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INTERNATIONAL ASSISTANCE MISSION

Serving Afghans - Building Capacity, since 1966

Annual Report 2009

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
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A Message from the Executive Director

Respected Partners and Friends of IAM,

Thank you!

All of you reading our 2009 annual report can in one way or another take credit for the work of IAM. Some readers are donors who have entrusted their scarce financial resources to IAM for the benefit of the Afghan people. Other readers are Afghan civil servants who have provided the overall framework and the necessary guidance for IAM's work. Yet others have had direct or indirect roles in our work as team members, advisors or prayer partners over many years. Some older readers have allowed their child to go to Afghanistan to assist IAM as professional volunteers. Some readers have not only let their grown up children but even their grandchildren go so that their parents can build the capacity of Afghan staff of IAM. IAM is all about team work and you are part of that team.

I also hope there will be many new first-time readers of this report who are learning about IAM for the first time. We invite you to consider how you want to become part of this team.

While recognizing everyone's contribution, above all we thank God for allowing IAM, its Afghan staff and foreign volunteers, another year of working alongside the Afghan people. Only because of His blessing have we survived and had an impact on the lives of people marginalized by war, instability and economic problems.

Focus on IAM's impact

This report covers all IAM's projects. Here are a few glimpses of the impact:

- The National Organization for Ophthalmic Rehabilitation (NOOR) eye care project treated about 180,000 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 trained local healthcare personnel in rural villages and governmental health institutions in Herat, Farah, Ghor and Badghis Provinces, training 156 Doctors, 174 Nurses and Midwives and 303 Community Workers and Leaders, and assisted 8,178 patients with mental illnesses, over 70% of which were women.

- The Business Development Service trained scores of women to set up and run their own businesses in Kabul.
- The Renewable Energy Sources in Afghanistan Project continued to build small-scale hydro power plants in rural areas, conduct research in wind power and facilitate the start of private workshops able to produce such units on a commercial basis.
- IAM handed off its health program in Lal-Wa-Sarajangal to a local NGO.

Focus on underserved people

IAM is focused on serving people in outlying and underserved areas. We are therefore increasing our involvement in places other than Kabul. All funds received are used for the benefit of Afghans.

Focus on efficiency

Our aim is to keep our administrative overhead costs as low as possible, and presently they are 8% of IAM's project budget. As an example, in 2009, IAM merged the Kabul Regional Office and the IAM Headquarters into the IAM Central Office. It is one of the key principles of IAM that no project funds are used for expatriate allowances, home rents, or daily expenses. Expatriate volunteers are required to have complete support of their own.

Focus on developments in Afghanistan

Despite the serious efforts of the Afghan Government and the sacrifice of many Afghan and foreign lives, Afghanistan has seen a gradual deterioration of security in 2008. Nevertheless, IAM has been able to continue its assistance work to the Afghan people with only minimal disruption. The only security related constraints affecting plans 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.

Focus on praying

We continue to pray for His Excellency President Hamid Karzai and his Government and for the steady strengthening of government institutions and establishment of the principles of civil society in Afghanistan. As a non-political and non-profit organization, our prayer and desire is to see the people of Afghanistan rebuild their country into a just and prosperous state.

Sincerely,

Dirk R Frans,
IAM Executive Director

National Organization for Ophthalmic Rehabilitation

In 2009, The National Organization for Ophthalmic Rehabilitation (NOOR) was responsible for the treatment of 179,646 beneficiaries, including 11,160 sight-saving surgeries. In addition, Ministry of Public Health eye hospitals supported by NOOR saw 157,543 patients and performed 6,959 surgeries. NOOR began in 1966 with the goal of providing access to eye care to the people of Afghanistan. Over the past forty-four years NOOR has partnered with the Government of Afghanistan by supporting eye care facilities and services as well as training eye care professionals. There have been many upheavals and difficulties, but NOOR has continued to expand and is now involved in providing or supporting the majority of the eye care services available in Afghanistan. It operates referral hospitals in Kabul, Mazar-i-Sharif and Kandahar and provides logistical support to community eye hospitals in Ghazni and Khost. Additionally, NOOR provides logistical support and financial oversight to the Ministry of Public Health's (MoPH) Central Polyclinic in Kabul and Herat Ophthalmic Centre in Herat, both of which were founded by NOOR and continue to operate under IAM NOOR protocols. The transfers of these two eye hospitals to the government have been extremely successful and NOOR continues to work closely with both facilities. In 2002, to help emphasize the need for eye care services, IAM, the MoPH, CBM, and WHO sponsored the Afghanistan launch of VISION 2020, a global initiative to eliminate preventable blindness by the year 2020. The MoPH requested NOOR to continue and expand its eye care work in Afghanistan.

Training local eye health professionals has always been an integral part of NOOR's work in Afghanistan and is the key to providing long term sustainable eye health services for the country. NOOR runs a three year residency program for ophthalmologists and an ophthalmic technician training program in addition to providing training for eye nurses and Community Health Workers. The vast majority of ophthalmologists working in Afghanistan have been trained by NOOR, as have almost all the ophthalmic technicians.

Cost recovery is also a major part of NOOR's plan for sustainable eye care. The majority of NOOR's operational funding comes from fees that are charged by NOOR facilities for services they offer. Some facilities achieved over seventy percent cost recovery in the past year. However, providing eye care for those in need remains a priority and no person is ever turned away because of inability to pay, and thus a significant amount of free care is provided at all NOOR facilities and projects. NOOR would like to thank CBM, Lakarmissionen, Islamic Relief, Charis International, MCC, the Canton of Geneva, Interserve USA, Interserve UK, World Dev, All Souls Church, GBGM, Standard Chartered Bank, Cargill International, Kiwanis International, and TEAM for their generous support and partnership in 2009.

NOOR Central Office

NOOR's central office in Kabul provides administrative oversight for the entire NOOR program. It also provides the logistical chain for almost all the eye care in Afghanistan, including the main government eye hospitals in Herat and Kabul. This support includes importing equipment, medical supplies and raw materials as well as manufacturing glasses and eye medicines. In 2009, over 310,000 bottles of eye medicines were manufactured and distributed by the central pharmacy. Over 5,200 eyeglasses were produced by the optical workshop during the same period. The central office is also responsible for liaison and cooperation with the MoPH. NOOR representatives are a part of the MoPH National Committee for Eye Care and sit on the Committee's Task Force, which is responsible for coordinating eye care around the country.

While stopped in a village due to car trouble, a NOOR team began seeing patients. Looking into the eyes of one boy who appeared to be 8 or 9 years old, it was clear that he was bright and clever. His warm smile and red chapped cheeks revealed a difficult life eked out by hard work in the wind-swept fields on the hills above the village. His father said that he was falling behind in school. A quick exam showed that he was able to read very little of the materials offered in school. After a few minutes with the NOOR team, he was walking away with a brand-new pair of eyeglasses which allowed him to see clearly everything that his classmates were seeing.

