

# Supporting the Integration of Mental Health into the Public Health Care System of Afghanistan

by qualifying health professionals and training  
a pool of national mental health trainers



**ipso**

International psychosocial organisation



# OUR PSYCHOSOCIAL COUNSELLORS

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# EDITORIAL

We are extremely happy that we were able to implement this project. We managed to train psychosocial counsellors, national mental health trainers, medical doctors and nurses in order to support the integration of the national mental health component into the health care system of Afghanistan.

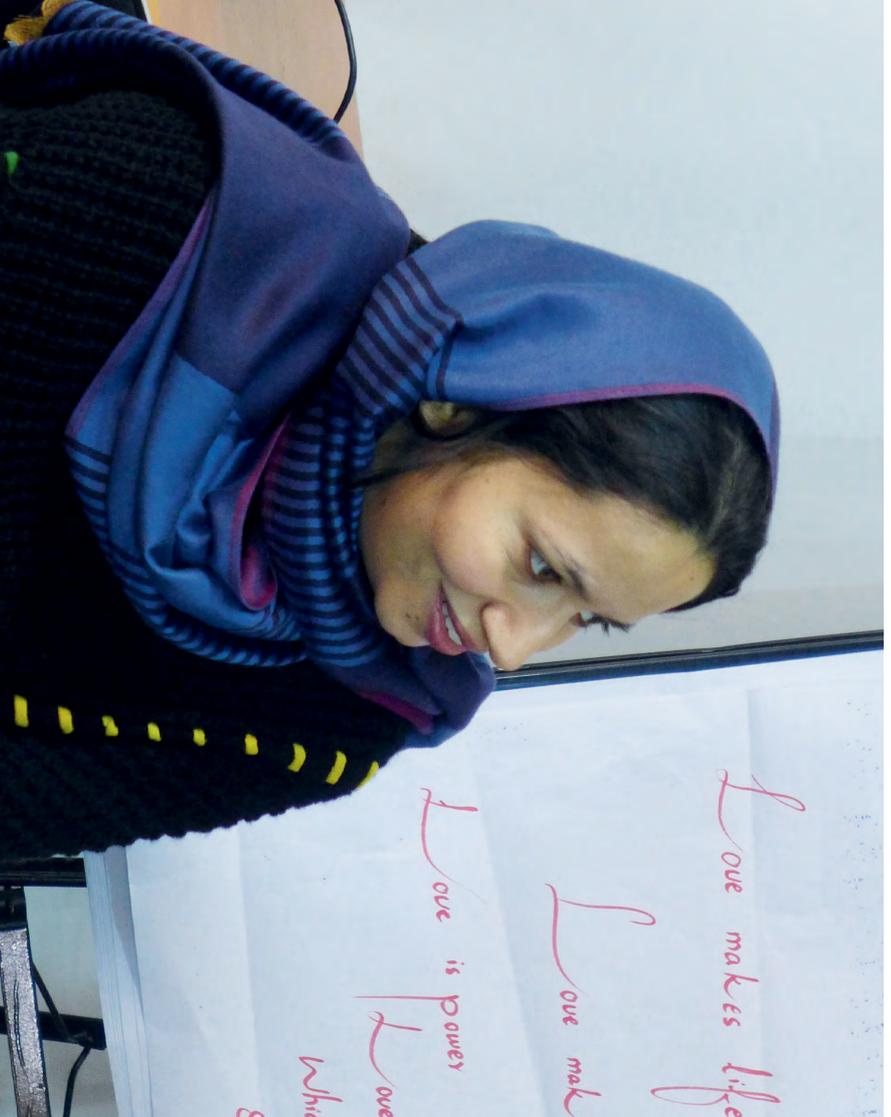
Through this project we made a big step towards accomplishing the aim we had formulated in 2005: "Offering psychosocial counselling services in all clinics of Afghanistan."

