

ANNUAL REPORT

2023



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Cover photo :

information meeting with ASSILASSIME Solidarity and LAMESIN NYO (Lomé, TOGO)

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2023 IN BRIEF

- **15 programs**
- **71 122 beneficiary families**
i.e **320 000 people**
- **Total expenses : 4 306 696 €**
- **Average cost / family / year : 60 €**

NUMBER OF FAMILIES BENEFITING FROM PROGRAMS

-  **Psycho-social support & empowerment of women**
-  **Access to high quality education**
-  **Access to health**
Mutual health insurance
-  **Access to health**
Tuberculosis control
-  **Access to work**
Social microfinance
-  **Access to work**
Professional training and integration

BURKINA FASO

 **14 483**

TOGO

 **927**

INDIA

 **3 087**

 **3 605**

BANGLADESH

 **591**

MADAGASCAR

 **20 274**

 **893**

 **885**

 **453**

 **22 387**

 **3 990**

APPROACH

CREATED IN 2008, ATIA IS A NON-PROFIT ORGANISATION, SPECIALISED IN THE DESIGN AND IMPLEMENTATION OF CONCRETE DEVELOPMENT AID PROGRAMS.

Its work consists of helping the most disadvantaged families to improve their living conditions by themselves.



Extrême poverty is characterised by severe deprivation in a number of areas, which are simultaneously imposed on families. Thus, the progress that a family may make in one area may be jeopardised by a deterioration in another area (for example, micro-entrepreneurs who, suffering from an illness or accident, are obliged to wind up their business in order to pay for care).

- **At the social level**, our programmes aim to reduce the poverty level of families by increasing their motivation and their knowledge about their rights and the services available and accessible to them. Particular emphasis is placed on empowering women and the fight against domestic violence
- **At the economic level**, we seek to help families improve their income, either through training and professional integration or through self-employment (social microfinance). The vast majority of our beneficiaries are mothers.

- **At the health level**, we are developing mutual health insurance schemes for the most vulnerable families to facilitate their access to nearby public or private health centres. We are also focusing on the fight against tuberculosis, which specifically affects the most vulnerable families.
- **At the education level**, we want to improve access to pre-school and primary education for children in poor neighbourhoods, and do everything possible to limit dropouts and strengthen the educational resources of teachers and parents.

ACTIONS BY AND WITH LOCAL PARTNERS

ATIA WORKS WITH VULNERABLE POPULATIONS THROUGH LOCAL PARTNER ORGANISATIONS, THOSE ORGANISATIONS EITHER PRE-EXIST OR ARE CREATED WITH ATIA'S SUPPORT.

Partners are financially supported and technically strengthened by ATIA until they become autonomous.



ATIA participates in the development and implementation of activities through expatriate employees (Programme Managers or Technical Advisors) who are locally based. They support the local partners in implementing the activities, train the teams, help to set up the local association, and guarantee the quality of the activities and the proper use of the funds. The Heads of Sector and Administrative and Financial Managers also provide ongoing support to the partners, both from head office and during regular missions on the field.

This collaboration with local associations is based on formal partnership agreements that are reviewed annually.

When a partner reaches a good technical and organisational level as well as financial viability, ATIA gradually withdraws its support and the association becomes autonomous in running its activities.