University Eye Hospital

The University Eye Hospital (UEH) in Kabul is a forty bed referral hospital managed by NOOR under a protocol with the Ministry of Higher Education. UEH oversees NOOR's three year residency program for ophthalmologists, which leads to the government recognized Diploma of Ophthalmology. In 2009, UEH saw 42,434 patients and performed 3,538 surgeries. The ophthalmology residency program trained three doctors and administered the Diploma of Ophthalmology exam which resulted in seven doctors receiving their DO. In 2010, NOOR plans to hand UEH over to the Ministry of Higher Education.

Provincial Ophthalmic Care

The main objective of the Provincial Ophthalmic Care (POC) project is to provide high quality, affordable eye care in areas where it would otherwise be unavailable. Training in eye health was given to Community Health Workers throughout the country. Every week a team of ophthalmic technicians travelled to five different areas in Kabul Province and provided eye care to people for whom it was difficult or impossible to travel into the city. The Dasht-e-Barchi day clinic where, in the past, patients were examined and treated one day of the week has now become a satellite surgical centre where patients are seen six days of the week and surgeries are performed every afternoon. Surgical camps were held in the Panjshir and in Bamyan and primary eye care camps were held in the Keranomunjan Valley and in the Kabul Gorge. POC has also continued to provide logistical support to community eye hospitals founded by NOOR in Ghazni and Khost. POC performed 2,821 surgeries, dispensed 4,741 glasses and screened 27,756 school children. In total, POC had 78,636 beneficiaries.

Mazar Ophthalmic Centre

The Mazar Ophthalmic Centre (MOC) is a fifty bed referral hospital in Mazar-i-Sharif. MOC has been providing high quality eye care to the people of Balkh Province and surrounding areas since 1994. MOC's goal is to provide sustainable eye care service for northern Afghanistan. Financial sustainability is a high priority for MOC and, in 2009, over seventy percent of operational costs were covered by fees. Last year, MOC saw 37,098 patients and performed 3,962 operations, which was a significant increase over the previous year. MOC also operates both a pharmacy and optical workshop. In 2009, over 5,330 glasses were manufactured and 49,223 bottles of eye medicine were produced.

Kandahar NOOR Eye Hospital

Kandahar NOOR Eye Hospital (KNEH) is a twenty bed eye hospital in Kandahar Province. Although instability and security issues in the region have limited the activities of the facility during the past year, the facility has remained open and is providing eye care services to the people of Kandahar. In 2009, the hospital treated 20,268 patients and performed 773 surgeries. KNEH also distributed 2,430 pairs of glasses during the year.

Faizabad

Faizabad feels like the beginning of the end of the world in many ways. The years of fighting in Afghanistan were only marked here by a lack of progress, but, as everywhere in Afghanistan, the values of hospitality, family and religion run deep. Upon entering the city one quickly discovers that there is only one paved road, which was completed this year and runs between the old and new city. The road follows the flow of the Koocha River which, in the spring, gushes and rages due to run-off from the mountains that encircle the city. These mountains continue up through the Wakhan corridor, a small sliver of Afghanistan between Tajikistan and Pakistan that stretches to China. The sharp, jutting mountains with their air of wildness is breathtaking, whether they are covered with snow, a carpet of green grass and wild flowers or the dry grasses of summer. Walking through the streets, there are masses of children, boys and girls, playing marbles, etching hopscotch in the dirt, sliding down hills in their boots in the winter and jumping in the canals fully clothed in the hot summer. Chickens, donkeys, cows and dogs roam the muddy, twisting streets that are seldom frequented by vehicles. Faizabad is the largest city in the province of Badakhshan and its village-feel gives an insight into the rest of the province. Though beautiful in many ways, Badakhshan Province's remoteness has been a blessing and a curse. The progress that has been seen in many other parts of the country has been slow to enter this region. Badakhshan suffers from one of the highest maternal death rates in the world. Many villages outside of Faizabad are just starting to get schools for girls and electricity through hydropower for the first time. Here, the people live nearly self-sufficient lives, obtaining supplies that they cannot produce, such as tea, rice, oil and shoes, from traders in exchange for animals. They have lived simple but rugged lives for years and are proud of their region and their customs. They are known to have the best Sheer Chai (salty milk tea), Cumin and Lapis in all Afghanistan.

Adult Language and Education Facilitation

For information on the Adult Language and Education Facilitation project and its work in Badakhshan Province and other regions see page 11.

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 20.

Wakhan Community Health and Development Project

The Wakhan people live isolated lives in a remote and geographically harsh region with some of the poorest health indices in the world. Following a 2002 survey, the non-governmental organization ORA International started a Community Health and Development Programme, in 2003, primarily aimed at reducing maternal and childhood mortality rates. In 2009, ORA turned the project over to IAM as the Wakhan Community Health and Development Project (WCHDP). Because the Afghan government's national health care system has developed since the project started, the current focus of WCHDP is shifting towards developing the community's capacity to take on responsibility for its own health and development in conjunction with national programs. WCHDP works with about 6,000 people in twenty-eight villages that are spread over large distances of high-altitude, rugged, mountain terrain.

WCHDP, which works closely with the Wakhi Language Development project, has two doctors and a pharmacist who travelled to villages each month for mobile health and child wellness clinics. At these clinics, antenatal care and family planning services were provided and children were weighed and provided with vaccinations. These visits also supported forty-five female health workers with refresher training, supervision and provision of basic medicines to treat common conditions. Vaccinations were also offered to the remote Kyrgyz population in the nearby Pamir range. WCHDP hopes to begin providing BLISS (Birth Life Saving Skills) courses in 2010 in addition to supporting further training of local nurses and midwives. In order to provide long term health care, plans are being made to build a government-run health subcentre in 2011 that would be staffed by appropriately trained Wakhi personnel.

Additional health and wellness projects were also promoted by WCHDP, including the use of smokeless stoves and the development of communal food reserves. Because of WCHDP's encouragement, one hundred sixty-nine smokeless stoves were installed and these can be repaired in future by some local men who will be sent for tinsmith training in 2010. WCHDP continued to operate a fertilizer for food program, established by ORA, to create a winter food reserve. In exchange for fertilizer, each family in the twenty-eight villages gave twenty-five kilograms each of peas and wheat that could be distributed to the smallest children through the harsh winter months. Because of the high levels of malnutrition in the region, WCHDP hopes to do more agricultural work in the future. WCHDP is grateful for the financial support and partnership of ORA, SNI, Interserve Netherlands and WorldDev.

