

**IAM**

**International Assistance Mission  
Annual Report 2008**

The International Assistance Mission is an international association of Christian organizations serving the people of Afghanistan with compassion and excellence in the name and spirit of Jesus Christ *through training and capacity building that fosters wholeness and transformation.*



*Written by IAM team members – Photography by IAM team members  
Compiled/Designed by Rachel Wyatt*



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## Respected Partners and Friends of IAM,

The year 2008 was one of transition. Mr. Harri Lammi was Executive Director (ED) until mid November and then I, Dirk R Frans, took over the leadership of IAM. As a newcomer, I claim no credit for IAM's achievements in 2008. I know that Mr Lammi also would not claim that any of the achievements are his. Instead, we both believe God's grace and blessing was behind all that was done for and with the poor and vulnerable people of Afghanistan in 2008.



IAM has served and worked alongside the Afghan people for well over four decades. During the past 42 years IAM has always tried to train Afghans through its health and development projects. Many of them now help run IAM projects and many others are involved in development activities with other non-IAM projects. For me it is a real privilege to lead this well established non-government organization (NGO) with so many committed and capable staff and volunteers.

Some years ago, under Mr Lammi's leadership, IAM started to focus its activities on underserved people living in the more outlying and rural areas. In 2008 this focus on the poor was further strengthened. To reach this goal, IAM started new projects in Badakhshan, Maimana, Kandahar and Herat and by the end of 2008 IAM had over 18 projects in seven geographic areas.

It is also a great honour that the work of IAM was highly appreciated by the Ministry of Economy which is a leading ministry for all national and international NGOs. We received an official letter signed by His Excellency Deputy Minister of Economy which was handed to Mr Harri Lammi by the General Director of NGOs Mr. Basirat.

### **IAM Partner Organizations**

The financial support for IAM's long-term development projects comes primarily through its partner agencies. The Finnish, Norwegian, Swedish and Japanese governments are also major donors to IAM development projects through the "co-funding" channels of their Foreign Affairs Ministries.

In 2008, IAM tried to increase the number of two or three-year funding contracts to enhance our long-term sustainable development focus. However, the looming global financial crisis has made donors reluctant to make longer term commitments and we now have fewer such contracts than in 2007.

IAM is grateful to the faithful and supportive donor and partner organizations. We ensure that the funds entrusted to IAM reach the Afghan people at the grassroots level. IAM only works in Afghanistan and its international headquarters have always been located in Kabul, in order to ensure our local focus and keep our administrative overhead costs as low as possible. Presently they are 12% of project budgets.

### **Afghan and Expatriate Colleagues**

IAM employs 500 Afghan colleagues working in the projects and offices. We thank these highly skilled and motivated colleagues for their hard work as they reach out to more than 370,000 of the men and women of their country. Every year there is significant growth in capacities, skills and competencies throughout the organization. It is a privilege for us to have such committed colleagues.

IAM currently has about 60 expatriate volunteer professionals and about 40 dependents who also volunteer their skills. They have left their own countries to serve the Afghan people with

their professional skills. The normal term of service of an IAM expatriate volunteer is three years. Many IAM expatriate colleagues serve multiple terms, and some have served the Afghan people for more than 20 years.

It is one of the key principles of IAM that no project funds are used for expatriate allowances, home rents, or daily expenses. All expatriates are required to have complete support of their own.

### **Glimpses of the Impact of IAM Work**

Below is a summary of what IAM has achieved in 2008 with the funds and personnel entrusted to it:

- The National Organization for Ophthalmic Rehabilitation (NOOR) eye care project alone treated over 300,000 patients
- The Hazarajat Community Health Project provided services and partially implemented the Basic Package of Health Care Services for a remote community of approximately 140,000 people in the Central Highlands and treated almost 30,000 patients
- The Community Development Projects in Maimana and Herat together assisted thousands of beneficiaries through village development work
- The Primary Mental Health Project in Herat assisted over 4,500 patients with mental illness and also trained local health care personnel in rural villages and governmental health institutions in Herat, Farah, Ghor and Badghis Provinces
- The IAM English as a Foreign Language project taught 300 students at advanced levels of English to assist the students in their professional and academic lives.
- The Business Development Service trained 200 women to set up and run their own businesses in Kabul and trained over 90 workers of other NGOs
- The Kandahar NOOR Eye Hospital established in 2007 served well over 10,000 out patients and did over 700 operations
- The Renewable Energy Sources in Afghanistan Project continued to build small-scale hydro power plants in rural areas and research wind power

### **Developments in Afghanistan**

Despite the serious efforts of the Afghan Government and the sacrifice of many Afghan and foreign lives, Afghanistan saw a gradual deterioration of security in 2008. Nevertheless, IAM was able to continue its assistance work to the Afghan people with only minimal disruption. The only security related constraints were in some districts of Herat, where access to a planned project site was denied due to reduced security. This resulted in the project shifting to another district.

We are also aware of the need for significant strengthening of the Afghan judicial system as regards the matter of human rights. Basic human rights, such as freedom of expression, speech, and creed, which are endorsed by the Constitution of the Islamic State of Afghanistan and also by Islamic scholars worldwide, are still in the process of being rooted in this nation.

### **Closing word**

I hope that the year 2009 will be a year of positive changes for the Afghan people and that they will be able to hold the presidential election in peace. We also hope that the newly elected president will be able to bring peace to this lovely, but as yet war-torn country. Our desire as a non-political, non-profit and non-governmental organization is to see the people of Afghanistan rebuild their country into a just and prosperous state.

Sincerely

Dirk R Frans, IAM Executive Director



# Herat

Herat Province is located in the western region of Afghanistan which has a population of approximately three million and includes the provinces of Ghor, Badghis, and Farah. Crossed by the low Safed Koh Mountains, the land in this province is flat and open. The climate is hot and dry. The summer is well known for its “wind of 120 days” when the wind blows from the end of spring until the start of autumn.



Herat City, the capital of Herat Province, was once an oasis on the ancient Silk Road. Today, it still shines as a cultural center; a seat of poetry, learning, and architecture. The streets are lined with tall pine trees and decorated with parks. Shopkeepers sell Herati silk, blue glass, carpets, and gold.

Work started in	1966
Population (city)	500,000
People Groups	Tajiks, Pashtuns, Hazaras, Turkmens, Aimaqs, Uzbeks
Languages	Dari, Pashtu
Elevation	800 meters
Climate	Dry climate Summers: 35 to 40 Celsius Winters: +5 - 15 degrees Celsius

IAM first started its work in Herat in 1966 with the Herat Ophthalmic Center (HOC). For many years HOC provided eye care services to people in the western region of Afghanistan. The Primary Mental Health Project was started in 1996. In March 2006, the project opened the first dedicated Mental Health

Clinic-Resource Centre for the region. The clinic provides outpatient treatment for the mentally ill and mental health training for medical personnel. The clinic also provides training courses in the provinces for medical professionals and communities. IAM also had a long term Community Development Project (CDP) in the vicinity of Herat City and in Cheshte-Sharif district from 1995-2007. According to IAM’s strategic directions, a new, more remote area was selected after surveys in late 2006 and the CDP in Herat-Kushk was started in 2008. The projects purpose is to provide rural communities with the skills and capacity to improve their own well being and resources.

## Community Development Project

The Community Development Project (CDP) in Herat-Kushk had its first year of operation in 2008. An exceptionally cold winter in western Afghanistan hindered the start of the project. An office/housing compound was rented in Turghundi in the northern Kushk district. The compound was renovated and newly hired local staff members were trained. However, because of security concerns, the work had to be suspended at the beginning of June. After

consideration and consultation with the staff, the provincial government authorities, and the donor, IAM gave a three month trial period for the project to work in the central Kushk district, based in the district capital Rubate Sangi. The project set up an office, further trained the field staff, and carried out surveys in two selected villages. Following approval from IAM to continue working in Kushk district, the actual project work started in October in the villages of Lakhiha and Faizabad. By the end of the year, data collections and baseline surveys had been carried out and development shuras (community consultations) for men and women were set up.



This was an exciting and eventful year for CDP Herat-Kushk. Although the project experienced many ups and downs over the course of the year, the project staff were greatly encouraged by the interest that the people in target areas showed for the community development work. A total of 305 people in the two villages volunteered to join the basic health and social education class scheduled to start in 2009. CDP Herat-Kushk is thankful for the support of FLM.

