

Annual Report 2021



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Introduction of ATIA



ATIA is a non-profit organization created in 2008 and specialized in developing and implementing development aid programmes. Its actions consist of helping the most vulnerable families improve their living conditions by themselves. ATIA is stemming from the NGO Inter Aide and respects its charter.

Extreme poverty is characterized by important deprivations in several sectors, which are imposed simultaneously on the families. Thus, the progress made in one area can be jeopardized by the deterioration in another one (for example, micro-entrepreneurs that get sick or have an accident are forced to liquidate their business assets in order to pay for health care services).

This is why ATIA leads diverse actions simultaneously, and when it is possible, “integrated” programs, in order to help families make progress in several areas:

- At a social level, our programmes aim to reduce the families’ poverty level by reinforcing their motivation and knowledge about their rights and the available services. They emphasize particularly on capacity building and empowerment of women.
- At an economic level, we seek to help the families grow their income, either through vocational training or self-employment (especially with social microfinance services). The vast majority of our beneficiaries are mothers.
- In terms of health, we are developing mutual health insurance schemes for the most vulnerable families to facilitate their access to public or private health centres nearby. We are also focusing on the fight against tuberculosis, which specifically affects the most vulnerable families.
- Finally, we want to improve access to pre-school and primary education for children in poor neighbourhoods, and do everything possible to limit dropouts.

The programmes implemented are based on local partner associations, which co-produce the activities and which are supported and strengthened by ATIA to become autonomous.

“help the poorest families improve their living conditions by themselves”

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Overview of 2021

- *15 programmes*
- *58,769 beneficiary families meaning 264,561 individuals*
- *a total cost of 3,321 kEUR*
- *56,5 EUR per family*

Beneficiary families of the following programmes:



