



ANNUAL REPORT

THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION

WWW.ALIMA.ORG



**WE ARE THE ONES WHO BRING HUMANITARIAN
AID TO OUR COUNTRIES.**



TABLE OF CONTENTS

A word from the president

— 04

Our Unique Alliance

— 06

2020 in figures

— 08

COVID-19 Response

— 10

Emergency Response

— 12

Malnutrition

— 13

Maternal and Child Health

— 14

Emerging diseases

— 15

Research and Innovation

— 16

Capacity Building

— 17

Projects by Country

— 18

ALIMA's Governance

— 32

Our Environmental Approach

— 35

Communication

— 36

Engaging ALIMA Donors

— 38

Our supporters

— 39

Financial report

— 40

Patient Stories

— 42

A WORD FROM THE PRESIDENT

At ALIMA, every year is unique. The year 2020, however, was nothing short of exceptional. Like the rest of the world, the health crisis presented us with many challenges and led us to question everything.

Nonetheless, it is clear that our organization made overall remarkable progress. Remarkable because we became even more committed, behind masks and protective equipment, to watch over our patients. Our teams cared for 1.7 million people in 2020, compared to 1.3 million the previous year.

Remarkable because we launched new research projects, particularly on malnutrition and emerging infectious diseases, contributing to increased knowledge in our regions. Such projects support our emergency operations while consolidating our long-term approach – to meet the challenges of humanitarian medicine through innovative projects. Remarkable because ALIMA integrated a much-needed environmental approach. From now on, environmental awareness will guide our operations.

ALIMA's activities were indeed remarkable, in large part because of our capacity to adapt quickly in this seemingly unfavorable context. At a time when borders were closed, we were able to continue sending materials to our 12 countries of intervention, while finding new sources of supply. In a context of economic

crisis, ALIMA hired more personnel and forged more partnerships than ever before. This enabled our local teams to keep running regular projects, while responding to COVID-19 – in addition to Lassa fever and Ebola outbreaks.

Finally, despite the context of the COVID-19 pandemic, our NGO attracted many financial partners and new donors - whom we cannot thank enough.

In 2020, ALIMA demonstrated the relevance of its model and the determination of its staff. Our teams learned to collaborate remotely while maintaining proximity to our patients; our staff committed to working in regions where the security situation continued to deteriorate; and we succeeded in carrying out all our 2020 projects against all odds. I want to extend my thanks to each and every one of you as part of the ALIMA family.

“
**OUR LOCAL TEAMS MANAGED
TO KEEP RUNNING
REGULAR PROJECTS,
WHILE RESPONDING TO
THE COVID-19 PANDEMIC –
IN ADDITION TO OUTBREAKS
OF LASSA FEVER AND EBOLA.**



© Nicolo Revelli-Beaumont / ALIMA

DR. RICHARD KOJAN

A stylized, handwritten signature in white ink, likely belonging to Dr. Richard Kojan.

OUR UNIQUE ALLIANCE

Partnerships with national and international actors are at the heart of ALIMA's model.

"The relationship between ALIMA and our national NGO partners is based on effective collaboration, in both the governance of ALIMA and in the joint decision-making on the implementation of operations," explains Dr. Lamine Kolle, president of our partner NGO BEFEN in Niger. "It is a unique model that is appreciated by donors and policy makers, and facilitates the work of ALIMA in our countries of intervention."

Since its creation, ALIMA has had a clear vision for medical humanitarian action based on mutual support between actors, and the sharing of skills and expertise, rather than independent action. We are convinced that responses, when they are collaborative and involve national frontline actors recognized in their field, are more effective and demonstrate significant ethical, health and social benefits. As part of the implementation of the 2020-2022 strategic plan, ALIMA is working to strengthen its local approach, deepening its ties with existing partners and developing new partnerships with local NGOs.

In 2020, ALIMA continued to work with its five local partners: Alerte Santé (Chad), AMCP-SP (Mali), BEFEN (Niger), KEOOGO and SOS Médecins-BF (Burkina Faso), and also identified the Cameroonian NGO DEMTOU Humanitaire,* as a new partner for primary and secondary health projects.

In addition, ALIMA continued to foster partnerships with international actors, including research institutions and universities, in the fight against COVID-19 and other diseases. The objective of these collaborations is to bring together humanitarians in the field, international NGOs, Ministries of Health, and world-renowned research institutions.

*DEMTOU Humanitaire specializes in health and nutritional care, as well as WASH (Water, Hygiene and Sanitation), Food Security and Livelihood, and Protection, Early Recovery and Social Cohesion activities, during natural disasters, man-made crises and post-crisis periods in Cameroon.

© Olympia de Maismont / ALIMA



OUR OPERATIONAL PARTNERS



Alerte Santé | Chad

Since 2012, ALIMA has been working closely with Alerte Santé, a Chadian medical NGO committed to improve access to healthcare by strengthening existing medical structures. This partnership includes a medical and nutritional program for children under five in the Lake region. Together, we are working in N'Djaména, the country's capital, to fight malnutrition in urban areas.

AMCP-SP: Medical Alliance against Malaria – Population Health | Mali

AMCP-SP is a Malian NGO focusing its work on health and nutrition, operational research, environmental health and humanitarian emergencies. Since 2011, ALIMA and AMCP-SP have been working together to reduce the mortality of children under five and of pregnant women due to malaria, malnutrition and febrile illnesses.

BEFEN: Well-being of Women and Children in Niger


For the past 12 years, ALIMA and BEFEN have been working with health authorities in Niger to reduce mortality among children under the age of five, particularly by providing care for acutely malnourished children, as well as women and children who suffer from common illnesses, such as malaria, diarrhea and acute respiratory distress.

KEOOGO and SOS Médecins-BF | Burkina Faso

Keoogo is a national NGO that provides protection, medical care and recovery services to highly-vulnerable children. SOS Médecins-Burkina Faso is a national NGO that intervenes in emergency health situations, malnutrition and the care of people affected by HIV/AIDS. ALIMA has been working in consortium with Keoogo and SOS Médecins-BF since 2012 to provide quality medical responses adapted to each humanitarian crisis. ALIMA and its partners currently implement medical and nutritional projects in the North and Central-North regions of the country.

2020 IN FIGURES

 **73**
million euros budget

 **357**
medical structures supported
by ALIMA

 **67**
projects


 **2,342**
employees


 **12**
countries of intervention

 **1,739,834**
patients cared for


 **20,554**
patients (suspected and confirmed)
with COVID-19 treated

 **3,750**
people cared for during disease outbreaks,
including Ebola and Lassa fever

 **28**
CUBEs* used to care for Ebola patients
in the DRC

 **5,000+**
local health staff trained by ALIMA on patient care and
Infection Prevention and Control (IPC) measures for
COVID-19

 **693,946**
children under the age of
5 received medical care

 **109,366**
children suffering from
acute malnutrition treated

 **44,448**
assisted child births

 **18**
research projects

*Biosecure Emergency Care Unit for Outbreaks

© Sylvain Cherkasov / ALIMA

RESPONSE TO COVID-19

The COVID-19 pandemic had an impact on access to healthcare, including a decrease in consultations due to fear of contamination, healthcare workers facing a high-risk of contamination, and difficulties in obtaining medications and medical equipment. Despite all this, ALIMA was able to act quickly and gradually adapt its emergency response to combat COVID-19 in its zones of operation.

In 2020, more than 200,000* COVID-19 cases were confirmed in the 12 countries where we work. The first wave of the pandemic between April and August 2020, and a second wave between November 2020 and January 2021 challenged health systems that were already poorly prepared or unable to test, isolate, and care for COVID patients. With this in mind, ALIMA deployed emergency responses in four key areas: prevention, medical care, training, and clinical research.

Prevention:

In an effort to limit contamination among healthcare workers and patients, ALIMA implemented Infection Prevention and Control (IPC) measures in healthcare facilities. We also installed pre-triage and triage areas at the entrance of 168 health centers and 14 hospitals, which welcomed 1,145,722 patients. Moreover, when the outbreaks reached rural communities, particularly in Senegal and Burkina Faso, ALIMA adapted its response by focusing on the most vulnerable populations - adults over the age of 50 and people with comorbidities (cardiovascular pathologies, diabetes, and more). In Senegal, ALIMA hired an anthropologist to work closely with community leaders, identifying 30,000 people as vulnerable to COVID-19 among the 324,000 people surveyed across 147 neighborhoods outside of Dakar.

Medical care:

ALIMA strengthened medical care capacities in six countries: Burkina Faso, Senegal, Guinea, The Democratic Republic of the Congo, Cameroon, and Nigeria. More than 20,000 COVID-19 patients (suspected

and confirmed cases) were admitted and treated, with 10,195 nasopharyngeal swabs taken, and 800 hospitalizations for severe cases. With 57% of COVID-19 patients suffering from psychological distress, the teams also provided psychological support in Guinea, the Democratic Republic of the Congo, Cameroon, and Nigeria. To expand our capacity, ALIMA trained 113 health workers to medically care for psychological distress. In addition, ALIMA donated essential materials to health facilities: 330,000 masks and over 800 oxygen concentrators to treat patients in the intensive care unit with oxygen therapy.

Training:

5,000 health workers from ALIMA and the Ministries of Health in our countries of intervention were trained in IPC and the medical care of COVID-19 patients.

