A WORD FROM THE PRESIDENT

2016 IN NUMBERS

OUR RESEARCH

PROJECTS BY COUNTRY

• BURKINA FASO
• CAMEROON
• CENTRAL AFRICAN REPUBLIC
• CHAD
• DEMOCRATIC REPUBLIC OF CONGO
• GUINEA
• MALI
• NIGER
• NIGERIA

FROM IDEA TO ACTION

FINANCIAL REPORT

ANALYSIS OF THE 2016 BALANCE SHEET

ALIMA GOVERNANCE

ACKNOWLEDGMENTS
Dear Friends,

I’m proud to present ALIMA’s 2016 Annual Report, which highlights the extraordinary work of our staff and the amazing resilience of the people we assist. At our core, ALIMA adheres to three overarching principles: to provide direct high-quality medical care and humanitarian assistance to people in need; to work in direct partnership with local medical organizations; and to conduct operational and medical research that brings innovation to the field of humanitarian action.

To highlight just a few examples of ALIMA’s impact during 2016: our staff and partners registered 700,000 consultations, treated 303,000 children for malaria and 100,000 children for severe malnutrition. We also vaccinated 133,000 children against measles and trained more than 232,000 mothers to screen their children for malnutrition, and conducted 1,850 surgical interventions.

For ALIMA, 2016 was largely defined by conflicts in the Lake Chad and Sahel regions of Africa, and much of our work focused on providing medical care to people displaced by the conflicts there, particularly to children. Low vaccination coverage, high prevalence of diarrheal diseases and acute malnutrition led to very high child mortality. In Nigeria alone ALIMA treated nearly 8,000 children for severe acute malnutrition and provided more than 27,000 measles vaccinations.

ALIMA also responded to three emergency outbreaks: a resurgence of Ebola in Guinea, Rift Valley Fever in Niger and dengue fever in Burkina Faso. These different outbreaks were stark reminders that emerging epidemics can happen anywhere and anytime, and local health workers must be able to respond quickly and effectively. ALIMA’s partnership model exemplifies how to achieve this, as demonstrated by our work with SOS Médecins/Keoogo in Burkina Faso during the dengue outbreak where we designed, implemented and managed the response together.

What’s more, alongside our partners, we trained nearly 300 local health care workers in dengue fever detection and care – a leg up in emergency preparedness for whenever another outbreak occurs.

ALIMA is only able to assist people because of the generous support of our donors – and we are deeply grateful for your support. We recognize that you place great trust in us to use every dollar wisely – and we do. Nearly 95% of our income is used directly on program activities.

Thank you.

DR RICHARD KOJAN
ALIMA’s President

ALIMA is a clinical and operational research platform in collaboration with INSERM, ISPED and the Ivoirian laboratory INAC. ALIMA is only able to assist people because of the generous support of our donors – and we are deeply grateful for your support. We recognize that you place great trust in us to use every dollar wisely – and we do. Nearly 95% of our income is used directly on program activities.

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There is an acute and striking lack of medical research in the locations in which ALIMA operates: of more than 245,000 studies recorded in the global clinical trial report database, only around 2.5% are conducted on the African continent. ALIMA wants to redress that balance, which is why medical research is at the heart of its project to improve the quality of humanitarian medicine. With this in mind, ALIMA is conducting medical-operational research to significantly improve the quality of patient care.

PROJECTS LAUNCHED IN 2016

The DiDiMAS (Diagnosis of Diarrhea in cases of Severe Acute Malnutrition) project, conducted over 10 months in N’Djamena in Chad, ended in December 2016. It revealed a significant correlation between a period of high incidence of cryptosporidium and the incidence of complicated severe acute malnutrition (SAM), as well as an incidence of cryptosporidium coinciding with the period of high mortality rates among SAM children hospitalized from June to August. The results from the DiDiMAS study will be published in 2017.

In Mali, we conducted a study on the value of combining preventive malaria treatment with a nutritional supplement to prevent acute malnutrition. A joint distribution of nutritional supplements (Lipid-Based Nutrient Supplement, a paste fortified with groundnuts and cow’s milk) and four rounds of Seasonal Malaria Chemoprevention (SMC) in the Kolokani Circle enabled unprecedented monitoring of 40,000 children receiving SMC, half of whom also received nutritional supplementation. The study aims to analyze whether SMC is more effective when it is combined with nutritional reinforcement. The results of the LNS/SMC study will be presented in 2017.

The “MUAC Only” project, launched in November 2016 in Burkina Faso, involves the simplification of screening for and treatment of acute malnutrition. The primary objective of this study is to establish whether it is more appropriate to gradually lower the dose of nutritional supplements during treatment of malnourished children, based on mid-upper arm circumference and using a simplified protocol that would enable broader coverage for the treatment of acute malnutrition.