Social and educational actions



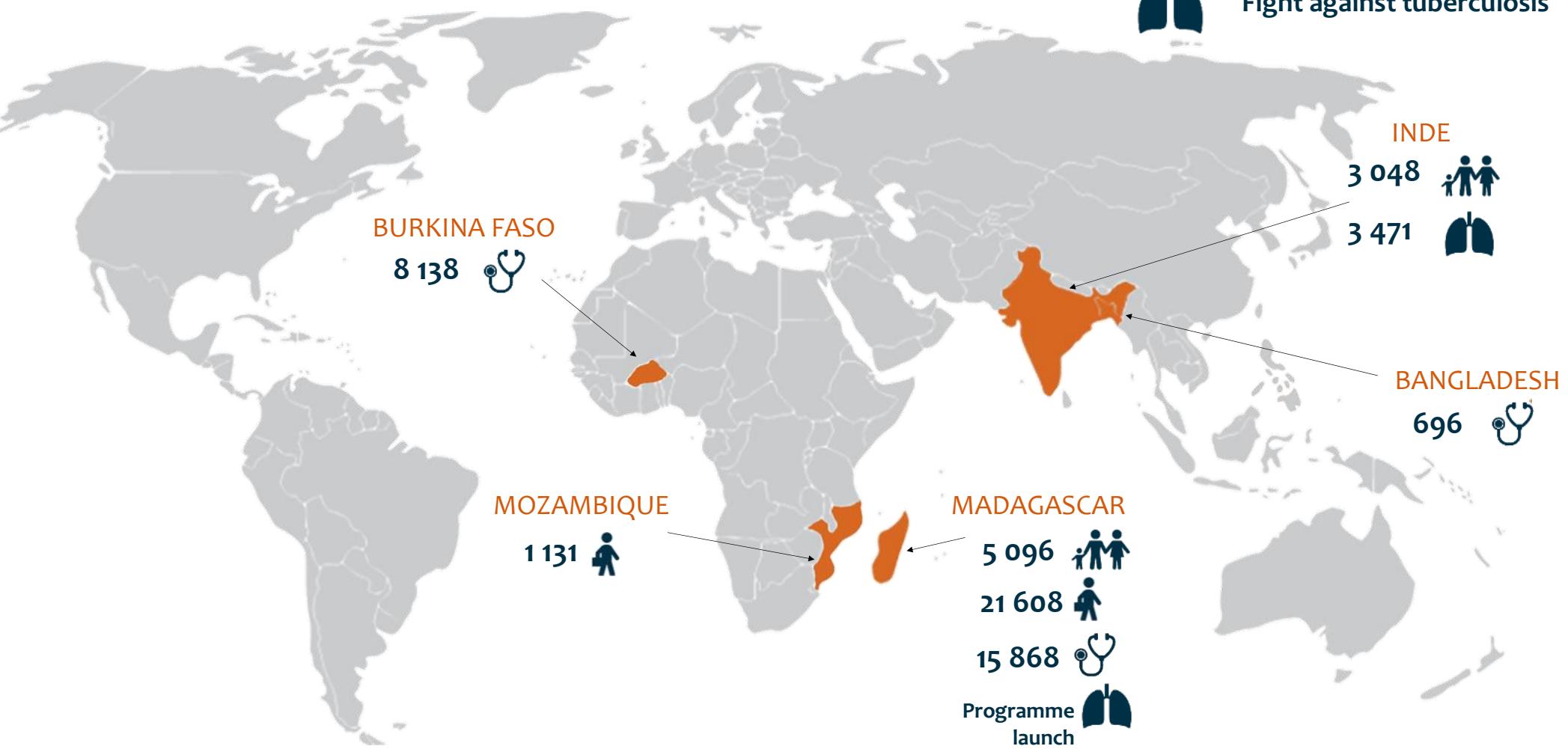
Socio-economic Development



Mutual Health Insurance

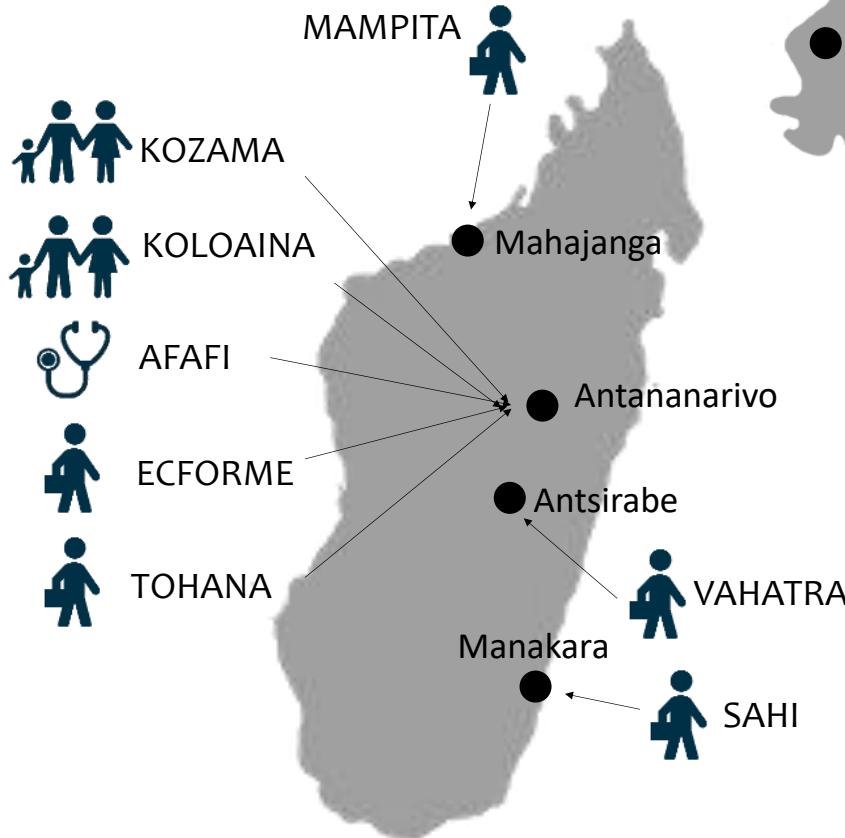


Fight against tuberculosis

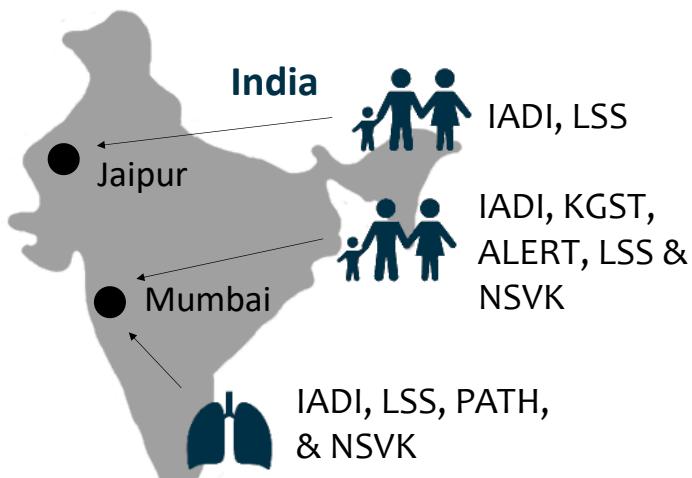


Field Partners

Madagascar



India



Mozambique



Burkina Faso



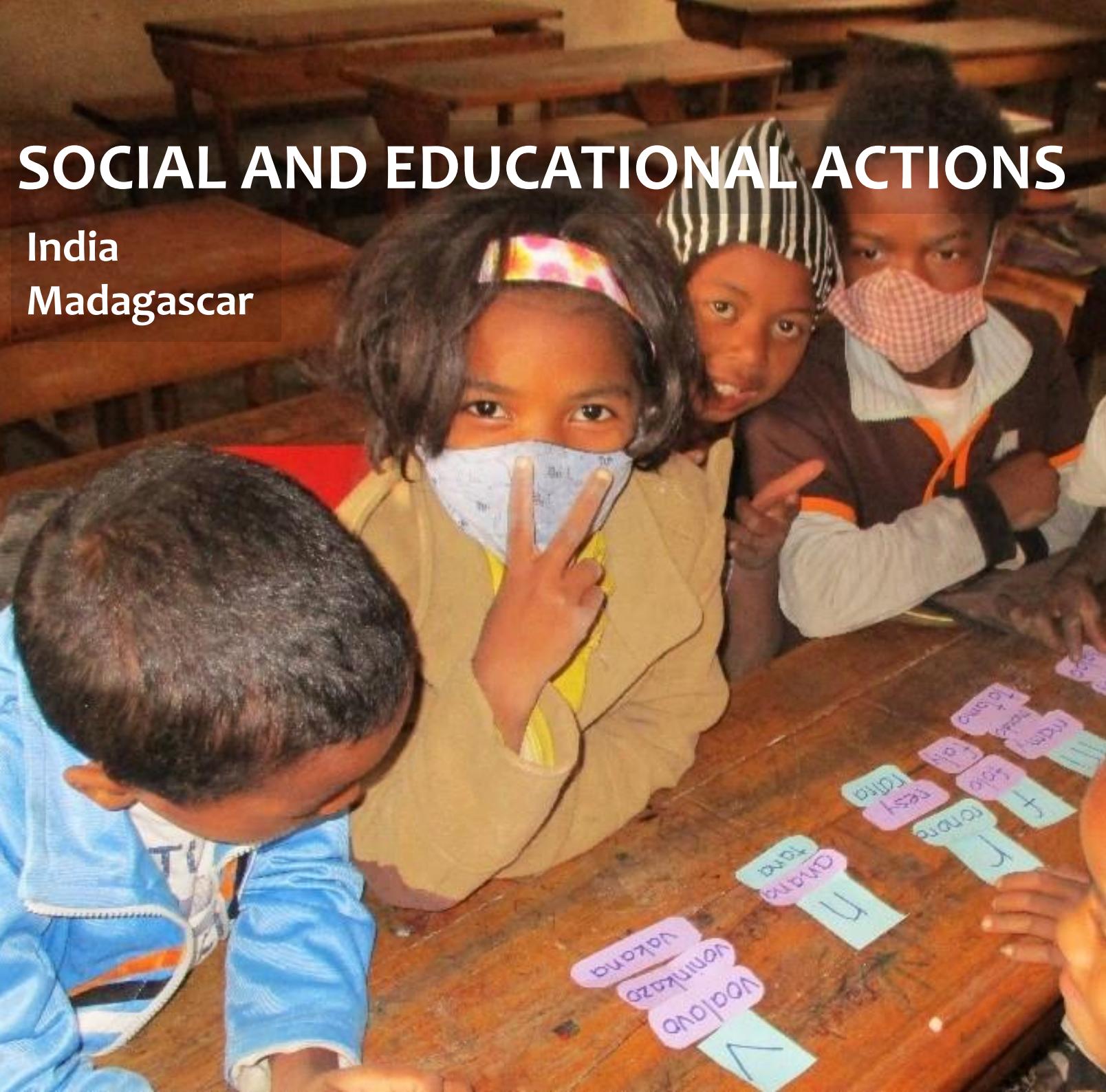
Bangladesh



Health Family Care

We help vulnerable families together with local partner organisations, that are either pre-existing or were created with our support. We do not play a simple financial role, as we also actively participate in the development and implementation of the actions. A Programme Manager, based in the areas of intervention, helps the local partners implement the activities, trains the teams, contributes to the capacity building of the associations and guarantees the quality of the activities and the proper use of the funds.

The collaboration with local associations is based on formalised partnership agreements that are updated each year. Our partners, when they have reached a good technical level, and organisational and financial autonomy, continue the activities by themselves. We also work with local authorities, with the aim that our actions will be assimilated by them and made sustainable in the long run.



