



AABRAR

# Annual Report 2025



PREPARED BY: SYED WAHEED SHAH

JANUARY 25, 2026

AFGHAN AMPUTEE BICYCLISTS FOR REHABILITATION AND RECREATION (AABRAR)

## 1 TABLE OF CONTENTS

2	Introduction: .....	3
3	Executive Summary:.....	3
4	Overview of Afghanistan's Context:.....	4
5	Education Activities: .....	4
5.1	Community based education.....	5
5.2	Basic Education.....	6
5.3	Education in emergencies .....	7
5.4	Afghanistan Returnee Acute Joint Response (ACJR) project .....	8
6	Health Initiatives:.....	9
6.1	Mobile Midwifery and Telemedicine Services (Bamyan Province).....	9
6.2	Training of Physiotherapists and Prosthetic & Orthotics Technicians (Ghor Province) .....	10
6.3	Strengthening Supervising Midwives Through Video Learning and Coaching-Mentoring .....	11
7	Agriculture and livelihood support .....	12
7.1	Afghanistan NGOs/CSOs Capacity Support Project .....	12
8	Impact Assessment: .....	13
8.1	Impact Assessment – Education in Emergencies (East Region & Kunar).....	13
8.2	Impact Assessment – B-AQBE Project (Bamyan, Nangarhar, Nuristan) .....	13
8.3	Impact Assessment – Afghanistan Returnee Acute Joint Response (Herat) .....	13
8.4	Impact Assessment – Mobile Midwifery & Telemedicine (Bamyan).....	13
8.5	Impact Assessment – Physiotherapy & Prosthetics/Orthotics Training (Ghor).....	14
8.6	Impact Assessment – Strengthening Supervising Midwives through Video Learning (Nationwide) ...	14
8.7	IMPACT ASSESSMENT – AFGHANISTAN NGOS/CSOS CAPACITY SUPPORT PROJECT (NURISTAN) .....	14
9	Success Achieved: .....	14
10	Challenges and Lessons Learned: .....	15
11	Partnerships and Collaborations: .....	16
12	Future Outlook: .....	16
13	Acknowledgments: .....	17
14	Conclusion: .....	17

## 2 INTRODUCTION:

AABRAR has continued its mission of empowering vulnerable communities across Afghanistan through inclusive education, health, rehabilitation, and disability-focused initiatives. In 2024–2025, the organization implemented a diverse portfolio of projects that addressed urgent humanitarian needs while laying the foundation for long-term development. From expanding access to classrooms for out-of-school children, to strengthening maternal and newborn health through mobile midwifery and telemedicine, to supporting returnees with assistive devices and accessible infrastructure, and to training new rehabilitation professionals, each program reflects AABRAR’s commitment to dignity, equity, and resilience.

Through strong partnerships with government ministries, international donors, and local communities, AABRAR has not only met but often exceeded its targets. These collective efforts demonstrate how collaboration, innovation, and adaptability can transform challenges into opportunities, bringing hope and tangible progress to thousands of families across Afghanistan.

## 3 EXECUTIVE SUMMARY:

In 2024–2025, AABRAR implemented a diverse portfolio of projects across Afghanistan, focusing on education, maternal and newborn health, rehabilitation, disability inclusion, and returnee support. These initiatives were designed to respond to urgent humanitarian needs while building sustainable systems for long-term development.

**Education in Emergencies** programs in Laghman, Nuristan, and Kunar reached more than 43,000 children through community-based classes, accelerated learning centers, and earthquake response interventions. Teachers were trained, salaries distributed, and hundreds of classes were handed over to public schools, ensuring continuity and sustainability. The B-AQBE project further strengthened the education system by targeting 350 schools and training 701 teachers, laying the groundwork for full-scale implementation in 2026.

In **healthcare**, AABRAR’s Mobile Midwifery and Telemedicine project in Bamyan deployed 22 Midwife-CMA teams to remote “white areas,” delivering over 148,000 maternal and newborn services. These teams provided antenatal and postnatal care, newborn assessments, and counseling, while CMAs raised awareness among more than 114,000 men and boys. In Ghor, 24 students (50% female) were enrolled in physiotherapy and prosthetics/orthotics training, supported by the establishment of a Physical Rehabilitation Center that provided both practical training and direct services to persons with disabilities.

The **Afghanistan Returnee Acute Joint Response (ACJR)** project in Herat, implemented with IRC, exceeded its targets by distributing 899 assistive devices, repairing 824 prosthetics/orthotics, and providing cash assistance to 750 vulnerable individuals. Accessibility infrastructure—including ramps, sidewalks, seating, and signage—was constructed to improve mobility and dignity for returnees, pregnant women, and persons with disabilities. Screening of 1,433 returnees identified functional difficulties, with 243 referrals ensuring continuity of care.

At the **national level**, AABRAR launched the “Strengthening Supervising Midwives through Video Learning and Coaching” project, training 350 Supervising Midwives to become Master Trainers. Through tailored video lessons in three languages and one-on-one mentoring, knowledge scores improved from 60% in pre-tests to 86% in post-tests. The Learning Management System provided accessible, multilingual training content, setting a new standard for digital learning in Afghanistan’s health sector.