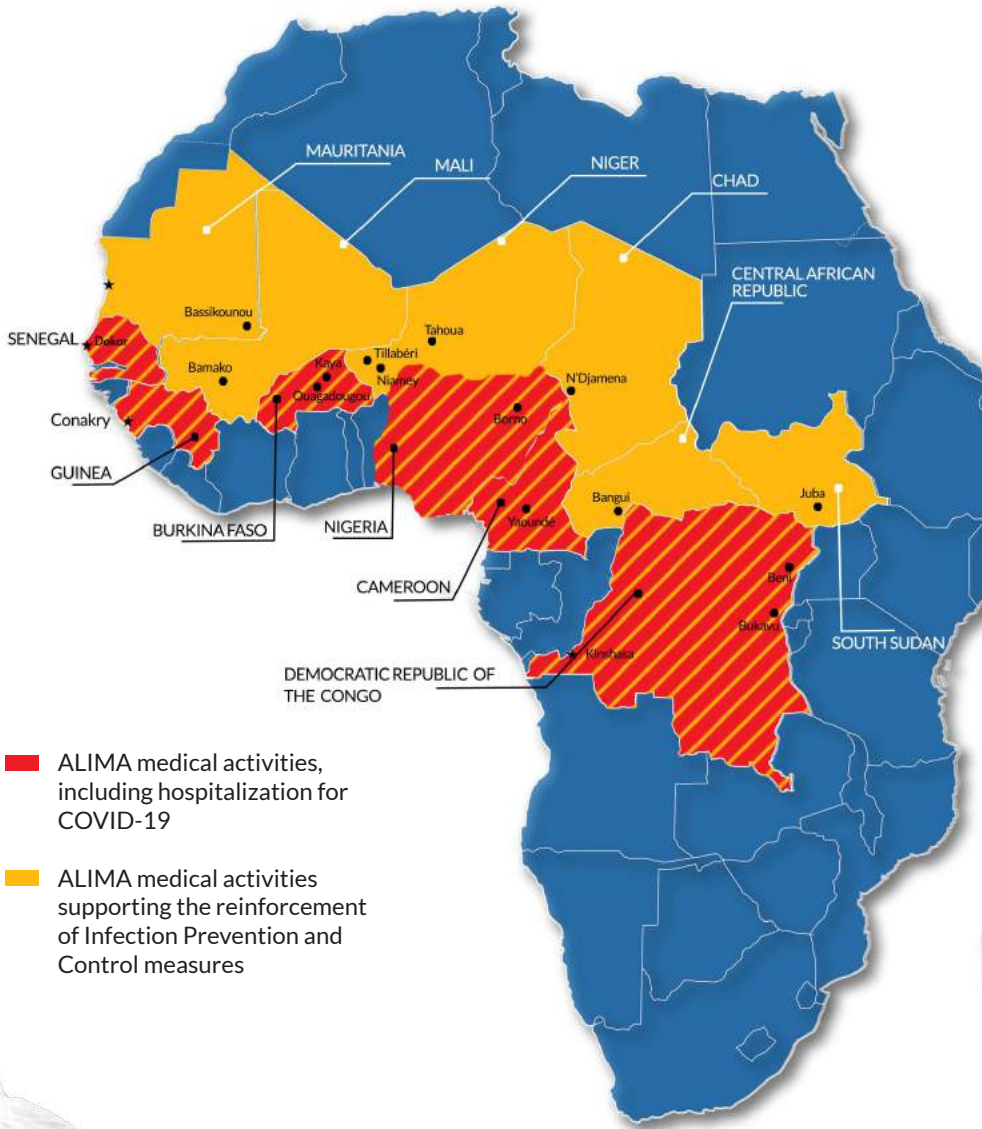
Clinical research:

To provide a long-term response, ALIMA and its partners launched the COVISTA (COroNaVirus STAndard of care) research project. COVISTA is a multi-country observational study that aims to describe the clinical and biological developments, and standard of care, of symptomatic COVID-19 patients in sub-Saharan Africa.

*World Health Organization (WHO), 2020

KEY FIGURES COVID-19

	200,000* people confirmed with COVID-19
	20,554 patients with COVID-19 treated
	1,000 beds installed for the care of COVID-19 patients
	182 medical structures supported by ALIMA



- ALIMA medical activities, including hospitalization for COVID-19
- ALIMA medical activities supporting the reinforcement of Infection Prevention and Control measures

© John Wessels / ALIMA

EMERGENCY RESPONSE



Despite the large mobilization of its emergency teams due to the COVID-19 pandemic, ALIMA was able to maintain its capacity to respond to other alerts, particularly in malnutrition and pediatrics.

COVID-19 emergency:

As a leading actor in the response to the pandemic in Africa, ALIMA supported Ministries of Health in six countries to strengthen COVID-19 Treatment Centers and to train healthcare workers. ALIMA set up emergency triage areas at the entrances of supported facilities and trained medical staff in Infection Prevention and Control (IPC) measures to prevent further spread. Teams provided medical and hospital care to people infected with COVID-19, by deploying 1,000 ICU beds to treatment centers in six countries (Burkina Faso, Cameroon, Guinea, Nigeria, Senegal and the Democratic Republic of the Congo).

Burkina Faso emergency: displaced populations in Toungouri and Fada N’Gourma:

In response to the displacement of people of Toungouri and the surrounding areas in north-central Burkina Faso, ALIMA set up a mobile clinic and two consultation services in general medicine, pediatrics and nutrition to enable these populations to access quality primary and secondary health care in a conflict context. Thanks to these activities, ALIMA treated 41,302 internally displaced persons in Toungouri.


In addition, ALIMA conducted an assessment mission to identify humanitarian needs in the east of the country, in Fada N’Gourma, in order to provide medical assistance to people in great need.

Ebola emergency in the Democratic Republic of the Congo (DRC):


ALIMA continued the fight against the 10th Ebola outbreak in the DRC, which began in 2018, by maintaining its response activities in North Kivu and Ituri provinces, and launching a new response to the 11th outbreak, declared in 2020 in Equateur Province. To identify Ebola cases early and maximize the chance of survival of patients, ALIMA strengthened community surveillance. Our teams established Integrated Transit Centers and Ebola Treatment Centers to care for confirmed patients, which included 28 CUBEs (for patients requiring intensive care).

ALLUR (Emergency Alliance)- ensuring immediate availability of qualified and experienced human resources to respond to emergencies:

Launched in 2020, ALLUR is ALIMA’s internal mobility program. It allows us to identify qualified and available human resources to take over for the rapid emergency response teams among our employees. This program will enable ALIMA to maintain the quality of its response activities in the context of an increasing volume of interventions.



12
emergency response interventions



800
COVID-19 patients hospitalized

MALNUTRITION



More than 15 million children under the age of five in West and Central Africa suffered from acute malnutrition in 2020, including an estimated five million from the most severe and life-threatening form.* Although effective treatment exists, 80% of malnourished children do not have access to it. For those who survive, malnutrition can leave lasting physical effects, chronic vulnerability to disease, and cognitive impairment.

ALIMA’s goal is to prevent and treat acute malnutrition in more children as early as possible.

1,000 Days

ALIMA’s 1,000 Days program offers a comprehensive pre- and post-natal care package to pregnant women and their children, up until the age of two. This includes access to health care, the distribution of nutritional supplementation for children, and routine vaccinations.


OptiMA

To break down the barriers that exist between treatment programs for children suffering from moderate acute malnutrition and those suffering from severe acute malnutrition, ALIMA developed the OptiMA (OPTimizing the treatment of Acute MALnutrition) research project, which simplifies the criteria for the diagnosis, admission, and discharging, as well as the care provided, in order to treat more children at an earlier stage. Promising results from this study - published in early 2020 - show that this approach makes it possible to successfully treat more malnourished children with the same quantity of therapeutic food. The OptiMA protocol is now being tested in randomized control trials in the Democratic Republic of the Congo and Niger, as well as in operational pilots in Niger, Mali and Burkina Faso.


MUAC for Mothers

Rather than wait for screenings by community health workers, ALIMA and its partners were the first to train mothers and other family members to use a simple, tri-colored bracelet, known as a MUAC (Mid-Upper Arm Circumference), to screen their children at home for the earliest signs of acute malnutrition. This tool became even more important in 2020, in the context of COVID-19, when mass screenings were cancelled and families were afraid to come to health centers for fear of infection by the coronavirus.

*United Nations Children’s Emergency Fund (UNICEF)



109,366
children treated for acute malnutrition



577,542
mothers trained to screen their children for malnutrition using the MUAC bracelet



© Cora Portais / ALIMA



44,448
assisted births



693,946
children under the age of 5 received medical care



Sub-Saharan African countries suffer from some of the highest rates of maternal and child mortality in the world. In ALIMA's countries of intervention, millions of births take place each year at home, without medical assistance. More than half of maternal deaths each year occur in sub-Saharan Africa, and one in every 13 children in the region don't reach their fifth birthday. For the most part, these are deaths that could be prevented.

In 2020, ALIMA's medical teams continued their support to health centers and hospitals in their zones of operation to provide quality maternal and child health care.

The ALIMA teams performed prenatal consultations, and assisted with simple and complicated deliveries, including cesarean sections. ALIMA midwives provided family planning services and conducted home visits to provide follow-up care for mothers and their babies. In 2020, more than 91,000 women benefited from prenatal consultations and nearly 45,000 were assisted by ALIMA during childbirth. To help build the technical skills of midwives and birth attendants, ALIMA opened a maternity training school in the city of Boda, in the Central African Republic in July.

As part of our pediatric care programs, ALIMA medical teams treated more than 693,000 children under the age of five in 2020 and cared for 177,453 children suffering from acute respiratory insufficiency. Additionally, ALIMA's medical teams administered more than 400,000 routine vaccinations, treated nearly 300,000 children under five for malaria, and cared for more than 109,000 children suffering from acute malnutrition.

*Source: World Health Organisation
**Source: The World Bank



© Sylvain Cherkaoui / ALIMA



316
patients with Lassa fever
cared for



3,434
suspected and confirmed
Ebola patients cared for

In 2020, our teams continued their efforts to help national authorities deal with two virulent emerging diseases: Ebola in the Democratic Republic of the Congo (DRC) and Lassa Fever in Nigeria.

Ebola in the DRC: end of the 10th outbreak and rapid response to the 11th outbreak

The 10th Ebola outbreak in the DRC, declared in 2018, ended in 2020. It is considered to be one of the most serious outbreaks the country experienced, and responses from several actors were needed to overcome it. ALIMA supported three Integrated Treatment Centers (ITCs) in North Kivu and Ituri provinces.

Following the declaration of the 11th Ebola outbreak in Mbandaka, in Equateur province, ALIMA deployed an emergency rapid response team. ALIMA set up a case surveillance system, supported an ITC in Mbandaka General Hospital and two treatment centers in Equateur. More than 140 patients were admitted to ALIMA-supported health facilities.

In total, ALIMA cared for a total of 3,434 people suspected of having Ebola, including 13 confirmed cases, in the Democratic Republic of the Congo.

In addition, ALIMA supported community awareness campaigns and community surveillance, and trained local staff. Finally, ALIMA provided supplies, such as personal protective equipment, medicines, and other logistical and medical materials.

