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ANNUAL REPORT

THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION

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WHEN THERE'S NO DOCTOR TO HELP,
IT'S UP TO US TO SHAPE OUR OWN FUTURE.



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A WORD FROM THE PRESIDENT

Year after year, despite the deterioration of the situation in our countries of intervention, I always harbor the hope that the following year will be more clement. In 2021, despite a decline in the spread of COVID-19, the situation actually deteriorated further: this affected vulnerable populations who became more and more fragile every day, and it also affected the ALIMA teams. Nevertheless, they have continued to work tirelessly to respond to growing humanitarian needs.

In many of our operations, the challenges were cumulative: political instability, violence and armed conflict, the consequences of climate change, etc. Simultaneously, our responses have been intensifying and becoming more complex, regardless of whether they were one-off interventions (emerging infectious diseases, Lassa fever) or chronic responses (acute malnutrition, Ebola virus disease). In some regions, we responded to emergencies combining all these diseases against the backdrop of the COVID-19 pandemic.

But even, and especially, in a crisis situation, the humanitarian mission always strives not to settle for “just enough”, and to aim for the best. At ALIMA, such challenges are, synonymous with questioning, seeking solutions, innovation, and action.

The year 2021 was marked by the completion of several of our research studies on acute malnutrition (OptiMA) and on emerging infectious diseases (PREVAC, LASCOPE). ALIMA was also involved in research projects with partners in various consortiums and scientific platforms, notably on the development of knowledge on emerging infectious diseases.

2021 was also the year of consolidation of more recent yet essential activities:

- For ALIMA, mental health has become an essential component of comprehensive quality care. The progression has been spectacular, from 1,900 patients receiving psychological care* in 2020 to more than 13,000 in 2021.
- Surgical care has found a real impetus through a project in Burkina Faso, which should be the basis for the deployment of this type of intervention in other countries.
- ALIMA's environmental approach, initiated in 2020, took shape through of a roadmap with ambitious objectives, including a 50% reduction of greenhouse gas emissions by 2030. The consequences of climate change have a direct impact on the populations living in the areas where we work. Our efforts must be equal to the challenge.

In 2021, almost 1.5 million people have benefited from free, quality care in 13 countries thanks to ALIMA. If we add our public health activities (vaccinations, training mothers to use the MUAC bracelet for detecting acute malnutrition, etc.), three million people will have had access to care through ALIMA's actions.

I would like to thank the teams in the field for their daily commitment, our technical and financial partners, as well as our dear donors, who have made all this possible by giving us the means to act on a daily basis, closer than ever to the communities we serve.

* Psychological first aid - Psychosocial support - Mental health in health care practice - Team mental health - Specialized psycho trauma consultations

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IN A CRISIS SITUATION, THE
HUMANITARIAN MISSION
ALWAYS STRIVES
NOT TO SETTLE FOR “JUST
ENOUGH”, AND TO AIM FOR
THE BEST



DR. RICHARD KOJAN

A stylized, handwritten signature in white ink, consisting of a large, flowing 'R' followed by a smaller 'K' and a final flourish.

OUR UNIQUE ALLIANCE



The ALIMA model: an alliance between local health workers, national medical organizations and researchers.

In today's humanitarian landscape, where only a small part of global aid is carried out by local actors, ALIMA represents a unique model of medical action. The ALIMA model is primarily based on collaboration; it's an alliance between health workers, local NGOs and researchers.

At ALIMA, medical action is initiated by and in the field to provide better and more care. This is why the principle of partnership with national frontline actors, including local NGOs and communities, is central to our approach.

A unique model of partnership between national NGOs and ALIMA

For over 12 years, ALIMA has been in partnership with national NGOs in Burkina Faso, Chad, Niger, and Mali. More recently it has partnered with an NGO in Cameroon. Collaborative implementation of projects is the foundation of the ALIMA partnership model, with inclusive co-management between ALIMA and partner NGOs.

Unlike conventional consortium models, our partnership model avoids subcontracting, risk transfer and the division of tasks, in favor of a logic of "doing things together" and "co-responsibility": joint planning, joint budgeting, common HR structure, common activities, project management in tandem with the ALIMA head of mission and a general coordinator at the partner NGO, representation of the partner NGO on the

ALIMA Board of Directors, and an ALIMA representative on the Board of Directors of the partner NGO.

Energizing operational partnerships

One of the priorities of ALIMA's 2020-2022 strategic framework is to energize and further develop partnerships with local NGOs. ALIMA met with its operational partners – Alerte Santé, AMCP-SP, BEFEN, Keogo, SOS Médecins - on the occasion of ALIMA's first Partnership Days event held on November 16-17, 2021 in Abidjan, Ivory Coast.

This important meeting provided an opportunity to take stock of several years of partnership at the end of 2021, and to exchange views and make recommendations for the principles of partnerships moving forward. Four lines of action were identified for implementation:

- Appreciate and promote our unique partnership model;
- Better define our partnerships and clarify responsibilities to reduce risks;
- Improve communication between us, by raising awareness of all stakeholders about our partnership model;
- Support local partner NGOs in their development and structuring, to constantly improve operations.

ALIMA and its NGO partners will meet again in 2022 to carry out a first review of our actions to energize operational partnerships.

OUR OPERATIONAL PARTNERS



Alerte Santé in Chad

Since the beginning of its activities in Chad in 2012, ALIMA has been working closely with Alerte Santé, a Chadian NGO based in N'Djamena. Today, Alerte Santé is the most important national NGO fighting malnutrition and malaria. ALIMA and Alerte Santé both have recognized expertise and experience in the areas of health and nutrition for children under five, emergency response including outbreak monitoring and response, and access to care for displaced persons and refugees. Several innovative approaches were developed through the partnership, including the MUAC for Mothers strategy, the “1,000 days” program and the establishment of the Therapeutic Nutrition Unit School in N'Djamena.

BEFEN: Well-being of Women and Children in Niger

In Niger, where ALIMA began its operations, ALIMA works with the Nigerien NGO BEFEN, a key national player in maternal and child health, to bring vital medical care to local communities. ALIMA and BEFEN are working with the authorities of Mirriah (in the Zinder region), Dakoro, Aguié, Guidan Roumdji (in the Maradi region), and Abala, Ayerou, Banibangou (in the Tillabery region) to reduce the mortality of children under the age of five, and of pregnant and lactating women. Our medical teams provide free medical care to children suffering from severe acute malnutrition and common illnesses (malaria, diarrhea, acute respiratory infections), as well as reproductive health and emergency response to disease outbreaks and population movements. The teams also ensure that all patients referred to local hospitals receive free treatment.

AMCP-SP: Medical Alliance against Malaria - Population Health in Mali

AMCP-SP is a Malian NGO focusing 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 pregnant women due to malaria, malnutrition and febrile illnesses.

KEOOGO and SOS Médecins-BF in Burkina Faso

KEOOGO is a national NGO that provides protection, medical and rehabilitation care to highly-vulnerable children, either through partnerships or direct action. SOS Médecins-Burkina Faso is a national NGO that intervenes in emergency health situations, malnutrition and the care of people affected by HIV/AIDS. Since 2012, ALIMA has been working in consortium with Keoogo and SOS Médecins-BF to implement medical and nutritional projects in the North and Central-North regions of Burkina Faso.

DEMTOU Humanitaire in Cameroon

DEMTOU Humanitaire intervenes in the fields of health, nutrition, WASH (Water, Hygiene and Sanitation), food security and livelihoods, and works for social cohesion in Cameroon. Initiated in 2020, the collaboration between ALIMA and DEMTOU Humanitaire further developed in 2021 with joint interventions in the English-speaking northern part of Cameroon. This collaboration will be further strengthened in the coming years.

2021 IN NUMBERS



62

million euros budget



1.5 million

patients cared for



295

medical facilities supported



454,809

COVID-19 vaccine doses administered



55

projects



236,528

people fully vaccinated against COVID-19



1,906

employees



5,718

people cared for during outbreaks of measles, cholera, Lassa fever, and Ebola



13

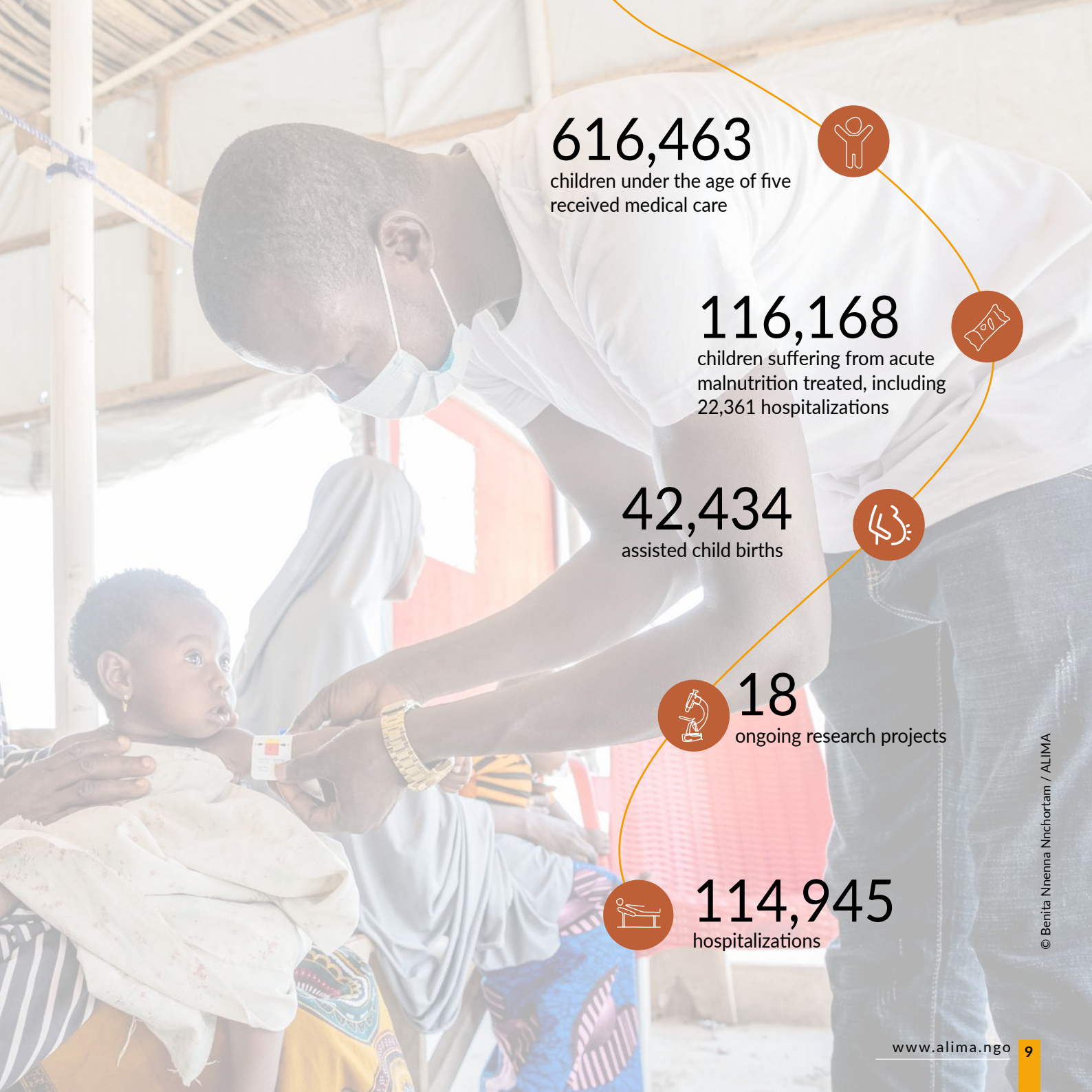
countries of intervention



13,267

mental health consultations of all types* (up from 1,938 in 2020), mainly in conflict zones or areas affected by acute crises

* Psychological first aid - Psychosocial support - Mental health in health care practice - Team mental health - Specialized psycho trauma consultations



616,463

children under the age of five
received medical care



116,168

children suffering from acute
malnutrition treated, including
22,361 hospitalizations



42,434

assisted child births



18

ongoing research projects



114,945

hospitalizations



EMERGENCY RESPONSE



5 CUBEs

(Biosecure Emergency Care Units for Outbreaks) deployed for Ebola patients in Guinea.