Wakhi Language Development

While the Afghan government supports mother tongue education, at least in part, in primary school, this is essentially impossible if the language does not have a written form. In language development, an alphabet and an orthography is developed for an unwritten language that can be used for mother tongue literacy. In Badakhshan, there are several areas where unwritten minority languages are spoken. After two years of research on the need for language development of minority languages in Badakhshan, the Wakhan region was found to be one of the communities which is in great need of language development. In the Wakhan region, within the community, only Wakhi is spoken; the people use Dari only with people from outside the region. The ability of the people to speak Dari is limited, especially among women and children who speak almost no Dari. Thus, the Wakhi Language Development (WLD) project was launched in April 2009. The primary focus of this project thus far has been research through learning, analyzing and documenting the language with people who speak Wakhi as their mother tongue. WLD has begun to document the language with a growing vocabulary list and a grammar sketch. Once the language has been researched, an alphabet and an orthography can be developed. Then a primer and easy reading material in Wakhi can be created and Wakhi literacy classes for adults can be organized. WLD would like to thank Impact Afghanistan for their financial support during 2009.

Herat

Herat City lies along the ancient Silk Road. It is the capital of Afghanistan's western province of Herat which borders Iran and Turkmenistan. In this busy city, full of trade and commerce, you can still sense the glory of Afghanistan's great history. An ancient citadel which was enlarged in 300 BC by Alexander the Great still stands strong. The Blue Mosque was built in the fourteenth century in the same location where, for thousands of years, other dominant religions had previously built places of worship. Five minarets, remnants of the old Musallah complex from the fifteenth century, tower over the city. Herat Province has wide desert areas but in the fertile river valleys farmers grow wheat, vegetables and saffron. Over sixty different types of grapes and a variety of fruit and nut trees, especially pistachio, are also found in the region. Although irrigation systems are used in many river valleys, the majority of the arid farming land is rain fed and sensitive to drought. Summers are warm with a strong wind called the "wind of 120 days" and winters are mild. The highest peaks of the Safed Koh Mountains reach 2,600 meters. In Herat Province the main languages spoken are Dari and Pashtu. The population includes Tajiks, Pashtuns, Hazaras, Turkmens, Aimaqs and Uzbeks. The majority of the people are Sunni Muslims with a significant number of Shiites. In the local culture and food and in the Dari language, one can recognize the influence of Iran and the former Persian Empire.

Community Development Project

The Community Development Project (CDP) in the Kushk district of Herat Province started in 2008. Prior to that year, IAM had carried out community development work in the vicinity of Herat City and in Cheshte-Sharif district from 1995 until 2007. According to IAM's strategic directions, a new, more remote area was selected in 2006 to provide rural communities in Kushk with the skills and capacity to improve their own well-being and resources. CDP Kushk staff met with community members in the target communities and selected Village Development Councils to identify problems, and to plan, implement and monitor activities. This was a crucial step since community involvement and initiative is necessary for all CDP projects.

CDP Facts at a Glance

390 Women and 70 Men Completed BHSE Classes
275 Men Started BHSE Classes
21 Women Received BLISS Training
20 Women and 21 Men Started BLISS Training
98 Bathrooms were Built in Faizabad
166 Women and 127 Men Completed Level One Literacy Classes and Started Level Two Classes
78 Women and 73 Men Started Level One Literacy Classes

In Faizabad, most families have some livestock that provide them with milk. Sometimes these animals get ticks which can bring sickness to the animals if they are not removed. There used to be a common custom of feeding newborn babies the blood of a tick. It was believed that this would keep ticks away from the animals and that, when the baby grew up, it would be able to scare away ticks by shouting. As a result of CDP's BLISS courses for women and men, this practice has come to an end in Faizabad..

In 2009, CDP Kushk continued to work in the two communities that were selected in 2008 – Lakhyha and Faizabad. Two community meeting rooms were built and latrine construction projects were started in forty houses in Lakhyha. In Faizabad, two women's self-help groups were started, bathrooms were built in homes and repair work began on an irrigation canal. CDP Kushk also used surveys to select three new target communities – Duurmishi, Upper Khaja Qasim and Allaf Haji Abdul Ahad – and began working with them in the spring of 2009. CPD Kushk has already impacted many of the more than seven-hundred families who live in these five villages. In all the villages, Basic Health and Social Education (BHSE) classes and literacy courses were conducted for both men's and women's groups. BLISS (Birth Life Saving Skills) training was offered to women, and a variation of BLISS training was offered to men and was well-received. After the people in the villages realized the value of their participation in the planning and implementation of activities and saw the benefits of the first lessons of BHSE, they became very interested and eager to participate even more in community development activities. It was a busy year for the project with some new staff and a lot of community education, which included partnering with other organizations to provide nutrition training. CDP Kushk is grateful for the support of FLM during 2009.

Primary Mental Health Project

The Primary Mental Health Project (PMHP) began in 1996 in response to the fact that many women were seen in the burns unit of the Regional Hospital in Herat following their attempts to self-conflagrate in order to commit suicide or to protest their situation in life. It was originally a direct group-work intervention for women. Since then the project has shifted its focus towards mental health education for medical professionals and communities in the Western Region of Afghanistan which includes Herat, Badghis and Farah provinces. As part of the training program, PMHP operates a Mental Health Clinic-Resource Centre.

Here students graduating from the Herat Medical Faculty or the Institute of Health Sciences and participants in PMHP's training programs are able to apply their theoretical knowledge while providing patients and their families with mental health education and individual and family counselling. During 2009, construction began on an addition to the clinic and this was nearly completed by the end of the year.

PMHP Facts at a Glance

156 Doctors were Trained
174 Nurses and Midwives were Trained
303 Community Workers and Leaders were Trained
4 issues of Mental Health Magazine were Prepared for Medical Professionals
3 issues of Healthy Society Magazine were Prepared for Communities

In the initial training courses for nurses and midwives, trainees often mentioned the physical factors affecting mental health and gave medicines as examples of treatments. They did not have a good understanding of the effects that violence or life situations could have on mental health, particularly among women. However, in their refresher courses, trainees had a better understanding of these things and could name psycho-social factors that directly or indirectly cause mental disorders and identified counselling as a form of treatment.

One of PMHP's goals is that all patients with mental illnesses receive professional care by doctors, nurses and midwives working in the primary health care sector. Doctors, except surgeons, practicing within the Basic Package of Health Services (BPHS) in Western Afghanistan are trained in diagnosis, treatment, follow-up and referral of six priority disorders. Additionally, Mental Health Focal Point Doctors for Farah, Badghis and Ghor Provinces as well as Focal Point Doctors for all BPHS implementing Non-Governmental Organizations of the Western Region are trained to supervise and monitor mental health services. Lecturers in mental health at the Institute of Health Sciences are assisted in their professional development in order to enable them to teach mental health to all nursing and midwifery students. PMHP taught the mental health course for midwifery students in 2009. Nurses and midwives practicing within the BPHS in Western Afghanistan are trained to identify common mental disorders, severe mental disorders, childhood mental disorders and substance abuse. They are taught assessment of psycho-social stressors and basic psycho-social management of common mental disorders. They also learn how to give accurate referrals. In 2009, initial courses and refresher courses were offered for doctors, nurses and midwives in Herat, Badghis and Farah Provinces. All trainings for medical professionals were well received and deemed to be useful. Overall, there was a desire for more widespread training and additional refresher courses.