Finally, in 2016, ALIMA created the CORAL (Clinical and Operational Research Alliance) platform in partnership with INSERM (French National Institute of Health and Medical Research), the Ivorian laboratory IAC-C (Ivory Coast ANRS Cooperation Program) and the ISPED (Public Health Institute for Epidemiology and Development at the University of Bordeaux). CORAL has both the scientific expertise of academic research institutes and in-field medical capability to advance the development of prevention and treatment of common diseases, diagnoses and vaccines for the most lethal diseases. The purpose of this platform is to generate expertise in improving practices that will save populations directly at risk, as well as to anticipate potential crises.

CORAL is a collaboration on a number of levels. Studies conducted by ALIMA benefit from the methodological and scientific contributions of these research teams. For example:

- a humanitarian research training course was created with six Master’s students in 2016, and the announcement of science thesis candidates (PhD);
- the development of tools to collect data and develop research in emergencies, specifically epidemics;
- joint discussion of the development of transformative research projects with a high impact on mortality, particularly with the creation of a Scientific Council.

In 2016, ALIMA’s research activities led to the publication of 10 scientific articles in peer-reviewed journals.
THE NEEDS

Located in an arid band of the Sahel, Burkina Faso is in a high-risk zone for contagious diseases such as meningitis and measles, and experiences high rates of malaria. Poor food security means children suffer from chronic nutritional crises. In 2016, acute malnutrition rates reached 8.2% in Yako, and 6.5% in Bousse, and severe acute malnutrition rates reached 1.9 and 1.2 respectively, approaching the emergency thresholds. Malnutrition has exacerbated the already common causes of childhood mortality: malaria, respiratory infections, and diarrhea.

OUR PARTNERS

Since 2012, ALIMA has been working alongside two local NGOs, Keoogo, which works to protect vulnerable children, and SOS Médecins BF, a medical NGO that specializes in emergency medical response, care for HIV/AIDS patients and health services to prisoners. ALIMA and the Keoogo/SOS Médecins consortium work together with the Ministry of Health. Training programs are regularly organized to help improve the quality of care in a more sustainable way.

OUR IMPACT

ALIMA and its partners supported 82 health centers in the health districts of Yako (Northern region) and Bousse (Central region) in 2016, by providing services such as hospitalization for malaria and severe malnutrition, as well as ambulatory care. More than 900 children suffering from severe acute malnutrition were hospitalized and more than 4,600 were treated with ambulatory care.

ALIMA/Keoogo/SOS Médecins teams helped support a campaign to administer Seasonal Malaria Chemoprevention (SMC) therapy, which protected 21,000 children between the age of three months and five years from malaria in Bousse and more than 78,000 children in Yako. Thanks to SMC, a significant decrease in the number of simple and severe malaria cases was reported.

In addition to direct medical care, as part of the “MUAC for Mothers” campaign, more than 15,000 mothers were trained to detect malnutrition in their children using a simple, color-coded bracelet called a MUAC (mid-upper arm circumference).

Following the declaration of an outbreak of dengue fever by Burkina Faso’s Ministry of Health in November 2016, ALIMA/SOS Médecins/Keoogo began offering free care to dengue patients at the Yalgado Ouédraogo University Hospital and two other district hospitals in Ouagadougou. More than 70 suspected cases were admitted for inpatient treatment between November 18 and December 26. ALIMA and its partners also supplied 2,600 rapid diagnostic tests and trained nearly 300 health care workers on dengue fever detection and care.

In November 2016, ALIMA also began a study in Yako called “MUAC Only” treatment. In addition to early screening using the “MUAC for Mothers” model, the research includes using MUAC as the sole anthropometric criteria for admission into the acute malnutrition treatment program, while expanding the admission threshold and introducing a gradual reduction in therapeutic food rations based on MUAC status. The aim is to establish whether this streamlined acute malnutrition treatment protocol will allow us to double the number of children receiving treatment at the earliest stages of malnutrition without significant cost increase while maintaining quality standards for a well-functioning nutrition program in terms of proportion of children cured and program coverage.

ALIMA - © Xaume Olleros
ALIMA - © Sophia Garcia

« When I first went to the hospital, I felt terrible. I had a fever of 41 degrees [Celsius]. The doctors gave me medications to help lower my fever and reduce the aches. They also put me on an IV drip. I slept a lot. But soon I started to feel better. »

- Yacouba • 20 • dengue patient

KEY FIGURES IN 2016

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>4,620</td>
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<td>109,870</td>
<td>children received Seasonal Malaria Chemoprevention (SMC) therapy</td>
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BURKINA FASO

- Yacouba • 20 • dengue patient
THE NEEDS

More than 2.9 million people in Cameroon were affected by an ongoing armed conflict related to Boko Haram insurgencies in the Lake Chad Basin in 2016. In the Far North Region, which borders Nigeria, there were nearly 200,000 internally displaced people (IDPs). Some 60,000 Nigerians fleeing violence across the border took refuge at the Minawao camp in this region and another 26,000 have settled within host communities, putting additional stress on already vulnerable local populations. An estimated two-thirds of the displaced are children.