### Herat Ophthalmic Center

The Herat Ophthalmic Center, located in Herat City, provides eye care for much of western Afghanistan. In 2007, a satellite clinic staffed by an eye doctor and a nurse was opened in Qalai Nao and this clinic continued to offer services in 2008. Two further clinics, staffed by Ophthalmic Technicians, were opened in Turghundi and Shindand. These satellite clinics provided much needed services to people in the more isolated parts of western Afghanistan.

During 2008 a young patient came to HOC with severe eye injuries. He was almost 5 years old. Both his eyes were perforated due to an explosion. One of his eyes had to be removed because of extensive damage but the other eye was healed. His vision slowly improved.

Two thousand and eight was a year of mixed success for HOC. The first two months of the year were part of the most severe winter Herat has had in the past 30 years. The ice and snow prevented many patients from getting to the hospital. Also, security in western Afghanistan deteriorated, requiring Day Clinics to be rescheduled and the Qalai Nao clinic to be temporarily closed. In spite of

these difficulties HOC, along with its programs and clinics, had 69,734 beneficiaries. Also, 14,202 pairs of glasses were dispensed which was a noticeable increase from 10,997 glasses in 2007. As 2008 drew to a close, IAM transferred most of the control of HOC to the Ministry of Public Health (MoPH). The challenge that remains is to assist the MoPH staff as they take over full control of the hospital and continue to provide for the eye care needs of western Afghanistan. HOC is grateful for the support of CBM, Dark & Light, and WEM during 2008.

### HOC Facts at a Glance

14,202 Eyeglasses Dispensed  
 109,886 Eye Drops Dispensed  
 52,865 Outpatients Seen at HOC  
 7,871 Outpatients Seen at Day Clinics  
 8,998 Outpatients Seen at Eye Camps  
 2,685 Total Surgeries Performed at HOC  
 1,442 Cataract Surgeries Performed at HOC  
 465 Cataract Surgeries Performed at Eye Camps  
 99 Cataract Surgeries Performed at Qalai Nao Clinic

### Primary Mental Health Project

The Primary Mental Health Project (PMHP), which began in 1996, was a response to the high suicide rate among the women of the region. At that time, government officials and even society, at large, had little awareness or understanding of mental health issues. Since then, the Afghan Ministry of Public Health has declared mental health care to be one of its priorities. Worldwide, the Global Burden of Disease (disability-adjusted life years lost to illness) for neuro-psychiatric disorders is 12%, which is second in rank after infectious disorders. This figure is likely even higher in Afghanistan. Mental illnesses are among the most frequent causes of disability but they are a form of disability which cannot be easily seen from the outside. Depression and anxiety disorders are especially common in Afghanistan, primarily because of the many years of severe stress due to war and all its socio-economic consequences. One of PMHP's tasks is to systematically train all three levels of primary health care providers (community health supervisors, nurses/midwives, and doctors) to provide mental health services in health facilities throughout the western region of Afghanistan. Besides training primary health care providers to carry out mental



health services, PMHP is directly providing care through its busy outpatient psychiatric clinic.

In 2008, PMHP not only continued its mental health training in Herat Province, Badghis Province, and in the Lal-wa-Sarjantal district of Ghor Province, but also started courses in Farah Province. All trainees were given initial courses and most of them were able to be monitored and given refresher training individually. Through the production and distribution

of a mental health magazine primarily for those who had already received training, PMHP sought to encourage educational motivation and maintain mental health knowledge. In 2008, PMHP focused more on raising mental health awareness by conducting short seminars for government officials and airing a one week series of mental health programs at a local television station. PMHP



also developed new audio-visual materials for mental health training at the community level. PMHP's Mental Health Clinic-Resource Centre continued its activities not only serving many patients and their families but also providing a practical training site for medical students, newly graduated doctors, and nursing students. These practical trainings were a main focus of the project and, as a result, students gained enough confidence to actually carry out mental health care themselves. Looking toward the future, the counseling and psycho-education activities carried out by the project's mental health nurses at the Clinic-Resource Centre could be further developed. PMHP is grateful to IAM member agencies and supporting partners FLOM, FLM, MCCN, Tearfund UK, and PMU for their continued support in 2008.

#### PMHP Facts at a Glance

- 4,570 Outpatients Treated (66% women) in 10,739 Consultations, Including Counseling Sessions
- 36 Primary Health Care Doctors & 72 Nurses Participated in Mental Health Courses
- 86 Monitoring/Refresher Training Sessions Held for Primary Health Care Doctors
- 85 Monitoring/Refresher Training Sessions Held for Nurses
- 10 Doctors Received More Extensive Mental Health Training, Enabling them to be Mental Health Focal Point Doctors.
- 65 Medical Students, 35 Newly Graduated Doctors & 25 Nursing Students Participated in Practical Mental Health Training Courses at the Mental Health Clinic-Resource Centre
- 31 Midwifery Students Given Mental Health Training at the Institute of Health Sciences

One of the doctors who participated in a mental health course later reported: "A patient was brought to my clinic who was behaving very aggressively. I took a history of his mental health symptoms and came to the conclusion that he was suffering from a psychosis. I referred the patient for confirmation of the diagnosis to the Mental Health Clinic-Resource Centre. My diagnosis was confirmed and the patient received treatment. Now the patient is well, leading a normal life."

# Maimana



Faryab Province is situated in northwestern Afghanistan between the major cities of Herat and Mazar-i-Sharif. The southern area of the province is mountainous and difficult to reach during the winter months. Maimana, the capital city, is in the center of the province and is surrounded by rolling hills. To the north, the landscape flattens out into the desert plains. Maimana tends to have hotter

summers and milder winters than Kabul. Ethnically, the region is predominantly Uzbek and is culturally more conservative than some of the other regions where IAM works. The people in this region eat round, thicker naan (bread). They watch buzhashi, a traditional Afghan sport, on Fridays during the winter. In the summer, they produce wonderful soft fruit and nuts. Most people make their livelihood from some form of agriculture although the land is mostly marginal and the crops are dependent on the level of rainfall.

IAM started work in Maimana in 2004 with the construction of the Orthopedic Workshop and Physiotherapy Center at the public hospital. The clinic meets the needs of people from all over the province by making different types of prosthetic appliances as well as providing physiotherapy services.

Work started in	2004
Population (city)	50,000
People Groups	Uzbeks, Tajiks, Pashtuns, Turkmen
Languages	Uzbek, Dari, Pashtu
Elevation	870 meters
Climate	Dry climate Summers: 38°C Winters: Snowy but not very cold

In 2007, the clinic began to work outside the hospital in the area of Community-Based Rehabilitation. A Community Development Project was started in 2005 in a valley a couple of hours drive from Maimana. The project aims to help rural communities with their own development and their ability to withstand the pressures of surviving in Afghanistan. It has been working in many areas including agriculture, health, literacy, and water supply. The work expanded in 2008 to a second valley. IAM hopes to further expand the project by starting work in the mountainous southern area of the province in 2010.

## Orthopedic Workshop and Physiotherapy Center

During 2008, the Orthopedic Workshop and Physiotherapy Center (OWPC) continued training local staff to provide valuable services to people with disabilities in the community. It distributed over 1,000 orthopedic appliances and provided physiotherapy for over 1,100 clients. OWPC also used Community-Based Rehabilitation (CBR) services which aim to increase awareness of disability issues within the community while helping people with disabilities manage better at home through things such as education, healthcare, and livelihood development. CBR services started as a pilot project in one valley.

The paraplegic teacher commented "I didn't think I would be able to work. Now I see that I can work with disabled children. At first I thought they couldn't learn, but I became hopeful when I saw that they are learning! They learn that they can also become whatever they want if they try by working with their hands and mind."



OWPC seeks to help individuals with disabilities lead normal lives. For example, OWPC has a wheelchair basketball team of six to eight disabled men who meet two to three times a week for training. The team travelled to Mazar-i-Sharif for a competition against the ICRC team there. In spring 2009,

OWPC will host that same team in Maimana.

A parent of a preschool student said "The preschool gives the children a hope that they can become something. I used to think my daughter would just die. She would sit in the house and eventually get sick and die when she's around 20. Now she has given me a lot of hope for her future. I feel she is healthy. She is part of society. She has a future."

This is a good social event for disabled people in the region. Another example of OWPC's work is the small preschool for children with cerebral palsy that was started at the orthopedic center. It meets twice a week and serves as a model for individual educational planning for children with special needs. The preschool is taught by a paraplegic woman and a mother of one of the students. An evaluation of this activity was done at the end of the year. OWPC is grateful for the financial support of MCCN, ICRC, Partnership Worldwide, TearFund Switzerland, and Rowan Charitable Trust UK.

