International Assistance Mission
Annual Report 2006

The International Assistance Mission is a n 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.

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Where we work:

2006 Projects at a glance:

City	Projects
Kabul	Eye Care, Microfinance, Renewable Energy, Hygiene Education Water & Sanitation, Professional Training, Physiotherapy
Mazar-e-Sharif	Community Development, Mother & Child Health, Medical Doctor Training, Eye Care
Maimana	Physiotherapy, Community Development
Herat	Eye Care, Community Development, Primary Mental Health
Lalwa-Sarjangal	Community Health, Community Development
Kandahar	Eye Care, Scandinavian Folk High School (both opening in 2007, but preparation begun in 2006)
Ghazni	Eye Care

A Message from the Executive Director

Dear Partners and Supporters of IAM,

The International Assistance Mission (IAM) has embarked on its 42nd consecutive year of assistance to the Afghan people. If there is one thing that characterizes IAM's work, it is a desire and willingness to serve the Afghan people in varied circumstances. Afghanistan has experienced numerous changes in forty one years and so has IAM. It is a honour for the IAM to partner with the Afghan people for the development of their country.

When considering the broader developments in Afghanistan, I see complexity and some issue of concern. The complexity shows itself in how different countries and groups in Afghanistan seem to be competing for influence and control. The concerns are both in the area of security and in the obvious difficulties in progressing reforms in the society. The IAM is a non-political international organization, and is neutral in terms of not representing any particular country. This neutrality is demonstrated in IAM being registered in Switzerland and Afghanistan. With the perceived complexities and concerns, IAM remains committed to assist the Afghan people through long-term assistance projects.

IAM operating principles

All IAM expatriate workers serve as volunteers. They are professionals, who serve and share from their professional experience and competence. All IAM projects aim at building the capabilities of the Afghan people. No IAM program and project funds are used to cover personal expenses of expatriate professionals, but instead the voluntary contribution of IAM expatriate professionals constitutes an estimated $ 5 million gift to the Afghan people every year. The IAM expatriate workers come from 16 different countries. IAM is an international association of Christian organizations, and is currently comprised of 31 Member Agencies.

Programming highlights

- IAM has been involved in primary mental health work since 1995. This work has gradually grown and expanded and in 2006 a mental health clinic and training facility was built in Herat. The project trains Afghan professionals and lay people in taking on responsibility of mental health work for their own people and communities.
- Comprehensive Eye Care is IAM's biggest program. In 2006 the 5 eye hospitals and 3 eye clinics, all of which have been started by the IAM, treated 271,000 patients and performed over 15,000 surgeries, an estimated 14,000 of which were sight saving surgeries. I am very grateful to the extremely hard working Afghan and expatriate colleagues who have been able to increase the program output every year for the past 10 years!

- IAM has also a new eye care center in Kandahar. We have appreciated the partnership with local charity organization. We expect the eye clinic to be expanded into an eye hospital and serve a very large population in this important southern population center.
- IAM Micro Enterprise Development project in Kabul continues to have very high loan return rates and this project gives a strong input to improve livelihoods of thousands of people.
- The Hygiene, Education, Water and Sanitation (HEWS) project of IAM, which has worked in Kapisa Province, has been commended by the Ministry of Rural Rehabilitation and Development (MRRD) for the low cost and excellent quality latrines and hygiene education.

Impact of IAM's assistance work

What are the results of the work we are doing? What is the impact? How is the impact being measured? This paragraph summarizes some of the impact IAM's work has for the benefit of the Afghan people.

- Through the 14,000 sight saving operations of the IAM Eye Care Program, the annual return to Afghanistan in terms of the GDP per capita figures is $ 3,9 million, which is twice the amount of budget expenditure through donations.
- The skills, competencies and understanding in mental health issues impact more than 2,500 direct beneficiaries a year and in addition to that tens of Afghan medical personnel learn skills in assisting individuals and families, which suffer from the impact of mental health problems. These competencies and practical skills stay with the Afghan people and are likely to multiply through day to day conversations and formal teaching programs.
- Some estimate that the unemployment in Afghanistan could be as high as 40 % of the work force; the IAM Micro Enterprise Development project creates jobs and helps small business to grow through their small loans schemes. Thousands of jobs can be secured or more jobs created through this project and therefore, at least 2,500 – 3,000 livelihoods have been improved.
- Community Development projects partner with and assist rural communities to create a sustainable and stronger future. We have seen that for example literacy courses introduced to communities, has sparked off other communities wanting to learn to read and write. Similarly, the basic health of women and children in particular, are being improved.
- The IAM English as a Foreign Language project keeps on equipping professionals in their working life and students in higher level of English, thus strengthening their opportunities to learn more and find even better employment.

NGOs and governance

A lot has been said and written about poor NGO performance or ineffective use of funds. Some of the comments may be grounded in reality – some may not. In order to improve the quality of NGO assistance efforts, I would like to focus our attention on the concept of organizational governance. Good governance means in simple terms that there is good quality oversight of the organization by a governaning body. In other words, that the leadership of the organization is accountable by a governing body, which is comprised of qualified governing board members.

<u>Governance has 4 main components:</u>

- Review audited finance reports (so called fiduciary responsibility)
- Set broad organizational strategy
- Set broad organizational policy
- Select the executive officer (director) of the organization and carry our performance appraisal of the person

One of the most essential tasks of governance is to ensure that the organization's finances are scrutinized by an independent and qualified auditing company. If this is done, many of the potential systemic and organizational dysfunctions or unaccountability factors are detected.

I can assure the IAM Donors and the Afghan Government that IAM has a well functioning Board, comprised of its Member Agencies and that IAM financial statements are audited every year by an independent Auditing Company. IAM does this to ensure constant quality of its work, to improve its effectiveness and to ensure, that all funds intended for the Afghan people are actually used as intended – to assist the Afghan people.

Concluding remarks

The IAM remains committed to assist the Afghan people – by God's grace. I say "by God's grace", because ultimately all resources: the qualified expatriate personnel, the qualified Afghan co-workers, funding and sufficient security in the working environment are God's provision. We are people of the Book and continue to pray that God would make it possible for us to continue to assist the Afghan people.

