

Afghan Children's House

2015 Annual Report



**La chaîne
de l'espoir**

Ensemble, sauvons des enfants

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Overview

In 2008 La Chaîne de l'Espoir developed a specific project to accommodate and meet all the medical needs of the most vulnerable children from remote areas across Afghanistan: the Afghan Children's House.

Until now it was impossible for these children to be treated in another Afghan facility close to their homes. Their pathologies, their physical distance with the capital where all specialised medical facilities are located and the poverty of their families prevented them from accessing the specialised care they desperately needed.

For 8 years this House has been promoting access to quality medical and surgical care for all children, irrespective of their social and geographical backgrounds.

It relies on a network of public and private partners (the Ministry of Public Health, the International Committee of the Red Cross, NGOs, hospitals, Shura, etc.), who refer children and their families to La Chaîne de l'Espoir's accommodation facility in the centre of Kabul. They are cared for and supported by a multidisciplinary team of 21 Afghan professionals. Afghan and French doctors from the French Medical Institute for Children (FMIC) devote their medical expertise to care and treat children until their full recovery.

The cost of children's social and medical care, as well as any logistics expenses, is fully covered for the duration of their stay in Kabul. They are always accompanied by one of their parents during they stay, who also benefit from the same social care.

To this day close to 4,700 children from Afghanistan's 34 provinces have benefitted from this programme.

In 2015 the construction of a new house has been initiated to replace the current rented facility in order to increase the centre's accommodation capacity, improve care services for children and develop physiotherapy care.

Objectives of the Afghan Children's House

Promote access to essential medical and surgical care for destitute children from Afghanistan's rural areas

Identify the most vulnerable children

Provide transfer, accommodation, care and follow-up

Cover the full cost of social and medical care

Develop the programme to better meet children's needs

Operations of the Afghan Children's House

A multidisciplinary House

Because the beneficiaries, their treatments and operations, as well as the Afghan situation are specific, the Afghan Children's House is multidisciplinary:

- ✓ Pre and postoperative care centre
- ✓ Accommodation centre for children and their accompanying parent
- ✓ Referral centre for organisations across Afghanistan, which rely on the House
- ✓ Connection centre between the French Medical Institute for Children and Afghan provinces

2015 Activity

A. A deteriorating context

The overall situation in Afghanistan remains deteriorated and unstable. Fighting is still raging inside the country and 2015 saw the rise of new insurgent groups. The growing number of forces pledging allegiance to ISIS is the cause of increased violence. The UN Annual Report documents over 11,000 civilian casualties among which 3,545 deaths, marking a 4% increase compared to the past year, partly resulting from soaring city attacks. NGOs are not spared from the conflict as shown by the attack on Doctors without Borders in Kunduz in September 2015. Despite the political, security and economic instability, the Afghan population aspires to decent living conditions in their home country and access to healthcare and education for children.

La Chaîne de l'Espoir's commitment to further develop its programmes comes to grips with their needs. In this respect we find it essential to continue to promote access to healthcare for destitute patients.

In addition to the current situation in Afghanistan, the international geopolitical context and the attacks that struck France at the beginning and end of the year had an impact on French organisations' actions abroad and our safety measures for French expatriates abroad, especially in Afghanistan, resulting in a restrictive communication of the French presence at local level.

Furthermore the global economic downturn led to a devaluation of the euro-dollar exchange rate, which translated into a decrease in the project's local purchasing power for a same budget in euro.

Naturally these factors impacted all operations carried out in Afghanistan as well as the projects of CDE and its partners. But despite these complications, impacts on CDE's programmes were limited and our primary objectives were achieved. Yet with more difficulty, transfers for children from across Afghanistan were maintained and construction of the new Afghan Children's House started. Its official opening will take place in September 2016.

B. Activity summary

The House has gained significant recognition and forged a national health network to care for children from across all Afghan provinces, even in the most remote or highly unsafe areas. The number of referred patients, outpatient consultations and surgical procedures kept on growing substantially, proving that this programme responds to a vital need.

A total of **4,700 children** have benefitted from this programme since it was initiated. **5,300 operations** and over **28,600 consultations** have been carried out thanks to the Afghan Children's House. Its activity has tripled since 2008.

2015 Results

Afghan Children's House	2015
Newly registered children in 2015	691
Operations	1,034
Consultations	5,271
Stays at the House	4,265
Number of provinces reached by the project	34/34

In 2015 this programme benefitted to **4,265 patients, of which 691 new children**. Each month, new children are registered for the first time by the programme's team, in addition to children who have already stayed at the House a few years or months ago and had to come back.

By nature the House cannot respond to vital emergencies, even though a lot of cases require urgent treatment. Pathologies managed and treated at the French Medical Institute for Children via the House programme require so-called elective surgery, which can be scheduled in advance.