In addition to the insecurity, Cameroon’s Far North region also suffers from recurrent crises related to food insecurity, climate change and disease outbreaks. An estimated 2.2% of children suffer from severe acute malnutrition and 88 out of every 1,000 children die before the age of five. Access to health care is difficult, as many health structures have been destroyed by fighting and others are no longer functioning. Hygienic conditions are poor due to lack of access to clean water. The most common diseases are malaria, respiratory infection and watery diarrhea.

OUR IMPACT

Since May 2016, ALIMA has been providing free nutritional and pediatric care at the Mokolo district hospital, which serves as a referral center for host community affected by the conflict, internally displaced populations within Cameroon also affected by the conflict, as well as Nigerian refugees in the Minawao camp. Thanks to the intensive nutritional center, more than 1000 children suffering from severe acute malnutrition were hospitalized and treated. More than 550 children were hospitalized for malaria.

In December in the Makary health district, where some 35,000 people are displaced, ALIMA began supporting the district hospital and nine health centers with pediatric and nutritional care in addition to primary health care for both IDPs and host community members. Over the course of one month, more than 400 consultations were recorded, with 577 children treated for malnutrition, of which 45 were hospitalized. The medical teams also cared for more than 130 children with malaria.

KEY FIGURES IN 2016

- 1,583 children treated for severe acute malnutrition
- 3,326 hospitalizations
- 1,750 mothers trained to detect malnutrition

THE NEEDS

Since December 2012, the Central African Republic (CAR) has suffered from political, military, and intercommunal conflicts, all of which have worsened the humanitarian situation. Nearly one million people were still displaced in 2016, both inside and outside the country. Thousands have been killed, injured or raped.

Despite the return of ruling parties and the deployment of international forces, large-scale security incidents continue to occur in the northwest, central and eastern parts of the country. In 2016, armed groups controlled 12 of the country’s 16 regions. The ongoing insecurity has made access to functioning public services and health care extremely difficult and 34% of health structures have been destroyed, with 18% of those still standing non-functional. At the same time, the ongoing security situation makes it hard for humanitarian actors to reach areas where people are most in need of aid and medical care. An estimated 6.6% of children suffer from global acute malnutrition.

In 2016, CAR experienced a number of outbreaks, including monkey pox, meningitis, measles and cholera.

OUR IMPACT

ALIMA has been active in CAR since 2013, and currently provides medical and nutritional care at five health centers on the outskirts of the capital, Bangui, and in the Bimbo health district, to local communities and displaced populations, and to displaced populations at seven sites in Boda health district. Health care for children under the age of five and pregnant women is free. In 2016, there were 54,510 general consultations and 6,041 emergency consultations. Nearly 75,000 children were treated for malaria, which continues to be a leading cause of childhood mortality in CAR.

In addition to primary health care services, ALIMA also runs a nine-bed maternity unit and has an operating room near an IDP camp in Boda. In 2016, 160 surgical procedures were carried out and nearly 4,250 patients were hospitalized for care. Health staff helped 4,020 women deliver their babies safely and gave prenatal consultations to more than 9,330 pregnant women. Medical teams also helped to reinforce the capacity of national health staff supplied medicines to health facilities, refurbished three health centers and operated a mobile health clinic to reach people in the forest who are unable to reach a health center.

KEY FIGURES IN 2016

- 74,160 children treated for malaria
- 17,350 prenatal consultations
- 61,300 vaccinations


THE NEEDS

After decades of internal conflict and ongoing insecurity related to the Boko Haram insurgency, the security situation in Chad remains fragile. Access to health care is limited and there is a chronic shortage of medical staff and supplies in health clinics. Recent influxes of refugees fleeing violence in neighboring Central African Republic, Niger, Sudan and Nigeria further exacerbates the situation, and the medical needs are increasing.

Like most countries in the Sahel, Chad faces high levels of food insecurity. In the capital, N’Djamena, this has led to global acute malnutrition rates among children of 11.7% and 1.4% for severe acute malnutrition.

OUR PARTNERS

Since 2012 ALIMA has partnered with the Chadian medical NGO Alerte Santé. Alerte Santé works to improve 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.

OUR IMPACT

Together with Alerte Santé, ALIMA supports children under the age of five in N’Djamena and the district of Ngouri in the Lake Chad region with a medical and nutritional treatment program. Severely malnourished children are either treated as outpatients using ready-to-use therapeutic foods, or admitted to the hospital for treatment if they have other complications. In 2016, ALIMA/Alerte Santé treated more than 21,000 pediatric patients and 810 children for malaria in Ngouri.

In additional to medical care, a 12-month research project, DiDiMAS, was launched in late 2015, and completed in December 2016. The project used a molecular biology technology known as Biofire to study the infectious causes of diarrhea in severely malnourished children with complications at the China-Chad Friendship Hospital in N’Djamena. Results from the study are expected to be published in 2017.