I would like to express my sincere thanks to all Government Ministries of the Islamic Republic of Afghanistan (IRA), and the Regional Authorities, who have supported the IAM work and who have facilitated the implementation of IAM's assistance work. In addition, I would like to express IAM's good and prayerful wishes to his Excellency, Hamid Karzai, the President of the IRA, in his efforts to lead the process of nation building, peace and national reconciliation building and governmental reforms. The IAM entrusts the nation of Afghanistan to the Almighty God in our prayers and assistance efforts.

Sincerely,

Harri Lammi, IAM Executive Director

commitment

War and conflict have had a devastating effect on much of Afghanistan. In order to understand the complex challenges facing the Afghan people, however, it is important to adopt a broader framework about the prevalent human development issues. Although the IAM has traditionally emphasized public health concerns in its program priorities, the organization has a broad vision, encompassing areas such as community development and English language training. We believe that supporting the Afghan people in building their nation will require a long-term commitment in diverse fields.

In post-war, post-devastation Afghanistan, the IAM recognizes that existential threats for the Afghan people are enourmous. Development concerns such as water and sanitation, lack of access to medical care, drought, and the refusal of human rights are among the greatest threats to the Afghan people. We believe it will require years of commitment and perseverance on our part for these changes to become manifest. In some ways, commitment can be measured from this point forward. Sources of easy funding are dwindling, international attention is shifting, and many NGOs have begun downsizing their programs. In the midst of these challenges, the IAM has renewed its commitment to the Afghan people as they continue the enormous task of rebuilding their homeland.

While the IAM can do little to directly influence stability, we can empower Afghan leaders by teaching them English, enabling them to enroll in higher education. We can save the lives of children by training community health workers in sanitation and hygiene. And we can strengthen families and economies by helping people who have disabilities, such as blindness or physical handicaps, to gain the tools they need to reintegrate into society. In the end, the IAM believes that addressing the causes of poverty and ensuring basic healthcare, is an important component of lasting peace. It is with this in mind that we reflect on 2006, and look forward to a continued partnership with the Afghan people and their government in 2007.

As a signatory of the ICRC code of conduct, the IAM is committed to distributing aid and health care to people in need regardless of their religion, ethnicity, gender, or ability to pay.

Our Projects

community development

The **Community Development Projects (CDP)** work with selected communities to increase their capacity to meet their own basic needs, to encourage their continued development using their own resources, and to improve their individual and communal lives in a just and sustainable manner. IAM community development facilitators work closely with local people to plan and implement projects which they value and that benefit them.
In 2006, the IAM had four different community development programs which operated from different parts of the country. Since the programs aim at providing individualistic programs to the local culture and community, no two CDP programs ever look the same. In a country with enormous developmental challenges however, many communities identify similar needs such as literacy, basic education, and sanitation. (Please see chart for details).

Maimana

This CDP program has had its first year of operation, as work commenced in May 2006. IAM is the only NGO currently doing long-term CDP in Maimana, and the project is off to a great start. CDP projects begin with surveys and staff training so that Afghan nationals are able to complete much of the work themselves. Thus, 2006 in Maimana included much capacity building and groundwork.
The greatest challenge faced by the CDP in Maimana is a drought which led to 70%-90% crop failures in the Faryab province. There was also an opportunity for the program to provide subsidized mosquito nets and conduct agricultural training. As the international staff will grow in 2007, the expansion of CDP will be possible because of the site surveys, mapping, and staff training completed this past year, and the deepening relationships of trust and understanding between IAM and the local communities.

Mazar-e-Sharif

Because IAM continues to aim at moving to underserved areas, this was the last year of operation for CDP Mazar-e-Sharif. The staff felt that the regions surrounding the city were being served by other organizations and thus decided to close the project, while shifting their focus to strengthen the new projects in Maimana and the Hazarajat.
While this year was focused partly on making a smooth transition out of the project, the program was still able to provide some much-needed services. The project enrolled 326 men and women in literacy courses, provided Veterinary Workers Courses, dug 10 wells, and provided micro credit loans to 469 people.
Great care was taken to ensure that the national employees were trained so that they could find employment with other organizations around Mazar-e-Sharif after the discontinuation of CDP.

Herat

In 2006, the communities around Herat identified literacy and basic education as one of their greatest needs. CDP Herat directly benefited 1,400 families in 7 villages, helped provide literacy, health and social education courses. Women were enrolled in cooking courses aimed at helping women find economically feasible ways of integrating vegetables and nutritious foods into their diet. After 12 years of service to communities near Herat, the CDP has decided to move its operations to a more needy area further from Heart center. This is the second to the last year in its present location and the project will relocate to an area near the border to Tajikistan called Khusk District of Herat province. With the upcoming move, much preparation also needed to make to ensure CDP chose an area that was in great need of help. After surveying 4 districts, an appropriate area was found, and CDP Herat looks forward to continuing its work in the new district beginning in 2008.

Hazarajat

Community development aspects have always been central to IAM's work in the Hazarajat. The combination of health and community development theories has lead to a natural integration of CDP elements in the health-focused Hazarajat project. As the project in Lal grows, the IAM has identified an opportunity to form a separate CDP team that will compliment the efforts of the community health trainers. In 2008, a separate CDP will begin separately and deliberately alongside the primary health project there. The team in Lal will welcome a number of new international staff as it begins the project.

The Future:

As CDP seeks to expand its project and reach even more remote, underserved, areas, a number of provinces are being surveyed and researched.
Samangan province in the district of Dara e Suf is the site where the Rural Economic Development Program would like to move first. The district is 122 kilometers from the main road, and remains inaccessible by car during the winter and rainy months. Instead, donkeys and horses can be used to reach this part of the country. Initial surveys were conducted this year, the specific needs and capacity assessment are still to be completed. Daikundi is another province on the radar of the program, but detailed plans have yet to be fleshed out.

