering transformation

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



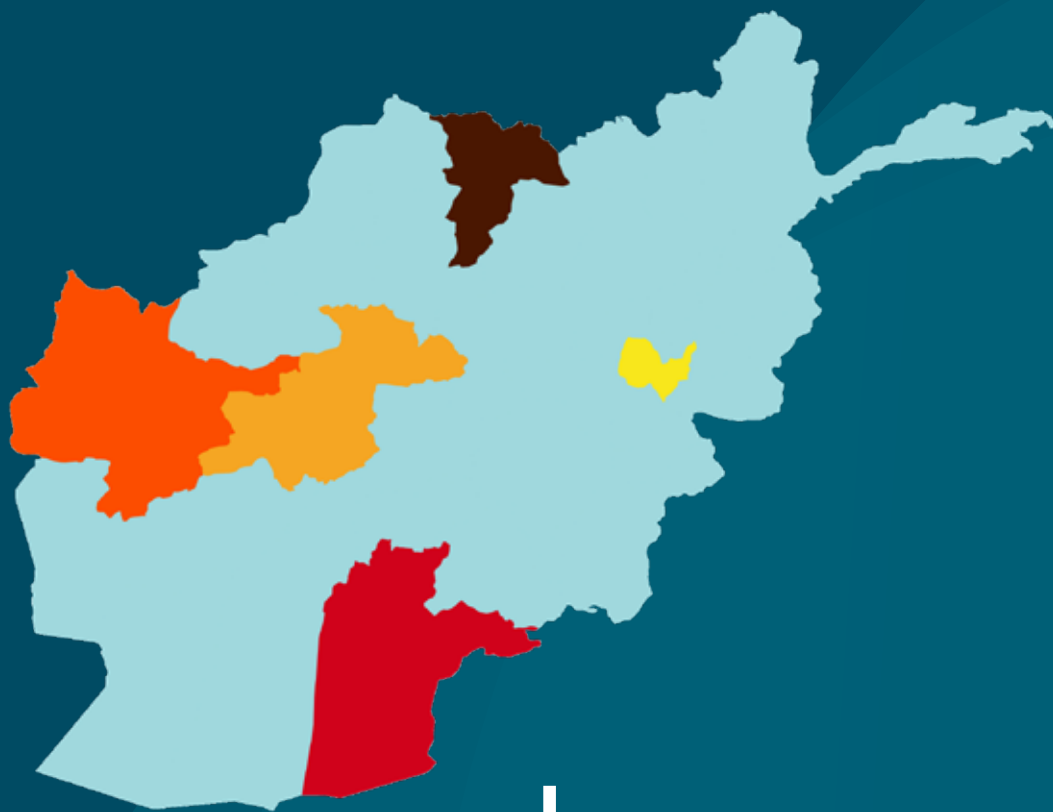
Strengthening communities

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

This is who we are

The International Assistance Mission exists to bring hope and transformation to the people of Afghanistan.

We focus on building capacity in the sectors of health and development – seeing lives changed through eye care, community development, health, and education.



Balkh
Ghor
Kandahar
Kabul
Herat

This is where we work

2020

In IAM's Eye Care Programme



Learn more about our work in eye care
at iamafg.org/eyecare

Side by Side

A recent graduate from NOOR's Ophthalmology Residency Programme shares his story – and his hope – of becoming an ophthalmologist.

"In life, there are certain moments that reaffirm the reason as to why I joined the profession in the first place," says Doctor Abdul Nazir Rawoofi, a recent graduate from the four-year residency programme at IAM's National Organisation for Ophthalmic Rehabilitation (NOOR). "When I see a blind patient's vision being restored and can see again, I feel that all my ambitions have been reached and the long hours of studying to get to this stage have been worth it."

Doctor Rawoofi first started thinking about working in ophthalmology when he was completing his undergraduate degree in medicine, where he came across many patients whose visual impairment issues were easy to treat – in fact, most could be cured by simple operational procedures. "Instead," he remarked, "these patients

would go through life struggling with very basic day-to-day activities and feel as if they were a burden on society."

What Doctor Rawoofi noticed at medical school was a small sampling of a country-wide problem – that much of the blindness

"When I see a blind patient's vision being restored and can see again, I feel that all my ambitions have been reached"

and vision impairment in Afghanistan is not only treatable, but often preventable. This issue was later confirmed for him as he read medical journals that highlighted the lack of access to information about eye care across Afghanistan, as well as the lack of access to basic eye care services in

many parts of the country.

"By reading these journals, I was inspired to select this field, knowing that I could one day help those people to see again."

Rawoofi came across the IAM website, where he learned about the specialist programme in ophthalmology at the NOOR Eye Care Training Centre (NETC). When positions opened up, he was quick to apply, eager to not miss out on the opportunity. After completing the assessment and application process, he succeeded in securing a position at a NOOR hospital as a resident doctor.

"After visiting NETC and seeing the hospital staff, facilities, and professors, I knew I made the right decision, where my hopes and dreams of helping people could become a reality." Rawoofi was in a cohort of six doctors who graduated this year, and is excited to have joined the workforce at one of IAM's NOOR Kabul locations, where he continues to help those with vision impairment.

"Upon completing the specialist programme and seeing joyful faces of patients who were blind and can now see, I get the feeling of exhilaration and tremendous energy knowing that I was partly responsible in helping the patient see the beauty of this world." Rawoofi knows that his journey doesn't end here, and hopes to embody the IAM value of learning throughout his career. "I am also determined to leave no stone unturned in learning and working more to improve my knowledge and skills."

Rawoofi urges others to dream big and work hard in order to help others. "By dedication and hard work, [your dream] can be turned into a reality," he encourages. "Side by side we can help our people, and we can be the source of relief, hope and vision."



Doctor Rawoofi, one of six recent graduates from NOOR's Ophthalmology Residency Programme, at work in one of IAM's NOOR Kabul locations.

2,164 sight-saving Avastin injections given

541 patients underwent Phacoemulsification surgery for cataracts

17 ophthalmic technicians graduated

NOOR highlights in 2020

144,976

patients examined

10,153

surgeries performed

268,994

bottles of eye drops
produced

At IAM's National Organisation for Ophthalmic Rehabilitation, we focus on training high and mid-level eye care professionals to build local capacity, offering affordable and accessible services and introducing new technologies for the public sector throughout the country, and developing high-quality pharmacy products.

The reason why we focus on training, service, and high-quality products is because we believe this is the best way to achieve our vision: to see preventable blindness eradicated in Afghanistan. By working in partnership with the Government of Afghanistan, NOOR works to provide high-quality eye care across the country.

We want every person in Afghanistan to have access to excellent eye care services, and the hope of a better life through improved vision.

IAM's NOOR Eye Care Programme was also affected by the pandemic. Patient numbers fell to 30% of the normal level.

This was due to both quarantine measures and a fear of contracting the virus, keeping people away from all hospitals.

In response, overall income for NOOR decreased, staff salaries had to be cut, and some employee contracts had to be terminated. The situation lasted for three months, spanning from April to mid-July, when patients number started to return to the normal level. At that time, we were able to reassess finances and were able to repay our staff for the months that they had reduced salaries. We are grateful for their willingness to do this and their

leadership during this time despite not having the guarantee that IAM would have the funding to be able to repay them.

During this time, all other eye care facilities stopped working, but NOOR continued to serve patients visiting NOOR facilities.



22,225 pairs of
glasses sold

NOOR training

We know that training eye care professionals can lead to a reduction in preventable blindness.

With an estimated 25,000 Afghans losing their vision in one of their eyes annually, and 80% of the country having limited or no access to eye care services, we know that more people trained in more regions will result in increased access to quality eye care services.

While it's common for most eye care professionals to live and work in big cities – studies suggest around 70% live in Kabul, Herat, Mazar-e-Sharif, and Kandahar – 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 had five resident doctors, one of whom graduated in October and opened a private eye clinic in Sheberghan. Opening a clinic where there is not eye care services, is in line with NOOR overall strategy which is providing affordable and accessible eye care services throughout the country to reduce the prevalence of avoidable blindness. Another resident doctor is in his first year, and the remaining three are in their third year, one of whom immigrated outside of Afghanistan in October. At the NOOR Eye Care Training Centre in Kabul, there are currently four resident doctors

in their second year of training. Six resident doctors finished their residency programme and graduated in October 2020.

NOOR also trains mid-level eye care professionals, or ophthalmic technicians (OTs), through our Ophthalmic Technician Training Programme (OTTP). NOOR's training of mid-level eye care professionals is a key part of our training strategy and has been since 1996.

By emphasising refraction and diagnosing basic eye diseases, while also acquiring some nursing, theatre and optical skills, graduates from OTTP are prepared to work in a variety of circumstances. With a well-trained OT providing basic services to more remote populations, ophthalmologists will have more time to focus on complex cases and procedures.