At this point we have psychosocial counsellors in many clinics in all provinces of Afghanistan and they are providing psychosocial counselling services to the people in need. What a wonderful progress!

The whole Ipsos team, trainers and supervisors, finance, logistic and support staff have worked well together and supported the Mental Health Department of the Ministry of Public Health in order to make this project a success. We would like to thank all of them for their tireless work throughout the years.

We would also like to thank the Ministry of Public Health, especially the Mental Health Department and the Grants and Service Contracts Management Unit, for their continuous support and cooperation and the European Delegation for their trust and steady support. [Inge Missmahl](#) and [Sarah Ayoughi](#)





# MENTAL HEALTH FOR WHOLE AFGHANISTAN

AFGHANISTAN IS A COUNTRY THAT  
REFLECTS MANY FACES OF LIFE.

Being here, among the people, one can understand that enjoying, laughing and having hope can exist beside suffering from the past and having an unclear picture of the future. Here, one can learn how to trust each other in very unstable times, how to help others while facing the fear of being alone and how to be kind while life is really cruel to oneself.

This face of Afghanistan and Afghan people became obvious to me while I was working in our mental health project aiming at training professional psychosocial counselors (PSCs) for all provinces of Afghanistan. In our work, we intent to implement an approach which focuses on values, behaviors and various life situations.

An approach focusing on acceptance for each other and acknowledging that people are sometimes very different. We teach our psychosocial counselor trainees to be reflective and to encourage their clients to reflect themselves for a better understanding. It is challenging and meaningful for me to teach such kind of approach, especially in a country with a high sensitivity regarding cultural values.

Trainees from far away districts of Afghanistan came to Kabul to become psychosocial counselors. They came with different views on counselling, which were based on their own judgments and values. To me it was very interesting that in the beginning all of them, especially those from remote

areas, were resistant to changes. But after attending self-experience groups in which they could really share their values, thoughts, wishes and experiences; they became more open towards changes and accepted differences between themselves. We saw commitment and motivation in them.

After having received the training in Kabul, most of them could handle the challenging cases in the health facilities and helped their clients to manage and influence their life again. However, the counsellors' working environment often did not suit the counselling requirements, such as privacy during the sessions. At some places it was challenging to integrate these requirements into the already existing health system.

The trained psychosocial counsellors are working in a team with medical doctors (MDs) and nurses, who also received a mental health training by us. They could treat more than 50000 mental health cases within this project. For me, it was very motivating when our counsellors reported about cases which seemed hopeless in the beginning, but turned into an improvement of the client's situation after having conducted a few professional counselling sessions.

This convinced me that this counselling approach is valuable and useful to all Afghans. The present project was a very good initiative and in all provinces of Afghanistan at least each Provincial Hospital (PH) and many Comprehensive Health Centers (CHCs) could be

equipped with professional PSCs and those counsellors could heal the invisible wounds of many Afghan people who experienced such a treatment for the first time.

I remember that one of our PSCs was warned by an opposition group to stop working as a counsellor and he was courageous enough to go to this group and to explain his work to them. He made clear that the counselling approach has nothing to do with politics and anti-Islamism, rather it is about being able to solve own problems and difficulties. It was amazing that they really could understand him and let him continue his work.

Besides contributing to the integration of mental health care into the BPHs, this project was a chance for all beneficiaries to see their life from a different perspective and it was a great experience for our Ipso team. We discovered the different faces of Afghan people during the implementation of this project. We saw a sensitive and suffering being who needs to be seen and to be taken serious, we recognized the being behind the very proud and heartless mask. And even our trainees became conscious of those faces and this consciousness made them good and professional psychosocial counsellors. MDs and nurses, [Dr. Fareshtia Queedes, Manager of Ipso Afghanistan](#)

# MENTAL HEALTH IN AFGHANISTAN

AFGHANISTAN IS A POST CONFLICT AND POOR COUNTRY WITH A POPULATION OF 30 MILLION. MOST OF THE PEOPLE BEAR A LARGE NUMBER OF WAR RELATED, ACUTE, CHRONIC STRESSES AS WELL AS PSYCHO-SOCIAL PROBLEMS.