SOCIAL AND EDUCATIONAL ACTIONS

India
Madagascar

METHODOLOGY FAMILY DEVELOPMENT

The social workers identify very poor and isolated families in poor neighbourhoods. They define priority objectives with them, such as :

- Health (family planning, hygiene, vaccination of children, etc.).
- Acquisition of official documents (ID).
- Schooling of children.

Without acting in their place, the families are encouraged to take the necessary steps.

Incorporating "Motivational Interviewing" techniques, the animators accompany families in their process of change: through active and benevolent listening and psychosocial support. They inform them about their rights and help them to access the basic services available nearby (health centres, administrative services, schools, etc.).

Impact :

- Within 6 months, the families reach on average more than half of their initial objectives.
- Their poverty level drops significantly.
- Their autonomy improves in the long term.





India



CONTEXT



Example of an area of intervention in the slums of Mumbai

ATIA has been working in the slums of Mumbai for over a decade and in Jaipur since 2017, identifying and helping poor families solve their social problems.

We work with five Indian partner organisations: IADI, Keshav Gore Smarak Trust (KGST), ALERT India, Lok Seva Sangam (LSS) and Navnirman Samaj Vikas Kendra (NSVK).



Home visits by social workers who provide information and/or advice to families

ACTIVITIES

Impact of the health crisis

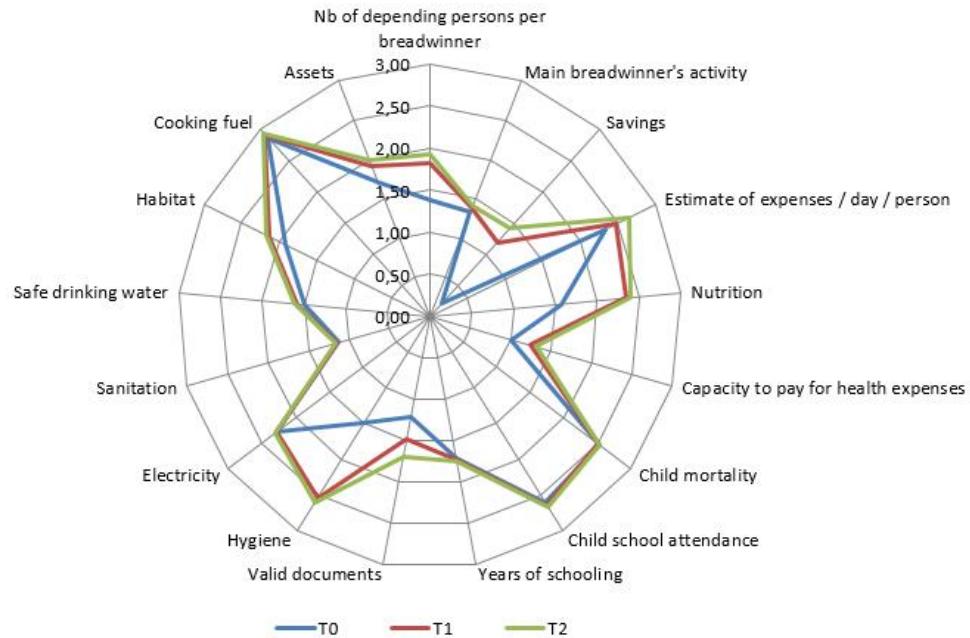
India has been hit harshly by the Covid-19 health crisis. The second wave of the epidemic (April-June 2021), four times the size of the first, pushed millions of people into poverty, made work more precarious and increased food insecurity. Although activities have resumed since June 2021, the country's economic recovery remains dependent on the evolution of the pandemic and the possibility of a third wave.

The field teams have done everything possible to help the most vulnerable families as effectively as possible, in particular by directing them to associations distributing food, or in some cases, by organising these distributions directly during the lockdowns (in May 2020 and 2021). The social services, which were open daily during the second lockdown, also helped to maintain contact with the families.



Welcoming families at the social permanence

FAMILY PHOTO AND RESULTS



The "family photo" tool developed by ATIA assesses the poverty level of beneficiary families according to 17 criteria (economic, health, educational, employment, etc.). Measurements are taken at different times during the programme: at T0 (in blue above) when they start the activities, at T1 (in red) at the end of the programme, and at T2 (in green) 6 months after the end of the intervention. Between T0 and T2, the progression measured is of 5.5 points, with mainly progress made on savings, access to administrative documents, hygiene and nutrition.

"Women and family members are equipped to deal with problems independently after the programme, thanks to the constant encouragement of the social workers."

External evaluation report
SATTVA, 2021

**3,048 beneficiary families
which have selected an
average of 13 objectives,
and achieved 7 of them.**

**2,655 people received at
the social permanence.**



Madagascar



CONTEXT



Our local partner association KOLOAINA works with vulnerable families in the slums of the capital Antananarivo, who live in social isolation and precarious housing conditions. These families are not always able to meet their nutritional needs and have little access to healthcare and education.

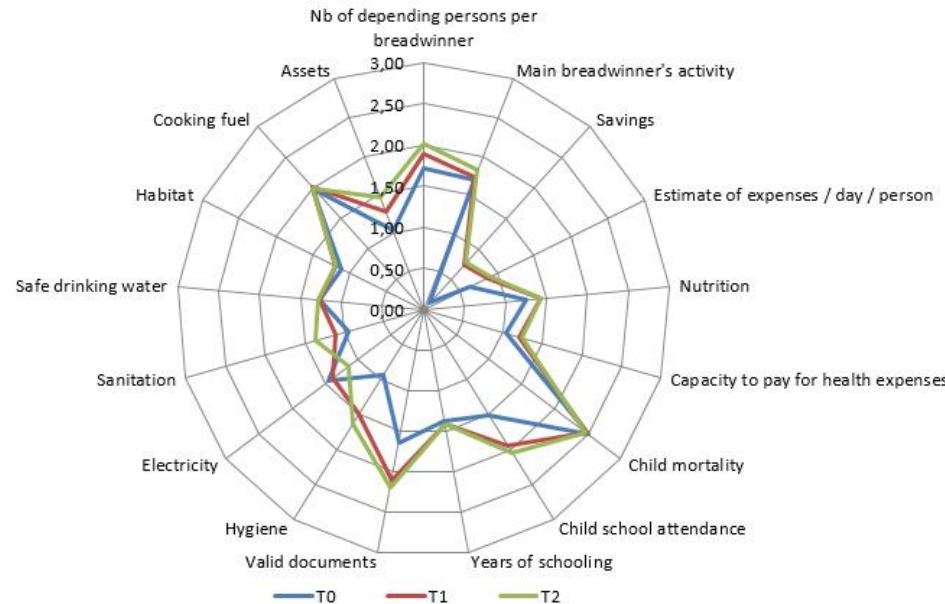
Highly marginalised and often lacking confidence in their own abilities, they require personalised help and a period of support lasting several months, in order to begin to resolve their priority problems and improve sustainably their living conditions.