Facts at a Glance:

Herat	Men	Women	Children	Total
Families who benefited from CDP Herat				1400
Enrollment in Literacy courses	292	197	-	489
Enrollment in Health & Social Education Course	302	195	60	557
Participants in cooking course	-	155	-	155
Trees Planted	-			4200

Mazar-e-Sharif	Total
Enrollment in Literacy courses	380
Child to Child course enrollment	661
Livestock Vaccinated	12,197
Deep Wells Dug	10
Loans distributed to men & women	898

Maimana	Total
Mosquito nets distributed	193
Health Education provided to the women in two villages	
15 tons of wheat seeds were distributed to 150 farmers in 4 villages	

Lal
Please see HCHP section on pg.15

Hygiene Education, Water and Sanitation

Afghans are the second largest refugee and Internally Displaced Persons (IDP) group in the world.[1] A look at IDP studies discloses that water resource issues, rather than security concerns are the main reason people are unable or unwilling to return to their place of origin. In fact, some 46% say that is the biggest deterrent,[2] making water sanitation issues the number one reason for continual displacement in Afghanistan today. By teaching communities to improve their water resources, building latrines and promoting community health education with a focus on hygiene, **HEWS (Hygiene Education Water and Sanitation Program)** is working to make rural Afghanistan liveable for both its current inhabitants, and for those who long to return home.

"125 out of every 1,000 children die because of contaminated water and unhygienic situations where they live."

Although this program superficially resembles the community development (CD) model, a brief visit to one of the projects quickly reveals important differences. While a CD program relies on the community to identify its own needs, the HEWS program has a specific mandate, partially outlined by the Ministry of Rural Rehabilitation and Development. This does not mean that communities are sidelined; indeed, they play a crucial role in planning and implementing education and sanitation projects.

In Kapisa, a province outside of Kabul, HEWS is working to help villages meet these basic challenges. Because the women in this area are not often allowed to leave their homes, the project leader and village elder decided that a 'door to door' strategy would be best. Now community health workers move from home to home, meeting with women to teach them about the waterborne diseases that threaten both their own lives, and the lives of their children. In Afghanistan, "125 out of every 1,000 children die because of contaminated water and the unhygienic situations where they live."[3] That means more than one in ten children falls subject to avoidable death. With an average of 6.8 children born to each Afghan woman[4], almost 70% of households are affected by this directly. HEWS also has education programs targeting men in the communities. These are often held in public places like mosques and schools.

Facts at a Glance	
Families that received Health Education	3600
Wells Dug	50
Latrines Built	1730
Water Reservoirs built	1

The HEWS program recognizes specific health needs while retaining a firm belief that community based projects are both most sustainable and most responsible.
Although the lack of access to education and health care remain detrimental to many Afghan families, programs like HEWS will help to make rural Afghanistan a safe place for current residents and returning ones.

Projections:
In 2007, an Afghan national will take over the project, and a changes among the expatriate staff are expected. However HEWS looks forward to continuing its work in Kapisa Province until August 2008.

Direct Seeding

The direct seeding project which had been piloted by IAM came to a close in 2006. The project looked into methods of increasing cereal production and increasing the farmers ability to utilize rainfall rather than irrigation as an agricultural method.
In the last year of its protocol, the project planted 8.7 hectares of land in Kunduz province, and welcomed 450 visitors from NGO's government offices and the agricultural department of Kunduz.
After the harvest, the project work was evaluated and coined successful. A report was submitted to the agricultural department in Kunduz, and the project was closed after 6 years of experimental work.

Superflour

The Superflour project had the objective of privatizing completely in 2006. It was a year full of changes and transitions. Despite these adjustments, the project distributed 24,236 kg. of Superflour, and combined the distribution of the product with health education. The female staff working with the project received literacy courses, and great effort was made to ensure the employment of the workers as the project made the transition.
We are proud to report that as of 2007, Superflour is known as Zenda. The business men who have invested in this product hope to see the product available in local markets soon.

community health

After years of war and occupation, Afghanistan suffers many consequences of developmental neglect. It has one of the highest child-mortality rates in the world; in the Hazarajat, one out of four children dies before its fifth birthday, and every thirty minutes, an Afghan woman dies in childbirth.[5]
Nestled high up in the Hindu Kush, at 10,000ft. altitude, is a large village which serves as a center for approximately 100,000 people living in even more remote locations. During the winter months, Lalwa Sarjangal is only accessible by air (though even this can be difficult). It is here that the IAM's community health project aims at providing Afghans in the mountainous region of central Afghanistan's access to basic health care. **The Hazarajat Community Health project (HCHP)** incorporates a number of basic curative health services, while also initiating preventative programs and measures aimed at educating the local community about primary health issues. This project implements the Basic Package of Health Care Services policy of the Ministry of Public Health.

The Referral Center:

This building was supplied by the government of Afghanistan, and has continued to expand. Patients sometimes walk for days to reach the clinic, often bringing family members by donkey or even by foot. The clinic handles operations, complicated deliveries, and many other basic health needs.
While the long-term objective is to staff this hospital with Afghan national doctors, it has thus far been impossible to recruit anyone to work in this remote location. Women and men have been trained as assistant nurses and community health educators, but the professionally trained doctors, midwives and nurses are still foreign nationals. It continues to be an objective however, and the foreign staff currently working in Lal look forward to the day when they can work along side national physicians, and one day hand over the health project all together.

Village Work & Community Education:

In order to have preventative as well as curative function, the project has found an innovative way to combine health and community development theories into a strategy for educating the rural community about basic health. Local community health educators are trained at the center and sent out to rural areas to teach men and women about clean deliveries, treatment of simple illnesses and basic preventative health practices. The health educators use a committee model to initiate projects, which range from environmental and public health improvements, to planting gardens, and providing vaccinations for animals.

Basic Health Centers (BHC):

Since many patients come from a very long distance in order to obtain treatment at the clinic, small satellite clinics were started. These centers either treat patients, or refer them on to the hospital if they are in need of more extensive treatment. Another aim of the BHC's, is to provide ongoing support to the Community Health Workers. Because the BHC staff have a higher level of expertise, they are best able to decide whether the more complicated patients can be treated locally and who needs to be referred on to the Referral Centre.

Facts at a Glance:

Treatment	Number
Outpatients Seen	16,868
Outpatients treated	1,140
Children vaccinated	8,396
Pregnant women vaccinated	3,232
Deliveries	238
Surgeries	91
Lab Studies	590
Community health workers trained	250
People trained in veterinary care	32
People enrolled in literacy courses	1,271
Wells dug	7

eye care

The IAM eye care program is the longest running project in IAM, and constitutes by far the largest portion of our work. The **NOOR (National Organization for Opthalmic Rehabilitation)** program, administers over 80% of the eye care in all of Afghanistan. The NOOR clinics see over 271,000 patients annually, and have increased their patient load continuously for the past ten years. In 2006, the pharmacies produced 471,247 eye drops, hospitals distributed 22,202 pairs of glasses, and performed 14,504 sight saving surgeries.