However, the vast majority of people are also experiencing psycho-social problems in their daily life. They hinder them to improve their lives as well as their social functioning. The mental health topic has a broad and comprehensive concept in Afghanistan which comprises all aspects of life. The idea is that a person should be free from signs and symptoms of mental disorders. Moreover, a person should be able to be productive and get a sense of happiness. A person should feel empowered to aspire a feeling of satisfaction and ultimately, to enjoy life. The prevention of mental disorders and the promotion of mental health are further aspects of the topic. It is very important for public mental health. Interventions are cost-efficient and effective and public mental health experts should emphasize these socio-cultural accepted interventions to ease the access to services for the population. Many vulnerable groups living in our country have no chance to get treat-

ment due to low education, low awareness, gender based violence, cultural barriers, stigma etc. Vulnerable groups often include old people, women, widows, adolescents, disabled people, people living in very far and rural areas and people with low economic condition.

The only way to provide those people with mental health care on a low cost level, which is easily accessible, is to integrate it as a permanent component into primary health care. We started this approach in Afghanistan in 2005 and added a psycho-social component in 2009 by creating a new position: "psycho-social counsellors" working in Comprehensive Health Centers (CHC) in Afghanistan.

The main aim of the Ministry of Public Health (MOPH) is to respond to people's needs through medical and non-medical models in a sustainable way. It is worth to mention that the EU is the only donor that, since the beginning

of the transitional Islamic government, provides financial and technical support to mental health and psycho-social activities. Their support includes: the development of the mental health strategy 2010-2015 and the related strategic plan, the integration of mental health into primary health care as well as the integration of mental health in the hospital package (EPHS). In addition, they support capacity building programs as well as the renovation and rehabilitation of the tertiary mental health hospital in Kabul. The goal is to improve the quality of tertiary mental health services, to upgrade the mental health act and to develop a code of practice. Another aim is to develop material for the training of different health workers, such as MDs, Med-levels and psycho-social counsellors. The most important impact of the psycho-social approach is that it leads to less stigma and discrimination, it is a low cost service for patients and their families, and even for the government.



It decreases mental health burdens, increases human rights, decreases family violence and drug abuse, increases the self-esteem of health providers, encourages people to receive support and increases people's trust in the health care system.

Currently 80 CHCs out of 380 CHCs are equipped with psycho-social counsellors and around 1010 psycho-social counsellors are working in 52 regional hospitals (EPHS). Two counsellors for every mental health ward in five regional hospitals and two counsellors for every provincial hospital in 26 provinces. In 2015 it is planned to train 103 more psycho-social counsellors through the support of Iiso and funded by the EU project.

Psycho-social counselling has become the most important component of the mental health system (BPHS and EPHS) in Afghanistan. Since 2008 the mental health department in a close cooperation with its stakeholders, especially with the technical support of Iiso and financial support of the EU, tried to develop

a comprehensive bio-psycho-social intervention approach. Up to now, we have around 300 psycho-social counsellors all over the country who received trainings based on approved manuals and the related learning resource package (LRP). 60 of those psycho-social counsellors are now trained by Iiso as national mental health trainers.

Fortunately, nowadays we have a model system for mental health, which is impressive according to international experts. For instance, it is mentioned in the WHO's *Building Back Better* "that after 2010 Afghanistan endorsed a five-year National Mental Health Strategy.

Although Afghanistan is one of Asia's poorest countries, humanitarian recovery programming has paradoxically resulted in one of the continent's most successful experiences in integrating and scaling up mental health care in selected areas of a country. Significant challenges remain, but important

progress has been made in raising the priority of mental health care and providing services to those in need". (WHO, *Building Back Better*, 2013, page 27).