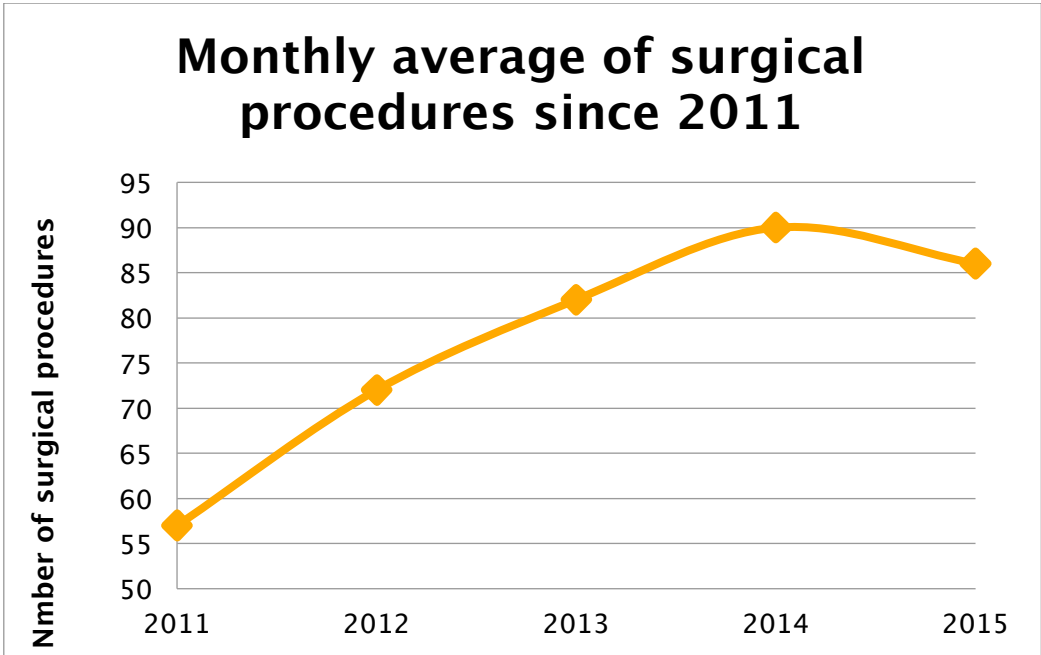
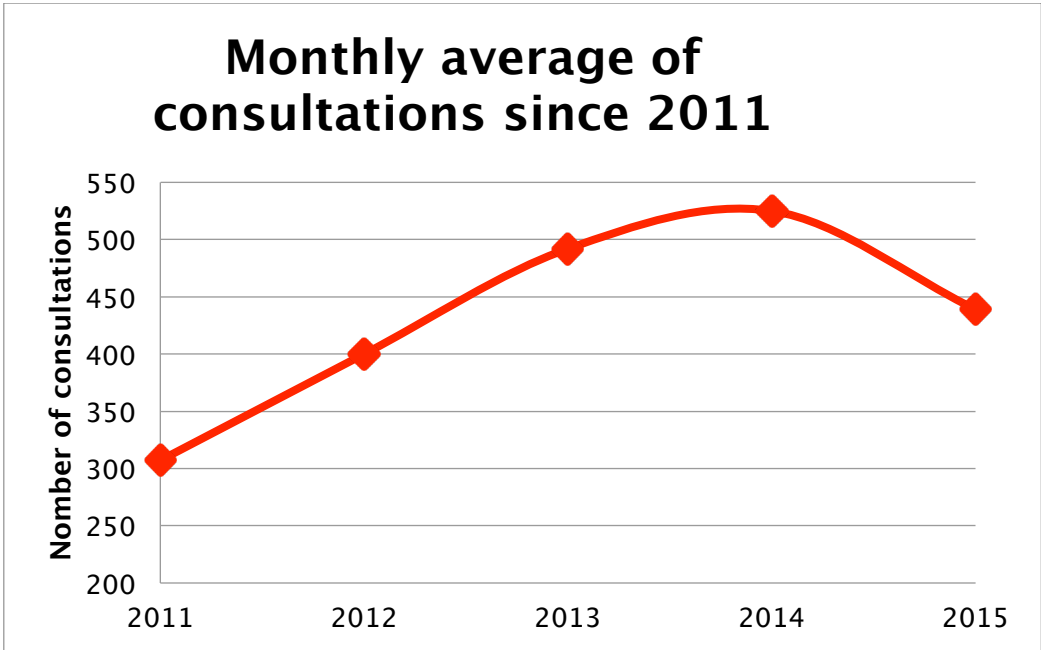
In 2015 the House accommodated **355 children each month; 1,034 operations and 5,271 consultations** have been carried out as part of this programme. In 2015 the most commonly treated pathologies fell in the domains of orthopaedics (52%), cardiac surgery (16%), ENT procedures and plastic, general and ophthalmological surgery.

Many children have an underlying disease when they arrive at the Children's House. They suffer from malnutrition, tuberculosis and other conditions making an immediate operation impossible. In this case, they receive an appropriate therapy before surgery. Most of the time, they have to come back for further consultations, examinations, tests, a second or third procedure due to their condition.

Over the years, we observed an average of 6 consultations and more than 1 operation at the Afghan Children's House per child.

Activity analysis

A sluggish growth in 2015



These charts show a decrease in the number of operations and consultations organised and funded under the AFC programme as a result of a budget reduction in local currency following significant exchange rate variations in 2015.

The programme’s activity is closely linked with the development of the Medical Institute’s Afghan personnel’s skills, a process in which La Chaîne de l’Espoir is actively involved by providing training. Today, Afghan medical teams are more and more effective and nearing autonomy. They depend less on La Chaîne de l’Espoir’s international missions and are able to operate on patients all year round.

However complex cases that cannot be managed by the Medical Institute’s medical staff are treated during specialised missions organised by La Chaîne de l’Espoir.

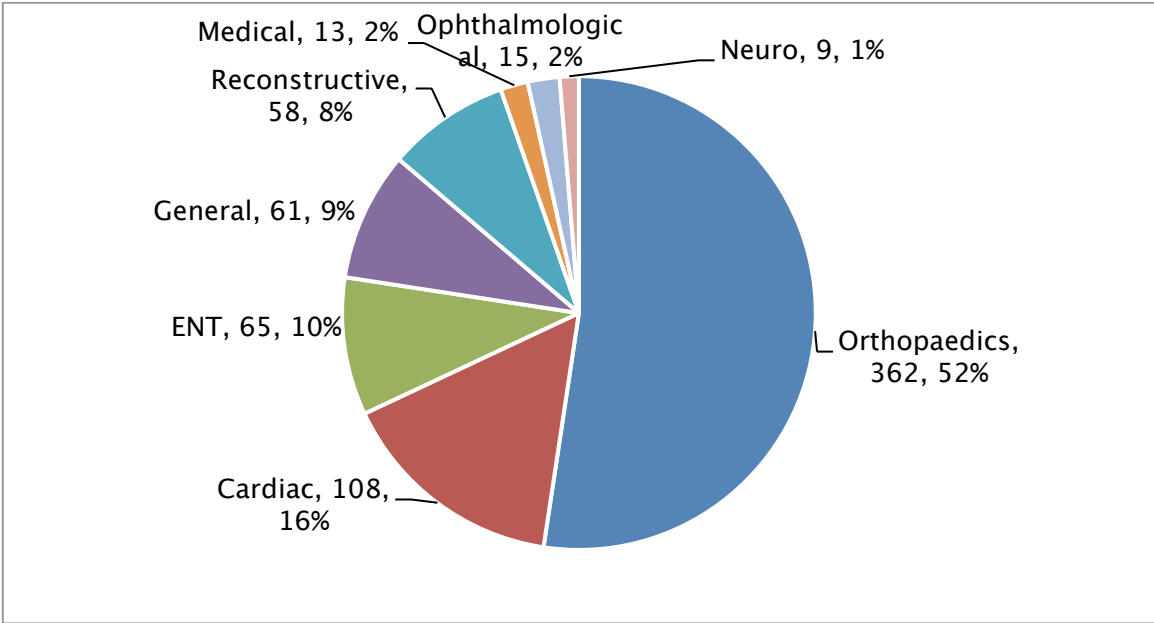
The House programme can thus meet larger and more complex medical needs.