Lassa fever in Nigeria

ALIMA has been working at the Owo Federal Medical Center since 2018 to support free and quality medical care for suspected and confirmed Lassa fever patients. In addition to patient care, ALIMA conducts various research projects to better understand the disease and the effects of proposed treatments. ALIMA set up a viral hemorrhagic fever laboratory in Owo to improve patient care by providing rapid and quality diagnoses. In 2020, ALIMA teams treated 316 confirmed cases of Lassa fever, nearly one-third of all cases reported in the country.



In 2020, ALIMA and its partners initiated, implemented, and evaluated 18 research projects.

Pediatric research:

- **OptiMA** (OPTImizing the treatment of Acute Malnutrition) is a protocol that aims to simplify the management of acute malnutrition in children, notably by ending the distinction between Severe and Moderate Acute Malnutrition. By broadening the criteria for admission to the program, more children can be treated at an earlier stage of the disease and adapted rations of therapeutic food. ALIMA and its partners are conducting operational and clinical research on the protocol's effectiveness, currently implemented in Niger and Mali. The OptiMA clinical trial in the Democratic Republic of the Congo (DRC) conducted in partnership with Inserm, PAC-CI*, and the national nutrition program (PRONANUT) to verify the effectiveness of this new protocol compared to the standard protocol was completed in 2020.

Research on emerging diseases:

- **COVISTA (COVID-19 Standard of Care)** is an observational study conducted by ALIMA and its partners in Guinea, Burkina Faso, and DRC to expand the knowledge on COVID-19 and to improve the quality of care. The study aims to describe the ongoing clinical course of patients infected with COVID-19 and their treatment.

Scientific publication:

- **Lassa fever:** The results of the most extensive prospective cohort study ever conducted on Lassa fever were published in the medical journal The Lancet Global Health in 2020, paving the way for improved quality of care and future clinical research on a more effective treatment than the one currently used (Duvignaud et al.).

*PAC-CI: a Franco-Ivorian research team based in Abidjan, part of the French National Agency for Research on AIDS and Hepatitis (ANRS) and specializes in West and Central Africa clinical trials.

ALIMA strengthens the competence and expertise of its healthcare staff and those of its partners in the field. In June 2020, the maternity school in Boda, Central African Republic, was opened, training 35 midwives, midwife assistants and traditional birth attendants. In addition, the hospital nutrition units (URENI-, ITFC- and UNT-schools)* in Mali, Niger, Nigeria, and Chad welcomed nearly 130 health professional students who learned how to care for children suffering from acute malnutrition with complications. Finally, since the arrival of the COVID-19 pandemic on the continent, ALIMA trained over 5,000 health workers on patient care, and Infection Prevention and Control measures.

Advanced degree courses

Thanks to the Individual Fund for International Training (FIFI), employees of ALIMA or its partner NGOs can access training courses leading to an advanced degree. Staff can benefit from financial and administrative support through a salary savings program. In 2020, 11 employees took part in the program, and one ALIMA employee successfully completed a Master's degree in international public health at the University of Bordeaux.

Team management training

This year, 23 project coordinators attended Bioforce's team management training in Dakar, to strengthen their skills in management techniques and best practices.

Partnership with the London School of Tropical Medicine

Three ALIMA managers participated in the London School of Tropical Medicine's training program in public health and decision-making in humanitarian response.

EPISTAT training

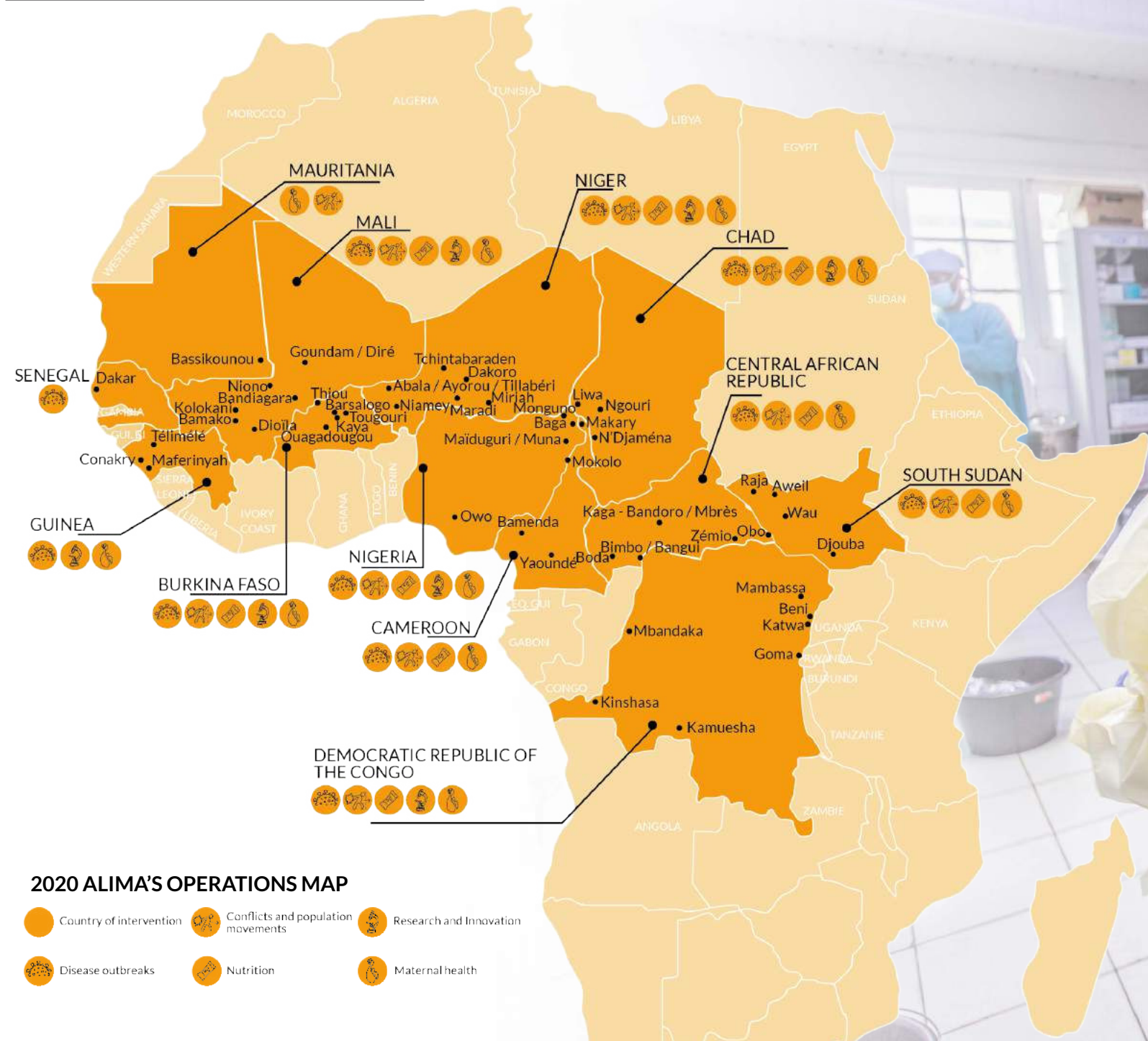
ALIMA organized a training session on basic epidemiology and biostatistics techniques for its medical staff, in partnership with the University of Bordeaux and Inserm. Sixteen medical managers learned about the basics of epidemiology and biostatistics that are essential for data analysis, defining a research project, or interpreting a scientific article.



5,000+
local health workers trained on patient care, and the Infection Prevention and Control of COVID-19

*URENI: Intensive Nutritional Rehabilitation and Education Unit
*ITFC: Intensive Therapeutic Feeding Center
*UNT: Therapeutic Nutritional Unit

PROJECTS BY COUNTRY



BURKINA FASO



In recent years, Burkina Faso has faced a deteriorating situation leading to growing insecurity and significant internal population displacement. According to the National Council for Emergency Relief and Rehabilitation (CONASUR), the number of internally displaced persons (IDPs) increased from 614,000 in January 2020 to 1,074,993 as of December 31, 2020.

Escalating violence led to the closure of 91 health centers at the end of October 2020, and more than 230 health facilities are operating with extremely reduced capacity. As a result of the Insecurity, the supply of medicines and medical equipment has been disrupted, and health workers have withdrawn from some areas. Overall, access to healthcare has decreased significantly, increasing the vulnerability of displaced persons and host communities.

In 2020, the ALIMA / Keogoo / SOS Médecins - Burkina Faso consortium deployed an emergency response to support access to primary and secondary healthcare in the Central-North region in Barsalogo, Tougouri, Kaya, as well as in the Northern region in Ouahigouya and Thiou. This response resulted in the treatment of 2,374 children under the age of five suffering from severe acute malnutrition and 30,724 suffering from malaria. Alongside the Ministry of Health teams, ALIMA also performed 7,441 prenatal consultations, 1,155 psychological consultations and treated 88 victims of gender-based violence.

In total, 64,960 including 40,596 women of childbearing age benefited from 'MUAC for Mothers' training to detect the first signs of malnutrition in their children. For children over the age of five, 57,331 outpatient consultations were carried out.

Finally, the consortium supported the Ministry of Health in its response to COVID-19: 18,718 patients were cared for in triage centers and the teams assisted in the treatment of suspected and confirmed cases.

CAMEROON



© Daniel Beloumou / ALIMA



65,264
pediatric consultations



32,026
prenatal consultations

In 2020, 6.2 million people in Cameroon needed humanitarian assistance. In the country's Far North region, attacks by armed groups created the need to provide emergency assistance to 1.2 million people. In the North-West and South-West regions, separatist groups caused the displacement of nearly 410,000 people.*

The outbreak of COVID-19 in March 2020 further exacerbated the needs of the population already affected by the security crisis.

ALIMA operates in three health districts in the Far North region. In the districts of Makary, Mada and Mokolo, our teams provide access to pediatric and nutritional care in 20 health centers, and support reproductive health. At the Makary district hospital, ALIMA responds to pediatric and nutritional emergencies, and assists deliveries with complications.

In the English-speaking region of the country, ALIMA, in partnership with the national NGO DENTOU Humanitaire, intervenes in the Widikum health district to ensure access to primary and secondary healthcare for displaced and host populations.