Throughout its 42 year history, NOOR has continued to find innovative ways of working toward a model of sustainability for the program. Financially this includes charging a percentage of the cost for surgery, as well as providing high quality eye glasses and eye drops. Ideally, each aspect of the program will eventually become operationally self-sufficient, and thus able to run largely without outside influence. The proceeds made from charging for our services only cover slightly more than 40% of the operating cost, and all of the money is put back into the facilities. In order to ensure that every patient receives proper care, NOOR has a Poor Patients Fund, which means that no one is ever denied the services they need at an IAM-NOOR eye hospital because of a lack of finances. Though the economic situation in Afghanistan is still far from perfect, we feel that a cost recovery system is the only way to make eye care in Afghanistan sustainable.

Training Afghan Eye-Care Professionals

Since capacity building is central to NOOR's vision, a large emphasis has been placed both on training Afghan ophthalmologists, and other eye care professionals. We are also keen on providing opportunities for continuing education for Afghan eye doctors who are working outside the larger city centers.

In Kabul, Mazar-e-Sharif and Herat, a three year ophthalmic training program is open to select graduates of the medical faculty who would like to pursue a specialization in ophthalmology. In 2006, twelve ophthalmologists were in training around the country and five of them passed the Diploma of Ophthalmology exam. This is the highest number of doctors who have passed this exam in one year. Meanwhile seven ophthalmic technicians have completed two out of the three year training program in Kabul.

Continuing education for doctors working in NOOR clinics is also offered. The hope is that by building the capacity of local staff, the ophthalmologists in Afghanistan will be able to enter a global network of eye care professionals and take over the task of providing eye care for Afghanistan. By sending Afghan doctors to India or other locations for further specialized education, NOOR is investing in the local population so that dependency on foreign experts can be minimized.

Provincial Ophthalmic Care

Like most developing nations, Afghanistan has a large rural population. It is estimated that more than 70% of Afghans live in rural regions and their ability to obtain proper health care is difficult or even non-existent. Thus, a large portion of the population continues to lack access to sight-saving education and treatment. Having identified this problem, NOOR continues to develop its strategy for provincial ophthalmic care. In 2006, surgical eye camps were replaced by eye camps that focus on outpatient services and community education. We believe this will also strengthen the referral networks for the hospitals, and enable the quality of surgical procedures to remain high.

The Challenge

Despite NOOR's incredible effort to fight blindness through both preventative care and surgical correction, the need is overwhelming. In Afghanistan, it is estimated that annually one in 1,000 people goes blind from cataract.[6] That means, that approximately 30,000 people every year go blind from cataracts alone. Even though NOOR was able to perform 15,343 sight saving surgeries in 2006, the number of people who have not yet received necessary sight-saving surgery is almost 50%.

Hospital Facts at a Glance:

Hospital	Beds	Patients	Surgeries	Glasses	Eye Drops Prod.
Herat	40	50,349	2,195	6,505	104,533
Mazar-e-Sharif	40	33,049	2,704	3,177	48,973
Kabul	140*	118,350	8,162	7,771	317,741
Provincial Opthalmic Care	-	41,438	1,443	4,749	-

* Kabul has two hospitals University Eye Hospital which has 40 beds, and the MoPH Polyclinic which has 100 beds

Program Facts at a Glance:

Outpatients treated	277,012
Operations	15,343
Eye glasses dispensed	25,995
Eye drops produced	471,247

NOOR will be expanding its operations in 2007. Because staffing a hospital requires doctors to complete a three year training program, the prospect of opening a new facility takes time. After years of preparation, we look forward to the opening of Kandahar Eye Hospital in 2007. Further expansion will largely be determined by the availability of funding, but we hope to be able to continue to reach out into underserved areas to provide eye care services to those who need it most.

The security situation is also central to the ability of health care professionals to complete their work in Afghanistan. In 2006, the provincial eye care efforts felt the effects of deteriorating security in rural areas. We continue to pray that we may be ambassadors of peace, stability, and a loving help for the Afghan people, as we restore sight to individuals and give hope to their families.

individual service assignments

A unique way the IAM is able to put the expertise of its volunteers to use., is through **Individual Service Assignments (ISA's)** A few team members, who have training in an area not directly addressed by the IAM projects, are placed outside of the NGO sector, to provide valuable knowledge and skills to the government or private sector.

In 2006, there were six team members working in Independent Service Assignments. All of them currently work in the public health sector providing valuable expertise to local ministries, hospitals, or projects.

In Mazar-e-Sharif, two surgeons are dedicated to the national doctors, surgical residents, and medical students at the university. They work both at Mulques Hospital, and at Balkh Medical University, performing complicated surgeries, supporting local surgeons, and training medical students.

In Kabul, a nurse, a medical doctor, and a chemist work to support hospitals and the Ministry of Public Health. At Wazir Akhbar Khan Hospital, and IAM doctor serves as the chief of medical staff, where he works along side Afghan physicians to improve the quality of medical care at the hospital. At CURE hospital, an IAM nurse serves as the director of nursing, and supervises all nursing activities at the hospital. And at the Ministry of Public health, an IAM chemist works at the Quality Control Department. There she assists the government and its workers in the enormous task of performing quality control of drugs.

In 2006, a Midwife was also placed to work with the Norwegian Afghanistan Committee in Ghrazni. She supported the NAC's midwifery training program through continuing education courses, and field visits. Her assignment finished the end of 2006.

micro-enterprise

The average Afghan lives on less than one dollar per day. In fact, according to estimates, the GNP (Gross National Product) in Afghanistan is approximately $250 annually. [7] If Afghanistan is to become independent from foreign aid, then economic growth is essential. Thus, diversifying industry and investing in local urban capabilities is an important component of developing the Afghan economy. While brain drain continues to be common, and many skilled workers migrate to Pakistan, Iran or Gulf states to earn income, the IAM wants to invest in local skills and support small business owners and women in their efforts to do business in Afghanistan.