Slum area after a cyclone

873 beneficiary families which have selected an average of 12 targets, and achieved 7.5 of them.
2,971 birth certificates were acquired.

FAMILY PHOTO AND RESULTS



Between the beginning ("T0") and the end ("T1") of the support period, the progression made by the families was 4.2 points, and is mainly related to a better access to administrative documents, schooling, hygiene, and the number of people in professional activity.

EVALUATION

"The women we met all noted significant improvements in their lives, they were able to get their national identity cards (ID), their children's birth certificates, find a job, be paid more, receive an allowance [...]. The women we met have more self-confidence and dare to take initiatives. They give their opinion on issues and decisions that concern them and their children. They are also in a position to act on their access to resources: they are motivated to work and become independent, they know how to manage money better and manage to save. This gives them greater autonomy of action and enables them to influence financial decisions. Their relationship with their husbands has also changed for the better: some couples argue less, husbands are more present for the children and more supportive of their wives financially and morally.

This study shows that KOLOAINA's support enables women heads of household to acquire psychosocial skills that equip them to face life better."



Welcoming families at the social permanence

External evaluation report
ETHNOLOGIK, 2021



Madagascar



OVERVIEW



Impact of the health crisis

The second wave of Covid-19 forced the Malagasy government to close classes again for two months, from March, 30th to May, 17th 2021. During this period, teams from our local partner KOZAMA (meaning "Protecting Children" in Malagasy) organised a permanence in partner public schools to distribute 5,362 sets of six exercise sheets.

662 home visits were also made to enable educators to support children individually in completing their homework and to discuss and encourage parents to take an interest in their children's homework and to foster a healthy learning environment.

WORKSHOPS



Parent-child workshop with fun and interactive games

Early learning workshops for infants aged 0-2 years aim to prevent developmental delays in very young children and to improve parenting practices and care. The weekly 1.5-hour sessions provide a setting for interaction between children and their parents. Activities such as bathing, massage and stimulating games encourage a better parent-child relationship, which is crucial for the good development of the child.

**889 mothers and 16 fathers participated.
On average, each participant came 5 times.**

PRESCHOOL



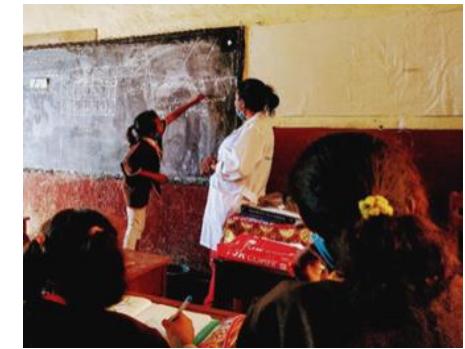
Learning how to read letters in kindergarten

KOZAMA supports the launch of new preschool classes in public schools of poor neighbourhoods of Antananarivo, and accompanies the educators for 3 years. KOZAMA contributes to the pedagogical curricula by providing its tools to the Ministry of Education, such as an activity book specially developed for pre-school. Initial furniture support is also provided for each class. And teacher training is offered to volunteer teachers.

2,085 children aged 3 to 5 enrolled

**74 classes supported
53 teachers trained**

TUTORING



Catch-up session

In order to limit school delays, tutoring sessions are organised for pupils aged 6 to 10 who are experiencing difficulties. These sessions are intended for the first three levels of the primary cycle ("CP1, CP2 and CE" levels). Pupils are selected at the beginning of the school year. They are then helped for 4 months. At the end of the period, pupils whose results have improved no longer participate in the sessions and new pupils are invited. KOZAMA's tutoring staff work closely with the school teachers.

2,305 pupils supported

"KOZAMA is recognised as an actor that has a considerable impact on the quality of education and allows the needs of children in the most vulnerable neighbourhoods to be better taken into account, particularly through the pre-school and tutoring support."

METHODOLOGY SOCIAL MICROFINANCE

To help vulnerable families improve their living conditions, ATIA is creating local micro-finance institutions, offering several services following an integrated approach:

- **Economic services:**
 - Microentrepreneurs are accompanied to estimate their expenses and income, and to formalise a credit application.
 - They are trained and accompanied individually.
 - The first loans are of a limited amount (about 50€), without guarantee. Those who are successful and whose business grows can continue to borrow increasing amounts.
 - They save in parallel with the repayment of the loan.
- **Health services:** microentrepreneurs and their families join a health insurance scheme.
- **Social services:** those who wish can also benefit from our family support programme to help them solve social problems before or in parallel of their economic project.

Impact :

- Beneficiaries of at least 2 loans (i.e. 70% of beneficiaries) see their income increase significantly (> 40%).
- They build up savings which, after 18 months, exceed their first loan.
- Their general standard of living improves (health, housing, children's schooling, etc.).
- They contribute to the financing of the action through the interest they pay.
- Local microfinance institutions become progressively autonomous.

SOCIO-ECONOMIC DEVELOPMENT

Madagascar
Mozambique





Madagascar and Mozambique



MAMPITA



ATIA provides technical and financial support to the MAMPITA association based in Mahajanga (northwestern Madagascar). Today, the association has a Malagasy management team and an expatriate ATIA manager is still based there full-time to provide technical support.

- In 2021, MAMPITA opened a new branch in Antsohihy in the Sofia region, and was able to support 376 new borrowers.
- 1,253 loans were granted (+46% compared to 2020) to 1,102 micro-entrepreneurs. 85% of borrowers are women, and the activities financed are mainly trade (88%) and crafts (17%). The recovery rate for the year was 95%.
- 287 families were accompanied at home by social workers, and 55% of the objectives were achieved (identity papers, hygiene, schooling for children, family planning, etc.). In addition, the social services in the three MAMPITA branches welcomed 3,062 people during the year.
- All the borrowing families joined the mutual health insurance scheme, which covers primary care and hospitalisation, and 1,494 people took part in training courses.

1,388 beneficiary families

SAHI



SAHI Borrower: clothing seller in Manakara

With the support of ATIA, SAHI collaborates with Inter Aide and various local structures (the Fagnimbogna farmers' Federation and the Finaritre cooperative) to help vulnerable families in the Vatovavy-Fitovinany region (South-East Madagascar). SAHI offers services in rural areas (microcredits), and in urban areas in Manakara.

In rural areas, as in the previous year, several types of credit were implemented to support the rice sector: 13.95 tonnes of fertiliser were delivered to the Fagnimbogna Federation (+8.3% compared to 2020) and 84.03 tonnes of paddy rice were stored (+180% compared to 2020).

In urban areas, SAHI opened a new branch in Marofarihy and was able to support 58 new borrowers in this branch. 769 productive loans (+155% compared to 2020) were granted to 504 micro-entrepreneurs, 80% of whom were women. 147 families (including 138 without credit) were also accompanied at home to solve their social problems (81% of objectives achieved).