At the end of December 2015, **31 patients were on the waiting list for future missions**: 16 for cardiac surgery, 6 for orthopaedic surgery, 6 for plastic surgery and 3 for neurosurgery. Over the same period, **141 children registered, and their consultations and operations were postponed to the first 4 months of 2016 because of budgetary constraints.**

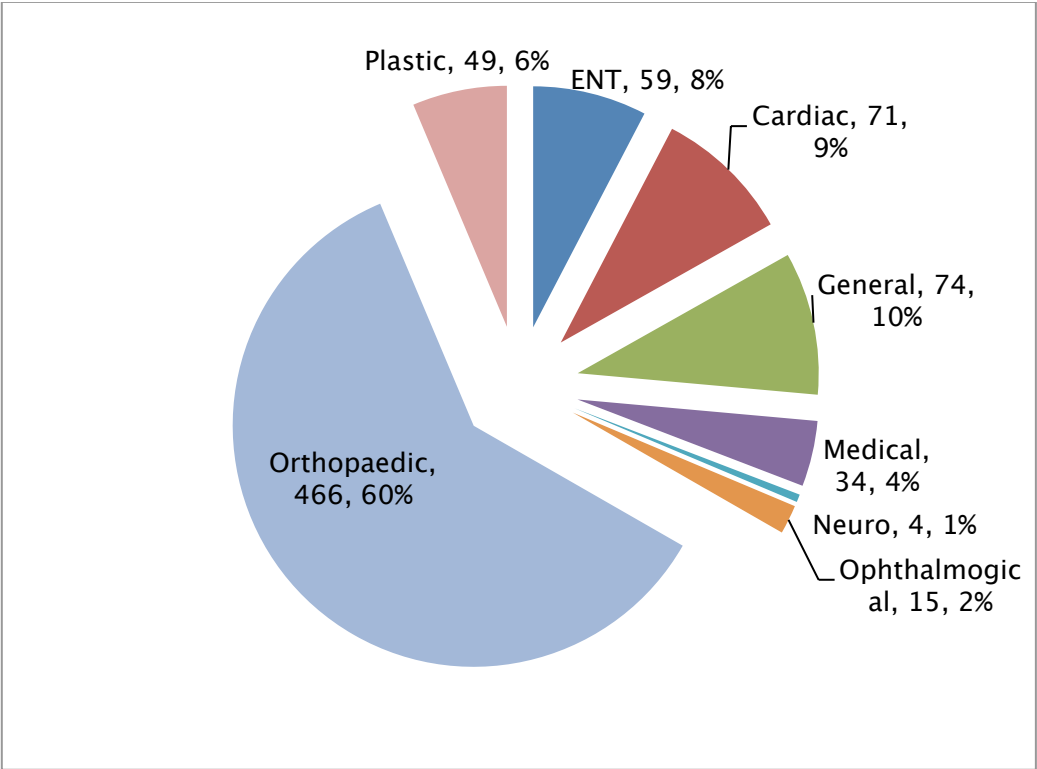
Specialties break down

In 2015, **1,034 surgeries and 5,271 consultations** have been carried out under this programme. The charts below break down consultations and operations performed in 2015.

Across the years **orthopaedics remains the main specialty** for both consultations and surgical procedures (52%), followed by cardiac surgery (16%), ENT procedures, plastic, general and ophthalmological surgery (*a new specialty offered by the Medical Institute*).



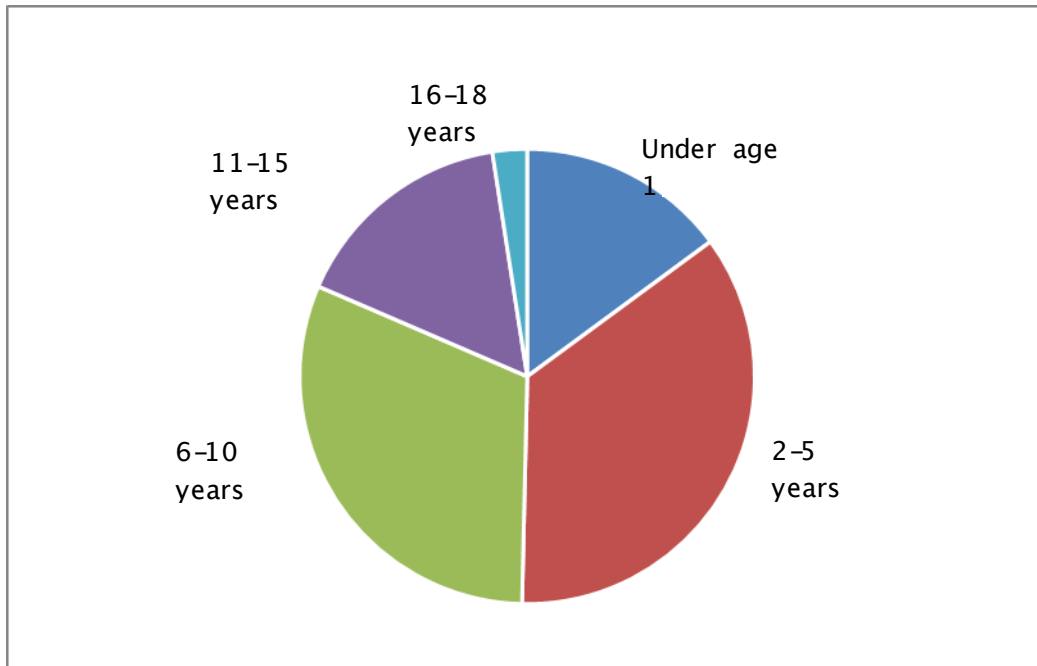
This year, **722 children were completely cured** and returned home without needing to come back to the Medical Institute. The following chart shows a breakdown of provided treatments. Orthopaedics accounts for the largest part.