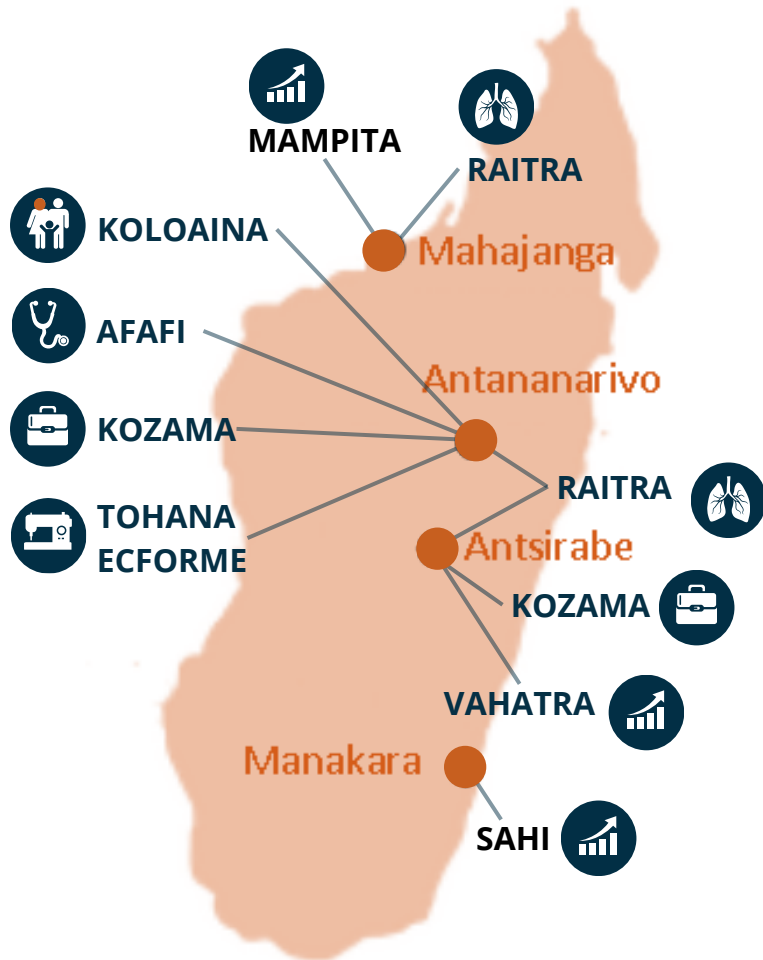
In 2023, ATIA has **12** employees at its head office in France, **12** expatriates on the field and supports around **600** local partners employees.

LOCAL PARTNERS AND LOCATION OF PROJECTS

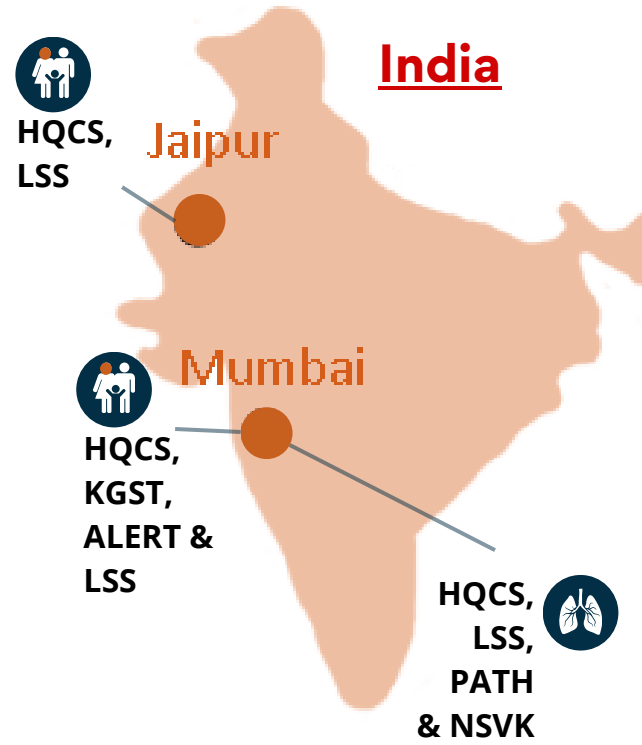
PROGRAMME LEGEND

-  *Psycho-social support & empowerment of women*
-  *Access to high quality education*
-  *Access to health*
Mutual health insurance
-  *Access to health*
Tuberculosis control
-  *Access to work*
Social microfinance
-  *Access to work*
Professional training and integration