The IAM **micro-enterprise development project (MED)** has two components. The Micro-Finance section provides small business loans which help low-income men and women improve their family income through strengthening and developing the businesses they operate. The program targets Afghans who are part of the moderately, but economically active poor socio-economic class. By investing in local skills, IAM also empowers people who have been disabled or left behind by years of conflict and economic hardship. In 2006 a total of 1895 loans were dispersed and women, who have only recently been legally integrated into the economy, comprise over 50% of our loan portfolio. By charging fair, but manageable fees, the program prepares business owners for the 'no handout' oriented business world they seek to compete in. Revenue from the fees currently provide over 70% of the operational expenses for the Micro-Finance section. There are plans for this side of MED to separate from the IAM later in 2007 and become a fully independent, self-sufficient entity registered as a business with the Afghan government. This hopefully will ensure a continued role in the economic development of Afghanistan for many years to come.

The other section of MED will remain as a project of the IAM after separation has occurred. The Business Development Services (BDS), introduced in September 2005 initially focused on providing support for female clients. Illiterateracy and limited business awareness, women were found to have even greater disadvantages than their male counterparts. The BDS section began by offering women business skills capacity building activities, such as participating in local handicraft exhibitions, in order to increase and develop their business awareness. The result has been increased understanding of marketing techniques, product design, product development, pricing, presentation, and quality control. All of these are essential skills, needed to operate a successful business. In May 2006 the project introduced adult literacy classes as well. Now almost thirty female clients have successfully completed level two of the course and are continuing to study at level three. These courses are not only helpful in expanding their business ventures, but enables them to move forward with increased self- confidence.

physiotherapy & orthopedics

In Afghanistan, a disproportionate percentage of the population suffers from disabilities. Both the lack of informational infrastructure, and negative social stereotypes accompanying disability make reliable information difficult to obtain. But estimates are that at least 4 % of Afghans are subject to disabilities.[8] Among disabled people, the unemployment rate is 84%, and there is a lack of infrastructure or legislation to protect the rights of disabled persons, or support their social integration.[9]

Through its physiotherapy program, the IAM addresses needs of Afghans, by training national physiotherapists in its Physiotherapy Institute, providing expatriate input and expertise, and by supplying prosthetics and orthopedic appliances through its orthopedic workshop. The project is currently active in Kabul, where the physiotherapy institute is located, and in Maimana, where the orthopedic workshop and physiotherapy center act as the only treatment for disabilities in the province. In 2006, IAM physiotherapy professionals treated 2289 patients. Another 1600 technical aids were distributed, and 1390 technical appliances were made and distributed to individuals.

Physiotherapy Institute:

One of the chief objectives of this project, is to train and equip Afghan physiotherapists and physiotherapy teachers to serve their people and enter into the global network of physiotherapists seeking continuing education. The program was begun as a joint project of the IAM, and the Institute of Health Sciences (the allied health training branch of the Ministry of Public Health). Currently, the **Physiotherapy institute (PTI)** offers a two-year physiotherapy training program, as well as providing treatment in the physiotherapy clinic attached to the institute. PTI also offers continuing education courses for trained physiotherapists and its physiotherapy teachers. As well as a number of professional books were translated and printed in local languages (First Aid book in Dari and physiotherapy in neurology book in Pashto). PTI has a physiotherapy and disability awareness program for medical students, so this year 396 medical students were trained by PTI teachers. This year, PTI celebrated the graduation of 14 students form the upgrading physiotherapy course, and sent two physiotherapy teachers to India, one to Australia and one to Japan to continue their education. The project also expanded by opening a two year course in Mazar-e-Sharif.

Orthopedic Workshop and Physiotherapy, Maimana:

Both because of its location and its mission, the physiotherapy and orthopedics project in Maimana fill a unique and important niche. It is the only clinic providing services to people with disabilities between Mazar-e-Sharif and Herat. Due both to the distance of those two centers, and the expense incurred in traveling there, this clinic is able to serve many patients who would otherwise go untreated. This project, just like the program as a whole, pursues the sustainability of its services by equipping Afghan professionals to do the work.. In 2006, four more orthopedic technicians and one physiotherapist were trained. With an eye on the great variety of needs in the area, the project hopes to implement a **Community Based Rehabilitation (CBR)** program in 2007. The aim of this project, will be to provide community education and support for people with disabilities. We hope that by providing villages and communities with support for their disabled members, we will enable people with disabilities to be integrated socially, and

> "We hope to strengthen networks of people with disabilities and their families in an effort to improve their quality of life. We want to foster understanding and participation, and facilitate greater access to services, opportunities and empowerment."
> - IAM Occupational Therapist working with the CBR program.

Facts at a gance:

Physiotherapists Graduated from PTI Kabul	14
Patients treated at PTI in Kabul	940
Physiotherapy Patients treated Maimana	1349
Orthopedical and technical aids disributed:	1682
Medical students who received lessons in Physiotherapy	396
Urin bags and Cathethers distributed	665
Technical appliances made for the patients (Maimana)	1317

"The Department of Public Health where I work is in the stabilization phaze. It needs technical and financial support from the donor community, and the language of our donors is English." H. Int.

english language training

The international community has pledged billions of dollars to Afghanistan over the past six years. One thing almost all of the donors have in common, is that their offices and projects operate primarily in English. If an Afghan national would like to be hired by a foreign NGO, knowledge of English is often more than preferred; it is required.

For Afghans, whether participating in the facilitation of development projects run by foreign NGO's, or seeking higher education at the university, speaking English is foundational to professional endeavors. Since many course-books are imported from faculties in India, and the west, the departments of medicine, engineering, general sciences and others, are taught entirely in English.

IAM's **English as a Foreign Language Program (EFL)** recruits from government and NGO offices, among professionals, and prospective university students. By teaching them English, the EFL program builds a foundational capacity for the growing professional class. While English is the focus of the program, the pedagogy includes methods to teach problem solving, fosters ideological exchange, and emphasizes team building.

An Eye on the Future:

The EFL program currently operates in Kabul, Mazar-e-Sharif, and Herat. The IAM will open another center in Maimana in 2007. While funding this program has become increasingly difficult, the EFL program is determined to continue its important work, equipping Afghans for participation in the work of government and NGO offices.