Hereby I want to thank Iiso for their great efforts in training psycho-social counsellors in a very professional and practical way. But I do have to mention that we still have long way to go to complete the integration process and to overcome the challenges and barriers of a full implementation.

Finally, I want to ask all stakeholders to put mental health as a priority on their agenda, as the Ministry of Public Health appreciates and welcomes all parties to support mental health. There is no health without mental health and no socio-economic growth without mentally healthy people. Dr. Bashir Ahmad Sarwari, Director of the Department of Mental Health and Substance Abuse, MOPH

# PROJECT TIMELINE

## JANUARY 2012 - DECEMBER 2014

Supporting the Integration of Mental Health into the Public Health Care System of Afghanistan by qualifying health professionals and training a pool of national mental health trainers

### FEBRUARY

#### FINALIZING THE LEARNING RESOURCE PACKAGE (LRP) FOR THE TRAINING OF PSYCHOSOCIAL COUNSELLORS

The Learning Resource Package (LRP) for the training of psychosocial counsellors (PSCs) has been conceptualised, developed, edited and translated into Dari and Pashto by Ipsos's core team.

This LRP contains a methodology for the training, some further background knowledge for the trainers and a daily schedule. As the training of national mental health trainers (NMHTs) for psychosocial counselling is part of this project they will later be able to use the LRP as a guidance for their own trainings. This will guarantee that the trainings will all have the same contents and methodology and thus guarantee the same quality.

The Technical Advisory Group (TAG) of the Ministry of Public Health (MoPH) endorsed the LRP for PSCs as part of the national training package for PSCs delivering psychosocial counselling services within the primary health care services (BPHS) and secondary care services (EPHS) in Afghanistan.

### MARCH

#### COORDINATION AND KICK OFF WORKSHOP FOR THE PROJECT

On the 17th and 18th of March, Ipsos conducted the National Mental Health Coordination Workshop in the Ibn Sina conference hall.

All PHDs (Provincial Health Directors) and the representatives of the implementing NGOs from all target provinces were invited. Dr. Suraya Daili, Minister of Public Health, opened the workshop, emphasizing the importance of reducing the mental health burden of the Afghan population. She acknowledged mental health as a crosscutting issue and as an important aspect for other areas of health care as well. Dr. Bashir Ahmad Sarwari, the Director of the Mental Health and Drug Demand Reduction Department, emphasized the importance of this project for ensuring easy access to quality mental health care for all Afghan people.

The objectives of this workshop were:

- » To inform all relevant stakeholders about the aims of the project and to discuss and organize the coordination and mutual support.
- » To present the targets of the National Mental Health Strategy and to discuss first steps to develop strategic plans for provincial and national mental health.
- » To explain how this project supports the target No1 of the National Mental Health Strategy.
- » To develop Terms of References (TORs) for regional and provincial mental health committees and to discuss how the coordination amongst key stakeholders involved in mental health service delivery at provincial level could be improved in order to integrate mental health services into the BPHS and the EPHS.
- » Planning of how five regional expert panels could be established to support all above goals and aims.

### MARCH

#### STREAMLINING THE PROCESS WITH ALL STAKEHOLDERS

For the first round of training, Ipsos master trainers selected 70 trainees from 15 target provinces to be trained as PSCs. The challenge was to be able to recruit 50% women. This turned out to be a far more complicated process than GCMU, the MH Department and Ipsos had expected. It included many meetings, negotiations and adaptations. At first the drafted Memorandum of Understanding (MoU) was shared with GCMU as the grand managing unit for the BPHS implementing NGOs, their feedback was discussed and integrated into the MoU. Then GCMU shared the final draft version of the MoU with all BPHS implementing NGOs, who added further comments and suggestions. This process took a lot of time and efforts and finally guaranteed the cooperation of all involved parties.