### Community Development Project

The Community Development Project (CDP) in Faryab Province started in late 2005 and plans to continue operating until at least 2015, depending on security and political factors. The purpose of the program is "to increase communities' capacity to meet their basic needs, and plan and manage their own development in a just, sustainable way which can be adapted and passed on through neighboring communities." Afghan facilitators, currently six men and six women, and expatriate consultants work with groups of remote communities for several years. The first steps towards accomplishing these goals are building relationships with partner communities and developing an understanding of their capacities and needs. The community development is then facilitated through guidance, training, and co-operative projects involving IAM, government services and others with relevant expertise.



Presently, there are twenty-two villages in two localities involved in CDP and 6,275 beneficiaries were recorded in 2008. It was a heavy drought year in Faryab province; very poor spring rains led to the failure of most of the rain-fed wheat crop and animal fodder. This was coupled with food prices rising sharply in Afghanistan and around the world. Additionally, Iran closed its borders to migrant workers from Afghanistan for much of the year.

Because of these hardships, CDP Faryab decided to focus more on relief and rehabilitation work until the spring of 2009. With the support of IAM and existing donors and the additional assistance of World Dev in the UK and the Icelandic government, CDP has been administering a package of food distribution, wheat seed loans, and paid agriculture-focused work. CDP also continued its long-term development activities including basic literacy and health awareness/action groups, micro-business loans, and agricultural training and demonstrations. CDP Faryab would like to thank TearFund UK, TEAR Australia, TearFund Switzerland, World Dev, and the Icelandic Government for their support.

In the spring of 2008, CDP ran their first Birth and Life Saving Skills (BLISS) course to help women improve the chances of their babies and themselves surviving pregnancy. One pregnant woman who attended the course had been married for ten years. Soon after she was married, she had a daughter but then had several pregnancies that ended with stillborn babies. Because of knowledge gained during the course, she and her neighbors decided that she might be physically unable to have healthy births. A visit to the midwife at the local clinic confirmed that this was likely cause of her problems. When she went into labor her family agreed that she should immediately be taken to the provincial hospital, a two-hour by car or six-hour by donkey journey. There her son was delivered by caesarean section. Thanks to awareness raised through the BLISS course and the conversations after it, she and several other women have been helped or saved from death by their community.

### **English as a Foreign Language**

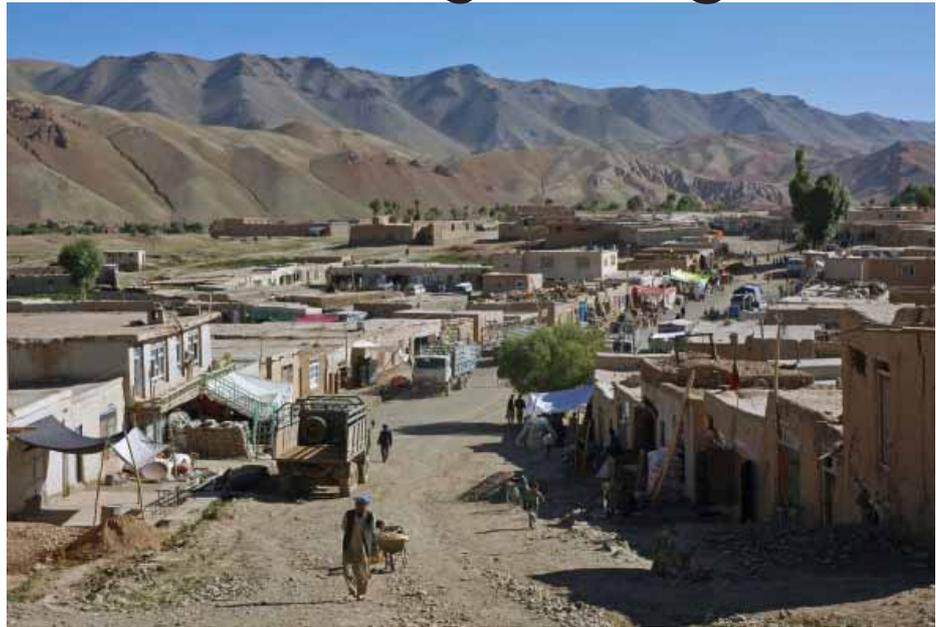
For information on the English as a Foreign Language project/Silk Road English Center and its work in Maimana and other regions see page 19.

### **CDP Faryab Facts at a Glance**

4,036 Health & Nutrition Beneficiaries  
1,634 Livelihoods & Shelter Beneficiaries  
650 Basic Education & Literacy Beneficiaries  
561 Water & Sanitation Beneficiaries  
434 Environmental Sustainability & Disaster Risk Reduction Beneficiaries

# Lal-wa-Sarjanganal

Lal-wa-Sarjanganal is a district with a population of about 142,000. It is located in Ghor province which is in the Hazarajat region of Central Afghanistan. According to legend, the Hazaras are a remnant of the armies of Genghis Khan, who came through the region in the 13th century. After the armies left, about a thousand (Hazaar)



of his remnant stayed behind. Today, it is estimated that there are three to five million Hazaras in Afghanistan. The population of Lal-wa-Sarjanganal is 99.5% Hazara; they speak either Dari or Hazaragi and are mostly Shia Muslims. They live in mud houses in villages and rely primarily on agriculture and animal husbandry. Their crops vary based on the yearly snowfall but include wheat, potatoes, onions, some vegetables, and other crops. Agriculture is most profitable in the valleys near the rivers.

Work started in	1966-1974, Work Resumed in 1999
Population	142,000 in the District
People Groups	Hazaras
Languages	Dari, Hazaragi
Elevation	2,800 Meters
Climate	Summers: Warm, About 23° C Winters: Very Cold, as Low as -37.5° C

Lal-wa-Sarjanganal is about 2800 meters above sea level, with higher peaks surrounding it. The summers are quite warm but do not get very hot and have very little rain. The winters are extremely cold. The area is difficult to access during winter

months due to snow and is accessible only via a small airstrip for four to six months of the year. Because of the remoteness of this region, it has extremely high infant and maternal mortality rates and high morbidity rates across the whole population. Lal is a sub-district of Lal-wa-Sarjanganal. The unpaved Kabul-Herat road runs through the center of Lal, and a cluster of many small shops on both sides of the road forms the Lal Bazaar. IAM has its hospital and offices near the bazaar. Around Lal Bazaar are four small villages with about 3,000 inhabitants.

## Hazarajat Community Health Project

Prior to the establishment of the Hazarajat Community Health Project (HCHP) the nearest health care facility for most people in Lal-wa-Sarjanganal district was at least one day's drive by road. The project initially began in 1999 as a small Mother and Child Health Clinic and has expanded to now include 157 Health Posts, 5 Basic Health Centers (BHC) and a Comprehensive Health Center + (CHC+). In March 2007, a Memorandum of Understanding was signed

between IAM and the Ministry of Public Health (MoPH) which made IAM the implementing partner of the Basic Package of Health Services (BPHS) in Lal-wa-Sarjanganal. The BPHS is a part of the national strategy for health services in Afghanistan. As a result HCHP assumed full responsibility for primary health service provision in the district, and the MoPH closed the two other clinics which were operating in the Lal Bazaar.



In 2008, HCHP continued to provide health services at all of its health facilities. In addition, the services at the BHCs were expanded to include full fixed and outreach vaccine services and community health worker supervision. The CHC+ had two permanent Afghan doctors who were Family Medicine Specialists. It also had at least one female expatriate doctor throughout the year. HCHP hosted several other specialists, including a general surgeon, an ophthalmic surgeon, an orthopedic surgeon, and two pediatricians, all of whom stayed from one week to two months in order to assist and train in their specialties. In November, eight assistant nurses graduated from HCHP's job-focused nurse training program. Five vaccinators and five community health supervisors also graduated, having completed a four month nursing theory course followed by eight months of job-specific training in the field. Nine existing nurses took the government nursing exam. Refresher courses of four

to six weeks were given to all of the 314 community health workers.