Madagascar



India



Togo



Burkina Faso



Bangladesh

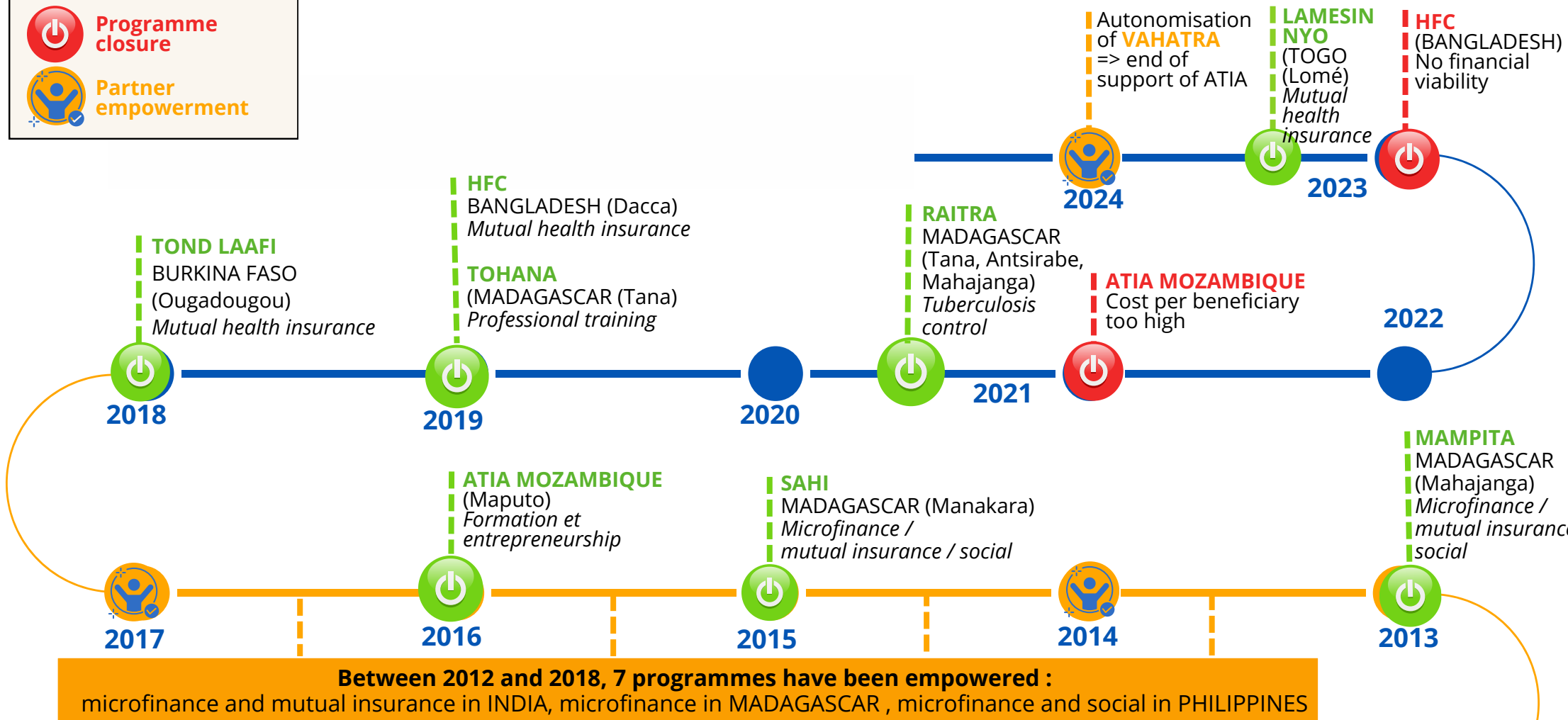


Photo : operating zone in Mumbai (India)



LEGEND

-  Programme opening
-  Programme closure
-  Partner empowerment



SCIENTIFIC TOOLS TO MEASURE THE ONGOING IMPACT OF ACTIONS IN THE FIELD

1/ THE FAMILY PHOTO : A MULTIDIMENSIONAL TOOL FOR MEASURING POVERTY

In line with the Inter Aide charter, ATIA seeks to systematically target the most vulnerable populations. Beneficiary families are selected using a social categorisation tool, based on the Multidimensional Poverty Index developed by Oxford University for the United Nations Development Programme.

This ATIA tool, called "the family photo", assesses a household's level of poverty according to 17 criteria divided into five dimensions (housing, education, health, economy, administrative). The more deprivations a family suffers on the criteria assessed, the lower its score and the closer the graph is to the centre of the circle.