Across all projects, AABRAR faced challenges such as infrastructure gaps, restrictions on female staff participation, harsh weather, poor connectivity, and difficulty recruiting qualified trainers. However,

adaptive planning, strong partnerships with government ministries, donors, and NGOs, and deep community engagement ensured continuity and success.

**Afghanistan NGOs/CSOs Capacity Support Project** Through community-driven livelihood support, 450 households (3,150 individuals) in Nuristan were equipped with vegetable packages and trained in sustainable home gardening. Beneficiaries, including female-headed households and persons with disabilities, gained practical skills in soil preparation, planting, irrigation, and pest control. Families improved their diets, reduced reliance on external aid, and marketed surplus produce locally to generate income. This initiative strengthened household resilience against food insecurity and empowered women to play an active role in food production and decision-making. The project demonstrated that small-scale, community-based interventions can deliver lasting improvements in nutrition, income, and dignity for vulnerable communities.

**Overall Impact:** AABRAR's interventions reached hundreds of thousands of beneficiaries, empowered women and girls, supported persons with disabilities, and built sustainable local capacity. The organization demonstrated that with innovation, collaboration, and resilience, even in fragile contexts, education, health, and rehabilitation services can be expanded sustainably.

This collective success reflects AABRAR's vision of a future where every child learns, every mother receives safe care, and every person with a disability lives with dignity and independence.

## 4 OVERVIEW OF AFGHANISTAN'S CONTEXT:

Afghanistan remains a country grappling with multifaceted challenges, including protracted conflict, political instability, economic uncertainty, and social upheaval. Decades of conflict have left a devastating impact on the country's infrastructure, institutions, and human capital, exacerbating poverty, displacement, and vulnerability. The recent withdrawal of international troops and the resurgence of Taliban control in certain regions have further complicated the humanitarian situation, raising concerns about the protection of human rights, particularly those of women and children. In this context, the work of humanitarian organizations like AABRAR is more critical than ever, as we strive to provide essential services, foster resilience, and promote peace and stability at the grassroots level.

## 5 EDUCATION ACTIVITIES:

AABRAR, in partnership with UNICEF and other donors, implemented education in emergencies projects across Laghman, Nuristan, and Kunar provinces to support children affected by conflict and the 2025 earthquake. In the East Region, 1,226 CBE and ALC classes were established with 1,395 teachers, reaching 43,000 out-of-school children, including girls and children with disabilities. Activities included teacher training, salary distribution, monitoring visits, and the successful handover of nearly 600 classes to public schools. In Kunar, 75 new classes (10 ECCD and 65 TLS) were set up in Sawkay and Nurgal districts, enrolling 2,275 children. Teacher recruitment prioritized female participation, though limited by low literacy rates, and all ECCD teachers appointed were female. Teaching and learning kits were procured, winterization measures provided, and systematic monitoring ensured safe and inclusive learning environments.



Photos of TLS Class

In addition, AABRAR initiated the B-AQBE project in Bamyan, Nangarhar, and Nuristan provinces in 2025, targeting 350 schools, with 262 under AABRAR's implementation. The project was formally registered with the Ministry of Economy and MoU signed with the Ministry of Education, enabling rollout. School selection was completed across 12 districts, and 701 teachers received 12-day professional training in collaboration with the Teacher Education Professional Development Department, focusing on pedagogy, classroom management, and inclusive education. Preparatory work for community awareness, TLM distribution, WASH interventions, and remedial classes was also carried out, with full-scale implementation planned for 2026.

Together, these projects expanded education access, strengthened teacher capacity, improved infrastructure, and fostered community engagement. Despite challenges such as teacher turnover, student absenteeism, resource shortages, and limited female teacher recruitment, coordinated efforts with local authorities, communities, and partners laid a strong foundation for inclusive, safe, and sustainable education for vulnerable children in Afghanistan.

## 5.1 COMMUNITY BASED EDUCATION

AABRAR, in partnership with UNICEF and donors (ADB, WB, GPE), implemented the Community-Based Education (CBE) EiE project across three provinces, targeting **43,000 out-of-school children** (60% girls, 5% children with disabilities). The project established **1,226 classes** with **1,395 teachers**, ensuring access to education in conflict-affected and remote areas.



Photo of CBE Class

### Key Achievements

- **Education Access:** Thousands of children promoted to higher grades through CBE and ALC classes; final exams successfully conducted in 2025.
- **Teacher Support:** Salaries disbursed on time (Aug–Dec 2025), maintaining teacher motivation.
- **Capacity Building:** On-the-job training for teachers; 12-day core training for 200 TLS teachers on pedagogy, child protection, and safeguarding.
- **Infrastructure:** Heaters and firewood distributed to 200 TLS and 500 CBE/ALC classes; rehabilitation of 12 TLS classrooms in Khas Kunar camp.
- **Monitoring & Accountability:** 53 district visits, joint monitoring with UNICEF and DEDs, GRM orientation sessions, and monthly coordination meetings strengthened oversight.
- **Transition:** 290 CBE classes in Kunar and 300 in Nuristan handed over to public schools with materials and documentation.