In addition to implementing the BPHS, HCHP has also been involved in small scale community development. In



**HCHP Facts at a Glance**

- 30,469 Outpatients
- 1,197 Inpatients
- 286 Surgeries
- 327 Normal Deliveries
- 1,837 Initial ANC Visits
- 1,753 Follow-up ANC Visits
- 46 Caesarian Sections

In a valley three hours from Lal Bazaar, forty men and women from different villages were participating in a two-year CDP training program about health and sanitation taught by a team of Afghans. After each lesson they returned to their homes and shared what they had learned with the rest of their village. When some of the HCHP staff visited them, they asked if a lot of babies in their villages were dying during their first year of life. Immediately, without any pressure or prompting, they replied with pride and delight "they used to, but now they don't; since we have been learning how to care for them, many more babies are living."

the past this involved literacy training, veterinary training, and latrine and well building. In 2008, the work was primarily supervisory and an evaluation was carried out to assess the overall effectiveness of this part of the project. The evaluation recommended separating the community development work from the healthcare work in order to allow those working in community development to fully focus on it. This recommendation was consistent with the guidance



of IAM leadership. The separation occurred in October of 2008, but the two projects continue to work in close collaboration. HCHP would like to thank GBGM, FLOM, Interact, FMF, Tear Fund Switzerland, UNICEF, and MFA Norway for their support in 2008.



# Faizabad

Badakhshan Province is located in the northeastern corner of Afghanistan. It includes the long “finger” touching the Chinese border which is known as the Wakhan Corridor. Historically, a branch of the Silk Road used to pass through Badakhshan, which was the source of the world’s finest lapis lazuli. Today the valleys of Badakhshan are home to many different languages and cultures. Faizabad, the



province capital, is rapidly growing from the small village atmosphere of a few years ago to a medium-sized town with a mix of people from the many different ethnic groups living in the remote valleys. The landscape of the province is very mountainous. Agriculturally usable land is difficult to find and the roads to many of the remote districts are blocked by snow up to eight months of the year. The maternal mortality rate in Badakhshan Province is one of the highest in the world.

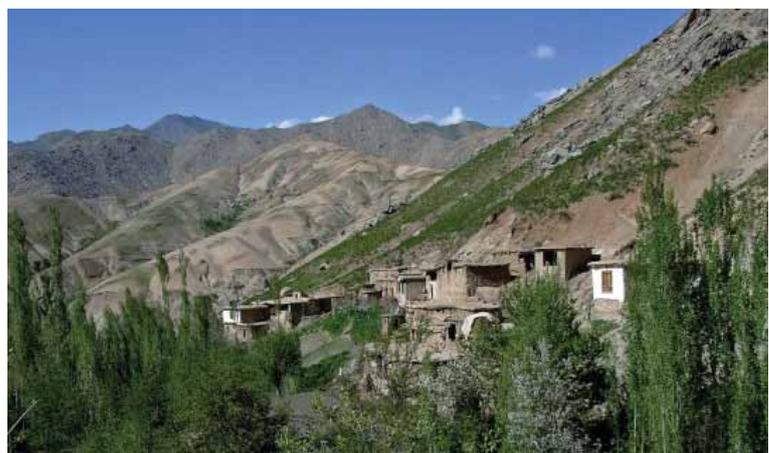
Work started in	2007, RESAP in 2005-2006
Population (city)	15,000
People Groups	Tajiks, Uzbeks, Pamiris, Pashtuns (very few)
Languages	Dari, Uzbek, Shighni, Pamir Languages
Elevation	1,200 meters
Climate	Summers: 35 to 38° C Winters: Milder than Kabul

IAM’s work in the province is focused on reaching out to people in remote places through the research conducted as part of the Language Survey Badakhshan project and the water-powered electricity stations of the Renewable Energy Sources in Afghanistan Project. Starting in 2009, capacity

building through the Adult Education and Facilitation project (see page 17) will become another emphasis. Also, in the underserved area of the Wakhan corridor, a new team will be providing basic healthcare and literacy development.

## Language Survey Badakhshan

The primary goal of the Language Survey Badakhshan (LSB) project is to gain information about the minority languages spoken in Badakhshan Province. A team traveled to areas where minority languages are spoken and





collected data about those languages through tests and interviews with the local people. The data was collected to assist the government in making decisions about which language groups would benefit from literacy programs and educational materials in their mother tongue.

Three languages were examined during 2008. It was found that one of the languages, Munji, has a clear need for language development and literacy material. However, the other two languages, Darwazi and Tangshew, were found to be closely related to Dari, one of the main languages in Afghanistan. Speakers of Darwazi and Tangshew would likely be able to use

Dari literature and school materials with little difficulty. LSB would like to thank SIL, TBF Thompson Charity, All Souls London, and Afghan Aid to Wakhi Project for making this research possible.

### **Renewable Energy Sources in Afghanistan Project**

For information on the Renewable Energy Sources in Afghanistan Project and its work in Badakhshan Province and other regions see page 26.



# Kandahar



Kandahar is the capital of Kandahar Province and the third largest city in Afghanistan. It is a well-known trading center for many items including sheep, wool, cotton, silk, and grains. Kandahar also produces fruits and fruit products. It has an arid climate with mild winters and hot summers. Pashtuns are the primary ethnic group making Pashto the majority language. From the late 1960s to the early 1970s, some IAM team members were

living and working in Kandahar. IAM re-established its project work in Kandahar in 2007 with the Kandahar NOOR Eye Hospital and the Adult Learning and Education Facilitation project. Security concerns forced IAM to withdraw its expatriate workers from the region but the Afghan staff continued their work.

## Kandahar NOOR Eye Hospital

The Kandahar NOOR Eye Hospital (KNEH) is a ten-bed eye hospital in Kandahar that was established by IAM in 2007 with the help of local

donors. It was the first eye hospital in southern Afghanistan. Since its opening, KNEH has served 10,879 people, performed 716 surgeries, and provided 2,761 pairs of glasses. Local donations have provided funding for free care for patients who are not able to pay for surgery, glasses, or medicine. The clinic is open six days a week in the mornings and surgeries are performed on the same day in the afternoon. The lens technician can also provide glasses to patients while they wait.

Due to weak security, all three expatriates working in the hospital left the city during 2008. The local staff managed to continue operating the hospital, taking on the responsibility of most tasks and quickly maturing in their new roles. KNEH currently has one eye doctor, who is assisted by two nurses and three opticians. Doctors visited KNEH during the year to provide further training to the staff and one of the nurses was sent to

Work started in	2007
Population (city)	Less Than 500,000
People Groups	Pahstuns, Farsiwans
Languages	Pashto, Dari
Elevation	950 Meters
Climate	Summers: Hot, 35-45° C, Sandstorms Winters: Mild, Rainy

An 80 year old man from Spin Buldak district had one eye with "No Light Perception" due to Glaucoma, and a second eye with only "Light Perception" due to a mature cataract and other complications. He had been unable to see for about 6 years and could not walk alone because of his low vision. His family took him to a neighboring country, but the doctors there were not able to perform surgery. When they brought him to KNEH, a successful cataract surgery was performed and he was able to see his family members for the first time in 6 years.

another eye hospital for anesthesia training. KNEH would like to thank Rahmat Enterprises, World Charitable Foundation, Lakarmissionen, and MCC for their generous support during 2008.

### KNEH Facts at a Glance

7,853 Patients

654 Surgeries Performed

2,123 Eyeglasses Distributed

1,406 School Children Screened

### Adult Learning and Education Facilitation

The Adult Learning and Education Facilitation (ALEF) project was first established in 2007. ALEF aims to help the people of Kandahar in fulfilling the unique learning needs of adults by translating and adapting learning materials, conducting learning circles, providing training for teachers of adults, and conducting vocational courses. ALEF is committed to equipping unemployed people with skills that are in high demand and can be used to earn a living. It seeks to provide relevant learning opportunities for its beneficiaries and encourages learners to become responsible for their own education.

"In the past I was unemployed and I had no work to do, but now I have an embroidery shop in the bazaar and can earn money in the embroidery business. I attended the ALEF vocational course and learned to fix sewing machines and do embroidery work. Now, I have a flourishing business here. Sometimes I have so much work that I have to hire people to share the work load with me. It's made a big difference in my life. Before I attended the ALEF Learning Circle I was not able to talk confidently, I would get nervous, but now I can talk confidently in front of many people."

-Participant in ALEF Vocational Course and Learning Circle

ALEF conducted many learning circles in 2008 and plans to continue to make the learning circle approach a common method of learning among adults. It successfully conducted two vocational courses in a learning circle format where twenty learners were taught embroidery skills and given a chance to discuss initial needs for starting a small business. The evaluation done at the end of courses indicated that more than 90% of the learners used the skill for earning a living. ALEF also conducted two learning circles in other vocational courses in the community. Learning materials were translated that introduced ideas for effective adult learning and can be used for training teachers in the future. In 2009, ALEF plans to start vocational courses in refrigeration and mobile phone repair which are both considered necessary skills in the market. It will also offer basic computer training for adult educators, utilizing effective participatory learning concepts. During the coming year, ALEF will also start working in Badakhshan Province. ALEF is grateful for the support of INTERACT during 2008.