A clear challenge of the project was the fact that the current EPHS version foresees only one counsellor for each Comprehensive Health Center (CHC). This meant that half of the population would be excluded from these services out of respect to Afghan culture and tradition, as only men can be treated by men and women by women. As a result culturally appropriate mental health care delivery would not have been guaranteed to all Afghans. Ipsos took this challenge seriously and discussed possible solutions with GCMU and the representatives of the implementing NGOs. Soon it became clear that only by providing male and female counsellors in each health facility, the aim of the National Mental Health Strategy – to ensure that all people of Afghanistan have access to qualified mental health care services – could be reached.

With the support of her Excellency, the Minister of Public Health, Dr. Soraya Daili, the NGOs were ready to support this project by placing two PSCs in one CHC during their training phase (three months intensive training and nine months practical work at health facility level). Through these discussions it became clear that the sustainability of the psychosocial counselling services in Afghanistan could only be reached if the current BPHS would allow one male and one female counsellor per CHC.

### APRIL/MAY

#### SELECTION OF TRAINEES FOR THE TRAINING OF PSYCHOSOCIAL COUNSELLORS (FIRST BATCH OF 70 TRAINEES)

For the first round of training, Ipsos master trainers selected 70 trainees from 15 target provinces to be trained as PSCs. The challenge was to be able to recruit 50% women.

- The main selection criteria were:
- » a minimum of high-school education,
  - » public health qualification and/or practical work experience in the field of health, or social work,
  - » sufficient life experience,
  - » high-sensitivity to local socio-cultural specificities,
  - » well-balanced mental health,
  - » long-term commitment and
  - » resident of the target province and no criminal record

The position had been announced nationally through ACBAR's website and at provincial level through PHDs and BPHS/EPHS implementing NGOs. The announcements in the provinces were posted in several public gathering places such as hospitals, clinics as well as notice-boards of other organisations.

### JANUARY

#### INTRODUCTION OF THE PROJECT

The project was discussed within the Ipsos team, with the Mental Health Department and Grants and Service Contracts Management Unit (GCMU) of the MoPH. It became evident that the project required a good coordination amongst all stakeholders and the cooperation and support of all implementing NGOs and Provincial Health Directorates. A detailed action plan for the project implementation was developed.



## SEPTEMBER

## PHASE 1: INTENSIVE TRAINING OF 67 PSC-TRAINEES

A total number of 67 selected PSCs (36 male and 31 female) had been invited to Kabul to participate in the three-month intensive training of psychosocial counselling.

The training started in September 2012 in two separate batches, Pashto and Dari speaking and lasted until mid of December 2012. In the morning sessions, the training provided the theoretical knowledge and skill-based intervention techniques. In the afternoon session, the big groups were split up into small groups, so that the topics of the morning lectures and sessions could be reflected in self-experience to ensure that the future counsellors will be able to handle the problems on a professional level. At the end of the three-month intensive training, the trainer assessed the trainees' knowledge and skill competency by evaluating their overall performance through a written and oral test.



PSCS OF THE 5 NORTHERN PROVINCES  
Badakhshan, Kunduz, Balkh, Baghlan, Takhar  
were trained in 2011 by Ipso funded by the  
German Foreign Office.



## DURING THE FIRST TRAINING ROUND PSCS OF 15 PROVINCES WERE TRAINED, NAMELY:

Herat, Badghis, Ghor, Farah, Nimroz, Bamyan, Daikundi, Ghazni, Laghman, Kunar, Nuristan, Nangarhar, Khost, Paktia and Paktika.

## DECEMBER

## START OF PHASE 2: NINE MONTHS OF PRACTICAL WORK OF TRAINED PSCS AT HEALTH FACILITIES

The first 67 PSCs from 15 different target provinces (Herat, Badghis, Ghor, Farah, Bamyan, Daikundi, Ghazni, Laghman, Kunar, Nuristan, Nangarhar, Khost, Paktia and Paktika) were shifted to selected health facilities in the above mentioned provinces for the nine months practical work period.

