



# Annual Report

THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION

2022

WWW.ALIMA.ORG





WE NEED TO INVOLVE, STRENGTHEN AND  
EMPOWER LOCAL ACTORS TO PROVIDE  
MEDICAL CARE TO THEIR COMMUNITIES.



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# A WORD FROM THE PRESIDENT

Two million. That's the number of patients who benefited from ALIMA's services in 2022. For the first time, our young organization reached this significant milestone. After 13 years of operation, the year 2022 was marked by a series of firsts.

For the first time, ALIMA opened offices outside West and Central Africa. Our teams were motivated to take the organization beyond the borders of its historical home, and reaffirm its identity as an international NGO. Since April, ALIMA's colors have been printed on the coats of care workers in Ukraine. ALIMA's first European coordination office is based in Odessa to provide essential care to war-affected populations. Elsewhere, ALIMA has been taking action to respond to the nutritional crisis that is severely affecting East Africa, and we have been exploring the possibility of bringing our expertise to at-risk communities in the region, like Ethiopia.

For the first time ever, ALIMA's activities in the treatment of acute malnutrition were financed by funds other than those of traditional donors. Foundations are increasingly interested in our organization, recognizing the quality of our work and our ability to transform humanitarian medicine\*. In 2022, several foundations decided to place their trust in us. Thanks to this new funding, we were able to significantly extend our coverage; our teams have treated 70% more children suffering from severe acute malnutrition than in 2021. Last year, I called for advocacy to promote innovative approaches for the treatment of acute malnutrition. My wish was granted this year as ALIMA organized a regional conference in Dakar, with UNICEF,

Action Against Hunger and the International Rescue Committee, representatives of Ministries of Health from nine West and Central African countries, and technical and financial partners. Together, we will to continue to make a difference.

Finally, for the first time this year, ALIMA's operational environmental initiatives have been fully recognized and funded. A dedicated budget has been set aside to encourage responsible behavior for our planet and the lives of the populations we support, who are the first victims of the consequences of climate change. It is reassuring and encouraging that traditional donors have taken up this issue. ALIMA was a pioneer in the humanitarian ecosystem, and will continue to be a leader.

Through these three examples, ALIMA once again demonstrates that it has the strength and capacity to endorse and embrace innovation, while remaining at the origin of it.

I would like to extend my heartfelt thanks to all the teams at ALIMA and our NGO partners, as well as to those of our operational, scientific and financial partners, for the work they have accomplished this year, despite the volatile security and economic contexts. In the face of challenges, ALIMA continues to provide care to the most at-risk communities. This is ALIMA's vocation and will remain its mission for years to come. It is our responsibility to continue to uphold the values of our organization.

\*See OptiMA project, page 15







WE PRIORITIZE MAKING HUMAN CONNECTIONS  
TO IMPROVE THE WELL-BEING OF THOSE WE  
SERVE. **THIS IS NECESSARY TO FULFILL OUR  
SOCIAL MISSION.**



DR. RICHARD KOJAN





# ALIMA'S LOCALIZATION MODEL

## **ALIMA: Caring, Innovating, Together**

ALIMA's purpose is to save lives and to care for the most at-risk populations during health crises and emergencies. Our operational model is based on an alliance between doctors, local NGOs and research organizations. Collaboratively, we work in close proximity to patients, providing them with innovative, high quality-care

To this end, ALIMA has forged close partnerships with local NGOs: Alerte Santé (Chad), BEFEN (Niger), AMCP-SP (Mali), KEOOGO and SOS Médecins Burkina Faso (Burkina Faso) and, more recently, DEMTOU Humanitaire (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 division of tasks. Through this alliance, ALIMA works hand in hand with frontline

## **OUR OPERATIONAL PARTNERS**

### **Alerte Santé in Chad**

Since the beginning of its activities in Chad in 2012, ALIMA has been working in partnership with the Chadian NGO Alerte Santé. Together, ALIMA and Alerte Santé have developed recognized expertise in providing care for women and children under five, emergency and outbreak response, and access to care for displaced persons and refugees.

### **BEFEN: Well-being of Women and Children in Niger**

In Niger, ALIMA works with the Nigerien NGO BEFEN. Together, their medical teams provide free medical care for children suffering from severe acute malnutrition and illnesses such as malaria, diarrhea and acute respiratory infections, as well as reproductive health care and emergency response to disease outbreaks and population movements.

actors - local authorities, health workers and communities - to provide more effective humanitarian aid, based on knowledge of the needs in the field.

## **A successful model for aid localization**

Following the commitments made in the 2020-2022 strategic framework, ALIMA is dedicated to strengthening local capacities to ensure the sustainability of its humanitarian action. This is why we continue to reinforce ties with local NGO partners.

In 2022, we held meetings with donors and international NGOs to introduce them to our partnership model. We also decided to advocate for greater consideration of funding for international organizations working to localize aid.

### **AMCP-SP: Medical Alliance Against Malaria - Population Health in Mali**

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

### **KEOOGO and SOS Médecins BF in Burkina Faso**

KEOOGO is a Burkina Faso NGO that provides medical and rehabilitation care to children. SOS Médecins Burkina Faso is a national non-profit organization that intervenes in emergency health situations, malnutrition and the care of people affected by HIV/AIDS. Since 2012, ALIMA has been working in partnership with KEOOGO and SOS Médecins BF to implement medical and nutritional projects in the North and Central-North regions of the Burkina-Faso.



## DEMTOU Humanitaire in Cameroon

DEMTOU Humanitaire works in the fields of health, nutrition, WASH (Water, Hygiene and Sanitation), food security and livelihoods, and works for social cohesion in Cameroon. In 2022, ALIMA and DEMTOU Humanitaire developed their relationship and built a closer collaboration at the operational level. This collaboration will be further strengthened in the years to come.





# 2022 KEY FIGURES

70   
million euro  
budget

14   
ongoing research  
projects

2,000   
employees

215,719   
children suffering from  
acute malnutrition treated


13   
countries of intervention

511   
medical facilities\*\*  
supported

54,422   
assisted child  
births

25,310   
mental health  
consultation of all  
types\*

62   
projects

4,718   
medical consultations  
conducted by the ALIMA  
mobile clinic in Ukraine


2.1   
million patients  
cared for


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

\*\*Including 464 health centers and 47 hospitals



172,575  hospitalizations

2  environmental projects

1  million children under the age of five received medical care





# 2022, A YEAR OF CHALLENGES: FROM THE SAHEL TO UKRAINE

"In the Sahel region, the deteriorating security situation and socio-political instability have made humanitarian action ever more complex. Keeping our operations within this a context is an exceptional undertaking, and we are very concerned. In 2022, a nutritional crisis hit at-risk communities hard, and multiple factors have repeatedly weakened them further, including the consequences of climate change and this year's economic inflation.

Faced with the crisis, ALIMA spoke out to raise the alarm and incite action, addressing the media and joining forces with other humanitarian organizations and technical partners (UNICEF, WFP, FAO, OCHA). We issued a joint press release and answered journalists' questions live, including on the sets of France 24 and TV5 Monde, and at press events in Paris and Dakar.

We followed up with further action to bring about change. Alongside Action Against Hunger, International Rescue Committee, and UNICEF, ALIMA organized a regional conference in Dakar gathering political decision-makers and technical and financial partners from nine West and Central African countries. Our common goal was to present the urgency of adopting simplified approaches to the management of acute malnutrition, in the hope of improving this issue. By the end of 2022, several Ministries of Health were showing a growing interest in these approaches, and our teams took part in national workshops on the subject in Mali, Niger, the Democratic Republic of the Congo, and Chad.

In collaboration with Doctors Without Borders, we raised awareness of the violence and nutritional crisis in North-Western Nigeria, a low-priority region for funding partners. Through our efforts during the year, we managed to fund our activities, thanks to the invaluable support of foundations such as CRI, GiveWell, Hilton, and Weiss Asset Management (WAM). We need everyone's help to continue fighting the crisis."

*Dr. Kader Issaley, ALIMA Director of Operations*





"Since its creation, ALIMA's focus has been to provide medical care to communities and save lives. Until now, our teams have been deployed mainly in Africa to provide emergency aid. In April 2022, for the first time in our history, we decided to put our expertise in crisis intervention at the service of the Ukrainian people. Millions of men, women, and children needed emergency humanitarian aid. Many health facilities had been damaged or destroyed, and medical staff and medicines were in short supply.

ALIMA decided to concentrate its operations on the Mykolaïv and Kherson Oblasts, regions close to the front line in the south, to provide essential healthcare to populations weakened by the war. Our first European coordination office opened in Odessa.

True to our alliance model, we immediately collaborated with local authorities, associations, and Ukrainian healthcare personnel. This strategy enabled our teams to deploy an emergency response through mobile clinics and to bring healthcare to people in hard-to-reach areas.

Overall, we focused on four areas of action: support for surgical care, primary healthcare, mental health support, and the rehabilitation of damaged healthcare structures.

Worldwide, there is an increasing number of crisis zones due to armed conflict or climatic disasters, and humanitarian needs are steadily growing. ALIMA's teams have much to contribute from their experience on the African continent.

ALIMA has drawn on its humanitarian aid experience in Africa to deploy African aid workers in other parts of the world, using local partnerships as its operational basis. By committing to Ukraine, ALIMA continues to make its mark on humanitarian medicine on an international scale and in close proximity to patients."