### Challenges

- High **teacher turnover** and **student absenteeism**.
- Shortage of **learning materials** (especially Grades 1–2 and Grade 6).
- Weak **classroom infrastructure** (lack of toilets, drinking water, durable shelters).
- Limited **public school capacity** to absorb transitioned students.
- Coordination difficulties and communication gaps in remote districts.

### Recommendations

- Introduce teacher retention incentives and recruit locally.

- Engage parents and community leaders to reduce absenteeism.
- Improve supply chain for timely delivery of materials.
- Partner with communities for classroom renovations and facilities.
- Use digital tools for coordination and multi-channel communication (SMS, radio, meetings).
- Strengthen advocacy for female teacher recruitment and public school infrastructure.

The project significantly improved education access and quality in Laghman, Kunar, and Nuristan. Despite challenges, coordinated efforts between AABRAR, UNICEF, and local authorities ensured smooth transitions, enhanced teaching quality, and promoted community engagement. Sustained collaboration and resource investment remain critical for long-term impact.

## 5.2 BASIC EDUCATION

During 2025, AABRAR initiated the implementation of the B-AQBE project across Bamyan, Nangarhar, and Nuristan provinces, in close coordination with IRC and the Ministry of Education (MoE). The project targets 350 schools, out of which 262 schools are under AABRAR's implementation (Bamyan: 87, Nangarhar: 88, Nuristan: 87).

The project was successfully registered with the Ministry of Economy (MoEC), and the Memorandum of Understanding (MoU) was signed with the Ministry of Education, enabling formal project rollout. Strong coordination was maintained with Provincial Education Directorates (PEDs) and District Education Directorates (DEDs).



12 Days Teacher Training in Nangarhar

A total of 12 districts were selected across the three provinces, followed by school selection in coordination with DEDs based on agreed criteria. All selected schools were verified, and required documentation was completed to ensure eligibility for project interventions.

During the reporting year, the 12-day teacher training programme was initiated, and 701 teachers were successfully trained in selected districts. The training was delivered in collaboration with the Teacher Education Professional Development Department (TEPDD), focusing on improving teaching practices, classroom management, and inclusive education.

In addition, preparatory work was carried out for key components including community awareness, Teaching and Learning Materials (TLM), Reading/Student Corner, WASH interventions, and remedial classes, with planning, coordination, and initial steps completed.

As the project commenced in the latter part of the year, most of the core activities are planned for full-scale implementation in 2026, including completion of teacher trainings, awareness sessions, material distribution, and rollout of remedial classes.

Overall, 2025 served as a foundation year, focusing on approvals, coordination, district and school selection, and initial implementation, setting the stage for comprehensive execution in 2026.

### 5.3 EDUCATION IN EMERGENCIES

Following the Afghanistan 2025 earthquake, AABRAR launched an **Education in Emergencies (EiE) response** in Sawkay and Nurgal districts of Kunar Province. The project established **75 classes** (10 ECCD and 65 TLS), aiming to enroll **2,275 children** (60% girls, 5% children with disabilities). Activities focused on coordination, teacher recruitment, provision of learning materials, and monitoring to ensure safe and inclusive education.



Photo of the TLS class Visit in Nurgal District Kunar.

#### Key Achievements

- **Coordination:** Multiple meetings with SCI, PED, and DEDs finalized class selection and recruitment processes.
- **Class Establishment:** 48 classes in Sawkay and 27 in Nurgal began operations with the new academic year (March 26, 2026).
- **Teacher Recruitment:** 52 teachers appointed (including 10 ECCD teachers—all female). Despite low female literacy rates, efforts prioritized female recruitment.
- **Learning Materials:** Teacher Kits, Class Kits, and Student Kits procured and stored in Kunar; distribution scheduled by April 14, 2026.
- **Monitoring:** 27 systematic class visits assessed attendance, teaching quality, and safety; alternative spaces advised where needed.
- **Community Engagement:** Meetings with teachers reinforced project principles and strengthened communication with parents and local leaders.

#### Challenges

- **Low female literacy rates** limited recruitment of female teachers for TLS classes.
- **Geographical constraints** and resistance from authorities hindered female teacher recruitment.
- **Infrastructure gaps** (latrines, water, durable shelters) affected attendance and safety.
- **Lessons Learned**
- Strong **coordination with local authorities** and active **community involvement** significantly improve project effectiveness and sustainability.

#### Next Steps

- Distribution of TLMs and issuance of teacher contracts.
- Enrollment of eligible female students to close gender gaps.
- Verification of student records and IDs.
- Assessment of hub schools and TLS for rehabilitation and latrine construction.
- Delivery of **14-day core training** for ECCD and TLS teachers.
- Continued monitoring and coordination with SCI and local authorities.

## 5.4 AFGHANISTAN RETURNEE ACUTE JOINT RESPONSE (ACJR) PROJECT

Implemented by AABRAR in partnership with IRC, the ACJR project focused on disability inclusion and urgent mobility needs of returnees and host communities in Herat province. The project ran from July 2025 to January 2026 with a budget of AFN 13.5 million. Activities were carried out in Islam Qala and multiple districts, targeting persons with disabilities, pregnant women, older persons, and vulnerable returnees deported from Iran.

