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ANNUAL REPORT 2018

ALIMA
THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION

TABLE OF CONTENTS

A WORD FROM THE ALIMA PRESIDENT	4
2018 IN NUMBERS	5
PARTNERSHIP MODEL	7
MALNUTRITION	8
MATERNAL HEALTH CARE	10
OUTBREAK RESPONSE AND HEALTH EMERGENCIES	12
RESEARCH	14
INNOVATION	16
PROJECTS BY COUNTRY	17
• BURKINA FASO	18
• CAMEROON	20
• CENTRAL AFRICAN REPUBLIC	22
• CHAD	24
• DEMOCRATIC REPUBLIC OF THE CONGO	26
• GUINEA	28
• MALI	30
• NIGER	32
• NIGERIA	34
• SOUTH SUDAN	36
STRATEGIC PLANNING WORKSHOP	38
CAMPAIGN: “TRANSFORMING HUMANITARIAN MEDICINE”	40
ALIMA GOVERNANCE	42
FINANCIAL REPORT	44
ACKNOWLEDGMENTS	46



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A WORD FROM THE ALIMA PRESIDENT

Dear friends,

I am pleased to share with you ALIMA's 2018 Annual Report, which highlights the tremendous achievements and efforts of our teams in the 10 countries where we work. ALIMA's staff remain determined and focused on fulfilling our core values and principles, with the key focus: putting the patient first.

This year, our teams worked hard to fulfill our mission: treating more patients than ever before, while advancing our research activities. Our transparent approach relies on the integration of our partners to improve the treatment of patients and to promote the innovation of better solutions. Looking at the numbers, it is clear that the work done by our teams in the complex humanitarian context of 2018 has had a big impact.

In 2018, ALIMA's teams provided 1.1 million medical consultations, treated 130,000 severely malnourished children, managed 121,000 cases of malaria, hospitalized 58,000 patients, helped safely deliver 20,000 babies and trained more than 1.4 million mothers to detect malnutrition in their children using the MUAC (Mid-Upper Arm Circumference) bracelet.

Our operations in 10 sub-Saharan countries have been mainly defined by conflict contexts that result in population displacements. For example, in 2018 ALIMA set up a Rapid Response Mechanism to respond to alerts in the Sahel, in the border area between Mali-Niger-Burkina Faso. ALIMA also works to strengthen access to quality health care for internally displaced people and refugees in the Lake Chad region, South Sudan and the Democratic Republic of the Congo.

The year 2018 was also marked by the worsening of certain nutritional crises and numerous outbreaks of infectious diseases. In N'Djamena, the capital of Chad, malnutrition cases reached record levels, causing ALIMA and our local partner Alerte Santé to scale up operations and respond to this nutritional emergency, calling on other actors to do the same. It was also a year where we responded to several serious outbreaks, including Lassa fever and cholera in Nigeria, and two outbreaks of Ebola in the DRC, including the most deadly in

the country's history. This year also marked ALIMA's introduction of the CUBE (a Biosecure Emergency Care Unit for Outbreaks) which, coupled with the excellent work of the medical teams, allowed for the treatment of patients with a new standard of care not seen since the existence of Ebola.

ALIMA's approach, based on partnership with local NGOs and research institutions (in particular through the CORAL platform created with Inserm) to transform humanitarian medicine, is more relevant now than ever. In 2018, we worked on nine research projects and studies, including projects revolutionizing the medical and nutritional care of children (for example, the OptiMA study), as well as vaccine and therapeutic trials on emerging diseases. These objectives were exemplified in the LASCOPE project, which aims to improve the treatment of patients with Lassa fever in Nigeria, and PALM (Saving Lives Together, in Swahili), a clinical trial for the treatment of Ebola in the DRC.

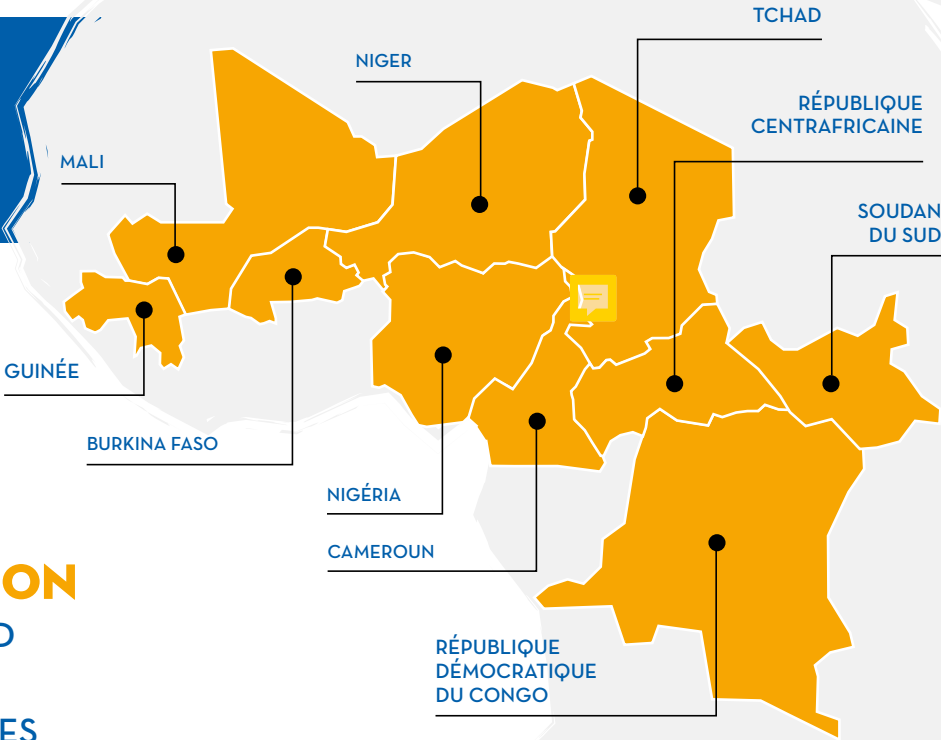
The partnerships that make ALIMA so strong are reflected in our alliance with five national NGO partners, who provide capable managers and medical professionals who support operations at both the field level and at our operational headquarters in Dakar, Senegal, therefore meeting our ambition to integrate national partners into our management of operations.

I would like to thank all our teams, as well as all our generous donors and supporters, even more numerous this year, without whom ALIMA could not continue to serve vulnerable populations in great need. I am deeply grateful for the trust placed in us - day after day, year after year - for more than 10 years.

Thank you.

DOCTOR RICHARD KOJAN
ALIMA President

2018 IN NUMBERS



MORE THAN **1 MILLION** PEOPLE BENEFITED FROM **42** PROJECTS ACROSS **10** COUNTRIES



1,063,787
Patients cared for



1,481,430
Mothers trained to screen their children for malnutrition



130,048
Children treated for severe acute malnutrition



51,351
Pediatric hospitalizations



121,058
Children treated for malaria



99,881 Children vaccinated



1,882 ALIMA employees



4,978
Blood transfusions



59,027 Prenatal consultations



20,587
Assisted childbirths



11
Outbreak responses



9
Research projects and studies



5
Local NGO partners



44
Million Euro budget

OUR PARTNERSHIP MODEL

ALIMA is committed to operational partnerships at every level of our work, including on our Board of Directors and within senior management structures, working hand-in-hand with a network of national medical organizations in Africa to provide quality medical care to the most vulnerable people during emergencies and chronic crises. By combining our resources and expertise, we achieve better access to patients and a more sustainable impact, while increasing the capacity of local health workers and ensuring an impact for the future.

“Partnership is a key component of ALIMA’s activities, particularly in the Sahel region. Indeed, it is an innovative approach aimed at pooling skills and resources, but also at transferring capacity to local health workers and communities. Additionally, given the increasing insecurity, which is limiting humanitarian access in remote areas, partnerships with local NGOs is one of the possible solutions to facilitate people’s access to health care.”

Dr. Oumarou Maidadji, Coordinator for ALIMA/BEFEN



KEOOGO AND SOS MÉDECINS BURKINA FASO

ALIMA has worked with Keoogo, a charity focused on street children, and SOS Médecins, specializing in medical emergencies, since 2012. This partnership supports 54 health centers in the Yako district of Burkina Faso, and provides the health ministry with training sessions aimed at improving care.

ALERTE SANTÉ CHAD

Alerte Santé promotes the health of Chadians by providing medical assistance and support to local health structures. Our partnership focuses on a medical and nutritional treatment program for children under the age of five in Ngouri (Lake Region) and the capital city, N’Djamena.

AMCP: MEDICAL ALLIANCE AGAINST MALARIA MALI

AMCP is a Malian NGO dedicated to making healthcare more accessible and reducing malaria-related mortality. ALIMA works with AMCP to provide medical nutrition assistance in northern and southern Mali, as well as tackling malaria and supporting pregnant women.

BEFEN : WELL-BEING OF WOMEN AND CHILDREN IN NIGER NIGER

ALIMA has worked with BEFEN, an organization focused on maternal and child health, since 2009. Together, ALIMA and BEFEN collaborate with health authorities in Mirriah (Zinder region), Dakoro (Maradi region), Tchintabaraden, Tillia and Tassara (Tahoua region) and Ayérou, Banibangou et Abala (Tillabéri region), to reduce mortality in children under the age of five, where medical teams provide free care to children suffering from acute malnutrition.



In Niger, in the Tchintabaraden district, ALIMA works alongside its local partner BEFEN, to provide care to nomadic populations.