In all areas, ALIMA provides psychological care for populations affected by conflicts.

Finally, as part of the response to COVID-19, ALIMA supported the national response by ensuring the implementation of Infection Prevention and Control measures, training of health staff, supply of equipment, and community outreach activities. At the Yaoundé Central Hospital, ALIMA set up a triage station, and provided psychosocial support to patients and their families. The teams also supported hospital care, provided outpatient follow-up for patients without complications, and ensured the provision of Personal Protective Equipment to healthcare workers.

*Source: OCHA (United Nations Office for the Coordination of Humanitarian Affairs)



70,886
medical-nutritional consultations for children under five



64,960
mothers trained to use the MUAC bracelet

© Amadou Cissé Bello / ALIMA

In the Central African Republic, 2.8 million people are currently in need of humanitarian assistance* and maternal and child mortality rates are the second- and third-highest in the world, respectively.

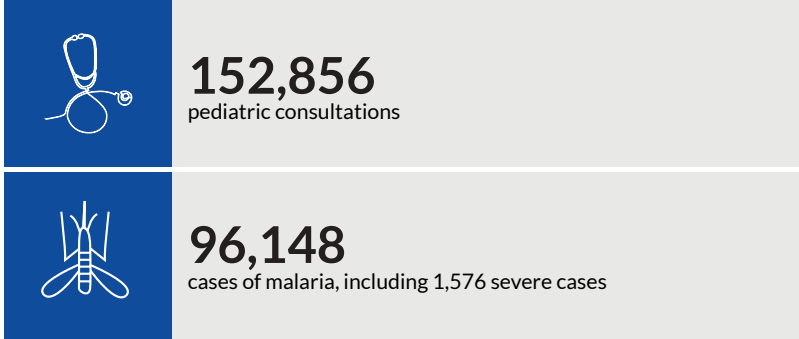
Present in four health districts, ALIMA focuses its emergency response on providing free medical-nutritional and surgical care. Our projects target pregnant and breastfeeding women, children under the age of five and victims of gender-based violence. Our teams train local health staff and help strengthen the functionality of health facilities.

In the town of Boda, ALIMA supports the emergency ward, the surgical block, the acute malnutrition unit, and the maternity ward at the General Hospital, as well as eight health centers. In Bimbo, our teams support 13 community health centers in the care of acute malnutrition and maternal healthcare. ALIMA also provides medical assistance to displaced and returnee populations through a Rapid Response Mechanism in the Nana-Gribizi region. In 2020, our teams conducted seven emergency responses following armed conflicts as part of our rapid response mechanism. In the Mbrès sub-prefecture, ALIMA supports the secondary hospital and 9 health centers by providing primary and secondary care.

At the end of 2019, ALIMA opened two new projects in the southeast of the country where our teams support two hospitals in Zémio and Obo, in the Haut-Mbomou prefecture, improving access to quality medical care for host and displaced populations.

Finally, our teams actively participated in the response to COVID-19 by implementing Infection Prevention and Control measures in the supported facilities. We also set up the only COVID-19 treatment unit in the country at the National University Hospital Center in Bangui.

*OCHA, Humanitarian Response Plan 2021



ALIMA has been working in Chad since 2012. In 2020, in N'Djamena, the country's capital, our teams dedicated their efforts to fight against acute malnutrition. In Ngouri and Liwa, districts located in the Lake Region, the goal was to improve access to primary and secondary health care.

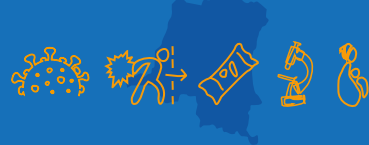
ALIMA and its national partner, Alerte Santé, worked together to screen and care for children under five suffering from severe acute malnutrition. This included training families to screen and monitor the nutritional status of their children through the detection of edema and the measurement of the Mid-Upper Arm Circumference using the tricolored MUAC bracelet. ALIMA and Alerte Santé also conducted awareness-raising activities on essential practices in nutrition, hygiene and health, in the context of the COVID-19 pandemic.

In N'Djamena, within the framework of the Therapeutic Nutritional Center school, ALIMA/Alerte Santé, in partnership with the Ministry of Health, trained 72 Chadian health professionals to treat malnutrition with complications, including 20 doctors, 27 nurses, 16 health technicians, 5 nutritionists, three midwives and one Master's graduate student in pediatrics. In 2020, 24,717 children aged 6-59 months suffering from severe acute malnutrition were admitted to our therapeutic nutrition program.

In Liwa, 1,470 children under the age of five were treated for severe acute malnutrition, including 102 who were admitted to the hospital. In addition, ALIMA provided free healthcare to women through prenatal consultations, delivery assistance and post-natal care. 2,065 pregnant women benefited from prenatal consultations, and 64 had assisted births. 1,984 women were screened for Human Immunodeficiency Virus (HIV).

Finally, ALIMA set up triage and isolation areas at healthcare facilities in response to the COVID-19 pandemic. Between June and December, awareness campaigns helped nearly 380,000 people to combat misinformation and rumors related to the pandemic.





The Democratic Republic of the Congo (DRC) continues to face a complex humanitarian crisis, with violence worsening in several areas of the country in 2020. Nearly 3.4 million* children under the age of five suffered from acute malnutrition and there were multiple disease outbreaks.

This year, the country continued to fight the 10th Ebola outbreak in North Kivu province, which ended on June 25, while an 11th outbreak appeared in Equateur province on June 1, and continued until November 18, 2020. A total of 3,434 suspected and confirmed Ebola patients were treated in six Ebola Treatment Centers and 10 Integrated Treatment Centers. More than 775 health personnel were trained as part of the Ebola response.

ALIMA also responded to the COVID-19 pandemic, following the notification of the first confirmed case on March 10, by setting up a treatment center at the University Clinics of Kinshasa and at the General Referral Hospital of Beni. 634 people were treated, and patients, their family members and health staff were provided with psychological support. 303 health workers were trained on best practices for patient care, triage, Infection Prevention and Control measures, Water, Hygiene and Sanitation activities, and biosafety policies.

In addition, ALIMA responded to two measles outbreaks in Kasai Oriental, where it also provided emergency medical-nutritional care. In the same province, the OptiMA randomized trial on simplifying the treatment of acute malnutrition, which launched in 2018, completed the inclusion and care phase of the children.

Finally, ALIMA continued its support in the Beni area with a health, nutrition and protection response, and cared for victims of sexual violence.

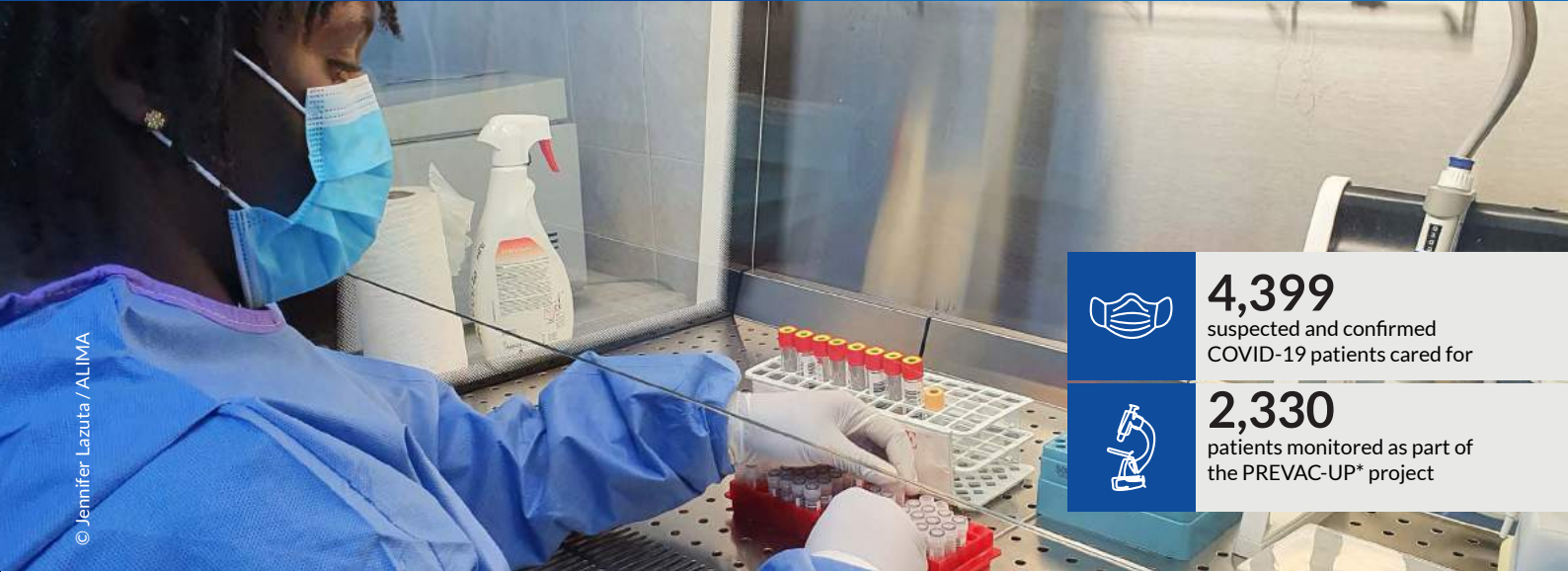
* CLUSTER NUTRITION DRC, Data on the number of people in need for the current period, September 2020.



© Pamela Iulizo / ALIMA

3,434
Ebola patients (suspected and confirmed) cared for

9,572
children suffering from severe acute malnutrition cared for



© Jennifer Lazuta / ALIMA

4,399
suspected and confirmed COVID-19 patients cared for

2,330
patients monitored as part of the PREVAC-UP* project

Much of the Guinean population has inadequate access to medical facilities. The country's health system has been further strained by various outbreaks, including the COVID-19 pandemic.

Starting in early April 2020, ALIMA supported the Donka University Hospital in Conakry to respond to the COVID-19 emergency. Our teams set up a 450-bed treatment facility, including a triage area and laboratory, as well as a 40-bed Intensive Care Unit (ICU). More than 3,800 confirmed patients were cared for, including 416 in the ICU. More than 98% of COVID-19 patients that ALIMA cared for recovered. Our teams also trained more than 150 people in the medical and psychological care of patients who have tested positive and reinforced Infection Prevention and Control (IPC) measures.