The trainees started to use their practical counselling skills, which they had learned in the three-month training. In order to reflect on their own work, discuss the progress they made, analyse the problems and discuss their cases, all trainee counsellors, who were based at different health facilities in one province, met once a week for supervision and intervention groupwork. Additionally, our supervisors called the newly trained PSCs at least once a week and supported their practical work with training on the job during field visits.



## APRIL/MAY

## TRAINING OF 51 MEDICAL DOCTORS WORKING WITHIN THE BPHS

In order to ensure a complete bio-psychosocial treatment, as foreseen in the integrated mental health component, medical doctors (MDs) and PSCs need to work together as a team. As a consequence, one goal of this project was to train the MDs and nurses of those clinics in which the trained PSCs would be placed in mental health topics as well.

Two batches of MDs (51) from the target provinces have been trained in BPHS mental health care.



## JUNE

## TRAINING OF 46 NURSES WORKING WITHIN THE BPHS

Two batches of nurses from the target provinces have been trained in BPHS mental health care.



JANUARY

### TRAINING OF FURTHER 32 MDS WORKING WITHIN THE BPHS



FEBRUARY

### FIRST FOLLOW-UP TRAINING OF THE PSC-TRAINEES

Part of the nine months practical work under supervision were intensive refresher trainings in Ipsos's training center in Kabul. Areas in which the PSCs had difficulties were identified and individual mentoring was given by the trainers and supervisors to improve and to develop the skills of the trainee PSCs. Moreover, certain topics were deepened.



### TRAINING OF 20 MDS WORKING WITHIN THE EPHS



FEBRUARY

### TRAINING OF 33 NMHTS FOR MDS

One of the main aims of the project was to train Trainers of Trainers for all provinces.

"National mental health trainers" for medical doctors and "national mental health trainers" for psychosocial counsellors. The first training of NMHTs for MDS was conducted on request of the Mental Health Department. 33 NGO Focal Points for mental health from 25 provinces benefited from this training. The focal points are responsible for the supervision of mental health services, mental health trainings and awareness within their organisation. The training lasted two weeks and was facilitated by Ipsos's master trainers and the MH Department.



### SELECTION OF TRAINEES FOR THE TRAINING OF PSYCHOSOCIAL COUNSELLORS (2ND BATCH)

79 (39 male and 40 female) PSC-trainees for the target provinces Kabul, Kapisa, Parwan, Panjshir, Logar, Wardak, Sar-i-Pul, Jawzjan, Samangan, Faryab, Kandahar, Helmand, Zabul, Urozgan, Ghazni, Khost, Pakhta and Ghor were selected and invited to the second round of PSC training in Kabul.

APRIL

### PHASE I: INTENSIVE TRAINING OF FURTHER 79 PSC-TRAINEES

79 men and women participated in the three months intensive training of psychosocial counselling. The training started in April 2012 in two separate batches, Pashto and Dari speaking and lasted until July 2012. Again, the whole training was carried out by our master trainers, international experts and national mental health trainers.



JULY

DURING THE SECOND TRAINING ROUND PSCS OF FURTHER 14 PROVINCES WERE TRAINED. NAMELY:

- Kabul, Kapisa, Parwan, Panshir, Logar, Wardak, Sarj Pul, Jawzjan, Samangan, Faryab, Kandahar, Helmand, Zabul and Urozgan.



PHASE 2: NINE MONTHS OF PRACTICAL WORK OF THE SECOND BATCH OF PSCS AT HEALTH FACILITIES

79 PSCs from the 18 target provinces were shifted to selected health facilities of the target provinces for the nine months practical work period.