At the community level, PMHP helps communities gain a general understanding of mental illnesses so that they can care for their mentally ill. In 2009, PMHP trained Community Health Supervisors in case identification, referral and mental health education for families in regards to common mental diseases, severe mental diseases, substance abuse and epilepsy. The Supervisors were also enabled to train Community Health Workers on these topics. Courses were also offered for teachers and mullahs (religious leaders) and these courses provided basic knowledge of priority mental health problems and disorders, taught how to educate community members on mental health issues and addressed additional important mental health topics such as violence and family conflicts. PMHP also advocated and raised awareness so that people would have a better understanding of what mental health is and could promote mental health in their communities. This was done through community mental health magazines, mental health quizzes on local television, a celebration of World Mental Health Day in Herat and mental health advocacy events with government officials. PMHP would like to thank the Embassy of Japan, MCCN, FLOM, WEC International, HADA and Interserve UK for their support in 2009.

PMHP Mental Health Clinic Facts at a Glance

4206 New Clients (2918 were Women) Received Treatment

3972 Clients Registered Prior to 2009 Followed Up (2825 were women)

675 Counselling Sessions

237 Health Education Sessions were Conducted

Kandahar

Known as the city of Ahmad Shah Baba, Kandahar has a very old history. Over the past ten years, it has seen many changes as mud walls have been replaced with concrete and most roads have been paved. Kandahar's growth is evident in the new buildings and ongoing construction throughout the city. The people of Kandahar are generous, loyal and very hospitable. They love picnics, especially "Friday Picnics" at the shrine of Baba Wali and the Dala dam. A canal in the north part of the city is a popular swimming site to escape the hot summer days. Winters are mild. Kandahar is known for its agriculture produce, particularly pomegranates and apricots.

Adult Learning and Education Facilitation

Inspired by the folk high school movement in Sweden, the Adult Learning and Education Facilitation (ALEF) project began in Kandahar in 2007. It facilitates learning opportunities for Afghan adults in ways that are more appropriate for them and their needs so that they can become lifelong learners. ALEF has expanded and now has branches in Kabul and Faizabad. ALEF focuses its efforts on four areas: vocational and business education, grassroots learning circles, training adult educators and research/continuing education. In order to increase job capacity, ALEF offers vocational and business skills training which has included courses in embroidery, mobile phone repair, English language, computers and basic business. These formal courses provide learning opportunities relevant to the needs of adult learners in an economy emerging from years of conflict. Non-formal adult learning is facilitated through the ALEF learning circles, reaching participants who have had limited access to formal education. Learning circles provide adult literacy training for both men and women and Birth Life Saving Skills (BLISS) courses for women. These learning circles meet at ALEF centres, in homes and even in prisons. An ALEF training of trainers program has been developed, encouraging adult educators to adopt participatory learning practices in their teaching. Methods of active learning are modelled in the seminars and participants apply the lessons learned to their specific field. ALEF staff work alongside other projects to create training sessions uniquely adapted to the needs of their learners. For example, community trainers in disaster relief have been shown how to increase participation through active learning. ALEF is also conducting research into how Afghans learn and what the best practices are in educational delivery in the Afghan context. Through these research opportunities, and the continuing education of local ALEF staff, the project seeks to model lifelong learning.

Lal-wa-Sarjangal

The spectacular rugged mountains and picturesque valleys of Lal-wa-Sarjangal are located in the Hazarajat, the ancestral homeland of the sturdy Hazaras. The lives of these marginalized people are shaped by the harsh terrain and climate and revolve around the changing seasons. Spring bursts with life, as people and animals emerge from their long confinement. Donkeys again plod along trails newly freed from snow, bringing people from remote villages to the town of Lal for much needed supplies or medical treatment. Men plant wheat by ploughing steep mountainsides with oxen. Water from melting snow tumbles into streams, where women, wearing brightly-coloured clothing, wash carpets for their annual spring-cleaning, and spread them in the sun to dry. Freshly-shorn sheep and goats with their newborn lambs hungrily nibble new grass, tended by children playing nearby. Summer brings an acceleration of activity, with an underlying urgency—the survival of villagers depends on collecting enough food and fuel to make it through the winter. Both men and women labour in the fields, weeding, directing irrigation water, cutting hay, caring for the animals, and stacking piles of cow manure to dry for winter fuel. Children may have long walks to school in the mornings but must share in the work when they return. The short mountain summer quickly turns to autumn and people busily gather in their harvest. Women dig potatoes from their fields and dump them into large pits to be buried for winter storage. Donkeys and oxen trudge round and round, threshing wheat, as men toss grain into the air to let the wind blow away the chaff. Herds and flocks scavenge the brown, dry fields, grazing the last bits of vegetation they can find before the ground is buried under a thick blanket of snow. Any thorny bushes they can't eat are cut and stored to burn for fuel. Winter brings a cessation to most travel, as avalanches threaten and deep snow blocks roads and trails. Traditional thick-walled mud homes with tunnels under the floor to direct heat from cooking ovens, offer sufficient protection from nights which may drop below -35 degrees Celsius during the long winter. Animals may be sheltered in rooms underneath the living quarters, or even share the living area of the families. People's limited diet becomes even more meagre, as they subsist through the winter on bread, potatoes, meat, yogurt and butter. The stark poverty and subsistence level existence of these people underlines their remarkable resilience and enjoyment of life! Though a long history of oppression makes them suspicious of outsiders, solid relationships built through ten years of medical work in the area mean that IAM workers enjoy warm friendship, hospitality, trust and openness to new ideas of ways to improve their lives.

Community Development Project

Following a 2008 evaluation, it was recommended that the community development work of the Hazarajat Community Health Project should separate from the healthcare work and, thus, at the beginning of 2009, the Community Development Project (CDP) Lal was launched in Ghor Province. Based on the NRVA (needs, risks, vulnerabilities assessment) report, Ghor Province ranks as one of the most vulnerable provinces in many sectors, such as food security, female literacy, health issues and more. In the Lal-wa-Sarajangal district, these difficulties are compounded during the winter months where many areas are inaccessible due to snow and lack of road maintenance. Rather than attempting to implement interventions throughout the entire district, as had been done under HCHP, CPD Lal engages more deeply with a few selected communities. Over the next three years, CPD Lal will work in seven selected communities to increase their capacity to meet their own basic needs, and become active participants in just and sustainable development. In this way, CPD Lal acts as a facilitator for development and empowers communities and individuals to improve their health, education, livelihoods and economic status. CPD Lal helps communities discover what resources they currently have to address their own basic needs and assists them in areas where they lack the resources. It also provides training and intervention in public and preventative health.