### Achievements

- **Assistive Devices:** 899 distributed (target 740), including wheelchairs, crutches, and walking frames.
- **Prosthetics & Orthotics:** 824 repairs completed (target 800).
- **Cash Assistance:** 750 beneficiaries supported for transportation, including PWDs and pregnant women.
- **Infrastructure:** 1 ramp, 15 handrails, 4 accessible seating areas, 30 signages, 120m sidewalk, 100m drain grate, and 5 steel staircases constructed to improve accessibility.
- **Screening & Referrals:** 1,433 individuals screened using Washington Group Questions; 243 referred to health services.
- **Capacity Building:** 203 NGO staff trained (target 200) on disability rights, safeguarding, and psychosocial support.
- **Help Desk Support:** Established at IOM facilities to provide accessible information and referrals.
- **Monitoring & Adaptive Learning:** Regular field visits and joint monitoring with IRC ensured quality and responsiveness.

### Challenges

- Suspension of activities at Islam Qala Reception Center due to restrictions on female staff participation, limiting access for women and girls.
- Access constraints in volatile humanitarian contexts required relocation of activities.
- Infrastructure adjustments were needed to adapt seating and ramps to site conditions.

### Recommendations

- Maintain flexible implementation modalities and contingency plans to adapt to sudden access restrictions.
- Strengthen coordination mechanisms with partners to ensure continuity of services during disruptions.
- Expand inclusive infrastructure and disability-friendly designs to cover more service points.
- Continue promoting accountability to affected populations through transparent communication, community consultations, and feedback mechanisms.
- Formalize contingency coordination plans for female staff participation to safeguard gender-sensitive service delivery.

The ACJR project exceeded most targets, improved mobility and dignity for persons with disabilities, and enhanced access to essential services for vulnerable returnees and host communities. Despite



Photo of Ahmad at the ANDMA camp using accessible pathways and seating supported by the Joint Response

operational challenges, adaptive planning and strong coordination ensured continuity of assistance and set a positive model for future joint humanitarian responses.

## 6 HEALTH INITIATIVES:

Access to healthcare is a fundamental human right, yet millions of Afghans continue to face barriers to essential health services, including limited access to healthcare facilities, shortages of trained healthcare providers, and inadequate infrastructure. In 2024, AABRAR redoubled its efforts to address these challenges through a series of targeted health initiatives aimed at promoting health awareness, delivering essential healthcare services, and strengthening healthcare systems in underserved communities.

### 6.1 MOBILE MIDWIFERY AND TELEMEDICINE SERVICES (BAMYAN PROVINCE)

AABRAR hired and trained 22 midwives and 22 Community Midwifery Support Workers (CMAs) to deliver maternal and newborn healthcare services to over 41,000 women and girls of reproductive age and 20,000 newborns. Mobile Midwife-CMA teams, equipped with telemedicine kits, provided antenatal care (ANC), postnatal care (PNC), newborn assessments, and counseling for adolescent girls and community men. By September 2025, they had delivered 148,435 services, including 4,554 ANC, 3,964 PNC, 3,493 newborn services, and over 21,000 counseling sessions for women and girls. CMAs reached more than 114,000 men and boys with health awareness.



#### Achievements:

- Established Bamyan provincial office and equipped 22 mobile teams.
- Delivered large-scale maternal and newborn healthcare services in remote “white areas.”
- Conducted refresher and ANC/PNC training for midwives, funded by AABRAR’s CORD Fund.
- Introduced systematic monitoring through KoBo system for field data tracking.

**Lessons Learned:** Regular refresher training and updated healthcare protocols are essential for midwives. Mobile health services are critical in areas lacking clinics, and coordination with DoPH and local councils expands coverage.

**Recommendations:** Provide health and nutrition kits for mothers and newborns, expand coverage to more white areas, supply preventive medicines (Paracetamol, Folic Acid, Perfolic), and extend project duration to meet growing demand.

**Challenges:** Harsh weather, poor roads, poverty, and limited access to medical centers hinder service delivery. Coverage gaps remain due to limited white areas.

## 6.2 TRAINING OF PHYSIOTHERAPISTS AND PROSTHETIC & ORTHOTICS TECHNICIANS (GHOR PROVINCE)

AABRAR hired and trained 22 midwives and 22 Community Midwifery Support Workers (CMAs) to deliver maternal and newborn healthcare services to over 41,000 women and girls of reproductive age and 20,000 newborns. Mobile Midwife-CMA teams, equipped with telemedicine kits, provided antenatal care (ANC), postnatal care (PNC), newborn assessments, and counseling for adolescent girls and community men. By September 2025, they had delivered 148,435 services, including 4,554 ANC, 3,964 PNC, 3,493 newborn services, and over 21,000 counseling sessions for women and girls. CMAs reached more than 114,000 men and boys with health awareness.



Photos of Physical Rehabilitation Training

### Achievements:

- Established Bamyan provincial office and equipped 22 mobile teams.
- Delivered large-scale maternal and newborn healthcare services in remote “white areas.”
- Conducted refresher and ANC/PNC training for midwives, funded by AABRAR’s CORD Fund.
- Introduced systematic monitoring through KoBo system for field data tracking.