*Dr. Moumouni Kinda, ALIMA Chief Executive Officer*





# EMERGENCY RESPONSE

In 2022, thanks to their unfailing commitment, ALIMA teams were able to support communities affected by disease outbreaks and epidemics in Africa\*, while organizing a response adapted to the needs of local populations affected by the conflict in Ukraine. To do so, they faced many challenges, including difficulties of access and insecurity.

## Assisting displaced persons in Ukraine

Following Russia's attack on Ukraine on February 24, 2022, 17.7 million people needed humanitarian aid. ALIMA teams, present in the country since April 2022 with a coordination office in Odessa, worked closely with local authorities to rehabilitate war-damaged health structures, organize mobile clinics, support surgical operations, and raise awareness of sexual and gender-based violence. ALIMA supported 10 hospitals and 38 health centers with emergency kits, medical equipment, and medicines. Teams also provided mental health consultations for over 1,000 people in the towns of Mykolaïv and Kherson. Finally, specialist doctors carried out 4,718 consultations in mobile clinics.

## Ebola emergency in Uganda

In November 2022, the first case of Ebola from the Sudanese strain was reported in the Mubende region of Uganda. From September to November, nine health districts were affected, with a case-fatality rate of 39%. ALIMA supported Ugandan health authorities in the districts of Mubende and Massaka. In Mubende, three CUBEs (Biosecure Emergency Care Units for Epidemics) were deployed by partners, with the support of ALIMA's technical experts, to improve patient care. In Massaka, 52 suspected cases were treated at the Ebola transit center with ALIMA support. A patient triage area was also set up to limit the spread of the virus. In addition to providing medicines, ALIMA also provided food for patients and those accompanying them for the duration of care.





### Launching operations in Ethiopia

ALIMA has been officially registered in Ethiopia since December 5, 2022. The emergency teams have carried out exploratory missions in the Afar and Afer regions, which revealed the lack of support for the health system, limited access to medical care, malnutrition, and the need to rebuild health structures. The first coordination projects were scheduled to start May 2023.

### Emergency response in the Democratic Republic of the Congo

In December 2022, following violence by non-state armed groups in the east of the country, ALIMA set up an emergency medical response for displaced persons living in camps on the outskirts of Goma (North Kivu region). ALIMA teams provided consultations and primary health care, including screening for malnutrition in children, medical consultations for pregnant women, assistance with childbirth, and medical care for victims of sexual violence. ALIMA also fought against cholera and measles outbreaks by treating patients in the camps and organizing vaccination campaigns.



**4,718**

medical consultations via the ALIMA mobile clinic  
in Mykolaiv and Kherson, Ukraine



© Gwenn Dubourthouille/ALIMA



# ACUTE MALNUTRITION

In 2022, the nutritional situation in the Sahel continued to deteriorate due to several factors. Conflicts caused by radical non-state armed groups forced communities to flee their lands. At the same time, climatic events (floods, drought, etc.) became increasingly severe and common, causing a drop in food production and the displacement of affected populations. In this context, more vulnerable people experienced increasingly precarious conditions.

Despite indicators that remain in the red, funding for the treatment of acute malnutrition, which has become chronic, is increasingly insufficient. In 2022, ALIMA and its national partners worked to adopt new, simplified treatment approaches to cope with the surge in the number of acutely malnourished children\*\*. This strategy has attracted new sources of funding, particularly from foundations, which encourage ALIMA to continue its efforts. But we still need to convince national ministries of health and the World Health Organization to embrace these approaches. This is one of ALIMA's priorities for 2023.

As a result of our teams' efforts, ALIMA treated 215,719 acutely malnourished children in 2022, compared to 116,168 in 2021.

In addition to utilizing simplified approaches, ALIMA continued to implement programs to prevent and treat more acutely malnourished children:

- The **"1,000 Days"** program provides pre-natal and post-natal care for pregnant women and their children up to the age of two;
- The **MUAC for Mothers** program involves families and raises their awareness to become actors in the early diagnosis of their children's malnutrition. Community health workers train family members to detect the first signs of acute malnutrition using a simple color-coded arm bracelet.

\*MUAC: Mid-upper arm circumference

\*\*See OptiMA project, page 15



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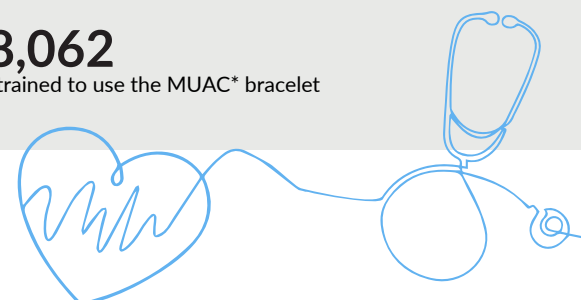
## 215,719

acutely malnourished children treated, of whom 27,825 were severely malnourished and had to be hospitalized



## 718,062

people trained to use the MUAC\* bracelet





# OPTIMA

Faced with a deteriorating food security situation in the Sahel, ALIMA has put forward an innovative and simplified strategy to care for children suffering from malnutrition: **OptiMA (Optimizing the treatment of acute malnutrition)**.

OptiMA is based on:

- » The use of a single anthropometric measurement – Mid-Upper Arm Circumference (MUAC) and edema – for screening malnutrition;
- » A single treatment ready-to-use therapeutic food – with reduced dosage as the child's condition improves;
- » Training families to detect their child's malnutrition early using a MUAC bracelet. This simple color-coded bracelet (green, orange, red) makes it easy to assess the child's health and prevent the risk of severe complications.

Studies conducted by ALIMA in Burkina Faso and the Democratic Republic of the Congo (DRC) show that adopting the OptiMA strategy could provide care for more acutely malnourished children for the same cost.

In Chad, the OptiMA strategy was deployed on a large scale in the district of Ngouri. The data collected was synchronized on a computer dashboard enabling rapid analysis of OptiMA's impact in this rural area with a high rate of acute malnutrition. In March, the medical journal *The Lancet Global Health* published the results of a randomized clinical trial conducted between 2019 and 2020 in Kasai province, DRC. The study shows that OptiMA made it possible to care for 30% more children using 20% less ready-to-use therapeutic food.

In June, ALIMA, AAH, IRC and UNICEF\* joined forces to raise awareness of simplified approaches among regional and international policy makers at a regional conference in Dakar. The objective: to demonstrate the urgency of adopting these approaches in national protocols to provide care for more sick children.

\*ALIMA (The Alliance for International Medical Action), AAH (Action Against Hunger), IRC (International Rescue Committee) and UNICEF (United Nations Children's Fund)



**28,359**

children cared for throughout the four projects



**94%**

recovery rate of children treated in Chad



# MATERNAL AND CHILD HEALTH

In ALIMA's countries of intervention, each year millions of births take place at home without medical assistance. More than half of all maternal deaths worldwide occur in sub-Saharan Africa\*, with 40% occurring in West and Central Africa\*\*. Yet the majority of these deaths can be prevented.

To reduce maternal and infant mortality in areas affected by conflict and humanitarian emergencies, ALIMA provides prenatal and postnatal consultations to expectant mothers throughout their pregnancies 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 2022, ALIMA's medical teams continued to support health centers and hospitals in their areas of intervention to provide quality maternal and child health care. As a result, 92,000 women benefited from an initial prenatal consultation, and more than 54,000 births were assisted via cesarean section (25% more than 2021). More than a million children under five were also treated in health centers or hospitalized, including over 113,000 for diarrhea and 256,000 for malaria.

\*Atlas of African Health Statistics, World Health Organization

\*\*Idem



**1,068,383**

children under the age of five received medical care



**54,422**

assisted child births



# DISEASES AND OUTBREAKS

This year, thanks to highly motivated teams, ALIMA responded to many epidemic outbreaks in its countries of intervention while simultaneously carrying out projects in response to the COVID-19 pandemic.

## COVID-19

ALIMA teams have continued to fight against COVID-19 by setting up vaccination campaigns in Guinea, Mali, Nigeria, the Central African Republic, Chad, and Mauritania, enabling 2 million people to be vaccinated.

## Ebola virus disease

ALIMA conducted a needs assessment to provide an emergency response to populations affected by the new Ebola epidemic in the Democratic Republic of Congo. The teams set up early diagnosis activities, management of suspect cases, referral of confirmed cases, and strengthening of community surveillance.

## Lassa fever

In Nigeria, ALIMA supported the Center for Disease Control and the Ministry of Health in detecting and managing cases of Lassa fever, triaging patients, and raising public awareness.

## Crimean-Congo hemorrhagic fever and Rift Valley fever

In Mauritania, ALIMA teams supported the response to the outbreaks of Crimean Congo hemorrhagic fever and Rift Valley fever. In collaboration with the Ministry of Health and the World Health Organization, action was taken through strengthening prevention, infection control, epidemiological surveillance, definition of standard cases, and support for health structures.

## Cholera and measles

In response to cholera and measles epidemics in Borno State, Nigeria, ALIMA teams set up a Cholera Treatment Center. A total of 601 patients were cared for and 25,975 people were made aware of cholera prevention measures.



**1,858,993**

people vaccinated or cared for during epidemics (measles, Ebola, cholera, COVID-19, etc.)



**601**

cases of cholera treated in Nigeria



# CAPACITY-BUILDING

As a key player in humanitarian emergency medicine, ALIMA considers the capacity building of its employees and partners a core part of its mission. In 2022, 477 staff members benefited from training sessions in the field and at headquarters through medical seminar weeks and webinars.

## Management training

Training in team management has been offered to medical and paramedical staff, particularly in Burkina Faso and Nigeria, allowing managers to better supervise their teams, and improve the quality of interventions.