MALNUTRITION

Malnutrition contributes to nearly half of all child deaths each year. This is why, at the core of both ALIMA's medical and research activities, the prevention and treatment of malnutrition remains a key priority. This year, our medical teams cared for more than 130,000 malnourished children, including more than 24,000 who were hospitalised, suffering from complications. Our teams trained more than 1.4 million mothers on the early detection of malnutrition in their children using the MUAC for Mothers approach (see below), and trained more than 200 local health workers in Mali, Nigeria and Chad to better manage cases of severe acute malnutrition with complications as part of the URENI-school (Intensive Nutritional Rehabilitation and Education

MUAC FOR MOTHERS TRAINING MOTHERS TO DETECT MALNUTRITION

Since 2011, beginning with a pilot study in Niger, ALIMA has led the way in training mothers to screen their children for malnutrition using a simple, tri-colored MUAC bracelet, which measures the child's Mid-Upper Arm Circumference -- a key indicator of nutritional status. Throughout much of the Sahel, children are usually screened at best once a month by community health workers. Due to the long distances many mothers must travel to the nearest health clinic, by the time she arrives with her

Units) model. To better understand the causes of malnutrition and improve treatment protocols, ALIMA conducted five research projects related to nutrition this year.

"We are constantly striving to not only improve the care of children suffering from acute malnutrition, but, more importantly, give families and health workers the tools and skills they need to prevent and detect this deadly disease. Thanks to these interventions, and trying innovative approaches, we have had success in detecting malnutrition earlier and improving medical care."

Kevin Phelan, Nutrition advisor for ALIMA

malnourished child, he or she is often already in the advanced stages of the disease with complications that can require hospitalized care. Thanks to the MUAC for Mothers program, caregivers can screen their children more frequently, at home, in order to detect malnutrition at its earliest stages, which facilitates treatment and reduces the risk of hospitalisation and death.

OPTIMA OPTIMIZING MALNUTRITION TREATMENT

An innovative approach to malnutrition treatment, OptiMA aims to revolutionize today's overly complicated way of admitting children into malnutrition treatment programs. Currently, the difference between moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) is just 1mm on the MUAC bracelet. But MAM and SAM treatment programs are managed by different actors, follow different protocols and use different therapeutic foods and supply chains. In many places, MAM programs are no longer funded, which means by the time a child is sick enough to qualify for the SAM program, they are already at greater risk of death or needing hospitalization, and require more rations of therapeutic food, than if they had been treated earlier.

With OptiMA, ALIMA and its partners aim to go one step further and break down the treatment barrier that exists between SAM and MAM. As part of a pilot study, which first took place in the Yako health district in northern Burkina Faso, from 2017-2018, teams from the ALIMA/SOS Médecins/Keogo consortium treated 4,958 children under OptiMA.

OptiMA makes three strategic changes to the current approach. First, mothers are trained to screen their children for malnutrition using the MUAC bracelet. Second, at the health center, MUAC is the only

anthropomorphic measure used for admission (along with the presence of nutritional edema), and by expanding the MUAC criteria to include all children suffering from MAM and SAM in the same program, children can be treated at an earlier stage of malnutrition, thus reducing the risk of complications. Third, by gradually reducing therapeutic food rations as children get healthier and improve their MUAC status, the program makes more efficient use of the expensive therapeutic food and can treat more children at a similar cost.

The preliminary results were very promising. (The full analysis has been submitted for publication in a peer reviewed journal). Tens of thousands of mothers were trained to screen their own children with MUAC bracelets, and health workers were able to treat more children than in previous years without increasing the overall amount of therapeutic food needed and without adding staff to manage the increased caseload. However, stronger scientific evidence is needed for patient safety and to replicate this protocol in other regions. For this reason, we continue to deepen the analyses through further clinical studies. One randomized control trial (RCT) will start in the Democratic Republic of the Congo in 2019, and another RCT will begin in 2020 in Niger.



1,000 DAYS

The first 1,000 days of a child's life, from conception until the age of two, are among the most critical for proper physical and cognitive development. Access to free health care, proper nutrition and vaccinations during this time are key to helping reduce infant mortality rates and reducing the risk of stunting or poor performance at school or work. As part of the innovative 1,000 Days program, ALIMA is rethinking maternal-child care by offering a free, comprehensive pre- and post-natal care package to pregnant women and their children, from conception until the age of 2. This includes free medical care for common illnesses, a complete series of routine vaccines, support for breastfeeding, and a daily supply of food supplements to pregnant and nursing mothers and infants aged six-24 months. Thanks to this

program, in our areas of intervention, ALIMA's teams are seeing fewer children hospitalised, fewer admissions to malnutrition programs and nearly 90% of children fully vaccinated by 12 months of age.

"We organize the health centers as 'one-stop shops. Every time a mother brings in her child, he/she is screened for malnutrition, their vaccine record is checked and updated if necessary, and a nurse is available to diagnose and treat infections. Children between six and 24 months also receive a small daily amount of food supplement to prevent them from losing weight and becoming wasted."

Dr Susan Shepherd, pediatrician and medical expert for ALIMA.

IMPROVING THE QUALITY OF CARE WITH IONOGRAMS

The ionogram is a tool commonly used for medical diagnostics in industrialized countries, but rarely applied to pediatric humanitarian projects. This tool is used for biological examinations to analyse the concentration of key vitamins and minerals essential to the proper functioning of the body, which is often seriously disrupted in malnourished children. Such chemical disorders can have very serious consequences, and can lead to death.

In order to reduce the mortality of malnourished children, ALIMA has implemented the secure use of ionograms in six pediatric services in N'Djamena and Ngouri (Chad), Dakoro and Mirriah (Niger) and in Monguno (Nigeria).



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Jacqueline (right), midwife at ALIMA, and Nadège (left), supervisor at the Koza Hospital in the Far North region of Cameroon, weigh the baby of Dzaouda, who just gave birth to her 9th child.

MATERNAL HEALTH CARE

African countries continue to record alarmingly high rates of maternal mortality, due in large part to a lack of access to quality maternal health care, including pre- and post-natal consultations, as well as specially-equipped facilities to assist with deliveries. Given the far distances that many women live from maternity wards, and the cost of care, many women prefer to give birth at home. If a complication arises, it is often too late to seek medical help.

To bring, free, quality care closer to pregnant women, ALIMA medical teams currently provide maternal health services to women at the community level in seven countries, including: Nigeria, Central African

Republic, Democratic Republic of the Congo, Niger, Chad, Cameroon and Mali. In addition to pre- and post-natal consultations, and assisting with simple and complicated deliveries, including cesarean sections, our teams offer family planning services and follow-up house visits to check in on new moms.

“For me as a midwife, once you see the baby and the smile of the mother, it makes your heart.... It just glows. It just feels good!”

May Murithi, Maternal Health Manager at the Mother and Child Hospital in Monguno, Nigeria



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e Caroline Thirion / ALIMA

An ALIMA health worker puts on personal protective equipment to provide care and take samples from patients admitted to ALIMA's Ebola Treatment Center in Itipo, Equateur Province, DRC.

RESPONSE TO OUTBREAKS AND HEALTH EMERGENCIES

This year ALIMA set up several integrated response mechanisms for outbreaks and health emergencies affecting our zones of intervention: the emergency group in Borno State in Nigeria, and the Rapid Response Mechanism (RRM) project in the Central African Republic and the Sahel.

The most significant crisis was the deteriorating nutritional situation in Chad, particularly in the capital city of N'Djamena, where more than 52,000 children were diagnosed with Severe Acute Malnutrition in 2018. Approximately 36,000 of these children were admitted to ALIMA's treatment program, among whom 5,500 were hospitalized, representing about 15% of severe cases. This crisis had the peculiarity of occurring in urban areas over a particularly long period of time, compared to typical short peaks in rural areas, with a peak during the month of July, when 4,155 patients were admitted into the program.

In 2018, the fight against disease outbreaks remained the focus of our emergency response. Our teams were in high demand, especially during an outbreak of cholera in Nigeria, where we treated more than 4,200 patients, and during the course of three outbreaks of hemorrhagic fevers: an outbreak of Lassa fever in southern Nigeria, and two outbreaks of Ebola in North Kivu and Equateur provinces, in the Democratic Republic of the Congo (DRC). These interventions, including the research components, were launched almost instantaneously in

Nigeria (LASCOPE) and in DRC (Ebola PALM Clinical Trial). For the latter, the teams have the double merit of having launched a successful clinical research trial in the context of an emergency situation and within a war zone.

Concerning Ebola, one of our core actions was the deployment of 25 CUBEs (Biosecure Emergency Care Unit for Outbreaks). Thanks to the CUBE, the comfort of patients and their families, as well as working conditions for caregivers and hygienists was greatly enhanced. There was a remarkable improvement in the quality of care; the CUBE's external entries facilitated resuscitation, treatments, taking samples, and even blood transfusions and surgical procedures.

These actions confirm ALIMA's position on the frontline of emergency situations and as a driver of change in the global humanitarian medicine paradigm.

"The response to emergencies is at the heart of ALIMA's interventions. To be more efficient, and save more lives, we are working to improve our emergency response time by pre-positioning stocks of equipment and providing our missions with contingency plans."

Mahaman Saley, Emergency Coordinator for ALIMA

LASSA FEVER IN NIGERIA

In January 2018, following an alarming number of cases of Lassa fever, ALIMA conducted an exploratory mission in Abakaliki (Ebony State), Owo (Ondo State) and Irrua (Edo State). ALIMA was able to support the care of patients at the Irrua University Hospital and the Owo Federal Medical Center, as well as contribute its support in logistics, medicines and health supplies. In February, ALIMA set up an isolation ward at the Owo Federal Medical Center, and began providing free medical care to patients suffering from Lassa fever. A total of 175 suspected cases were recorded in our center, of which 68 were confirmed. ALIMA's intervention in the Owo hospital resulted in a cure rate of 82%, which is higher than the average for the country as a whole (73%).

EBOLA IN THE DEMOCRATIC REPUBLIC OF THE CONGO

In 2018, the Democratic Republic of the Congo faced two separate outbreaks of Ebola: the first in the Equateur province and the second in the provinces of North Kivu and Ituri.

In the province of Equateur, following the confirmation of Ebola cases in Mbandaka in June 2018, ALIMA set up a new type of Ebola Treatment Center in Itipo, including 10 beds for suspected cases and five CUBEs. Before the end of the outbreak was declared by the Ministry of Health on July 26, our teams treated 23 patients.