# Mazar-i-Sharif

Excitement peaks every year in Mazar-i-Sharif, often referred to simply as Mazar, as thousands gather to celebrate the Islamic New Year. The famous Shrine of Ali is both the center of the New Year celebrations and the center point of what many call an overgrown village. Although in recent years refugees have poured into Mazar by the hundreds of thousands, the city retains its small town feel. A scan of the streets of



Mazar reveals a wide mix of ethnicities and social standings, a crazy mix of the modern land cruisers and donkey drawn carts, and a refreshing view of young girls and boys heading to and from school. The varied and impressive roundabouts with wide cement streets lead into a myriad of weaving, deeply rutted, mud packed alleys banked by high mud walls.

Work Started in	1994
Population (city)	1,000,000
People Groups	Uzbeks, Tajiks, Pashtuns, Turkmens, Hazaras
Languages	Dari, Pashtu
Elevation	1,280 meters
Climate	Summers: Dry, Hot, Up to 50° C Winters: Vary From Rain to Snow

The people of Mazar enjoy the diversity of their culture. For the most part, women still prefer to wear the chadari, but this in no way reflects the freedom they have to maintain their very active social lives. Most streets are still lined with traditional mud brick houses, but as modern trends

begin to seep in and the economy improves, large modern cement houses peek out above their neighbors. Mazar enjoys relative peace and security but many pictures of the Northern Alliance hero, Massoud, still dominate the town, reminding everyone that, sadly, conflict has and still is a very real part of peoples' lives. Despite this reality the local people are resilient, warm, and welcoming. Their severe, deeply lined, wild faces surprise the visitor as they quickly melt into wide, generous, embracing smiles.

## Mazar Ophthalmic Center

The Mazar Ophthalmic Center (MOC) is a forty-bed eye hospital located in Mazar-i-Sharif. The facility not only serves Balkh province but acts as a referral center for all of northern Afghanistan. In the past year, MOC has increased its working hours in order to



## MOC Facts at a Glance

31,380 Patients  
 3,201 Surgeries Performed  
 4,043 Refractions Performed  
 3,313 Eyeglasses Distributed  
 42,797 Eye Drops Produced

provide better services to its beneficiaries. It offers same day surgery to help decrease costs for those who must travel to MOC from outside the city.

During 2008, MOC worked to improve the quality of services it currently offers. It continued training NOOR ophthalmologists. A doctor was sent to India for training and two female doctors were trained in refraction. MOC also increased the range of frames and lenses in the refraction department. It can now provide plastic lenses for children, which are lighter and safer than glass. MOC would like to thank CBM, Swiss Solidarie, and Standard Chartered Bank Kabul for their financial support in 2008.



## English as a Foreign Language

The purpose of the English as a Foreign Language (EFL) project is to “to teach English in order to help facilitate Afghanistan’s participation in international-level communication, relationships, education, commerce, and holistic development.” It is designed to assist Afghan men and women with the English skills necessary for their professional and personal development. Increasing the capacity of English in Afghanistan is a vital

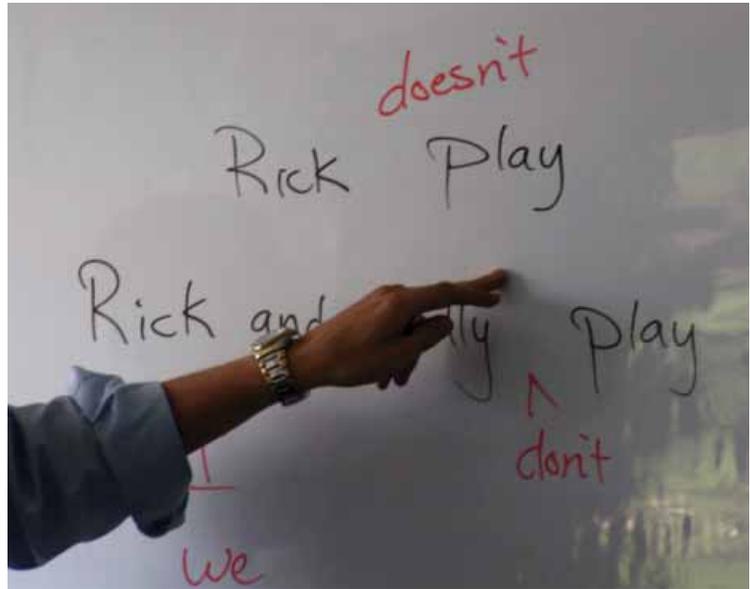


foundation for the rebuilding of this country that is slowly getting back on its feet. Without English language skills, progress is greatly hindered and the nation will continue to be more internationally isolated. Its citizens know how important it is to communicate with foreign governments, non-governmental organizations, and aid agencies in order to get the help they need. Afghans also need to be able to communicate in

One of the female Silk Road English Center graduates is studying business in Goa, India. A number of former students have travelled to other countries for training programs and have returned to assist the people of their country. One of these students, an orthopedic doctor, said he was sad that before EFL offered a TOEFL preparation course, there was no opportunity in northern Afghanistan for students to study higher levels of English so they could take advantage of opportunities to study abroad.

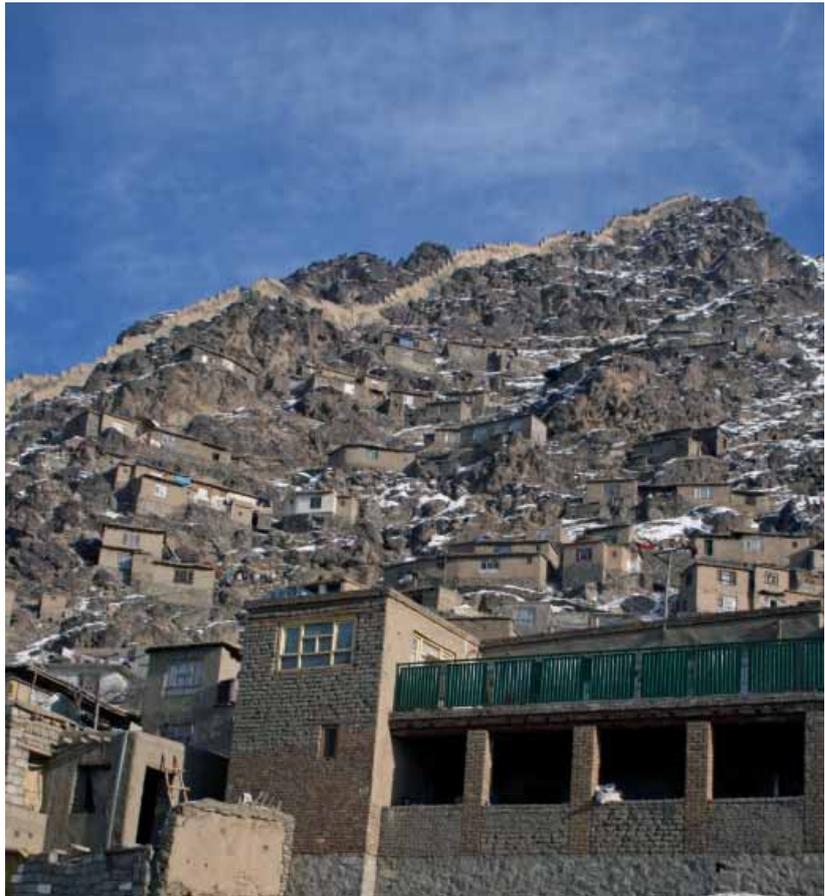
English in order for them to reach an international level in education, communications, and business. Furthermore, the universities in Afghanistan are now changing over to using English as the language of instruction.

The EFL project recently changed its name to Silk Road English Center in order to make it more user-friendly. In 2008, classes were held in three cities in Afghanistan: Kabul, Mazar-i-Sharif, and Maimana. However, during 2008, the EFL projects in Kabul and Maimana closed due to lack of funding and personnel. At the end of the year, only Mazar had a full-fledged Silk Road English Center, but two former EFL teachers continued some part-time teaching in Kabul. In all three locations, regular curriculum-based English classes gave students the opportunity to develop their English language skills. Silk Road English Centers also offered specialized courses known as English for Specific Purposes. These classes focused on developing professional English skills for the workplace and for further education. They included English for Medical Professions and English for Academic Purposes in preparation for the TOEFL (Test of English as a Foreign Language) and/or IELTS (International English Language Testing System). A class for women only and a conversation class on virtues are examples of other specialized capacity building in which EFL was able to participate. Over 300 students attended Silk Road English Center courses during this year. More than 20% of these students were in specialized English classes pursuing further education and professional development. EFL would like to thank TEAM and the F.K. Morrow Foundation of Canada for their financial support.