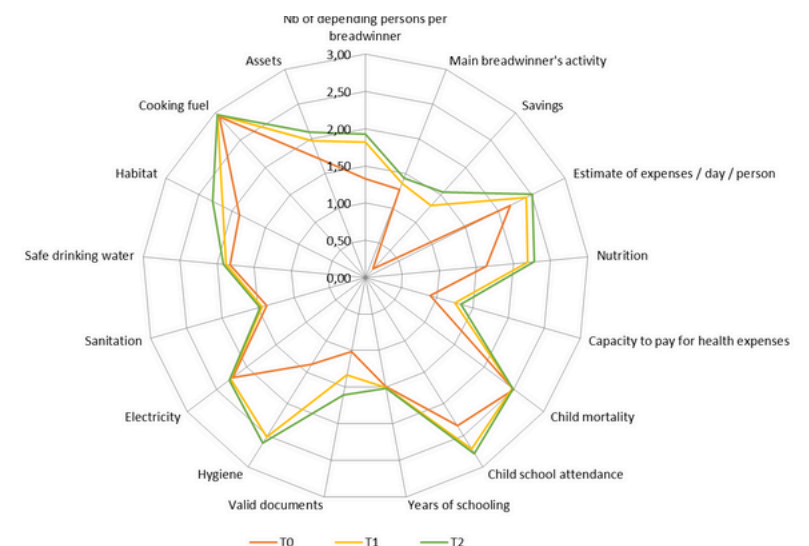
The "family photo" is measured when people join the programme, and then at regular intervals. This enables us to select beneficiaries according to their level of poverty, and then to measure their progress during their support, in order to verify the impact of our actions and the sustainability of that impact.

Our aim is not just to improve the living conditions of the families we support, but more generally to empower them and strengthen their ability to solve their own problems.

The family photo on the right refers to 1,334 Indian families receiving psycho-social support in Mumbai and Jaipur in 2023. At the start of the programme, the average score is 28.1 out of a total of 51, indicating a high level of poverty (inclusion criterion for the programme: < 35).

Between the beginning (T0) and the end of the support (T1 after an average of 7 months after the start of the programme), the score rose by an average of 5.4 points on all items and continued to rise 6 months after the end of the support (T2), reaching a score of 35.1. More specifically, the areas in which the programme improved the lives of the families were: regularity of savings (+1.4), level of hygiene (+1.2), nutrition (+0.6), number of people with an income (+0.6), administrative documents (+0.6) and children's schooling (+0.4).

Changes in the family photo score between programme entry (T0), exit (T1) and six months after exit (T2)



2/ THE RESILIENCE SCALE

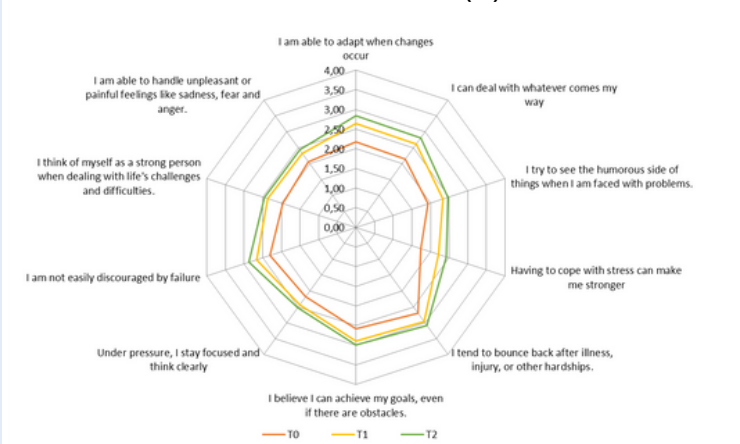
ATIA measures the resilience of its beneficiaries using the Connor-Davidson scale¹, which is already used in many countries and has a high degree of statistical robustness. In particular, it has a good internal consistency index (i.e. it measures the same thing each time) and validity (i.e. it measures well the degree of resilience of a population).

It became apparent that this scale was not easy to use by social workers (SW) as the questions are often abstract and difficult to understand for our beneficiaries (and for the SWs). The local translations, in Hindi and Malagasy, were therefore reworked to facilitate their appropriation.

Comparison between the situation at the start of the programme (T0), at the end of the programme (T1) (on average 7 months after the start of the programme) and 6 months after the end of the programme (T2) for 444 Madagascan families being monitored in Antananarivo in 2023.



Changes in the family photo score between programme entry (T0), exit (T1) and six months after exit (T2)