Beneficiaries analysis

The increasing number of cases referred to the House shows that more and more sick children, from rural and urban areas alike, can have access to the specialised care they need from an early age.

Distribution of children by



The average age of children benefitting from this programme is 5.5 years and **81% of children are under age 10**. Amongst newly hosted children in 2015, 66% are age 2 to 10.

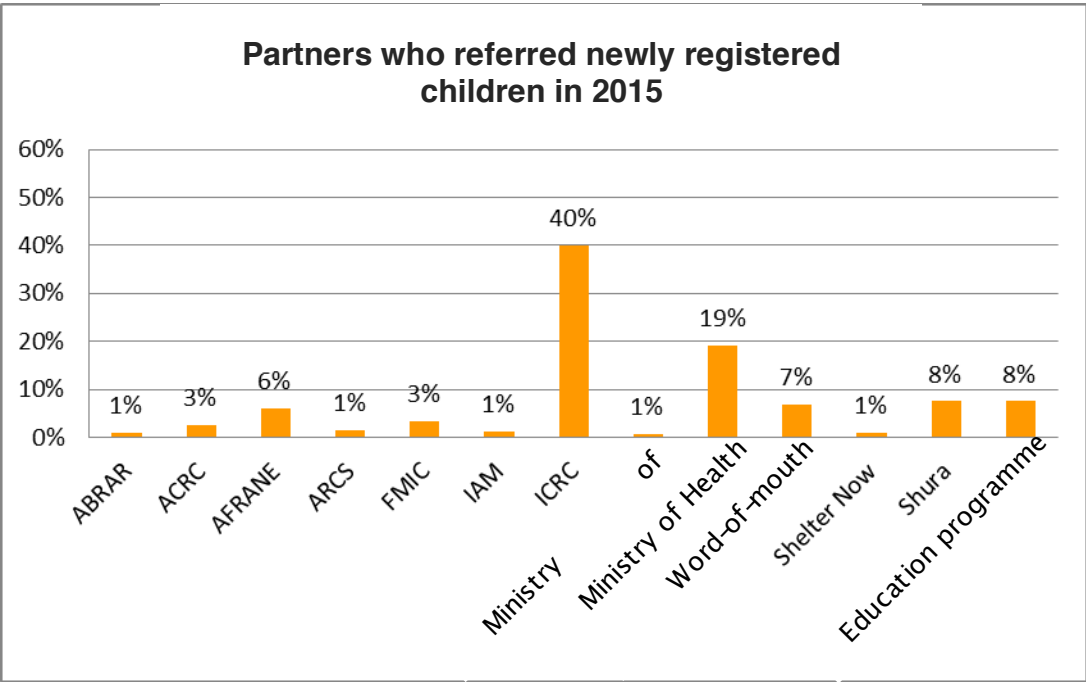
This ability to care for children from an early age – **15% of patients are under age 1** – greatly improves the chances to best treat the conditions of children referred to this programme.

Regarding the distribution of genders, **51% of patients are girls against 49% of boys**. The gender balance has been maintained over the years.

Partners network analysis

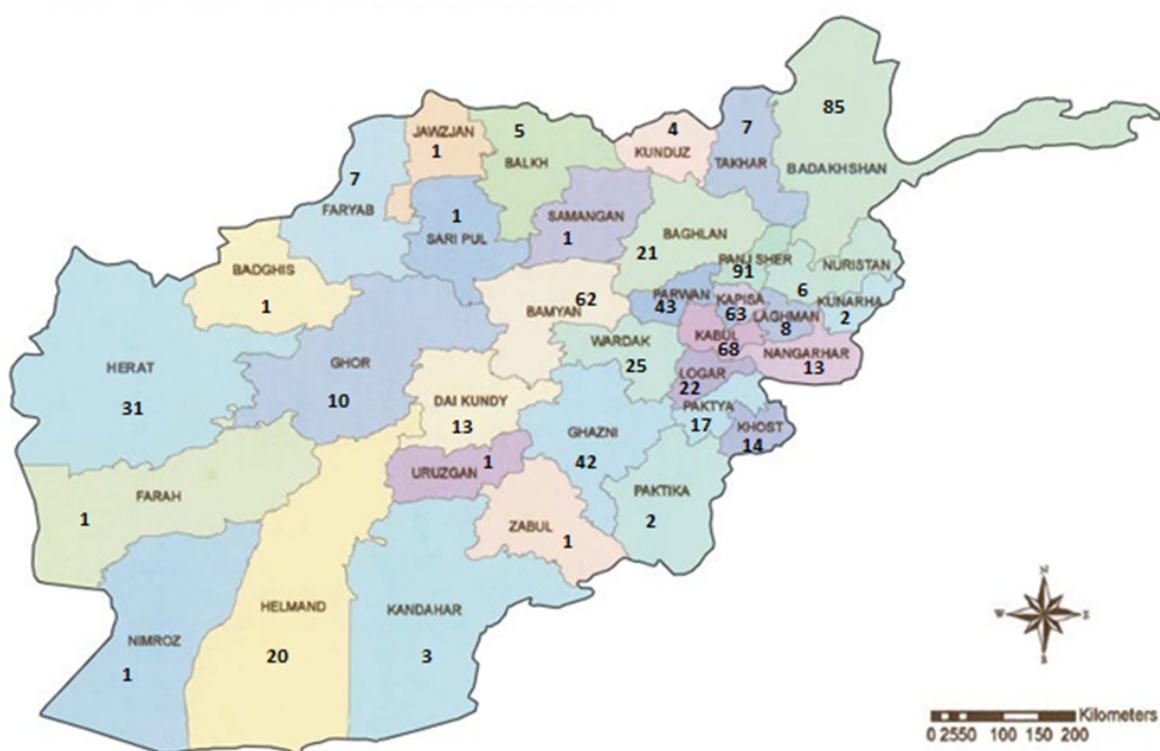
Our network of partners recommending the House to families keeps on growing each year. This network is essentially comprised of NGOs, the International Committee of the Red Cross, the French Medical Institute for Children, local health authorities via hospitals and free clinics, as well as local organisations (Shura).