IAM's OTTP remains the only successful training programme for OTs in Afghanistan. That's because an effective training programme needs to provide both theoretical and practical learning, and although 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

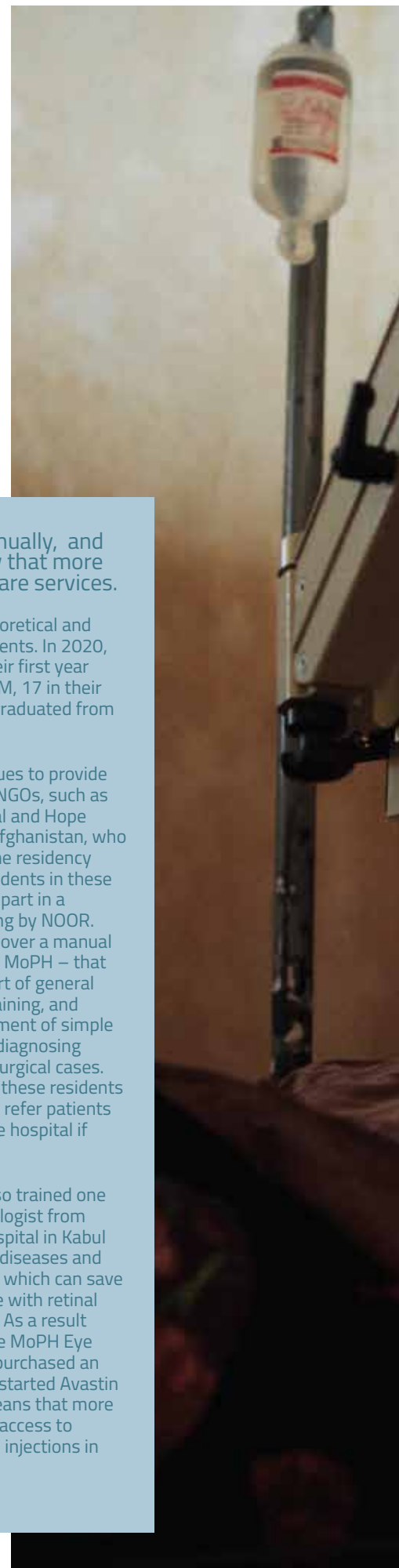
meet both the theoretical and practical requirements. In 2020, 17 OTs were in their first year of training with IAM, 17 in their second, and 156 graduated from the programme.

NOOR also continues to provide training for other NGOs, such as CURE International and Hope Family Medicine Afghanistan, who run family medicine residency programmes. Residents in these programmes take part in a three-week training by NOOR. This training goes over a manual – approved by the MoPH – that is a mandatory part of general ophthalmology training, and includes the treatment of simple eye diseases and diagnosing complicated and surgical cases. With this training, these residents will know when to refer patients to an equipped eye hospital if needed.

In 2020, NOOR also trained one trainer ophthalmologist from the MoPH Eye Hospital in Kabul in retinal vascular diseases and Avastin injections, which can save the sight of people with retinal vascular diseases. As a result of this training, the MoPH Eye Hospital in Kabul purchased an OCT machine and started Avastin injections. This means that more patients will have access to affordable Avastin injections in Kabul.



Students in our Ophthalmic Technician Training Programme



NOOR service

We aim to be known for accessible, affordable, high quality products and services.

delivery

Service delivery and new technologies, are the second and third aspects of NOOR's three-pronged strategy to provide accessible and affordable eye care services for the whole of Afghanistan.

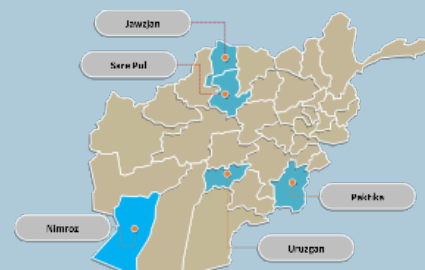
In fact, NOOR continues to either provide or support the majority of public eye care services available in the country. The NOOR Eye Care Programme offers a number of services and products, including sight-saving and cosmetic surgeries, glasses, and high-quality eye medication – most of which is produced by NOOR itself. There are three referral hospitals and one surgical satellite clinic that operate to provide these services: the NOOR Eye Care Training Centre in Kabul, the Mazar Ophthalmic Centre in Mazar-e-Sharif, the Kandahar NOOR Eye Hospital in Kandahar, and Dasht-e-Barchi satellite clinic in Kabul. Additionally, NOOR provides logistical support and financial and human resources 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 2020, NOOR increased the number of patients treated with Avastin injections in Kabul and Mazar. In 2020, our doctors administered 2,164 injections to patients, up from 1,631 injections in 2019. NOOR continues to charge just 30% of what these patients would have to pay in the private sector, which means that far more people can have access to sight-saving treatment for retinal diseases. There is also free and discount system for patients who are unable to pay. The new cataract surgery technique – Phacoemulsification, which was introduced in late 2019 – has continued in 2020 as

well. After receiving training, our doctors were able to perform 541 Phacoemulsification surgeries in 2020.

In total, in 2020 we provided eye care services for 144,976 patients through our direct projects.

This year, NOOR also opened a vision centre in Wardak province, where there was previously no eye care services available. As a result of opening this vision centre, 731 patients were treated, 36 surgeries were performed, and 32 glasses



were distributed. In 2021, we are planning to open five new vision centres in the following five other provinces that 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 practice, we can help to ensure that there will be more experienced and qualified eye care professionals throughout the country.

NOOR

Central Administration

The NOOR Eye Care Programme relies heavily on the NOOR Central Administration (NCA) for support in the areas of security, human resources, and finances. But NCA does more than just support the programme – it also produces high-quality eye care products.

Through the production of these medical supplies, we are able to stock our own hospitals and clinics, as well as help to stock other hospitals and clinics around the country. We see more people having access to high-quality products as a step closer to our goal of eradicating preventable blindness – patients can feel confident that the medication they are using is going to work.

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

In 2020, thanks to donor funding, NCA completed the construction of a new pharmacy building in Kabul. The pharmacy production department moved to the new purpose-built building in mid-2020. Our hope is that this new building will enable us to expand the production of eye drops, increase productivity, and meet the MoPH pharmacy department requirements. NOOR's pharmacy production is key to helping the programme to be financially sustainable, as most of the income for the programme comes from the sale of eye-care and pharmacy-related products and income from patient fees. As such, the programme is able to remain self-sufficient and is not reliant on donor funding to operate a pharmaceutical laboratory. This is NOOR's long-term goal, and as of 2020, we are able to cover operating expenses from sales and fees, although we still needed some external funding to replace large capital items. In 2019, a donor responded to a request for an automatic filling machine which will speed up the production of eye drops in 2020 and will help NOOR to be more sustainable from financial point of view. Unfortunately, due to the impact of COVID-19, the procurement of this machine was not completed. It is under

the process with the hope of getting this machine in first quarter of 2021.

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.

NCA acts as a coordination body for the NOOR Eye Care Programme, which means it processes most of the administrative work, oversees the financial systems of all NOOR's direct and one of the indirect hospitals and clinics, and is also responsible for reporting NOOR activities to donors or related government ministries such as the MoPH and the Ministry of Economy (MoE).

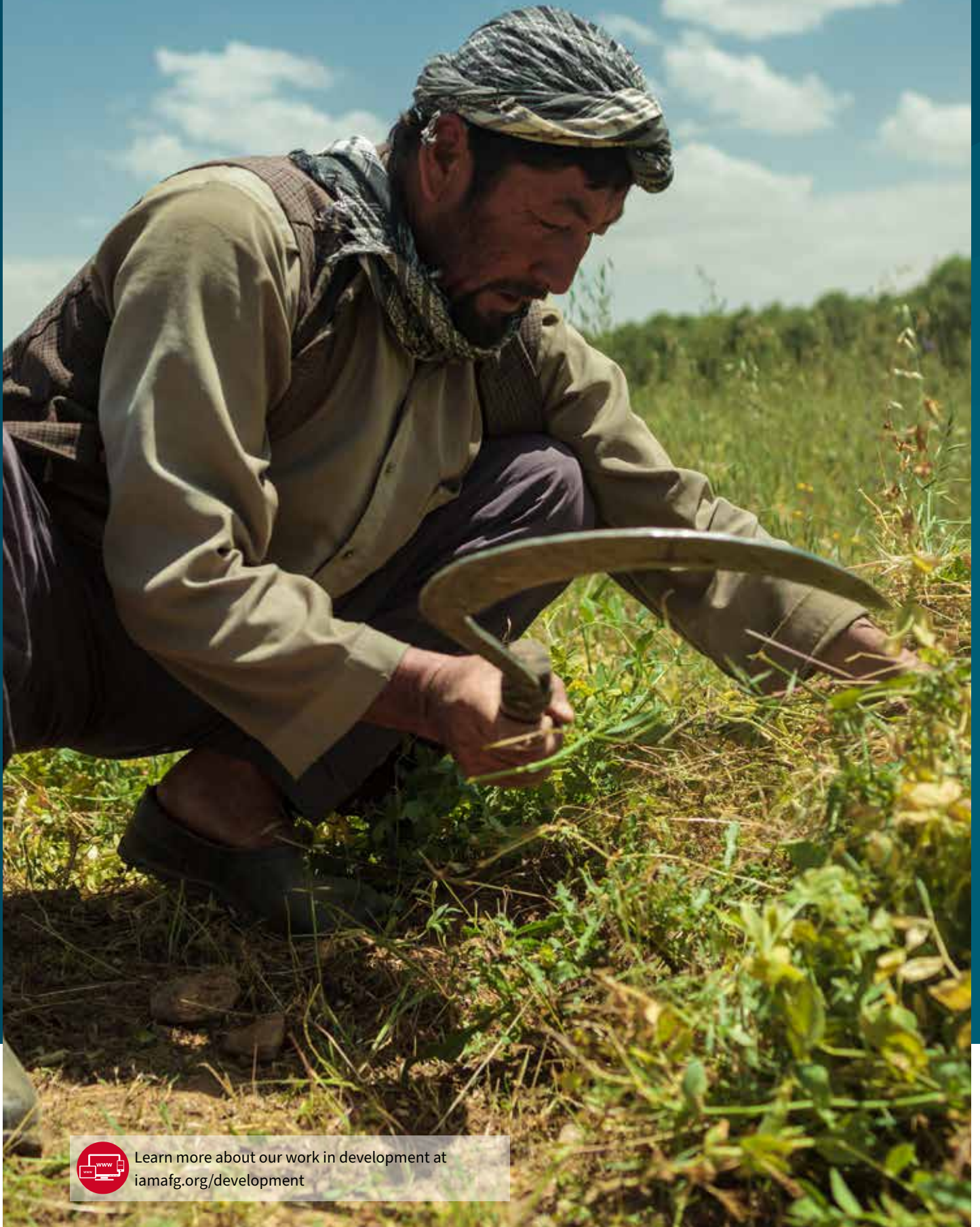


When IAM started its work in 1966, the government requested us to focus on eye care.