KEY FIGURES IN 2016

- 24,230 children treated for severe acute malnutrition
- 27,225 children received outpatient health care
- 10,491 mothers trained to detect malnutrition

CHAD

ALIMA - © Sylvain Cherkaoui

ALIMA - © Xaume Olleros
THE NEEDS

The Democratic Republic of Congo (DRC), the second largest country in Africa, is faced with a precarious health situation that requires medical and humanitarian support. Rich in natural resources, the DRC has been center stage for conflicts since the early 1990s. This gave rise to the substantial displacement of people and led to the destruction of health care facilities and public services. Cholera, measles and malaria epidemics are common throughout the entire country. The infant mortality rate of the country – 71 deaths per 1000 – is one of the highest in the world.

OUR IMPACT

ALIMA has been working in Katanga province since late 2013 through RUSH, an emergency intervention team. The team was designed to address epidemics such as cholera and other epidemiological emergencies (measles, malaria). And improve sanitary conditions and access to potable water. RUSH also ensures epidemiological monitoring in 68 health zones. When there is an outbreak, it deploys an evaluation mission within 72 hours to assess the needs and launch an intervention.

In 2016 RUSH led nine investigatory missions from 31 alerts and launched four interventions in Moba, Kaleme/Nyemba, Kinkondja and Kilea health zones, including emergency interventions to combat cholera, measles and malaria. The medical teams treated 25,300 patients, of which 23,140 suffered from malaria. Following an increase in the average annual number of cholera cases reported in the provinces along the Congo river, ALIMA launched an intervention in the Maniema and Tshopo provinces in November and December, which enabled nearly 500 patients to be treated.

KEY FIGURES IN 2016

- **23,140** patients treated for malaria
- **2,020** patients treated for cholera
- **130** children treated for severe acute malnutrition
THE NEEDS

The Guinean health system was badly damaged by the Ebola epidemic and the public lost faith in their health care facilities. Maternal and infant mortality remains very high compared to countries with similar economies.

Due to the environmental factors, the main health risks include cholera, meningitis and measles outbreaks. Country-wide, the prevalence of global acute malnutrition in children between the ages of six and 59 months is 8% with 2% for severe acute malnutrition.

PREVAC, the Partnership for Research on Ebola Vaccinations, is a research consortium with health authorities in Guinea, Liberia and Sierra Leone, and international partners INSERM in France, the National Institute of Allergy and Infectious Diseases (NIAID), the National Institutes of Health (NIH) in the United States and the London School of Hygiene & Tropical Medicine (LSHTM) in the United Kingdom. ALIMA is an implementing partner of the project for this consortium in Guinea.

OUR IMPACT

The Ebola epidemic resurfaced on March 17, 2016 in Guinea when two patients were urgently hospitalized at ALIMA’s Ebola treatment center in Nàñékoré, southwest Guinea.

During the intervention, there were 13 suspected cases, six of which were confirmed positive with Ebola. Nearly 25 health care agents from the Nàñékoré and Lola districts were trained in the triage of patients and infection control measures.

Ebola survivors

Despite the end of the Ebola epidemic, many survivors continue to suffer from physical and mental health problems. Medical monitoring and psycho-social support for Ebola survivors and their families remains essential.

In 2016, 161 patients who had recovered from Ebola received free medical consultations, 55 of whom received psychiatric support.

Supporting Nàñékoré regional hospital

In 2016, ALIMA continued to support the pediatric and emergency services of the regional hospital in Nàñékoré, which enabled more than 1,115 children to receive medical care. ALIMA implemented a community-based monitoring system composed of 32 supervisors, 468 community agents, and 50 health care managers equipped with 16 motorcycles and 518 bicycles. The teams, which included staff from the Ministry of Health, WHO and ALIMA, recorded 282 alerts related to epidemiological diseases.
Our Impact

In the Timbuktu region, ALIMA and AMCP provide support in the Diré and Goundam districts for 35 community health centers and two referral health centers with operating room support, to ensure access to free health care. In the referral hospital in Goundam, the medical teams updated the operating room and in the Goundam district, medical teams travel by mobile clinic to provide care and distribute potable water to displaced populations.

In 2016, ALIMA’s medical team provided more than 165,825 consultations, 6,040 hospitalizations, 3,755 deliveries and 535 surgical interventions in this region.

In the Koulikoro region, ALIMA and its partners are working to lower infant mortality related to the deadliest diseases such as malaria, acute respiratory infections, diarrhea and malnutrition. The ALIMA/AMCP teams also support 111 community health centers and six referral health centers. During the rainy season, Seasonal Malaria Chemoprevention (SMC) campaigns were organized to prevent malaria. WHO demonstrated that the administration of this anti-malaria treatment at monthly intervals during the rainy period protects 75% of children under five against uncomplicated and severe malaria cases. Additionally, more than 60,000 patients with malaria, 3,500 of whom were hospitalized, were treated.