872 beneficiary families

ATIA MOZAMBIQUE

Since 2016, ATIA has been working in Chamanculo, one of the slums of Maputo (Mozambique). The micro-credit offer proposed by ATIA has unfortunately not generated any real demand there. However, the inhabitants have been interested in the savings service, and there were 921 active savings accounts at the end of 2021. However, when the savers were then offered an entrepreneurship course, very few (less than 40) showed interest.



Borrower from ATIA Mozambique: caterer of Chamanculo

In addition, the government decided to close the country's schools for most of the year to deal with Covid-19. This decision had a heavy impact on our kindergarten, which could no longer accommodate the children.

In order to continue the work of early-awakening these children, the animators accompanied the children and their families at home. 200 families were accompanied and 2400 home visits were made.

Despite the interesting results, the high cost of the programme per beneficiary and the low impact of the savings accounts have finally led us to stop our activities in this country at the end of 2021.

1,131 beneficiary families



Madagascar



SOCIO- ECONOMIC DEVELOPMENT

SOCIAL MICROFINANCE



VAHATRA



A borrower with a VAHATRA advisor in the field where she planted beans thanks to a productive loan

18,835 micro-entrepreneurs benefited from productive loans, savings services and training. During the first loan cycles, VAHATRA offered mandatory pre-grant training. The training sessions registered 23,545 participants in 2021 (+75% compared to 2020).

679 families followed in dynamic family support reached 55% of their objectives at the end of the follow-up period (this rate increases to 68% after 6 months). Each family benefited from approximately 14 visits over 7 months.

VAHATRA

ATIA continued the development of VAHATRA association, mainly on agriculture services, and to continue to new branches in the regions of Vakinankaratra and Itasy.

AGRICULTURAL ACTIVITIES

In 2021, VAHATRA continued to offer agricultural training (breeding, market gardening) in order to strengthen the agronomic skills of its staff and borrowers. Indeed, Malagasy farmers are facing increasing technical difficulties linked to the impacts of climate change: changes in rainfall patterns leading to more intense droughts or floods, the emergence of new diseases, and reduced soil fertility.

To meet these challenges, VAHATRA has promoted the creation of a network of 86 relay farmers who have become the technical referents in their area. Numerous training courses were provided by specialised institutes (such as CEFFEL). These farmers were in turn able to train micro-borrowers and 9,911 people were made aware of more environmentally friendly farming techniques. Finally, a tree nursery was developed and 23,940 tree seedlings were distributed to VAHATRA beneficiaries who wanted them.



The VAHATRA team in the tree nursery created with the help of the association Graines de Vie

RESULTS

All borrowers and their families joined the mutual health insurance scheme. The member families acquired an average reimbursement rate of 60% for their hospital care and continued to benefit from medical and social services.

The amount of care covered by VAHATRA was €24,761.



Raising awareness on health issues in the communities

A WIDE RANGE OF SERVICES:

18,835 microentrepreneurial families financed and insured, including 679 receiving social support.

9,911 farmers were trained



Madagascar



The ECFORME teams were able to continue to identify and train interns from the lower neighbourhoods of Antananarivo, in behavioural training (basic French, explanation of what is expected at work, punctuality, clothing, etc.), and then in technical training, in 4 areas: data entry operators, cutting and sewing, industrial sewing, and life aids.

Despite the disruption caused by the pandemic, which had a strong impact on society and the Malagasy economy in the first half of the year, 158 people (-13% vs. 2020) were able to complete their training. Unfortunately, the job placement rate has not yet returned to pre-pandemic levels, standing at 22% in 2021. Many of ECFORME's team members were affected by the Covid-19, which severely disrupted activities. However, with the removal of pandemic-related restrictions, we expect a strong recovery in 2022. The field teams are already seeing a rebound in the textile sector and will intensify the promotion of services in the slums to attract new interns.

ECFORME has also diversified its activities, in partnership with Anti Slavery International, for pre-departure training of migrant workers (protection against modern slavery). This diversification is a very encouraging sign for the autonomy of ECFORME. The corresponding figures are not included here because they are not monitored by ATIA.

158 beneficiary families

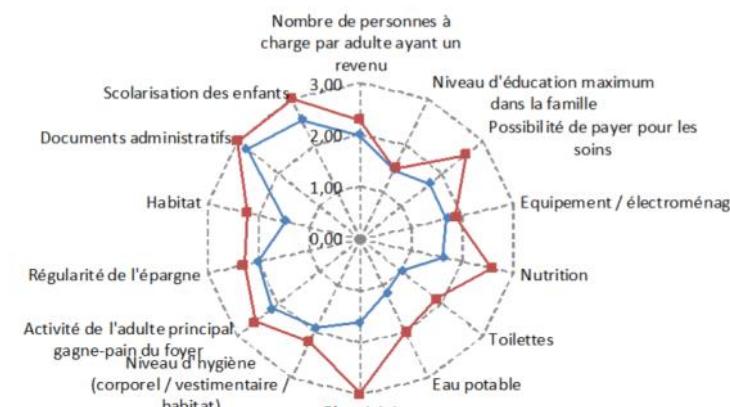


In partnership with the French company Jacadi and the Malagasy company LOI, ATIA continued to support the TOHANA association for the training and professional integration of particularly disadvantaged women. Two workshops were held in Antananarivo in 2021:

- Two groups of 14 women were trained in the Anosibe workshop, as apprentices, and produced accessories (bags, pouches) sold in Jacadi shops in France.
- 40 people were trained in the Andavamamba workshop, producing protective masks. A production of T-shirts for the local market is envisaged.



FAMILY PHOTO AND RESULTS



We noted a strong improvement in the socio-economic situation of the beneficiary families: the two promotions for which we have one year's hindsight show an average increase of 8 points according to our "family photo" tool (see photo on the right).

The challenge now is to give access to this programme to a much larger number of families.

68 beneficiary families



METHODOLOGY

MUTUAL HEALTH INSURANCE

ATIA implements a micro-health insurance service combined with a medical and social service in areas where vulnerable families do not have access to health coverage:

- The health contribution costs per families between €0.25 and €2.5 per month (to cover the members of the household).
- This contribution covers health care expenses (the mutual fund is balanced).
- This micro-insurance service is complemented by a medical and social service which aims to increase knowledge and understanding and to remove socio-cultural barriers to access to care (beliefs, rumours, stereotypes).

This service includes :

- Routine home visits in case of illness.
- Accompaniment to the hospital.
- 24-hour telephone hotline.
- An in-branch service. A medical service (for some mutual insurance companies) to listen, advise and guide.
- Prevention and awareness campaigns.

Impact :

- A faster and more systematic use of appropriate care.
- A reduction of catastrophic health care costs and a securing of the socio-economic situation of families.
- Better quality of care.



MUTUAL HEALTH INSURANCE

Bangladesh
Burkina Faso
Madagascar



Bangladesh



CONTEXT

Bangladesh, with 163 million people, is one of the most populated countries in the world. Almost 39 million people live below the international poverty line of \$1,90 per day. In the capital city of Dhaka, one of the most densely populated areas in the world, 3.5 million people currently live in slums without access to basic services.