"As a doctor, learning English is very important. Most of my medical books are written in English. If I can't study them, then how can I treat my patients." Dr. H.

renewable energy

The **Renewable Energy Sources in Afghanistan Project (RESAP)** aims at supporting the micro-hydropower industry in Afghanistan so that communities in remote locations receive electricity. Since its inception, the project has had a holistic vision, which encompasses building and installing turbines, helping communities maintain the machinery, and training private and government personnel. By working with local contractors, RESAP is able to invest in Afghanistan's local economy, while providing rural areas with basic electricity. The designs are shared, and IAM is glad that turbines such as the ones engineered by RESAP are being sold by private businesses that the project has either established or supported.

In 2006 RESAP concentrated on doing design and development work of new micro-hydro components especially a pelton turbine. RESAP also started to do research on wind power and to build a first wind power turbine. In 2007, RESAP will send team-members to Faizabad to start a second office and to do work from there. Along with this, the team completed one 48KW project in Parwan and trained a number of university students from Kabul university. In order to continue and expand efforts in 2007, site surveys were conducted in Ghor province.

Why micro-hydropower?

Some people ask why electricity would be a priority when many people lack access to drinking water and other basic needs. The IAM has identified access to electricity among basic needs because of the contribution it makes to the family and community. While the micro-hydropower projects are not large-scale, and cannot supply heating or other high voltage needs, they are able to bring light to a village hundreds of kilometers from a major city. Being able light their homes increases families productivity significantly. While many communities have previously relied on kerosene, micro-hydropower is significantly cheaper, safer, and more environmentally sustainable.

IAM believes that providing electricity to rural communities is central to meeting their basic physical and economic needs, and we believe in empowering local businesses to continue the enterprise of bringing light to rural Afghanistan.

mental health

After years of conclict, it is estimated that most Afghans suffer from some kind of stress disorder, and more than 2 million people suffer from mental health problems. [10] The primary mental health program (PHMP) aims to improve mental health, and access to mental health care facilities in western Afghanistan. The task is large and the area is vast, but PMHP has implemented a strategy to reach both urban centers and rural villages. It is the only project of its kind in the western part of the country, so its strategy emphasizes both professional training, and rural education. Thus PMHP is able to develop mental health care so that increasing numbers of patients can be treated – even in remote areas.

The general knowledge and understanding of mental health issues is very low both at the community level as well as at the professional, medical, level.

"We hope that through the clinical work we are doing for patients at the clinic...students would not only gain head knowledge, but also a changed attitude toward the patients- an attitude of respect and compassion."

PMHP teaches doctors and nurses to treat various mental health problems, while sending community health workers into villages to teach communities about the existence, and possible treatment of mental health problems. The goal is not to build separate clinics for mental health care, but to introduce mental health care into the existing primary health care clinics. "We hope that through the clinical work we are doing for patients at the Clinic, as well as through our more theoretical trainings, students would not only gain head knowledge but also a changed attitude toward the patients- an attitude of respect and compassion" explains the project leader.

In 2006, PMHP adopted a more systematic strategy regarding the geography of their work. There is now a plan in place that covers the entire western region of Afghanistan using mental health training, and there has been an increased focus on capacity building for the primary mental health sector. The project leaders saw an improvement in the awareness and openness of the government and ministry of public health for the development of mental health care.

As 2007 comes underway, PMHP hopes to build a second floor to its clinic. This would provide more space for training and counseling sessions and working with family support groups. PMHP would like to implement a spin off of the program within the next five years, with the hope that the Ministry of Public Health will take on the responsibility of maintaining and developing primary mental health care in western Afghanistan. This will enable PMHP to begin work in another region where there is no mental health care available. In order for such expansions to become a reality however, PMHP will need a great deal of both fiscal and staff support.

From Screams To Smiles

Dr. Iris Jordi tells a story of a husband who brought his wife to the clinic, but she was not well enough to come inside. She sat out in the desert that surrounds the clinic, screaming and pulling her hair. The clinic staff tried to bring her inside, but the woman, though tiny in size, was too strong for them. "We gave her an injection and brought her inside," Dr. Jordi says. "Her husband was with her, and he had bruises all over him from where she had attacked him."

The couple came all the way from Maimana, a journey that can take two days by car. Because of her violent behavior, the family was living in isolation; she could not function normally.

After being diagnosed at the clinic as a possible schizophrenic, the couple received counseling and a prescription for multiple injections. Dr. Jordi is still in contact with them, and they come to the clinic occasionally for follow up visits. **"Now she lives more normally...they can receive visitors. Now when they come back to the clinic, they are both smiling."**

Facts at a gance:

Doctors who graduated from training program	54
Nurses who graduated from training program	105
Community Team Members trained	351
Outpatients seen	4,599
New Cases	2,171
Work was completed in 9 different locations	

Support Departments

In order to provide for the many needs that present themselves in a multi-national, multi-ethnic team, the IAM has designed a number of support departments to assist personnel in Kabul and around the country through language training, cultural orientation, children's education and member care.

Personnel Department

Staffing a voluntary organization is a challenging task. The IAM Personnel Department remains extraordinarily busy, processing applications for prospective team members, providing introductory materials for newcomers, while also providing support and counsel to in-country personnel.

Language and Orientation Program (LOP)

In order to demonstrate sensitivity to the culture and environment in which we work, the IAM has designed a program with the specific objective of not only intensively introducing the language and culture of Afghanistan but also providing ongoing education in this regard. Because IAM has over forty years of experience in Afghanistan, the language courses, the cultural orientation courses, as well as much of the literature about Afghanistan produced by LOP, have been used by many different international organizations.

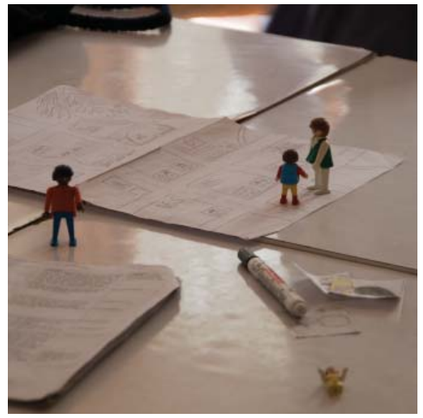
While LOP has a special focus on introducing team members to the Afghan context and providing a 5.5 month language course for new team members, it also emphasizes continuing education for long-term workers. All IAM team members are encouraged to continue language courses throughout their tenure with the IAM.