# Kabul

Kabul is both the capital and largest city of Afghanistan. As a modern city, it is an economic and cultural center. It is situated in a narrow valley, wedged between the Hindu Kush Mountains along the Kabul River. Summers, which run from June to September, are moderate and dry. Winters are harsh and snowy, lasting from December to March.



IAM's Headquarters are based in Kabul as the headquarters for the National Organization for Ophthalmic Rehabilitation (NOOR), IAM's largest project. NOOR assists with specialized eye care training, provides eye care services, and supports eye care facilities in Kabul and in other regions of the country.

Also based in Kabul is the Renewable Energy Sources in Afghanistan Project, which works in multiple provinces to create local community-supported renewable energy sources. In 2008, Kabul's English as a Foreign Language project, the Silk Road English Center, was closed. However, some of the staff continued to teach English part-time. Other IAM projects in Kabul include the Physiotherapy Institute and Business Development Services.

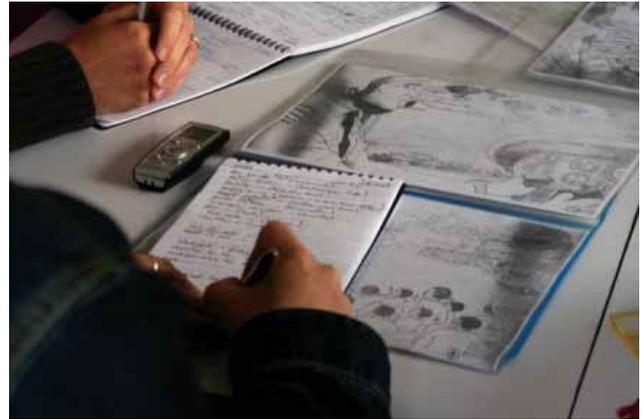
Work started in	1966
Population (city)	4 to 5 million
People Groups	Pashtuns, Hazaras, Tajiks
Languages	Pashtu, Dari
Elevation	1722 meters
Climate	Dry climate Summers: 35-40°C Winters: -15 to +5°C

## IAM Headquarters

IAM Headquarters has many personnel and departments that support the work throughout Afghanistan, including Program Support Directors, the Donor Relations Officer, the Media and Public Relations Officer, the Information and Communication

Technology Department, and the Finance Department. Other administrative staff members assist IAM projects by playing a crucial role in negotiating protocols, preparing reports for the government, and ensuring that IAM works under properly negotiated agreements. They also work with government departments to get work permits and visas for expatriate team members. The Logistics Office coordinates land and air transportation for team members and Afghan employees and handles mailings, packages, and shipments, some of which involve resolving complex customs and government ministry issues.

The Personnel Department assists IAM projects by inviting, selecting, and assigning volunteer workers. The Department also supports those workers by overseeing Personnel Learning and Development, Member Care, and the Language and Orientation Program and by serving as the liaison for the Education Program for IAM Children. Personnel Learning and Development provides team members and Afghan colleagues with opportunities to grow, equipping them to better serve the people of Afghanistan. The Member Care team visits team members in each of the regions and offers valuable counsel to those facing struggles with cultural adjustment, interpersonal relationships, family difficulties, and other challenges. They help team members focus on God as they work through issues and seek His guidance. In order to develop fluency in local languages, the Language and Orientation Program (LOP) provides a 5.5 month Dari or Pashto Language Course. By engaging in the "Growing Participant Approach" to language learning, students enjoy a learning experience that rewards them with the ability to begin to communicate with local friends and colleagues in their heart language. All of the regional locations offer continual language learning in the local languages, which include Dari, Pashto, Uzbeki, and Hazaragi. Many of the regions also offer education for IAM children and children of other non-governmental organization workers through the Education Program for IAM Children (EPIC). These children enjoy the rich experience of international community life with their peers in the context of Afghan culture.



### **National Organization for Ophthalmic Rehabilitation**

IAM's National Organization for Ophthalmic Rehabilitation (NOOR) has been providing eye care to the people of Afghanistan since 1966 and provides the majority of eye care in the country. The program is involved in all levels of eye care and includes a strong training component. In 2008, the program saw 311,214 beneficiaries, performed 14,221 surgeries, trained 11 residents, produced 417,637 bottles of medicine, and manufactured 26,426 pairs of eye glasses. Although cost recovery has been an important step in achieving sustainability, NOOR has maintained a clear focus on providing eye care to all who need it, regardless of their ability to pay.



NOOR is based in Kabul and from there provides logistical and administrative support to various IAM and Government eye care projects and facilities while overseeing NOOR's optical and pharmaceutical production in Kabul. The Optical Workshop provides services for the entire program

as well as for optical shops around the country. This is the only facility in Afghanistan able to handle complicated prescriptions. The Pharmaceutical Workshop produced 264,954 bottles of medicine for various eye care facilities around the country.

In addition to Kabul, NOOR also works in Herat (HOC page 5), Mazar (MOC page 18), and Kandahar (KNEH page 16). In the coming year NOOR's goals are to:

- increase the availability of primary, secondary, and tertiary eye care throughout all regions of Afghanistan
- provide affordable, high quality ophthalmic medications and eyeglasses for IAM and other eye care providers
- train ophthalmic care providers at all levels
- reach a higher level of technical and financial sustainability
- support the goals of the Vision 20/20 initiative

IAM NOOR is grateful for the support given by CBM, Dark & Light, Charis International, Cargill International SA Geneva, the Canton of Geneva, Interserve USA, Mary Knoll, and FLM. We are also thankful for the many private donors who have supported the program in the past year.

### University Eye Hospital

The University Eye Hospital (UEH) is a forty-bed referral eye hospital run by IAM in cooperation with the Ministry of Higher Education. It provides secondary and tertiary care and serves as one of the major referral centers for the entire country. In addition to its clinical work, it is also one of the main training hospitals for eye doctors in Afghanistan. A three-year residency program allows doctors from around the country to become ophthalmologists. Five doctors were under systematic training in 2008 as part of the UEH residency program. Also, the UEH-administered Doctor of Ophthalmology exam is recognized by the Government of Afghanistan as an official qualification exam.

### Kabul NOOR Eye Hospital

The Kabul NOOR Eye Hospital is an eighty-bed eye hospital that was run by IAM on behalf of the Ministry of Public Health (MoPH). It is the MoPH's main eye hospital in the country. The responsibility for this facility was handed back to the government at the end of 2008. This transition went very smoothly and the facility is now fully responsible for its own



#### NOOR Kabul Facts at a Glance

##### **University Eye Hospital:**

-44,087 Patients

-4,260 Surgeries Performed

##### **Kabul NOOR Eye Hospital:**

-90,551 Patients

-3,254 Surgeries Performed

##### **Provincial Ophthalmic Care:**

-75,462 Beneficiaries

-34,249 School Children Screened



management. IAM continues to provide logistical and technical assistance and IAM staff remain available for consultation as requested.

### **Provincial Ophthalmic Care**

The Provincial Ophthalmic Care (POC) project provides primary eye care to areas that do not have access to eye care facilities. Five days a week, teams of ophthalmic technicians were sent out to five different areas in Kabul Province to

hold one-day, non-surgical clinics. In addition, a school screening project was implemented. An outpatient examination clinic continued in Charikar, a heavily populated area north of Kabul. POC established a day clinic in the IAM-run hospital in Lal-wa-Sarjantal in the central highlands of the country. POC provided logistical support to Community Eye Hospitals founded by IAM NOOR in Ghazni and Khost. These facilities are financially independent but work in cooperation with IAM. Three eye camps run by the MoPH and the World Health Organization were supported by the POC project. Surgical eye camps performed 167 surgeries in Bamyan and Lal. POC also cooperated with the MoPH to design a new ophthalmic technician training curriculum. In the future, POC will continue to focus on establishing sustainable eye care facilities in areas that have little or no eye care available.



### **Physiotherapy Institute**

The Physiotherapy Institute (PTI) works to develop and improve the physical rehabilitation services of Afghanistan by training quality physiotherapists and physiotherapy teachers, providing physiotherapy materials, and advocating for physiotherapy. While PTI does have an outpatient clinic that offers physiotherapy treatment, it primarily focuses on training and raising awareness.