IAM has been heavily involved in the eye care sector right up to the present, and NOOR's Central Administration continues to work with the government to ensure we can continue to do this important work.

2020

In IAM's Development Programme



Learn more about our work in development at
iamafg.org/development

Razia |

Providing for her family
one dress at a time



Women gather
for their self-help
group

Where they save money,
learn business skills, and
discuss social problems
together

With nowhere to live and next to nothing to her name, Razia fled from the insecurity and fighting in her own province to join the many internally displaced people who have settled in Mazar.

“I was sleeping in a tent in the hot summer months and during the cold winter, with no facilities for bathing,” she shared.

Although some NGOs brought food and shelter, her economic situation remained the same. “Our people, particularly women, were unemployed, and we did not have any skills to fight with in this situation. When the Mazar Livelihoods and Development Project (MLDP) came to our village, we started to learn many ways that we could improve the quality of our lives,” Razia said. Some women participated in MLDP’s wool spinning – women would

receive some raw wool, which they could then spin into yarn and sell for profit.

“We started to learn many ways that we could improve the quality of our lives”

Other women learned how to plant vegetables under polytunnels, which helped to feed their families, and learned about seed saving so that they could continue planting without additional cost next year.

“I took part in a six-month tailoring course,” said Razia, “and now I can take small orders for making wedding clothes.” Razia also participated in a self-help group, which was organised by IAM. “Because of that, we save money for our future. This group is not only helpful to me, but to all of its members, who save and can benefit by taking loans as well.”

Razia is one of many women who have been a part of MLDP’s work, and despite coming from a very challenging situation, is now able to provide economically for herself.

OUR DEVELOPMENT PROGRAMME AT A GLANCE

We believe that development needs to be holistic – looking at the whole needs of a person and their community.

We facilitate that through four key objectives:

Mazar Livelihoods and Development Project

IAM's Mazar Livelihoods and Development Project continues to work alongside Internally Displaced People (IDPs), aiming to build up their economic capacity and ability to improve their own circumstances. In 2020, MLDP worked directly with over 500 people, both by carrying on regular project activities in the areas of water, sanitation and hygiene (WASH), agriculture, simple technological interventions, capacity building, and economic empowerment through self-help groups and a number of income generation activities, as well as responding to the COVID-19 pandemic, helping to keep beneficiaries safe and finding ways that they could support one another.

As with every project, each area of MLDP's work was affected by COVID-19. In response, MLDP paused regular activities to give trainings about mitigating the spread of COVID-19, as well as distributing health kits to more than 220 families, which included hand soap, gloves, and masks. Once the surge of COVID-19 cases had slowed, and MLDP staff ensured the activities in our partner villages could be carried out safely by taking proper hygienic precautions, regular project work resumed where possible.

Many people in MLDP's partner communities also struggle to find ways to support their families, especially for women. That's why, in tandem with village committees, we distributed raw wool to poor families so that the women could spin the wool into yarn, sell the yarn and then use the money to buy more raw wool, or to buy income-generating animals like chickens and goats. We also held a cosmetology course for women, and the women who took part all felt they would be able to start their own beauty salon after graduating. We also built outdoor kitchens for some of the poorest families

to cook in, so they didn't have to be cooking in the snow and rain. Our hope is that these structures will be examples that others in the communities can replicate.

MLDP helped to organise self-help groups in four of our partner communities. Unfortunately, due to COVID-19, MLDP staff was unable to meet with the groups for a number of months. Now, two groups are active still, and we plan to restart the other two in 2021.

By training people to use polytunnels and greenhouses, and facilitating hands-on training on how to grow vegetables, project participants were not only able to learn skills to grow their own nutrient-rich vegetables, but were also able to sell some produce to others.

Finally, MLDP's work in WASH meant that men, women, boys, and girls from two of our partner communities participated in lessons about good sanitary practices, keeping their village clean, and learning skills like composting, which will be beneficial both to the village environment as well as agriculture in the future.

MLDP's work in 2020:

- Organised village committee trainings for 32 men and 29 women in four partner settlements regarding council responsibilities, communication, advocacy, and village development.
- Organised health courses for 37 men and 61 women in three partner settlements to decrease disease and explained good composting practices.
- 14 men and 15 women trained on the poly tunnel benefits in two partner settlements.
- 15 men and 17 women were trained in vegetable cultivation in two partner settlements.
- Women's cosmetology course was organised for five women with a local instructor in one partner settlement.
- Through the wool spinning activity in five partner settlements, wool was distributed to 91 poor women, who are breadwinners for their families.
- Cooking shelters for 31 families were made who could not afford to make one and were cooking in the open outside.
- Greenhouse making process in five partner settlements, along with the cultivation of vegetables for spring planting.
- Organised child-to-child courses (hygiene practices for kids) for 40 boys and 40 girls in two partner settlements.
- Information was given to 220 families about Covid-19 and health kits were distributed.
- The masks provided in the health kits, which numbered over 1,000, were made by previous MLDP tailoring course participants



One of the structures MLDP helped to build for people to cook under.



A girl in MLDP's child-to-child course, in a lesson on dental hygiene.



A project participant wearing one of the MLDP masks.

1

TRANSFORMATION

Transformation of society: Increased quality of life at an emotional, academic, physical, and social level.

2

REPLICATION

Increasing capacity to continue using and developing tools and skills.

3

INNOVATION AND INTEGRATION

Continuous learning, both focusing on research, and trialling creative solutions to root issues.

4

IMPLEMENTATION

Continuing to build our internal capacity to implement and grow our development programmes.

Community Development Project (CDP)

Despite the challenges of 2020, the Community Development Project in the Central Highlands spent the year continuing to work towards reducing the effects of poverty, conflict, and vulnerability by building families' and communities' capacity to meet their basic needs, increase their resilience and improve the quality of their lives.

CDP works alongside partner communities to address challenges in the areas of food, nutrition, and sanitation – which includes activities like building sanitary latrines, safe water sources, and kitchen gardening; **Birth and Life Saving Skills (BLISS)**, focusing on how to keep mothers and babies safe; **building economic capacity**, which ranges from helping farmers have the best yields possible to building up skills in things like tailoring or business basics; **and empowerment**, by facilitating learning in the areas of literacy, peacebuilding, inclusive leadership, and more.

2020 looked different than previous years, with the COVID-19 pandemic halting our usual project work for much of the year. During that time, we stopped having regular meetings with partner villages, doing only project activities that could be completed outside while using practices to prevent the spread of COVID-19, like working on individual latrines. During this pause, many of our staff focused on completing the airstrip for

the region, increasing access and making our work here more sustainable – you can read more about the airstrip on page 38.

“BLISS lessons were very helpful for us. I am so happy that I could help a mother and her baby during the delivery and solve their problems – it was my first time helping a woman during the delivery, and I hope I can help more women in the future!”

- A local BLISS teacher in one of CDP's partner villages

We were also able to partner with IAM's Mental Health Programme to implement a rapid response project, focusing on raising awareness about COVID-19 and how to prevent the spread, distributing hygiene kits and personal protective equipment to those who needed it most. You can read more about IAM's involvement in COVID-19 response on pages 34-35.



A side to side comparison of CDP trialled rust-resistant wheat, and local wheat variety, suffering from rust



Women in a BLISS lesson



A self-help group member explaining the book keeping for her group

HIGHLIGHTS AND ACTIVITIES IN 2020

- 17 of our partner communities are now open defecation free!
- 60 sanitary latrines were built for 83 families.
- 61 BLISS courses completed.
- 33 BLISS courses currently progressing.
- Rust resistant wheat seed sold to 108 farmers from over 60 different villages in the district.
- 128 members of Self-Help Groups (SHGs) in 11 villages participated in SHG training and completed all 35 lessons.
 - Six men's and three women's literacy courses were completed in six villages.
 - 154 children participated in peacebuilding course.
 - 61 families (335 people) got access to safe water through water system in six villages.
 - Vegetable seeds sold to more than 700 people in more than 100 villages, and one type of vegetable seeds distributed to 531 women during one-year evaluation of BLISS.
 - In winter when the road was closed, 15 patients with urgent problems were brought to the district hospital by snowmobile (seven women with maternity problems and eight with severe pneumonia).