This network is growing stronger: yearly agreements are being renewed and new organisations become partners every year. People are mostly made aware of this programme through word-of-mouth, especially in the most remote areas.



Thanks to the development of this partners network and the dedication of the House programme team, children from across Afghanistan can be treated and operated on. It was also the case this year, despite a highly complex security and political climate.

Map showing the home provinces of the 691 children newly referred to the House in 2015



This map gives a better understanding of the work done by La Chaîne de l'Espoir's teams with partners in order to refer children to the House. Indeed the 691 new beneficiaries of the programme in 2015 came from all of the 34 Afghan provinces.

The 691 newly registered children in 2015 (58 children a month on average) came from **all 34 Afghan provinces**. Although patients still come from a great variety of areas, **65% come from the northern half of Afghanistan**: Panjshir (13%), Badakhshan (12%), Kabul (10%), Kapisa (9%), Bamyan (9%), Ghazni (6%) and Parwan (6%).

This concentration around the capital city can be explained by the massive exodus towards Kabul that has been occurring over the past few years. Many poor families came to find work or fled war-affected areas.

This is why the Afghan Children's House is, for many of them, the only way for their children to get care.

Further project outcomes

Despite the fact that children often arrive quite late to receive surgery or therapy for conditions that had been left untreated, the vast majority will have a chance of a normal life thanks to this programme. The mortality rate for patients who underwent surgery in 2015 is of 0.3% and the rate of immediate complication or infection following surgery is minimal.

After many efforts, the pace and schedule of appointments with parents and their child are more and more respected.

In addition to healthcare services, the House offers a pleasant environment for young patients and their accompanying parents.

It results in many positive outcomes:

- **health education for children and parents.**
- **hygiene awareness.**
- **discovery of Kabul**, since many have never left their provinces and come from very remote areas.
- **new encounters and receptiveness to others.** In a country struck by ethnical conflicts, the House does not make any ethnic distinctions: both children and parents have the opportunity to open to others.

Difficulties experienced

- Insecurity is once again on the rise in the country, leading to difficulties in managing children's transfer schedule.
- Families sometimes have to postpone their children's medical appointments due to summer harvests.
- Tough winter conditions may prevent families to travel to the House.
- Some parents do not turn up on the agreed date for a further operation, yet scheduled in advance.
- Some parents do not give their child the necessary medical therapy or medication after one or more surgical procedures.
- Some conditions require for all family members to be present for a better understanding and holistic treatment.
- Poverty has been rising over the past few years,
 - ➔ 58.8% of the population live in multidimensional poverty, of which 16% in extreme poverty (UNDP – 2015 Human Development Index)
 - ➔ 40.2% of Afghan children do not benefit from appropriate care. (UNICEF sources – 2012)

2015 Focus: construction of the new Afghan Children's House

Project rationale

The decision of building a new house to **improve and increase the accommodation capacity** was made in 2012. A few months later, an external audit confirmed that building a new house was the only option considering the development of this programme and the growing needs of the population. Since the House was opened, its activity has more than tripled.

Following an extensive analysis and because of the development of the Medical Institute's services, the project's key partner which will open a high-level maternity ward in 2016, it was decided to dedicate some beds to women, mothers and infants should they not be able to receive care. In the meantime, these beds will be used for children.

Construction project

The new house will cover a total surface area of 1,400 m², in a 1,800m² site. It will blend into the surrounding context as a "family house" with a traditional design. It will include two buildings: a two-storey building (with a basement) requiring full renovation and a new one-storey facility.

- Building to build 600m² (left)

- Building to renovate 800m² (right)



Located on the site of the French Medical Institute for Children, the new House will offer many advantages:

- Improve the quality of the existing facility, include bright and comfortable areas to welcome, meet, rest, rehabilitate and work, bringing coherence to the overall design in accordance with criteria essential to the management of sick children.
- Offer children pleasant playgrounds and an area devoted to fun learning

- Facilitate movement with arched galleries for easy and protected journeys (stretchers, wheelchairs, etc.)
- Provide a friendly and comfortable facility with bright spaces and simple yet high-quality materials.
- Facilitate access to the Medical Institute where children are cared for. The new House will indeed be built on the adjacent patch of land.



August 2015 marked the beginning of construction for the Mother and Child Centre thanks to a funding by the French government. As of September 2016, this House will gradually increase the Institute’s capacity to host children, women and infants with 15 rooms including 33 children beds, 8 women beds and 4 infants beds.

2016 Needs and Outlooks

In 2016 La Chaîne de l'Espoir is continuing its programme to promote access to healthcare for destitute children.

This year's objectives are:

- ✓ **Gradually increase the House's accommodation capacity** from September 2016.
- ✓ Welcome vulnerable **women and young mothers** with their infants from across the country and **give them access to high-quality care in gynaecology, obstetrics, neonatology and paediatrics** at the future Mother and Child Centre of the French Medical Institute for Children.
- ✓ Develop **health and hygiene education programmes** for families and children.
- ✓ **Enlarge its partners network** to allow a greater number of children to benefit from this programme.
- ✓ **Extend the range of conditions** managed at the House (interventional cardiology, odontology)

2015 Financial Statements

The total expenditure for 2015 amounts to €1,063,101. It includes medical and surgical expenses (consultations, operations, intensive care, pre and postoperative follow-up, etc.), social care expenses for children and their accompanying parent (transport, meals, etc.), as well as the House's staff and operating costs.