Member Care

Living and working in a post-conflict context yields a great number of challenges. Whether team members have been here for a couple of weeks or many years, the strain of living in Afghanistan can affect even the most seasoned development worker. In order to provide care and counsel for its team members, the member Care team travelled throughout Afghanistan in 2006, helping team members to work through some of their personal, vocational and spiritual challenges.

Dari will be indispensible to the work I want to do here. The pedagogy employed at LOP (the Growing Participatory Approach) was encouraging because of its emphasis on conversation, and because the vocabulary builds on itself."

-Carl L. recently completed the 5.5 month Dari course, and will join the RESAP engineering team.



Left: A teacher at the language and orientation program teaches newcomers Dari. *Middle*: The Growing Participatory Approach- which relies on object-recognition as part of its pedagogy, is one of the ways LOP is utilizing innovative methods for language learning. *Right*: Two students at the LOP, during a lesson.

Educational Program for IAM Children (EPIC)

Schooling is one of the greatest challenges of raising children overseas. Whether it's because of the different pedagogies that persist, or the incongruous curricula around the world, creating education that can appeal broadly to a multi-national staff remains challenging. But the IAM has managed to implement an international curriculum that is taught in English medium and provides schooling for children in Kabul, Herat, Maimana and Mazar-e-Sharif. Qualified teachers are needed to accommodate families moving to other underserved area.

The IAM Headquarters

Having our international headquarters in Kabul allows us to be immersed in the culture we serve while working on its behalf. By keeping our headquarters in Afghanistan, we can invest in local capacities and contribute to the local economy while partnering with the Afghan people. The headquarters liaises with the Central Government, monitors developments in legislation and policy, and supports the country wide team.

Some of the departments are outlined below:

Office of the Executive Director:
The Executive Director is responsible for all IAM programs and personnel. He directly supervises the Finance Director, Personnel Director, Program Directors, Media and Public Relations Officer, Regional Team Leaders, the Deputy Executive Director and the Senior Administrator.

Program Support Directors:
Program Support Directors have responsibility for Health, Rural Economic Development, Adult Education, Learning and Capacity Building. They directly support and equip the projects and represent their work at a leadership level.

Government Liaison:
Working under the direction of the Executive Director, the Senior Administrator supports IAM programs in relation to Ministries and negotiating protocols. He plays a crucial role in preparing reports to the government and ensures that we work under properly negotiated agreements. The Liaison Officer works with government departments and embassies to procure work permits and visas.

Finance Department:
Responsible stewardship of the resources we have been given is crucial to the IAM. The |Finance Department provides financial services for IAM offices, projects and personnel. It also provides the financial reporting necessary for the Government of Afghanistan as well as its donors.

Donor Relations Office:
Working closely with the Finance Department, the Donor Relations officer is responsible for monitoring and reporting on the overall funding status of IAM as well as individual projects. She also provides donors the information and follow-up that they require.

Media and Public Relations Office:
The Media and Public Relations Officer is responsible for both print and digital publications, press relations and website development. She also represents IAM at certain international conventions and works with Donor Relations and the Executive Director to implement long-term Public Relations strategies.

Organizational Learning and Development (O.L.D):
The O.L.D Consultant assists the IAM in specific areas such as using StrengthFinder surveys, engagement surveys, implementing new finance software applications and in ICT (Information and Communications Technology) developments. This all works towards IAM's increased capacity to implement its purpose and mission in service to the Afghan people.

Central Logistics:
Acquiring the proper equipment and vehicles, co-ordinating travel and working out logistical details are crucial to the smooth operation of IAM and its projects. These are some of the many responsibilities that keep the logistics office very busy and make it essential to our operation.

Communications:
In-country and international communication is crucial to both the project and the headquarters staff working with the IAM. The central communications department operates and maintains HF & VHF radio, satellite and networking equipment and provides technical support for team members.

Our Finances

A Letter from the Finance Director:

The year 2006 was one of expansion and consolidation for IAM. Expansion into new areas such as Kandahar have added exciting new areas, while the closing of some of our smaller projects have helped to consolidate some of our administrative resources to be used with more cost efficiency. The IAM strategic direction of reaching into the underserved areas of Afghanistan will continue to challenge the organization to consider expansion and consolidation.

Banking services in the country continued to develop and strengthen in 2006. IAM has increasingly started to use the banking services available in Afghanistan, and will continue to consider moving more services into this sector.

The Balance Sheet total of IAM is very similar to the previous year. We continue to thank all those who contributed to the projects, financially and otherwise as we partnership together to serve the people of Afghanistan.

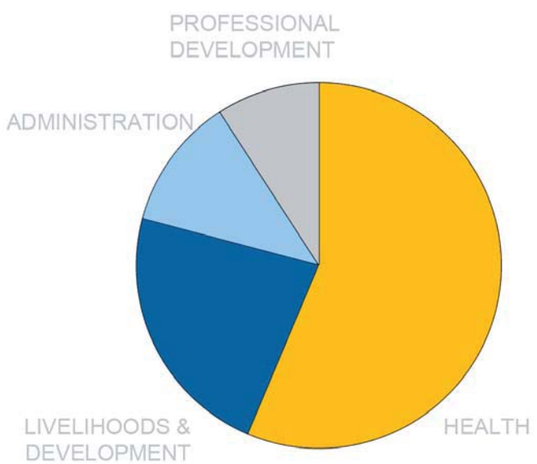
After serving for ten years in the Finance Director position, I will be fulfilling my role in May 2007. I would like to personally take the opportunity to thank all those in the government, IAM and wider community who have supported my service over the last number of years. I would also request that similar support be given for those who serve in this position in the coming year.