In 2009, the first task was surveying and selecting the target communities. The majority of the year was spent building relationships and getting to know these communities, their needs and capacities. Time was spent gathering baseline data on health issues, water and sanitation, literacy, agriculture, and village-perceived needs. CDP Lal has experimented with production of a variety of vegetables in the office yard and in one house yard, resulting in a better understanding of what vegetables can effectively be promoted in the area. As a result of this research and development work, CDP Lal is better prepared to work with villagers who are interested in kitchen gardens and in larger scale vegetable production. In the Masjed-e-Petab cluster of three communities, the BLISS (Birth Life Saving Skills) course has been started. This course is raising awareness about how to have safer deliveries and healthier newborns. Twelve women, fifteen percent of women over the age of eighteen in the Petab cluster, are participating in the BLISS course. At the end of the summer, CDP Lal also finished a water project that was left over from the health project in the village of Nao Ghula. The project involved piping water from a spring into the village for easier access to clean water in all seasons as well as protecting the spring itself from contamination. The completion of this project gave over three-hundred people access to clean water year round. The team also did training on how to properly use the spring. Three village masons who worked on the spring from start to finish are able to provide ongoing maintenance. CDP Lal is grateful for the support of WMPL and Tearfund UK.

CDP Lal began a well project in one community that had no access to clean water. At first the community was hesitant to dig a well since a well dug in the past had not found water. However with some knowledge of topography, more likely areas were selected and the community chose the exact location from among these sites. There was much celebration when water was discovered at a depth of about ten meters. Now a community of one-hundred-and-fifty people who previously obtained all their water from a contaminated stream have access to clean water year round. With the successful completion of this project, the trust level increased and there seems to be a growing enthusiasm for further projects and training.

Hazarajat Community Health Project

In 1999, a small Mother and Child Health project began and grew into the Hazarajat Community Health Project (HCHP) which provided health services for the district of Lal-wa-Sarjangal. For the first part of 2009, IAM continued to operate this project. However, as a result of discussions between IAM, the Ministry of Public Health, and another Non-Governmental Organization which implements the Basic Package of Health Services (BPHS) for the rest of the province of Ghor, the BPHS contract was given to the other NGO, rather than renewing the contract with IAM. Therefore at the end of May, 2009, IAM handed over the well-equipped twenty-four-bed hospital facility in Lal bazaar and the six Basic Health Centres located in remote villages, along with its responsibilities for training Community Health Workers and providing health care services, to the local NGO. Over one hundred well-trained local staff were available to the new NGO for re-hiring. The nurses, trained locally at HCHP over the past ten years, demonstrated their ability to deliver a high standard of care. Most of the large expatriate team left Lal when the project was turned over to the other NGO. Among the departing expatriates was Martha Brauner, IAM's longest-serving team member, who retired at the age of seventy-nine years, after forty-one years of serving the people of Afghanistan. She is deeply missed by the people in Lal.

HCHP continues to have a lasting impact on the health of people in the district. Many nurses who received trained through HCHP are now working at remote health posts scattered throughout the district. Others continue to work at the Comprehensive Health Centre in Lal. Over the past ten years, HCHP has also been instrumental in improving the status of women by providing opportunities for women's employment and demonstrating the necessity for female employees at the hospital. Attitudes in the community have changed and people deeply appreciated that women can be seen by female staff for health concerns. Women no longer get a bad name and reputation due to working outside their homes; in fact, it has become quite acceptable in this area and even increases their respect in the community. HCHP would like to thank GBGM, InterAct, MKF, Impact Afghanistan and WMPL for their support in 2009.

Maimana

This corner of Afghanistan is characterized by winter games of buzkhashi, men in coats of many colours riding little donkeys, and a curious landscape that looks like over-sized mole hills. Predominantly occupied by Uzbeks, this province has, until recently, been relatively cut off from the rest of the country. It has a conservative but respectful culture: all women wear the burqa and people tend to socialize within their family groups. However, once welcomed into homes, guests are invariably the recipients of overwhelming hospitality. Life is still very dependent on the rural economy. The region is renowned for its melons and grapes. In a good year the late summer bazaars overflow with delicious fruit and nuts. Wheat is the main crop and is used to make the distinctive round Uzbek bread. New roads and electricity mean that things are changing fast and it will be interesting to see how things are in ten years time. For the time being, however, Maimana retains much of its rural, small town feel.

Community Development Project

In late 2005, after over ten years of community development work around Mazar-i-Sharif, IAM decided to use its experience in a more underserved province and the Community Development Project (CDP) Faryab was formed. CDP Faryab works with a number of communities in the province. It seeks to help people meet their basic needs and manage their own development in a just and sustainable way that can benefit the entire community. In order to achieve these goals, facilitators spend a few years working with village councils and other small groups. They listen, learn and try to help them create the changes that they want to see in their communities. CDP Faryab does an extensive amount of training in areas like adult literacy, health awareness and action, local livelihoods and village councils, with the hope that communities will continue the effort themselves. Also, building materials, water pipes and other supplies are provided when a community decides that a project is beneficial and matches contributions with their own labour and/or materials. In addition to these projects, CDP Faryab advocates for more support from other services like vaccinators and clinics and, when possible, works with other IAM projects, such as RESAP, NOOR and OWPC's CBR.

During the first few months of 2009, CDP Faryab continued to be engaged in "cash for work" relief projects, which was the final phase of their 2008-2009 Drought Response Program. This created long lasting community benefits including flood

CDP Facts at a Glance

622 Health & Nutrition Beneficiaries
589 Livelihoods & Shelter Beneficiaries
102 Basic Education & Literacy Beneficiaries
311 Water & Sanitation Beneficiaries
75 Vulnerable Children Beneficiaries
300 Local Level Advocacy Beneficiaries
1,160 Environmental Sustainability & Disaster Risk Reduction Beneficiaries

protection, public and agricultural access roads and demonstration latrines. During the course of the Drought Response Program, CDP Faryab benefited almost 12,000 people through loans of improved wheat, cash for work projects, food distribution and targeted action on malnutrition. In the summer, CPD Faryab led a combined IAM camp of eye surgeons and orthotic technicians in the remote region of Kohistan. Throughout 2009, CDP Faryab continued its very effective BLISS program which teaches women how to spot problems and save lives during pregnancy and delivery. It also provided new micro loans for women's groups. One encouraging change as a result of CDP Faryab's work was a dramatic increase in vaccinations for children and mothers. CDP Faryab is thankful for the support of Tearfund UK, TEAR, Tearfund Switzerland and the Icelandic Government.

Orthopaedic Workshop and Physical Therapy Centre

The Orthopaedic Workshop and Physical Therapy Centre (OWPC) project started its activities in the Maimana General Hospital compound in June 2004. The project was developed due to the lack of orthopaedic services between the major cities of Mazar-i-Sharif and Herat. OWPC's goal is to reduce the negative impact of disability in Faryab province and the surrounding area. It facilitates preventative action and the development of rehabilitation services through capacity building and partnership with people with disabilities (PWD), their families and communities. In its Workshop and Physical Therapy Centre, OWPC offers orthopaedic and physical therapy services while providing in-service training for orthopaedic technicians and physical therapists. It also plans and implements outreach camps and provides regular training for and facilitation of basketball games for PWD. Since it is difficult to find Afghan physical therapists who are willing to move to Faryab Province, OWPC publicizes physical therapy as a career option to graduating high school students in the region and encourages those interested to study at IAM's Physical Therapy Institute in Kabul.