In the southern city of Dioïla, ALIMA opened an Intensive Nutritional Rehabilitation Unit and school to train Malian health care providers on the inpatient treatment of severe acute malnutrition with complications.

The needs

The security situation in the regions of northern Mali remains unstable. Since 2012, hostilities among armed groups have displaced populations within Mali and neighboring countries. Access to health care remains limited due to a lack of human, material and financial resources within health care structures. At least 40% of the population lives more than three miles from an operational health center. Even when these services are available, the quality of care and the number of people seeking care (0.33 per inhabitant per year) is still low.

Malaysia is one of the leading causes of mortality. According to WHO, 90% of Malians live in high-transmission zones. High levels of malnutrition also affect the country. In 2015, the overall rate of malnutrition was 12.4%, with 9.6% moderate acute malnutrition and 2.8% severe acute malnutrition.

Our partner

Since 2011, ALIMA has been working alongside AMCP (Alliance Médicale Contre le Paludisme), a Malian NGO working to improve access to health care and to reduce malaria-related deaths.
OUR IMPACT

In Mirriah (Zinder region) and Dakoro (Maradi region), ALIMA and BEFEN are collaborating with the health authorities to reduce mortality rates among children under five years old. Medical teams provide free care to children suffering from acute malnutrition and care for hospitalized children in the pediatric departments of the ALIMA/BEFEN supported referral hospitals.

Malaria is the leading cause of mortality in children under five years old, especially during the rainy season between the months of July and December. In order to prevent the disease, 30,850 children under five years old received seasonal malaria chemoprevention (SMC), a preventative measure against malaria which decreases the number of cases by half as well as reduces malaria-related complications. In Mirriah and Dakoro, ALIMA/BEFEN treated more than 40,000 children suffering from severe acute malnutrition in 2016.

The first 1,000 days of life are critical for the health of a child. That is why, in 2016 in the Mirriah district, ALIMA/BEFEN assisted close to 20,000 mothers and 40,000 children by providing them with a package of preventive and curative care in the first 1,000 days of life. During this period, starting with conception and extending until the child is two years old, children are particularly vulnerable to diseases such as malaria, diarrhea, acute respiratory infections and malnutrition. These diseases can be highly detrimental to their future development. In an effort to prevent malnutrition and associated pediatric diseases, ALIMA and BEFEN are implementing this project to enable children to reach the age of two in the best possible health.

Through the “MUAC for Mothers” initiative, ALIMA and BEFEN have been training mothers to diagnose malnutrition in their own children using a simple color-coded bracelet called a MUAC (Mid-Upper Arm Circumference), which helps to evaluate a child’s nutritional status. Maternal involvement in malnutrition screening allows sick children to be identified earlier and significantly decreases the number of hospitalized children. In 2016, nearly 148,000 mothers in Niger were trained to screen for malnutrition using the MUAC.

Rift Valley Outbreak

In August 2016, a severe outbreak of Rift Valley fever struck the region of Tahoua. Rift Valley fever is a disease transmitted primarily to people through contact with infected animals. It can also spread through the consumption of raw milk, a major source of nutrition among nomads of the region, and through mosquito bites.

ALIMA and BEFEN provided free medical care to people with suspected Rift Valley fever in Tchintabaraden, the zone most impacted by the outbreak. A treatment center with 40 beds was opened between September 2016 and January 31, 2017 to help meet the needs of the growing number of suspected cases. Medical teams admitted 346 patients for treatment at the center between September 21, 2017 and January 5, 2017. The Nigerien Minister of Health confirmed 375 suspected cases from the start of the outbreak, which caused a total of 30 deaths in the country, 19 of which were reported prior to the opening of the treatment center.

THE NEEDS

A land-locked country of the Sahel region, Niger is directly affected by the volatile security situations in neighboring countries, including Mali, Libya and Nigeria. The activities of armed groups in the Lake Chad basin has resulted in nearly 121,400 internally displaced people (IDPs) arriving in the Diffa region as of December 2016, of whom 14,000 are refugees from Nigeria and 105,000 Nigeriens. While infant mortality rates have dropped by almost 45% since 2009, Niger still faces a chronic nutritional crisis. Domestically, nutritional surveys reveal a prevalence of severe acute malnutrition far surpassing the 2% emergency level established by WHO. In addition to this, there is the risk of epidemics of diseases such as measles, meningitis, cholera and malaria.

OUR PARTNERS

Since 2009, ALIMA has partnered with the Nigerien NGO BEFEN (Bien Être de la Femme et de l’Enfant au Niger) in order to improve maternal and infant health in Niger.
OUR IMPACT

Despite difficulties accessing the area due to unsafe roads and poor telecommunications, ALIMA staff were among the first international aid workers to set foot in the town of Monguno (140km from Maiduguri). ALIMA has since helped encourage other international NGOs to intervene in the area and is now working together to provide the best possible care to the people in need. As the last town before the frontline of insurgency fighting, around 90,000 people have fled to Monguno.