121,284

IDPs cared for in Kilo and Mangala, DRC.



In 2021, thanks to the strong mobilization of its emergency teams, ALIMA once again responded to Ebola outbreaks, peaks of acute malnutrition, and the COVID-19 pandemic, often through rapid response mechanisms.

EBOLA EMERGENCY IN GUINEA

Following the outbreak of a new case of Ebola Virus Disease in the Nzérékoré prefecture in Forest Guinea in February 2021, ALIMA deployed emergency operations to the area to support health authorities in managing and limiting the spread of the epidemic. ALIMA supported the 2 treatment centers in the area, cared for 343 patients including 13 confirmed Ebola cases, and trained 240 health personnel. ALIMA also provided medicine and medical equipment, including 5 Biosecure Emergency Care Units for Outbreaks (CUBEs).

OPENING OF THE SOUTH KORDOFAN PROJECT IN SUDAN

In August 2021, the exploratory mission conducted in South Kordofan, Sudan revealed an urgent need for maternal and reproductive health for nearly 500,000 inhabitants. In November 2021, ALIMA set up a project to support the maternity ward of the Kadugli hospital to strengthen access to quality medical care for the host and displaced communities in the area and to support the medical treatment of obstetric emergencies. Within three months, ALIMA assisted over 557 deliveries, trained maternity staff and brought the health structures up to standard in terms of infection prevention and control measures.

NUTRITIONAL EMERGENCY IN NIGER AND NIGERIA

Niger and Nigeria faced an unprecedented nutritional crisis in 2021. ALIMA implemented 2 emergency projects in the cross-border zone in Dutsima (Nigeria) starting in February 2021 and in Aguié (Niger) starting in October 2021. Within this framework, the teams carried out over 10,000 pediatric consultations in Niger and treated 3,500 children suffering from severe acute malnutrition, including 500 complicated cases in hospital. The teams also trained local staff and mothers in the use of the MUAC for Mothers bracelet, which screens for acute malnutrition in children under five.

DISPLACED POPULATION EMERGENCY IN THE DRC

Beginning in August 2021, the Ituri province experienced a resurgence of conflict involving armed groups. Between September and October, numerous clashes led to the displacement of nearly 121,284 people who were hosted and cared for by ALIMA in the health zones of Kilo and Mangala. In December, ALIMA intervened in the Bambu health zone in Lalo to provide emergency medical care to the host and displaced communities affected by the conflict. ALIMA conducted 4,445 curative consultations, treating 2,374 displaced persons and 2,071 persons from host communities.

EMERGENCY RESPONSE

RESPONSE TO COVID-19

Continuing the fight against COVID-19 initiated in 2020, ALIMA was able to launch vaccination activities at the end of May 2021, administering nearly 455,000 doses in six months. However, several major challenges remain. First, access to vaccines, particularly in rural areas, remains difficult. Second, government vaccination strategies need to be more precisely defined upstream and more tailored to each community in order to reach vulnerable people first.

To best respond to these specific challenges, ALIMA has deployed activities in 5 key areas.

Prevention

ALIMA implemented infection prevention and control (IPC) measures to protect our teams and patients and to maintain care activities. In addition, the community mobilization strategy implemented allows ALIMA to inform and raise awareness among the population beforehand for better community uptake.

Vaccination

ALIMA supports Ministries of Health in the implementation of their vaccination campaigns targeting the most vulnerable people in 7 countries of intervention (Chad, Central African Republic, Guinea, Mali, Mauritania, Niger and Nigeria).

Medical care

ALIMA teams were mobilized in 11 countries in 2021: Burkina Faso, Cameroon, Chad, Central African Republic, Democratic Republic of the Congo, Guinea, Mali, Mauritania, Niger, Nigeria and South Sudan to support local health authorities. To respond to the various waves of COVID-19 in its countries of intervention, ALIMA set up a rapid response mechanism that consists of making human resources and medical products available on an emergency basis to support and train the teams present on the spot in the management of severe cases.

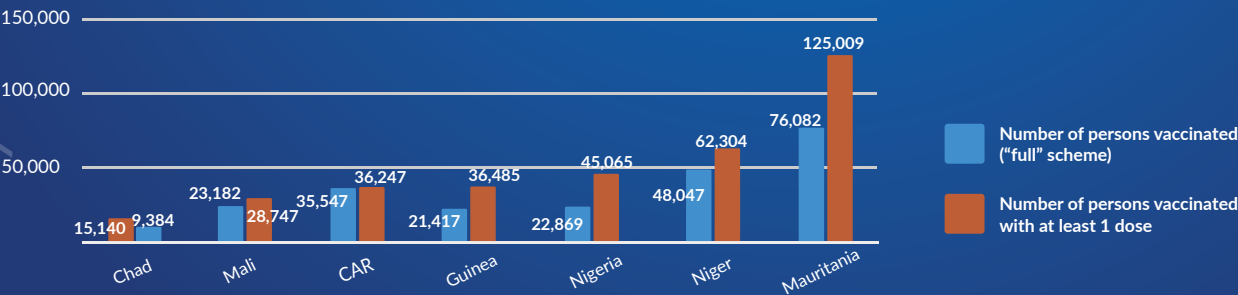
Capacity building

ALIMA trained health workers in the diagnosis and management of COVID-19 cases and provided medical supplies and cold chain equipment.

Clinical research

ALIMA is a member of the ANTICOV consortium, which is conducting the largest study in Africa to test multiple early treatment options for COVID-19. The study will provide answers that will allow countries in Africa, and elsewhere, to adopt effective treatment strategies adapted to resource-limited settings.

Number of persons vaccinated by ALIMA in 2021 by country



COVID-19 KEY FIGURES



454,809

doses administered from May to December 2021



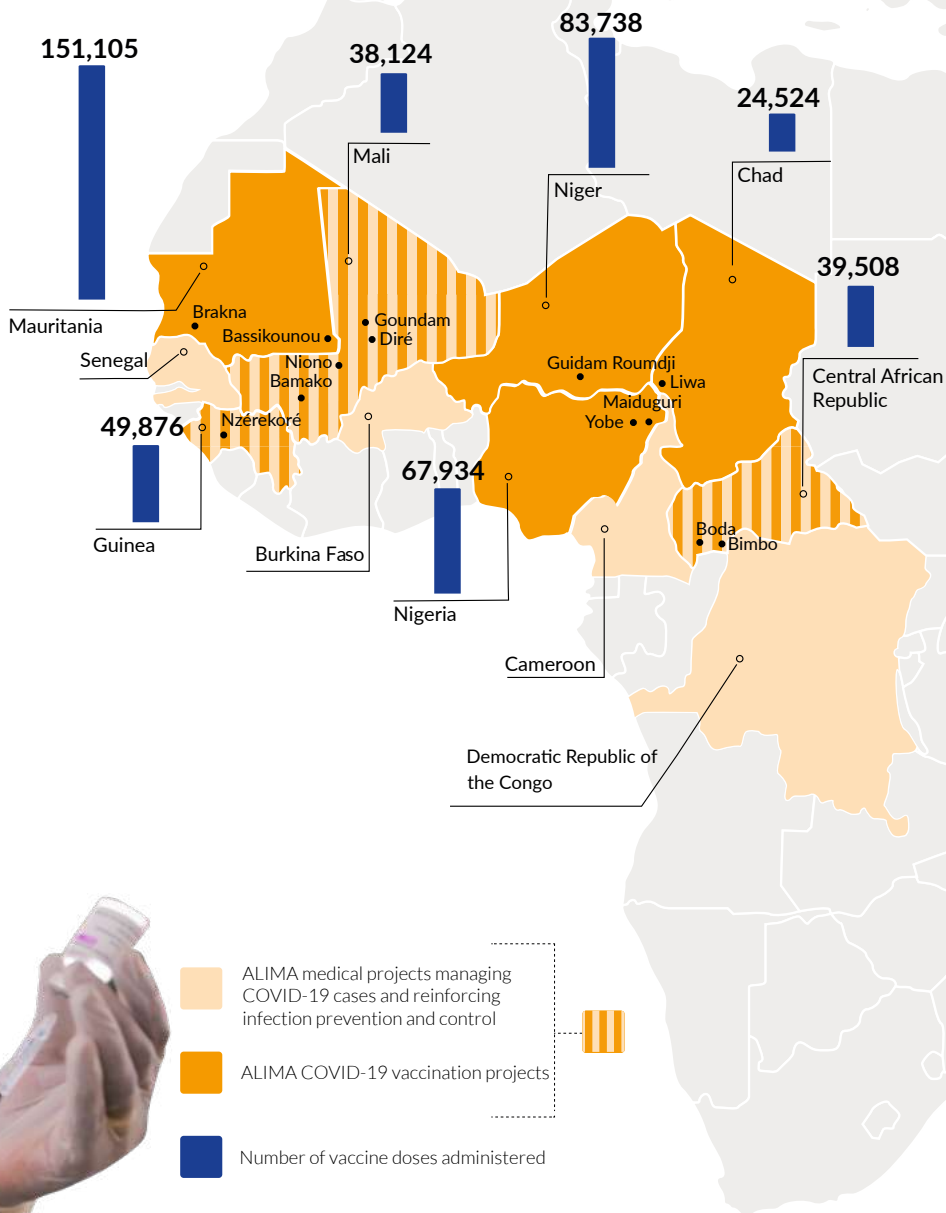
236,528

people fully vaccinated



1,534

confirmed cases and 1,830 suspected cases managed



MATERNAL AND CHILD HEALTH



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In ALIMA's countries of intervention, millions of births take place at home without medical assistance or adequate equipment. More than half of all maternal deaths occur in sub-Saharan Africa* where one child out of 13 does not reach their fifth birthday**. Yet the majority of these deaths are preventable.