In February 2009 CBR was doing a survey in a village when they met a family with a four-year-old boy who had trouble sitting alone or moving around. He was given a corner chair to support him while sitting. His parents said that when he was one, he had a high fever with shaking. Before he became ill he was able to crawl, but after his sickness, he was unable to walk. CBR examined the boy and told the parents to help him practice walking daily. He had physical therapy in the village and, after two months, he was given a walker. After almost a year, he was able to walk alone. The parents were grateful and the village Disability Committee saw the difference CBR could make in their village.

Another aspect of the OWPC project is its Community-Based Rehabilitation (CBR) services. In each village where it works, CBR trains a Disability Committee and identifies people with disabilities. It instructs Community Health Workers, staffs of Basic Health Centres, community leaders and Disability Committees regarding the rights of PWD and in the prevention of disability. It also facilitates physical therapist visits and referral services of Community Health Workers and Basic Health Centres. In order to improve the quality of life for PWD, CBR trains sign language teachers, preschool

OWPC Facts at a Glance

1071 Clients Received Physical Therapy Services
451 Clients Received Orthopaedic Appliances
1490 Clients Received Assistive Devices

teachers and mobility and Braille teachers. CBR identifies educational needs of school-aged children with disabilities and works with communities to find ways to meet those needs. For adults with disabilities, CBR identifies and arranges teachers who provide vocational training and lessons and distributes loans through the guidance and guarantee of the Disability Committees. CBR has also explored the formation of Disabled People's Organizations for the potential sustainability of services. It maintains contact with the Afghan government and other Non-Governmental Organizations working to improve sustainability and appropriateness of rehabilitation services for the disabled.

In 2009, orthopaedic and physical therapy services were available five days a week. Two physical therapists attended training courses on pelvic floor problems, cerebral palsy, back pain and osteoporosis and two of the orthopaedic technicians attended the Ponseti system course (treatment of clubfoot). OWPC had many outreach camps including two to Kohistan, two to Mahbas, one to Buza and one to Atakhan Khuja. Wheelchair basketball practices occurred twice weekly throughout the year and an American wheelchair basketball player held a one-week training camp. Three games with a Mazar-i-Sharif team were facilitated.

CBR also had a successful year. Two teachers, the fieldwork supervisor and one fieldworker received training in sign language and the fieldwork supervisor and one fieldworker received training in mobility and Braille. Two preschool teachers providing preschool in the workshop facilities received training in sign language, use of Individual Education Plans and teaching methods. Four Disability Committees now function in the Miandara valley area and eighty-one PWD were identified in newly-covered villages in the area. Referrals were made through Disability Committees in areas where there are no health workers and monthly physical therapist visits were facilitated in Miandara valley. Also, loans to PWD from the previous year continued to be repaid; 43 out of 78 chickens were repaid and distributed to other PWD, and six new loans of goats were made to PWD in new villages. One man with scoliosis received eight months of training as a tailor in Maimana and has set up shop in his village; he is open to taking disabled students as trainees. OWPC is grateful for the support of MCCN, Partnerships Worldwide, Interserve US and GBGM.

Renewable Energy Sources in Afghanistan Project

For information on the Renewable Energy Sources in Afghanistan Project and its work in Faryab Province and other regions see page 20.

Mazar-i-Sharif

Crouching at the edge of a desert, Mazar-i-Sharif in the Province of Balkh is steeped in culture. The famous Blue Mosque, the Shrine of Hazrat Ali, with its multiple domes and towering minarets stands proud and imposing right in the heart of the city. It is a place revered and visited by all Afghans especially during the Persian New Year on March 21st. The vast marbled courtyards and neatly laid gardens surrounding the shrine are filled with the tens of thousands of visitors including Afghan and International dignitaries who flock to Mazar to attend the New Year ceremonies. Family and friends travel many miles to be part of this deeply significant time of year. Plates are heavy with mounds of pilau rice cooked with plump raisins and grated carrots; hiding in the center is a patiently cooked, tender portion of lamb. This traditional Afghan guest meal is served with high, teetering piles of six-inch diameter round, glazed bread, each center depressed into concentric pin holed circles, a Mazar specialty. Another early spring delicacy is samanak, wheat cooked for twenty-four hours in large pots over open wood fires resulting in a thick, shiny, sweet, dark brown paste. The forty days following the New Year are called the "Festival of Red Flowers." The nearby foothills are suddenly and briefly carpeted with short wild tulips. The entrepreneurial young boys speedily cut these and tie them into chunky bundles with pieces of stripped leaves to sell by the roadside and in the bazaar. Then Mazar prepares again to be slowed by the shimmering, searing heat of a desert summer.

Silk Road English Centre

The Silk Road English Centre (SREC) strives to ensure that Afghans are proficient in English in order to participate in international level communication, relationships, education, commerce and holistic development. Women often face unique difficulties when they try to further their education. Most female students prefer to take courses with a friend so that they will not have to walk alone on the street. They often have responsibilities with their families, such as caring for sick relatives, which may cause them to miss classes. With these difficulties in mind, SREC has intentionally focused on increasing enrolment of women. As a result, thirty percent of students were women, a twelve percent increase from the previous year. During 2009, a total of 328 students attended courses during the four semesters.

In addition to teaching a core curriculum, SREC offers English for Specific Purposes (ESP) classes. In 2009, seven ESP classes were offered, including reading and writing classes specifically for Non-Governmental Organization (NGO) workers and professionals. Fifty-seven percent of students were professionals, NGO workers or government workers. A TOEFL (Test of English as a Foreign Language) class was also taught to prepare students for opportunities to study overseas. Upon their return from study abroad these students will become the nation builders of this country. SREC is grateful for the financial support of TEAM.

Two SREC students who are in an intermediate reading and writing class recently received six-month scholarships to Kansas State University in the United States to study English. Additionally, a number of SREC students are working towards passing the TOEFL exam in order to do graduate studies in foreign institutions so they can return to Afghanistan and better serve their country.

Kabul

Kabul, the nation's capital and the largest city in Afghanistan, is the government, banking and educational centre of the country. The temperate high altitude climate makes for dry hot summers and short but cold winters. Kabul is known for its Tajik and Persianized culture and style. People from every ethnic group in Afghanistan live in Kabul and along with over ten thousand foreigners from many parts of the world. It is said "If it is in Afghanistan, it is in Kabul." Kabul is alive with an abundant variety of people, vocations and social life activities. This unique meld of cultures makes Kabul the most cosmopolitan and diverse city in Afghanistan, but unfortunately it is blighted with overcrowding and traffic. Often, Kabul is so far ahead of the rest of the country that it seems a country of its own. One cannot get across Kabul without seeing the mix of old structures, partly destroyed buildings and new modern high-rise glass buildings rising up all around. Kabul is at the forefront of the new Afghanistan, trying to emerge from the rubble of past wars. People are much the same; partly traditional, but tentatively looking for a way forward to join the rest of the world in commerce, education and style. Kabul is where the future direction of Afghanistan is being forged, traditional and modern together.