Following an needs assessment mission in June 2016 to assess the medical needs and vaccinate children against measles, ALIMA began providing medical and nutritional care at clinics in four of the largest camps in Monguno, as well as the Maternal and Child Health Center. Mobile health clinics also provide outpatient care in the host communities.

In September, ALIMA opened a clinic near the numerous IDP camps in Muna (in the town of Maiduguri) to meet the medical needs of children under the age of five. In these two locations, nearly 8,000 children were treated for severe acute malnutrition, more than 3,000 for malaria and more than 27,000 children were vaccinated against measles.

« We have nothing. We are completely dependent on the inhabitants in the camp. My only concern is for food. »

Fatima Tolo - 20 - who arrived at the Muna Clinic in mid December from Maiduguri, with her one-year-old daughter.

THE NEEDS

Northeastern Nigeria has been affected by violent conflict between military forces and Boko Haram since 2009. An estimated 2.6 million people, including one million children, have been displaced since the insurgency began. In 2016, as Nigerian security forces began recapturing villages and towns in the area, the enormous humanitarian needs of local populations who were previously inaccessible, began to be revealed.

Most people arrive at the IDP camps with little more than a small sack of personal items. Because of the fighting, markets, trade and agriculture have been disrupted, and food can be hard to come by. Even when food is available, internally displaced people (IDPs) have few employment opportunities and no money to buy provisions. Families often live in makeshift tents. There are few latrines, a widespread lack of access to clean water, and hygiene conditions are poor. Fighting has destroyed the majority of health facilities and those that still function lack adequate supplies and staff.

Infant and maternal mortality rates have skyrocketed due to acute malnutrition, low vaccination coverage and a high prevalence of diarrheal diseases. According to WHO, the overall nutrition situation in Borno State is “very alarming.” A screening by ALIMA in June 2016 of 12,000 children in Monguno found 32% to be suffering from global acute malnutrition and 13% from severe acute malnutrition. The most common ailments among children are measles, diarrhea and respiratory infections.

KEY FIGURES IN 2016

- 7,930 children treated for severe acute malnutrition
- 37,820 general consultations
- 27,190 children vaccinated against measles

**NIGERIA**
How ALIMA trusted mothers, developed evidence to prove impact, and is changing how malnutrition is addressed around the world.

The idea started with a simple question in 2010.

Towards the end of a long meeting in Mirriah, Niger, ALIMA/BEFEN’s local project coordinators and managers were increasingly frustrated over the annual data from its nutrition treatment program. No matter how many community outreach efforts the team performed, program coverage was still below 50% and children kept arriving at the health center in advanced states of severe acute malnutrition. This late arrival of the children led to more of them requiring hospital-based care, and placed them at greater risk of death. Screening for malnutrition was also only happening sporadically, if at all, because of the heavy personal and professional burdens placed on community health workers. That’s when someone in the team asked:

“Why don’t we train mothers how to use the MUAC on their own children?”

Late August, everyone recognized the power behind the question. Yes, mothers are in the best position to detect the earliest signs of malnutrition. Color-coded MUAC (Mid-Upper Arm Circumference) bracelets are easy to use and easy to explain, which is why community health workers have been trained to use them for decades. So why not go one step further and teach mothers how to use MUAC bracelets?

Answering that question would take several years, two rigorous scientific studies, and rely on ALIMA’s ability to create and sustain local and international partnerships, all with the goal of improving global humanitarian medical practice to improve the health situation of children in need.

First, teams needed to gather evidence through medical and operational research. A proof of concept pilot study was conducted in 2011 to see if mothers and other family members were able to perform MUAC at the same level as community health workers. The research team originally planned to go door-to-door to teach more than 100 women in two villages in Mirriah individually how to screen by MUAC. However, after explaining the purpose of the study, community leaders felt it was such an important topic that they called the entire village to a common meeting where everyone learned how to use MUAC bracelets together. The research team adapted accordingly.

The results of this non-randomized and non-blinded evaluation of mothers’ performance when measuring MUAC after minimal training found that there was excellent agreement between mothers and community health workers in classifying the MUAC status of their children, and there were few errors in either group.

With the proof of concept established, in 2013 ALIMA/BEFEN then carried out a large-scale pragmatic study comparing screening by mothers with community health workers at the health zone level. During the study, several researchers reported that after showing mothers how to use MUAC, it was like a light bulb went off in their heads. Many women said that they understood for the first time why their child was either accepted or rejected for treatment in the past.

The results from the study were positively in the health zone where more than 15,000 mothers were taught to screen their children for malnutrition using the MUAC, children had a higher median MUAC at admission (which means they were enrolled in treatment at an earlier stage of malnutrition) and had many fewer hospitalizations when compared to the community health workers’ zone. The strategy for teaching mothers to use MUAC also costs much less.