## Medical training

To further strengthen the skills of its healthcare professionals, ALIMA organized a week-long training session on transfusion safety in Dakar, for 20 referring physicians or supervisors, nurses, and nursing managers.

## EPISTAT (EPIdemiology and STATistics) training courses

With the support of the Bordeaux School of Public Health (ISPED), 18 nurses, doctors, and laboratory managers were trained in basic epidemiological and statistical techniques to improve the quality of research projects carried out by ALIMA and its scientific partners.

## Training the trainers

This year, ALIMA began to train staff who are regularly called upon to transfer their skills and expertise. The training sessions focused on training design and facilitation techniques and were delivered to teams in the field and at the head office.



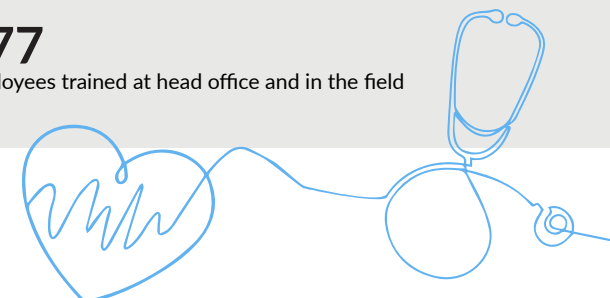
**20**

healthcare staff trained in transfusion safety



**477**

employees trained at head office and in the field



# RESEARCH AND INNOVATION

## Emerging infectious diseases research

### COVID-19

In 2022, CORAL (Clinical and Operational Research Alliance), a joint research platform between ALIMA, Inserm in France, and PAC-CI\* in Côte d'Ivoire, in partnership with a French vaccinology research platform (I-REIVAC), began a vaccine trial on COVID-19 in Guinea called COVICOMPARE. The trial aims to compare the immune response in different age groups to determine how long the vaccine provides immunity. All participants have begun follow-ups with regular visits.

## Scientific publications

### Ebola

In 2022, the results of a clinical trial conducted in Guinea with ALIMA to test different combinations of Ebola virus vaccines by the PREVAC research consortium were published in *The New England Journal of Medicine*. These results are important to confirm the safety of existing vaccines, and to improve vaccination recommendations in the event of an epidemic, or among at-risk populations such as healthcare workers, who are often the first affected when the disease re-emerges.

### Research on pediatrics and acute malnutrition

In 2022, the SickKids Hospital research consortium in Toronto, the University of Maiduguri in Nigeria, and ALIMA published a study in *ACTA Paediatrica* on the creation of a severity score to guide clinical decision-making for acutely malnourished children. This severity score already exists for non-malnourished children, and can be used to identify which children are most at risk of death on arrival at the hospital, and rapidly admit them to intensive care. The aim of this study was to adapt the score to the specific case of acutely malnourished children. The score will now be tested in a second study, scheduled to take place in Chad in 2023.

\*PAC-CI: program of the ANRS (National Research Agency on AIDS and viral hepatitis) | Infectious and emerging diseases in Côte d'Ivoire



6

scientific publications



14

research projects in preparation, implementation, or analysis stages



# AIRE AND O2 PROJECTS

In low- and middle-income countries, hundreds of thousands of children die each year from diseases related to respiratory distress because of poor diagnosis and no access to oxygen.

## AIRE: Reducing infant mortality due to respiratory distress

ALIMA launched the AIRE (Improving the Identification of Respiratory Distress in Children) project in 2019 in partnership with Solthis, Terres des hommes, and Inserm. It aimed to reduce mortality in children under five by introducing the pulse oximeter in the Integrated Management of Childhood Illness (IMCI) consultations at primary health centers in four West African countries (Burkina Faso, Guinea, Mali, Niger). In these countries, health workers rely solely on clinical signs, which are sometimes difficult to observe, to make a diagnosis. The pulse oximeter is an easy-to-use and inexpensive tool that allows early detection of respiratory distress for appropriate case management. The WHO recommends its use at peripheral level, but due to lack of resources, the tool is not available in primary health care centers.

A challenge of this project was to generate scientific evidence through research to inform policy makers about the importance of adopting the pulse oximeter in pediatric consultations.

## Breath for All: Improving access to oxygen

Early and correct diagnosis of respiratory distress is crucial, but access to oxygen is vital. That's why, in 2022, ALIMA rehabilitated four medical oxygen plants in large hospitals in Mali, Burkina Faso, Sudan, and Guinea, making them self-sufficient. In addition, ALIMA tested an innovative new solution to make oxygen accessible in the most remote areas. It involved introducing small, easily transportable oxygen cylinders in 11 health centers in Guinea and Mali that could be used to take patients from the health center to a hospital, even on a motorcycle. The cylinders can be easily refilled at the health centers through solar-powered refilling stations.



**251**

health workers trained in IMCI with pulse oximeters



**331,713**

children seen in IMCI consultations under the AIRE project

# MENTAL HEALTH

While psychosocial and mental health problems exist in all communities, those exposed to humanitarian crises are uniquely affected.

In 13 countries (on the African continent and in Ukraine), ALIMA intervenes in crisis contexts characterized by epidemics, peaks of malnutrition, war, conflicts, population displacement, and natural disasters.

In many of the countries where ALIMA works, the humanitarian situation has continued to deteriorate in 2022, with multiple negative consequences for local communities: violence (attacks, threats, killings, rapes, kidnappings, disappearances), material losses leading to increased instability, population displacement, and marginalization and stigmatization of particular individuals or social groups. These trying contexts seriously affect the mental health, psychological and social well-being of affected populations, adding to their already considerable humanitarian needs.

To address these issues, ALIMA prioritizes mental health and psychosocial support (MHPSS) interventions in the challenging and complex humanitarian contexts in which it operates. It is a priority for the care and protection of the populations and ALIMA staff.

In 2022, medical teams continued to support health centers and build medical staff capacity in psychosocial care through training. They also promoted the importance of mental health at the community level. In addition, the teams conducted individual and group mental health consultations with victims and medical workers, and psycho-stimulation activities for malnourished children.



© Amadou Cisse Bello / ALIMA



**25,310**

mental health consultations for all types of issues  
(up from 13,267 in 2021), mainly in zones affected  
by conflict



# ENVIRONMENTAL APPROACH

As a responsible humanitarian medical actor, ALIMA focuses on the fight against climate change and the adaptation of healthcare providers in Africa.

2022 marks the first year of implementation of ALIMA's 2030 environmental roadmap, with the ambitious goals of reducing its carbon footprint and adapting its most polluting practices to climate change.

The year's initial efforts focused on disseminating the roadmap's objectives – sharing priority solutions, tools and knowledge across our teams. Nearly 200 managers and staff from ALIMA and NGO partners were trained on integrating environmental priority solutions into their operations. The operational headquarters (Senegal) and three priority intervention countries (Chad, Niger, and Burkina Faso) received focused support throughout the year, while others benefited from more ad hoc technical assistance.

ALIMA launched numerous projects focusing on priority solutions across the countries where we work:

- Increasing use of maritime freight;
- Improving waste management;
- Implementing responsible purchasing criteria;
- Reducing vehicle fuel consumption;
- Switching to renewable energies;
- Reducing air travel.

Pilot projects launched in 2022 include ECOBOOST and SMARTE (training and support for environmental planning); PLASTIK (reduction and recovery of medical and nutritional plastic waste) and Resilient Hospital (operational research on adapting hospitals in the Sahel to climate change). These projects allow ALIMA to test the effectiveness of its strategies, innovate, and gather the evidence needed to accelerate its environmental action in the years ahead. ALIMA also further developed its partnership with the Climate Action Accelerator and initiated a partnership with Electricians Without Borders to continue joining forces with relevant technical and scientific experts.



© Seyba Keita / ALIMA



WE HAVE TO RADICALLY TRANSFORM THE WAY WE CONDUCT OUR MEDICAL AID OPERATIONS: THE WAY WE SOURCE SUPPLIES, TRAVEL, CONSUME ENERGY, MANAGE WASTE, AND ANTICIPATE HEALTHCARE NEEDS. THE CONTEXTS IN WHICH WE OPERATE ARE RAPIDLY DETERIORATING WITH THE CLIMATE CRISIS. **AS RESPONSIBLE MEDICAL AND HUMANITARIAN PLAYERS, IT'S UP TO US TO ANTICIPATE THESE CHANGES RATHER THAN ENDURE THEM.** ”

*Henri Leblanc, ALIMA Deputy Chief Executive Officer*

# PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

ALIMA is firmly committed to a zero-tolerance policy towards abuse of power and gender-based and sexual violence. This approach applies to its staff, as well as to its partners, and any third party cooperating with the organization. ALIMA's vigilance and collaboration with all humanitarian actors to prevent abuse of power and gender-based and sexual exploitation (PSEA) is a priority. Through training, awareness-raising, and case management, ALIMA aims to maintain high standards and thus reduce risks.

In 2022, ALIMA implemented PSEA activities in intervention countries and at headquarters, including the identification and support of about 100 focal point personnel, the training of 18 people in PSEA investigation, the recruitment of three focal points exclusively dedicated to PSEA activities, and raising awareness of more than 1,000 people on this issue via an online module in collaboration with the University of Nanterre. Five types of PSEA alert mechanisms have been strengthened and implemented.

As a result, 18 alerts were received, addressed and documented by the Complaint Management Committee. Five complaints were found to be outside the scope of the PSEA policy, five were classified as inconclusive, four as unproven, two as abuse of authority, and two as sexual abuse. All of the inconclusive or unproven incidents led to increased outreach. For the other cases, three situations led to a dismissal, an early termination, and a written warning.