In 2019, we started a mutual health insurance programme there: Health Family Care (HFC). The target population is the community from the Bashantek slums, especially the beneficiaries of the NGO Water & Life and its partner Shobar Jonno Pani (SJP), which provide home-based drinking water, sanitation and hygiene services.

The families face major health needs: lack of money, which leads to the renunciation of health care, weakness of the health care offer from a quantitative and qualitative point of view, combined with a lack of health knowledge, which leads to inappropriate and sometimes dangerous treatment (self-medication).



Hotline facilitator

ACTIVITIES IN 2021

ATIA designed and launched the HFC mutual health insurance institution in 2019. The enrolment of Bashantek families began in early 2020 but was hampered by the Covid-19 outbreak. In 2021, lockdowns did not allow for a normal roll-out of activities.

Despite these constraints, HFC has experienced significant growth and has covered a very substantial number and amount of care, which shows that the mutual is meeting the needs of the Bashantek community.



Home visit

At the end of the 2020-2021 pilot phase, an internal evaluation study showed the following characteristics:

- 90% of current members stated that HFC had a positive impact.
- 90% of current members said that HFC had a positive impact on their budget as they had fewer financial problems in meeting their health expenses. For the members who were prescribed medicines at the medical centre for their last health problem, only 6% did not buy all the medicines because they did not have enough money (compared to over 70% in the initial feasibility study).
- 95% of the members used HFC's recommended medical centre for their family's last health problem. This represents a very significant change in behaviour, as for 84% of them, before HFC, the pharmacy was the main resort for primary care. The HFC programme has therefore a strong impact in terms of access to quality care.

RESULTS

At the end of 2021, HFC had 776 families with a mutual insurance contract, representing 2,836 people, compared to 148 families or 573 people at the end of 2020. To promote their services, the HFC teams were very active and carried out 4,816 home visits and group promotion sessions for nearly 2,538 participants. There were also 3,110 uses of the medico-social service, i.e. an average monthly frequency of use of the medical and social service of 137% per family.



Visit to the hospital by the facilitator to provide psychological support and help with administrative procedures

696 beneficiary families

9,123 healthcare expenses covered for an amount of €17,682.



CONTEXT

Burkina Faso is one of the least developed countries in the world, ranking 182nd out of 189 on the Human Development Index. In Ouagadougou, the capital, strong demographic growth has led to the development of vast areas of informal settlements on the outskirts of the city. It is in these neighbourhoods, which lack basic services and where vulnerable populations are concentrated, that we intervene with TOND LAAFI. TOND LAAFI is a local association with a "social mutual" character, created in June 2018 with the support of ATIA.



We have developed a partnership with the Burkinabe microfinance institution YIKRI (supported by the French NGO Entrepreneurs du Monde), whose microentrepreneurs are gradually joining TOND LAAFI since May 2019. Borrowing makes membership to TOND LAAFI a compulsory component, and members of groups who save without borrowing subscribe on a voluntary basis.

The cornerstone of the health and social care system is the network of health care providers. TOND LAAFI has extended its network to new agencies. It has also densified its services in the agencies already covered with private social price centres and pharmacies, in order to meet the demands of beneficiaries. For each agency, the rule is to sign up all the public health facilities and then, if possible, to supplement them with private services.

One of TOND LAAFI's strengths is that it respects its commitments in terms of payment period to pay back healthcare bills. Each year, it also provides small equipment for the public centres (in 2021: a small surgical box, a small delivery kit, two gurneys, two TOND LAAFI-stamped medical gowns and two benches for the waiting rooms).



The medical officer and the health education facilitator hand over the kit to the Bassinko centre

ACTIVITIES IN 2021

By the end of 2021, the network will regroup 80 health facilities (compared to 54 by the end of 2020), including 45 public health facilities, 16 private social price centres, 6 hospitals and 13 pharmacies. Beneficiaries will enjoy a third-party payment in these centres.



A post-hospitalization follow-up visit

In 2021, TOND LAAFI continued its gradual expansion to two new YIKRI microfinance agencies to cover five of six by the end of the year in the Ouagadougou region.

By paying a contribution of 1,000 CFA francs (€1.50) per family per month, TOND LAAFI covers primary care, hospitalisation and childbirth in approved health care providers centres, up to a maximum of 60% of healthcare for four people in the household. Like other ATIA partner mutual health insurances, TOND LAAFI provides a wide range of medical and social services which have been strengthened during the year.

RESULTS

The mutual has performed very well not only in terms of growth in the number of beneficiaries but also in the intensity of its services. Thus, it recorded 5,741 new memberships, including 739 voluntary memberships of people without loans (compared to 3,158 new memberships in 2020).

TOND LAAFI counted 22,939 uses of its medical and social services (home visits, calls to the office, participation in information sessions, etc.) and managed a network of 80 approved health structures.



A facilitator follows up a sick beneficiary during a home visit

8,138 beneficiary families

8,127 of healthcare expenses covered for an amount of €75,397.



Madagascar



OVERVIEW

ATIA provides technical and financial support to three mutual health insurances in Madagascar: AFAFI based in Antananarivo, as well as MAMPITA in Mahajanga and VAHATRA in Antsirabé (which are also microfinance institutions).

To this end, ATIA has a technical support team based in Antananarivo, which carries out several missions per year within each partner mutual. The results of MAMPITA and VAHATRA are briefly presented in the "economic development" section. This page focuses on AFAFI, which exclusively offers mutual health insurance services to partner groups (microfinance institutions, associations, cooperatives, etc.), of which there will be 22 by the end of 2021, who will affiliate their members.



The three health mutual insurances are members of the Federation of Mutuals, which they helped create in 2019. This Federation, of which AFAFI provides the first Presidency, is a member of the technical committee for the elaboration of the draft law on "Financial Protection for all users in the field of Health in Madagascar" and is also a member of the steering committee of the Support Unit for the Universal Health Coverage.

AFAFI continued its pilot project with the commune of Andranonahaotra, which is located on the outskirts of the capital Antananarivo. Unlike the other partner groups of the mutual, the inhabitants of the commune joined on a voluntary basis. At the end of 2021, AFAFI had 829 member families.

The Covid-19 epidemic and, above all, the measures taken to contain the pandemic have had a direct negative impact on the socio-economic situation of the families and therefore on their ability to pay the contribution, despite the fact that AFAFI has subsidised the contribution.

In the first half of 2021, AFAFI conducted a socio-anthropological study on the components liked to membership. As a result of this study, AFAFI is going to test a subsidization scheme where municipalities cover the fees of single female heads of household who are currently excluded from the mutual insurance scheme due to lack of financial means.



Listening the needs of the families and referring them to the right care provider

ACTIVITIES IN 2021



Home visit for the follow-up of the medical treatment

In addition to the micro-health insurance and medical and social support services, AFAFI and ATIA launched the MISSONGA Initiative in 2020, which aims to improve the quality of care.