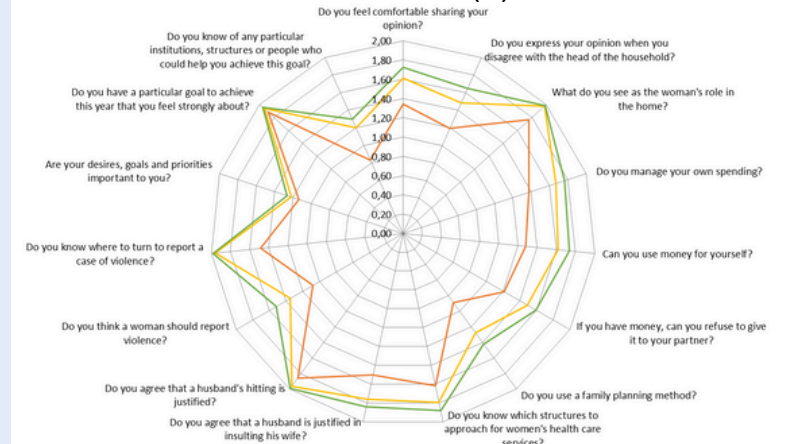


3/ THE EMPOWERMENT SCALE

In order to analyse the situation of women benefiting from the programmes support and to monitor the evolution of their capacity to make strategic choices, ATIA has developed an "empowerment scale" based on various existing scientifically validated scales. Versions in Hindi and Malagasy are administered on the field.

"The ATIA empowerment scale" assesses very concrete aspects of the situation and representations of the women : 4 questions on mobility; 4 on decision-making within the family; 2 on financial autonomy; 1 on nutrition; 2 on domestic physical violence; 1 on sharing domestic tasks.

Changes in the family photo score between programme entry (T0), exit (T1) and six months after exit (T2)



4/ THE GRID OF PRIORITY SOCIAL OBJECTIVES

To help families improve their living conditions, ATIA has created a grid of priority objectives used by its partners to

- 1/ identify with the family its priorities on which to work during the support
- 2/ monitor the achievement of these objectives by number and by theme, during the support and after the support.

This grid contains 27 objectives divided into 5 themes: health, birth, education, administrative documents, and psycho-social. For these objectives, the following are also collected and analysed: the social facilitator's observations and identifiable clues; the family's wishes and identification criteria; and the resolution criteria.



**SOCIAL ACTIONS:
PSYCHO-SOCIAL SUPPORT
AND EMPOWERMENT**

PSYCHO-SOCIAL ET EMPOWERMENT



PSYCHO-SOCIAL SUPPORT IS BASED ON A PERSONALISED, HOLISTIC APPROACH DESIGNED TO IMPROVE THE LIVING CONDITIONS OF THE FAMILIES.

This support is provided through weekly home visits over a period of six months during which the social workers listen, advise and guide the families, especially the women, to boost their self-esteem and confidence, and help them access various social services.

The support begins with an observation and confidence-building phase, followed by the definition of specific objectives based on the immediate needs of the beneficiaries.

These objectives may include improving health conditions, providing access to education, managing the domestic economy or increasing the mobility and autonomy of women in their communities.

The results show a significant improvement in the resolution of families' social and economic problems, with an approach that promotes autonomy rather than dependence.

Once all the households in an area have been met and supported (if they meet our criteria and are interested in the support), the partners look for a new area and roll out the activities there.



CONTEXT

For two decades in Mumbai and since the end of 2017 in Jaipur, ATIA has been working in disadvantaged neighbourhoods to identify and support families in resolving their social problems. This mission is being carried out in collaboration with four Indian partner associations: IADI, Keshav Gore Smarak Trust (KGST), ALERT India, and Lok Seva Sangam (LSS).

GROUP ACTIVITIES

In addition to weekly psychosocial support in their individual homes, partner associations have set up group activities since 2022 to empower women, particularly in terms of mobility and information/prevention of domestic violence.

The women's groups enable participants to address a variety of issues such as mobility, empowerment and domestic violence. Women from vulnerable neighbourhoods in India often face major challenges in terms of mobility due to restrictive social standards and harassment on public transport.

This lack of experience makes women less confident in their ability to cope with unfamiliar environments, which is an "internalised" barrier to their mobility. Only 36% of the women supported by our partners can leave their community unaccompanied. These women's groups aim to strengthen their autonomy and confidence. **163 women belonging to 16 groups participated in the different sessions.**

Women's group ▼



Raising awareness of inequalities and preventing violence among teenagers

To prevent the onset of violence in future couples, the ATIA partners have developed pilot workshops for teenagers to raise awareness on stereotypes and domestic violence.

There are 6 workshops, plus an initial session aimed at the youngsters' mothers to explain the content and allay a few concerns (particularly about the session devoted to physical changes, which is a very sensitive subject in India).

Cultural norms in India do not allow mixed groups. The boys' groups are run by male social workers.