It is important to remember that, for all the situations reported, all the necessary steps were taken to protect the victims, sanction the persons mentioned in the complaint, ensure the safety of all parties, and prevent any further abuse.



**ALIMA CONTINUES TO BE COMMITTED TO MAINTAINING HIGH QUALITY STANDARDS IN ALL COUNTRIES OF INTERVENTION TO FIGHT AGAINST ABUSE OF POWER AND GENDER-BASED AND SEXUAL VIOLENCE. IT IS ESSENTIAL THAT EVERY INCIDENT IS REPORTED AND THAT APPROPRIATE MEASURES ARE PUT IN PLACE TO MANAGE AND PREVENT ANY ABUSE.**

*Dr. Moumouni Kinda, ALIMA Chief Executive Officer*



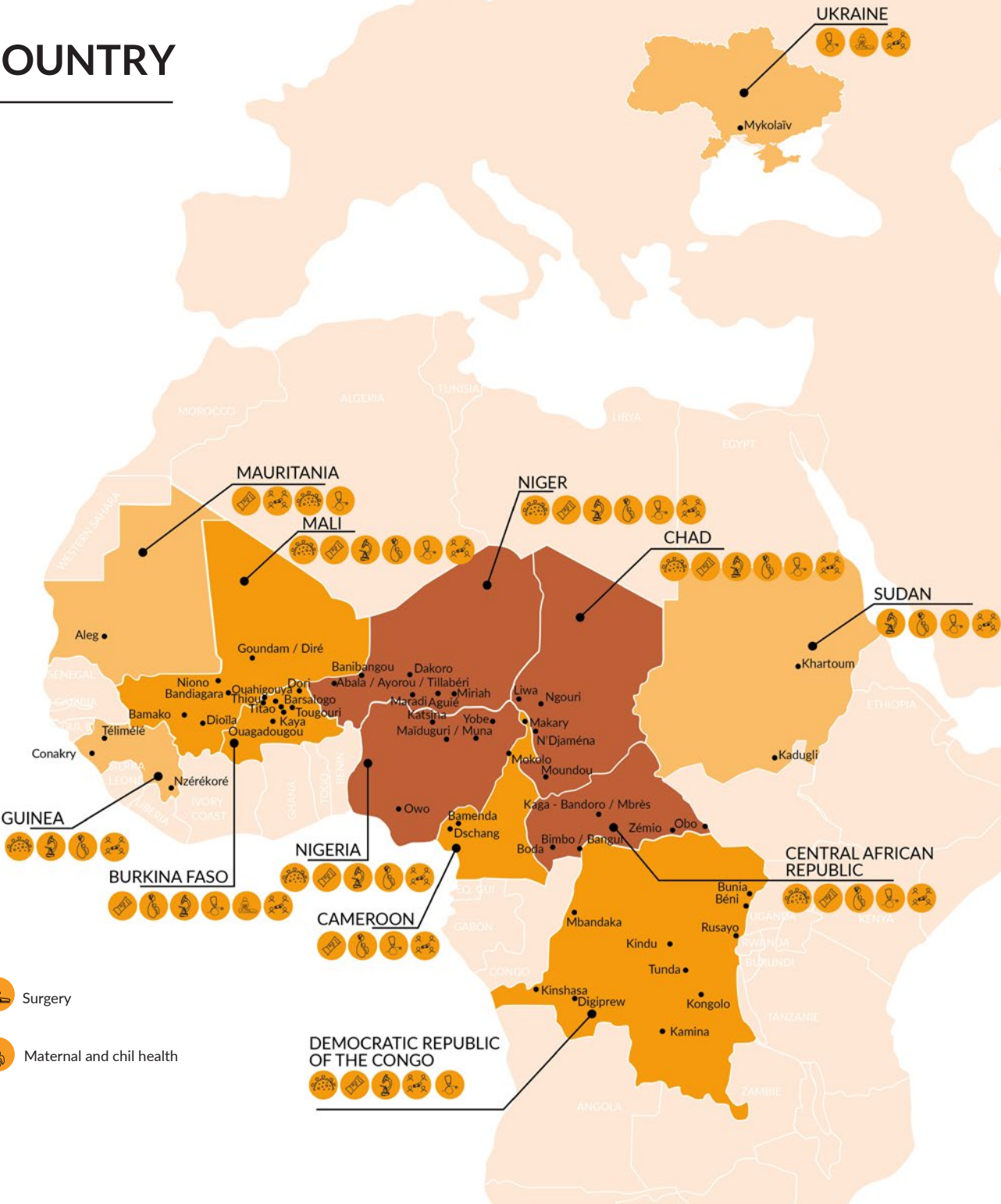
# OUR PROJECTS PER COUNTRY

## 2022 OPERATIONS MAP

Number of thousands of patients per country of intervention



- Disease outbreaks
- Research and innovation
- Surgery
- Adult medicine
- Nutrition
- Maternal and child health
- Training









# BURKINA FASO



Since 2018, there has been a decline in the security context in Burkina Faso, worsening the humanitarian situation. By the end of 2022, there were 1,882,391 internally displaced persons in the country, 8.08% more than the start of the year\*. Growing insecurity led to the closure of 202 (14%) health facilities, only 430 (29.7%) health facilities were able to operate at minimum capacity\*\*, making access to care more difficult and increasing the risk of mortality.

In 2022, the ALIMA / KEOOGO / SOS Médecins-Burkina Faso consortium scaled up its operations for increased coverage of the health, nutritional, and psychosocial needs of the Burkinabe population. The consortium escalated its emergency response in support of the Ministry of Health in the Centre-Nord (Barsalogho, Tougouri, Kaya), Nord (Thiou, Ouahigouya, Titao), and Sahel (Dori) regions.

A total of 1,668 children under five suffering from severe acute malnutrition were treated, including 853 with complications. Interventions resulted in 22,234 prenatal consultations, 10,587 psychological consultations\*\*\*, and 3,791 assisted births. 351,383 patients were treated, including 152,915 children under the age of five. This year, ALIMA also continued the 1,000-day project, monitoring children and parents from the mother and child health program in six Ouagadougou health facilities. These facilities were rehabilitated to improve access to water and quality of care. The year 2022 also saw the implementation of a project to strengthen health structure capacity to cope with shocks and crises (SURGE) through coordination between local, regional, and national actors. Lastly, ALIMA provided support to strengthen oxygenation capacity in two hospitals in Kaya and Barsalogho.

\*There were 1,741,655 internally displaced persons in January, according to the report by the National Council for Emergency Relief and Rehabilitation (CONASUR) of December 31, 2022.

\*\*Health Cluster Monthly Bulletin No. 34, November 2022

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



© Seyba Keita / ALIMA



**351,383**  
curative consultations



**10,587**  
psychological consultations \*\*

# CAMEROON



According to the UN Office for the Coordination of Humanitarian Affairs, in 2022, 3.9 million people needed humanitarian assistance and protection and 2.4 million experienced food insecurity in Cameroon.

The year was marked by clashes between non-state armed groups and security forces, attacks by these groups on the population, and numerous kidnappings, including of NGO staff. In addition to this instability, there were natural disasters, including floods, and the outbreak of epidemics, like cholera among others. Humanitarian access remained a challenge due to the presence and attacks of armed groups, inter-community conflicts between herders and fishermen/farmers, and the deterioration of the roads in certain parts of the country.

In response to these challenges, ALIMA provided technical and material support to the Ministry of Health by supporting health facilities and

sharing its extensive expertise in health, nutrition, and epidemic response, as well as in the medical care of displaced persons.

Five projects were implemented, including four medico-nutritional projects, a project responding to measles and cholera epidemics, and a COVID-19 vaccination project. ALIMA treated 145,229 patients on an outpatient basis, carried out 10,995 prenatal consultations, and trained 185,512 families to use the MUAC\* bracelet to detect malnutrition in their children\*. ALIMA was able to provide free, high-quality patient care and train local health workers thanks to its deep roots in the communities where it works.

\*MUAC: Mid-upper arm circumference

\*\*see Acute Malnutrition, page 14



**145,229**

primary curative consultations



**3,894**

assisted births

© Daniel Beloumou / ALIMA





# CENTRAL AFRICAN REPUBLIC



In 2022, 3.4 million people were deprived of assistance and protection in the Central African Republic, including 2 million with particularly severe humanitarian needs\*. With five projects in different health regions of the country, ALIMA treated 8,592 children suffering from acute malnutrition and carried out 382,093 curative consultations.

In the Nana-Gribizi prefecture, ALIMA provided medical assistance via a rapid response mechanism for humanitarian shocks, and by supporting health facilities. Mobile clinics were organized at two sites, providing 3,509 curative consultations, 328 prenatal consultations, and 377 psychological consultations. We also continued to support the Mbrès secondary hospital and 13 health facilities.

ALIMA continued working in the Obo District Hospital, the Zémio Secondary Hospital, and ten healthcare facilities, including the Bambouti health center. As a result, ALIMA guaranteed access to health care for host populations, displaced persons, and South Sudanese refugees.

In addition, three mobile clinics were set up to provide health care to displaced and hard-to-reach populations.

In the Boda and Bimbo health districts, ALIMA implemented a capacity-building project to sustainably improve the supply of and access to quality healthcare in 44 health facilities. In 2022, we also reinforced the performance-based financing (PBF) strategy in the health facilities supported. PBF aims to empower health districts in managing and financing health facilities and foster the sustainability of the local health system. ALIMA also supported health authorities in their response to COVID-19: 239,291 people were fully vaccinated. Finally, ALIMA took over management of the maternity ward at the Castors health center in Bangui, in partnership with the Ministry of Health and with funding from UNFPA\*\*. Since the project began, 602 women were admitted and 518 deliveries were carried out.