When the second Ebola outbreak was declared on August 1, 2018 in Ituri and North Kivu provinces, the ALIMA assessment team launched an exploratory mission within 48 hours. On August 15, ALIMA opened an Ebola Treatment Center (ETC) in the city of Beni within the General Hospital, the epicenter of the Ebola outbreak. As the outbreak grew, the response intensified, and by the end of December, the ETC had increased its capacity from 12 beds to 61 beds, including 12 CUBEs. Thanks to this innovative tool, the medical teams were able to treat patients with a level of care never previously achieved.

Between August and December 2018, more than 1,420 people were hospitalized, including 186 confirmed cases. More than 106 people survived thanks to medical care from ALIMA teams and the Ministry of Health. Outside the treatment center, health promoters visited the affected communities to sensitize them to this epidemic and build trust between the population and the ALIMA teams while continuing to train local health workers.

In parallel, with the support of Congolese and American public institutions, a multidisciplinary team including doctors, pharmacists and computer scientists, set up an unprecedented research study to evaluate the effectiveness of the four available compassionate-use treatments.

SAHEL POPULATION DISPLACEMENTS: THE RRM SOLUTION

In May 2018, a Rapid Response Mechanism (RRM) model was put in place alongside ALIMA's local partners in three countries in the Sahel region: Niger, Mali and Burkina Faso. This multi-country, cross-border project's main objective is to meet the urgent health needs of displaced persons and vulnerable host populations affected by humanitarian crises. The RRM uses a community-based surveillance system that raises alerts related to possible humanitarian crises, population displacements, disease outbreaks and natural disasters, which are then assessed by the ALIMA teams. If acute needs are confirmed, ALIMA has the capacity to launch an emergency response within 72 hours.

The RRM interventions can last between one and three months, and aim to restore emergency access to health care for the most isolated populations, set up an effective early warning system, prepare local authorities for an adequate response in the event of a crisis, and support existing health structures to enable them to provide quality health care. In 2018, teams performed 7,730 consultations as part of the RRM.

"The challenges are indeed many in an already unstable and very volatile context, where too few people have had access to care structures. Today ALIMA is one of the main international humanitarian actors present with permanent teams in the regions along the border with Mali and Burkina Faso where the health system is deteriorated. In these areas, the infrastructures, where they do exist, are extremely precarious and access to care is extremely complicated."

Dr. Ali Mamane, Niger



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RESEARCH

Research and innovation are at the heart of all of ALIMA's actions. The goal is to provide innovative solutions to the challenges of 21st century humanitarian medicine. To achieve this goal, ALIMA is developing programs to adapt medical and scientific research to the context of humanitarian operations.

OUR PARTNERS

ALIMA works closely with research organisations to find innovative solutions and transform humanitarian medicine, including:

- **Ministries of Health**
- **Inserm** - French National Institute of Health and Medical Research
- **PAC-CI** - Ivorian ANRS research program
- **Yale School of Public Health**
- **Oxford University**
- **ISPED** - Institute of Public Health, Epidemiology and Development at the University of Bordeaux
- **EDCTP** - European and Developing Countries Clinical Trials Partnership
- **NIH** - United States National Institutes of Health
- **ALERTT** - African coalItion for Epidemic Research Response and Training

THE PROBLEM

Current medical research is not adapted to humanitarian issues

The majority of maternal and child deaths worldwide occur during humanitarian crises (60%). Beyond the critical nature of these situations, this is also the consequence of inadequate medical resources to meet the needs that medical teams encounter in the field. Indeed, the type of medicine practiced in these contexts is essentially the result of research conducted in Western countries, outside of all emergencies and in conditions very far from those encountered in the context of interventions. As a result, the care provided is still too often maladjusted to the health needs of the population.

THE SOLUTION: CORAL

A collaborative research platform

ALIMA is committed to linking medical research and humanitarian action. By fostering collaboration among researchers, health workers and NGOs, we offer innovative solutions to improve the effectiveness of humanitarian medical interventions. Since 2016, ALIMA and the INSERM1219 IDLIC (Infectious Diseases in Low Income Countries) team have built the CORAL (Clinical and Operational Research Alliance) platform to address existing and emerging health threats in Africa. This platform integrates several teams of INSERM (National Institute of Health and Medical Research) and PAC-CI, a research site based in Côte d'Ivoire and part of the French National Agency for Research against AIDS and Hepatitis (ANRS).

CLINICAL RESEARCH

To better understand, treat and prevent viral hemorrhagic fevers

ALIMA has continued to demonstrate its ability to implement research projects in health emergencies, particularly during outbreaks of viral hemorrhagic fevers.

The LASCOPE research project, for example, launched in March 2018 in Nigeria, aims to describe and document the physiological parameters of patients with Lassa fever in order to improve their treatment. Indeed, Lassa fever is a poorly studied viral hemorrhagic fever causing more than 5,000 deaths a year. This project is being implemented in collaboration with the Nigerian authorities in Owo hospital in Ondo State. In the Democratic Republic of the Congo, as part of the response to the Ebola outbreak, ALIMA participated in a randomized controlled clinical trial, comparing the efficacy of four compassionate-use treatments for the Ebola Virus Disease.

In Guinea, ALIMA continued to implement the PREVAC project, a phase-2 vaccine trial that compares the effectiveness of several Ebola vaccine strategies. The inclusion phase of more than 3,300 participants in the trial ended in October 2018. The participants will be followed for five years, with annual blood tests and medical check-ups.

RESEARCH FOR BETTER MANAGEMENT OF MALNUTRITION

Scaling up innovative results

Following on the conclusive results of the MUAC for Mothers project, where mothers learned to screen their children for malnutrition, and which demonstrated the positive impact of this method on the early medical care of children, ALIMA and its partners were able to put these results to scale by training more than 1.4 million mothers in 2018, including nearly one million mothers in the Maradi region of Niger and 230,000 in southern Mali.

The OptiMA research project (OPTImizing MAlnutrition treatment) conducted in Burkina Faso from 2016 to 2018 helped to improve and streamline the management of malnourished children by combining the community-based strategy of MUAC for Mothers for early referral of sick children to care facilities, and a simplification of medical care by health workers, at admission and throughout treatment of the disease. The results of this research project have been presented at several international conferences and will be the subject of a scientific publication in 2019.

The 1,000 Days program, which provides preventive and curative care for mothers and their children from the time of conception to the child's second birthday, was completed in December 2018. The preliminary results of the study allowed staff to identify maternal risk factors associated with perinatal mortality. They were presented to the American Society of Tropical Medicine and Hygiene in October 2018.

In parallel, ALIMA is working on several programs aimed at improving diagnosis and hospital care for malnourished children suffering from complications. In order to consolidate the results of the first study carried out in hospitals in Chad in 2016 on the differential diagnosis of the causes of diarrhea including cryptosporidiosis, a particularly deadly diarrheal disease in children who are severely malnourished, ALIMA has extended its field of study to primary health centers. Global and individual data analysis of the 2018 cohort in the health centers could lead to a therapeutic trial on cryptosporidiosis. The preliminary results of this project, entitled DiDiMAS II, were presented at the annual conference of the American Society of Tropical Medicine and Hygiene in November 2018.



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INNOVATION

THE CUBE, ALIMA’S INNOVATIVE TOOL DESIGNED TO IMPROVE CARE FOR PATIENTS WITH HIGHLY-INFECTIOUS DISEASES

Drawing on lessons learned from the 2014-2016 West Africa Ebola outbreak, and with a history of responding to outbreaks of highly-infectious diseases, such as Ebola in Guinea and the DRC, and Lassa fever in Nigeria, ALIMA developed a new tool that transforms the management of patients with viral hemorrhagic fevers: the CUBE, a Biosecure Emergency Care Unit for Outbreaks. After extensive testing in 2017, the CUBE was deployed in 2018. For the first time, patients infected with the Ebola virus were cared for in the CUBE.

The CUBE is a self-contained and easily transportable system for outbreaks of highly-infectious disease. The CUBE improves the quality of care to patients and decreases the risk of exposure for staff from contaminated fluids. With its transparent walls and external arm entry points, medical teams can comfortably ensure continuous monitoring

of an infected patient and administer medications from the exterior. The treatment experience is improved for patients and their families, who are able to remain in contact with their loved ones.

“The CUBE really changes the way that we, as doctors, can interact with a patient. The time you can spend with a patient is much more than [during previous outbreaks]...But more importantly, the patients are less stressed, less scared. Before they were terrified to go into the tents; they were terrified to see a masked person. Now they can see our face, they know who we are. And family members can come visit, talk with the patient, see what treatment they are receiving.”

Dr. Marie-Claire KOLIE, ALIMA Doctor in Beni, DRC

PROJECTS BY COUNTRY



© What Took You So Long? / ALIMA

BURKINA FASO

OUR PARTNERS

Keoogo
SOS Médecins Burkina Faso

KEY FIGURES

- 1,938** Children treated for acute malnutrition
- 1,297** Prenatal consultations
- 4,560** Mothers trained to use MUAC bracelet

CONTEXT

The year 2018 in Burkina Faso was marked by a further deterioration of nationwide security, particularly in the north, and a significant increase in humanitarian needs as a result.

In the Sahel region, which was the area most affected by violence in Burkina Faso this year, the level of food insecurity tripled. Since December 2017, repeated attacks in the area have continued to cause

an influx of thousands of displaced people, and many health centers have closed, limiting access to health care for the most vulnerable populations. The already precarious food and nutrition situation is becoming increasingly critical, with a prevalence of Severe Acute Malnutrition for children under the age of five at 4.1% - well above the emergency threshold of 2% - and a Global Acute Malnutrition rate of 13.6%.

OUR IMPACT

ALIMA and its local NGO partners Keoogo and SOS Médecins Burkina Faso launched two emergency interventions in the Sahel region with the aim of providing an initial emergency medical and nutritional response to the most vulnerable people.