In order to reduce maternal and infant mortality in areas affected by conflict and humanitarian emergencies, ALIMA provides pre and postnatal consultations to women throughout their pregnancy, and assists them during childbirth. Care is extended to children up to the age of five, with pediatric consultations, nutritional care and routine vaccinations.

In 2021, our medical teams continued to support health centers and hospitals in ALIMA's areas of intervention to provide quality maternal and child health care. The teams conducted prenatal consultations and assisted with simple and complicated deliveries, including cesarean sections. ALIMA midwives offered follow-up care, such as family planning services and home visits to mothers and their babies. ALIMA also provided training to health care workers (nurses, doctors, midwives) and to the community, including traditional birth attendants.

The reproductive health program has grown significantly over the past two years in the field of sexual and reproductive health activities: support for maternity wards in health centers and hospitals, surgical activities (cesarean sections), family planning, etc. The number of deliveries has thus increased from less than 30,000 to nearly 40,000 per year (38,000 deliveries per year on average from 2019 to 2021).



616,463

children under five cared for



42,434

assisted deliveries

*Source: World Health Organization

**Source: World Bank



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ACUTE MALNUTRITION

In 2021, food insecurity in the Sahel, a region where ALIMA is very active, worsened considerably. Nearly 20 million people were facing severe food insecurity*, a number that is constantly increasing. Multiple interdependent factors are involved, including increasing violence and conflicts, persistent poverty and chronic malnutrition, impacts of climate change, etc.

Faced with this alarming situation, ALIMA and its national partners have mobilized to relaunch nutritional programs in regions neglected by financial donors, particularly in Chad, Niger and Nigeria. New projects have been launched in Aguié and Katsina, areas located on both sides of the Niger-Nigeria border, where acute malnutrition continues to affect large numbers of children under the age of five.

Despite these efforts, coverage for the treatment of acute malnutrition is far below what is needed. Due to a serious shortage of ready-to-use therapeutic food, used to treat children suffering from severe acute malnutrition, teams have not been able to treat as many children as desired (in Cameroon, Chad and Niger in particular). This was due to the impact of the COVID-19 crisis on supplies and a significant drop in funding.

116,168 acutely malnourished children were treated by ALIMA in 2021, an increase from 109,366 in 2020.

Several ALIMA programs are helping to prevent and treat more children suffering from acute malnutrition:

- The “1,000 Days” program, which provides pre-and post-natal care for pregnant women and their children up to the age of two (the first 1,000 days of life).
- The MUAC for Mothers program, which trains families and raises their awareness so that they can be proactive in the early diagnosis of the disease in their children. Community health workers train them to detect the first signs of acute malnutrition, in particular through the simple use of the three-colored MUAC bracelet.
- The OptiMA research project (ref. page 19).



116,168

children with severe acute malnutrition treated among which 22,361 children with severe acute malnutrition hospitalized



763,281

people trained to use a MUAC bracelet

*From the Global Humanitarian Outlook 2022

DISEASE OUTBREAKS AND EMERGING DISEASES



1,426

Ebola patients cared for, including 21 confirmed cases



172

patients with Lassa fever cared for



4,186

suspected cholera and measles patients cared for

Infectious and emerging diseases

Our teams have been highly mobilized to respond to outbreaks, both in terms of patient care (Ebola in Guinea and the Democratic Republic of the Congo; Lassa fever in Nigeria) and vaccination, with the opening of vaccination projects against COVID-19 in seven countries during 2021.

Ebola

In 2021, ALIMA remained a key player in the response to Viral Hemorrhagic Fevers, particularly Ebola. Our teams quickly set up response projects in Forest Guinea (N'Zérékoré) at the beginning of the year as well as in North Kivu in the DRC in October.

In 2021, ALIMA supported the response to the 12th and 13th Ebola outbreaks in the Democratic Republic of the Congo, which occurred in Masoya and Beni, respectively.

In total, ALIMA cared for 1,426 suspected Ebola cases, including 21 confirmed cases. To care for these patients, ALIMA installed two CUBEs (Bio-secure Emergency Care Units for Outbreaks) for the care of confirmed cases within the Ebola Treatment Centers in Masoya.

ALIMA teams also deployed a CUBE Laboratory for the first time in April 2021 at the Infectious Disease Treatment Center in N'Zérékoré to perform laboratory analysis with increased safety.

Lassa fever

In Nigeria, ALIMA continued supporting the care of Lassa fever patients in Owo and researching the disease in the area. In 2021, 172 suspected cases, including 106 confirmed cases of Lassa fever, were cared for at the ALIMA-supported Federal Medical Center of Owo (FMCO).

COVID-19

Regarding the COVID-19 pandemic, the teams launched vaccination activities and faced several challenges such as access to vaccines, especially in rural areas, and community mobilization to identify vulnerable people as a priority group for vaccination. The teams administered over 450,000 doses of COVID-19 vaccine.

Cholera and measles

In 2021, in response to the cholera and measles outbreaks, ALIMA provided care to 2,438 people for cholera and 1,748 people for measles.

CAPACITY BUILDING

Because field workers are the people who best know the realities of medical emergency response, ALIMA aims to continually strengthen the skills of its health personnel and local partners through capacity building.

Group training sessions and capacity building

In 2021, 14 technical advisors from headquarters received training in facilitating adult training. The aim of this training session was to strengthen their skills as facilitators, specifically to train teams on operational projects (mainly medical and paramedical training).

In addition, 40 members of staff (managers from headquarters and ALIMA's field operations) benefited from team management training.

EPISTAT training

16 individuals (medical advisors, nurse supervisors, doctors, and midwives) working in ALIMA's countries of intervention were trained in basic epidemiology and biostatistics.

Mentoring program for Heads of Mission and Project Coordinators

Six mentors were identified to participate in an internal mentoring program. The objective of this program is to support the Heads of Mission and Project Coordinators in developing key skills specific to their positions, sharing and adopting ALIMA's culture and vision, and facilitating communication within ALIMA.

Individual International Training Fund (IITF)

In 2021, through the Individual International Training Fund, 12 ALIMA employees received funding to attend various training courses such as: Master's Degree in Public Health, Diploma in Global Crisis Management and Humanitarian Logistics Management.

International partnerships

In 2021, thanks to a collaboration with Help Logistics, 30 ALIMA employees benefited from online training on the management and logistics of health supplies during a pandemic.

In addition, ALIMA established a partnership with the Bioforce Institute to lend its expertise to train students, free of charge, in exchange for places on short courses in Dakar and in ALIMA countries of intervention. Bioforce also provided team management training to 40 ALIMA employees (Managers, Heads of Mission and Project Coordinators).



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40

employees trained in team management



16

people trained in basic epidemiology and biostatistics

14

technical advisors trained in facilitating adult training

RESEARCH AND INNOVATION



Emerging infectious disease research

- **SAFARI** is a Phase II clinical trial to evaluate the safety and tolerability of a treatment for Lassa fever, called favipiravir. The study is being conducted in Owo and Irrua, Nigeria in partnership with the Bernard Nocht Institute of Tropical Medicine. It began in September 2021 and will help identify new treatments for this disease, as the current drug is not very effective.

Scientific publication

- **Ebola:** During the Ebola outbreak in the Democratic Republic of the Congo in 2020, ALIMA and its partners identified two treatments, the firsts ever for this deadly disease. These treatments were given to people who had been in close contact with Ebola patients. In 2021, ALIMA and its partners at CORAL (Clinical and Operational Research Alliance) and the National Institute for Biomedical Research (INRB) in the DRC published results showing that none of the contact cases who received the preventive treatment developed the disease. These promising results pave the way for future studies to validate alternative means of protection against Ebola, in addition to the existing vaccine.

Respiratory disease research

- In 2021, ALIMA continued to implement the AIRE (Improving Identification of Respiratory Distress in Children) project to promote the integration of pulse oximeters into consultations for children under five. Pneumonia and its complications leading to respiratory distress are among the leading causes of death in children under five in West Africa. Making pulse oximeters available at primary health centers and training health workers to accurately identify signs of respiratory distress can help save the lives of many children. This project is being deployed in four countries: Burkina Faso, Guinea, Mali, and Niger, in partnership with Terres des hommes, Solthis, and Inserm. The AIRE project, funded by Unitaid, aims to demonstrate the effectiveness and acceptability of the pulse oximeter and integrate the use of this tool into national protocols.



7

scientific publications



18

research projects (in preparation, implementation, or analysis stages)

**3**

OptiMA projects underway in 2021 in Chad, Mali and Niger

**2**

studies published in 2021 by Cambridge University Press & the Wiley scientific journal

**106**

health workers trained in the OptiMA approach



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THE OPTIMA PROJECT

In 2021, the food security situation in the Sahel worsened considerably. Children are the first victims: the United Nations estimates that 4.9 million children suffered from acute malnutrition in the region. Faced with this situation, ALIMA is looking for solutions to better fight acute malnutrition in children under five. The OptiMA project is one such solution.

OptiMA - Optimizing the treatment of acute malnutrition

OptiMA is what we call a “simplified approach” to the treatment of acute malnutrition. This innovative strategy aims to eliminate the therapeutic silos that exist between care programs for children suffering from severe and moderate acute malnutrition by integrating all acutely malnourished children into a single program.

OptiMA is based on:

- **The use of a single anthropometric measurement** – Mid-Upper Arm Circumference (MUAC) and edema – for screening, admission and discharge from the program.
- **A single treatment** – ready-to-use therapeutic Wfood – the dosage of which is reduced as the child's condition improves.
- **Training families, via the MUAC for Mothers approach, to detect their child's malnutrition** early through the use of a MUAC bracelet. This color-coded bracelet – green indicates

good health, yellow indicates moderate acute malnutrition, and red indicates severe acute malnutrition – makes it easy, to assess the child's health and effectively prevent the risk of severe complications.

Studies conducted by ALIMA show that adopting OptiMA would significantly increase the number of acutely malnourished children treated for the same cost.