2015 Financial Statements

2015 EXPENSES				2015 RESOURCES			
Expenses allocation	2015 Budget (€)	2015 Spending (€)	Discrepancy (€)	French Embassy in Afghanistan 2015 CCAD (€)	Private partners (€)	CDE (own funds) (€)	2015 Total resources
HEALTHCARE PROGRAMME	690,000	770,001	80,001	270,000	57,000	443,001	770,001
Medical care (consultations, examinations, surgery) - Welfare French Medical Institute for Children	570,000	571,478		220,000			
Social care (meals, transport fees)	120,000	198,523		50,000			
HUMAN RESOURCES (local staff)	120,000	106,907	-13,093	50,000		56,907	106,907
Local staff							
MANAGEMENT OF THE AFGHAN CHILDREN'S HOUSE	160,000	116,644	-43,356			116,644	116,644
Operating costs (rent, maintenance, transport, disposable goods, etc.)	100,000	77,939					
Local coordination and monitoring (2 part-time HR expats)	60,000	38,705					
Subtotal	970,000	993,552	23,552	320,000	57,000	616,552	993,552
Overheads	67,900	69,549	1,649			69,549	69,549
GLOBAL TOTAL (€)	1,037,000	1,063,101	25,201	320,000	57,000	686,101	1,063,101

2016 Provisional Budget

The programme's provisional costs for 2016 amount to €1,144,900.

2016 BUDGET		2016 FUNDING PLAN		
Expenses allocation	2016 Budget (€)	French Embassy & Ministry of Foreign and European Affairs 2016 (€)	Chaîne de l'Espoir (own funds) (€)	2016 Total resources
HEALTHCARE PROGRAMME	670,000	220,000	450,000	670,000
Medical care (consultations, examinations, surgery) - Welfare French Medical Institute for Children	570,000	220,000		
Patient management (Welfare French Medical Institute for Children - Phase II)	100,000	50,000		
SOCIAL CARE	120,000	50,000	70,000	120,000
Care provided at ACH, patient transportation, medication)	120,000	50,000		
HUMAN RESOURCES (local staff)	120,000	50,000	70,000	120,000
Local staff	120,000			
MANAGEMENT OF THE AFGHAN CHILDREN'S HOUSE	100,000		100,000	100,000
Operating costs (rent, maintenance, transport, disposable goods, etc.)	100,000			
MONITORING & COORDINATION	60,000		60,000	
HR (2 people x 0.5 x 12 months)	60,000			
Subtotal	1,070,000	320,000	750,000	1,070,000
Overheads 7%	74,900		74,900	74,900
GLOBAL TOTAL (€)	1,144,900	320,000	824,900	1,144,900

Contacts

La Chaîne de l'Espoir

8 rue Maria Helena Viera da Silva. 75014. Paris
Tel: +33 1 44 12 66 66 / Fax: +33 1 44 12 66 67
www.chainedelespoir.org

Dr Eric CHEYSSON

President

Tel: +33 1 44 12 66 88
eric.cheysson@ch-pontoise.fr

Jean-Roch SERRA

General Director

Tel: +33 1 44 12 66 74
jrserra@chainedelespoir.org

Najibullah SAMADI

Children's House Coordinator

Tel: +93 700 279 402
najibsamadi@hotmail.com

Géraldine DEROME

Country Coordinator

Tel: +93 793 514 985
gderome@chainedelespoir.org

Eva NASSERY

Fundraising Officer

Tel: +93 793 514 879
enassery@chainedelespoir.org

Loriane LUCMALLE

Afghanistan Coordinator

llucmalle@chainedelespoir.org
Tel: +33 9 75 12 43 34

Nathalie DE SOUSA SANTOS

Programmes Director

Tel: +33 1 44 12 66 94
ndesousa@chainedelespoir.org

Daniela BRENNER

Institutional Partnerships Director

Tel: +33 1 44 12 66 86
dbrenner@chainedelespoir.org

Annick FLEURY

Company Partnerships Director

Tel: +33 1 44 12 66 80
afleury@chainedelespoir.org

Christine COUTON

Communications Officer

Tel: +33 1 44 12 66 73
ccouton@chainedelespoir.org

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- DNCA Finance
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- Clarins
- Saint Brieuc Odyssée LIONS CLUB
- Private donors

Appendices

Appendix 1 – Children who stayed at the House in 2015

Mohammad, 10 years old, will become a cardiac surgeon

Saleh comes from the Samagân province and was referred to the Children's House by the Afghan Ministry of Public Health over a 5 cm heart tumour.

Thanks to the support of the Children's House, Saleh underwent surgery during Dr Bina's mission (page 13). This open-heart surgery consists in completely removing the tumour during the procedure.

The total cost of this operation amounts to \$3,046, a sum that Saleh's family of 10 would only make in 3 years (his parents, 6 sisters and 1 brother). The Children's House's support was vital.

Now that he is cured, Saleh can fulfil his dream and become a cardiac surgeon, like Dr Bina.



Ferdaws, 6 months old, regained the use of his hand

Some orthopaedic procedures performed at the FMIC are very complex, as was Ferdaws'. This 6 month-old baby boy from Wardak was born with a congenital club hand, a rare condition affecting 1 in 30,000 to 100,000 people.

Born in a family of 6, comprised of his two parents and three brothers and sisters, Ferdaws was referred to the Afghan Children's House by a local Shura when he was 2 month-old. 4 months later, during Professor Valenti's mission (page 18), he finally benefitted from the surgical care he needed. With a total cost of \$550, this operation corresponds to 7 months of salary for Ferdaws' family. Without the Children's House's help, he would have likely never had surgery.