In August 2018, ALIMA began implementing a project in support of the Djibo health district, in the north, to strengthen access to health care following the resurgence of insecurity in the area, which has led to the closure of four primary health centers. ALIMA and its partners launched a response to support health centers closed due to conflict through human resources support, and the provision of medicines and nutritional inputs. The project also aims to maintain and strengthen access to primary health care in other health centers in the district.

Within the framework of the regional Rapid Response Mechanism (RRM) in the 'three-border' area of Burkina Faso, Niger and Mali, ALIMA and

our partners carry out humanitarian and epidemiological monitoring in the northern, central northern and Sahel regions of Burkina Faso. Following a population movement alert for Déou in November 2018, an assessment was done and found a closed, private medical center, depriving nearly 22,000 people of access to healthcare (14,000 host community members and 8,000 displaced persons). A rapid response was launched, allowing for the reopening of the medical center, and the provision of care to the host communities and displaced populations.

The work done by ALIMA and our partners in 2018 in Burkina Faso also focused on simplifying the screening process and improving the treatment of malnutrition, as part of an innovative pilot study for the simplified protocol, known as OptiMA (OPTImizing MALnutrition treatment), in the Yako health district. Inclusions in the study cohort were finalized during the first quarter of 2018 and data analysis was conducted throughout 2018.



© What Took You So Long? / ALIMA

"When I look at my child now, I see that he is getting better. He is playing again, he is gaining weight and his skin has improved."
Adjara Ouedraogo, mother of one-year-old Dalouta



CAMEROON

KEY FIGURES

-  **35,529** Pediatric consultations
-  **26,099** Mothers trained to use MUAC
-  **7,203** Prenatal consultations
-  **9,897** Children hospitalized

CONTEXT

An estimated 3.3 million people were in need of emergency humanitarian aid in 2018 in Cameroon, according to the OCHA Humanitarian Needs Snapshot. The majority (2.1 million people) live in the Far North region of the country. Among every five people in need, three are children. Already facing chronic high rates of food insecurity, climate change, disease outbreaks and malnutrition, the situation in the country and especially in the Far North region is further deteriorated by the impact of the Lake Chad crisis, which has led to, in just two years, a 37% increase in the number of refugees and internally displaced people,

putting increased pressures on already vulnerable local populations. A decrease in access to health care has impacted the rates of food insecurity and malnutrition. According to the World Food Programme, Cameroon's Far North region has some of the highest rates of malnutrition in the country: 4.5% of children are suffering from global acute malnutrition and 1.1% from severe acute malnutrition. Throughout the country an estimated 2.6 million people face food insecurity, including 1.5 million children.

OUR IMPACT

ALIMA has been working in Cameroon's Far North region since May 2016 and is currently present in three health districts: Mokolo, Makary and Koza.

At the Mokolo District Hospital, where medical teams provide support to the nutritional and pediatrics wards, children under the age of five receive free care. ALIMA also supports five peripheral health centers.

ALIMA has been working in the Makary health district since 2017 (following an initial exploratory mission in December 2016) to help reduce maternal and infant mortality rates among refugees, displaced persons and host communities, who have been affected by the Lake Chad crisis. In Makary, in collaboration with Solidarités International, ALIMA supported nine Integrated Health Centers and three health centers in the health district of Mada. The teams provide pediatric, nutritional and reproductive health care, including pre- and post-natal consultations, and assisted childbirth.

Since March 2017, ALIMA has been supporting the Koza District Hospital, located 20 kilometres away from Mokolo, near the Nigerian border. ALIMA supports pediatric and nutritional care activities, as well as maternity care. In the Koza health district, our teams also support 11 peripheral health centers, some of which are located in areas highly threatened by insecurity. In these centers, ALIMA supports pediatric and nutritional outpatient care, as well as sexual and reproductive health care.

Throughout the country, ALIMA also conducts a large-scale training program for mothers, to teach them how to detect the earliest stages of acute malnutrition in their children (MUAC for Mothers) and conducts mass screenings of malnutrition. More than 25,000 women benefited from these trainings in 2018. ALIMA also carries out awareness-raising activities within the local communities via health promoters, with a focus on reproductive health and nutritional feeding for newborns and young children.






"Following armed conflict in my village. I had to flee home with my family. Today, this experience allows me to gain the trust of mothers who have experienced similar situations."
Modou - ALIMA Health Promoter



© Nanna Kreutzmann / ALIMA

CENTRAL AFRICAN REPUBLIC

KEY FIGURES

-  **101,041** Pediatric consultations
-  **3,226** Children treated for malnutrition
-  **10,373** Prenatal consultations

CONTEXT

The situation in the Central African Republic (CAR) remained tense in 2018. Numerous and ongoing attacks by armed groups against the civilian population left an estimated 2.9 million people in need of humanitarian assistance, with nearly 650,000 people internally displaced and more than 570,000 refugees, according to the United Nations Office for the Coordination of Humanitarian Affairs.

Already suffering from a weak health system, this situation has further depleted many of the essential pillars of the health system: governance, human resources, funding, health information systems, infrastructure,

and the availability of medications, medical equipment and other supplies.

The crisis in CAR particularly affects vulnerable populations living in extremely precarious situations, characterized by, among other things, maternal and infant mortality rates that are respectively the second and third highest in the world. For every 100,000 live births in the country, more than 890 women lose their lives - this is nearly twice the average rate in sub-Saharan Africa (546) and 40 times as high compared to the United States (23).

OUR IMPACT

Present in CAR since 2013, ALIMA teams focus on providing primary and secondary health care for pregnant women and children, including consultations, diagnoses, medical and nutritional care, reproductive health and outbreak response. Since our operations first began, activities have grown from providing medical support at three sites for displaced people on the outskirts of Bangui and offering a package of free primary health care in five health centers, to extending support to eight health centers in the Bimbo Health District.

In Boda, similarly, support was extended to seven health facilities, including a district hospital. The ongoing goal: strengthen the capacity and resilience of the local health system, and guarantee sanitary access through complementary packages of activities for pregnant and breastfeeding women, children under five years of age, malnourished patients and people suffering from life-threatening emergencies, particularly surgical ones.

In 2018, ALIMA teams managed three projects: two on early health system recovery (capacity building and the reinforcement of health

centers) in the Bimbo and Boda health districts, and an RRM (Rapid Response Mechanism) emergency project in the Kémo and Nana-Gribizi prefectures.

As part of the Rapid Response Mechanism (RRM) emergency project, ALIMA has developed the means to respond effectively to the needs of populations affected by crises in CAR, such as outbreaks, conflict and population displacements. Following a crisis, emergency teams were deployed via mobile clinics to assist victims. ALIMA also supported operations at the district hospital in Mbrès in order to provide optimal patient care by strengthening the provision of primary and secondary health care in this area, given the remoteness and referral time to the Kaga-Bandoro prefectural hospital.



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CHAD

OUR PARTNER

Alerte Santé

KEY FIGURES

 **50,884** Children treated for severe acute malnutrition

 **44,136** Outpatient consultations

 **76,514** Mothers trained to use MUAC bracelet

 **595** People treated during a measles outbreak

CONTEXT

Chad and the surrounding Lake Chad region has suffered from decades of internal conflict, as well as ongoing insecurity due to the Boko Haram insurgency. Local populations lack access to basic healthcare services, and there is often a shortage of medical supplies and staff. As refugees from neighboring countries, such as the Central African Republic, Niger, Nigeria and Sudan, continue to flee across the border, humanitarian needs are increasing. More than 4 million people are affected by food insecurity and malnutrition, each year, with 15 regions exceeding the emergency threshold of severe acute malnutrition among children

under the age of five and recording rates at above 2%. Chad has the sixth highest child mortality rate in the world, with one in seven children dying before their fifth birthday.

Chad's capital, N'Djamena, is particularly vulnerable to recurrent peaks of malnutrition each year, from July to October. Bed occupancy rates within the Chad-China Friendship Hospital's Intensive Therapeutic Feeding Center can surpass 200% during this time.

OUR IMPACT

Since our establishment in Chad in 2012, ALIMA has been implementing projects in partnership with Alerte Santé (AS), a local Chadian NGO dedicated to improving access to health care by supporting existing medical structures with materials and staff, as well as ensuring quality management of acute malnutrition and pediatric medical care.

This year, ALIMA/Alerte Santé's work continued in the nutrition wards at the Chad-China Friendship Hospital and the Mother and Child Hospital, where children are hospitalised and treated year-round for malnutrition and other childhood diseases. In 2018, our teams cared for more than 50,000 children suffering from severe and moderate acute malnutrition, including nearly 7,000 who were hospitalized.

In Ngouri and Isseïrom, ALIMA/AS also expanded activities to include the management of child pathologies, the management of Moderate

Acute Malnutrition in partnership with the World Food Programme, the implementation of the MUAC for Mothers strategy and the integration of a WASH (Water, Sanitation and Hygiene) component within health centers where our teams support nutrition and reproductive health activities.

WASH activities are essential in the prevention of Severe Acute Malnutrition (SAM), as demonstrated by the DiDiMAS study (see Research page) conducted in N'Djamena, which found that a majority of children suffering from SAM with diarrhea were infected with cryptosporidium, a parasite strongly associated with the lethality of children hospitalised with SAM. ALIMA/AS continues to deliver a comprehensive care package, known as the 1,000 Days strategy, which includes preventive and curative care for pregnant women and children under the age of two, within six health areas in Ngouri.



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"I am committed to supporting mothers who come here and ensuring that they receive the right treatment."