\*Humanitarian Needs Overview 2023, United Nations Office for the Coordination of Humanitarian Affairs, January 2023  
\*\* The United Nations Population Fund



© Cora Portais / ALIMA



**211,932**  
pediatric consultations



**98,256**  
malaria cases treated

# CHAD



In 2022, 6.1 million people\*\* in Chad needed emergency humanitarian assistance.

ALIMA, in partnership with the Chadian NGO Alerte Santé, continued to bring health services to populations displaced by insecurity in Liwa, near Lake Chad. The teams carried out 145,937 free medical consultations for both children and adults. In addition, 21,290 women benefited from prenatal consultations, and skilled health personnel assisted with 1,059 deliveries. The teams also continued to vaccinate against COVID-19; between January and December, 77,900 people received at least their first dose of the vaccine.

In N'Djamena, ALIMA and Alerte Santé continued implementing their project to reduce severe acute malnutrition; 15,187 children between the ages of six months and 5 years were treated, including 4,042 who

were hospitalized. In addition, 79 health workers from all provinces received training in the management of severe acute malnutrition at the training center within the ITFC (Intensive Therapeutic Feeding Center). The teams also continued to provide emergency medical and nutritional care for Cameroonian refugees in the Guilmeiy camp in N'Djamena.

In all intervention zones, ALIMA teams carried out 2,071 mental health consultations. The teams also continued their work at the community level to strengthen the prevention and early detection of acute malnutrition in children under five. 58,571 families were trained to detect acute malnutrition by measuring their children's MUAC. In addition, 132,622 children were treated at home for malaria, diarrhea, and acute respiratory infections, the main causes of morbidity among children in Chad.

\*MUAC: Mid-upper arm circumference

\*\*Source: Humanitarian Needs Overview, United Nations Office for the Coordination of Humanitarian Affairs, March 2022.



© Cora Portais / ALIMA



**58,571**

people trained to use the MUAC\* bracelet



**28,400**

children with severe acute malnutrition treated



# DEMOCRATIC REPUBLIC OF THE CONGO



In 2022, the humanitarian and security context in the Democratic Republic of the Congo remained complex and unstable. The year was marked by the resumption of intense fighting between the M23 and Congolese forces in the east of the country, leading to massive population displacements: from October 20 to the end of the year, 183,000 persons were internally displaced in the region. Humanitarian needs remained high not only in the east, but throughout the country.

During the year, ALIMA implemented nine medical projects focused on nutrition and epidemiology. In the health zones of Kamina (Haut-Lomami), Kailo (Maniema), and Bambu (Ituri), in addition to access to primary and secondary healthcare, ALIMA provided nutritional care to children under the age of five suffering from severe acute malnutrition (SAM). In Kwango Province, ALIMA supported the development of a digital surveillance outbreak response management & analysis system (SORMAS).

In Tanganyika Province, in the Kongolo health zone, ALIMA supported four health areas to provide primary and secondary healthcare to displaced and vulnerable populations. The teams also provided free healthcare for children suffering from SAM.

Finally, in North Kivu and Ituri, ALIMA intervened with two multi-sectoral projects involving primary and secondary healthcare, screening and treatment of child malnutrition, mental healthcare, and water, sanitation and hygiene (WASH) to help host and displaced populations affected by the region's unstable security situation. ALIMA supported 29 health structures in 11 health areas, notably as part of the WASH project to combat the Ebola virus disease.

In the Tunda health zone (Maniema), ALIMA responded to the MonkeyPox epidemic by treating confirmed cases and launching an operational research project on the disease. Children under the age of five, as well as pregnant and breastfeeding women, benefited from free healthcare.

ALIMA also launched rapid response mechanism (RRM) activities to provide emergency medical care to displaced people in the Ituri and North Kivu provinces, following the M23 crisis, and the creation of camps for displaced people around Goma.



**114,443**

primary healthcare consultations



**14,560**

prenatal consultations

© Gwenn Dubourthoumieu / ALIMA



# GUINEA



In 2022, Guinea's healthcare system remained fragile, with low coverage of essential health services and high maternal and neonatal mortality rates, particularly in rural areas. In the Témimélé prefecture, the maternal mortality ratio was 686 maternal deaths per 100,000 live births, compared with 500 maternal deaths per 100,000 live births nationwide. In addition, the country was hit by several epidemics (COVID-19, measles, whooping cough, meningitis, Lassa fever and MonkeyPox) and suffered from a low vaccination coverage of 26%.

Following eight years of work in Guinea, ALIMA continued to carry out research projects and respond to the healthcare needs of the population in the regions of Conakry, Maferinya, Témimélé and Nzérékoré. ALIMA coordinated the AIRE and Oxygen\* projects to integrate pulse oximeters and oxygen extractors into Guinean health centers. The teams also repaired the oxygen production plant at Ignace Deen and ANTA Nord hospitals, and trained healthcare staff in oxygen therapy and preventive maintenance.

The PREVAC-UP\*\* project, which aims to develop a reliable and effective vaccination strategy against Ebola, continued with promising results; three different Ebola vaccine regimens were confirmed as safe.

ALIMA continued to support the Ministry of Health in its vaccination campaign against COVID-19 in Nzérékoré, while providing care for severe COVID-19 patients. 200 people were included in the COVICOMPARE study that ALIMA launched in 2022. COVICOMPARE aims to examine the immune response to a COVID-19 vaccine currently administered as part of the national vaccination program.

This year, ALIMA also expanded its activities to bring maternal and neonatal healthcare to Guinean communities. An intervention was launched in Témimélé to improve access to primary and secondary healthcare services for mothers, newborns and pregnant women, and to empower local communities. Within this framework, ALIMA worked closely with the Ministry of Health and local health authorities to build the capacity of health structures, health workers, community facilitators, and traditional birth attendants.

\* See AIRE and O2 projects, page 20

\*\* Partnership for Research on Ebola Vaccination



**49,086**

children under the age of 5 benefited from a consultation with the use of a pulse oximeter



**38,513**

people were fully vaccinated against COVID-19 in Nzérékoré



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# MALI



In December 2022, Mali recorded 412,387 internally displaced persons\* due to persistent armed conflict and inter-community tensions, and nearly 843,827\*\* children were acutely malnourished.

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

ALIMA supported principal health centers and community health centers with primary and secondary medical-nutritional care for the most at-risk groups, particularly children under five and pregnant and lactating women. The ALIMA/AMCP-SP teams carried out 154,399 general and pediatric medical consultations and assisted over 2,441 deliveries. The teams also provided care to 11,268 children suffering from severe acute malnutrition.

In addition, ALIMA trained over 168,496 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\*\*\*\*, ALIMA continued to implement a new approach to the treatment of malnourished children to help fight acute malnutrition more effectively.

In 2022, ALIMA continued to coordinate the AIRE project\*\*\*\*\* in the Dioïla district (Koulikoro region). The project aims to support health facilities in integrating the use of pulse oximeters and contribute to the reduction of mortality in children under five. 133 district health workers were trained in the Integrated Management of Childhood Illness protocol, and over 40 health centers were supplied with medicines and medical equipment.

Finally, in response to the COVID-19 pandemic, ALIMA and AMCP-SP continued their vaccination campaign, vaccinating 540,774 people in 2022.

\*Displacement Tracking Matrix report, December 2022

\*\*Humanitarian Needs Overview 2023, United Nations Office for the Coordination of Humanitarian Affairs, January 2023

\*\*\*MUAC: Mid-upper arm circumference

\*\*\*\* See OptiMA Project, page 15

\*\*\*\*\* See AIRE Project, page 20



© Seyba Keita / ALIMA



**154,399**  
consultations



**2,441**  
assisted births

# MAURITANIA



In 2022, Mauritania, like other Sahelian neighboring countries, suffered from a deteriorating food and nutrition situation: 472,275 people, 13.3% of the population, suffered from food insecurity during the year.

In October 2022, Mauritania hosted 89,000 refugees, the majority of whom live in the Mbera camp located 50 km from the border with Mali. In the Brakna province, the prevalence of severe acute malnutrition was 2.9%, and the prevalence of global acute malnutrition was 16.4%\*\*\*. In the sub-provinces of Boghé, Mbagne and Bababé, the prevalence of global acute malnutrition rose to 21.8%, and the prevalence of severe acute malnutrition was 3.4%.

In 2022, ALIMA continued to implement its medical nutrition program focusing on the treatment of severe acute malnutrition in children under five. A total of 2,567 children under five were admitted for treatment

at the 91 ATFCs supported by ALIMA in the Brakna province, with a recovery 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 malnutrition in their children with a tricolored bracelet. In the three Moughataas (sub-province) of Boghé, Bababé and Mbagne, the teams trained 47,141 people.

Also, in 2022, as part of the response to COVID-19, ALIMA continued to support the Ministry of Health through a project to help vaccinate the most at-risk communities. Over 125,009 people were vaccinated in the two targeted Wilayas (provinces) of Brakna and Hodh Ech Chargui in Bassikounou.

\*MUAC: Mid-upper arm circumference  
\*\*Ambulatory Therapeutic Feeding Centers  
\*\*\*SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey, 2022



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	<b>47,141</b> people trained to use the MUAC* bracelets
	<b>2,567</b> children under five treated for severe acute malnutrition at ATFCs**



# NIGER



In Niger in 2022, the humanitarian and security situation was exacerbated by growing instability in the tri-border area (Niger, Burkina Faso, Mali) and the Lake Chad Basin, aggravating pre-existing socio-economic vulnerabilities and poor access to basic social services.