Before surgery



Appendix 1 – Children who stayed at the House in 2015

Milad, 2 years old, his heart won't skip a beat again

Born in Wardak province, Milad was referred to the Children's House by the Afghan Cardiac Research Centre (ACRC) for a "hole in a heart", a congenital heart disorder also known as ventricular septal defect (VSD) characterised by an opening between the right and left ventricles.

Thanks to the Children's House's support, Milad was operated on during Dr Bina's mission (page 13). This open-heart surgery consisted in closing this hole definitely by sewing a patch taken from his own pericardium during the procedure.

The total cost of this operation amounts to \$2,870, what corresponds to almost 2 years of salary for Milad's family of 10 (his parents and 7 brothers and sisters). The Children's House support was vital.



Khadija, 6 months old, and a ravishing smile

*Khadija was referred to the Children's House on **Before Surgery** July 27th 2015 by the Shura in Kabul, a regional popular council, over a handicapping "hare-lip".*

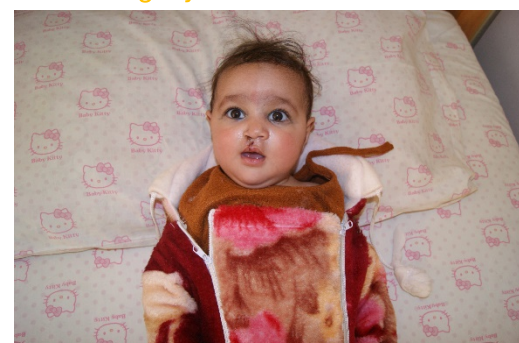
This 6 month-old baby girl arrived with her mother from Shakardara, a district located one hour away from Kabul. Her family of 6 is very poor and relies entirely on the father, a worker whose salary does not exceed \$3.5 a day.



Khadija was successfully operated on by the Medical Institute's surgery team. Her whole family is relieved and grateful for all the support provided by the Children's House.

A follow-up exam has been scheduled to make sure she has fully recovered. Her social and medical costs amount to \$751, what Khadija's father would have earned in 7 months. Supporting this operation was vital.

After surgery



Muhammad, 9 months old, is smiling again

Muhammad came to the Children's House with his mum and dad.

He suffered from a cleft lip, a lower face malformation commonly known as "hare-lip". The day after he arrived at the Children's House, Muhammad was examined by the Medical Institute's plastic surgery team. Two days later, he underwent surgery. His operation went very well and his hare-lip is now but a distant memory.

The total cost of medical and social care amounted to \$381, what corresponds to 2 months of his fathers' salary, a farmer who has to provide for 6 people with \$5 a day.

The next step for Muhammad is now to treat his eyes. To that end, he will come back to the Children's House in 2016 to benefit from the Medical Institute's eye care services.

Before Surgery



After surgery



Mastora, 9 years old, can now laugh wholeheartedly

Before surgery

9 year-old Mastora is a young girl who suffered from patent ductus arteriosus, a congenital heart disease.

She was referred to the Children's House in October 2015 by the Ministry of Public Health's services in Lagar, her home province.

Mastora was operated on by the Medical Institute's cardiac surgery team. She returned home in Logar with a brand new heart.



Heart surgery is often a serious and expensive procedure. The total cost of medical and social care amounted to \$1,455 for Mastora and her family.

In intensive care

It corresponds to 16 times her father's monthly income who is the only one providing for this family of 7 with only \$3 a day.

Mastora's parents are very grateful for the Children's House's help without which their daughter could not have been cared for.



After surgery



Appendix 2 – 2015 Press review

French and international media

In 2015, La Chaîne de l'Espoir's activities in Afghanistan attracted significant media coverage with 3 radio reports, 2 TV documentaries and 1 article in the newspapers.

- **RTL, Emilie Baujard, March 8th 2015:**
« *Kaboul : les femmes afghanes vivent dans des conditions précaires* »
(*Kabul: Afghan women live in precarious conditions*)
<http://www.rtl.fr/actu/societe-faits-divers/kaboul-les-femmes-afghanes-vivent-dans-des-conditions-precaires-7776927701>
- **RTL, Emilie Baujard, March 8th 2015** – *About the Medical Institute's maternity ward*
- **RTL, Emilie Baujard, April 26th 2015** – *About Dr Najeebullah Bina*
- **France3 Basse Normandie, Pauline Latrouitte, June 1st 2015:**
« *La chaîne de l'espoir : Deux caennais en mission humanitaire à Kaboul* »
(*La Chaîne de l'Espoir: two Caen health professionals on a humanitarian mission in Kabul*)
<http://france3-regions.francetvinfo.fr/basse-normandie/2015/06/01/la-chaine-de-l-espoir-deux-caennais-en-mission-humanitaire-kaboul-736747.html>
- **France3 Basse Normandie, Pauline Latrouitte, June 11th 2015:**
« *La chaîne de l'espoir : mission réussie à Kaboul pour l'équipe médicale caennaise* »
(*La Chaîne de l'Espoir: a successful mission in Kabul for the Caen medical team*)
<http://france3-regions.francetvinfo.fr/basse-normandie/2015/06/11/la-chaine-de-l-espoir-mission-reussie-kaboul-pour-l-equipe-medicale-caennaise-744803.html>
- **Ouest France, Joël Bronner, June 26th 2015:**
« *Le cœur de Caen bat jusqu'à Kaboul* »
(*Caen's heart is beating all the way to Kabul*)
<http://www.ouest-france.fr/le-coeur-de-caen-bat-jusqua-kaboul-3520009>
- **RFI, Joël Bronner, July 11th 2015:**
« *Afghanistan: l'Institut français de Kaboul poursuit son développement* »
(*Afghanistan: the Kabul French Institute continues to develop*)
www.rfi.fr/emission/20150711-afghanistan-institut-francais-kaboul-poursuit-son-developpement
- **Europe 1, Emmanuel Faux, August 9th 2015:**
Interview with Eric Cheysson live from Kabul
www.europe1.fr/emissions/europe-1-week-end/europe-1-week-end-emmanuel-faux-090815-2501139
- **Huffington Post, Eric Cheysson, August 18th:**
« *Battons-nous pour que l'espoir reste dans le cœur des Afghans* »
(*We need to fight for Afghans to keep hope in their hearts*)
www.huffingtonpost.fr/eric-cheysson/lutte-terrorisme-afghanistan_b_7988914.html?utm_hp_ref=france

Visit La Chaîne de l'Espoir's website to learn more about our actions!