2020

In IAM's Mental Health Programme



Learn more about our work in mental health at iamafg.org/health

Optimism after years of struggle

After years of domestic violence and physical abuse at the hand of her husband, who struggled with addiction, Rita was experiencing headaches, insomnia, feelings of aggression, restlessness, and interpersonal conflict.

Her husband would often insult her in front of his family and their neighbours, and would even threaten to kill her. In addition to all this, the stress of the COVID-19 pandemic was causing her anxiety and increasing conflict in her family.

Rita came to a clinic for treatment and was referred to a counsellor who is currently being trained with IAM to become a Health

Social Counsellor.* In the first session, she learned about what COVID-19 is and how she could eat and rest to control her anxiety about COVID-19. One week later, she returned to the clinic and shared about her family members' behaviour, and

“They have changed their behaviour with me and my children”

how she couldn't control her emotions. The counsellor was then able to share about different ways of coping and getting resources, so Rita could learn about how to control her aggression and misbehaviour. When she returned for her third session, she was happy because she could speak with her father-in-law about

the problems and and they were able to work through the problems together.

Now, after just a few weeks, she can see improvement in the treatment plan and her family was also able to convince her husband to go to clinic for treatment of his addiction.

In her fourth session, she came with a smile on her face. She said, “Now I think I live in a good family. They have changed their behaviour with me and my children.” After 16 long years, her husband decided to quit drugs, and she was truly optimistic about the changes happening in their lives.

*You can read more about our project focused on upgrading counsellors on page 28



A workshop for upgrading psychosocial counsellors



A community mobiliser has a social follow up visit.

373 People with Psychosocial Disability received Mental Health Services

4,774 Children with Psychosocial Disability received Mental Health Services

Mental Health Programme highlights in 2020



Our Mental Health Programme works to develop and demonstrate affordable community mental health services, reduce mental health problems and increase emotional resilience. We want to contribute towards lasting hope for people with psychosocial disability.

We do so through five interconnected projects: the Youth Emotional Resiliency Project (YERP), the Positive Parenting Project (PPP), the Community Based Mental Health Project (CBMHP), the Child and Adolescent Psychiatry Project (CAPP), and the Health Social Counsellors Project (HSCP). Each of these projects contributes towards the wellbeing of people with psychosocial disabilities in different ways – focusing on prevention, treatment, and advocacy. Our vision is that this robust programming will contribute to an Afghan society where all people, especially young people and those with psychosocial disability, are mentally well and socially included.



15,309 People participated in awareness sessions

14 Support groups started
Helping PPSDs, CPDs, parents, and teachers to support one another

PREVENTION

The ways that we were raised, how we handle challenges, and the ways we interact with one another have the potential to affect our mental health – and one of the focuses of IAM’s Mental Health Programme is how we can be proactive in taking care of our mental health and preventing some mental health issues before they arise. Two of our projects – the Positive Parenting Project (PPP) and the Youth Emotional Resilience Project (YERP) – aim to give people the tools and support they need to prevent mental health issues and be mentally well.

YOUTH EMOTIONAL RESILIENCE PROJECT

Our Youth Emotional Resilience Project aims to improve in the emotional resilience of young people – giving them the life skills and tools they need to face challenges and thrive. To do so, we work closely with the Education Directorate in Herat to increase knowledge around emotional resiliency. We train teachers – who then train their students in these skills – as well as working with families and communities to increase their knowledge and understanding of life skills for youth, building relationship between families and schools to support children’s needs.

“Understanding life skills and increasing youth resilience was an opportunity for young people to cope better with the critical situation of COVID -19 and show more tolerance.”

- Abdul Ali, a student trained in life skills

2020 was quite a challenging year for YERP due to the COVID-19 pandemic and the resulting closure of schools for a number of months. However, the project was able to make a contingency plan and carry out previously planned activities where possible, which included training teachers from four different schools to

carry out training for their students, establishing teachers’ associations in four schools, training staff from the Education Directorate, parents, village council members, and faith leaders in life skills, youth rights, communication, conflict resolution, advocacy, human rights, and the role of youth in society. We continue to see the positive impacts of our work, such as improved communication between parents and their children – Grade 10 students have learnt to speak about their problems at home and are now receiving help from their parents.

In addition to our regular activities, we were able to help with COVID-19 response activities, which included distributing prevention materials to targeted schools,

continuing to communicate with families through phone and supporting parents and children in their resilience, providing on-line counseling to parents and youth to overcome their mental health stresses during the COVID-19 crisis (in collaboration with other projects of the mental health programme), distributing information, education and communication (IEC) materials to wider community members about stress management and hygiene promotion, and having 160 teachers trained in psychological first aid. We also helped to create an educational animation on stress and time management, which was then broadcast on local TV.



2020 YERP HIGHLIGHTS:

- A training of trainers was organised for 60 teachers from four schools, who then conducted life skills training for 936 students.

- Four teachers’ associations were established in four schools. In total, 40 teachers are members, and 20 members received training.

- 17 staff from the Education Directorate, 52 village council members, and 39 parents were trained in youth rights, communication, conflict resolution, life skills, advocacy, human

rights, and the role of youth in society.

- Three private schools in Herat province included life skills lessons in their curriculum.

- Four youth self-help groups established in four schools. Each group consists of 12-16 members.

- Emotional resiliency test conducted with 105 students who received life skills training.

- Trained parents participated in quarterly

meetings in schools and committed on collaborative work between parents and schools to improve youth resilience.

- With close cooperation with UNICEF and the Department of Labour and Social Affairs (DOLSA), YERP conducted life skills training for 87 adolescents and 28 staff at the Herat Juvenile Rehabilitation Centre, as well as for 27 staff at DOLSA, and 200 youth from the girls’ and boys’ orphanages.

POSITIVE PARENTING PROJECT

IAM's Positive Parenting Project (PPP) aims to improve family functioning and reduce the high levels of violence against children in Afghanistan. We recognise that violence within families and schools is a significant social determinant of psychosocial disability for children and young people, and that high levels of violence cause long standing mental health problems. We work with parents – especially parents of children with psychosocial disability (CPSD), and the children of people with psychosocial disability (PPSD) who are at increased risk of violence – schools, community leaders, other child focused NGOs, relevant directorates of the Government of Afghanistan, and the media, in order to foster changes in attitude, practice, relationship and policy. We also focus on advocacy for implementation and development of procedures and policies to protect children from violence and demonstrate viable non-violent, positive alternatives.

During 2020, teachers, Mullahs, parents, community volunteers, NGO staff and schools' council members were trained in positive parenting skills, non-violent classroom management skills, communication, conflict resolution and advocacy skills. The participant of these trainings then practiced these skills in their families, schools and communities.



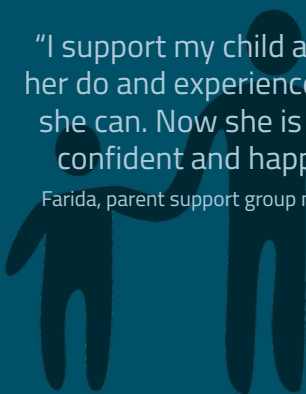
A meeting with the school council.



Raising awareness about World Mental Health Day

"I support my child and let her do and experience what she can. Now she is more confident and happier"

Farida, parent support group member



ADJUSTMENTS DUE TO COVID-19:

- Facilitated online counselling on positive parenting and child stress management.
- Developed TV messages related to child stress management and positive parenting skills, which were broadcast on local TV stations.
- PPP team members spoke on local TV and radio stations, sharing about positive parenting during quarantine and child stress management.
- Developed a leaflet on child stress management to cope with COVID-19.

2020 PPP HIGHLIGHTS:

- Had a project assessment, which showed that family function in trained parents increased from 13% at baseline to 83% after training.
- Three NGOs included positive parenting concepts in their programmes.
- 60 children were trained by NGO staff.
- Trained teachers referred 112 children to Child

and Adolescent Psychiatry services.

- 7,000 people participated in an awareness session about nonviolent parenting and supporting CPSDs, facilitated by community leaders and volunteers.

- 138 parents participated in school meetings to support children and special events were celebrated in the schools.

- 13 TV programmes and 3 animations about parenting skills were recorded and broadcast through local TV channels.

- 7,000 copies of a magazine focused on mental health, life skills, positive parenting skills and children's mental health issues.

- In 2020, PPP had 108,469 direct beneficiaries and 33,109 indirect beneficiaries.

TREATMENT

One of the Mental Health Programme's key messages is that mental health can be improved and psychosocial disability can be treated, which is why we aim to develop and demonstrate high quality, affordable, community based mental health services. In addition to our Community Based Mental Health Project – which you can read more about in the following section on advocacy – our Child and Adolescent Psychiatry Project (CAPP) and Health Social Counsellors Project (HSCP) also focus on treatment. CAPP does this by providing high quality treatment for children and adolescents, while HSCP trains professionals to provide quality treatment across Afghanistan.

CHILD AND ADOLESCENT PSYCHIATRY PROJECT

IAM's Child and Adolescent Psychiatry Project (CAPP) works to improve the mental health and social inclusion of children with psychosocial disability (CPSDs). The project addresses the lack of holistic community based mental health services, high levels of social exclusion – including exclusion from schools, and stigma faced by children with mental health problems. The project also supports CPSDs and their families to be improve their mental health wellbeing and contribute to their inclusion into community life, in order to benefit from their fundamental rights as community members. The project also facilitates access to mental health services to the underserved community members by working with a network of community volunteers, local staff from the field, and village council structures. The services include medication and counselling for depression, anxiety, attention deficit hyperactivity disorder, autism, learning, sleep and behavioural disorders for children and their parents.