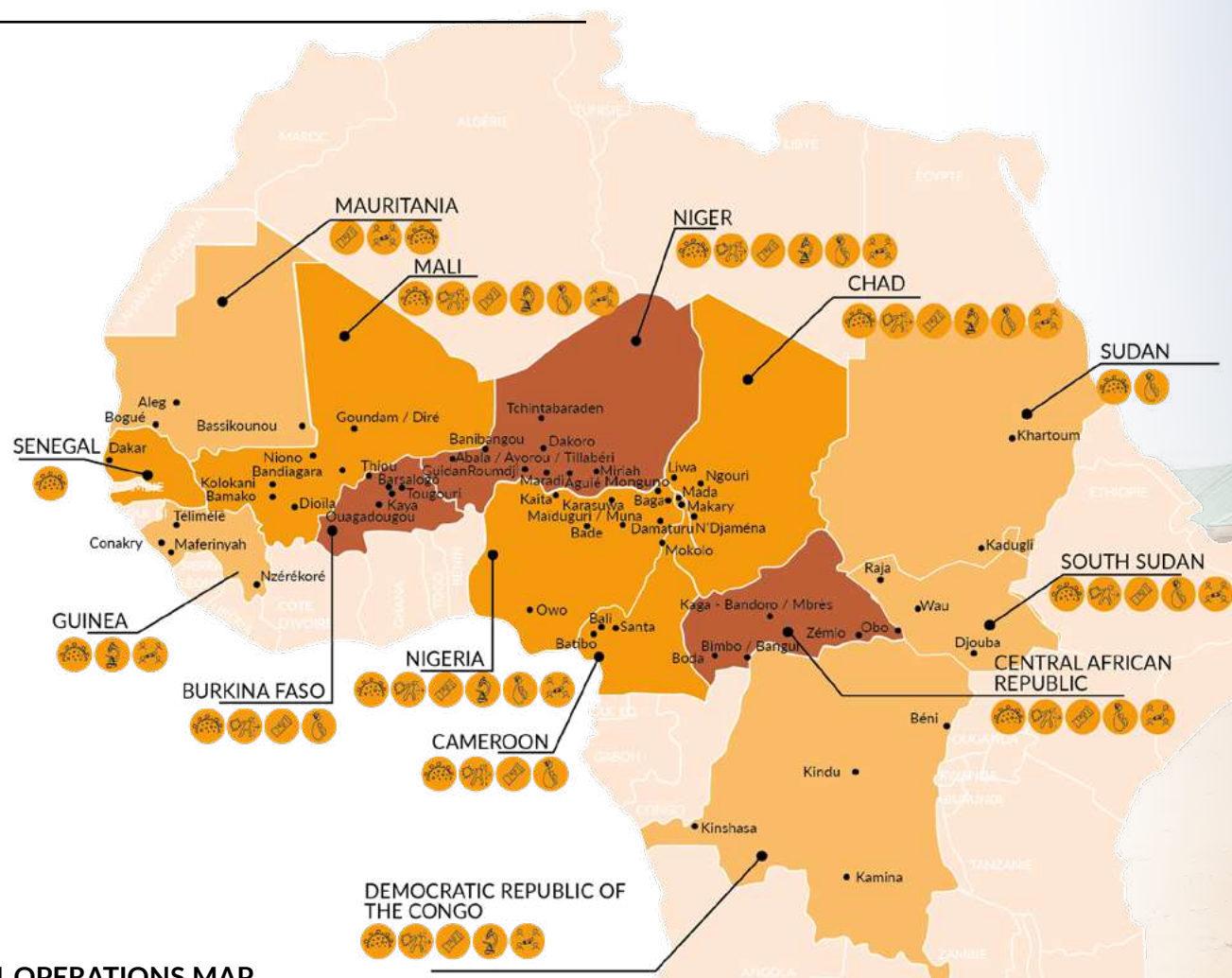
OptiMA studies in 2021

The year was marked by the analysis of the results of a clinical trial conducted in Kasai, Democratic Republic of the Congo, between 2019 and 2020. This analysis shows that in the Kamuesha health zone, characterized by severe food insecurity, adopting the OptiMA strategy would allow more children to be treated more efficiently.

The teams have also launched a new clinical trial in southern Niger, in the Mirriah health district, to assess whether the benefits of OptiMA can be replicated in different contexts.

Finally, in Mali, the results of the OptiMA operational study in Bamako were welcomed by the Malian authorities. They have committed to scale up the training of families in the use of the MUAC bracelet and to progressively integrate simplified approaches into their nutrition policy.

OUR PROJECTS BY COUNTRY



2021 OPERATIONS MAP

Number of thousands of patients
per country of intervention



0 100 200

- Disease outbreaks
- Nutrition
- Maternal health
- Conflicts and population movements
- Research and Innovation
- Capacity building

ALIMA continues to expand its humanitarian operations in East Africa, including exploratory missions in the area that led to the opening of projects in Sudan in 2021.



BURKINA FASO



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67,783

people trained to use the MUAC bracelet



8,744

psychological consultations**

Since 2018, Burkina Faso has been experiencing a major humanitarian crisis, leading to internal population displacements, growing from 1,097,462 persons as of January 1, 2021 to 1,579,976 on December 31, 2021*. These movements have caused the closure of 149 health facilities and emphasized the need for medical care in IDP camps.

In 2021, in this unstable security context, the ALIMA/KEOOGO/SOS Médecins-Burkina Faso consortium maintained its efforts to care for vulnerable populations and provide them with medical, nutritional and psychosocial assistance.

The teams implemented emergency responses for access to primary and secondary health care in Barsalogho, Tougouri, Kaya, Ouahigouya, and Thiou, to support the Ministry of Health. 5,157 children under the age of five suffering from severe acute malnutrition were treated, including 797 with complications, and 60,323 suffering from malaria. 8,894 prenatal consultations were performed, as well as 6,396 assisted deliveries, and 8,744 psychological consultations**. 694 victims of gender-based violence were treated, and 7,703 follow-up sessions were conducted.

A total of 69,005 people, including 43,381 women, received MUAC training to detect the first signs of acute malnutrition in their children. 207,756 patients were treated during curative consultations, including 91,853 children under the age of five. 115,903 outpatient consultations were carried out in all the intervention zones and 1,559 cases of COVID-19 were treated. This year, the consortium also started the "1,000 Days" project in Ouagadougou to improve medical and nutritional care for 10,000 mother-child pairs. Implemented over three years, this project follows children during the first two years of their lives, the most important years for their growth and development.

Lastly, in response to the COVID-19 pandemic, ALIMA provided support to strengthen oxygenation capacity in the hospitals of Yalgado (Ouagadougou), Kaya and Barsalogho (Centre-Nord).

*Source: Report of the Burkinabe Council for Emergency Relief and Rehabilitation (CONASUR) of 01/31/2021

**Psychological first aid - Psychosocial support - Mental health in health care practice - Team mental health - Specialized psycho trauma consultations

CAMEROON

In 2021, Cameroon had 4.4 million people in need of humanitarian assistance, mostly in the Far North (1.2 million), North West (837,000) and South West (625,000) regions of the country*. In addition, the COVID-19 pandemic and the impact of climate change in the Far North further weakened the socio-economic situation.

This year, the northernmost region of the country faced increasing violence between armed groups and inter-communal conflicts between pastoralists and fishermen/farmers, particularly over control of land and water. ALIMA teams supported four health districts located in the departments of Mayo-Tsanaga and Logone-et-Chari.

They also provided reproductive health care for pregnant and lactating women as well as mental health care. ALIMA supported the Makary District Hospital and the Mokolo Regional Hospital in treating pediatric and nutritional emergencies as well as in assisting with complicated deliveries. In the Northwest, where ALIMA has been working since October 2020, our teams have been implementing a project to provide access to health care for vulnerable displaced and host communities in the health districts of Bali, Batibo and Santa, in partnership with the Cameroonian NGO DEMTOU Humanitaire.

8,742 children were treated through our nutrition programs in 30 outpatient nutrition centers. 30,097 prenatal consultations and 3,170 assisted deliveries were performed.

Also, as part of its support in the fight against the COVID-19 pandemic, ALIMA trained 100 caregivers while continuing to raise awareness among the communities it serves. ALIMA also supported the national healthcare system by ensuring the implementation and effectiveness of Infection Prevention and Control measures and providing personal protective equipment for health care workers in supported facilities.

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



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77,472

primary curative consultations for children under five



30,097

prenatal consultations performed

CENTRAL AFRICAN REPUBLIC



© Cora Portais / ALIMA



152,882

pediatric consultations



82,539

malaria cases treated

In the Central African Republic, 2.8 million people are deprived of humanitarian assistance and protection, including 2.2 million with the most severe humanitarian needs*. With 829 maternal deaths per 100,000 live births** and 110 under-five deaths per 1,000***, the country has one of the highest maternal and child mortality rates in the world.

Present in the country since October 2013, ALIMA has expanded its interventions in several health districts. In 2021, seven projects were implemented in which 11,542 children with severe acute malnutrition were treated, and 290,756 curative consultations were performed.

In the Nana-Gribizi region, ALIMA's work is twofold: first, provision of medical assistance through a rapid response mechanism for humanitarian crises and outbreaks, and second, support to district health facilities. This year, our teams carried out six emergency interventions following armed conflicts as part of the rapid response mechanism. ALIMA also continued to support the secondary hospital in Mbrès and nine health centers, providing primary and secondary health care.

In 2021, ALIMA increased its activities at the Obo District Hospital, the Zemio Secondary Hospital, and peripheral facilities, including the Bambouti health center, located on the edge of southern Sudan. In so doing, ALIMA has guaranteed access to quality health care for the host population, displaced persons, and South Sudanese refugees.

In the health districts of Boda and Bimbo, ALIMA implemented a capacity building project to sustainably improve the supply of and access to quality health care in 44 health facilities. The training sessions involved government partners for better appropriation of activities. The teams also helped strengthen access to oxygen in the emergency and pediatric departments of the Boda and Bimbo hospitals.

Finally, ALIMA supported health authorities in their response to the COVID-19 pandemic by vaccinating some of the most vulnerable people. Thus, 36,247 people received at least one dose of vaccine in the Bimbo and Boda health districts.

*Source: Humanitarian Needs Overview 2021, January 2021

** Source: World Health Organization 2017

*** Source: UNICEF 2021



In 2021, over a third of the Chadian population (5.5 million people*) needed emergency humanitarian assistance.

ALIMA, in partnership with the Chadian NGO Alerte Santé, continued its efforts to provide health services to displaced communities in Liwa. 76,897 free medical consultations were conducted for both children and adults. 3,379 women attended prenatal consultations and 1,039 deliveries were assisted by qualified personnel. The teams also supported the implementation of the national COVID-19 vaccination campaign; between August and December 2021, 15,140 people received at least their first dose of the vaccine.

In the capital city of N'Djamena, ALIMA and Alerte Santé continued implementing their project to reduce severe acute malnutrition. 19,157 children between the ages of 6 and 59 months were treated for severe acute malnutrition, including 2,433 who were hospitalized. In addition, 115 health professionals received training in the management of severe acute malnutrition at the training center within the Intensive Therapeutic Feeding Center. In December, the teams supported the emergency response to the influx of Cameroonian refugees by providing medical and nutritional care at one of the main sites for displaced persons in N'Djamena.