Business Development Services

It is recognized, worldwide, that income generated by women in poor families benefits the entire family and helps them to improve their living conditions, enabling them to gradually move out of poverty and into self-sufficient lifestyles. In addition, women who earn income achieve greater self-esteem and self-confidence with increased status in the family and the community in which they live. Many women in Kabul often start simple informal businesses working from their homes, but do not have the awareness of basic business principles that would help them to operate efficiently and effectively. Business Development Services (BDS), which began as a part of another IAM business project in 2007 and developed

"I was illiterate and I wasn't allowed to go to school. I made handicraft things at home. I used to watch the other girls go to school and I felt sad and deprived. Now I am allowed to go to the literacy and business skills course and I am learning to read and write. I am very happy. I have realized that people can make a profit from very little money. I bought two meters of fabric for 260 Afs and a spool of thread for 15 Afs. I made an embroidered shawl and sold it in the bazaar for 1000 Afs. My profit was 725 Afs."

into its own project in 2008, aims to contribute to the socioeconomic development and empowerment of low income Afghan women. This requires the development of the social, literacy and numeracy skills of the women in order for them to fully interact with society.

Basic business awareness training and literacy classes are provided. Additionally, the teachers occasionally take the students on trips to the wholesale bazaar in the city so they can see how the bazaar actually works. They are introduced to shopkeepers and shown how to offer to make products for them. They learn how to find work and at what level they can become suppliers to various shopkeepers. They also find that fabric and other materials are cheaper and there are more options in the wholesale bazaar than at their local bazaars. As tools for these classes, BDS has written and produced culturally appropriate business training materials in Dari that are suitable for uneducated Afghan women. This includes a basic business skills textbook entitled "Step by Step" with a shorter, simpler version called "First Steps," from which the teachers compile their business lesson plans. A series of twenty-four picture books were also developed, each containing a story related to some aspect of business told in ten simple sentences and paired with drawings to illustrate them. These books can be used both for reading practice and as teaching tools. BDS would like to thank World Dev for their support during 2009.

Physical Therapy Institute

The Physical Therapy Institute (PTI) project began in 1983 and seeks to develop and improve the physical rehabilitation services of Afghanistan by training quality physical therapists and physical therapy teachers, providing physical therapy materials and advocating for physical therapy. In 2009, PTI designed and printed 500 copies of three different textbooks (a Medical Ethics booklet, a Neuro Anatomy book and an Arthrology book) to be used by its students. Eighteen students completed two semesters of the first year of the physical therapy program and fifteen students completed two semesters of the second year. PTI not only trains physical therapists, but it also provides continuing education for them. This year, eighty-six physical therapists completed six continuing education courses in Kabul and Mazar-i-Sharif on topics such as pelvic floor problems, burns and nutrition. Also, eleven physical therapy teacher trainees attended and completed one module of the teacher training program. Seventeen teachers and clinical supervisors completed the two-year physical therapy upgrading program in Kabul and received their certificates. PTI also trained 112 medical students in basic physical therapy and disability awareness. Finally, PTI's outpatient clinic treated 836 patients in 3,475 treatment sessions. PTI is governed by an Advisory Board made up of representatives of various government and non-government stakeholders. PTI is grateful for the support of Global Ministries, Swedish Committee for Afghanistan and Handicap International.

RESAP Facts at a Glance

16 Microhydro Projects were Completed in Badakhshan, Faryab, Ghor, Kabul and Kapisa Provinces
8,106 People were Provided with Electricity Through Microhydro Projects
5 Wind Power Projects were Completed in Badakhshan, Kabul and Parwan Provinces
780 People were Provided with Electricity Through Wind Power Projects

Renewable Energy Sources in Afghanistan Project

In 1984, IAM launched the Renewable Energy Sources in Afghanistan Project (RESAP) which focused on solar water heating until 1995. At that time it began to work with micro-hydro. Today RESAP continues to provide electricity to rural regions of Afghanistan and to build up a local renewable energy industry throughout Afghanistan. RESAP's energy projects are implemented with the contribution of the community and the community is responsible for maintenance and repairs. To ensure that resources are available to communities in the future, RESAP uses Afghan made technology and encourages and supports local renewable energy businesses. RESAP also trains Afghan technicians and installers and designs and tests Afghan made energy components. These methods allow RESAP's work to be sustainable while creating businesses and jobs for Afghans.

In 2009, RESAP made significant improvements in its wind turbine components and provided ongoing training to three wind power technicians. It also offered a one month lathe training course which had twelve participants. RESAP expanded its work last year to include Faryab province where it works closely with IAM's Community Development Project. However, in Badakhshan Province, RESAP is working with a private company that will take over RESAP's work in Faizabad. RESAP has also begun to scale down and move its Kabul workshop in preparation for transferring its work and responsibility to Afghan businesses. RESAP is grateful for the support of SenterNovem, Operation Agri, the Icelandic Government, ACDI/VOCA, Tearfund Switzerland and Afghan Bureau for Reconstruction during 2009.

On several occasions, during past years, the delivered electric cables were not sufficient to set up the distribution net in the particular villages according to the project plans. The cause was unknown. There was speculation that perhaps the survey wasn't exact enough or some of the cables had gotten lost during transport to or in the villages. When buying cables for the 2009 projects, some of the staff began to wonder if the bundles of cable might actually be shorter than the length that was advertised. But, due to the enormous length of the cable, it was impossible to open the bundle and measure its length in the shop where it was sold. In the RESAP workshop they developed and tested another method. Using a precise scale, they weighed a one meter piece of cable and used it to estimate the total weight of the bundle. Then they used a larger scale to weigh the entire bundle. They discovered that the reported "900 meter bundles" actually contained only 650-700 meters of cable! They returned to the shop and demonstrated their method to the shopkeeper. He gave them an additional bundle of cable for free. He was very thankful and now plans to use the same method with his supplier.

IAM Headquarters

The IAM Headquarters in Kabul supports the work in the provinces and provides the necessary administrative, legal and contractual support for IAM. Amongst others, this support is provided through the Administration and Program Support Directors, Logistics Department, the Information and Communication Technology Department, the Finance Department and the Personnel Department.

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. Program Support Directors assist the projects with subject matter specific advice.

The Information and Communication Technology Department is the like the vital nervous system of our organization, supporting communication between Kabul and the outlying areas, between team members in country, and between team members and their support base outside Afghanistan. This work of this department is critical to safety and security measures. This Department maintains a computer based repository of information, policies and resources to guide and support team members.