In addition, the implementation of the AIRE (Improving the Identification of Respiratory Distress in Children) project, which is funded by Unitaid, began in 2020. The AIRE teams collected information and established partnerships that are essential to continuation of the project over the next few years. Then, with the arrival of COVID-19, the project adapted to the pandemic with "COVID-AIRE," enabling the implementation of

30 patient triage circuits, the donation of 30 IPC triage kits, 34 pulse oximeters and 10 oxygen concentrators.

Finally, two research projects continued this year: This includes the follow-up to the PREVAC (Partnership for Research on Ebola Vaccination) phase II trial, which started in 2015, to identify an effective Ebola vaccine. In 2020, more than 2,300 enrolled participants continued to be monitored, as part of a longer-term study, called PREVAC-UP. The Ebovac III project, a trial that aims to evaluate the efficacy of an Ebola vaccine in infants younger than one year, also continued during 2020.

*Randomized trial for an Ebola vaccine strategy, with five-year follow-up

Since the beginning of the crisis in 2012, the emergence of armed groups amid intercommunity tensions has led to significant population movements. In 2020, there were 332,957 displaced persons in the country, compared to 207,751 in 2019*. Livelihoods are precarious: nearly 979,000 people, mostly children, suffer from acute malnutrition**.

In 2020, ALIMA and its local partner AMCP-SP (Medical Alliance Against Malaria - Population Health), provided medical nutritional care, conducted over 13,000 general and pediatric medical consultations, and assisted more than 3,000 deliveries. Additionally, ALIMA trained some 130,000 mothers to detect malnutrition in their children at the earliest signs using the MUAC bracelet.


In the north of the country, ALIMA and AMCP-SP performed 97 emergency surgeries at the hospital in Goundam. In the district of Niono, ALIMA and AMCP-SP intervened at 29 IDP sites with three mobile clinics, providing 17,173 people with access to medical and nutritional care.

The OptiMA research project (Optimizing the treatment of acute MAlnutrition) resulted in the admission of 661 children who were included in the study with a simplified care protocol. In 2020, ALIMA and AMCP-SP began working in the Mopti region to strengthen access to medical and nutritional care. In addition, the URENI-school project in Dioïla trained health professionals from 65 districts in the care of severe acute malnutrition with complications.

Finally, in response to the COVID-19 pandemic, a triage system was implemented to support 101 health centers, and 833 health workers were trained in Infection Prevention and Control measures.

*Source: IOM (International Organization for Migration)
**According to the Harmonized Framework 2020





133,452
mothers trained to use the MUAC bracelet



14,442
children treated for acute malnutrition

Mauritania is increasingly affected by climate change, particularly desertification, which has increased vulnerability among populations. In 2020, there were more than two million internally displaced persons.* Some 609,000 people faced food insecurity, and more than 55,000 children were suffering from Severe Acute Malnutrition (SAM).**

In the Hodh Ech Chargui region, ALIMA continued to provide primary medical and nutritional care, and Sexual and Reproductive Health (SRH) services to the more than 63,000 Malian refugees living in the Mbera camp and host community members.

ALIMA's operational strategy in this area aims to help national facilities take back responsibility for the healthcare of this population and support the Ministry of Health in integrating refugee healthcare into the national health care system.


In 2020, 33,269 children benefited from pediatric consultations in three health centers (Mbera, Bassikounou, and Fassala) and four health posts (three in the Mbera camp and one in Kossona). As part of pediatric care to children under five, ALIMA administered nearly 22,000 routine vaccinations and cared for more than 500 children suffering from SAM.

Additionally, ALIMA carried out more than 2,000 prenatal consultations and helped nearly 1,300 women give birth safely, resulting in reduced maternal mortality rates in the targeted areas.

Following the arrival of the first cases of COVID-19 in Mauritania, ALIMA adapted its activities to strengthen Infection Prevention and Control (IPC) measures. ALIMA also conducted awareness campaigns in the Mbera camp and participated in case detection, including the transport of lab samples to the Nouakchott laboratory. To help care for mild and moderate cases, our teams set up two 10-bed treatment units and trained health staff on best care practices. At the end of 2020, ALIMA began designing a program to support the vaccination strategy in the country.

*Source : United Nations High Commissioner for Refugees (UNHCR)
**Source : United Nations Office for the Coordination of Humanitarian Affairs (OCHA)





33,269
pediatric consultations



1,293
assisted deliveries



Niger is facing several humanitarian crises, exacerbated by the Lake Chad crisis and growing insecurity in northern Mali. These situations aggravate chronic poverty and further deepen the lack of basic services. In 2020, the global acute malnutrition rate in Niger stood at 12.7%*. The country also faces challenges related to disease outbreaks, floods, drought and the COVID-19 pandemic. In addition, the influx of people fleeing violence caused by armed groups is increasing humanitarian needs.

Since 2009, ALIMA has been working in Niger with its national partner BEFEN (Well-being of Women and Children in Niger), on several themes, including maternal health, malnutrition, pediatrics, emergency response, malaria, and research. In 2020, ALIMA/BEFEN cared for 30,292 children suffering from acute malnutrition and conducted malaria projects in Mirriah and Dakoro.

ALIMA/BEFEN also continued the "MUAC for Mothers" project in the regions of Maradi and Mirrah. The goal is to train mothers and families to detect the early signs of malnutrition in their children, by measuring their Mid-Upper Arm Circumference (MUAC) using a tri-colored bracelet. As a result, more than 139,000 mothers were trained to use the MUAC in 2020.

In the regions of Tahoua, Tillabéri, and Maradi, through a regional Rapid Response Mechanism, our teams investigated 18 emergency alerts and assisted populations within seven days after the initial investigation. The deployment of 11 mobile clinics, which reached 112,360 people, helped to improve access to healthcare.

Finally, ALIMA supported hospitals in Niamey and Zinder in the care of COVID-19 cases.

*Source : SMART 2020 Niger



© Djibo Tagaza / ALIMA



139,212
mothers trained to screen their children for malnutrition using the MUAC bracelet



30,292
children treated for acute malnutrition



© Benita Nnenna Nwachotam / ALIMA



181,535
routine vaccinations



116,916
pediatric consultations

Ongoing armed conflict in Nigeria has contributed significantly to the deterioration of the humanitarian situation, particularly in the northeastern part of the country. More than 2.1 million people are internally displaced* and 7.1 million are estimated to be in need of humanitarian assistance** in 2020. Many areas remain inaccessible to humanitarian actors due to the security situation.

Present in northeastern Nigeria's Borno State since June 2016, ALIMA teams continued to provide medical, nutritional and maternal health care to internally displaced persons and host community members in Muna and Teachers Village camps, on the outskirts of Maiduguri, and in Monguno. At the University of Maiduguri Teaching Hospital (UMTH), ALIMA supports the care of children hospitalized for Severe Acute Malnutrition (SAM) with complications and trains Ministry of Health staff to care for these children. 1,252 children suffering from SAM with complications were cared for at the UMTH in 2020.

ALIMA is also present in South Borno State, where our teams rehabilitated health facilities in Hawul and Askira. In late 2020, a new program opened at the Dalaram Primary Health Care Center to provide outpatient services, sexual and reproductive health activities, and referrals to secondary health facilities.

To support the response to recurring outbreaks of Lassa fever, our teams provided free clinical care including laboratory analysis for suspected and confirmed cases of Lassa fever. They also conducted clinical research, at the Owo Federal Medical Centre, to better understand the disease in order to improve its case management.

Finally, since the first cases of COVID-19 emerged, ALIMA has supported the Nigerian Ministry of Health in its response to the pandemic at two treatment centers in Maiduguri and has set up a care center in Monguno. In addition to setting up triage circuits, and providing equipment and medications, ALIMA supported patient care, and trained more than 500 health care workers on Infection Prevention and Control practices.

*Source : United Nations High Commissioner for Refugees (UNHCR)
**Source : United Nations Office for the Coordination of Humanitarian Affairs (OCHA)



© John Wessels / ALIMA



20,348
people screened at COVID-19 triage centers



122
confirmed COVID-19 patients cared for

In January 2020, ALIMA began its response to the COVID-19 epidemic in Senegal. Our teams supported the Senegalese Ministry of Health in staff training, prevention and medical care.

When the first cases were declared in the country in March 2020, ALIMA was already prepared to receive patients at the Fann Hospital, in Dakar. Our response focused on the triage of patients, their care and the implementation of measures for Infection Prevention and Control (IPC).

In June, ALIMA also provided support to the Yeumbeul health district, 20 kilometers north of Dakar, where transmission of the disease was high. ALIMA's support focused on the district hospital and 10 health centers to improve access to primary health care for people vulnerable to COVID-19, improve diagnosis, and treat confirmed cases.

ALIMA's support to the 24-bed COVID-19 treatment center in Yeumbeul, allowed for the training of health center staff, implementation of IPC measures, and the rehabilitation of facilities (triage areas, waste areas with incinerators and laundry) and the care of 122 patients confirmed with COVID-19.

Starting in September, ALIMA also studied the community dynamics of 147 neighborhoods in the Yeumbeul health district to involve them in identifying vulnerable people and communicating about the risks of the disease.

Community leaders were identified, placing trust at the heart of the outreach strategy to inform and care for populations affected by the disease. Out of 324,000 inhabitants, 30,000 people were at an increased risk of the disease, of which more than 3,000 benefited from free primary consultations, which are essential to improve early diagnosis of COVID-19.



In South Sudan, an estimated 7.5 million people were in need of humanitarian assistance* in 2020, and the stability of the country remained fragile, despite the formation of the transitional government in February. Flooding, which affected more than 625,000 people, also deepened humanitarian needs.

Present in South Sudan since 2017, ALIMA continued to provide medical and nutritional care in Raja and Aweil, while extending its activities in Western Bahr el-Ghazal state, with new activities in Wau and Juba. In Raja and Wau counties, primary and secondary health and nutritional care supported the population, thanks to health centers and mobile clinics in Dolo and Bisselia.

Sexual and Reproductive Health (SRH) services became one of ALIMA's pillar activities in 2020, with SRH support provided to local communities in Raja and Wau.