In all intervention zones, ALIMA teams continued their work at the community level to strengthen the prevention and early detection of acute malnutrition in children under the age of five. 18,956 children were treated at home for malaria, diarrhea and acute respiratory infections, which are the main causes of morbidity among children in Chad, and 50,360 families were trained to detect acute malnutrition by measuring their children's mid upper arm circumference.

*Source: Humanitarian Needs Overview, OCHA, March 2021.



© ALIMA



50,360

persons trained to use the MUAC for Mothers bracelet



21,395

children with severe acute malnutrition treated

DEMOCRATIC REPUBLIC OF THE CONGO



© ALIMA



13,064

severely malnourished children under the age of five cared for



1,636

community workers trained to screen for acute malnutrition among other diseases

The humanitarian and security conditions in the Democratic Republic of the Congo remain complex. The year 2021 was marked by a natural disaster with the eruption of the Nyiragongo volcano, as well as the escalation of violence in the East, particularly in Ituri, and a deteriorating nutritional situation. The country also had to deal with Ebola, measles, malaria, and COVID-19 outbreaks. All of these factors have resulted in the displacement of 1.5 million people, particularly in the east of the country, further increasing the vulnerability of many communities. 4.2 million children are currently suffering from acute malnutrition, including 2.4 million children under the age of five*.

In 2021, ALIMA implemented six emergency projects, mainly focused on nutrition and epidemiology. In North Kivu, ALIMA responded to the 12th and 13th Ebola outbreaks by treating 1,083 patients (suspected, along with eight confirmed). In addition, 570 health workers were trained to care for Ebola patients.

In response to the COVID-19 epidemic, ALIMA maintained its partnership with university clinics in Kinshasa supporting the care of 658 patients, as well as educating patients on preventive measures. ALIMA also strengthened the capacity of 412 health workers in the treatment of COVID-19 and in infection prevention and control measures.

Regarding nutrition, in the health zones of Kamina (Haut-Lomami), Kailo (Maniema) and Bambu (Ituri), in addition to access to primary and secondary health care, ALIMA provided nutritional care to 13,064 children under the age of five suffering from severe acute malnutrition. 41,807 mothers and families were trained to detect the first signs of acute malnutrition in their children using the MUAC for Mothers bracelet.

Finally, ALIMA teams continued to work on the OptiMA project (Optimizing the Treatment of Acute Malnutrition) promoting a simplified approach to the treatment of acute malnutrition in children, an innovative strategy to treat more children more effectively.

*Source: United Nations Office for the Coordination of Humanitarian Affairs (OCHA), December 2021



The Guinean health system continues to be challenged by various outbreaks: Ebola, Lassa fever, Marburg virus disease, and COVID-19 hit the country in 2021, while most of the population had inadequate access to medical facilities.

In February 2021, following the declaration of a new Ebola outbreak in N'Zérékoré, ALIMA supported local authorities in caring for suspected and confirmed patients. Our teams set up five Bio-secure Emergency Care Units for Outbreaks (CUBEs) to provide intensive care and biological monitoring of patients. ALIMA teams treated 13 confirmed Ebola cases and 343 suspected cases. They also set up a CUBE-LAB, an innovative laboratory that isolates all infectious substances and offers a low-risk work area to better protect technicians in the context of Ebola research activities.

Our research activities continued in 2021 with monitoring visits for the PREVAC-UP (Partnership for Research on Ebola Vaccination) project, which aims to develop an effective vaccination strategy against Ebola. A total of 2,182 visits were recorded, representing a community retention rate of 94%.

In N'Zérékoré, ALIMA trained 240 health professionals in the diagnosis of Ebola, care of suspected and confirmed patients, specific protocols, and biosafety principles. ALIMA also trained teams from the Epidemic Treatment Center (CTEPI) in the care of patients with Lassa fever as well as patients with severe forms of COVID-19.

During the third wave of COVID-19 in Guinea, ALIMA cared for 85 severe COVID-19 patients at the CTEPI in N'Zérékoré and supported the Ministry of Health in its COVID-19 vaccination campaign. From September to December 2021, nearly 50,000 vaccine doses were administered to the people of N'zérékoré.

Finally, in November 2021, the AIRE (Improving Identification of Respiratory Distress in Children) project ensured that national reproductive health policies, standards, and procedures were revised to integrate pulse oximeters and oxygen extractors in Guinean health facilities.



© Mountaga Drame / ALIMA



343

suspected and 13 confirmed Ebola patients
cared for



49,876

doses of COVID-19 vaccine administered



9,425

children treated for acute malnutrition



28,747

persons vaccinated against COVID-19

In 2021, there were over 350,000 internally displaced persons* in Mali; the emergence of armed groups and intercommunity tensions have led to significant population movements. Livelihoods are precarious and nearly 767,773** children are acutely malnourished.

Present in Mali since 2011, ALIMA continues to respond to the health needs of the population with its local partner AMCP-SP (Medical Alliance Against Malaria - Population Health) in the Timbuktu region in northern Mali, the Segou and Mopti regions in central Mali, as well as the Koulikoro region in southern Mali and the Bamako region.

In these intervention zones, ALIMA supports principal health centers as well as community health centers with primary and secondary medical-nutritional care for the most vulnerable groups, particularly children under five years of age, and pregnant and lactating women. The ALIMA/AMCP-SP teams have carried out over 127,931 general and pediatric medical consultations and assisted over 5,272 deliveries.

9,425 children suffering from severe acute malnutrition were also cared for. In addition, ALIMA trained over 277,880 mothers and families to detect the early signs of

acute malnutrition in their children using the MUAC bracelet. Within the framework of the OptiMA project (Optimizing the Treatment of Acute Malnutrition), ALIMA is implementing a new approach to the treatment of malnourished children that could help fight acute malnutrition more effectively.

In 2021, ALIMA continued to coordinate the AIRE project (Improving Identification of Respiratory Distress in Children) in the Dioila district (Koulikoro region). This project aims to support health facilities in the integration of pulse oximeters and contribute to the reduction of mortality in children under five.

Finally, in response to the COVID-19 pandemic, ALIMA/AMCP-SP continued their vaccination campaign: 28,747 people were vaccinated in 2021.

* Source: IOM (International Organization for Migration)

**Source: Harmonized Framework 2021



47,141

persons trained to use the MUAC bracelet

1,300

children under five treated for severe acute malnutrition at ATFCs*

In 2021, Mauritania, like other Sahelian countries, suffered from a deteriorating food and nutrition situation.

Between October and December 2021 a total of 348,286 people (8% of the population) faced food insecurity**. The number of refugees in Mauritania increased by 11% in 2021 to 72,632 people, the majority of whom live in the Mbera camp, located 50 km from the border with Mali. In medical-nutritional terms, the prevalence of global acute malnutrition was 11.1% and the prevalence of severe acute malnutrition was 1.9% at the national level.

Following an exploratory mission, ALIMA expanded its presence in the Wilaya (province) of Brakna with a medical-nutritional program focusing on the treatment of severe acute malnutrition in children under five. Between May and December 2021, 1,300 children under five were treated within 88 Ambulatory Therapeutic Feeding Centers (ATFC). Supported by ALIMA in the Brakna region, these centers had a cure rate of over 95%. Within the framework of this intervention, and as part of the malnutrition screening strategy, ALIMA implemented the MUAC for Mothers approach, which consists of training mothers and families to detect acute malnutrition in their children with a tricolored bracelet. In the three Moughataas (sub-province) of Boghé, Bababé and Mbagne, 47,141 people were trained.

Also, in 2021, as part of the response to COVID-19, ALIMA continued to support the Ministry of Health through a project to help vaccinate the most vulnerable communities. Through this intervention, over 125,009 people were vaccinated in the two targeted Wilayas (provinces) of Brakna and Hodh Ech Chargui in Bassikounou.

* ATFC: Ambulatory Therapeutic Feeding Centers

** Source: 2021 Harmonized Framework Report

NIGER

Niger is facing a humanitarian crisis that is compounded by growing instability in the tri-border area (Burkina Faso, Mali, Niger) and the Lake Chad Basin, aggravating pre-existing socioeconomic vulnerabilities and poor access to basic social services. In 2021, the overall acute malnutrition rate stood at 12.5%*, and the country also faced recurrent epidemics, cyclical flooding, drought, and displacement of communities fleeing armed groups.

Since 2009, ALIMA and its local partner BEFEN (Well-being of Women and Children in Niger) have been working on several focus areas such as maternal health, acute malnutrition, pediatrics, emergency response, and research. In 2021, the teams treated 16,726 children suffering from severe acute malnutrition, 7,565 of whom required hospitalization in the supported district hospitals of Abala and Ayorou (Tillabéri), Tchinta (Tahoua), Dakoro, Aguié and Guidam Roundji (Maradi), and Mirriah (Zinder). In Dakoro, the teams set up the URENI-school, a training center that trained 104 health workers, including 19 doctors, in the treatment of acute malnutrition.

In the regions of Tahoua, Tillabéri, and Maradi, ALIMA teams investigated 36 emergency alerts through a regional Rapid Response Mechanism, and assisted displaced populations within seven days of the alert. The deployment of 10 mobile clinics, which reached 188,657 people, helped increase access to healthcare for displaced communities.

During the cholera epidemic from August to December, teams quickly provided support to local authorities, setting up treatment units in the Maradi and Zinder regions. In total, 1,035 people affected by the disease were treated. Finally, ALIMA supported the Maradi and Guidan Roundji health authorities in their vaccination strategy against COVID-19.

* Source: SMART 2021 Niger survey



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79,569

primary health care consultations for children under five, including 27,941 cases of malaria



20,836

children treated for severe acute malnutrition



14,931

children with severe acute malnutrition treated



34,313

women supported with antenatal and postnatal consultations



© Benita Nnachortam / ALIMA

An estimated 12.8 million people, including 8.1 million children, were in need of humanitarian assistance in the northeast and northwest of Nigeria in 2021*. Security conditions in the region continued to deteriorate, particularly in Borno and Yobe states, with armed groups repeatedly attacking civilian and military targets, kidnapping NGO personnel, and causing widespread population displacement. Food insecurity in these conflict-affected areas reached unprecedented levels.

ALIMA – present in Nigeria since 2016 – has continued to provide medico-nutritional care to communities in various regions of the country. In 2021, ALIMA began implementing mental health psychosocial support activities.

In Borno state, ALIMA staff provided medical, nutritional and maternal health care to displaced populations in the Muna Teachers Village, Farm Center, and Custom House camps, as well as to displaced and host communities in Maiduguri and Dalaram. They provided over 78,539 free consultations.

ALIMA treated 2,202 children hospitalized with Severe Acute Malnutrition (SAM) at the Maiduguri University Hospital, and trained 168 Ministry of Health (MoH) staff in the care of such children. Fighting acute malnutrition was also the focus of a new 2021 project in Katsina state

in north-west Nigeria: a newly built Intensive Therapeutic Feeding Center (ITFC) in Kaita enabled the care of 8,243 malnourished children out of which 974 with complications were hospitalized.