#### **PTI Facts at a Glance**

- 18 Students Started the New 3-year Course in May 2008
- 17 Teachers & Clinical Supervisors Completed the Two Year PT Program in Kabul
- 135 Post-Graduate Physiotherapists Completed 8 Continuing Education Courses
- 706 Patients Received Physiotherapy Treatment in the Outpatient Clinic
- 51 Medical Students Received Training Regarding Physiotherapy & Disability
- 250 Psychology Textbooks Printed in Dari
- 300 Orthopedic Physiotherapy Textbooks Printed in Pashto
- Kinesiology & Biomechanics Books Translated & 200 Copies Printed

A 42-year-old teacher from Kabul came to PTI after three months of suffering from pain in her back and right leg. She could not walk properly and needed a stick for support. She had tried medication, but it was not helping. She was afraid that, although she loved her job, she would no longer be able to work due to the pain. One of the physiotherapists examined her and found the problem. After two weeks of physiotherapy, the woman could walk pain-free without a stick. She learned how to prevent further back injuries and was taught some exercises to do at home. She was able to continue to work and is grateful for the difference PTI has made in her life.

In 2008, PTI implemented its new three-year physiotherapy curriculum. PTI also offered continuing education courses for physiotherapists on various topics, including pain, community based rehabilitation, pelvic floor problems, and rheumatology. These courses were offered in Kabul and/or Mazar-i-Sharif and participants from five regions of Afghanistan attended them. PTI concluded its two-year upgrading courses for physiotherapy teachers and all seventeen participants passed their examinations. They will be a valuable support to the institute and to the future of physiotherapy in Afghanistan. PTI continued to print necessary textbooks for its classes and other physiotherapy literature in Dari and Pashto. In early 2008, PTI set up an Advisory Board as part of the process of becoming independent from IAM. In May, PTI co-hosted a seminar to raise awareness about disability and physiotherapy for the staff of one of the major hospitals in Kabul. PTI would like to thank MCCN and FLM for their support during 2008.

### Business Development Services

Business Development Services (BDS) targets low income families living in poorer areas of Kabul. There are four experienced, qualified female teachers who provide very basic business skill training to women in a "hands-on" way. They also offer adult Dari literacy training to the women. Literacy not only gives women the ability to read and write it also gives them the self esteem to interact with the society they live in, expands their understanding of the world around them and enables them to explore new opportunities with confidence. Students not only have in-class training but are also brought to the bazaar and, through coaching, mentoring, encouraging, supporting, and practical guidance, the teachers help them find markets for their products.



### BDS Facts at a Glance

- 200 Female Students in 8 Classes Learned to Read & Write While Learning Basic Business Skills
- 50 Low Income Ladies Given Practical Support, Assistance, & Advice for Business Development
- 92 Afghan Students from Various Organizations Participated in Short Training Workshops on Business Related Issues
- 2 "Developing as a Teacher/Trainer" Courses Provided for IAM Afghan & International Teachers

One student was earning 50Afs (about US \$1) a day making handmade carpets. She wanted to find a market for her tailored products. With her teachers, she went to the local shops and they approached several shopkeepers. Eventually one of them said that he had many customers wanting to buy dresses with mirror embroidery, a type of embroidery using tiny mirrors set in the design, but was short of them in his shop. They agreed that she would make a sample dress and bring it back a few days later. She made two dresses and, when the shopkeeper saw them, he was so pleased with the quality and design that he bought them both for 350Afs each and ordered another ten. She calculated that, after the cost of supplies, she had made 260Afs for three days of work which is nearly 87Afs (about US \$1.75) a day. Her daily wage increased by about 75%.

One important achievement of BDS in 2008 was further development of training materials. BDS initially developed and translated a simple basic business skills course which covers marketing, understanding competitors, quality assurance, product development, pricing, and other business skills in a simple way. The curriculum has now been used to develop simple "picture books" which use illustrations and simple sentences to help convey business concepts through stories. Ladies who are just learning to read can use these books during their literacy classes to develop their reading skills while gaining further understanding of business related material. BDS is grateful for the support of BMS World Dev.



### Renewable Energy Sources in Afghanistan Project

The Renewable Energy Sources in Afghanistan Project (RESAP), which is based in Kabul and has a secondary base in Badakhshan, has completed projects in many regions of Afghanistan. It seeks to use Afghan made technology to provide electricity for rural regions and to build up a local renewable energy industry throughout the country using technology that is appropriate for Afghanistan. RESAP also teaches Afghans about energy technologies. It starts local workshops and encourages community participation in energy projects.



#### RESAP Facts at a Glance

- 16 Total Micro-Hydro Plants Implemented
- 2 New Wind Turbine Models Completed & Tested
- 2 Wind Power Projects Installed
- 1 Micro-Hydro Technician Trained & Started his own Workshop in Chagcharan/Ghor
- 2 Wind Power Technicians Continued Training in Kabul
- 3 Micro-Hydro Installers & 3 Local Workshops in Badakhshan

In October 2008 two RESAP staff started work on the last three of eight micro-hydro projects in the very remote Chaharsada district of Ghor Province. After completing the projects they drove back to Chagcharan, the province center, and a grandfather from one of the villages that now had electricity went with them. He wanted to buy some more cables from the bazaar. On the way they were talking and the RESAP staff asked the man, "In your long life what was the best experience you had?" After reflecting for a moment he answered, "It was yesterday when electricity came to our village for the first time."



In 2008, RESAP continued its micro-hydro work in the provinces of Badakhshan and Ghor. RESAP also focused on developing and testing viable wind turbine models as a source of renewable energy. The first installations of wind turbines were made in remote places. In the future, RESAP hopes to collaborate with community development projects (CDPs). RESAP is looking to start a more integral approach to development work with IAM's CDP in Faryab Province. RESAP would like to thank Irish Aid, ICRU Iceland, ICCO Holland, DMG, Operation Agri, IOM, and Tearfund Switzerland for their financial support.

### English as a Foreign Language

For information on the English as a Foreign Language project/Silk Road English Center and its work in Kabul and other regions see page 19.

## Individual Service Assignments

IAM also seconds professionals to strategic roles in Government Institutions, and sometimes to the private and non-governmental organization sector, when they conduct valuable training in areas not directly addressed by IAM projects. In 2008, IAM had professionals in Individual Service Assignments (ISA's) in the following positions:

- A chemist with the Central Drug Control Laboratory, Ministry of Public Health
- A physician and surgeon with the Wazir Akbar Khan Hospital
- A Nursing Director with CURE Hospital
- Two nurses with the Nursing School of Balkh Civilian Hospital
- A social worker specializing in HIV/AIDS

All ISA's develop the capabilities of Afghans in their respective fields.

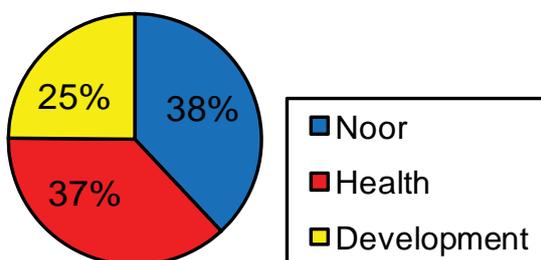
An ISA nurse helped treat a four year old boy suffering burns who was brought to hospital by his widowed mother. One of his legs was amputated below the knee, and part of his other foot was removed. This not only provided a good learning opportunity for the student nurses, but the mother also learned how to dress the wounds and passed these skills on to her friends.