The Child and Adolescent Psychiatry Project's activities have been designed to focus on long-lasting outcomes such as changes in attitudes, behaviour, relationship, and policy. Activities at the community level, where we would expect changes in attitude – such as believing children with epilepsy should be allowed to attend school, and behavior changes – such as buying medicine for children – can become the norm and continue after the end of the project. Lasting changes are further promoted by making TV and

radio programmes, featuring stories of change and describing how wider communities can be part of social change. The local community is strengthened in its capacity through the mobilisation of community volunteers who work in their own communities. Other sustainable changes include community based support groups, the strengthening of community council structures for advocacy, and the increased contacts between community members and leaders with services and authorities. Community based organisations will be strengthened and supported to adapt their activities and actively include CPSDs.

This year, because of COVID-19, project activities were restructured, and the new contingency plans focused on COVID-19 adapted activities. Training activities and other project gatherings were organised in small groups with respect to social distancing and other prevention measures. Our revised work plans included some new COVID-19 activities. For example, our public awareness raising activities covered messages about infection prevention, stress management and messages for parents on how to support their children during quarantine time. The CAPP team, alongside with other MHP staff, had a strong presence in media campaigns where local TV stations agreed to broadcast TV programmes about mental health, positive parenting and stress management free of cost.

2020 CAPP Highlights

- Participated in support groups with respect to social distances during COVID-19 crisis.
- Parents shared their parenting challenges during COVID-19 quarantine and sought solutions from the project staff.
- Parents participated in online support sessions organised by the CAPP/parenting projects and have shown commitment to improve their positive parenting especially during quarantine.
- Community volunteers and parents disseminated information about our online counselling sessions to their neighbours, so others called and benefited from these services.
- Parents continued taking their children with psychosocial disability (CPSD) to services that CAP provides.
- Disseminated information to community members about online services for parents.
- Project staff, with parents and community councils, continued talking about importance of inclusive society for all PPSDs and CPSDs.
- The media staff who were trained on children's rights paid special attention to child support during the COVID-19 crisis.
- Schools shared practical ideas for inclusion of CPSDs in their classes, such as training the teachers and sensitising the students to include CPSDs in the same class as other children.

2020 Statistics:

- 21 Primary Care Staff from clinics trained in CAP.
- 1,152 boys and 1,137 girls received CAP services.
- 5 self-help groups of parents formed.
- 2,300 males and 1,900 females participated in awareness sessions.
- 437 people were trained in basic advocacy.
- 29 boys and 84 girls were referred by NGOs to the CAP centre to receive advanced support.
- 72% of CVs who supported the CAP project are female. Having female community volunteers increases access to the project to female community members.
- 90% of the group members are women. Female group members participated in council meetings and expressed their needs.
- 49% of the project participants are female.

HEALTH SOCIAL COUNSELLORS PROJECT

This year, we entered our second year of our Health Social Counsellors Project (HSCP). This project is a training programme that focuses on upgrading Psychosocial Counsellors (PSCs) to Health Social Counsellors (HSCs). By training PSCs to become HSCs, we are helping to increase access to quality mental health care by developing Social Health Counsellors in Basic Package of Health Services (BPHS) facilities and at the community level. In collaboration with HealthNET TPO, IAM aims to upgrade a total of 190 PSCs to HSCs in all provinces of Afghanistan. 45 PSCs from nine provinces (Herat, Farah, Badghis, Ghor, Nimroz, Kandahar, Helmand, Urozgan, and Zabul) were in training in Herat region.

Participants are trained in Pashto and Dari cohorts, which included 22 women

and 23 men this year. Their training is one year, which includes six one-month theoretical training periods and six months of practical work in their health facilities. The field work settings and objectives for each of the three semesters are synchronised, with the theoretical inputs being provided in the classroom. By the end of the programme, in addition to the psychosocial counselling services participants were previously able to provide, participants will be able to provide services in the fields of child labour, cognitive behaviour therapy (CBT), counselling, work with tuberculosis, AIDS, malaria, heart disease and diabetes patients, and social work with children, adolescents, individuals, groups, and families. They will also receive training in professional ethics and values, and grow their skills in locating resources that can be used to address clients' needs.

Throughout the programme, students are supervised, with trainers reviewing their work with clients, providing phone support to them once they are back in their own clinics, and visiting their health facilities to support them technically. Trainees from the same provinces also gather together to share their successes and learn from their failures together. In 2020, four trainers had 778 phone supervision meetings and 13 group supervision meetings.



Counsellors in a workshop for HSC training

We know that long-lasting change has to come from all areas of society – from within schools, the government, and communities themselves. That’s why part of our work includes advocating to other NGOs, the government, and communities themselves to raise awareness about mental health issues and encourage the inclusion of and support for people with psychosocial disability (PPSDs). One project that focuses on this, in addition to treatment, is the Community Based Mental Health Project (CBMHP).

COMMUNITY BASED MENTAL HEALTH PROJECT

CBMHP strengthens the local capacity of communities to support people with psychosocial disability (PPSDs) at the family, community, local and secondary health service levels, which leads to improved mental health and function, inclusion, and improved attitudes and behaviors surrounding mental health in Herat province.

CBMHP coordinates with existing community councils, advocating for the needs of PPSDs. These councils then organise and mobilise resources to help support the members of the community. This year, CBMHP established groups with PPSDs, families of PPSDs, and community volunteers. These groups then participated in community council meetings to advocate for the needs of PPSDs at the community level, asking for support from both the community council itself as well as the local service providers. We aim to establish networks and facilitate communication between each of these groups through the joint meetings in every targeted community. Members of these groups participated in advocacy training, how to make use of available resources, and how they can mobilise the community

to encourage PPSDs participation in the community.

CBMHP provides mental health services to the targeted communities through mobile team staff (counsellors and psychiatrist). PPSDs and CPSDs come to the community centres and receive the services. The project has social interventions for the PPSDs/CPSDs through community volunteers (CVs) and community mobilisers (CMs), who use networks established between local

Because of the challenges of COVID-19, all of our training activities and other project’s gatherings were organised in small groups in order to follow social distancing. We also developed a revised work plan, which included some new COVID-19 activities such as raising public awareness-raising through messages about infection prevention, stress management, and how parents can support their children during quarantine. The CBMHP team, alongside other MHP staff, had a strong presence in media campaigns where local TV stations agreed to broadcast TV programmes about mental health and stress management.

CBMHP, as part of the broader Mental Health Programme, provided on-line counselling sessions through mobile phones for wider community members in Herat province. We engaged in the provision of personal protective equipment (PPE) for health staff of COVID-19 hospitals and Basic Package of Health Services (BPHS) clinics at the community level. We also provided psychological first aid (PFA) training for health staff of COVID-19 hospitals and BPHS clinics, so that people could access basic psychological support at the community level, as well as referrals whenever needed.

“After getting information from [IAM] volunteers, people understand more about mental health issues and don’t stigmatise people as much as before. If they have problems, they come to the community centre to get support.”

– Masuma*, project participant

structures (Shuras, community volunteers, NGOs and community-based organisations) and the IAM mental health programme at a community level. The community team (CVs and CMs) works with individual PPSDs/CPSDs and their families to overcome with their social, behavioural, cultural, educational, and economical gaps. They have regular meetings with local structures to include PPSDs/CPSDs in their community.

IN 2020 CBMHP HIGHLIGHTS INCLUDED:

- 380 PPSDs benefited from the new mental health services.
- 3,351 PPSDs received follow up sessions.
- 518 CPSDs benefited from the new mental health services.
- 1,971 children received followed up sessions.
- 3,029 PPSDs and their families received online counselling focused on COVID-19 stress management.

- 236 health staff received Psychosocial First Aid training.
- 60 community volunteers helped to support CBMHP’s work.
- Six family and PPSDs support groups were organised.
- 185 community volunteers, village council members, PPSDs in support groups, family of PPSDs and NGOs/services providers received mental health, advocacy, gender equality and

- behaviour and communication change training.
- 8,809 people were sensitised about mental health, advocacy, and Convention on the Rights of People with Disability (CRPD).
- 1,350 information and education communication materials about the mental health were distributed to communities.
- A total of 19,934 people were impacted this year.



2020

In IAM's Education Programme



Learn more about our work in
education at iamafg.org/education

Silk Road English Centre Writing Contest



This year at Silk Road English Centre (SREC), we held a writing competition, asking students the question, “What is the best advice you have ever received and how did it change your life?” The winner shared an inspiring snapshot into her life, and this is her essay.

During the Taliban war like many other Afghan people we also immigrated to one of the neighbor’s country. I was a little child but I do remember some events which I saw on the way to Pakistan.

One of the worst incidents that I will never forget is when the name of the Taliban are mentioned. As we all know that watching movies, making videos or taking photos from the weddings and many other events are against the Taliban laws, so when they saw someone having these things they will definitely hit the person so badly. We were on the way, Taliban stopped our bus and one of our relatives had a video which was hidden on a small pillow of her son, when they got into the bus and found that video, they hit the woman by gun badly, I and other children were very scared. That scene was the worst for me as a child.