In 2021, ALIMA also extended its activities to Yobe state in north-east Nigeria, where our teams ensured outpatient access to nutrition and health care, including sexual and reproductive health support, and hospitalization for children under five. ALIMA staff trained 43,324 mothers on infant/young child feeding, assisted in 819 deliveries, and conducted 2,271 antenatal consultations.

In Ondo state, ALIMA continued its activities responding to recurrent outbreaks of Lassa fever, an acute viral hemorrhagic illness endemic to the region. Our teams tested, confirmed and provided medical care for 106 Lassa fever cases at the Federal Medical Center in Owo. ALIMA has also been conducting pioneering research programs to better understand the disease and improve treatment, in collaboration with regional and international research partners.

The fight against COVID-19 continued in 2021, with ALIMA supporting the MoH to administer 67,934 vaccine doses in Yobe and Borno states.

SENEGAL



In early July 2021, Senegal experienced a significant increase in the number of COVID-19 cases, and as of July 29, 2021, there were 63,520* confirmed cases, a majority of them in critical and severe condition.

In the Dakar health district, the region accounting for the majority of reported cases in Senegal, hospitals were beyond capacity and lacked human resources, oxygen, medications, and resuscitation supplies and equipment. Faced with this health crisis, ALIMA supported the Senegalese Ministry of Health in the response to the third wave of COVID-19, aiming to reduce hospital mortality.

As part of this effort, ALIMA supported the Yeumbeul District Hospital in running intensive care units from August 17 to September 12, 2021. Support to the Yeumbeul District Hospital focused on 4 key actions:

- **Ensuring biosafety:** teams reorganized the hospital triage area as well as patient, staff and attendant circuits in compliance with infection prevention and control (IPC) standards.
- **Training healthcare staff:** teams conducted training on the COVID-19 case management protocol.
- **Donating essential equipment and supplies:** ALIMA provided the facility with biomedical supplies, medicines, and equipment to ensure IPC.
- **Strengthening medical care capacities:** teams supported the staff of the COVID-19 Treatment Center in Yeumbeul and increased the patient capacity from 14 to 24 beds.

In 4 weeks of activities, 2,618 people were received at the Yeumbeul hospital's triage unit and the teams treated 105 persons, including 13 positive cases without any deaths.

*Source: COUS (Centre des Opérations Urgence Sanitaire) of Senegal July 2021



2,618

people screened at the COVID-19 triage center



105

suspected COVID-19 patients including 13 confirmed cases cared for



Several years of armed conflict, political instability, natural disasters, disease outbreaks, and economic crises have contributed to the complex situation that Sudan is currently experiencing, with approximately 8.5 million Sudanese people in need of humanitarian aid.

In April 2021, ALIMA became officially registered in Sudan. Following a COVID-19 needs-assessment in Khartoum, and in collaboration with the Sudanese Federal Ministry of Health, ALIMA launched a project supporting the Omdurman Isolation Center in Khartoum in August 2021. ALIMA teams facilitated the management of 884 COVID-19 cases through human resources support and training, as well as by supplying medical equipment until December 2021.

In August 2021, ALIMA also conducted an exploratory mission in South Kordofan. This highlighted significant humanitarian response gaps in the area as well as a major demand for health services. As a result, ALIMA began emergency activities at the Kadugli Hospital maternity ward in November 2021, renovating the 35-bed ward, supplying key medical equipment and drugs, and assisting in the deliveries of 557 babies. Our teams also conducted training sessions for nurses and midwives on blood transfusion, and infection prevention and control.

ALIMA aims to scale up its activities in South Kordofan in 2022 to reduce and prevent child mortality by providing a comprehensive health care package for the community.



April 2021: ALIMA officially registered in Sudan

August 2021: Launch of ALIMA's first project in the country to support the management of COVID-19 cases in Khartoum

SOUTH SUDAN



© Patrick Meinhardt / ALIMA



17,527

pediatric consultations for children under the age of five



4,405

mothers trained to use the MUAC bracelet

Approximately 8.3* million people in South Sudan were estimated to be in need of humanitarian assistance in 2021. That is 800,000 more persons than in 2020, an increase of 11%. Their situation is compounded by endemic violence and conflict, public health challenges such as direct and indirect effects of COVID-19, and climatic shocks resulting in severe flooding as well as localized drought.


ALIMA, present in South Sudan since 2017, continued to provide quality medical and nutritional care to vulnerable populations in Raja and Wau counties (in Western Bahr el Ghazal state) in 2021. In these two counties, ALIMA improved access to primary and secondary health care for children under the age of five, and pregnant and lactating women by supporting health structures and mobile clinics in Dolo and Bisselia.

Fighting acute malnutrition remained a priority in 2021: more than 472 children suffering from severe acute malnutrition were treated by ALIMA staff. Over 4,400 mothers and families were also trained in acute malnutrition prevention and screening, as well as in infant and young child feeding practices.

ALIMA's activities reinforcing sexual and reproductive and maternal and child health also continued in 2021, with ALIMA staff conducting more than 1,000 prenatal consultations and assisting 393 women in childbirth.

Finally, in response to the ongoing COVID-19 pandemic, ALIMA remained committed to building the capacity of the national Ministry of Health: ALIMA teams trained and deployed contact tracers to improve identification and contact-tracing of confirmed COVID-19 cases in Juba.

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

A photograph showing a healthcare worker in a white ALIMA uniform measuring the blood pressure of a woman in a blue patterned dress. They are outdoors at a clinic, with many other people waiting in the background. The text is overlaid on the bottom left of the image.

ALIMA MEDICAL TEAMS IN AWEIL WENT TO A DIFFERENT LOCATION EVERYDAY TO PROVIDE OUTPATIENT CONSULTATIONS, INCLUDING RAPID DIAGNOSTIC TESTING FOR MALARIA, PRE-NATAL CARE AND MUAC SCREENING.

ALIMA'S GOVERNANCE



© Sidine Kang / ALIMA

As of December 31, 2021, the association had 410 members and a membership renewal rate of over 65%.

THE BOARD OF DIRECTORS

The Board of Directors has 14 members, including four co-opted members.

Executive Committee of the Board of Directors

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

Members of the Board of Directors

- Dr. Abdoul Bing
- Dr. Amadou Dia
- Aimé Makiméré
- Mathieu Dufour
- Dr. Lamine Kolle
- Dr. Oummani Rouafi
- Abdel-Aziz Ould Mohamed
- Maurice Some
- Dr. Chantal Gamba



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THE EXECUTIVE MANAGEMENT TEAM

Management of the organization's day-to-day activities is carried out by the management team and its various departments. In 2021, the previous year's reelected team continued to carry out its responsibilities:



Chief Executive Officer
(from February 2021)
Dr. Moumouni Kinda



Deputy Executive Officer
Henri Leblanc



Director of Operations
(from September 2021)
Dr. Kader Issaley



Chief Administrative and
Financial Officer
Thomas Bounameaux



Human Resources Director
Benoit Loop



Director of ALIMA Europe
(from September 2021)
Guillaume Le Duc

ORGANIZATION/MEMBERSHIP

Collective events held throughout the year brought employees in the field and at headquarters closer together, strengthening internal cohesion. As a result, increased collective action led to a renewed commitment to consolidate the culture of ALIMA and strengthen the associative base of the organization.

NATIONAL ASSOCIATION REPRESENTATIVES

Increased collaboration with the national representatives in charge of organizational community life created productive connections that were clearly revealed during a capitalization workshop organized on October 22 in Dakar, on the eve of the General Assembly. The eight national representatives (from Burkina faso, Cameroon, Central African Republic, Chad, The Democratic Republic of the Congo, Guinea, Mali, and Niger) were supported to lead awareness-raising activities on the governance and principles of ALIMA, and to support medical teams in the field by mobilizing local staff to volunteer for activities such as blood donation and health promotion campaigns, or training on nutrition.



ALIMA'S GOVERNANCE

A LOOK BACK AT THE GENERAL ASSEMBLY OF OCTOBER 2021

As membership cohesion was strengthened, there was a steady growth in the number of members participating in the October 2021 General Assembly: 165 persons attended in 2021 compared to 105 in 2020 and 86 in 2019. The average rate of participation in voting at the General Assembly doubled compared to 2020, to 63.5% in 2021 from 31.5% in 2020.

This renewed commitment and participation can be seen to be the result of a dynamic membership movement, confirming the need to support sustained efforts and raise awareness with members on the ground. Two topics of debate were selected among the 25 proposed by members: advocacy and gender. As a result of the discussions:

- The issue of gender at ALIMA was highlighted: The Board of Directors validated the creation of a gender commission.
- Members supported strengthening ALIMA's environmental approach in cooperation with the Climate Action Accelerator teams. In particular, a participatory platform was set up in April and May 2021, for all ALIMA members to propose environmental actions.

Board of Directors of ALIMA-USA

- Dr. Cecily Gallup - President
- Bernard Yancovich - Treasurer
- Pierre Cremieux - Secretary
- Charlie Kunzer - Executive Director
ALIMA USA
- Catherine Dumait-Harper
- Anne Catherine Faye
- Daniel Gwinnell
- Alan Harper
- Glenda Hersh
- Dr. Moumouni Kinda
(co-opted Board Member)
- Diane Lawson
- Elya Tagar
- Dr. Alon Unger