Photos of Manufactured Prosthesis in Physical Rehabilitation Workshop

**Lessons Learned:** Regular refresher training and updated healthcare protocols are essential for midwives. Mobile health services are critical in areas lacking clinics, and coordination with DoPH and local councils expands coverage.

**Recommendations:** Provide health and nutrition kits for mothers and newborns, expand coverage to more white areas, supply preventive medicines (Paracetamol, Folic Acid, Perfolic), and extend project duration to meet growing demand.

**Challenges:** Harsh weather, poor roads, poverty, and limited access to medical centers hinder service delivery. Coverage gaps remain due to limited white areas.

### 6.3 STRENGTHENING SUPERVISING MIDWIVES THROUGH VIDEO LEARNING AND COACHING-MENTORING

AABRAR implemented a nationwide initiative to strengthen 350 Supervising Midwives across Afghanistan by transforming them into Master Trainers. The project combined tailored video lessons in clinical, professional, and technical areas with one-on-one coaching and mentoring. Activities were phased over 18 months (Jan 2024 – Sep 2025), including project registration, MoU signing, staff recruitment, beneficiary selection, refresher training, LMS development, video production, and structured follow-up meetings.

#### Achievements

- **Beneficiary Selection & Training:** 350 Supervising Midwives selected from all 34 provinces; commitment letters signed.
- **Capacity Building:** 20 AABRAR coaches/mentors trained through a 15-day ToT program.
- **Refresher Training:** One-month refresher course delivered via WhatsApp to all midwives.
- **Learning Management System (LMS):** Developed and expanded with technical support, progress reporting, analytical dashboards, and homework features.
- **Video Lessons:** 20 multilingual training videos (Dari, Pashto, Uzbeki) produced and uploaded.
- **Quizzes & Assessments:** Pre- and post-quizzes designed for each video; results showed knowledge improvement from 60% correct answers in pre-tests to 86% in post-tests.
- **Follow-up Meetings:** Coaches conducted 1:1 mentoring sessions after each video to reinforce learning.
- **Monitoring & Evaluation:** Continuous MEAL oversight ensured quality and accountability.



Photos of ToT Training for Coaches/Mentors

#### Challenges

- Initial LMS deployment required refinements to improve user-friendliness and accessibility.
- Restrictions on internet access and digital literacy in some provinces slowed onboarding.
- Ensuring consistent engagement across diverse regions demanded strong coordination and technical support.

#### Recommendations

- Continue regular refresher training and coaching to sustain knowledge gains.
- Expand LMS features further to include interactive forums and peer-to-peer learning.
- Provide offline access options for midwives in areas with poor connectivity.
- Strengthen collaboration with MoPH and GHS to institutionalize video-based training as part of national midwifery development.

## 7 AGRICULTURE AND LIVELIHOOD SUPPORT

### 7.1 AFGHANISTAN NGOS/CSOS CAPACITY SUPPORT PROJECT

Afghanistan continues to face severe humanitarian challenges due to decades of conflict, poverty, drought, and climate shocks. Food insecurity remains acute, with millions in IPC Phase 3 and 4. This project was designed to support **450 households (3,150 individuals)** in Nuristan Province by distributing vegetable packages for home gardening resilience, generating income, and supporting women with disabilities, and female-headed families.

#### Achievements

The project successfully distributed vegetable packages containing seeds, fertilizers, and gardening tools to targeted households. Training sessions on sustainable gardening practices were conducted, covering soil preparation, planting, irrigation, pest control, and nutrition.

Surplus produce was marketed locally, providing additional income and reducing dependency on external aid. Women, especially female-headed households, gained confidence and skills in food production, contributing to household well-being and decision-making.

#### Activities Implemented

AABRAR began with a **community needs assessment** to identify the most vulnerable households. **Awareness training** sessions were organized to build capacity in home gardening. Vegetable packages were distributed equitably with community involvement to ensure transparency. Regular **monitoring and follow-up visits** tracked progress, provided technical support, and addressed challenges. Finally, **market linkages** were facilitated, and entrepreneurship training was provided to help households sell surplus produce and generate income.

#### Challenges

The project faced logistical challenges due to Nuristan's remote geography and limited infrastructure. Harsh weather conditions and poor road access complicated distribution and monitoring. Ensuring equitable participation of women and persons with disabilities required continuous community engagement and sensitization.

#### Lessons Learned

Community involvement through CDCs and Shura elders was critical for transparent beneficiary selection and ownership. Regular training and follow-up improved adoption of sustainable practices. Linking households to local markets enhanced the economic impact of home gardening. Empowering women through active participation strengthened household resilience and promoted gender equity.

#### Impact



Photo of Kitchen Gardening Toolkit Distribution in Nuristan



Photo of Kitchen Gardening Toolkit Distribution in Nuristan

The project improved food security and self-sufficiency for 450 households, enhanced resilience against food insecurity, and created opportunities for income generation. Vulnerable households, particularly women and persons with disabilities, were empowered to contribute to their families' well-being. The initiative demonstrated that small-scale, community-driven interventions can create meaningful and lasting change in fragile contexts.