These results led ALIMA to introduce “MUAC for Mothers” training in to all of its nutrition programs in the Sahel. In 2016, ALIMA teams trained more than 230,000 mothers in Mali, Burkina Faso, Chad, Nigeria, and Niger how to screen their children by MUAC. The government of Niger also wants to expand the strategy, and will work with ALIMA/BEFEN and UNICEF in 2017 to begin training one million mothers in the Maradi District of Niger.

ALIMA created guidelines in French and English to share their experience and help other organizations that may be interested in implementing the strategy. Already groups in Senegal, Mauritania, Somalia, India and elsewhere have begun training mothers to screen for malnutrition.

Soon, more than a million mothers and other family members will have been trained to use MUAC bracelets on their own children—and all as a result of a simple question towards the end of a long coordination meeting. The number of mothers will continue to grow in the coming years. In the near future, ALIMA wants to see MUAC tapes in every home where malnutrition is an acute or chronic humanitarian crisis. And ultimately, ALIMA is working towards a day when the MUAC bracelet is a routine part of family life, much like thermometers in households in the developed world: a simple tool parents use to see whether they should seek medical care for their children.
In 2016, ALIMA had an operating budget of $37.5 million, reflecting a growth of 14% from the previous fiscal year.

RESOURCES

Increasing and diversifying financial donors plays a key role in ALIMA’s financial planning, because it allows the organization to gain independence and improve the quality of care provided by its projects.

The value of grants from donors increased in 2016, continuing a trend over recent years. This proves that ALIMA’s operations are efficiently and properly managed.

The European Commission’s Civil Protection and Humanitarian Aid department (ECHO), INSERM, the Office of U.S. Foreign Disaster Assistance (OFDA), the United Nations Children’s Fund (UNICEF), and the Békou fund represent 85% of the total budget for 2016.

EXPERIENCES

During this fiscal year, we ran 31 projects in nine countries: Guinea (20%), Mali (19%), Niger (17%) and Chad (12%) received the largest share of the funds.

One of the primary increases compared to 2015 was resources allocated to Niger, $6.3M in 2016 versus $5.6M in 2015. This is explained by the opening of a project for the care of nomadic populations in the Tchintabaraden district and the emergency response to the Rift Valley fever outbreak.

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Fundraising costs represented 0.4% of ALIMA’s budget in 2016. Management administration and communications only represent 6% of ALIMA’s total budget.

The balance sheet presents the financial status of the association as of December 31, 2016. The income statement shows a net profit of $392,500, which is 1% of the operational budget.

Historically, ALIMA’s primary funding is accrued income from institutional funders and available funds. These two categories have always constituted between 80% and 100% of the floating assets.

Almost two-thirds of its accrued income, funds that ALIMA lends to institutional funders, is made up of credit from DG ECHO, the humanitarian branch of the European Commission. With total expenditures in excess of $18M in 2016, these funds have a major impact on ALIMA’s assets (particularly due to the mandatory preliminary financing of 20% of the balance upon expiration of a grant). The other two major donors are UNICEF and OFDA, who also finance other grants.

Funds are distributed amongst 120 accounts in 11 countries, to ensure optimal project performance and financial security.

Deferred income (money advanced by ALIMA’s financial donors) represents the organization’s primary liability. This indicates a new trend, first observed in 2015. After three consecutive fiscal years, deferred income represented between 20% and 30%, exceeding the 20% of operating debt as of December 31, 2016.

Working capital can be financed in part due to the fact that the organization has available funds that can be offered to new financial backers whose terms are more favorable.

Fiscal and corporate debts and supplier debts are limited based on high availability. It should be noted that for the first time, a debt that exceeds one year appeared in the evaluation, with ALIMA’s acquisition of four promissory notes from Ecofi.

These excellent results reinforce our financial stability again this year. Our financial position is stable and healthy, our operational expenses are in check and the surplus in 2016 allowed us to increase our reserves. We have the necessary resources for greater responsiveness in the event of a humanitarian crisis and are bolstering our investment ability to continue to improve the quality of our projects.

### Financial Report

#### Analysis of the 2016 Balance Sheet

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>7,662,602</td>
<td>20%</td>
</tr>
<tr>
<td>Mali</td>
<td>7,212,355</td>
<td>19%</td>
</tr>
<tr>
<td>Niger</td>
<td>6,315,917</td>
<td>17%</td>
</tr>
<tr>
<td>Chad</td>
<td>4,380,616</td>
<td>12%</td>
</tr>
<tr>
<td>CAR</td>
<td>4,031,183</td>
<td>11%</td>
</tr>
<tr>
<td>DRC</td>
<td>2,477,667</td>
<td>7%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>1,913,180</td>
<td>5%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>1,863,460</td>
<td>5%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1,625,167</td>
<td>4%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>102,111</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37,537,432</td>
<td>100%</td>
</tr>
</tbody>
</table>

The value of grants from donors increased in 2016, continuing a trend over recent years. This proves that ALIMA’s operations are efficiently and properly managed.