Fortunately we arrived to Pakistan after going through many



difficulties. We rented a house which had just four rooms and a small yard, we were more than six families but we lived on that house for some days,

“When she noticed that we were not at any school she gave us an advice ‘You should start school’”

after that some of them left and rented another house but we stayed on that house with my uncle’s families. After a while my uncles started to weave carpets and forced us to help them with weaving. In some afghan families the children have to accept what the elders decide so did I, my sister and I weaved a carpet with my uncle.

One day I met a young and cheerful girl, she was the owner of our house’s daughter and she lived above the house we have rented. She invited me and my sister to her house and played with us a lot, after playing she cooked Beriani which is one the famous food in Pakistan, during lunch she asked: are you going to school? We didn’t have any answer to give her because we were not at any school on that time. When she noticed that we were not at any school she gave us an advice “You should start school”. After a while we left her house and came to home and talked to my mother we said “we want to go to school”, my mother was surprised and said: I am happy hearing that and I will talk to your father about it. But we knew she was a little scared to share

this issue to other people in home because we were born in a family where every girl was illiterate and they were not allowed to attend school, my mother dared to share this issue with others and told them that “I want my daughters to be literate”. At first my uncle was against that decision but my big aunt who was bigger than my uncle told him “I don’t want my niece will be illiterate like me”. Then my mother enrolled us in school.

Hopefully we started school and even got my bachelors now I am preparing for my masters.

“We were born in a family where every girl was illiterate and they were not allowed to attend school, my mother dared to share this issue with others and told them that ‘I want my daughters to be literate’”

This was the biggest advice I received from a great girl which changed my whole life. I remember her name and want to meet her again if she will be alive and if I could find her I will thank her differently because on that time I was a child and didn’t know the value of this great advice which help me to be an literate independent girl. I pray for her all the time I will remember her always, Allah bless her wherever she is.

Female Teacher

Mina's Story

Borders are closing, flights are being cancelled, and many cities around the world are going into lockdown, all because of the pandemic. But in one small village in Afghanistan, with limited access to electricity, let alone internet, how can people know about this global threat?

Mina, a Female Teacher Education Project (FTEP) student, was back in her village, having been sent home over Persian New Year and then told not to return, as all educational institutions had been ordered to close due to COVID-19. As she had left FTEP, she had been given a poster published by IAM explaining how the spread of COVID-19 could be prevented.

With a desire to support her community during this time, Mina heard about a government initiative to get information to villages. Recognising that she had an understanding of COVID-19 and its prevention because of the information sessions she had participated in at FTEP, Mina was selected to travel to nearby villages and disseminate information about COVID-19. Mina arranged meetings with the village elders of several villages, so that she could go and share with the women of the community about COVID-19 and how it could be prevented. Mina visited mosques and gathered women in people's homes, providing seminars to 15 or 20 people each time.

In her own village, worries about the

potential outbreak of COVID-19 prompted Mina to speak with her village elder, and arranged for the collection of a pool of money from those who could afford it to help cover medical expenses for anyone in the village who might contract COVID-19.

Life had not been easy for Mina. Her mother had passed away when she was just nine years old and, as her older sisters got married, she became the only girl in the household and all the chores fell to

their daughters to leave the village and stay in a dormitory in the city. However, the female staff from FTEP spoke with the fathers, encouraging them to allow their daughters to take part in the project. By participating in the project, they explained that their daughters would become trained and accredited teachers. They would return to serve their villages, having improved their own prospects for the future as well as the prospects of the children – particularly girls – from

the villages where they would teach. After quite some time of back and forth conversation, the fathers were convinced of the benefits of the project, and the young women were filled with anticipation for what the future might hold.

In 2021, the students will return to their villages, having studied at FTEP for two years. Mina thinks back to when she was in school. In the higher grades, she was the only girl in her class. Two

years later, the community – by seeing the example of Mina, her hard work, her dedication, her care for her village, and her capabilities – has been inspired, and there is already transformation. Daughters are being allowed to go to school, and older women who are illiterate have been able to leave their village for the first time in search of literacy classes.

years later, the community – by seeing the example of Mina, her hard work, her dedication, her care for her village, and her capabilities – has been inspired, and there is already transformation. Daughters are being allowed to go to school, and older women who are illiterate have been able to leave their village for the first time in search of literacy classes.

Mina – and all the FTEP staff and students – are looking forward to seeing what further transformation 2021 might bring.

her. When FTEP staff had come to her school to talk about their project and wanting to train female teachers so that girls in villages could have better access to quality education, she found hope. If her father would give her permission, maybe she could join the project. She thought of other young women in her village who might also qualify, and when she heard that their fathers were unlikely to give their daughters permission, she decided to take matters into her own hands.

She invited FTEP staff to her home, as well as several fathers from the village. There is a lot of stigma attached to young, unmarried women being away from a relative's home at night, and with it, the potential for damaging gossip. That's why fathers are unlikely to give permission for



Education Project



FTEP, or the Female Teacher Education Project, is designed to address the issue of girls' access to education. One of the primary reasons why girls in villages do not go to school is because they don't have a female teacher, particularly in the upper grades of school.

In order to address this problem, FTEP visits villages and in cooperation with village elders and village schools, recruits young women who have graduated from Grade 12. They get the fathers' permission and then the young women attend the dormitory in Mazar, where they concurrently study at the government Teacher Training College and take part in the FTEP teacher training so that after two years, the young women become qualified, well trained, teachers who are able to use student-centred teaching methodology. Once they return to teaching positions in their villages, FTEP staff continue supporting the new teachers through classroom observations and mentoring for an additional two years. The hope is that the young teachers will not only increase access to education for girls but that through them, the villages will have high quality teachers, increasing the effectiveness of education in the rural areas and finally, that the young teachers will be positive role models in their communities and a testament to the capacity of women.

This year began with a series of training sessions for our staff on a range of topics, including empowering women, mentoring, developing emotional intelligence in students, and how to foster thinking skills in the classroom. Students then returned from their winter break and full-time classes commenced, including the introduction of electives such as handicrafts and art. We anticipated that students

would return to their villages briefly for Persian New Year's celebrations, but did not expect that we would not see the students again for another five months, as all educational institutions were ordered to close by the government in order to prevent the spread of COVID-19. The project was put on hold, and we began trying to come up with strategies of how we could continue to support our students in a country where only 9% of the rural population have access to internet. The staff got busy arranging for homework packets for the students in the midst of the pandemic and delivered them to the students so that they could stay engaged in their learning.

This became a time of surprising growth and discovery for our students, who out of necessity had to teach themselves independent learning skills. People in their villages would come and ask for their help and the students were compelled to figure out solutions to complex math problems or to translate English. For a few of the students who did have internet access, they joined online support groups for learning mathematics and were able to contribute meaningfully to the discussion. They were so helpful to the group that they were asked where they were studying! Other students conducted seminars in their villages to raise awareness about COVID-19 and its prevention.

As much as the period away from the normal FTEP structure was a time of discovery and growth, it was a relief to all once educational institutions opened up again in August and the students were able to return to the dormitory. Remarkably, the students were still on track to complete their Teacher Training College studies. Having completed their final exam and theses, they graduated from their course at the end of the year.

Highlights in 2020:

- 90 homework packets were prepared over the COVID-19 hibernation period and delivered to the students in their villages.
- 45 students completed their final exams, submitted their theses, and graduated the government Teacher Training College.
- The subject of Social and Emotional Learning was introduced and students reported personal growth in their thinking, maturity, and way of relating to others.
- Staff training in areas including: developing emotional intelligence, how to get students to think for themselves in the classroom, how to be professional working women in the Afghan context, approaches to mentoring, and nutrition and healthy eating.
- 24 students sat and passed the government teaching exam.

Silk Road English Centre

Our vision at Silk Road English Centre is to ensure Afghans are proficient enough in English to participate in international-level communication, relationships, education, commerce, and holistic development – a vision we continued to strive towards in 2020.

Many Afghans seek to improve their education and employment opportunities through learning English. High English proficiency continues to be a major requirement for many offices. At the same time, many Afghans desire to obtain their master's degree in other countries that hold classes in English. These two factors have created a demand for quality English language instruction, which the Silk Road

English Centre (SREC) continues to provide to adult learners.

While there are many English courses in Mazar, SREC is one of the only places where students can study with a native speaker. SREC enables students to bridge the gap between what they learn at local courses and what they need to know to function at a professional English level. 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.



HIGHLIGHTS FROM 2020:

- Due to COVID-19 restrictions, SREC had to suspend classes for six months. Fortunately, once SREC classes resumed, most of the students were able to return to class.
- We held a writing competition, asking students the question, “What is the best advice you have ever received and how did it change your life?” SREC staff selected the winner through a blind vote, and the winner was awarded a tablet device.
- 178 students attended SREC classes.
- 51% of the students were women.
- 21 students participated in our six-month pre-intermediate level course.
- 40 students graduated from our six-month upper-intermediate level course.

Peacebuilding

Our Peacebuilding Project believes that individual peace is the source for collective peace. We work to equip young Afghans with the tools and knowledge they need to be peacebuilders and to develop the idea of peace in their community, both now and in the future.