In addition to a global acute malnutrition rate of 12.2%\*, the country has had to contend with recurrent epidemics (cholera, meningitis, diphtheria), cyclical flooding, drought, and the displacement of populations fleeing armed groups. In 2022, there were 376,809 internally displaced people and 302,044 refugees\*\*.

Since 2009, ALIMA and its local partner BEFEN\*\*\* have been working on several focus areas: maternal and child health, malnutrition, pediatrics, emergency response, epidemiological and health monitoring, and research. In 2022, the teams conducted 3,414 mental health consultations. They also treated 47,269 children suffering from severe acute malnutrition, including 9,448 of whom required hospitalization in the district hospitals of Banibangou, Abala and Ayorou (Tillabéri), Tchinta (Tahoua), Dakoro, Aguié and Guidan Roumdji (Maradi), and Mirriah

(Zinder). In addition, 201,582 families received MUAC for Mothers training, enabling them to detect the first signs of malnutrition in their children using a color-coded bracelet.

In the Dakoro, Aguié, and Mirriah health districts, support for the management of acute malnutrition in 39 integrated health centers resulted in 45,282 children under five receiving treatment.

In the Tahoua, Tillabéri, and Maradi regions, thanks to their rapid response mechanism (RRM), ALIMA and BEFEN teams investigated 58 emergency alerts and assisted displaced populations within seven days of the alert. The deployment of 14 mobile clinics, which reached 245,519 people, helped increase access to healthcare for displaced populations.

Finally, ALIMA and BEFEN helped train 525 medical staff in 53 integrated health centers and eight district hospitals supported by ALIMA, in collaboration with the Ministry of Public Health, Population and Social Affairs.

\* SMART (Standardized Monitoring and Assessment of Relief and Transitions) 2022 Niger survey - The World Health Organization emergency threshold is set at 10%.

\*\*United Nations High Commissioner for Refugees (UNHCR) portal, December 31, 2022

\*\*\* Well-being of Women and Children in Niger



**47,429**

children treated for severe acute malnutrition



**145,275**

primary health care consultations for children under five, including 43,906 consultations for cases of malaria



# NIGERIA



ALIMA has been present in Nigeria since 2016. Its actions are part of a regional response strategy on health and nutrition emergencies, with a focus on pediatric, maternal-infant and epidemic interventions. In 2022, security conditions in Borno, Katsina and Yobe States continued to deteriorate, with armed groups repeatedly attacking civilian and military targets, exacerbating humanitarian needs, and generating widespread displacement. Food insecurity was aggravated in conflict-affected areas in northeast and northwest Nigeria due to major floods and rising food costs, leading to a sharp rise in malnutrition.

In Borno State, ALIMA provided medical, nutritional and maternal health care to displaced and vulnerable host populations affected by the crisis in Maiduguri. ALIMA supported three health facilities and provided support to three ATFCs\* in the management of severe acute malnutrition. ALIMA also responded to a cholera outbreak by setting up a 40 bed Cholera Treatment Center and an Oral Rehydration Point in the Muna Clinic.

In Yobe state, ALIMA supported five Primary Health Care Centers for nutrition and health care, and provided inpatient care for severe acute malnutrition cases with complications at the Gashua General Hospital Intensive Therapeutic Feeding Center. In Katsina state, ALIMA ensured the provision of outpatient and inpatient nutrition and healthcare services for children under the age of five by supporting five Primary Health Care Centers in Kaita local government area and an Intensive Therapeutic Feeding Center at the Kaita Community Health Center.

In Ondo State, ALIMA has been supporting the Nigeria Center for Disease Control and the Ministry of Health with Lassa fever case management, active case detection, patient triage, public awareness campaigns, and reinforcement of Infection Prevention and Control measures. In addition, ALIMA, via the CORAL (Clinical and Operational Research Alliance) platform, continued to coordinate several studies to better understand Lassa fever, including an observational cohort study (LASCOPE), and a phase II clinical trial (SAFARI).

\*Ambulatory Therapeutic Feeding Centers



**43,239**

children with severe acute malnutrition treated



**143,453**

consultations carried out for children under five years old

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# SUDAN



In 2022, armed conflict, political instability, natural disasters, and a macro-economic crisis contributed to the complex situation that Sudan is experiencing with 14.3 million people (30% of the population) in need of humanitarian assistance. This includes 2.9 million internally displaced persons (IDPs) and 1.2 million refugees – an increase of 800,000 people from the previous year. In 2022, 314,000 people were newly displaced by armed conflict and violence, and flooding affected more than 349,000 people during the rainy season.

ALIMA has been present in Sudan since 2021, with projects in South Kordofan and Khartoum states, responding to urgent health and nutrition needs of communities affected by conflict and the COVID-19 pandemic. In South Kordofan, ALIMA worked in Kadugli and Reif Al Shargi localities supporting primary and secondary healthcare. This included the Maternity and Pediatric Departments at the Kadugli Teaching Hospital, two primary healthcare facilities, and three mobile clinics. In 2022, ALIMA

provided 19,020 primary healthcare consultations to persons in need, and increased access to life-saving inpatient care with 3,516 maternity hospitalizations and 2,100 pediatric hospitalizations. ALIMA-supported health facilities ensured assisted deliveries of 2,137 babies with skilled health personnel. ALIMA also provided emergency medical care within 72 hours to 39 survivors of sexual and gender based violence.

In Khartoum, ALIMA implemented a project to accelerate access to medical oxygen\* and installed a pressure swing adsorption (PSA) oxygen plant to support the COVID-19 Isolation Center at Al Shaab Specialist Hospital. In North Darfur, ALIMA conducted an exploratory mission in October 2022 to assess the quality and availability of health services for IDPs and vulnerable host communities, and identified numerous barriers for IDPs seeking basic health and nutrition services. As a result, a new project in El Fasher, North Darfur providing medico-nutritional support is planned for 2023.

\* See O2 project, page 20



**19,020**

primary healthcare consultations



**5,616**

maternity and pediatric hospitalizations



# UKRAINE



Ukraine, which has been under attack from Russian forces since February 2022, has 5.4 million internally displaced persons (IDPs) and 17.7 million people in need of humanitarian aid\*. The conflict has severely impacted the local health system, leading to damaged facilities, as well as shortages in staff, medical supplies and life-saving drugs. In areas near the frontline, people who have been unable to flee – often the most vulnerable, such as the elderly or chronically ill – lack access to health care.

ALIMA, working in Ukraine since April 2022, focused its activities in the Mykolaiv and Kherson Oblasts, regions near the frontline in southern Ukraine.

In 2022, ALIMA supported 10 hospitals and 38 health centers through the delivery of emergency surgical kits, winterization kits, medical equipment and drugs in collaboration with the Ukrainian Ministry of Health and local volunteers. ALIMA also led training sessions for hospital staff on mass casualties management.



ALIMA organized mobile clinics in more than 35 villages between Mykolaiv and Kherson Oblasts to bring specialists (gynecologists, ophthalmologists, neurologists, cardiologists, and psychologists) directly to people living near the front line. These mobile clinics enabled over 4,500 specialist doctor consultations in 2022.

Since September 2022, ALIMA has been supporting critical surgeries in the Berezanka hospital in Mykolaiv Oblast. Thanks to an ALIMA staff anesthesiologist, the hospital was able to resume surgeries which had been put on hold since the beginning of the conflict. The hospital has been able to conduct 90 surgeries so far.

Over the year, ALIMA also provided psychological care through individual and group sessions, and a dedicated hotline. Art therapy activities for displaced children and psychological first aid training sessions for health workers were also implemented in 2022. Over 1,000 persons were provided with mental health support.

\*Source: Humanitarian Needs Overview, United Nations Office for the Coordination of Humanitarian Affairs



**4,718**

specialist doctor consultations via the ALIMA mobile clinic in more than 35 villages



**1,000+**

persons provided with mental health support





# ALIMA'S GOVERNANCE



In 2022, membership of the ALIMA association increased by over 30% from the previous year. By the end of 2022, the association had 536 members. 11 new members were elected to the Board of Directors in 2022. The Board now has 22 members, including three co-opted members and four directly representing our local NGO partners in Niger (BEFEN), Burkina Faso (Consortium Keoogo-SOS Médecins), Mali (AMCP-SP) and Chad (Alerte Santé). The executive committee is made up of four members: a President, a Vice President, a Secretary, and a Treasurer.

## BOARD OF DIRECTORS

### Executive Committee of the Board of Directors

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

### Members of the Board of Directors

- Lisebeth Aelbrecht
- Augustin Augier
- Dr. Abdoul Bing
- Dr. Nahissa Moustapha Dan-Bouzoua
- Dr. Amadou Dia
- Dr. Chantal Gamba
- Dr. Lamine Kolle
- Grace Loubassou
- Aimé Makiméré
- Pauline Michavila
- Diane Mukundji Tshimanga
- Nadège Karo N'zue
- Dr. Bunmi Ode
- Abdoul-Aziz Ould Mohamed
- Dr. Oummani Rouafi
- Marc Sauvagnac
- Ousmane Sawadogo
- Maurice Some

# EXECUTIVE MANAGEMENT TEAM

Management of the organization's day-to-day activities is overseen by the management team.