In 2023, 23 workshops were held for 183 girls and 46 boys.



Awareness-raising sessions for mothers-in-law :

In India, the influence of the mother-in-law in inciting violence against her daughter-in-law is significant and has been observed in many cases.

Mothers-in-law may feel threatened by their daughter-in-law's presence in the home and resort to physical or emotional violence to assert their dominance and maintain control. In addition, cultural and societal norms that privilege the authority of the mother-in-law over that of the daughter-in-law can also contribute to this problem, making it difficult for victims to seek help and support.

Awareness-raising sessions for mothers-in-law ("mothers-in-law" groups) aim to bring about a **positive change in attitudes and behaviours within the community and to strengthen relationships between mothers-in-law and daughters-in-law**. The activities are aimed at all mothers-in-law, not just those of the beneficiary women, and create a non-judgmental environment for mutual learning in a discussion group setting.

In 2023, 59 sessions with mothers-in-law were held, with 322 participants.

3087 BENEFICIARIES AND THEIR FAMILIES

received psychosocial support
at home. On average, they
selected
15 goals
and **achieved 10.4**

3 259 PERSON
visited to social services



Visit of the Biwhandi social centre (Mumbai)

FOCUS ON JAIPUR

At the end of 2023, the Jaipur teams left the centre of Jaipur for outlying areas. **They have begun working in vertical slums, where living conditions remain precarious despite the presence of government-built housing.**



Home visit in Jaipur



885 WOMEN BENEFICIARIES AND THEIR FAMILIES

who selected an average of
10 objectives and
achieved 6.5 of them, i.e. **65%**

CONTEXT

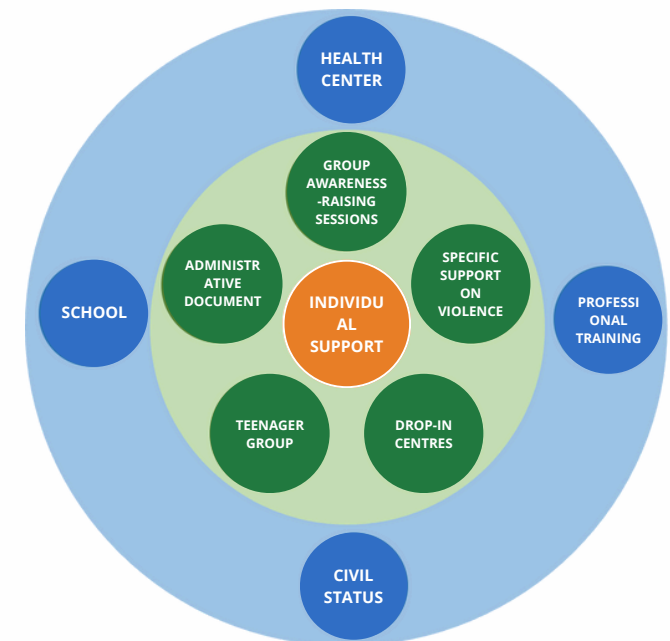
KOLOAINA works with women and their families in disadvantaged areas of Antananarivo. These families, who are often socially isolated, live in precarious housing conditions. The main aim of the psychosocial support provided by KOLOAINA is to encourage families to become self-sufficient, so that they can seize the various development opportunities available to them and improve their living conditions by themselves.

The main areas of intervention are: access to health, education, administrative documents, employment, improving housing and dealing with psychosocial problems, including domestic violence.

As shown in the opposite diagram, KOLOAINA's activities are developed on several mutually reinforcing levels:

- The core of the intervention is individual psychosocial support (orange circle in the centre).
- This is complemented by a number of other activities: drop-in centres, group awareness-raising sessions, the IROP scheme for obtaining administrative documents and specific support for women who are victims of domestic violence (green circle).
- The aim is to support beneficiaries to help them use existing public or private services (shown in the light blue circle).

PRESENTATION OF THE ACTIVITIES OF KOLOAINA BY LEVEL OF INTERVENTION :



Psychosocial support

In 2023, KOLOAINA provided psychosocial support for 885 families in Antananarivo. At the end of the six months, the families had achieved 6.5 of the 10.8 objectives identified on average. **Mothers thus acquire the ability look to the future, plan ahead and identify available resources, whether external (basic public or private services) or internal (spouse, family or in-laws).**



Teenager groups

Along individual support, ATIA and KOLOAINA have developed group activities for teenagers to prevent the onset of violence in future couples. KOLOAINA has developed a partnership with associations catering for young people to run groups of teenagers and has also run workshops with the teenagers of the families it supports.