Malnutrition also remained one of ALIMA's priorities, and our teams continued providing nutritional care in Western Bahr El Ghazal State. In collaboration with a local partner, more than 800 children suffering from moderate or severe malnutrition were cared for. Mothers and families were also trained in the prevention and detection of malnutrition, and in good feeding practices for infants and young children. Finally, ALIMA staff conducted more than 1,700 prenatal consultations and helped 600 women give birth.

In Juba, in response to COVID-19, ALIMA adapted its different programs to help support the Ministry of Health in the face of the pandemic. This included adapting ALIMA's Ebola Virus Disease preparedness to the COVID-19 context. Our teams trained 195 Rapid Response members on COVID-19 alert investigation and sample collection, as well as good practices for Infection Prevention and Control, and Water, Sanitation and Hygiene. In addition, ALIMA participated in the detection of suspected cases by training and deploying contact tracers.

*Source : United Nations Office for the Coordination of Humanitarian Affairs (OCHA)



© Patrick Meinhardt / ALIMA



13,166
pediatric consultations for children under the age of 5



12,762
mothers trained to use the MUAC

ALIMA'S GOVERNANCE

THE ALIMA ASSOCIATION

In 2020, the ALIMA association adapted to the challenges of the COVID-19 pandemic: the two annual general assemblies were held entirely remotely by videoconference. We made notable progress in the implementation of the Association's Action Plan, with the development of the first digital platform for managing membership data and the initiation of a more structured internal cohesion approach. Furthermore, members at country level were successful in their efforts to identify candidates for National Association Representatives. Finally, increased membership in ALIMA's original countries (Niger, Mali, Chad and Burkina Faso), and the election of new National Association Representatives (Chad, Central African Republic, Niger) contributed in energizing and strengthening the Association.

THE BOARD OF DIRECTORS

The Board of Directors is responsible for voting on the yearly budget and operational plan, as well as any major strategic decisions. The Board elects an Executive Committee, which is the interface between the Board and the Executive Management Team, and to which the General Assembly delegates its powers to carry out ALIMA's mission.

Executive committee of the board of directors

- Dr. Richard Kojan - President
- Marc Sauvagnac - Vice President
- Nicolas Chaltiel - Secretary
- Madjiguene Sock - Deputy Secretary
- Frédéric Lemoine - Treasurer

Members of the board of directors

- Dr. Abdoul Bing
- Dr. Amadou Dia
- Aimé Makiméré
- Amélie Banzet
- Joanny Bassole
- Marion Péchayre
- Mathieu Dufour
- Dr. Lamine Kolle
- Dr. Oummani Rouafi



THE EXECUTIVE MANAGEMENT TEAM

Management of day-to-day activities of the organization is carried out by the management team and its various departments. In 2020, the team reelected the previous year, continued to carry out its responsibilities:



Augustin Augier
Chief Executive Officer



Henri Leblanc
Deputy Executive Officer



Dr. Moumouni Kinda
Director of Operations



Thomas Bounameaux
Chief Administrative and Financial Officer



Benoit Loop
Human Resources Director

MEMBERS OF THE ASSOCIATION

At the end of 2020, the association had 380 members, 107 of whom were new members. Membership of the Association is open to anyone (ALIMA employees of at least one year) who contributes to the fulfillment of ALIMA's social mission. Being a member of the Association offers you the opportunity to contribute to ALIMA's development by taking part in key decisions and electing the members of the Board of Directors. For further information on how to join: asso@alima.ngo.

ASSOCIATION / MEMBERSHIP

In accordance with its statutory provisions the Association holds two General Assemblies each year: one in June, in Paris, to approve operational and financial reports, and another in October, in Dakar, for a debate and the election of new Board members. The convened General Assemblies also inform members about ALIMA's latest news. ALIMA's Association membership is managed by an Association Committee, composed of three members of the Board. In 2020, the Association Committee held meetings in Chad, Cameroon, Mali and Senegal. The Committee also hired a new full-time employee who started in June 2020.

NATIONAL ASSOCIATION REPRESENTATIVES

In 2020, three national association representatives were elected in Niger, Chad and the Central African Republic in charge of association activities in these countries of intervention.

A LOOK BACK AT THE OCTOBER 2020 GENERAL ASSEMBLY

On October 17, 2020, 105 members attended the General Assembly. They adopted ALIMA's environmental approach and an amendment to the Charter, adding «Environmental Responsibility» as a seventh principle. Of the 7 candidates, 3 were elected to join the Board of Directors. The Assembly also held a debate on ALIMA's environmental approach.

ALIMA’S GOVERNANCE

ALIMA IN THE USA, UK AND AUSTRALIA

ALIMA USA, ALIMA UK and ALIMA Australia are separate registered charitable organizations with their own boards of directors and governance. They adhere to the same principles and work to support, fundraise, and advocate for ALIMA's field activities and operations.

BOARD OF DIRECTORS OF ALIMA USA

- Elya Tagar - President
- Bernard Yancovich - Treasurer
- Pierre Cremieux - Secretary
- Charlie Kunzer – Executive Director ALIMA USA
- Augustin Augier
- Catherine Dumait-Harper
- Anne Catherine Faye
- Dr. Cecily Gallup
- Daniel Gwinnell
- Alan Harper
- Glenda Hersh
- Julie Rousseau
- Dr. Alon Unger

BOARD OF DIRECTORS OF ALIMA AUSTRALIA

- Dr Nikki Blackwell - President
- Juanita Williams - Secretary
- Sonia Girle
- Chris Brasher

BOARD OF DIRECTORS OF ALIMA UK

- Stéphane Epin - President
- Nicolas Mounard
- Alexandre Booth
- Augustin Augier
- Dr Nikki Blackwell

Strategic Framework: Our vision and our priorities for action

Beginning in 2020, ALIMA launched work allowing it to implement its first strategic plan. Faced with the organisation's significant growth in the last few years on all of its activities, it became necessary to prioritise its ambitions and to translate them into the objective of a greater strategic framework. Launched for the period of 2020-2022, it regroups the seven priorities for action:

1. **ALIMA, an agile organization with a human face**
2. **ALIMA, medical care and transforming humanitarian medicine**
3. **ALIMA reshape the operational partnership's dynamics**
4. **ALIMA, a learning organization**
5. **ALIMA, a prime employer**
6. **ALIMA, an organization for and with the patients**
7. **ALIMA, increased visibility, to improve flexibility**

OUR ENVIRONMENTAL APPROACH



“CLIMATE CHANGE WILL HAVE A MASSIVE IMPACT ON HUMANITARIAN NEEDS IN THE AREAS WHERE WE WORK, AND IT WILL ALSO FORCE US TO RETHINK THE WAY WE OPERATE, WE MUST THEREFORE ADOPT GOOD PRACTICES TO BE A MORE RESPONSIBLE ACTOR.

Dr. Moumouni Kinda, ALIMA's Director of Operations.

Within its 2020-2022 strategic framework, ALIMA has made a commitment to integrate the impact of climate change into all aspects of its medical and research projects, to reduce its environmental footprint, and to be transparent with the achieved progress. With that in mind, ALIMA developed a position paper on its environmental approach centered on the question: “What are the implications and responsibilities for ALIMA in the face of climate change and the environmental crisis?” Answers came as the result of a collective exercise, based on interviews with ALIMA staff and board members, and internal working sessions.

To give this commitment a lasting impact and incorporate it into all our work, the members of the association added the core value “Environmental Responsibility” to the ALIMA Charter at the General Assembly on October 17, 2020. The Charter’s core values, including Putting the Patient First, Transforming Humanitarian Medicine and Collective Intelligence, provide a complete and solid foundation to implement the environmental strategy.

To achieve this, five pillars of action were identified:

1. Raising awareness, training and equipping staff
2. Reducing our environmental footprint
3. Researching and innovating
4. Anticipating the growth of humanitarian needs
5. Witnessing, raising awareness and advocating

In December 2020, ALIMA co-signed a Statement of Commitment on Climate, along with nine other member organizations of the Humanitarian Environment Network, and joined the Climate Action Accelerator, an initiative which aims to bring together leading organizations in the aid sector and support them in their efforts to reduce CO2 emissions.

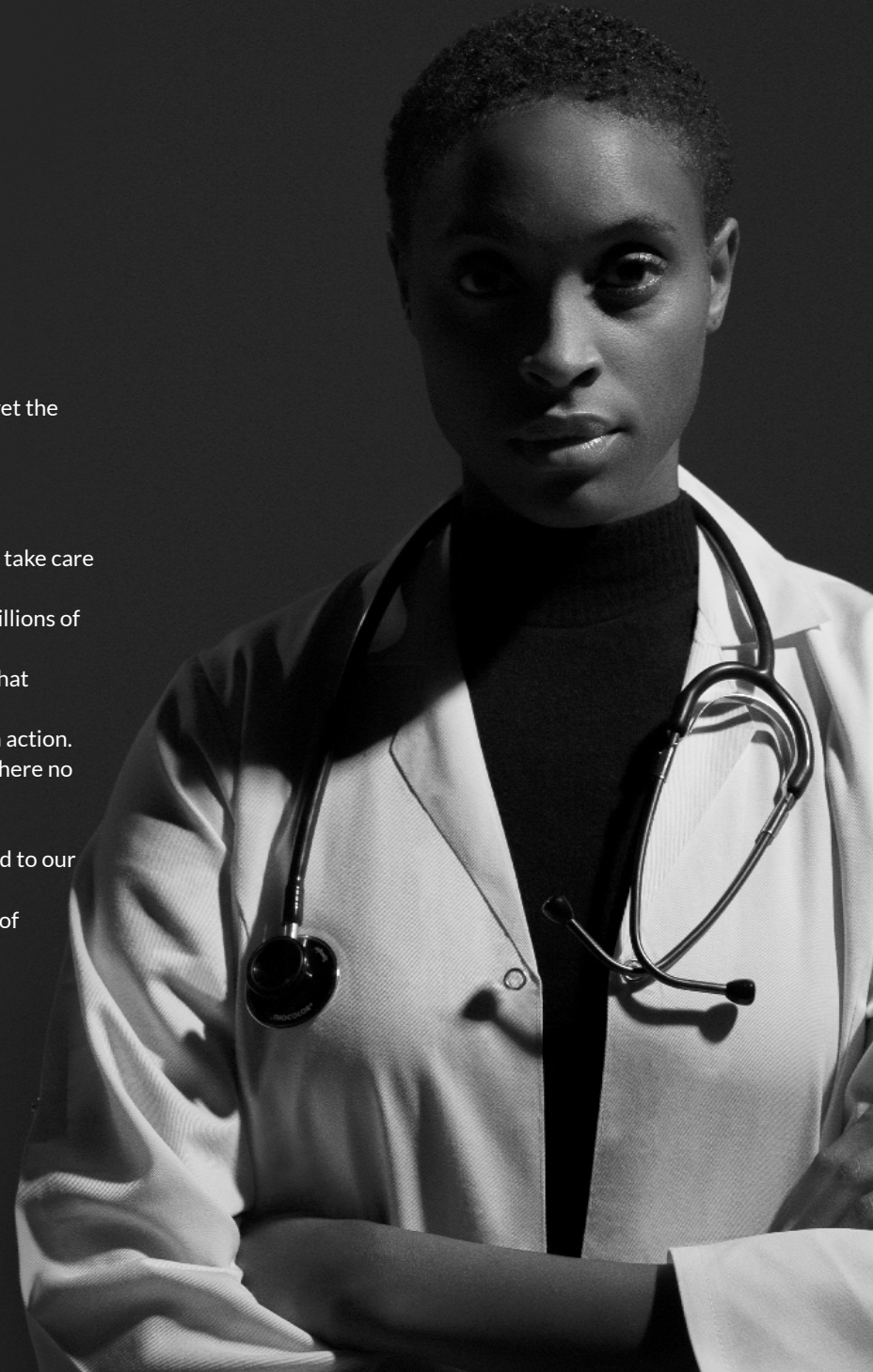
WE ARE THE ONES WHO BRING HUMANITARIAN AID TO OUR COUNTRIES.