At the beginning of the year, we started networking with four selected schools from the fifth education district in Kabul, including three boys' schools and one girls' school. During two three-day Peacebuilding Training of Trainers (ToT) which was conducted for 32 schoolteachers, teachers were trained in introduction to conflict, conflict styles, tools for conflict resolution, cycles of violence and peacebuilding, communication, and tips for improving communication. Our life skills ToT was conducted in two rounds for three days, in which 34 schoolteachers participated and learned about important topics including dealing with anger, failure, stress, coping with grief, peer pressure, bullying, time management, and life choices. In addition, we provided teachers with helpful methodology and lesson plans to conduct these lessons efficiently in their schools. We also monitored and evaluated the classes rigorously and collected data, which was later used to analyse project effectiveness. 2020 was a challenging year due to the COVID-19 global pandemic, which also affected our activities. Due to COVID-19, schools were closed and our peacebuilding and life skills classes were not conducted until the quarantine ended in mid-August. During the COVID-19 quarantine, our peacebuilding project started some new initiatives, including psychological first aid (PFA) training for 16 of IAM's staff members

in Kabul, which took place in five rounds. Beneficiaries were also trained on the topic of how to deal with the stress of COVID-19 and self-isolation, and the Peacebuilding Project created video versions of our peacebuilding lessons in case the quarantine was extended. We also created the Healthy Mind Facebook Page in response to COVID-19, where we posted updates on COVID-19 precautions and mental health messages. We also organised and conducted a two-day conflict resolution training for IAM's Mazar Livelihoods and Development Project (MLDP) staff. MLDP staff learned about introduction to conflict, stages of conflict, styles of conflict, communication, negotiation, and the joint problem-solving process.



HIGHLIGHTS IN 2020:

- Conducted ToT for 66 school teachers, who then conducted peacebuilding and life skills classes for 1042 students in four schools.
- COVID-19 related activities included organising and conducting psychological first aid training for IAM staff.
- Created Healthy Mind Facebook Page and posted COVID-19 and peacebuilding awareness materials.
- Created peacebuilding video lessons for school students.
- Organised and conducted two-day peacebuilding and conflict resolution training for Mazar Livelihood Development Project staff.

COVID-19 Response



One of our counsellors conducting an online counselling session.

COVID-19 RAPID RESPONSE PROJECT

- Designed, printed and disseminated the information education and communication (brochures, posters, and banners) materials about COVID-19, prevention measures and stress management.
- Provided personal protective equipment (PPE) kits for health staff of COVID-19 hospitals, front line community health staff in Herat and Ghor provinces.
- Allocated a counselling team to visit the COVID-19 hospitals and provide face to face counselling services for the patients and their families who were resident in these hospitals, as well as for vulnerable communities who do not have access to mental health services.
- Started tele-counseling/psychiatry with PPSD/CPSDs .
- Distributed hygiene kits for vulnerable households.
- Provided psychological first aid for health staff of COVID-19 hospitals.

The Coronavirus pandemic was a large part of 2020, and we cannot have an annual report without mentioning the ways that it impacted our projects, programmes, and the people we aim to serve.

From early on, IAM recognised that the impacts of COVID-19 would need to be addressed, and we responded both internally, ensuring that our staff were safe and we were taking the necessary precautions, and externally, where we adjusted our activities in order to keep people as safe and healthy as possible.

At the organisational level, before the first case of COVID-19 was confirmed in Herat province, we created a team in each province to inform staff about COVID-19, and follow-up and implement the World Health Organisation and the Ministry of Public Health protocols and procedures on preventing the spread of the pandemic. We also held regular meetings between COVID-19 focal points and the leadership team. As an emergency response, IAM tried to support all staff so that they were equipped with protective and prevention materials. We also tried to reduce the mental health burden of the pandemic for IAM staff and the over all in the community level by providing psychological first aid training, distributing stress management brochures, and raising awareness through media.

Watch a short video about our response to COVID-19 here:



3,625

Confirmed COVID-19
patients received
counselling

4,836

households received
hygiene kits

303

health staff received
personal protective
equipment

Throughout this report, you've already read about the different ways that our projects and programmes responded to COVID-19 – many of our activities paused during quarantine to prevent the spread, only restarting once it was deemed safe to do so, and while using best practices to keep everyone safe. But for other projects, the time of quarantine is precisely when we stepped up to meet the immediate needs of those around us. For our Mazar Livelihoods and Development Project as an example, that meant working with previous participants from MLDP tailoring courses to make masks, and then distribute those masks along with other prevention materials to internally displaced people in our partner communities. For NOOR, that meant quickly putting safety measures in place so that our doors could remain open and we could continue to see people who needed our help. For the Community Development and Mental Health Programmes, that meant being a part of a COVID-19 rapid response project, which involved distributing hygiene kits to vulnerable families and personal protective equipment to medical professionals on the front lines, and providing counselling for those who were feeling anxious and burdened by the constant threat of infection.

Our Mental Health Programme coordinated activities regarding COVID-19 with the Herat Provincial Public Health Directorate (PPHD), Education Directorate, regional hospitals, COVID-19 hospitals, district governors, community council structures, and representatives of vulnerable groups in our targeted communities in Herat and Ghor provinces.

COVID-19 isn't over yet, and we know that we will need to continue shifting how we do things to adapt to the changing context around us. But looking back on this year, we have seen our staff met this challenging situation with a bravery and selflessness that truly embodied our core values. Because of this past year, we are confident that IAM can continue to work amidst the pandemic to do what we need to serve the people that we care about.

An MLDP project participant from MLDP wearing a mask, made by previous participants in MLDP's tailoring courses.



PROMOTION AND SUPPORT OF EARLY INITIATION OF BREASTFEEDING PROJECT

Breastfeeding within the first hour after birth saves lives and provides babies with benefits that last a lifetime. That's why, for the past two years, two of our expatriate volunteers have been going into the local hospital to promote early-breastfeeding among women on the labour, delivery, and caesarean section wards. In 2020, this volunteer work was formalised into the Promotion and Support of Early Initiation of Breastfeeding Project. That enables these expatriate volunteers to continue working alongside local staff to provide practical support initiating and establish breastfeeding, as well as helping to address and manage common breastfeeding difficulties.

"All of my babies died before they turned one week old. I am afraid."

We were sitting beside Hamida's bed, holding her hand as she was about to push – the final stage of labour. Between her and her accompanying family member, we learned that no doctor saw the previous babies to say why they died, but that she had been told that it was because of her sin.

"All of my babies died before they turned one week old. I am afraid."

"Did you breastfeed your babies?"

"No, I was told not to, and that my milk is bad. I gave them tea and sugar, and sometimes biscuits broken into cow's milk."

"We cannot say why your babies died, but we do know that God is merciful and kind. He gave you breastmilk that sustains

your babies. We want this baby to have the best chance of life, and we know that with God's help, your breastmilk will provide him that best chance! No person can promise this baby will live longer than your others, but we can say that your breastmilk is a clean and holy gift from God. When this baby is delivered, can we help you to initiate skin-to-skin, and get baby to the breast, to give him the best chance of life?"

At first, she was adamant it was the wrong decision. Her fear was evident, so we took a moment and prayed with her, asking God to help this baby live, and to be present in the room with us. After we said "amen," she looked up and said, "I accept what you say. I will breastfeed."

Her baby was born healthy and beautiful,

and Hamida initiated skin-to-skin and breastfed just minutes after delivery. Once Hamida relaxed, we were able to counsel her on nutrition for her baby, and provide her with care, comfort, and reassurance of God's great mercy. We continue to pray for the health and wellbeing of this baby and his mum!



PALLIATIVE CARE PROJECT

This year, IAM's Community Based Palliative Care (CBPC) Project began! CBPC is a pilot project that aims to help patients who have lifespan limiting illnesses, their families, communities, and local health care providers to enable an optimal quality of life for these patients.

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

While Afghanistan currently has no palliative care services, our hope is that by working in a community-based fashion, the CBPC Project will help to build the capacity of local health care professionals to provide basic palliative care, and also help patients, families, and communities to know what they can do, too. When the entire community comes together to support a patient, patients can live and die with dignity – being cared for physically, emotionally, and spiritually. And as communities learn to support and work together in this way, long-term, sustainable practices can be created. Over the course of 2020, the CBPC Project team met together to develop teaching materials and plan the future of the project.

While 2020 was just the beginning of the project, CBPC plans to network, mentor,

and spread knowledge about palliative care principles and practices. We will first train professionals for the project, and then surveying local communities, physicians, patients, families to determine what is needed. After that, we will establish

When the entire community comes together to support a patient, patients can live and die with dignity – being cared for physically, emotionally, and spiritually.

professional and community networks, teach local physicians about palliative care basics, and set up referral systems for the CBPC Project.

When a patient is referred to the CBPC team, we will meet with the patient, their family, and their doctors in the hospital to create a relationship with the physician and introduce the family to the project, and then begin meeting and caring for the patient in their own home.

During the initial meeting with the family, the CBPC team will discuss goals of care and work together with the family to create and agree upon a care plan, after which holistic patient and family care will begin. Initially, the CBPC team will model and teach the care in a mentoring relationship with the family, but the goal of mentoring is to pass the responsibility of care to the family and local community. Once the care has been passed on, CBPC will continue to follow up with the family to manage the patient's evolving physical care needs as well as the mental and emotional needs of the patient and family, including the period of bereavement.

By working with an entire community, the CBPC Project will impact everyone involved, enabling participants to work together for the comfort and needs of the patient, while building the capacity of the community and medical community to be an effective part of that powerful, intimate, and life changing process.



Airstrip Report

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500 truckloads of soil and a year of hard work, and the new airstrip in the Central Highlands is complete!