The ambition was to mobilise a group of volunteer doctors from AFAFI's network of health care providers and to engage them in a two-year continuous training programme with one session per quarter. In 2021, they received three trainings in January 2021, July 2021 and October 2021.

"Doctors consider that the approach helps them to better respond to their patients' needs [...] both technically and in terms of reception and humanising of care. They say that they communicate better with patients and can also explain better their diagnosis and the prescriptions provided."

External evaluation report,
ETHNOLOGIK, 2021

RESULTS

At the end of 2021, AFAFI had 10,355 families (34,737 people) compared to 9,284 families at the end of 2020.

AFAFI has increased the annual frequency of recourse to care (47% in 2021 against 34% in 2020). This increase has enabled the mutual insurance company to cover 223,615,193 Ariary in care, i.e. more than 30% compared to 2020.



Visit to the health centre to follow up on the proper care of the patient

15,868 beneficiary families

16,887 healthcare expenses covered for an amount of €49,692.

A photograph showing a woman in a traditional Indian sari, smiling and handing a small pile of colorful tablets to a young child's hand. They are sitting on a wooden floor in what appears to be a simple, rustic setting.

METHODOLOGY

FIGHT AGAINST TUBERCULOSIS

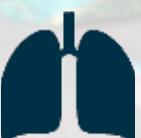
ATIA supports people with tuberculosis (TB) in the slums to help them complete their treatment:

- Identification of the most precarious patients who have just been diagnosed and put on treatment, in the framework of partnerships with public health centres.
- Assessment of their level of poverty (with the "Family Photo" tool) and undernutrition.
- Provision of free food supplements for the poorest and most undernourished patients during the treatment period.
- Personalised follow-up at home for 6 months to ensure successful completion of the treatment.
- Support and training for patients: answer to their questions, advice on limiting the side effects of treatment, improving hygiene, reducing the risk of contamination, etc.

Impact :

- Cure rates in line with national targets (>85%) for particularly vulnerable patients.
- Weight gain.
- Reduced risk of relapse and antibiotic resistance.

In 2021, ATIA started a new TB programme in Madagascar.





India



CONTEXT

In 2021, India faced a third wave of the coronavirus epidemic, originating from the delta variant. In terms of tuberculosis, after a steady improvement over the past few years, the health situation has worsened significantly due to the Covid-19 pandemic, in an indirect but undeniable way. Indeed, symptomatic people (cough, fever) did not dare to go to the hospital to be tested for fear of contracting the Covid-19 virus. The symptoms of the two diseases sometimes resemble each other indeed and no one wanted to be diagnosed with coronavirus because of the social consequences imposed. This tendency is unfortunately observed almost everywhere in the world: the coronavirus epidemic has deeply impacted, negatively, the management of other diseases, acute or chronic, and the vaccination actions against other diseases.



Accompanying families at home on the management of medication and changes in patients' weight

ACTIVITIES EN 2021

We still focus our interventions on the slum areas of the Mumbai agglomeration for the benefit of the most deprived families, carefully identified in an objective manner thanks to our "family photo" tool. We are co-implementing these health actions with three well-known Indian associations, well experienced in social and health interventions in the neighbourhoods, which are our long-standing partners: LSS, PATH, and NSVK.

Collaboration with public health centres has improved significantly, as our partners have made themselves almost indispensable in difficult areas during the confinements, while public centres were closed.

The process followed remained similar to last year:

1. Social workers collect information on the new patients from the public health centres.
2. They make a first home visit and assess the poverty level of the patients.
3. If patients are "sufficiently poor" (score < 35), they propose support.
4. Patients are weighed and the most malnourished ($BMI < 16$) are offered nutritional supplements.
5. The most vulnerable families are offered monthly food rations.
6. Social workers visit patients at home every 2 weeks (frequency modulated according to the risk of interruption).

RESULTS

In 2021, the teams accompanied a total of 3,471 TB patients (compared to about 3,000 last year). The annual target was set at 2900 patients, and the teams did much better than expected.

Among these TB patients, there were 244 with a multi-resistant form of the disease (thus requiring a follow-up of at least 9 months - 24 months) and 34 with a "mono-resistant" strain to rifampicin.

Except in relation to the poverty criterion ("PAT"), these increases in patient selection are parallel to the increase in the number of patients notified by the public health centres. As every year, in Mumbai 60% of cases are women.

The "performance" of the social workers has improved considerably: each one followed up an average of 12.8 patients this year (against 8 last year).

They recorded 608 treatment interruptions, of which 554 (91%) were "caught up" by the field teams, showing their effectiveness.

470 patients received nutritional supplements, based on strict criteria (with an increasing proportion funded by Indian foundations or partners). The average weight gain observed in these patients who received some 'limited' nutritional supplements is 3.7 kg, which is quite correct compared to previous years.

3,471 beneficiaries, including 470 patients with nutritional supplements

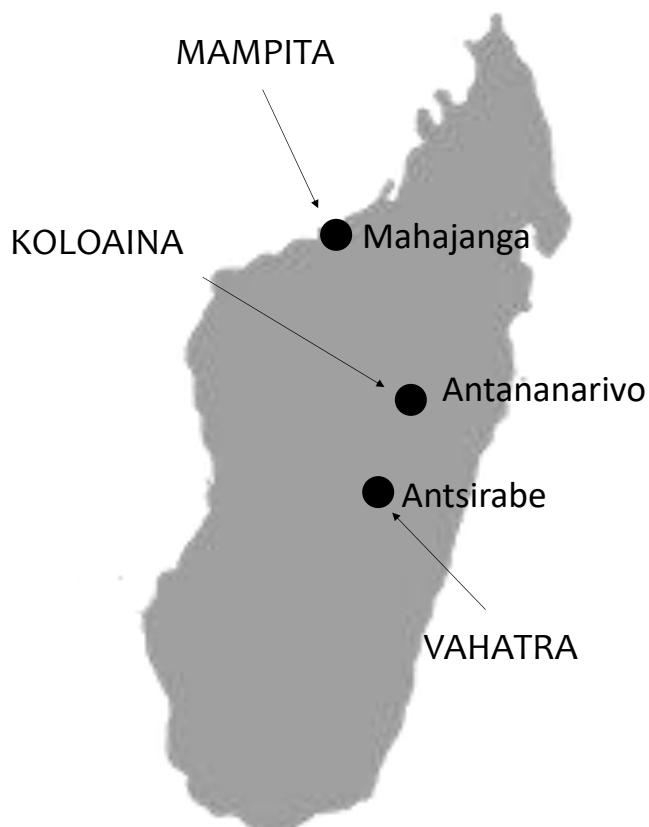


Madagascar



CONTEXT

ATIA, in partnership with the associations KOLOAINA, VAHATRA and MAMPITA, has started a new programme to fight against tuberculosis and promote community health in Madagascar, where this disease is unusually frequent. This programme will cover the poor neighbourhoods of the cities of Antananarivo, the Antsirabe region and Mahajanga.