We are like you, like all of you: unique and yet the same.
Like you, like all of you,
sometimes we are vulnerable,
sometimes we need help.
But like you, like all of you, we know how to take care of ourselves.
We are thousands of health workers and millions of patients.
We are the hands that heal and the minds that innovate.
We are emergency response and long-term action.
We are from here, so we know how to go where no one else goes.
We are many and we are one.
We are the ones who bring humanitarian aid to our countries.
We are ALIMA, we are the new generation of humanitarians.

YES, AFRICAN



FIND US ON [YESAFRICAN.ALIMA.NGO](https://www.yesafrikan.alima.ngo)



COMMUNICATION

BRAND AWARENESS CAMPAIGN

ALIMA launched its first communication campaign **YES, AFRICAN**: "From now on, we are the ones bringing humanitarian aid to our countries, **YES, AFRICAN**" during the first week of November 2020. The objective of the campaign was to raise awareness among the French general public about ALIMA's unique model, highlighting its focus on local expertise. The campaign was structured around a video clip broadcasted on our different platforms, as well as publications on the website (landing-page and articles) and on social media. The campaign was also adapted to radio, TV and press, billboards, and digital channels.

120

influencers / personalities have relayed the campaign (Raphäl Yem, Waly Dia, Fatou Ndiaye, French Baloo)

MEDIA RELATIONS



170

mentions in the media, 30% of which are related to the COVID-19 emergency

4

institutional supports: 3 press releases (2 related to the COVID-19 pandemic and 1 press kit presenting ALIMA and the campaign).

2

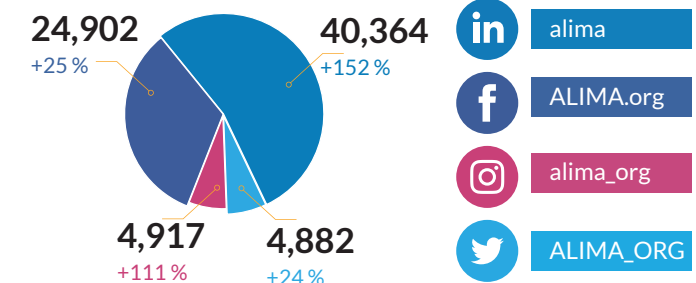
Op-Eds published in French newspaper l'Opinion and in ideas4development.org signed by Dr. Richard Kojan, Augustin Augier and Dr. Moumouni Kinda.

1

letter of commitment to implement ALIMA's environmental approach

SOCIAL MEDIA : FOLLOW US !

The 'OXYGEN FOR AFRICA' and 'YES, AFRICAN' campaigns helped boost the continued growth of our social media communities, especially on Instagram and LinkedIn.



AUDIOVISUAL PRODUCTION:



While reporting on ALIMA's mobile clinics in Sagwè, Burkina Faso, Bello, photographer and videographer, holds the daughter of a mother he is interviewing.

10+


visits by photographers/videographers collecting images and videos bearing witness to the reality and needs in our countries of intervention.

ENGAGING ALIMA DONORS

The generosity of the general public, foundations, and corporations was crucial in 2020.

It enabled ALIMA to adapt to the COVID-19 pandemic and respond to emergencies in the field, and support research and training programs. Donations from individuals, foundations, and corporations totaled 2.8 million Euros, an increase of 110% compared to 2019. This growth is a sign of renewed confidence and interest in ALIMA's actions by a growing number of donors.

More than 10,000 donors supported ALIMA in 2020, including 4,000 monthly donors. This growth in donors is due to the success of face-to-face recruitment campaigns, strong mobilization in digital media thanks to the “OXYGEN FOR AFRICA” campaign, and the efforts of our campaign committees. The arrival of COVID-19 which affected us all, has given rise to a surge of global solidarity: many celebrities, artists like Oxmo Puccino, Grand Corps Malade, Guillaume Canet, olympic champion Souleymane Cissokho and the journalist Harry Roselmac, have become spokespersons for the “OXYGEN FOR AFRICA” campaign. Thanks to this campaign, ALIMA raised nearly 100,000 Euros

MEMBERS OF THE CAMPAIGN COMMITTEES		
Africa	North America	Europe
Co-Presidents Tidjane Dème Madjiguene Sock	Elya Tagar - President Bernard Yancovich Pierre Crémieux Catherine Dumait-Harper	Co-Presidents Serge Morelli Tidjane Dème
Babacar Sy Barthélémy Faye	Anne-Catherine Faye Dr. Cecily Gallup Alan Harper Glenda Hersh Charlie Kunzer Daniel Gwinnett Julie Rousseau Dr. Alon Unger	René Célestin Didier Cherpitel Georges Desvaux Anne-Marie Idrac Olivier Renault Sandra Sancier-Sultan Hervé Schricke Annick Schwebig
	2,8 million Euros raised	
	10,000+ donors	

and was able to provide over 100 oxygen concentrators to health facilities.

Ramping up the “Transforming Humanitarian Medicine” campaign

Since the launch of its fundraising campaign in 2017, ALIMA has engaged an increasing number of major donors and developed three Priority Funds (Emergency Response, Research and Innovation, and Humanitarian Talent training). This campaign is supported by three committees in Africa, North America and Europe. In 2020, ALIMA gained support from many new foundations and corporations, contributing to funding for our humanitarian projects. On November 24, ALIMA held its annual fundraising event, in a new virtual format. The event took place simultaneously in Paris, Dakar and New York, raising more than 750,000 Euros.

ALIMA would like to thank all our donors, partners and ambassadors whose support is essential to provide medical care for our patients and save thousands of lives.



THANK YOU FOR YOUR SUPPORT

ALIMA's teams would like to thank all our technical and financial partners who support our social mission. Their timely and effective actions in support of ALIMA's response to COVID-19 in Africa and the perennial support of these institutions allows us to act on a daily basis in the field and to launch quality medical actions to meet the needs of vulnerable populations.

MAJOR DONORS

Thank you to all the donors who supported our “Transforming Humanitarian Medicine” campaign and its three funds (emergencies, research and training) in this very special year.

ALIMA’S RESEARCH PARTNERS:

- **Ministries of Health and Public Health Institutes** in our countries of operation
- **Inserm** (National Institute for Health and Medical Research), France
- **REACTing** (REsearch and ACTion targeting emerging infectious diseases), France
- **PAC-CI**: ANRS (French National Agency for Research on AIDS and Viral Hepatitis program in Ivory Coast)
- **ISPED Bordeaux**: Institute of Public Health, Epidemiology and Development, France
- **Oxford University**, United Kingdom
- **ALERRT**: African coalITion for Epidemic Research, Response and Training
- **BNITM** (Bernhard Nocht Institute for Tropical Medicine), Germany
- **DNDi** Drugs for Neglected Diseases Initiative, Switzerland
- **NIH/NIAID**: National Institutes of Health/National Institute of Allergy and Infectious Diseases, US
- **Harvard School of Public Health** and **Yale School of Medicine**, US
- **SickKids Toronto**, Canada

INSTITUTIONAL DONORS



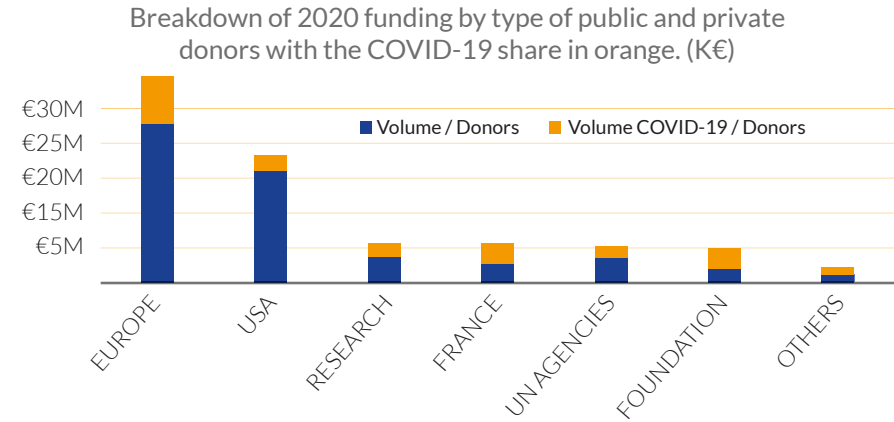
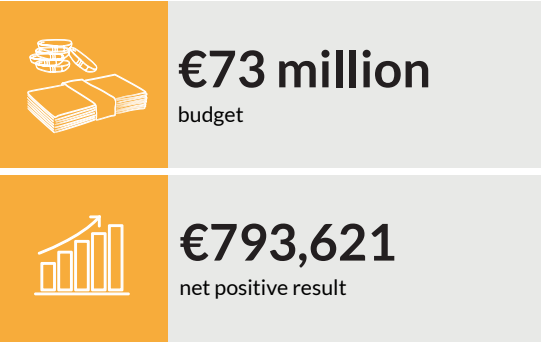
FOUNDATIONS AND COMPANIES