On October 6th, 2020, the first plane landed on the new airstrip, surrounded by a crowd that included the district governor, the police chief, and the director of security.

The airstrip is more than just a 700 x 30 metre area for planes to land – it also means increased access to our work, and the work of other NGOs, in the Central Highlands. There hasn't been an operating airstrip in the Central Highlands for five years. With a UN helicopter coming only twice a week, and often less if there are not enough passengers or if the weather conditions are poor, team members would had to drive five hours – or often double that in the thick of winter, when snow makes the mountain passes a challenge to traverse – to get to the nearest airport.

Many of the IAM local staff and two expatriate volunteers were involved in the process of building the new airstrip – which included spending over three months leveling the edges by hand

– and still others worked on planting the 10,000 trees in the area.

Once the soil was brought in, a tractor worked to level it out. This was followed by compaction and compression, and finally, the task was completed: not only the airstrip, but also a concrete pad for planes, a parking lot, and a road into the airstrip.

IAM workers that helped to make this airstrip a reality were among the people watching that first plane land in early October, and look forward to many more successful flights to come.

“The airstrip is more than just a 700 x 30 metre area for planes to land – it also means increased access to our work, and the work of other NGOs, in the Central Highlands”

Internal Reports

IAM's work would be impossible without the internal departments that support our staff and volunteers. This year, as with many of our projects, our internal departments rose to the challenges of COVID-19, allowing us to continue doing the work we care about.

Finance Department

In 2020, IAM's **Finance Department** helped projects and programmes to think through the implications that COVID-19 would have on their budgets and expenditure, as well as working on new finance policies and procedures to assist our projects as they work and ensure that we get the most out of all of our resources. The finance department is managed and run by young Afghan financial 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.



Learn more
about who
we are
here

National Administration Department

The **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.

IAM Media Team

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. You can check out the latest news from IAM on iamafg.org!

IAMtech

The **IAMtech** team maintains the hardware and software that enables IAM to function in the modern world: computers, software licenses, email accounts, website, file sharing, internet contracts, local networks, and policies to prevent improper use and cyber-attacks. COVID-19 brought new needs for video conferenced language lessons, more remote support of computers, and the need for budget reductions. So we've upgraded internet connections, introduced new remote support tools, reviewed multiple video conference tools, and managed to reduce the cost of IT for the year. We've also been involved in a number of camera system upgrades and have improved the process of distributing security information throughout IAM to improve safety of our staff, and have done a number of battery system upgrades to improve availability of internet connections during power failures, all while continuing to support the usual IT needs of IAM.

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.

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

FINANCIAL REPORT

Programme Expenses

Expenses in USD during 2020 by sector and are subject to audit

| | Project Expenditure | Volunteer | Type |
|---|---------------------|----------------|---------------|
| Kabul | | | |
| NOOR Central Administration | 331,010 | 4,091 | Eye Care |
| NOOR Eye Care Training Centre | 463,708 | 4,091 | Eye Care |
| Ophthalmologist Technician Training Project | 66,476 | 4,091 | Eye Care |
| Dashte Barchi Eye Clinic | 83,922 | 4,091 | Eye Care |
| Peacebuilding Project | 42,515 | 4,091 | Development |
| Balkh | | | |
| Mazar Ophthalmic Centre | 459,614 | 4,091 | Eye Care |
| Silk Road English Centre | 13,303 | 52,500 | Education |
| Female Teacher Education Project | 138,090 | 95,000 | Education |
| Mazar Livelihoods and Development Project | 40,533 | 70,000 | Development |
| Community Based Palliative Care Project | 8,927 | 15,000 | Health |
| Central Highlands | | | |
| Community Development Programme | 262,151 | 106,667 | Development |
| Herat | | | |
| Community Based Mental Health Project | 207,580 | 19,091 | Mental Health |
| Youth Emotional Resilience Project | 51,990 | 19,091 | Mental Health |
| Child and Adolescent Psychiatry Project | 70,275 | 19,091 | Mental Health |
| Positive Parenting Project | 104,227 | 19,091 | Mental Health |
| Health Social Counsellors Project | 103,447 | 19,091 | Mental Health |
| COVID-19 Rapid Response | 290,407 | 0 | Health |
| Kandahar | | | |
| Kandahar NOOR Eye Hospital | 179,692 | 4,091 | Eye Care |
| TOTAL | 3,037,577 | 448,259 | |

Expenditure by theme



Eye Care: 52%
Mental Health: 18%
Health: 11%
Development: 10%
Education: 9%

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.

Core values in action: Accountability

One of our core values is accountability, and our finance department works hard to embody that in every area of our work.

| Reserves | |
|-----------------------------------|------------------|
| General and Board Designated Fund | 892,424 |
| Designated Project Funds | 764,146 |
| Donor Restricted Funds | 39,938 |
| Restricted Asset Funds | 260,344 |
| TOTAL | 1,956,852 |

| Assets | |
|----------------------|------------------|
| Fixed Assets | 409,063 |
| Inventories | 165,269 |
| Debtors | 271,134 |
| Cash in hand at bank | 1,846,183 |
| TOTAL | 2,691,649 |

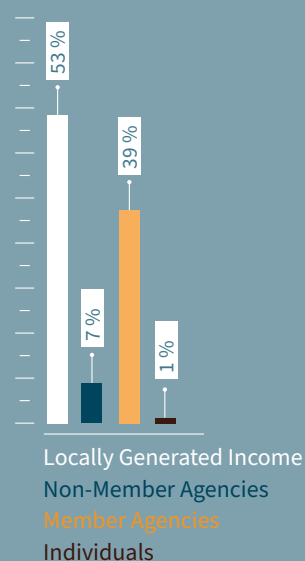
| Liabilities | |
|----------------------------------|----------------|
| Team Member, Staff and Agency | 39,359 |
| Accrued Expenses | 32,675 |
| Tax Liabilities and Tax Payables | 271,134 |
| Other Payables | 146,881 |
| Deferred Income | 24,843 |
| Severance Payable | 483,653 |
| TOTAL | 734,798 |

Expenditure by region

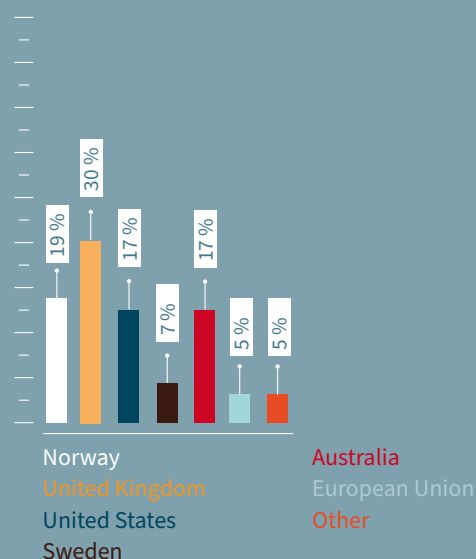


Kandahar: 6%
 Central Highlands: 9%
 Balkh: 26%
 Herat: 27%
 Kabul: 33%

Sources of Income



Countries of International Income



OUR PARTNERS

MAKE IT ALL
POSSIBLE

This annual report, and everything we are able to accomplish at IAM, is a reflection of the support and generosity donors, member agencies, and all of the individuals that partner with us. So, sincerely, thank you!

Cyan

Community Development Programme
COVID-19 Rapid Response
Mental Health Programme

Digni

Female Teacher Education Project

EU

Mental Health Programme

FLM

Mental Health Programme

GBGM/UMCOR

Mental Health Programme
Community Based Palliative Care Project

Global Team

Mental Health Programme
Community Based Palliative Care Project

Interact

Mazar Livelihoods and Development Project
Child and Adolescent Psychiatry Project
Community Development Programme

Lakarmissionen

Ophthalmologist Technician Training Programme

Mairie de Chene-Bourg

Airstrip

Mairie de Grand Saconnex

Airstrip

Mairie de Meyrin

Community Development Programme

MCC

Community Based Mental Health Project
Peacebuilding

MCCN

Community Based Mental Health Project

TEAM

Silk Road English Centre
Community Based Palliative Care Project

Tearfund Australia

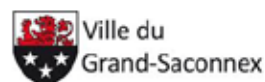
Positive Parenting Project
COVID-19 Rapid Response
Community Development Programme

Tearfund UK

COVID-19 Rapid Response
Community Development Programme
Mental Health Programme

UK Aid

COVID-19 Rapid Response
Community Development Programme



GET INVOLVED

BECOME A PARTNER

Did this report get you excited about our work?

You can join in the vision by donating online, or through one of the following accounts:

Afghanistan:

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

Switzerland:

UBS
Case Postale
Geneva 2
CH-1211
Beneficiary: Mission Internationale d'Assistance
BIC: UBSWCHZH80A
USD Account IBAN: CH 25 0024 0240 4173 9760R
CHF Account IBAN: CH 83 0024 0240 4173 9741A
Euro Account IBAN: CH 20 0024 0240 4173 9761H

Opportunities for international volunteers to join IAM

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

Donate Online:

iamafg.org/give

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

United Kingdom

Lloyds Bank
Charing Cross Branch
49 Strand
London WC2N 5LL
Beneficiary: International Assistance Mission
Account No: 00361489
Sort code: 30-91-79
BIC: LOYDGB21216
IBAN: GB84 LOYD 3091 7900 361



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



Keep up with IAM online:
Website: iamafg.org
Facebook: facebook.com/internationalassistancemission