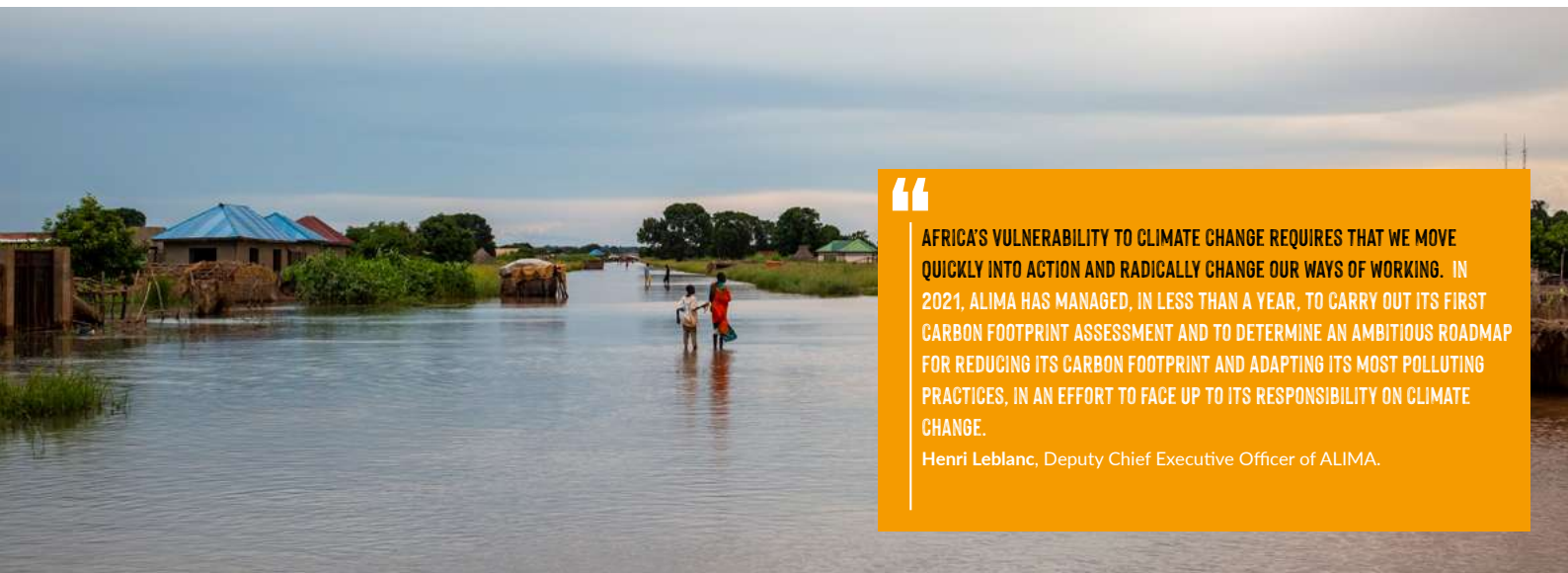
Board of Directors of ALIMA-AUSTRALIA

- 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

OUR ENVIRONMENTAL APPROACH



AFRICA'S VULNERABILITY TO CLIMATE CHANGE REQUIRES THAT WE MOVE QUICKLY INTO ACTION AND RADICALLY CHANGE OUR WAYS OF WORKING. IN 2021, ALIMA HAS MANAGED, IN LESS THAN A YEAR, TO CARRY OUT ITS FIRST CARBON FOOTPRINT ASSESSMENT AND TO DETERMINE AN AMBITIOUS ROADMAP FOR REDUCING ITS CARBON FOOTPRINT AND ADAPTING ITS MOST POLLUTING PRACTICES, IN AN EFFORT TO FACE UP TO ITS RESPONSIBILITY ON CLIMATE CHANGE.

Henri Leblanc, Deputy Chief Executive Officer of ALIMA.

In the face of the climate crisis, adopting an environmental approach has become a priority for humanitarian workers, who are both agents and direct witnesses of how climate change impacts the health and living conditions of local communities. Aware of the urgency to act, ALIMA's General Assembly in 2020 integrated Environmental Responsibility within its 2020-2022 strategic framework and added it as a core value to the ALIMA Charter.

In 2021, ALIMA committed to an ambitious and radical ecological approach, carrying out its very first carbon footprint assessment and adopting the **first environmental roadmap** in ALIMA's history. The roadmap sets out a distinct goal: to align with the recommendations of the Intergovernmental Panel on Climate Change (IPCC) and the Paris Agreements, by reducing ALIMA's greenhouse gas emissions by 50% by 2030. Through 10 clear commitments and 20 solutions covering all emission sources (purchasing, transportation, energy consumption in buildings, waste, support), the roadmap proposes concrete and operational actions to effectively reduce the organization's sources of pollution.

Some of the key actions of ALIMA are to:

- **Increase the share of sea freight** in the transport of

project supplies (by 35% in 2024 and 70% in 2030).

- **Reduce business travel by air** (by 30% in 2024 and 50% in 2030).
- **Reduce the fuel consumption** of its vehicle fleet (by 15% in 2024 and 40% in 2030).
- **Reduce the environmental impact of purchasing**, in particular GHG emissions related to the life cycle of products (by 15% in 2024 and 50% in 2030).
- **Increase the share of renewable energy** in the production of electricity for its buildings and equipment (30% in 2024 and 80% in 2030).
- **Reduce local pollution** by implementing environmentally friendly and sustainable waste management plans for medical and non-medical waste.

These achievements, vital first steps of ALIMA's environmental strategy, were made possible through **technical support from the Climate Action Accelerator**, which assists humanitarian organizations in their efforts to reduce CO2 emissions. The partnership has benefited both organizations as well as the global humanitarian sector, through open access sharing of methodological tools produced in the framework of the collaboration.

COMMUNICATION

BRAND AWARENESS CAMPAIGN

At the end of 2021, ALIMA launched its second communication campaign, “We Are The Solution”. In this campaign, ALIMA showcases the African medical humanitarian community through a series of paintings created by the French-Senegalese painter and musician Lossapardo. The paintings illustrate the story of a young African who becomes a doctor to save lives. In this touching and poetic campaign, ALIMA sheds light on the reality of emergency medical humanitarian work in Africa, where becoming a doctor is much more than a vocation; it is a solution. In the paintings, this vocation-solution is represented by a piece of cloth that appears to the boy at the death of his mother and, over the course of the story, it is transformed into a doctor’s coat. From the end of November to December 24, 2021, the French press published several inserts featuring the campaign (Marianne, l’équipe Magazine, Télérama and ELLE).

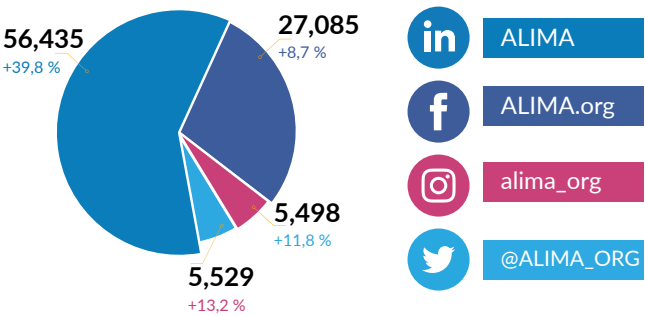
MEDIA RELATIONS

107	mentions in the media
5	press releases (two related to the COVID-19 pandemic, two on ALIMA's environmental approach, and one on the annual fundraising campaign)
3	Op-Eds published in La Croix, Le Monde and Le Monde Afrique, signed by Dr. Moumouni Kinda
1	open letter to Elon Musk about acute malnutrition
2	press trips: a trip to Chad with Brut media on the theme of acute malnutrition, and a trip by Agence France Presse to the Central African Republic on COVID-19 vaccination. These visits resulted in significant press and digital coverage (241,000 views of the Brut video and 20 AFP reports).

DIGITAL MEDIA

- A podcast series, Les Voix du Terrain, featuring eight international athletes meeting with ALIMA humanitarians.
- A communication and fundraising campaign to ensure equitable access to COVID-19 vaccine in Africa.
- A partnership with BRUT media for a report on the nutritional situation in Chad, led by the journalist Charles Villa.
- The promotion of our environmental approach and raising awareness among other associations through an alliance with the Climate Action Accelerator.

SOCIAL MEDIA: FOLLOW US !



AUDIOVISUAL PRODUCTION

The Communication Department produced 24 videos and 33 photo reports, and organized 10 photographer and videographer visits to bear witness to the reality and needs in our countries of intervention.

**WHEN THERE'S NO DOCTOR
TO HELP,
IT'S UP TO US TO SHAPE
OUR OWN FUTURE.**

#WeAreTheSolution



CARING | INNOVATING | TOGETHER



**Become part of the solution,
Give Today.**

→ wearethesolution.alima.ngo



SCAN TO SEE THE
MOVIE

www.alima.ngo

ENGAGING DONORS

Thanks to the generosity of the public, and the companies and foundations that support us, ALIMA was able to raise €2,415,408 and engage 3,780 new donors in 2021.

ALIMA has 9,810 active donors (including 5,615 monthly donors) who have raised an annual amount of € 834,628. The organization has adapted and optimized its campaigns for the general public diversification of face-to-face recruitment channels, launch of door-to-door campaigns – with good results. Online donations have stabilized at €152,633 for the year 2021 after an exceptional year in 2020.



Closing of the campaign “Transforming Humanitarian Medicine”

In its final year, the Major Donor Campaign “Transforming Humanitarian Medicine” continued its momentum and exceeded its goal of raising €10 million, thanks to the crucial work of its three campaign committees (Africa, North America and Europe). Marking the successful conclusion of the

campaign, on December 7, 2021, the end-of-year event “The New Humanitarians: at the heart of the field” raised €1.1 million from our Major Donors during three events in Paris, Dakar and New York. Following the success of this first campaign, ALIMA has launched a new fundraising campaign aiming to raise €25 million by 2025.

ALIMA warmly thanks all its donors, foundations, companies, and ambassadors, whose support is absolutely crucial to save the greatest amount of lives and give access to quality care to the most vulnerable people.

MEMBERS OF THE CAMPAIGN COMMITTEES		
Africa	North America	Europe
Co-Presidents Tidjane Dème Madjiguene Sock	Dr. Cecily Gallup Bernard Yancovich Pierre Cremieux	Co-Presidents Serge Morelli Tidjane Dème
	Catherine Dumait-Harper Anne-Catherine Faye Daniel Gwinnell Alan Harper Glenda Hersh Charlie Kunzer Diane Lawson Elya Tagar Dr. Alon Unger	Didier Cherpitel Georges Desvaux Anne-Marie Idrac Cathia Lawson-Hall Olivier Renault Sandra Sancier-Sultan Hervé Schricke Annick Schwebig

	€2,415,408 raised
	9,800 donors



THANK YOU FOR YOUR SUPPORT

The entire ALIMA team would like to thank all the technical and financial partners who support ALIMA's social mission. Thanks to you, ALIMA has mobilized the resources necessary to implement its projects. ALIMA is also proud of the creation of six new financial partnerships that have enabled the continuity of its operational and research projects on COVID-19 and revitalized its nutrition projects.

MAJOR DONORS

A big thank you to all donors, and in particular to the major donors who helped raise €10 million to finance three strategic funds: the medical emergency response fund, the research and innovation fund, and the humanitarian talent training fund.