Clarisse Bakada Allaira, Nutritional Assistant for ALIMA



© Alexis Huguet / ALIMA

DEMOCRATIC REPUBLIC OF THE CONGO

KEY FIGURES

- 42,299** Outpatient consultations
- 1,243** Assisted births
- 1,453** Suspected Ebola patients cared for

CONTEXT

Despite being rich in natural resources, the Democratic Republic of the Congo (DRC) has been plagued by conflict since the early 1990s, and continues to suffer from alarming humanitarian and health crises. Ongoing fighting has led to large-scale population displacements, as well as the destruction of health centers, leaving local populations facing precarious health conditions. The medical needs are enormous,

especially for women and children. Cholera, measles and malaria epidemics are common throughout the entire country. According to the World Bank in 2017, the infant mortality rate of the country – 70 deaths per 1,000 – is one of the highest in the world. In 2018, DRC was also impacted by two outbreaks of Ebola, one of which became the largest and most deadly in the country's history.

OUR IMPACT

ALIMA has been active in DRC since August 2011, conducting several outbreak responses, including an Emergency Health, Water, Sanitation and Hygiene Response (RUSH) project in former Katanga province (2013-2017), and cholera outbreak response projects in Maniema, Tshopo, Mangala, Kasai, Lomami, Haut-Lomami and Kinshasa (2017-2018). ALIMA has also participated in several responses to Ebola outbreaks (Bas-Uélé, Equateur, and North Kivu provinces). In 2018, our teams cared for nearly 1,500 patients suspected of having Ebola and 178 patients suspected of having cholera.

In order to better respond to the needs of populations affected by conflict in the Kasai region, ALIMA carried out several projects to

assist populations affected by conflict in the area, including a health and nutritional assistance project in Lomami, a project to support the prevention of severe acute malnutrition in Lomami, two medical and psychosocial projects to help care for victims of gender based violence in Lomami, and three medical and nutritional management projects in West Kalonda and Kamweshia in western Kasai.

ALIMA teams responded to two outbreaks of Ebola in 2018 - one in the west of the country in Equateur province and one in the east of the country in North Kivu province (see Response to Outbreaks page). For the first time ever, patients confirmed with the Ebola virus were treated within ALIMA's innovative CUBE.






© Caroline Thirion / ALIMA

ALIMA's emergency response team investigates a suspected case of Ebola in Mpombo village, in western DRC.



GUINEA

KEY FIGURES

-  **1,272** People vaccinated in the PREVAC Ebola vaccine randomized trial
-  **9,904** Primary care consultations for PREVAC trial participants and their beneficiaries
-  **13,867** Blood samples analysed

CONTEXT

Guinea was heavily impacted by the 2014-2016 West Africa Ebola Virus Disease epidemic, with 3,804 people infected by the virus, including 2,536 deaths.

The outbreak not only highlighted the weaknesses of the epidemiological surveillance system, but also revealed the limitations of the health system in responding effectively to disease outbreaks.

The epidemic has had many consequences on the health sector: a decline in public confidence in the health system, a decline in attendance at health facilities and a decrease in immunization coverage rates. These have all contributed to a decline in the overall health status of the Guinean population and a significant increase in their vulnerability to outbreaks.

OUR IMPACT

Since April 2015, ALIMA has been the implementation partner in Guinea for the Phase II vaccine study project called PREVAC (Partnership for Research on Ebola VACCination). The objective of this trial is to test the immune response and the safety of two candidate Ebola virus vaccines on almost 4,800 participants in Guinea, Liberia, Sierra Leone and Mali. This trial is sponsored by Inserm (the French National Institute of Health and Medical Research), in collaboration with the NIH (United States National Institutes of Health), the London School of Hygiene and Tropical Medicine and the Guinean Ministry of Health. As part of this project, ALIMA and its partners are working at two study sites in Guinea: Conakry and Maféringah.

In 2018, 1,272 volunteer children and adults were vaccinated in the PREVAC study. These study participants were randomized to receive one of the two vaccines or a placebo. They are not informed of the product they have received. Each vaccinated participant is then invited for regular check-ups for one year, during which a medical consultation and blood samples are taken, in order to identify potential side effects of the vaccine on their health and to evaluate their immune response to the vaccine. The monitoring then continues for an additional 4 years, with one visit per year.



“Clinical research is essential to improve emergency response. With new treatments or vaccines approved, we will be able to provide immediate patient care in the event of a reappearance of the Ebola virus, reduce the spread of the epidemic and thus reduce the mortality rate in the face of the outbreak.”

Mohamed Lamine Fofana - ALIMA nurse






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MALI

OUR PARTNER

AMCP
Medical Alliance Against Malaria

KEY FIGURES

-  **35,529** Children treated for severe acute malnutrition
-  **296,390** Mothers trained to use the MUAC bracelet
-  **14,710** Prenatal consultations

CONTEXT

The security situation in Mali remained extremely unstable in 2018. Despite the signing of the 2015 peace agreement in Algiers between various armed groups, it has not been properly implemented and has failed to prevent the emergence of new conflicts such as the inter-community conflict in the center of the country. Banditry and crime are rampant in large parts of the country.

The Commission on Population Movements, supported by the International Organization for Migration, estimates that 256,307 people were internally displaced or refugees in neighboring countries, in addition to the 526,505 returned Malians in 2018. As a result,

access to health care remains very limited and people's livelihoods are severely disrupted or even inaccessible. The health needs of vulnerable populations are numerous, including preventive care, such as community education and training on health and nutrition issues, and curative care. An estimated 2.4 million people suffer from food insecurity and nearly 870,000 children suffer from acute malnutrition.

Food insecurity in Mali also remains a chronic problem, contributing to high rates of malnutrition, particularly among women and children under five. According to a UN report on humanitarian needs published in November 2018, 13% of the Malian population is food insecure.

According to the United Nations Office for the Coordination of Humanitarian Affairs, the rate of global acute malnutrition (15% exceeded the emergency threshold (10%) set by the World Health

Organization. These 2018 rates nevertheless highlight improvements in the humanitarian situation in the past year (down from 10.7% and 2.6% respectively in 2017).

OUR IMPACT

Since June 2011, ALIMA has partnered with the Malian NGO AMCP (Medical Alliance Against Malaria), which aims to improve access to health care while reducing malaria-related deaths. Together, we provide medical and nutritional assistance in northern, central and southern Mali. In the northern region of Timbuktu, ALIMA/AMCP teams support 35 primary health centers in the two districts of Diré (since 2012) and Goundam (since 2014), as well as the two district hospitals. This support includes maternal and child health care, as well as the treatment of children with severe acute malnutrition in 27 health centers. In 2018, our teams performed nearly 100,000 consultations and helped more than 4,800 women safely deliver their babies.

In Goundam, where ALIMA/AMCP is among the few actors currently providing health care, our teams performed 442 emergency surgical procedures at the hospital. These interventions have included traumatic emergencies resulting from conflict-related injuries, car accidents and obstetric operations to save women with complications during childbirth.

In August 2018, in the center of the country, ALIMA/AMCP launched a project involving two mobile clinics to support 13,951 internally displaced persons who took refuge in the Niono district, fleeing inter-community violence and conflicts between armed groups in neighbouring regions. These mobile clinics provide these populations with access to free and quality primary care through curative and preventive activities, including vaccination, and training mothers and caregivers to detect malnutrition in their children at the earliest stages using the MUAC bracelet.

In the south, in the Koulikoro region, ALIMA/AMCP continued their contribution to strengthening Mali's health system by improving the capacity of local staff and providing health and nutritional care in 119 health centers. Within the URENI-school in Dioila, 198 health workers were trained this year to manage cases of severe acute malnutrition with complications.



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In Mali, in the Koulikoro region, in the Dioila health district, students from the URENI-school discuss their work.






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NIGER

OUR PARTNER

BEFEN
Well-being of Women
and Children in Niger

KEY FIGURES

-  **36,915** Children treated for severe acute malnutrition
-  **11,299** Prenatal consultations
-  **955,250** Mothers trained to screen their children for malnutrition

CONTEXT

Niger ranks lowest among 189 countries on the Human Development Index, according to the latest data from the United Nations Development Programme. Children under the age of five account for nearly a fifth of the country's 21.5 million inhabitants.

The humanitarian situation in Niger is marked by the persistence of five major crises: food insecurity, malnutrition, population displacements, floods and disease outbreaks. Multiple chronic stressors, limited access to safe drinking water, poor hygiene and sanitation, a weak health care

system and successive shocks mean that millions of people are in need of humanitarian assistance each year.

An estimated 600,000 people faced food insecurity in 2018 and 2.3 million people were in need of humanitarian aid, according to the United Nations Office for the Coordination of Humanitarian Affairs. The global rate of acute malnutrition was reported at 15% - well above the emergency threshold.

OUR IMPACT

In 2018, in Niger, the ALIMA/BEFEN teams continued their activities in the Zinder and Maradi regions, at the Intensive Therapeutic Feeding Center and pediatrics wards in Mirriah (Zinder) and Dakoro (Maradi), as well as several integrated health centers (19 in Mirriah and 12 in Dakoro). Similarly, the project to scale up the 'MUAC for Mothers' strategy in the Maradi region, started in September 2017 in partnership with UNICEF, continued - 872,769 women of childbearing age were trained and retrained in 2018.

In Mirriah, the 1,000 Days project continued and ended in September 2018. A study is underway to demonstrate the impact of this project. According to initial results, we are seeing a vaccination coverage rate above 90%, and a decrease in severe acute malnutrition at the three implementation sites of the 1,000 Days project.

Launched in 2015 in Niger's northeastern region of Tahoua, the pilot phase of ALIMA's nomadic health project came to an end in May 2018. The project, which relies largely on mobile health clinics and a mobile phone community relay network, was set up in an area with low health care coverage and where medical care is limited by geographical isolation. In partnership with Médecins du Monde Belgium, ALIMA/BEFEN supported 12 integrated health centers and 24 community health centers, as well as the district hospital of Tchintabaraden, with the opening of an operating room. We also refurbished medical structures and provided medical supplies and equipment, while reinforcing the capacity of local health agents. Since the project began, health indicators in the departments of Tilla, Tassara and Tchintabaraden have significantly improved.