277 teenagers (123 boys and 154 girls) took part in 73 workshops.

Administrative document section

KOLOAINA also carries out "Kopies Operations" to reduce the number of children under 12 without birth certificates: mass events, individual interviews to compile files and support with administrative procedures until the certificates are obtained. In **2023**, 672 new cases were processed, **613 certificates issued, plus 1,544 certificates from previous cases, giving a total of 2,157 certificates obtained.**

Combating domestic violence

Since 2020, KOLOAINA has been offering a programme to combat domestic violence, with a specific follow-up for 3 to 4 months. 146 women have been supported and informed of their rights, including the options of complaint, separation or mediation. Men are also made aware of their family role. The frequency of violence has clearly decreased, with **86% of women seeing a reduction or cessation of violence after the intervention and a significant reduction in episodes of violence** (from 23 to 9 over a quarter on average).



Home visit

Impact of women support : ATIA measures the development of the people supported (see description of tools on pp. 8 and 9). Analysis of these indicators shows the following changes between the start of support (T0) and 6 months after the end of support (T2):

Level of empowerment :

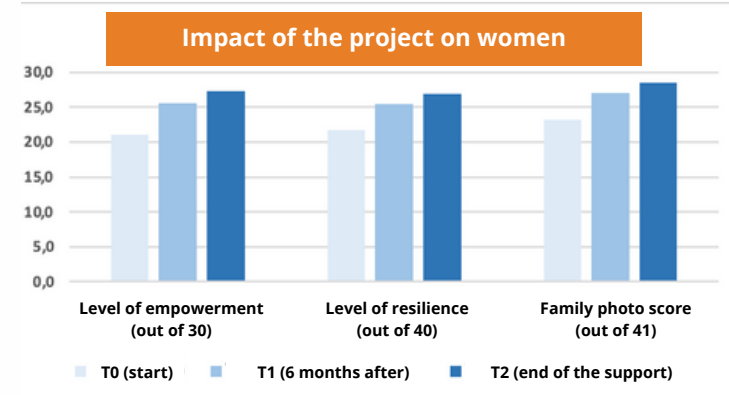
improvement of +6.1 points (out of 30)

Level of resilience :

improvement of +5.1 points (out of 40). At the start of the follow-up, these women's scores were comparable to those measured in cases of post-traumatic stress disorders.

Level of poverty :

improvement of 5.3 points (out of 51), mainly on administrative documents, savings, children's schooling and hygiene levels.





EDUCATION



IN MADAGASCAR, "THIS PROJECT HAS HAD A CLEAR TRANSFORMATIVE EFFECT ON THE MINISTRY OF EDUCATION."

Indeed, the general environment of public education has been improved through quality educational provision despite the limited resources of the State.

With KOZAMA's expertise, public pre-school classes are assured of having quality tools. Monitoring activities have been revitalised at school district level.

In addition, the pre-school educators trained by KOZAMA have become important resource persons who lead the pedagogical days.

In short, this project has demonstrated the complementarity between KOZAMA and the Ministry for the benefit of public schools and especially education for early childhood and the primary level."

(Extract from the project evaluation for 2019-2022 as part of the European Union funding - March 2023)



CONTEXT

In December 2022, the Malagasy Parliament passed a law making pre-school compulsory for children over the age of five.

This legislative breakthrough, the fruit of advocacy work led by KOZAMA and other civil society organisations, marks an important step towards improving access to education and recognising pre-school as a crucial stage in a child's development. Unfortunately, the education system is weakened by a lack of resources and appropriate infrastructure it is unable to meet the needs and struggles to provide learning conditions conducive to the development of young children.

Against this backdrop, KOZAMA's project addresses these issues by strengthening the education system, with a particular focus on the Vakinakaratra region in Antsirabe.

PRE-SCHOOL

2143 CHILDREN
from 3 to 5 years enrolled
in 74 classrooms

Antsirabe

At the start of the 2023 school year, KOZAMA expanded its pre-school programmes in Antsirabe, targeting 14 public primary schools to improve or create pre-school classes. The project was rolled out in several stages, starting with contractualisation with the schools, enabling the specific needs of each establishment to be identified and met. Collaboration with the educational teams was essential, with a focus on training headteachers and equipping classrooms with teaching resources. This individualised approach continued with targeted training and thematic coaching, strengthening the capacity of educators and strengthening the partnership between KOZAMA and the schools.