RESEARCH PARTNERS

- Ministries of Health and Public Health Institutes in our countries of operation
- Inserm (National Institute of Health and Medical Research), France
- ANRS | Emerging infectious diseases
- PAC-CI (ANRS | Emerging infectious diseases in Ivory Coast program)
- ISPED Bordeaux: Institute of Public Health, Epidemiology and Development, France
- Oxford University, UK
- ALERRT (African coaLition for Epidemic Research, Response and Training)
- BNITM (Bernard Nocht Institute for Tropical Medicine), Germany
- DNDi (Drugs for Neglected Diseases Initiative), Switzerland
- NiH/NIAID (National Institutes of Health), USA
- Yale and Harvard Universities, USA
- SickKids Hospital Toronto, Canada
- IREIVAC (Innovative Clinical Research Network in Vaccinology), France

INSTITUTIONAL DONORS



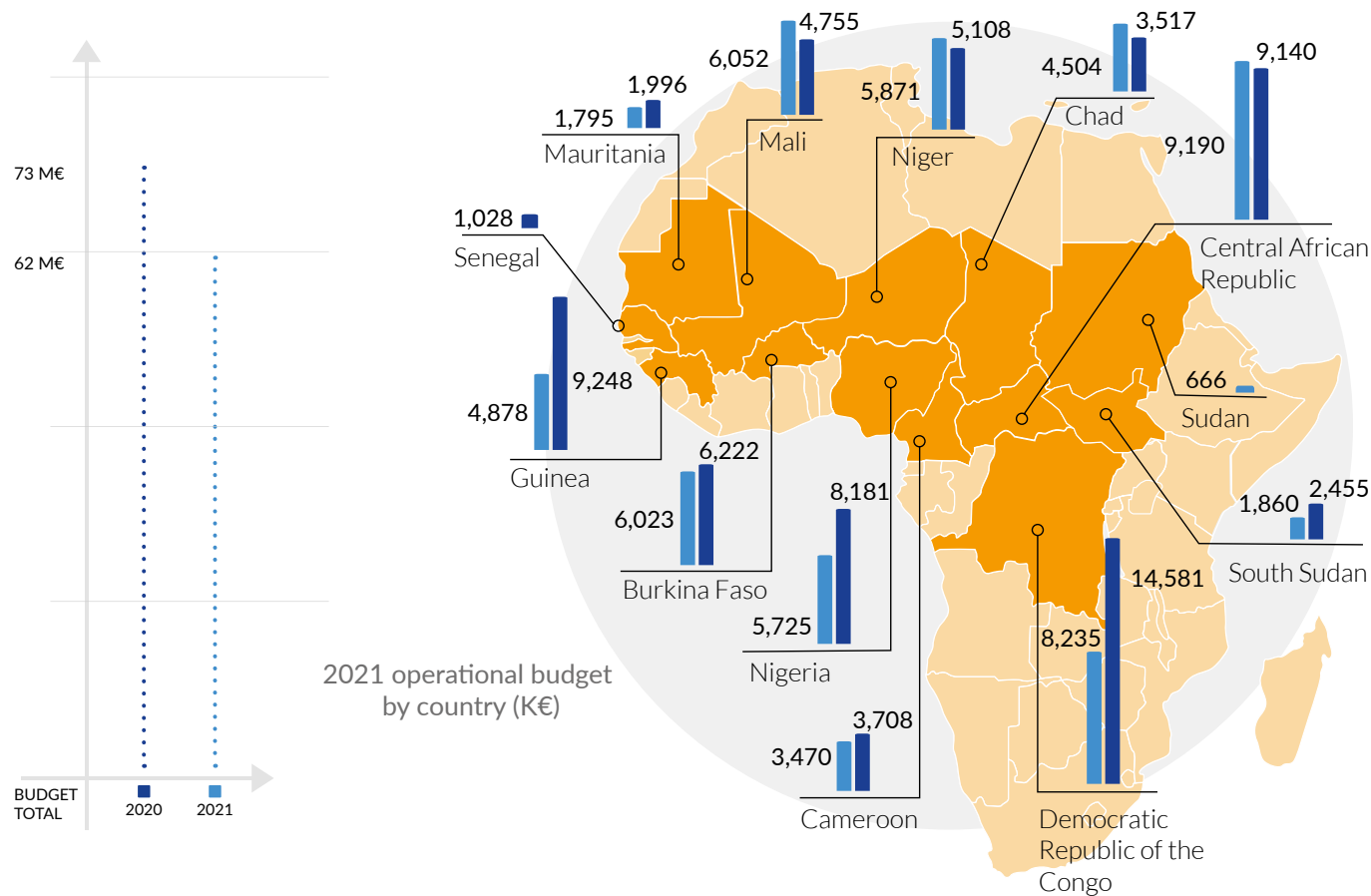
FOUNDATIONS AND COMPANIES



FINANCIAL REPORT

OPERATIONAL BUDGET

The year 2021 was marked by an anticipated decline in the operational budget by 15% from an exceptional 2020. The 2021 budget was €62 million compared to €73 million in 2020. This decrease is due to the reduction of emergency operations in response to COVID-19 and the end of the intervention against Ebola in the Democratic Republic of the Congo.





€62 million budget

In 2021, ALIMA was 92% financed by institutions and foundations. ALIMA continues diversifying its portfolio of financial partners, mobilizing over 44 donors for different humanitarian operations, including emergencies, research, and innovation.

REVENUE STATEMENT

Despite the 15% decrease in the operational budget in 2021, ALIMA continued to carry out successful activities in the field thanks to the support of its financial partners. The decrease was mainly related to the end of our response to an Ebola epidemic as well as lower Covid-19 related funding in the second year of that pandemic. The fight against these two diseases has been subjected to strong investment by ALIMA. Other operations were not negatively impacted, except for a reduction of funding for programs addressing acute malnutrition in certain regions.

The financial result is an intermediate balance that reflects the losses or profits from financial operations. For ALIMA, it is mainly defined by currency fluctuations that generate exchange rate differences, i.e., differences related to the conversion at closing rates of bank, cash and safe deposit box balances in currencies other than the closing currency (Euro). In 2021, ALIMA realized a foreign exchange gain. This explains the positive financial margin of €236,000 (7.7% appreciation of the US dollar over 2021 and 14% appreciation of the Guinean franc over 2021; the US dollar balances as of 12/31/2021 are stable).

While net income in 2021 was slightly negative, ALIMA maintained its efforts to strengthen and consolidate its impact in the field. The negative income was covered by the organization's reserves. The financial gain in 2021 reflected the US dollar and Guinean Franc exchange rate movements.

2021 REVIEW

ALIMA's balance sheet was virtually unchanged at € 50.9 million in 2021. This balance sheet amount is justified by the new accounting regulation in 2020 (ANC Reform No. 2018-06) stating that funding granted by donors should now be fully recognized as receivables in the current year's financial balance sheet.

USE OF FUNDS

As in prior years, ALIMA kept to its fundamental principle of “the patient first” in 2021, allocating 92% of its resources to its humanitarian mission.

FINANCIAL TRANSPARENCY

ALIMA is regularly audited by its institutional financial partners. Over a dozen financial audits took place in 2021, yielding very positive results and reimbursements of around 0.1% of our contract volume. Two satisfactory organizational audits were conducted by the European Union* and the Crisis and Support Center (CDCS). Finally, the 2021 annual accounts were certified by the auditor without any qualifications.

**ECHO European Union Civil Protection and European Humanitarian Aid Operations

REVENUE STATEMENT		
in kEUR	2021	2020
Operating income	62,013	73,276
Operating expense	62,517	71,941
Operating Result	-504	1,335
Financial gain / loss	236	- 540
Extraordinary gain	1	-1
Net income	-267	794
ASSETS		
in kEUR	2021	2020
Fixed assets	477	603
Cash, receivables and other assets	49,979	48,794
Accruals & Deferrals	447	1 520
Total Liabilities and Equity	50,903	50,917
LIABILITIES		
en kEUR	2021	2020
Retained Earnings and Reserve Fund	1,790	2,057
Other Associative Capital	2,000	2,000
Risk provision	277	535
Liabilities (+ 1 year)	78	73
Liabilities (- 1 year)	46,512	46,252
Liabilities adjustment	246	-
Total Liabilities	50,903	50,917
<div><div><div>4%</div><div>Fundraising expenses</div></div><div><div>4%</div><div>Operating and administrative expenses</div></div><div><div>92%</div><div>Humanitarian mission</div></div></div>		

TESTIMONIES

DR CHRISTIAN NTOWA,

ALIMA's Referring Physician in Makary

“ When I started working in Makary, the hospital was almost at a standstill. Through hard work, we put in place a policy for ALIMA to be accepted by all the communities here in Makary. When ALIMA began working in Makary Hospital, only one of the four hospital buildings was operational. The other three were derelict and understaffed.

THE PROGRESS MADE OVER THE PAST FOUR YEARS IS ENCOURAGING, BUT WE MUST CONTINUE BECAUSE PEOPLE STILL NEED US.



RAPHAËL AMOUGOU,

General Director of the Makary District Hospital and general practitioner

“ WE RECEIVE PATIENTS ON A DAILY BASIS FOR A VARIETY OF REASONS; MINOR SURGERY, VACCINATION, CHILDBIRTH. When I arrived, the hospital was already collaborating with ALIMA for our nutrition program, maternity ward, and care of mothers and children under the age of five. From a personal and professional standpoint, I think that ALIMA's contribution is important for the smooth running of Makary Hospital. We are regularly consulted and our opinion is always considered. ALIMA's support is not only for the patients but also for the hospital. Our pharmacy is regularly supplied with medicines.

DURING TRAINING SESSIONS, ALL MEDICAL STAFF ARE CALLED UPON TO PARTICIPATE, REGARDLESS OF WHETHER THEY ARE EMPLOYED BY ALIMA OR NOT, WHICH IS QUITE RARE. Without ALIMA, we would have enormous difficulties in running Makary Hospital properly.



“

WE ARE THE SOLUTION



Today, all of the hospital buildings are functional and busy. ALIMA has hired medical staff and the technical facilities are better equipped. In addition, **ALIMA IS SETTING UP TRAINING SESSIONS TO BENEFIT ALL OF THE STAFF, REGARDLESS OF WHETHER THEY ARE EMPLOYED BY THE MINISTRY OF HEALTH, AND THAT IS A REAL TRANSFER OF SKILLS THAT CAN LEAD TO TEAMS' AUTONOMY EVEN AFTER ALIMA LEAVES.**

Our intervention is well accepted by the local community. I have noticed this because they regularly invite us to participate or attend their meetings and events.

Makary, Cameroun, 2021. © Daniel Beloumou / ALIMA



over 1,500,000
patients cared for

MAHAMAT SALEH,

Community representative

“

I was born here in Massaki, this is my village and I have always lived here. Whenever there are problems, I am consulted to find a good solution for everyone.

AT THE BEGINNING OF THIS YEAR, COMMUNITY FACILITATORS FROM MY VILLAGE WORKING FOR ALIMA CAME TO TALK ABOUT THE PROJECT OF A MOBILE CLINIC.

The project was very interesting: providing care to mothers and children under five, consultations, as well as distribution of medicines. In addition, our village was facing the arrival of refugees from Nigeria and neighboring villages. We had to find an answer to these new problems. **I TOLD MY COMMUNITY ABOUT THE PROJECT AND EVERYONE SUPPORTED IT. ALIMA'S MEDICAL STAFF IS PROVIDING SOLUTIONS TO THE MEDICAL PROBLEMS OF OUR COMMUNITY.**

Before, you had to carry your child on a motorcycle or on foot to go to Makary. Several children died on the way without reaching the hospital. Today, care is provided in our village, and our dream is that this project will continue. This project is a great step forward and a relief for the whole community.

Massaki, Cameroun, 2021. © Daniel Beloumou / ALIMA





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