The Logistics Department 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 issues with the applicable government ministry.

The Finance Department is responsible for the transparent recording of all financial transactions and for financial reporting to government and donor agencies. This department also manages the cash flow and makes sure staff and suppliers are paid on time. Every year an audit firm of international standing audits IAM's accounts and advises management and the Board on how to improve the financial management. The whole financial system aims at transparency and is one of the major ways in which IAM leadership fulfils its responsibility to be accountable for the funds entrusted to it.

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. This Department also serves as the liaison for the Education Program for IAM Children (EPIC). 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. 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 language study, 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 regional locations also offer continual language learning in the local languages, including 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). Because of EPIC, these children can better enjoy the rich experience of international community life with their peers in the context of Afghan culture.

Individual Service Assignments

IAM also seconds professionals to strategic roles in Government Institutions and sometimes to the private and non-governmental organization sector. These individuals conduct valuable training in areas not directly addressed by IAM projects. All ISA's develop the capabilities of Afghans in their respective fields. In 2009, IAM had professionals in Individual Service Assignments (ISA's) in the following positions:

- A physician working on a project to develop hospital standards and involved with training at the Wazir Akbar Khan Hospital and Hope Family Medicine Training Program
- A surgeon involved in training at the Wazir Akbar Khan Hospital and several provincial hospitals
- A midwife helping establish a new charitable work through the new Afshar Hospital and Hope Family Medicine Program
- A general practitioner working in the Faizabad Provincial Hospital and in a community based program for disabled children.
- A linguist working through the Academy of Sciences to promote minority languages by developing their written form

Our thanks go out to our Member Agencies and numerous personal donors as well as the following external donors:

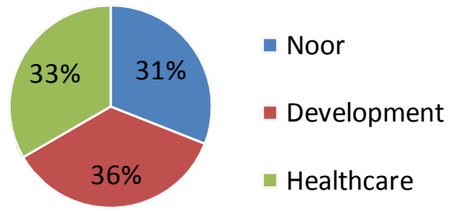
ACDI/VOCA
Afghan Bureau of Reconstruction
Cargill International
Commune of Bernex
Commune of Meinier
Commune of Grand Saxony
Commune of Veyrier
Embassy of Japan
Finish Ministry of Foreign Affairs
Handicap International
Icelandic Government
Irish Government
Islamic Relief
Kiwanis
NORAD – Norwegian Agency for Development Cooperation
SenterNovem
SIDA – Swedish International Development Cooperation Agency
Standard Chartered Bank (Kabul)
Tear Fund Switzerland

Program Expenses by Sector and Region:
(Expenses During 2009)

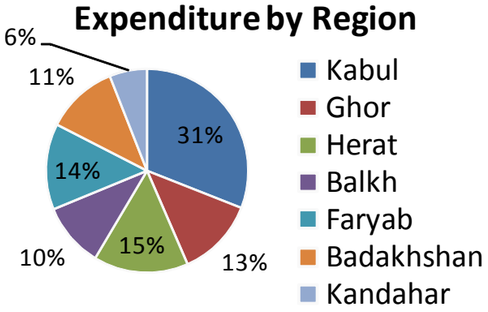
TYPE: D- Development H - Heath N - NOOR

	TYPE	TOTAL MONETARY	VOLUNTEER INPUT
NOOR			
UEH & Core	N	$580,000	$387,000
POC	N	$347,000	$73,000
MOC	N	$218,000	$10,000
KNEH	N	$139,000	$30,000
FAIZABAD, BADAKHSHAN PROVINCE			
ALEF	D	$43,000	$70,000
RESAP	D	$220,000	$80,000
WCHDP	H	$110,000	$87,000
WLD	D	$2,000	$50,000
HERAT, HERAT PROVINCE			
CDP	D	$136,000	$16,000
PMHP	H	$604,000	$110,000
KANDAHAR, KANDAHAR PROVINCE			
ALEF	D	$49,000	$67,000
LAL-WA-SARJANGAL, GHOR PROVINCE			
CDP	D	$83,000	$167,000
HCHP	H	$364,000	$107,000
MAIMANA, FARYAB PROVINCE			
CDP	D	$245,000	$110,000
OWPC	H	$111,000	$163,000
RESAP	D	$105,000	$57,000
MAZAR-I-SHARIF, BALKH PROVINCE			
EFL	D	$28,000	$143,000
KABUL, KABUL PROVINCE			
BDS	D	$36,000	$40,000
PTI	H	$83,000	-
RESAP	D	$105,000	$40,000
Business Consultancy	D	-	$73,000
Linguistic Consultancy	D	$1,000	$60,000
Medical Consultancy	H	$1,000	$180,000
Nutrition Consultancy	D	$2,000	$27,000
	TOTALS	$3,612,000	$2,147,000

Expenditure by Sector

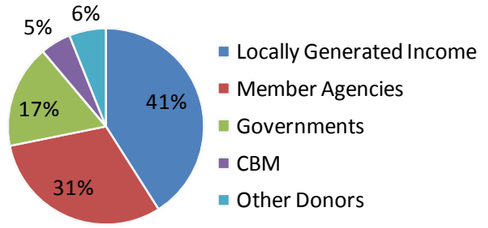


Expenditure by Region

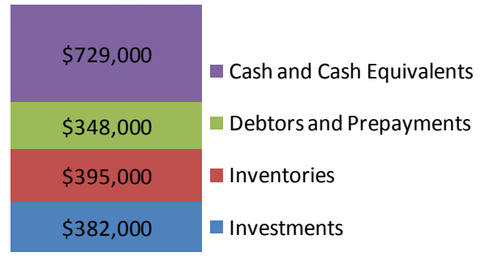


Administrative costs charged to Projects	8%
REGIONAL OFFICES	$138,000
CENTRAL OFFICE	$156,000
TOTAL	$294,000

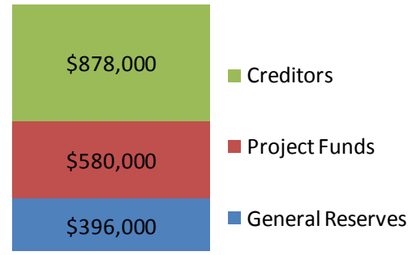
Sources of IAM Program Income for 2009



Assets: $1,854,000



Liabilities and Reserves: $1,854,000



Central Services Income and Expenditure

Income	
Fees from Volunteers	$410,000
Utilities Recharged	$165,000
Language Tuition & Training	$141,000
Donations	$86,000
Income from Team Houses	$66,000
Interest	$10,000
Costs recharged to projects	$294,000
	$1,172,000

Expenditure	
Staff costs	$418,000
Rent & Maintenance	$402,000
Transport	$120,000
Information Technology	$91,000
Training	$36,000
Audit	$30,000
Other Costs	$87,000
	$1,184,000

A copy of the audited accounts of IAM is available on request.

iam

International Assistance Mission

Serving Afghans - Building Capacity, since 1966

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