From August 2018, ALIMA/BEFEN launched a project for inpatient and outpatient medical and nutritional care in the Tillabéri region, in the Abala district. In November, activities were extended to the districts of Banibangou and Ayérou. In addition to the establishment of CRENI/ Pediatrics units at the hospital level, mobile clinics travel through the districts daily to reach remote and displaced people.

As part of the cross-border Rapid Response Mechanism (RRM) project, which began in May 2018, ALIMA teams are working in the Tillabéri and Tahoua regions, which are affected by the negative effects of conflicts at the junction of the borders of Mali, Niger and Burkina Faso. In these areas, ALIMA has trained community relays in health monitoring techniques. In the event of an alert about a population displacement, teams are able to deploy to conduct needs-assessment missions and respond quickly to the emergency. In December 2018, RRM teams intervened in the town of Ezza, where about 2,670 people had gathered. The mobile clinics, deployed over three days, provided care for 240 patients, performed 49 prenatal consultations and 10 emergency referrals to Abala Hospital.

In August 2018, an outbreak of cholera broke out in the town of Maradi. ALIMA/BEFEN intervened by supporting the medical teams on site, setting up a treatment center and conducting community awareness activities. In total, over the three months of intervention, 443 patients were treated by ALIMA/BEFEN, and 192,956 people were sensitized through home visits by community relays.






© What Took You So Long? / ALIMA



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NIGERIA

KEY FIGURES

-  **84,904** Mothers trained to screen their children for malnutrition
-  **107,963** Pediatric consultations
-  **26,420** Prenatal consultations

CONTEXT

The ongoing conflict between several armed groups continues to contribute to the deterioration of the humanitarian situation in Nigeria, particularly in the north-east of the country. As the conflict enters its tenth year, the United Nations Office for the Coordination of Humanitarian Affairs reports more than 1.7 million people are still internally displaced, and 71 million people need humanitarian assistance in the most affected three states: Yobe, Borno and Adamawa. The majority of people in need are women and children. Nearly 2.7 million people face critical food insecurity, with more than one million children

suffering from malnutrition and approximately 367,000 children suffering from severe acute malnutrition.

Health facilities have been particularly affected by the ongoing armed conflict. According to the WHO Health Services Availability and Monitoring System, of the 809 health facilities identified in Borno State in 2018, 518 (64%) were damaged. Only 48% of health facilities were fully functioning, while the others did not function at all (41%) or were partially functional (11%).

OUR IMPACT

In 2018, ALIMA implemented projects near the Muna Garage IDP camp in the district of Jere to provide general consultations for children under five and to provide sexual and reproductive health services to pregnant and lactating women. ALIMA is partnering with UNFPA (United Nations Population Fund) to provide care for victims of sexual and gender-based violence. An outpatient therapeutic feeding program is also available for children under 5 years of age suffering from severe acute malnutrition.

In partnership with the University of Maiduguri Teaching Hospital, ALIMA supports the Intensive Therapeutic Feeding Center, where more than 1,600 children under the age of 5 were hospitalized for severe acute malnutrition with complications in 2018.

In Monguno, ALIMA continued to work in five IDP camps and three health facilities outside the camp. ALIMA provides primary health care, child malnutrition and sexual and reproductive health, including basic emergency obstetric and neonatal care.

In Baga and Doro, in Kukawa, ALIMA provides primary and secondary health care for children under five years of age, as well as sexual and reproductive health services for pregnant and lactating women.

As part of the Borno State Early Recovery Project, ALIMA began operating in two districts in southern Borno (Askira-Uba and Hawul) where the teams rehabilitated the primary health structures and the Askira General Hospital.

In 2018, ALIMA responded to cholera outbreaks in Monguno, Muna, Baga and Askira-Uba by setting up oral rehydration points, a cholera treatment center (CTC) and cholera treatment units. A total of 2,153 cholera cases were treated by ALIMA.

In January 2018, following a worrying number of Lassa fever cases, ALIMA was able to provide support to the University Specialist Hospital of Irrua and the Federal Medical Center of Owo for the care of patients, as well as its support for logistics and medicines. In February, ALIMA began providing free care to patients suffering from Lassa fever. A total of 175 suspected cases were recorded, 68 of which were confirmed. ALIMA's intervention in Owo Hospital resulted in a cure rate of 82%, above the national average (73%). Finally, in April 2018, ALIMA launched the LASCOPE project, a research program to collect epidemiological data on Lassa fever through the study of a cohort of confirmed patients.




© What Took You So Long? / ALIMA



SOUTH SUDAN

KEY FIGURES

 **51,655** Outpatient consultations

 **9,995** Mothers trained to use MUAC

 **1,081** Hospitalisations

CONTEXT

After more than five years of civil war, the world's youngest state (independent from Sudan since 2011) is still in search of stability. Despite the signing of a peace agreement in September 2018, the effects of years of conflict and unrest have driven more than four million people (according to UNHCR) from their homes since the insurgency began in December 2013. In 2018, nearly two million people remained displaced within the country. The prolonged fighting has led to the closure or destruction of medical facilities, increasing the already-high medical and nutritional needs.

According to OCHA, the number of people in need of humanitarian assistance in 2018 will be 7 million, or about two-thirds of the population. UNICEF estimates that some 250,000 children are suffering from

severe acute malnutrition within the country, and malaria remains one of the leading causes of childhood death. In January 2018, some 5.3 million people (nearly half the population) were facing crisis levels of food insecurity, according to a recent Integrated Phase Classification (IPC) report.

In the worst affected areas, very few humanitarian actors are present. Despite the fact that most parts of former Northern Bahr El Ghazal are generally peaceful, there are still gaps as many rural communities lack access to basic healthcare. Some established health facilities either lack qualified personnel or frequently run out of essential medicines. Families struggle to afford care and medication in the few places that remain operational.

OUR IMPACT

In 2018, ALIMA provided support in terms of nutrition and health. Projects have been set up in Western Bahr El Ghazal (Raja and Baggari) and Northern Bahr El Ghazal (Aweil).

In Raja, our teams have to deal with an isolated population that is very difficult to reach for approximately six months a year during the rainy season (May to October). In order to ensure the coherence of the health system, ALIMA supports primary health structures through the establishment of mobile clinics, as well as secondary health care in the Raja State Hospital, for children under 15 years of age. In order to guarantee the sustainability of patient care, ALIMA is also building the capacity of Ministry of Health workers through the organization of training courses, as well as support for the referral system.

In Aweil, ALIMA's intervention started during the malaria peak season in July 2017. In 2018, the project continued to cover both inpatient and outpatient services. For example, at the Panthou Primary Health Care Center, ALIMA medical staff treated 987 inpatients for severe malaria and other diseases, among whom 197 were referred to Aweil Hospital for further care. Eight malaria test-and-treat outpatient care facilities, and mobile clinics, were also put in place.

In Baggari, where the 2018 Humanitarian Needs Overview found that around 40,000 people would be in need of assistance to access nutritional services in Wau County in 2018, ALIMA began an emergency intervention with the support of UNICEF in January 2018 to treat children under 5 years old suffering from Severe Acute Malnutrition in six different outpatient sites.



"Since the beginning of the conflict, it became difficult to find the medicine I need. Most of the time it is not available and when it is, I do not always have enough money to afford it."

Malia, age 33, with daughter Rita



A LOOK BACK 2018 STRATEGIC PLANNING WORKSHOP

Created in 2009, ALIMA experienced significant growth during its first nine years, with a diversification of its areas of intervention, activities, and funding. In order to frame its future expansion for 2020-2023, ALIMA organized a strategic planning workshop. We wanted to avoid a vertical approach leading to a strategy written solely by directors.

Instead, we co-built the strategy during a three-day seminar - from March 20-22, 2018 - during which 75 people, half of them from the field and representing all the professions within ALIMA, reflected together, made proposals, discussed strategic issues for the medium-term future of ALIMA.

THE 6 STRATEGIC AXES CHOSEN FOR ALIMA’S 2022 VISION

- 1 - ALIMA’s charter moving forward
“A continually evolving document at the heart of everything we do.”
- 2 - The impact of ALIMA on transformative healthcare:
 - Our medical interventions are both curative and preventive
 - ALIMA is an emergency humanitarian organization and we are open to broader interventions if they positively impact the patient
 - We transform healthcare through innovation and research
 - We are an International Alliance, ALIMA can work outside Africa
- 3 - Partnerships are built by and for the patient
- 4 - ALIMA is a teaching alliance that nurtures collective intelligence
- 5 - ALIMA, first-rate employer: recruitment, loyalty and development of our talentsts
- 6 - ALIMA advocates internally and externally for:
 - Transformative healthcare
 - Our patients
 - Our association

SOME TESTIMONIES FROM THE PARTICIPANTS

“We have just come out of an excellent exercise that mobilized a lot of energy from the teams as well as from ALIMA’s internal and external partners. Everyone contributed their enthusiasm. This is a good example of collective intelligence, leading us into potential avenues for ALIMA in the coming years. I think this is laudable work, which we must continue to facilitate, from baby steps to achievement.”

Dr. Richard Kojan, President of ALIMA



“This meeting was very interesting for me. Beyond the exchanges and discussions, we all had together to develop the strategic plan, I think the sharing of experiences marked a significant moment in the evolution of our organization. It’s also been an opportunity to learn about interventions carried out in other countries, in other contexts, with other types of projects. And I believe that the links created are solid, that we will continue to exchange outside these meetings, sharing our experiences and best practices to ensure that patients remain at the heart of our actions, that these patients are treated qualitatively, and that we continue to provide the type of transformative healthcare that will change protocols, as well as equip our various missions.”

Dr. Sayadi Sani, ALIMA/BEFEN Medical Coordinator in Niger



“We spent three days of intense debate, three days of fruitful discussions, on issues that we all feel are important, issues that are all about how to deliver the best care to patients wherever we are. We will have to continue these discussions with our other colleagues, our other partners once we return to our countries. This process doesn’t stop. We have a lot more clarity than the first day we arrived, but there is still work to do to refine this strategy.”