## Program Expenses by Sector and Region: (Expenses During 2008\*)

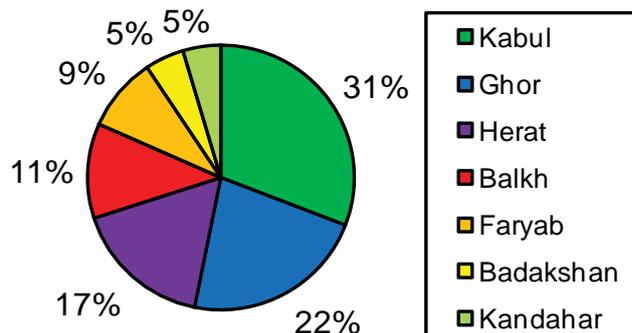
TYPE: D- Development H - Health N - NOOR

	TYPE	TOTAL FINANCIAL	EXPATRIATE INPUT
<b>BADAKHSHAN PROVINCE</b>			
Language Survey	D	\$4,992	\$80,000
RESAP	D	\$161,714	\$40,000
<b>BALKH PROVINCE</b>			
EFL	D	\$14,950	\$198,333
Medical Consultancy	H	\$0	\$6,667
MOC	N	\$416,833	\$63,333
<b>FARYAB PROVINCE</b>			
CDP	D	\$234,631	\$100,000
OWPC	H	\$94,942	\$116,666
<b>GHOR PROVINCE</b>			
HCHP	H	\$887,668	\$459,999
<b>HERAT PROVINCE</b>			
CDP	D	\$91,488	\$96,667
PMHP	H	\$295,061	\$110,000
HOC	N	\$404,873	\$20,000
<b>KABUL PROVINCE</b>			
BDS	D	\$35,695	\$40,000
RESAP	D	\$356,619	\$116,667
Medical Consultancy	H	\$8,968	\$176,667
PTI	H	\$82,993	\$0
University Eye Hospital & Core	N	\$829,048	\$280,000
POC	N	\$80,365	\$10,000
<b>KANDAHAR PROVINCE</b>			
ALEF	D	\$47,729	\$35,000
KNEH	N	\$177,994	\$16,667
<b>TOTALS</b>		<b>\$4,226,563</b>	<b>\$1,966,666</b>

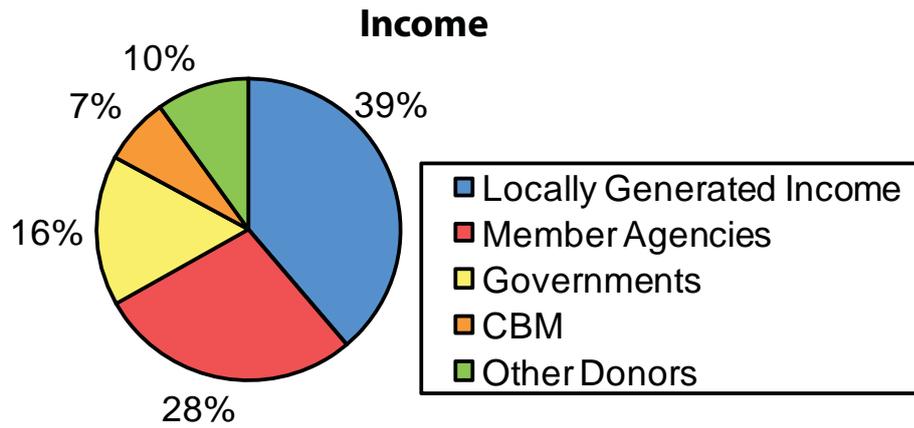
**Expenditure by Sector**



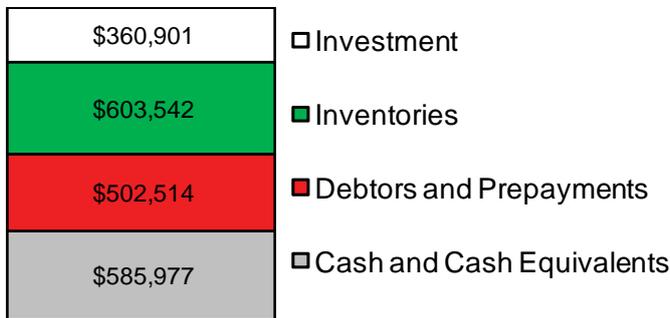
**Expenditure by Region**



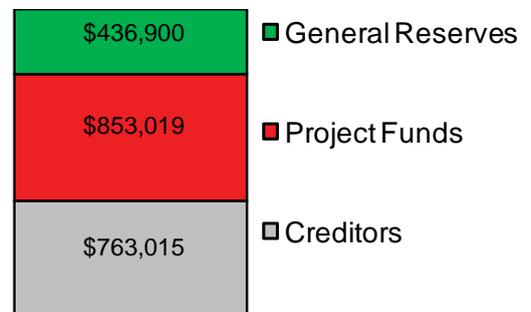
**Program Income:  
(Sources of IAM Income for 2008\*)**



**Assets: \$2,052,934**



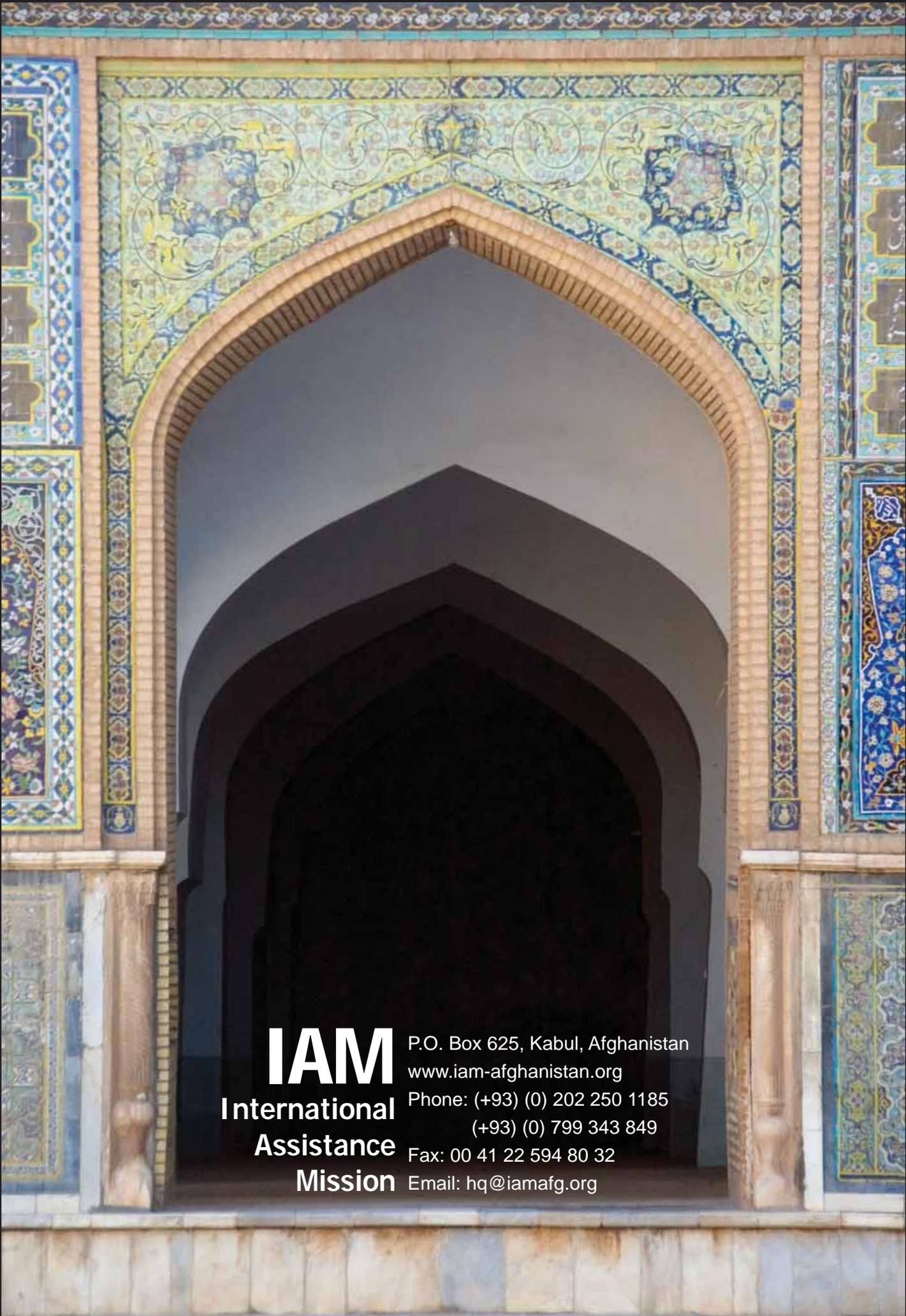
**Liabilities & Reserves: \$2,052,934**



\*Extracted from audited accounts.

To donate to IAM please go to <http://www.iam-afghanistan.org/what-you-can-do>





**IAM**  
**International**  
**Assistance**  
**Mission**

P.O. Box 625, Kabul, Afghanistan

[www.iam-afghanistan.org](http://www.iam-afghanistan.org)

Phone: (+93) (0) 202 250 1185

(+93) (0) 799 343 849

Fax: 00 41 22 594 80 32

Email: [hq@iamafg.org](mailto:hq@iamafg.org)