**Conclusion:** Through this grant, AABRAR successfully addressed urgent food insecurity in Nuristan by promoting home gardening and sustainable livelihoods. The project not only improved nutrition and household income but also strengthened community resilience and women's empowerment, setting a strong foundation for future livelihood support initiatives.

## 8 IMPACT ASSESSMENT:

Across all projects, AABRAR has advanced inclusive education, maternal and newborn health, rehabilitation services, and disability rights. The combined interventions reached hundreds of thousands of beneficiaries, built sustainable local capacity, and embedded accountability and community engagement. Despite challenges such as infrastructure gaps, female staff recruitment barriers, and volatile contexts, adaptive planning and strong coordination ensured measurable improvements in access, quality, and dignity of services.

### 8.1 IMPACT ASSESSMENT – EDUCATION IN EMERGENCIES (EAST REGION & KUNAR)

The CBE, ALC, TLS, and ECCD interventions significantly expanded access to education for out-of-school children in Laghman, Nuristan, and Kunar. Over 45,000 children (including girls and children with disabilities) gained access to structured learning, with thousands promoted to higher grades. Teacher training and timely salary distribution improved instructional quality and retention. Winterization measures and distribution of learning kits created safer, more conducive environments. The handover of nearly 600 classes to public schools strengthened sustainability, though challenges remain in infrastructure and female teacher recruitment. **Impact:** Improved literacy, reduced dropout rates, and strengthened community engagement in education.

### 8.2 IMPACT ASSESSMENT – B-AQBE PROJECT (BAMYAN, NANGARHAR, NURISTAN)

The project laid a strong foundation for systemic education improvement by targeting **350 schools** across three provinces. Registration, MoU signing, and coordination with MoE ensured institutional legitimacy. Training of **701 teachers** enhanced classroom management and inclusive education practices. Preparatory work for TLM distribution, WASH, and remedial classes positioned the project for full rollout in 2026. **Impact:** Strengthened teacher capacity and institutional coordination, setting the stage for large-scale improvements in school quality and inclusivity.

### 8.3 IMPACT ASSESSMENT – AFGHANISTAN RETURNEE ACUTE JOINT RESPONSE (HERAT)

The ACJR project exceeded targets by distributing **899 assistive devices**, repairing **824 prosthetics/orthotics**, and providing cash assistance to **750 vulnerable individuals**. Accessibility infrastructure (ramps, sidewalks, seating, signage) improved mobility for persons with disabilities, pregnant women, and older persons. Screening of **1,433 returnees** identified functional difficulties, with **243 referrals** ensuring continuity of care. Capacity-building for **203 NGO staff** strengthened disability-inclusive service delivery. Despite restrictions on female staff at Islam Qala, adaptive relocation ensured continuity. **Impact:** Enhanced dignity, independence, and access to essential services for returnees and host communities, with stronger disability inclusion embedded in humanitarian response.

### 8.4 IMPACT ASSESSMENT – MOBILE MIDWIFERY & TELEMEDICINE (BAMYAN)

Deployment of **22 Midwife-CMA teams** delivered over **148,000 maternal and newborn services** in remote "white areas." ANC, PNC, newborn care, and counseling reached thousands of women, girls, and men, while CMAs raised awareness among over **114,000 community members**. Telemedicine kits improved diagnostic capacity and referrals. **Impact:** Reduced maternal and newborn mortality risks, improved community health awareness, and strengthened trust in mobile health services.

## 8.5 IMPACT ASSESSMENT – PHYSIOTHERAPY & PROSTHETICS/ORTHOTICS TRAINING (GHOR)

The training of **24 students** (50% female) in physiotherapy and prosthetics/orthotics created a new cadre of rehabilitation professionals. Establishment of a Physical Rehabilitation Center provided both hands-on training and direct services to persons with disabilities. **Impact:** Expanded access to rehabilitation care in underserved areas, built local professional capacity, and addressed critical gaps in disability services.

## 8.6 IMPACT ASSESSMENT – STRENGTHENING SUPERVISING MIDWIVES THROUGH VIDEO LEARNING (NATIONWIDE)

Through tailored video lessons and 1:1 mentoring, **350 Supervising Midwives** were trained to become Master Trainers. Knowledge improvement was measurable: pre-test scores averaged 60% correct, rising to 86% after training. The Learning Management System provided multilingual, accessible training content, while quizzes and coaching reinforced learning. **Impact:** Strengthened supervisory capacity nationwide, improved maternal and newborn care quality, and created a scalable digital training model for Afghanistan’s health sector.

## 8.7 IMPACT ASSESSMENT – AFGHANISTAN NGOS/CSOS CAPACITY SUPPORT PROJECT (NURISTAN)

Through the distribution of vegetable packages and training in sustainable home gardening, **450 households (3,150 individuals)** in Parun, Wama, and Waygal districts of Nuristan were supported to improve food security and resilience. Beneficiaries, including female-headed households, persons with disabilities, and families with pregnant and lactating women, gained practical skills in soil preparation, planting, irrigation, and pest control. Surplus produce was marketed locally, generating income and reducing dependency on external aid.