Dr. Harouna Souley, ALIMA’s Medical Coordinator in Chad



“We need now to hear even more voices from the field. There are 75 of us here together, from all of ALIMA’s countries, and I hope that by listening to the field colleagues, by creating WhatsApp exchange groups, we will hear even more of the voices of nurses, midwives, doctors - what they want to work on, how they want to transform medicine, to become THE transformative medical NGO in Africa or maybe even elsewhere. Let’s aim high.”

Dr. Susan Shepherd, ALIMA pediatrician and medical expert





FUNDRAISING CAMPAIGN “TRANSFORMING HUMANITARIAN MEDICINE”

Our campaign committee, co-chaired by Serge Morelli and Tidjane Dème, is composed of influential figures from diverse backgrounds who share a passion for supporting ALIMA's vision. This is why they have agreed to publicly represent us within their networks, and we thank them for it. By volunteering for ALIMA, members of the campaign committee allow us to grow our community of supporters, and to amplify the message and actions of ALIMA in the public arena.

On November 29, 2018, the campaign committee met at an event at AXA headquarters in Paris, France, which raised €92,000 to support ALIMA's actions.

With the support of this committee, we were able to conduct a fundraising campaign aimed at raising 10 million euros on three

continents, in Africa, Europe and North America, to finance the strategic development of the organization and meet operational needs not funded by institutional donors.

The campaign supports three main topics:

- An Emergency Response Fund - to provide enough financial independence for ALIMA to deploy within 24 hours
- An innovation fund for humanitarian medical research - funding 15 research programs over five years
- A humanitarian talent development fund - to train, sustain and stimulate ALIMA's human resources and future teams.

CO-CHAIRS OF THE CAMPAIGN COMMITTEE

Serge MORELLI - President of healthcare, medical innovation and assistance at AXA. Serge Morelli joined the campaign committee in 2017.

Tidjane DÈME - General Partner at Partech Partners and former director at Google Africa. Tidjane Dème joined the campaign committee in 2017.

MEMBERS OF THE CAMPAIGN COMMITTEE

René CÉLESTIN - President and founder of OBO, a luxury event and brand strategy consulting company. René Célestin is part of the «Business of Fashion 500» representing the 500 most important personalities in the fashion industry worldwide.

Didier CHERPITEL - Former Director General of Operations at JP Morgan France and JP Morgan's European banking activities, Didier Cherpitel is also a former Secretary General of the International Federation of the Red Cross.

Anne-Marie IDRAC - Former Secretary of State in Foreign Trade, Secretary of State for Transport, President of RATP and SNCF; Anne-Marie Idrac is a member of several boards of directors.

Annick SCHWEBIG - Specialist in immunology, tropical medicine, emergency care and allergology, Dr. Annick Schwebig is also a member of the Chamber of Commerce and Industry of Paris and President of the Executive Board of the ESSEC Group.

Hervé SCHRICKE - Entrepreneur and Business Angel, Hervé Schricke is the founding president of SOFIA-FIDES, the founder of XAnge Private Equity, of meilleurtaux.com and is President of France Invest.



Dr. Oummani Rouafi, ALIMA's Emergency Medical Coordinator, presents the CUBE at a fundraising event in Paris.

GOVERNANCE

ALIMA ASSOCIATION

ALIMA is an association governed by the French Act of 1901. As specified in the last sentence of its charter, ALIMA is an association that belongs to its members, who are or have been involved in day-

to-day operations. The General Assembly ensures activities are run in observance of ALIMA's social mission. It elects a Board of Directors in charge of monitoring and auditing the work of the executive team.

BOARD OF DIRECTORS

The Board of Directors is responsible for voting annually on the budget and the operating plan, as well as on all major strategic decisions. The BD elects a Bureau, which is the interface between the Board of Directors and the Executive Management.

EXECUTIVE COMMITTEE

- Dr. Richard Kojan - President
- Dr Oummani Rouafi - Vice-President
- Augustin Augier - Secretary General
- Nicolas Chaltiel - Deputy Secretary General
- Marc Sauvagnac - Treasurer
- Frédéric Lemoine - Board Member

Directors and the Executive Management.

Composition of the Board as of 12/31/2018:

BOARD OF DIRECTORS

- Dr. Xavier Anglaret
- Éric Barte de Sainte Fare
- Dr. Ibrahim Kandian Diallo
- Dr. Éric Diendere
- Dr. Lamine Kolle
- Aziz Ould Mohamed
- Marion Péchayre
- Dr. Hinberka Sodje

EXECUTIVE MANAGEMENT

The day-to-day running of the association's activities is delegated to an executive management under the authority of a Chief Executive Officer who supervises five departments.

EXECUTIVE MANAGEMENT

- Chief Executive Officer: Matthew Cleary
- Director of Operational Support: Solenne Barbe

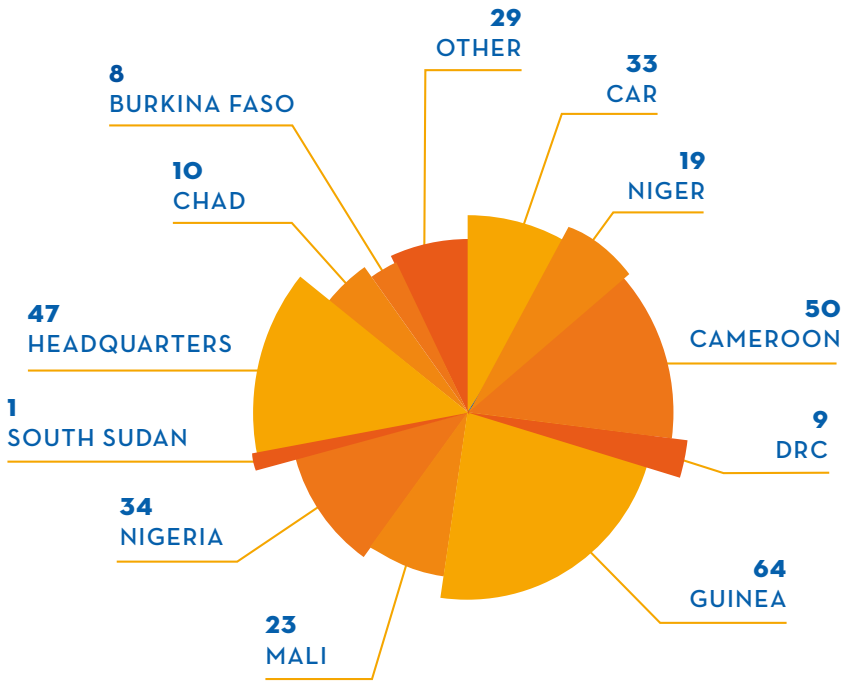
- Director of Human Resources: Morgane Daumarie
- Chief Financial Officer: Thomas Bounameaux
- Director of Logistics: Pierre-Vincent Jacquet
- Director of Communications and Development: Stéphanie Nadal

MEMBERS

In 2018, the association had 327 members.

Membership of the association is open to anyone contributing to the realization of the social mission of ALIMA. Becoming a member is an opportunity to make a personal contribution to the future as well as to the vision of the organization moving forward. It's also an opportunity to be informed of ALIMA's key decisions, and to choose the members of the Board of Directors who validate the strategic objectives of our association.

For more information on how to join, write to asso@alima.ngo.



ALIMA ASSOCIATION

Members participation in the ALIMA association is coordinated by a Members Participation Committee (MPC) composed of two members of the Board of Directors who volunteered to lead on this topic. Every year, members' participation in the association is punctuated by two General Assemblies (GA), in June in Paris and in October in Dakar.

General Assemblies are convened to allow members to vote on important strategic decisions and to elect the Board of Directors. In between GA sessions, members can be involved in ALIMA's strategic orientations by participating in debates held at headquarters and in the field, to get members involved in ALIMA's strategic orientations.

In 2018, the MPC held various association meetings in Nigeria, Cameroon, Mali, in Beni in the DRC, and in Dakar. The number of active members (327) is the highest to date, and mechanisms have been put in place to integrate remote members into the GA discussions.

The MPC has also recruited a full-time representative, who will take up post in 2019, to boost member participation.

NATIONAL REPRESENTATIVE MEMBERS

In 2018, four ALIMA national representatives were elected in Cameroon, Guinea, Mali and Chad to facilitate ALIMA's members' participation in the field.

OUTCOMES OF OCOTBER 20, 2018 GENERAL Assembly

On October 20th, 2018, 96 members attended the General Assembly in Dakar. In addition to the validation of fiscal accounts for the 2018 financial year and the President's Report, the General Assembly elected six candidates to join the Board of Directors, and had the opportunity to discuss two topics: our policy regarding management of abusive behavior and ALIMA's position on abortion.

FINANCIAL TRANSPARENCY

Internal audits help ALIMA reach our goals by evaluating our management processes for financial risks, audit processes and governance. We regularly evaluate each mission and project site, and make proposals to bolster the efficacy and financial transparency of the organization.

In addition, independent statutory auditors ensure rigorous management and account transparency, the results of which are

published each year. In 2018, the report of the external auditor issued a certification of accounts without reservations.

Our institutional donors also provide ongoing monitoring of our accounts, both at headquarters and in the field, conducting regular audits.

ALIMA USA, ALIMA UK AND ALIMA AUSTRALIA

Following the creation of ALIMA USA in 2014, ALIMA continued to develop its international presence with the creation of ALIMA UK and ALIMA Australia in 2017. Our aim is to mobilize new support and build new partnerships.