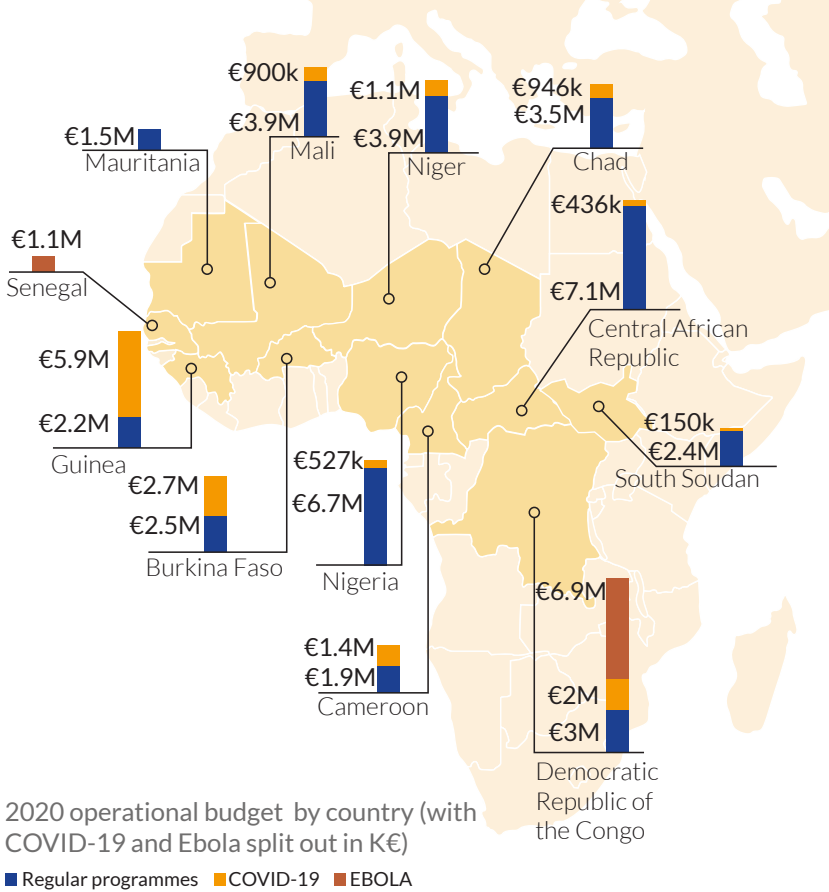
FINANCIAL REPORT

OPERATIONAL BUDGET

In 2020, ALIMA's budget reached €73 million, a growth of 19% compared to 2019. This growth is due to the increase in ALIMA's operations in response to the COVID-19 pandemic (up to €18 million).
With consecutive years of operational growth, in 2019 (+36% due to Ebola response projects in the Democratic Republic of the Congo), and then in 2020, ALIMA has nearly doubled its operational volume since 2017.



90% of ALIMA's funding comes from institutional, foundation, and corporate donors. Thanks to an effort to diversify its institutional partners, ALIMA has been able to mobilize more than 40 donors for its different humanitarian operations (emergency, research and innovation, capacity building) and continues to increase the share of funding devoted to its research projects in 2020.



2020 operational budget by country (with COVID-19 and Ebola split out in K€)

■ Regular programmes ■ COVID-19 ■ EBOLA

REVENUE STATEMENT

2020 was a very productive year for ALIMA thanks to numerous rapid interventions in the field. The ALIMA teams were able to quickly implement COVID-19 projects in almost all their countries of intervention. This was achieved despite the unprecedented constraints of the pandemic (restriction of movements and transport of goods in particular). In addition, ALIMA was able to optimize its budget management in order to respond effectively to the COVID-19 emergency, consolidate its human resources at headquarters and generate a positive net result.

Our financial results were affected by a 9% fall of the US dollar, which impacted the currency rate at the end of December.

2020 REVIEW

ALIMA's balance sheet has increased to nearly 50.9 million euros with the new accounting regulations (ANC Reform No. 2018-06). The funding granted by the donors is now fully accounted for in the financial balance sheet of the current year.
ALIMA's reserves increased with the results from 2020. ALIMA continues its commitment to provide quality care to the most vulnerable and works to fulfill this commitment, and the accumulated reserves will allow us to cover a potential decrease in 2021 operational volume compared to 2020.

REVENUE STATEMENT			
	in kEUR	2020	2019
Operating revenue		73,276	61,410
Operating Expense		71,940	61,324
Operating Result		1,335	86
Financial Result		- 540	58
Extraordinary gain		- 1	15
Net Result		794	159
ASSETS			
	in kEUR	2020	2019
Fixed Assets		603	586
Cash, Receivables, and other Assets		48,794	15,718
Accruals & Deferrals		1,500	0
Total Liabilities and equity		50,917	16,304
LIABILITIES			
	in kEUR	2020	2019
Retained Earnings and Reserve Fund		2,057	1,264
Others Associative Capital		2,000	2,000
Risk provision		535	408
Liabilities (+ 1 year)		73	271
Liabilities (- 1 year)		46,252	12,361
Total Liabilities		50,917	16,304

USE OF FUNDS

ALIMA's motto: "the patient first", continues to be illustrated in 2020 as in previous years as ALIMA continued to allocate the majority of its resources to its humanitarian missions. Its investment in fundraising continued and resulted in a net profit of €975,000 in 2020. We would like to thank all our donors for their support.

FINANCIAL TRANSPARENCY

ALIMA is continuously audited by its institutional financial partners. More than a dozen audits took place in 2020, yielding positive results and reimbursements of around 0.06% of our contract volume. In addition, an organizational audit was organized by ECHO*, the success of which ensured that ALIMA and ECHO's partnership would continue for another 5 years. Finally, the 2020 annual accounts were certified by the auditor without any reservations.

*European Union Civil Protection and European Humanitarian Aid Operations



PATIENT STORIES



ESTELLA, MOTHER OF TWINS

Estella Dimanche gave birth to twins - a boy and a girl! - at the Boda Hospital. Despite carrying the twins to full-term, both were born underweight and had to be hospitalized within the neonatal unit, where they received supplemental oxygen and antibiotics. Since they were discharged, Estella brings her twins back twice a week for checkups and to monitor their weight gain.

“ IF YOU'RE PREGNANT, YOU COME IN, THEY WEIGH YOU, THEY GIVE YOU FREE MEDICINE, THEY TAKE CARE OF YOU, AND YOU GIVE BIRTH IN GOOD CONDITIONS. I'M VERY GRATEFUL TO THE MEDICAL TEAM HERE, BECAUSE IF IT WASN'T FOR THEM, I DON'T KNOW WHAT WOULD HAVE HAPPENED TO ME AND MY TWINS.

Boda, Central African Republic, 2020. © Cora Portais / ALIMA

“ They saw life...



ANNA*, RECOVERED FROM COVID-19

Anna*, a 24-year-old student suffering from COVID-19, was treated and cared for at the University Hospital of Fann. After five days in the hospital, she recovered and was discharged.

“ I WAS VERY WORRIED. I CRIED EVERY DAY. MORALLY, IT WAS VERY DIFFICULT BECAUSE I RECEIVED A LOT OF INFORMATION VIA THE INTERNET ABOUT THE DEATHS OF PATIENTS AROUND THE WORLD, EVEN YOUNG PEOPLE. I COULDN'T BREATHE, I WAS VERY SCARED. LUCKILY THE DOCTORS WERE THERE, THEY REASSURED ME DAILY: 'YOU ARE GOING TO GET BETTER!' I WANT TO SAY THAT, DESPITE MY CONCERNS, THE QUALITY OF CARE WAS REALLY GOOD. THE TEAM THAT TOOK CARE OF ME DID A GOOD JOB.

EBOLA SURVIVOR

“ IT WAS AROUND JULY 2019. I HAD AN ACCIDENT IN THE NEIGHBORHOOD. SINCE THE ACCIDENT WAS NOT SERIOUS, I STAYED AT HOME. BUT AFTER A WHILE, I STARTED TO GET CHILLS. I FELT BAD, AS IF I HAD MALARIA. I HAD TO GO TO THE HOSPITAL AND THAT'S WHERE I GOT INFECTED [WITH EBOLA], BECAUSE THERE WAS A DEATH. IT WAS A PREGNANT WOMAN, AND THEY PUT ME IN HER ROOM WITHOUT DISINFECTING IT. WE WENT THROUGH SUCH A DIFFICULT PERIOD, AND BECAUSE OF THESE TIMES, I NO LONGER FELT ALIVE. WHEN I ARRIVED AT THE EBOLA TREATMENT CENTER, I MET WITH THE NGO CALLED ALIMA. THEY SAW LIFE WHEN THERE WAS NO LIFE IN ME. IF I AM ALIVE TODAY, I CAN'T FAIL BUT TO KEEP GIVING THANKS TO ALIMA.

Beni, Democratic Republic of the Congo, 2020. © Pamela Tulizo / ALIMA

...when there was no life”

“ WE ARE THOUSANDS OF HEALTH WORKERS AND MILLIONS OF PATIENTS





SENEGAL

Route des Almadies,
Lot n° 22 zone 9
BP 15 530 Dakar
+221 76 644 83 47
office@alima.ngo

FRANCE

15, rue des Immeubles
Industriels
75011 Paris
+33 1 40 33 95 19
office@alima.ngo

USA

One Whitehall St., 2nd
Floor
New York, NY 10004
USA
+1 646 619 9074
info.usa@alima.ngo

KENYA

+254 711 479 027
east-africa@alima.ngo

FOLLOW US

Site web : www.alima.ngo
Twitter : @ALIMA_ORG
Facebook : ALIMA.org
Instagram : alima_org
LinkedIn : Alima
YouTube : ALIMA
Exposure : ALIMA