AUGUST

OKTOBER

SEPTEMBER

FIRST FOLLOW-UP TRAINING OF THE PSC-TRAINEES (SECOND BATCH)



THIRD FOLLOW-UP TRAINING OF THE PSC-TRAINEES (FIRST BATCH)



TRAINING OF FURTHER 54 MDS WORKING WITHIN THE EPHS

SECOND FOLLOW-UP TRAINING OF THE PSC-TRAINEES (FIRST BATCH)



APRIL

JANUARY

TRAINING OF 22 NURSES WORKING WITHIN EPHS



JUNE

TRAINING OF FURTHER 42 NURSES WORKING IN THE EPHS

NOVEMBER

FOLLOW-UP TRAINING OF THE PSC-TRAINEES (SELECTED GROUP)

FINAL TRAINING OF NMHTS FOR PSYCHOSOCIAL COUNSELLORS

A final training for the NMHTs took place in Kabul in December 2014. 66 participants from 26 target provinces participated, aiming to improve their trainer qualities. All NMHTs who passed the final exams were officially introduced to the Mental Health Department to be certified and registered by the MOPH as national mental health trainers for Psychosocial Counsellors.

MAY

TRAINING OF 70 NMHTS FOR PSYCHOSOCIAL COUNSELLORS

The training for the national mental health trainers for psychosocial counselling lasts minimum 4 weeks, as the training for the PSCs is complex and involves knowledge, skills and self-experience. The NMHTs also will play a key role in rolling out professional psychosocial counselling services in their provinces. They will be expected to train others and to give supportive supervision to the PSCs working in their province.



FEBRUARY

SECOND FOLLOW-UP TRAINING OF THE PSC-TRAINEES (SECOND BATCH)



THIRD FOLLOW-UP TRAINING OF THE PSC-TRAINEES (SECOND BATCH)



MARCH

TRAINING OF FURTHER 43 NURSES WORKING WITHIN BPHS



TRAINING OF FURTHER 31 NMHTS FOR MDS

FINAL MENTAL HEALTH CONFERENCE

The two-day mental health conference took place on the 6th and 7th of December in the Intercontinental Hotel.

Ipsos invited 29 provincial Public Health Directors, provincial and regional Hospital Directors, Provincial Managers of BPHS and the head of BPHS/EPHS implementing NGOs of Kabul, Kapisa, Parwan, Panjshir, Logar, Wardak, Ghazni, Bamyan, Daikundi, Urozgan, Zabul, Ghor, Saripul, Samangan, Faryab, Jawzjan, Badkhis, Herat, Farah, Nimroz, Helmand, Kandahar, Paktia, Paktika, Khost, Nangarhar, Kunar, Nuristan and Laghman provinces.

The main objective of this workshop was to review the achievements of the EU-action "Training Professional and national mental health trainers for Afghanistan" which was implemented in the above mentioned 29 provinces both on BPHS and EPHS level. It was also an important objective to discuss the challenges and lessons learned of the integration of mental health care and psychosocial counselling in CHCs in order to improve the integration of mental health care in BPHS and the quality of the services. Furthermore, it was discussed how the Provincial Technical Committees or Provincial Mental Health Taskforces could support mental health care implementation in their provinces. Another topic was the next upcoming training for 103 PSCs and their selection criteria. It was a productive meeting which motivated all participants to reach target number one of the National Mental Health Strategy: providing bio-psychosocial mental health services in BPHS in all provinces of Afghanistan.



# BAKHTAWAR'S LIFE

AFTER ONE HOUR TALKING, BAKHTAWAR HAD  
STILL MANY THINGS TO SAY.



While she was tapping with her finger on the cup of tea and stirring at the small waves inside the cup, she opened her lips and started to talk again:

"When I think about my childhood, I have to admit, I was born at a very bad time. People were very poor and illiterate. Taking care of sheep and farming were the only two jobs you could do. My childhood teeth fell out while I was tending sheep. Sitting on a rock and closing my eyes, I pulled out my tooth and threw it toward the sun, saying: 'This wooden tooth is for you, I want iron teeth!'

Every day I used to take the sheep to the mountains. I was afraid of the fox. Later when I grew stronger and became smarter, I took some charcoal from the fireplace, drew a moustache and a beard on my face and wore my scarf like a turban to look like a man, like my father...