ADMINISTRATIVE COUNCIL - USA

- Dr. Pierre Crémieux - Chair
- Elya Tagar - Treasurer
- Denise Jarvinen - Secretary
- Alan Harper
- Jody Blagrove
- Kris Torgeson
- Catherine Dumait-Harper
- Glenda Hersch
- Augustin Augier
- John Penney
- Dr. Julie Rousseau

- Dr. Cecily Gallup
- Charlie Kunzer

ADMINISTRATIVE COUNCIL - ALIMA AUSTRALIA

- Dr. Nikki Blackwell - President
- Maureen Cleary - Secretary
- Sonia Girle
- Chris Brasher
- Matthew Cleary

ADMINISTRATIVE COUNCIL - UK

- Stéphane Epin - Chair
- Nicolas Mounard
- Alexandre Booth
- Augustin Augier

FINANCIAL REPORT

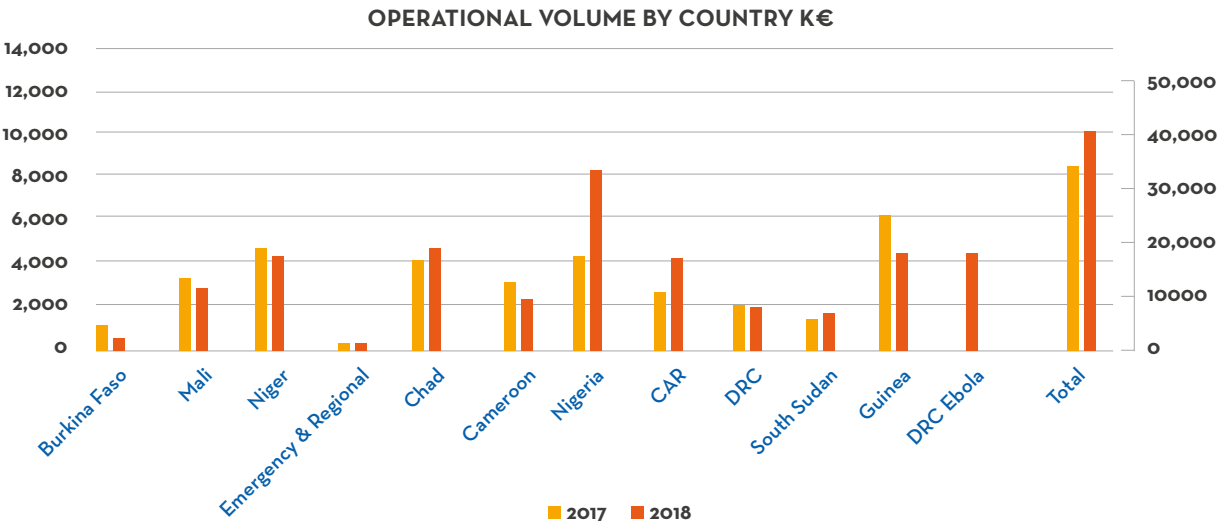
Since the creation of ALIMA in 2009, the association has been growing its activities. However, the fiscal year 2018 marks a new level of improvement, with a 19% increase in operating volume compared to the previous year.

OPERATIONAL VOLUME

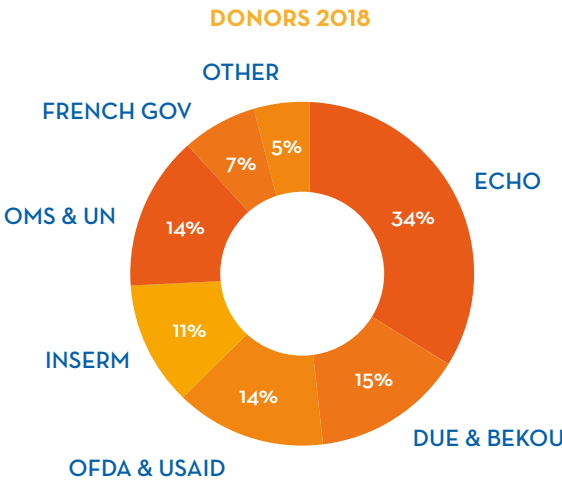
ALIMA continues its operational growth with a 19% increase compared to 2017. We note a slight decrease in our missions in West Africa, an increase in activities in our mission in the Central African Republic, and a doubling of our operations in Nigeria.

The year also marked the growth and diversification of ALIMA's donor funding. This recognition of ALIMA's effectiveness has allowed us to improve on the quality of care provided in the field, whilst increasing our independence.

2018 also marks the beginning of our Ebola intervention in the DRC, first in the Equateur province and then in North Kivu.



In 2018, our global resources exceeded €45 million - 95% of our resources came from institutional donors, the rest from foundations and fundraising efforts. ALIMA has largely succeeded in diversifying these donors over the past three years with the largest donor, ECHO, now accounting for only 34% of financing (vs. 79% in 2014). In total, in 2018, ALIMA was financed through 96 contracts with 30 different donors.



EXPENDITURE

In terms of expenditures, ALIMA's three biggest missions are Nigeria (22.28%), the Democratic Republic of the Congo (13.84%), and Guinea (11.59%).

Despite a significant growth in financial volume, increased operating costs have remained low (11% compared to 19% for the overall operational volume), reflecting the greater efficiency of ALIMA's field projects.

FUNDRAISING

To support our actions in the field, 7,000 new donors put their trust in ALIMA during the year 2018. Thanks to these donors and the eight members of ALIMA's campaign committee who made it possible to organize a first fundraising event in November, private funds raised by ALIMA rose by 53.15% from 2017 to 2018.

Despite a restrictive tax environment in 2018, the annual financial year was marked by a significant increase, in cash, of the private funds raised by ALIMA: from 471,000€ in 2017 to 723,000€ in 2018.

2018 BALANCE SHEET

In 2018, fixed assets increased with the purchase of vehicles for our missions.

The volume of our assets mainly includes our liquid cash and receivables from donors, amounting to 5 million euros.

Similarly, donor revenue not spent by December 31 (deferred income) represents half of our liabilities, an amount of nearly 6 million euros. These volumes are dependent on the disbursement rate of our donors. Our reserves and additional own funds represent 23.5% of our balance sheet.

FINANCIAL RESULT

In 2018, ALIMA generated a net income of 100k€, which the General Assembly allocated to the association reserves. Our initial budget reported a planned deficit of 300k€ following our decision to invest in the development of fundraising focusing on private individuals. 2018 net income exceeding expectations is due to two factors:

- A higher operational volume of 3M€ to our initial forecast
- Significant foreign exchange gains related to better control by the Finance Department of foreign exchange fluctuations.

USE OF RESOURCES

ALIMA is a patient-oriented organization. This is reflected in the use of our resources allocated to 93.1% for our operations.

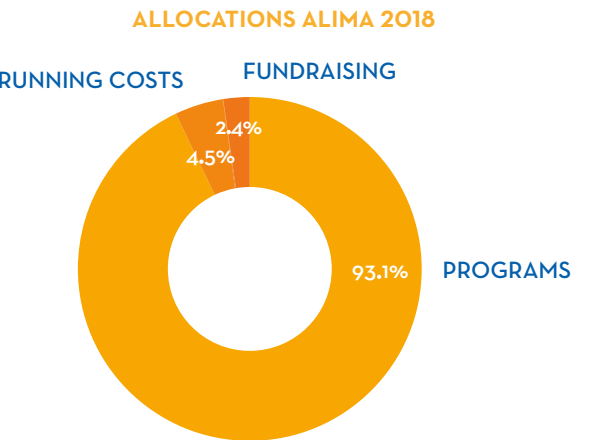
AUDIT & INTERNAL CONTROL

In 2018, ALIMA handled ten audit, control and assessment missions from our donors.

The level of reimbursement of ineligible expenditure during audits was below 0.2% of all audited contracts. The audit results on our Internal Control System and procedures make us a safe and reliable partner for our major donors. ALIMA ranks among the 20% of top partners according to ECHO.

ASSETS		
	IN K€	
	2018	2017
Fixed assets	650	287
Current assets	12,538	8,554
Total Assets	13,188	8,831
LIABILITIES		
	IN K€	
	2018	2017
Association fund & Reserve fund	1,105	1,005
Additional own fund (Association titles)	2,000	2,000
Risk Provision	270	102
Debts + 1 year	363	525
Debts -1 year	9,450	5,200
Total Liabilities	13,188	8,831

INCOME STATEMENT		
	IN K€	
	2018	2017
Operating Income	45,269	37,419
Operating Expenditure	37,419	37,591
Operating Result	111	- 172
Financial Result	-11	- 214
Net Result	100	- 386





ACKNOWLEDGEMENTS

INSTITUTIONAL PARTNERS

- Directorate-General for European Civil Protection and Humanitarian Aid Operations of European Commission (DG - ECHO)
- European Union Békou Trust Fund (BEKOU)
- European Union (EU)
- United States Agency for International Development's Office of Food for Peace (USAID - FFP)
- United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID - OFDA)
- Comité Interministériel de l'Aide Alimentaire (CIAA)
- Agence française de développement (AFD)
- National Institutes of Health (NIH)
- Leidos Biomedical Research, Inc. (LBR)
- The Mitchell Group, Inc. (TMG)
- Inserm (French National Institute of Health and Medical Research)
- Start Fund (Start Network)
- Ministère de l'Europe et des Affaires internationales - Centre de crise et de soutien (CDCS)
- The European & Developing Countries Clinical Trials Partnership (EDCTP))

UNITED NATIONS AGENCIES

- United Nations International Children's Fund (UNICEF)
- United Nations World Food Programme (WFP)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- World Health Organization (WHO)

• FOUNDATIONS

- The Bill & Melinda Gates Foundation
- ELMA Relief Foundation
- Fondation Innocent

HEADQUARTERS

📍 15 rue des immeubles industriels - 75011 Paris - France

☎ +33 (0)1 40 33 95 19

✉ office@alima.ngo

OPERATIONAL HEADQUARTERS

📍 Route de l'aéroport - Rue NG96 - BP 15530 - Dakar - Sénégal

✉ office@alima.ngo

ALIMA USA

📍 1 Whitehall Street - 2nd floor - New-York - NY 10004 - United States

✉ info.usa@alima.ngo

WEBSITE www.alima.ngo



@alima.org



@alima_org



@alima.ngo