**Dr. Moumouni Kinda**  
Chief Executive Officer



**Henri Leblanc**  
Deputy Executive Officer



**Dr. Kader Issaley**  
Director of Operations



**Kisimba Maurice Kyungu**  
Chief Administrative and  
Financial Officer



**Alexandre Makosza**  
Human Resources Director



**Guillaume Le Duc**  
Director of ALIMA Europe

## Members' community organization

In 2022, membership involvement in association events was strengthened, with a greater number of members attending the various meetings (Board of Directors, Annual General Meetings). Three General Assemblies (GA) were organized in a hybrid format (face-to-face and digital), including one Extraordinary GA resulting in the adoption of new associative texts (statutes, internal regulations, charter), and two ordinary GAs. A number of initiatives brought together the head office and field staff in fun and friendly ways: «Lunch & learn», «Happy ALIMA», webinars, and information sessions for new arrivals at head office and expatriates in the field. The association continued to promote our environmental roadmap through members' clubs and activities in the field, like planting trees near health centers in Burkina Faso, Cameroon, Guinea, Mali, and Chad.

Five national association representatives (Cameroon, Guinea, Mali, Mauritania, DRC) were elected, and an association delegate from Nigeria was appointed.

## A look back at the Dakar General Assembly

To foster collective intelligence, key discussions were organized at the Dakar General Assembly in October 2022. Two discussion topics were selected from 25 proposals submitted by members:

- Where could and should ALIMA operate? Where do we want to intervene?
- Financial autonomy or independence – how can we ensure ALIMA's freedom of action?

This latest GA recorded an average turnout of 66.5% for both rounds of Board elections, surpassing the 63.5% achieved in 2021.

### 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
- Alan Harper
- Glenda Hersh
- Dr. Moumouni Kinda (co-opted Board Member)
- Diane Lawson
- Dr. Alon Unger

### Board of Directors of ALIMA AUSTRALIA

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

### Board of Directors of ALIMA UK

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



# COMMUNICATION

## AWARENESS CAMPAIGN

ALIMA's awareness campaign, We Are The Solution, highlighted Africa's medical humanitarian work in a video produced in collaboration with French-Senegalese artist Lössapardo. Launched at the end of 2021, the campaign ran throughout 2022 and gathered over €1,800,000 worth of media on TV, radio, billboards, cinema, and digital platforms. In May, ALIMA held an exhibition of paintings inspired by the campaign at the Dakar Biennale of Contemporary African Art. Over 150 people, including seven influencers, attended the exhibition opening.

## MEDIA RELATIONS

ALIMA was featured in 143 media articles in 2022 (up from 108 in 2021).

We sent out six press releases, published four op-eds, and organized a media visit to Chad resulting in significant press coverage, including:

- ALIMA/Alerte Santé on the cover of the Spanish daily El País and in TIME's Best Photos of 2022
- OptiMA video in Le Monde Afrique

## AUDIOVISUAL PRODUCTIONS

The communication team worked hard to highlight patients' and caregivers' accounts of the realities and needs in the countries where ALIMA works. 39 photographic reports were produced including several donor-funded projects and 16 field visits with photographers and videographers.

A film studio was set up in the ALIMA Dakar offices in collaboration with the IT department. 26 videos were produced in total, in the studio and in the field.

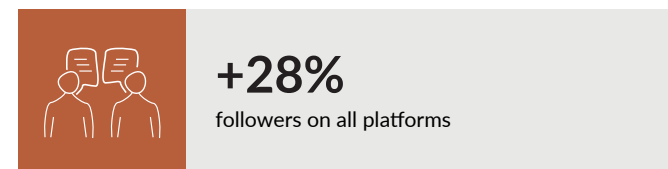
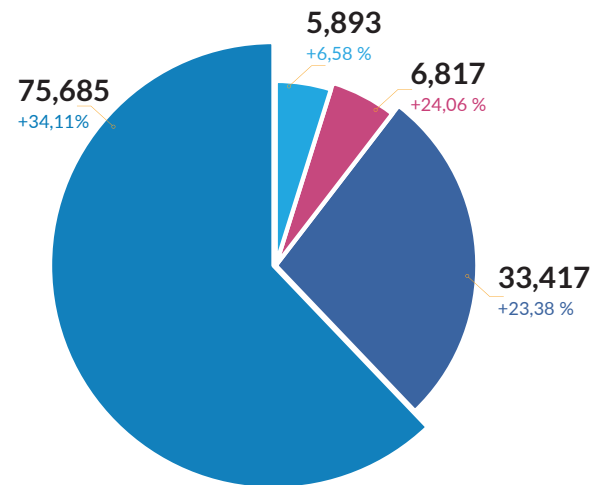


## DIGITAL COMMUNICATION

There was a substantial increase in website traffic compared to 2021: almost 423,000 users visited the site, three times as many as the previous year and twice as many as during the height of the COVID-19 pandemic. These users were mainly based in France, the United States, and Senegal.

## SOCIAL MEDIA: FOLLOW US!

We launched a followers campaign on Facebook and Instagram and achieved our growth target: +28% followers on all platforms!





French-Senegalese artist Lissapardo at the opening of the "We Are the Solution" exhibition



# ENGAGING DONORS

Thanks to the generosity of the donors, companies, and foundations that support ALIMA, €2,101,644 in unrestricted funding was raised in 2022, a 2% increase compared to 2021. For the third year in a row, ALIMA has achieved positive results in fundraising, despite unfavorable economic and social context.

ALIMA had 31,156 active donors in 2022 - an 8% increase over the previous year. Of these, 4,501 were monthly donors, and 2,420 were new donors recruited over the year.

The 2022 fundraising campaign was particularly successful thanks to the support of major donors: ALIMA raised €1.2 million from major donors in Europe. In France, the end-of-year fundraising event at the Palais de Tokyo raised €500,000. ALIMA also opened an office in the UK with a focus on major donor fundraising.

General public donations were successful in 2022, thanks to two digital donation campaigns and an influencer campaign with Sindy (@sindyoff) and Dorian (@lecoindupatisserie) on malnutrition in Chad.

ALIMA warmly thanks all the supporters, donors, companies, foundations, and ambassadors who enable us to provide emergency medical aid in the field.



**2,101,644 €**  
unrestricted funds collected



**31,156**  
active donors



# THANK YOU FOR YOUR SUPPORT

The entire ALIMA team would like to thank all of the major donors, foundations, companies and technical and financial partners. Thanks to your support, ALIMA mobilized the necessary resources to implement its operational and research projects in order to help the most vulnerable and transform humanitarian medicine.

## MAJOR DONORS

A big thank you to major donors who helped raise 1.2 million euros in 2022. The funds collected will contribute to three strategic funds:

- » the emergency response fund,
- » the research and innovation fund,
- » the humanitarian talent fund.

## RESEARCH PARTNERS

- **Ministries of Health and Public Institutes** in our countries of operation
- **Inserm** (National Institute of Health and Medical Research), France
- **ANRS** | Emerging infectious diseases, France
- **PAC-CI** (ANRS | Emerging infectious diseases in Côte d'Ivoire program), Côte d'Ivoire
- **ISPED Bordeaux** (Institute of Public Health, Epidemiology and Development), France
- **Oxford University**, United Kingdom
- **ALERRT** (African coalLition 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), United States
- **SickKids** Hospital Toronto, Canada
- **IREIVAC** (Innovative Clinical Research Network in Vaccinology), France

## INSTITUTIONAL PARTNERS



## CORPORATES AND FOUNDATIONS



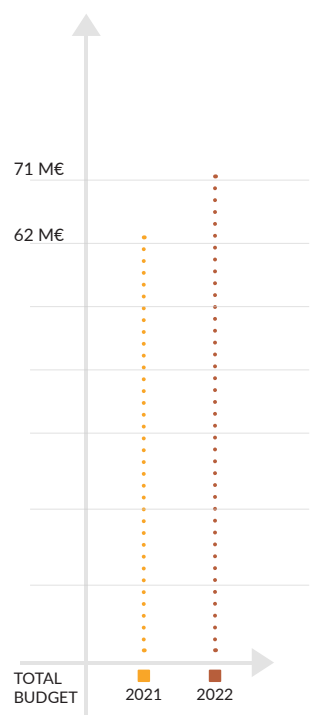


# FINANCIAL REPORT

## OPERATIONAL BUDGET

ALIMA's budget for 2022 was 70.7 million euro, an increase of 14% from 62 million euro in 2021. This increase is due to a rise in our operations in Nigeria and our intervention in Ukraine.