When I was born, my grandmother named me Bakhtawar (Lucky Girl) to bring my family good luck. But I didn't bring good luck to them. My father was murdered during service and we never found out why. My grandmother told me that his tomb is in Kart-e Sakhi in Kabul."

After the death of my father, my mother married another man and lived far away from us. I don't remember how her face looked like – I just remember she wore a green scarf the day she left us.

I took my sheep very far in the mountains and while sitting beside a spring of water I saw my face with beard and moustache in the clear water. Making my voice strong, I shouted my name. My voice echoed in the mountains.

This way I felt like the soul of my father was with me and I wasn't afraid. I was 10 or 11 when my grandmother

died. Our uncle took me, my brother and sister to his home.

Life became very hard. My uncle's wife didn't treat us well. My brother went to Iran. My elder sister fled to my mother's home and after some time, she got married. I remained alone with my uncle's wife and her insults and her scorn. After a few years, my brother returned home from Iran. My uncle married his daughter to him and married me to his son. Everyone started their own life.

Shortly after that the revolution occurred and armed fighters took my village away. Soldiers surrounded our village because we had rebelled against the government's rule.

One night we escaped from our village and only took a horse with us. We traveled for several days until we reached a place close to the Iranian border. There we were caught and taken to a refugee camp. I was pregnant and

my first child was born. The sorrow for the loss of my brother was fresh. I didn't pay attention to what was going on in my surrounding. I don't even remember how much pain I suffered during childbirth and how long we stayed in the refugee camp.

Finally, we settled near a chicken farm, my son was growing up and the sorrow for my brother was fading. But I could not get pregnant again. The doctor said that I could not have any more children because of the infection I suffered from after the birth of my son due to the dirty environment. Because of this reason my husband chose another wife and my son and I had to live alone.

I brought up my son by myself and we finally left the chicken farm. My son started construction work. Our life was becoming better and I was saving some money for his marriage. We came to

Kabul. My son was working and was happy with his job. He used to tell me: 'Mother! I compensate all your hardships and difficulties. I will do my best for you to be comfortable.' He was happy and I was happy for his happiness. But this didn't last long. A suicide bombing took him from me. I didn't even see his body. After his death, I only saw one of his shoes and a tomb in which only a part of his body was buried, not his complete body. I cried from the morning until the evening and my head was close to bursting from pain. I was fed up with life and was wishing my death. It was on the fortieth day after his death that someone came to me and asked why I was crying and said: 'You cannot bring your son back to life by crying.'

He took me to a nearby clinic where they offered therapy without prescribing medicine. The counselor listened to my painful stories and after each

appointment I felt relieved. I learned to think more positive, to see what I could do to improve my life. After the first appointment, I planted a flower in my son's shoe to grow a flower instead of his foot. Later I cut its small sprigs and planted other flowers beside it. Now I have a small garden of flowers.

Sometimes I sell some flowers to florists. Sometimes I take some flowers with me to Kart-e Sakhi cemetery and put them on anonymous graves. One of those may be my father's grave."

Finally Bakhtawar said: "Except our own breath, nothing belongs to us, even our family and belongings might be taken from us one day. But as long as we breathe, we should value our own self and create happiness in life. That happiness can be everything: for example, a flower that is planted and taken care of in memory of someone – this relieves you." [Kabul, Aquila Sherifi](#)

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**Purpose:**

Ipsos is specialized in the field of mental health and psychosocial care, in developing locally adapted concepts, delivering trainings for psychosocial counsellors, medical doctors, nurses and community health workers for treating mental health-related problems including depression, anxiety and posttraumatic stress following war, insecurity and challenging living conditions.

Furthermore, it aims at strengthening the cultural identity of war-torn societies through cultural programmes, which is a precondition for peace and reconciliation, and the rebuilding of civil society in the aftermath of a civil war and natural catastrophes.

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