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<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECHO</td>
<td>19,705,872</td>
<td>52%</td>
</tr>
<tr>
<td>INSERM</td>
<td>5,085,281</td>
<td>14%</td>
</tr>
<tr>
<td>OFDA</td>
<td>3,233,526</td>
<td>9%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>2,349,437</td>
<td>6%</td>
</tr>
<tr>
<td>Békou</td>
<td>1,434,114</td>
<td>4%</td>
</tr>
<tr>
<td>Others</td>
<td>5,729,202</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37,492,334</td>
<td>100%</td>
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GENERAL ASSEMBLY (GA)

The ALIMA General Assembly is the sovereign body of the ALIMA association and whose members ensure that actions are taken in support of its social mission. The association is made up of members who have contributed to, or continue to participate in, the development and implementation of ALIMA’s objectives. The General Assembly convenes once a year to allow members of the association to vote on ALIMA’s most important strategic decisions and to appoint the Board of Directors. In 2016 the association consisted of 215 members.

BOARD OF DIRECTORS

The General Assembly names a president and elects the Board of Directors who are responsible for the monitoring and verification of the work of the executive management. The Board of Directors are responsible for voting on the budget and the operating plan each year as well as all major strategic decisions.

President: Dr Richard Kojan
Vice-President: Dr Oummani Rouafi
Secretary General: Augustin Augier
Treasurer: Eric Barte de Sainte-Fare

PARTNERSHIP

ALIMA’s partnerships with national NGOs is reflected by their representation in this associative structure: NGO staff members sit on ALIMA’s Board of Directors and become ALIMA association members.

EXECUTIVE MANAGEMENT

The day-to-day running of the association’s activities is delegated to an executive management under the authority of a general director who supervises four subsidiary departments:

General Director: Matthew Cleary
Director of Operations: Thierry Allafort-Duverger
Director of Human Resources: Morgane Daumarie
Chief Financial Officer: Mathieu Dufour
Director of Logistics: Pierre-Vincent Jacquet
Deputy Director of Operations: Dr. Ali Ouattara

ALIMA USA

Executive Director: Kris Torgerson

ALIMA USA Inc. has been registered since 2015 as an American non-profit organization under statute 501(c)(3). ALIMA USA aims to support ALIMA’s medical humanitarian work providing care to the most vulnerable populations through fundraising and communication campaigns, as well as through the development of partnerships with the United States.

INTERNAL AUDITS

Internal audits help ALIMA reach its goals by evaluating its management processes for financial risks, audit processes and governance. It regularly evaluates each mission and project site and makes proposals to bolster the efficacy and financial transparency of the organization.

EXTERNAL AUDITS

Independent statutory auditors ensure rigorous management and account transparency, which is published each year. Moreover, our institutional donors provide ongoing monitoring of our accounts, both at headquarters and in the field, and they conduct regular audits.

ASSOCIATION

The ALIMA association, through the General Assembly, guarantees the observance of ALIMA’s social mission. Becoming a member is an opportunity to make an individual contribution to ALIMA’s strategic direction (identity, intervention model, governance, implementation of the social mission). This is a space for deliberation, discussions, and exchanges and a chance to bring ideas and projects before the Board of Directors. On October 22, 2016, the 215 members of ALIMA’s association met in Dakar during the General Assembly. They tackled development issues for ALIMA, evaluated proper activity performance and account management, decided on future strategic approaches and renewed one-third of the Board of Directors.

GENERAL ASSEMBLY MEMBERS STATISTICS
ALIMA projects could not exist without the support of our partners.

THANK YOU!

To the private donors who generously support our humanitarian actions and demonstrate their confidence in us.

To the operating partners with whom we are developing health care projects:

- ALERTE SANTÉ
- AMCP
- BETEN
- KEEOGO
- PAC-CI
- SOS MÉDECINS

To our institutional partners:

- European Civil Protection and Humanitarian Aid Operations (ECHO)
- National Institute for Health and Medical Research – INSERM
- US Agency for International Development (OFDA - Office of US Foreign Disaster Assistance / FFP - Food for Peace)
- Békou Fund
- RDC Pooled Fund
- European Union Delegation - EUD
- United Nations Children’s Fund - UNICEF
- World Food Programme - WFP
- United Nations Development Programme - UNDP
- Department for International Development - DFID/UKAID
- Crisis and Support Center of the French Ministry of Foreign Affairs - CDCS
- Interministerial Food-Aid Committee, France - CIAA
- Start Fund - StartNetwork
- FRIO – Coordination Sud

To our private partners:

- The ELMA Relief Foundation
- Bill & Melinda Gates Foundation
- BioMérieux

To our technical partners:

- MSF Supply

To all the international partners who have given us their support.
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