**Impact:** Improved household food security and nutrition, enhanced resilience against climate-related food insecurity, created opportunities for income generation, and empowered vulnerable households—particularly women—to actively contribute to family well-being and community stability. This project demonstrated that small-scale, community-driven livelihood interventions can deliver transformative results in fragile and underserved contexts.

## 9 SUCCESS ACHIEVED:

Over the past years, AABRAR has transformed lives across Afghanistan through education, health, rehabilitation, and inclusion projects. Each initiative reflects resilience, innovation, and community trust.

**Education in Emergencies (East Region & Kunar)** In provinces where conflict and disaster left thousands of children out of school, AABRAR brought hope. More than **43,000 children** in Laghman, Nuristan, and Kunar gained access to learning through **1,226 community-based classes**. Even after the 2025 earthquake, **75 new classes** were established in Sawkay and Nurgal, enrolling **2,275 children**. Teachers were trained, salaries paid on time, and winterization ensured safe classrooms. The handover of hundreds of classes to public schools marked a sustainable step forward.

**B-AQBE Project (Bamyan, Nangarhar, Nuristan)** With strong coordination with MoE and IRC, AABRAR targeted **350 schools**, training **701 teachers** in modern pedagogy and inclusive practices. This foundation year prepared the ground for full-scale implementation in 2026, ensuring that children in underserved areas will benefit from improved teaching quality and resources.

**Afghanistan Returnee Acute Joint Response (Herat)** For returnees from Iran, AABRAR and IRC delivered dignity and independence. Over **899 assistive devices** were distributed, **824 prosthetics repaired**, and **750 vulnerable individuals** received cash assistance. Accessibility ramps, sidewalks, and seating transformed service centers into disability-friendly spaces. Screening, referrals, and capacity-

building for **203 NGO staff** strengthened inclusion. Despite restrictions on female staff, adaptive relocation ensured continuity.

**Mobile Midwifery & Telemedicine (Bamyan)** In remote “white areas,” **22 Midwife-CMA teams** delivered over **148,000 maternal and newborn services**. Equipped with telemedicine kits, they provided antenatal and postnatal care, newborn assessments, and counseling for adolescent girls and community men. This reduced maternal risks and improved newborn survival in areas once cut off from healthcare.

**Physiotherapy & Prosthetics/Orthotics Training (Ghor)** AABRAR established a training center and rehabilitation facility, enrolling **24 students** (50% female) in physiotherapy and prosthetics/orthotics. These future professionals are already serving patients while learning, filling a critical gap in rehabilitation services in underserved communities.

**Strengthening Supervising Midwives through Video Learning (Nationwide)** Through innovative digital learning, **350 Supervising Midwives** were trained to become Master Trainers. Tailored video lessons in three languages, combined with one-on-one mentoring, boosted knowledge from **60% to 86%** correct responses in assessments. This scalable model is now a cornerstone for nationwide maternal health improvement.

**Afghanistan NGOs/CSOs Capacity Support Project** Through community-driven livelihood support, 450 households (3,150 individuals) in Nuristan were equipped with vegetable packages and trained in sustainable home gardening. Beneficiaries, including female-headed households and persons with disabilities, gained practical skills in soil preparation, planting, irrigation, and pest control. Families improved their diets, reduced reliance on external aid, and marketed surplus produce locally to generate income. This initiative strengthened household resilience against food insecurity and empowered women to play an active role in food production and decision-making. The project demonstrated that small-scale, community-based interventions can deliver lasting improvements in nutrition, income, and dignity for vulnerable communities.

Across all these projects, AABRAR has reached **hundreds of thousands of beneficiaries**, empowered women and girls, supported persons with disabilities, and built sustainable local capacity. The success lies not only in numbers but in stories of mothers safely delivering babies, children returning to classrooms, returnees regaining mobility, and young professionals preparing to serve their communities.

This collective journey shows that with vision, coordination, and community trust, even the most vulnerable can find pathways to dignity, education, and health.

## 10 CHALLENGES AND LESSONS LEARNED:

**Education Projects (East Region & Kunar):** Teacher turnover, student absenteeism, shortage of textbooks, weak infrastructure (toilets, water, durable shelters), and limited female teacher recruitment.

**B-AQBE Project:** Need for longer project duration to align with GIHS curriculum; gaps in WASH and remedial services pending rollout.

**Returnee ACJR Project (Herat):** Restrictions on female staff participation, access constraints in volatile areas, and infrastructure adjustments required to fit site conditions.

**Mobile Midwifery (Bamyan):** Harsh weather, poor roads, poverty, limited white areas for coverage, and demand for essential medicines.

**Physiotherapy & Prosthetics Training (Ghor):** Difficulty recruiting qualified female trainers, lack of functional rehabilitation centers initially.

**Video Learning for Midwives (Nationwide):** Digital literacy and connectivity barriers, need for LMS refinements, and ensuring consistent engagement across provinces.

## 11 PARTNERSHIPS AND COLLABORATIONS:

**Education in Emergencies (East Region & Kunar):** Implemented in partnership with **UNICEF, ADB, World Bank, and GPE**, with close coordination with Provincial and District Education Directorates (PEDs/DEDs). Collaboration ensured smooth handover of classes to public schools and alignment with national education priorities.