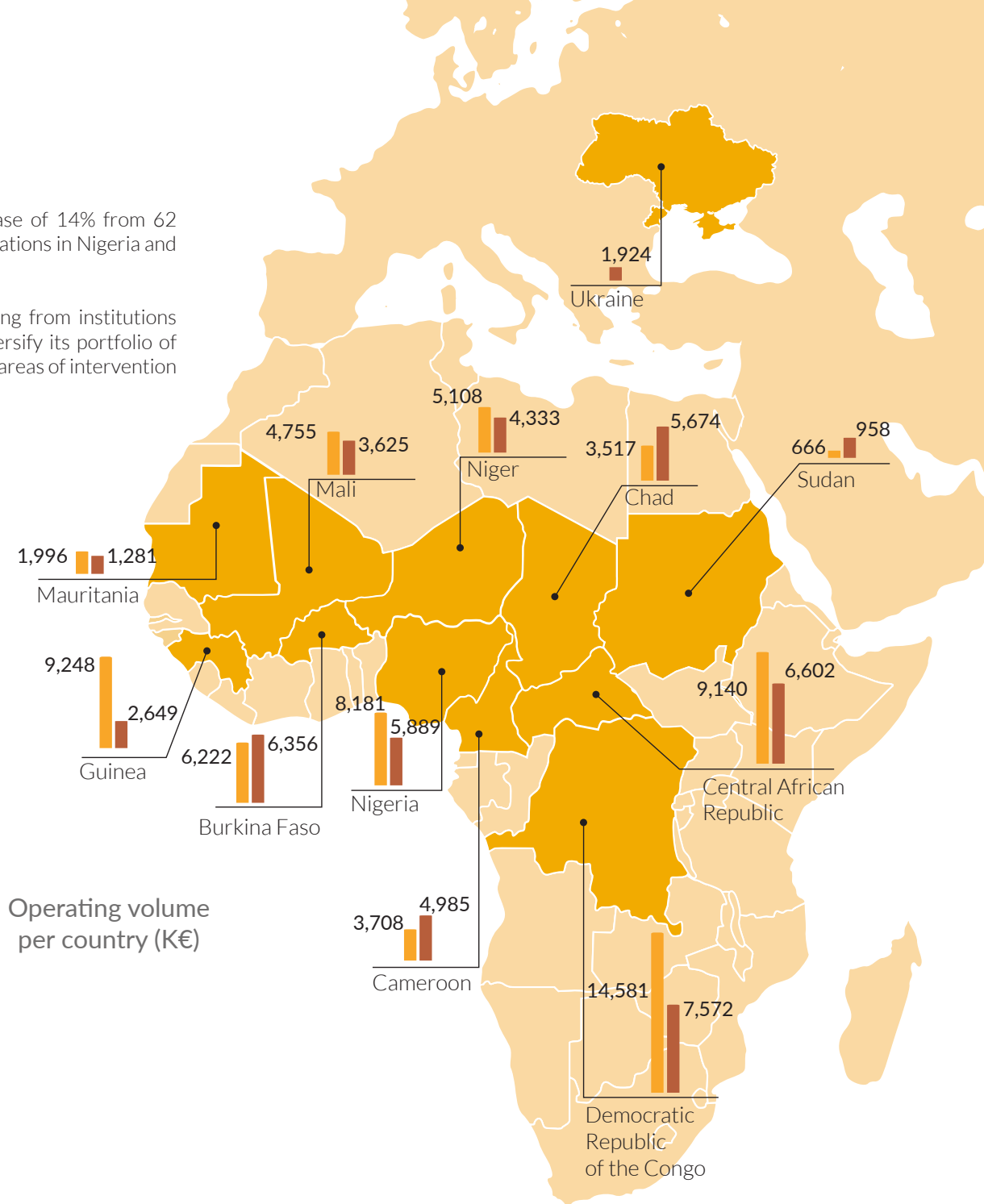
In 2022, ALIMA was 96% financed by programmatic funding from institutions and private foundations. The organization continues to diversify its portfolio of financial partners, with over 30 donors mobilized in different areas of intervention (emergency, research, innovation).





# 70.7

million euro budget



## REVENUE STATEMENT

REVENUE STATEMENT		
<i>in K€</i>	2022	2021
Operating income	70,764	62,013
Operating expense	71,696	62,517
<b>Operating Result</b>	<b>-932</b>	<b>-504</b>
Financial gain	296	236
Extraordinary gain/loss	-2.4	1
<b>Net income</b>	<b>-638</b>	<b>-267</b>
ASSETS		
<i>in K€</i>	2022	2021
Fixed assets	485	477
Cash, receivables, and other assets	47,360	49,979
Accruals and deferrals	725	447
<b>Total Liabilities and Equity</b>	<b>48,570</b>	<b>50,903</b>
LIABILITIES		
<i>in K€</i>	2022	2021
Retained Earnings and Reserve Fund	1,152	1,790
Other Associative Capital	2,000	2,000
Risk provision	365	277
Liabilities ( + 1 year)	4.8	78
Liabilities ( - 1 year)	44,540	46,512
<b>Total Liabilities</b>	<b>48,570</b>	<b>50,903</b>

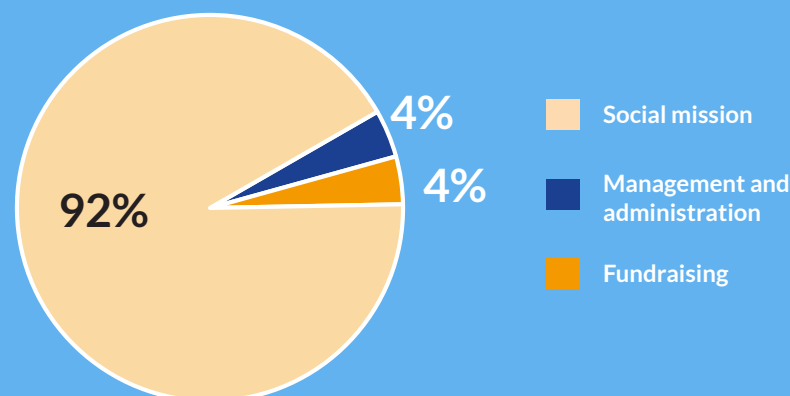
## BALANCE SHEET 2022

ALIMA's 2022 balance sheet remains virtually unchanged from the previous year, at €48.57 million compared to €50.903 million in 2021.

## USE OF RESOURCES

As in previous years, 2022 was marked by our commitment to ALIMA's "patient first" charter, with the majority of resources allocated to projects in the field (92%).

ALIMA continued to invest in fundraising, raising €2.5 million in 2022 in Europe and the USA.



## FINANCIAL TRANSPARENCY

ALIMA is audited on an ongoing basis by its institutional financial partners. 13 external audits took place in 2022 with positive results and reimbursements of around 0.07% of our contract volume.

Lastly, the 2022 annual financial statements were certified by the statutory auditor without reservation.





# TESTIMONIES

## BABA MOUSSA,

Médirom site, Liwa, Chad

“ I CAME TO ALIMA'S MOBILE CLINIC WITH MY TWIN DAUGHTERS BECAUSE THEY'VE BEEN SICK FOR TWO WEEKS. THE DOCTORS SAID THEY NEEDED TO EAT MORE, BUT THAT'S IMPOSSIBLE BECAUSE I DON'T HAVE ENOUGH TO FEED MY FAMILY EVERY DAY. THEY GAVE ME PLUMPY'NUT PACKETS TO FEED THEM. THIS MOBILE CLINIC HELPS US ENORMOUSLY. THE DOCTORS LISTEN TO US, AND EVERYONE RECEIVES CARE. THE CARE IS FREE; I NEVER PAY WHEN I COME HERE.

ALIMA has been working in Chad since 2012 in partnership with the Chadian NGO Alerte Santé. In Liwa, a sub-prefecture of the Lake Chad region, teams provide health services to displaced populations. Free medical consultations are provided for both children and adults. Women benefit from prenatal consultations and assisted deliveries carried out by qualified personnel.

Médirom site, Liwa, Chad, June 2022 © Daniel Beloumou / ALIMA



## TRAORE FAMILY,

Markala Hospital Center, Mali

“ Young Baya is one of many children treated for respiratory distress by the AIRE\* project in Mali.

BEFORE I WENT TO THE HOSPITAL, I DIDN'T KNOW THAT BAYA'S ILLNESS WAS RELATED TO BREATHING. MY CHILD HAD RECEIVED TREATMENT AT THE HEALTH CENTER, BUT HIS CONDITION DIDN'T IMPROVE. BECAUSE OF THE EMERGENCY, WE WERE TRANSPORTED BY AMBULANCE WITH TWO DOCTORS. ONCE WE ARRIVED AT THE HOSPITAL, THEY TOLD US IT WAS RESPIRATORY DISTRESS. WE LEARNT ABOUT THIS DISEASE AND HOW TO TREAT IT BEFORE IT GOT ANY WORSE.

Baya's family lives in Sibila, a commune 300 kilometers northeast of Bamako, the country's capital. His mother, Fatoumata, came to the Sibila community health center for a consultation for her child. Using a pulse oximeter, the center's technical director identified respiratory distress in the young boy. Baya was immediately referred to the health center in Markala, 30 kilometers from Sibila, for oxygen treatment.

Sibila, Mali, July 2022 © Seyba Keita / ALIMA

\*AIRE: Improving the Identification of Respiratory Distress in Children. See page 20



Since its creation in 2009, ALIMA has provided care to over ten million patients. This is the result of incredible teamwork and unfailing commitment to the at-risk communities in the countries where ALIMA operates.

In 2022, more than two million patients received care through ALIMA in the field, thanks to the work of its 2,000 employees, committed to the health of the most vulnerable communities.

Behind every patient, every healthcare worker, every employee, there is an individual story to tell.

In light of this, ALIMA shares three symbolic testimonials of its work in 2022.



**2,100,000+**  
patients cared for

## DR. MIROSLAV UZVAK,

ALIMA Focal point, Odessa, Ukraine



ALIMA'S HELP IS EFFECTIVE. THE ORGANIZATION HAS ALREADY SET UP A NUMBER OF ACTIONS THAT PROVIDE CONCRETE HELP: TRAINING SESSIONS, MEDICAL EQUIPMENT, VISITS BY SPECIALISTS. THE VILLAGERS WHO BENEFITED FROM THESE VISITS WERE VERY HAPPY. PSYCHOLOGICAL HELP IS ALSO VERY USEFUL AND APPRECIATED."

One year after the outbreak of war in Ukraine, ALIMA teams on the ground continue to provide medical and psychological assistance to the local community.

Odessa, Ukraine, June 2022 © Myriam Renaud / ALIMA







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