Sincerely,

Steven Martin (IAM Finance Director)

Program Expense by sector and project:

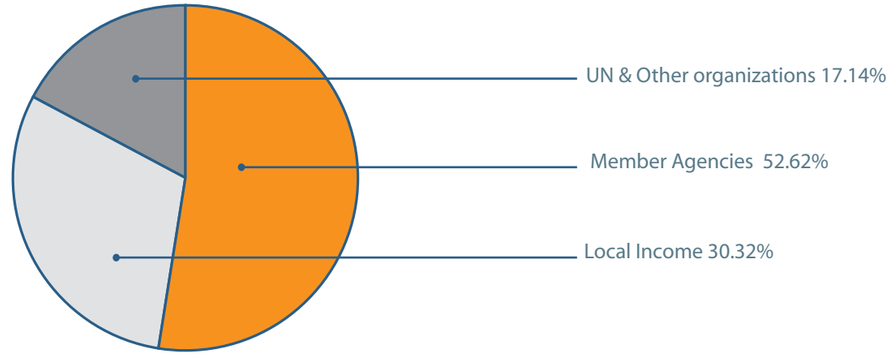
Program Expense for FY 2006, by project



Health Care 56.25%	
Eye Care (NOOR)	$ 2,035,410.40
Mother & Child Health (MCH)	$ 911,147.05
Primary Mental Health (PMHP)	$ 450,591.55
Physiotherapy & Orthotics	$ 320,235.74
Total:	**$ 3,717,384.74**
Livelihoods and Development 23%	
Community Development (CDP)	$ 532,156.16
Renewable Energy (RESAP)	$ 357,528.64
Disaster Management Projects (DMP)	$ 313,366.44
Micro-Enterprise (MED)	$ 286,694.57
Direct Seeding	$ 31,370.64
Total:	**$ 1,521,565.45**
Administration 11.5%	
Administration	**$ 767,916.50**
Professional Development 9.25%	
English as a Foreign Language (EFL)	$ 320,677.57
Individual Service Assignments (ISA)	$ 286,579.51
Total:	**$ 607,257.08**
Total Project Expenditure:	**$ 6,614,123.77**

Program Income:

Sources of IAM income for FY 2006**To To donate**



2006 Balance Sheet*

Assets	**2006**	**2005**
Debtors	$227,378.04	$488,664.66
Inventories	$398,587.73	$387,422.39
Prepaid Expenses	$73,797.24	$71,205.06
Accrued Interest Receivable	$97,676.00	$58,141.00
Investment	$100,000.00	$100,000.00
Cash on Hand/Bank	$1,157,208.48	$956,622.47
Total Assets	**$2,072,647.49**	**$2,062,055.58**
Liabilities:		
Creditors	$543,183.59	$633,671.16
Funds and Reserves:		
Restricted	$251,234.03	$272,733.28
Project- Unrestricted	$577,044.73	$760,704.67
IAM General	$104,606.45	-$132,613.18
Total Funds	$932,885.21	$900,824.77
Designated Reserves	578,578.69	$527,559.65
Total Funds and Reserves	$1,511,463.90	$1,428,384.42
Total Liabilities and Funds and Reserves	**$2,072,647.49**	**$2,062,055.58**

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

* Finances pending audit at the time of printing.

thank you

The International Assistance Mission, is deeply thankful for the individuals, corporations, governments, member agencies and other organizations who trust us with precious resources. After 41 years of service to the Afghan people, we reflect gratefully on the partnerships, which have made our work possible. We thankfully acknowledge individuals who have left lucrative careers to serve the people of Afghanistan on a voluntary basis, and are humbled by the realization that the fiscal generosity of donors has made our work possible on a practical level.

We thank the successive governments of Afghanistan for their hospitality over the years, and remember God's faithfulness in providing the financial and human resources we have required to serve the people of Afghanistan since 1966.

As we reflect on 2006, we thank all of the partners who have made our work possible. We also renew our commitment to ensure that the money given to help the Afghan people, is used carefully and responsibly for their benefit. As we anticipate 2007, we look forward to continuing our partnership with you.

Our Future

After more than four decades of service to the Afghan people, the International Assistance Mission continues its objective to focus its resources on underserved areas. In the last five years, cities, such as Kabul, Mazar-e-Sharif, and Herat have received increased attention, as large international organizations have focused their projects in these areas. While these organizations continue to address some of the needs in these urban centers, the IAM has decided to shift its focus away from these major cities, and toward underserved areas such as Maimana, Faizabad and Kandahar. As 2007 comes underway we anticipate exciting shifts in project priorities and staffing that will reflect our priorities. In Faizabad, we will have a number of team members opening a new micro-hydropower project. While the project will be operated from the town, it will reach up into the mountainous areas of Badakhshan. In Maimana, a new EFL center will open in 2007, a community based rehab project will commence, and the CDP project will be able to enter its second phase of operations. These are some of the exciting changes on the horizon as we continue to expand our projects in Fayab province. And after years of planning and anticipation, the Kandahar NOOR eye hospital will open in spring of 2007. The poor security situation in the south of Afghanistan continues to make it a difficult part of the country for NGO's to operate. Thus the citizens of Kandahar, Helmand and Khost provinces (among others) have had limited access to basic health care and education. Along with the NOOR eye hospital, the IAM will also commence an experimental adult education project modeled after a Scandinavian 'Folk High school.'

These changes and shifts are only some of the ways growth and change is anticipated over the next years. Focusing our resources on underserved areas is an important part of our commitment to the Afghan people. In 2006 we have been proud to join the Afghan people in continuing the rebuilding of Afghanistan from the devastation of war, natural disaster, and neglect. We look forward to continuing this partnership in 2007, and would like you to join us in bringing hope and support to the Afghan people.

Photography & Design Credits:

Design: This report was written and compiled by Anna Knutzen for the IAM. The graphics found throughought are stylized reproductions of various Islamic tile and block-print patterns. The design of this report, is inspired by the art history in this region.

Photography: Front cover: Victor Thiessen, p. 2,9,16,18, 22, 23, 24, 27, 33: Anna Knutzen, p. 13: Stephen Allen. p. 29: Jonatan Stromgren, p.14, and back cover: Brahim Abdellaoui

Editing: Edited by Stephen Allen

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6 IAM NOOR Project Leader
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8 United Nations Human Development Report 2004. *Security with a Human Face: Challenges and Responsibilities.* United Nations Development Program. 2004. Army Press. Islamabad, Pakistan. p. 41
9 Ibid., p. 41
10 Ibid., p. 27

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