ACTIVITIES IN 2021

The objective of this new programme is to improve the detection, management and successful completion of treatment for tuberculosis patients in poor neighbourhoods.

It is being carried out in close collaboration with the national services (an agreement has been formalised), whose teams will be strengthened.

A small ATIA team has been set up in Antananarivo in the second half of 2021, which coordinates activities throughout the country. Within each Malagasy partner association, specialised TB facilitators have also been recruited and trained.

- The existing social workers have been trained in screening, health education and the fight against stigmatisation linked to the diseases among the families already supported in our psychosocial programme by our 3 partners.
- The TB facilitators will be responsible for encouraging screening and monitoring patients in all poor neighbourhoods, while coordinating with the public treatment centres.
- The community health workers, volunteers in the poor neighbourhoods, will also be very involved.

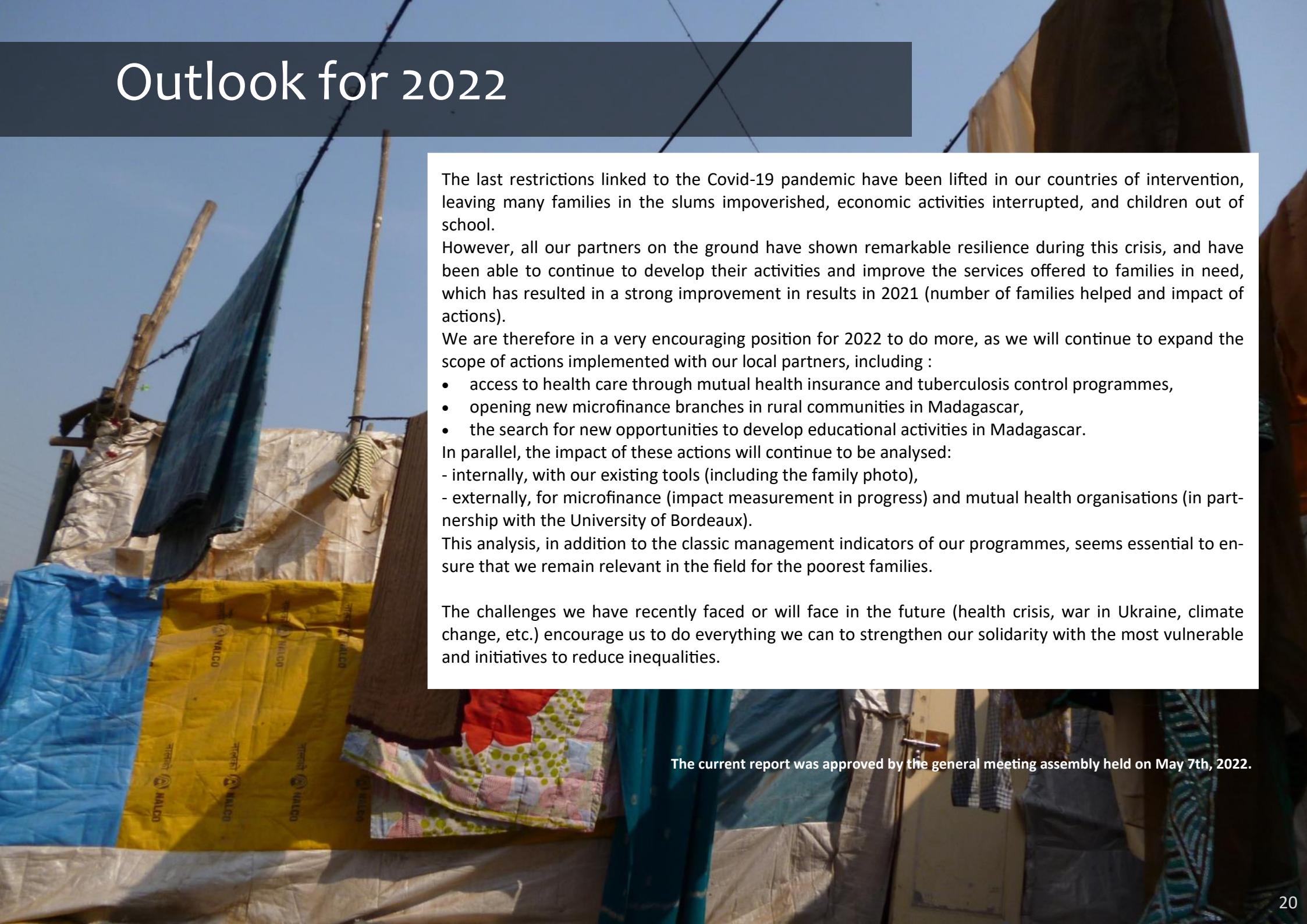
While tuberculosis is the main focus of this new programme, the teams of partners, community health workers and teams from public centres will also be trained and supported in the management of patients with HIV/AIDS and malaria.

The follow-up of the first patients started in March 2022. This programme represents new opportunities for ATIA, and also new challenges, because of the important links it is forging with the country's health administration.



First patients supported in 2022: the intervention of social workers at home helps to convince patients to (re)start their treatments

Outlook for 2022



The last restrictions linked to the Covid-19 pandemic have been lifted in our countries of intervention, leaving many families in the slums impoverished, economic activities interrupted, and children out of school.

However, all our partners on the ground have shown remarkable resilience during this crisis, and have been able to continue to develop their activities and improve the services offered to families in need, which has resulted in a strong improvement in results in 2021 (number of families helped and impact of actions).

We are therefore in a very encouraging position for 2022 to do more, as we will continue to expand the scope of actions implemented with our local partners, including :

- access to health care through mutual health insurance and tuberculosis control programmes,
- opening new microfinance branches in rural communities in Madagascar,
- the search for new opportunities to develop educational activities in Madagascar.

In parallel, the impact of these actions will continue to be analysed:

- internally, with our existing tools (including the family photo),
- externally, for microfinance (impact measurement in progress) and mutual health organisations (in partnership with the University of Bordeaux).

This analysis, in addition to the classic management indicators of our programmes, seems essential to ensure that we remain relevant in the field for the poorest families.

The challenges we have recently faced or will face in the future (health crisis, war in Ukraine, climate change, etc.) encourage us to do everything we can to strengthen our solidarity with the most vulnerable and initiatives to reduce inequalities.

The current report was approved by the general meeting assembly held on May 7th, 2022.

Many thanks to our partners...



...and the people who support us individually.

86% of our resources are devoted to the field.

All our programmes are subjected to monthly operational and accounting reports, which are analysed and controlled at the headquarters in France, with an administrative cost of 14%. The annual accounts of local partner associations are audited and certified by local auditors. ATIA's annual accounts are also audited and certified by an external auditor in France.