- [Projects in Afghanistan](#)
- [Afghan Children's House](#)

Appendice 3 – The French Medical Institute in short: a sustained growth

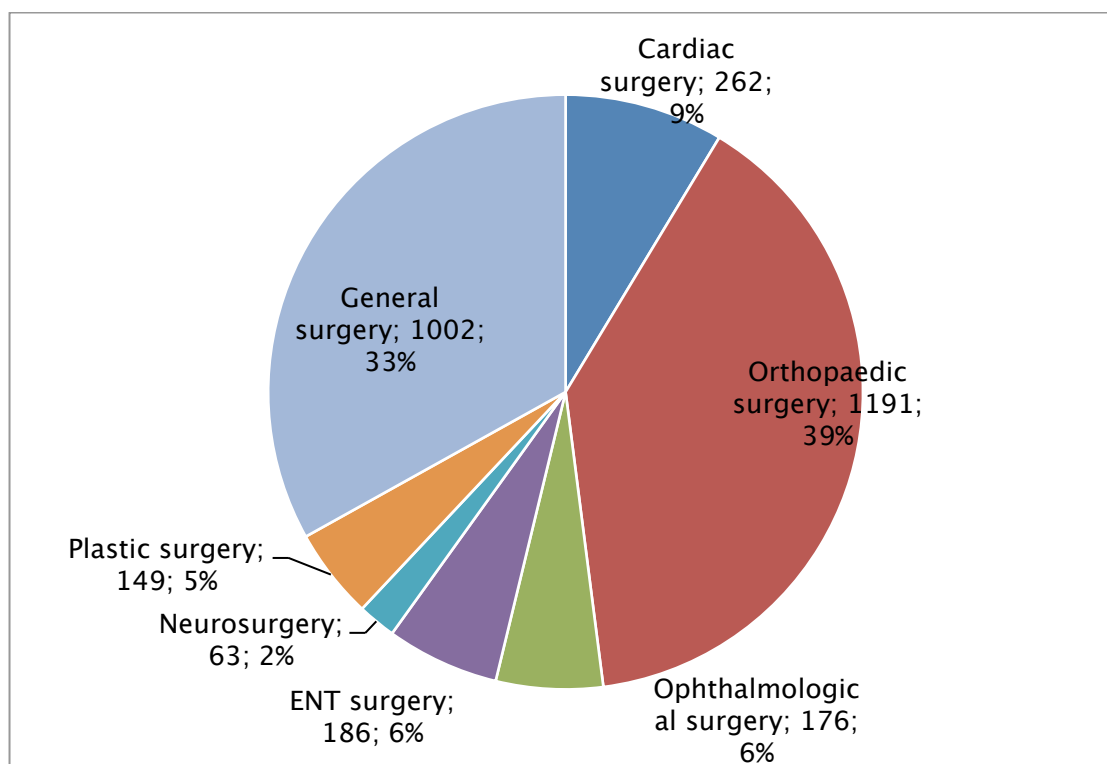
Activity volume of the French Medical Institute for Children in 2015

Type of services	2014	2015	Compared to 2014
Clinical visits	96,010	115,617	20.5%
Admissions	5,450	5,409	-1%
Operations (excluding ambulatory)	2,376	2,310	-3%
Laboratory tests	298,600	325,400	9%
Medical imaging (MRI, Scanner, X-rays, etc.)	51,587	56,351	9.5%

In 2015 all activities were in line with the budget despite a difficult security context. The Medical Institute records a reasonable increase in clinical visits, laboratory tests and medical imaging. Admissions and surgical procedures slightly dropped from 2014.

Analysis of surgical procedures at the French Medical Institute for Children

Breakdown of surgical specialties



This year, like in previous years, general and orthopaedic surgery were the two main specialties of the 2,310 operations and the 719 outpatient surgeries performed.

- General surgery, one of the oldest and most autonomous units, deals with the treatment of most disorders. As a result it accounts for 33% of the Medical Institute's surgical procedures with 1,002 operations. **In 2015 and for the first time ever in Afghanistan, Dr Abdul Jalil Wardak's paediatric surgery team separated two conjoined twins.**
- The prevalence of orthopaedic surgery (39%; 1,191 procedures) should be analysed differently:
 - the quality of the Medical Institute's orthopaedics unit,
 - orthopaedic malformations often require surgery at an early age,
 - a strong partnership with the Afghan Children's House programme (466 procedures).

June 2015, opening of the adult cardiology and cardiac surgery unit

After this unit has been opened in June 2015 the Medical Institute, with La Chaîne de l'Espoir's technical support, recruited two Afghan interventional cardiologists who receive training during missions carried out in rotation by cardiologists of La Chaîne de l'Espoir and Aga Khan University. With a view to allow Afghan professionals to gradually achieve full autonomy, 61 angiographies and 12 angioplasties have been performed. The recruitment for a cardiac surgeon is currently in process.

Ophthalmology unit

Opened in 2014, this unit continues to develop. However with 2,139 diagnoses in 2015, it remains below its initial objective set at 70 patient consultations a day. It can largely be explained by the absence of full-time consultants and a lack of expert training. Measures have been taken to resolve this issue. The first cornea transplant took place in November 2015 at the Medical Institute. La Chaîne de l'Espoir will schedule missions for the end of 2016 to train Afghan teams in retinal surgery.

Patient satisfaction

The 2015 good results show that in spite of a complex climate, the Medical Institute's entire staff was committed to best meet patients' needs. A survey carried out among hundreds of patients (in and outpatients) throughout the year shows that satisfaction sits at an average of 90%.