**B-AQBE Project (Bamyan, Nangarhar, Nuristan):** Delivered jointly with **IRC** and the **Ministry of Education (MoE)**. Strong coordination with MoEC, PEDs, and DEDs enabled school selection, teacher training, and formal project registration. Partnership with GIHS supported curriculum development and teacher professional training.

**Afghanistan Returnee Acute Joint Response (Herat):** Implemented with **IRC** under the DRA Joint Response framework. Collaboration with **World Vision, IOM, ANDMA, and MoMD** ensured disability-inclusive infrastructure, assistive device distribution, and referrals. Joint monitoring visits and coordination meetings strengthened accountability and adaptive planning.

**Mobile Midwifery & Telemedicine (Bamyan):** Coordinated with **MoPH, DoPH, Provincial Development Council, and local health councils**, alongside NGOs such as MOVE, ICRD, ORCD, and AKH. Partnerships enabled allocation of white areas, provision of telemedicine kits, and integration with local health systems.

**Physiotherapy & Prosthetics/Orthotics Training (Ghor):** Implemented with **Ghazanfar Institute of Health Sciences (GIHS)**. Collaboration ensured curriculum alignment, faculty recruitment, and establishment of a Physical Rehabilitation Center for both training and patient care.

**Strengthening Supervising Midwives through Video Learning (Nationwide):** Developed with **GIHS, MoPH, and GIZ**, supported by Ripple Impact for LMS and video production. Partnerships ensured technical quality, multilingual content, and nationwide reach to 350 Supervising Midwives.

## 12 FUTURE OUTLOOK:

**Education Programs:** Continue scaling Community-Based Education and earthquake response classes, while strengthening integration into public schools. Focus will be on recruiting and retaining female teachers, improving infrastructure, and expanding digital learning tools to reach remote areas.

**Teacher Development (B-AQBE):** Full rollout of teacher training, WASH interventions, and remedial classes in 2026. Sustained collaboration with MoE and GIHS will ensure professional certification and long-term institutional capacity.

**Returnee Support (ACJR):** Expand disability-inclusive infrastructure and assistive services for returnees, with stronger contingency planning for female staff participation. Future programming will prioritize mobility, dignity, and protection-sensitive approaches.

**Mobile Midwifery (Bamyan):** Extend coverage to additional white areas, provide essential health and nutrition kits, and strengthen telemedicine capacity. Continued refresher training will ensure midwives remain updated on evolving protocols.

**Rehabilitation Training (Ghor):** Extend project duration to align with GIHS's three-year curriculum, ensuring graduates receive official certification. Expansion of rehabilitation centers will provide both training and essential services to underserved populations.

**Digital Learning for Midwives (Nationwide):** Build on the success of video-based training by expanding LMS features, offering offline access, and institutionalizing blended learning as part of national midwifery development.

## 13 ACKNOWLEDGMENTS:

Looking ahead, AABRAR is committed to deepening its impact across Afghanistan by expanding inclusive education, strengthening maternal and newborn health services, advancing rehabilitation training, and embedding disability rights into all programs. The organization will continue scaling community-based and emergency education initiatives, ensuring more children—especially girls and those with disabilities—gain access to safe and sustainable learning environments. Teacher development programs will move into full implementation, with WASH and remedial services enhancing school quality. In health, mobile midwifery services will extend to additional remote areas, supported by telemedicine and essential health kits, while rehabilitation training in Ghor will be aligned with GIHS’s three-year curriculum to ensure professional certification. Nationwide, digital learning for midwives will be institutionalized, offering blended training models that combine video lessons with mentoring, and providing offline access for remote provinces.

AABRAR extends its heartfelt gratitude to all those who contributed to the success of our programs and initiatives in 2024. We are deeply thankful to our donors, partners, staff, volunteers, and supporters for their unwavering dedication, generosity, and commitment to our shared mission. We also express our appreciation to the communities we serve for their resilience, hospitality, and trust. It is through our collective efforts and collaboration that we are able to make a meaningful difference in the lives of individuals and communities across Afghanistan.

With this spirit of partnership and innovation, AABRAR envisions a future where every child has access to education, every mother receives safe care, and every person with a disability can live with dignity and independence.

## 14 CONCLUSION:

AABRAR’s work across education, health, rehabilitation, and inclusion in 2024–2025 demonstrates the power of resilience, innovation, and collaboration in addressing Afghanistan’s most pressing needs. From bringing tens of thousands of children back to classrooms, to equipping midwives with telemedicine tools, to supporting returnees with assistive devices and accessible infrastructure, and to training a new generation of rehabilitation professionals, each initiative has delivered measurable impact and lasting change.

Despite challenges such as limited infrastructure, staffing constraints, and volatile contexts, AABRAR’s adaptive strategies, strong partnerships, and community engagement ensured continuity and success. The organization has not only met but often exceeded its targets, embedding sustainability and inclusivity into every program.

Looking forward, AABRAR remains committed to expanding its reach, strengthening systems, and empowering vulnerable populations. With the continued support of donors, partners, staff, and communities, AABRAR will build on these achievements to create a future where every child learns, every mother receives safe care, and every person with a disability lives with dignity and independence.