Antananarivo

KOZAMA has strengthened pre-school provision in 11 schools in Antananarivo, by selecting schools, equipping classrooms and training and supporting teaching staff. Partner schools are chosen for their motivation and their need for infrastructure and educational materials. Initial material support includes the renovation of classrooms, furniture and teaching kits. Training for educators and headteachers is aimed at improving teaching practices, with tailored support over three years.



📌 *Pre-school class supported by KOZAMA*



ACADEMIC SUPPORT

1993 STUDENTS
supported

KOZAMA offered tutoring to the 20 most disadvantaged pupils in each class of the first three levels of primary school in 13 schools in Antananarivo, chosen for their disadvantaged background.

The pupils, identified by their teachers and by their previous performance, benefited from weekly 3-hour sessions covering mathematics, Malagasy and French. The teachers use fun teaching methods to motivate the pupils and improve their performance.

A total of 1,993 pupils completed the programme and made up for their initial lost ground. In fact, **66% of them have been able to progress to the next grade**, which represents a promotion equivalent to that of other pupils with even fewer difficulties at the start of the year.

Academic support courses



Parent and child awareness workshop



AWARENESS

852 MOTHERS
participated with their child.
On average, each of them came **6 times**

KOZAMA's parent-child workshop, aimed at parents of children aged 0-2 and pregnant women, is designed to strengthen parent-child development and relationships through playful activities.

Sessions include learning to play, bathing and massage, and a variety of topics such as nutrition and emotional development. Each workshop offers personalised follow-up and regular assessments of the children's psychomotor development and parent-child dynamics, using the "Piccolo" tool to measure progress.

A total of 852 parent-child pairs took part, and attended on average six workshops each.



SOCIAL MICROFINANCE



T O HELP VULNERABLE FAMILIES IMPROVE THEIR LIVING CONDITIONS, ATIA TAKES PART IN THE CREATION OF LOCAL MICRO-FINANCE INSTITUTIONS, THAT OFFER SEVERAL INTEGRATED SERVICES:SEVERAL INTEGRATED SERVICES:

Economic services :

- Microentrepreneurs receive individual training and support in assessing their expenditure and income, and in formalising a loan application.
- The first loans are for a limited amount (around EUR 60), with no loan guarantee required. Those who are successful and whose business grows can continue to borrow increasing amounts.
- They save at the same time as repaying the loan.

Health services: microentrepreneurs and their families join a mutual health insurance scheme.

Social services: those who so wish benefit from family support to resolve social problems prior to, or in parallel with, their economic project.

IMPACT :

- Beneficiaries create or develop an income-generating activity
- They build up savings
- Their general standard of living improves (health, housing, children's schooling, etc.)

2023: final year of ATIA's support to VAHATRA
2024: VAHATRA is technically and financially autonomous.

FROM CREATION TO AUTONOMY... A 20-YEAR HISTORY!



Since 2002, Inter Aide and then ATIA have been supporting the VAHATRA Association in developing social microfinance in the Antsirabe region.

Like the other microfinance associations created and supported by ATIA, the association offers a combination of microfinance, mutual health insurance and social support services for the most vulnerable.

Today, VAHATRA employs over 300 persons, entails 38 branches and sub-branches and support 17,500 borrowers a year. At this stage of its development, VAHATRA has had to separate, for legal reasons, the microfinance activity (productive loans, economic training and savings), now carried out by **Société VAHATRA**, from the social and health activities, now covered by the **NGO VAHATRA**. Although the two structures are statutorily distinct, families will continue to benefit from all the services, without any change for them.

Given VAHATRA's level of maturity and autonomy in all areas, as well as the successful transfer of skills on a long-term basis, ATIA and VAHATRA have mutually agreed to end ATIA's support as of 2024.



➤ **Ms Yvette, a VAHATRA borrower since 2014.** She is 35, married and has three children, all of whom go to school.

Her first loan (of €30) enabled her to develop her pig farm. Since then, her business has grown and diversified and she is now on her 8th loan, for €850.

In 2021, she was trained in pig rearing and in running training courses, enabling her to train 287 VAHATRA partners.

Thanks to the various loans and her role as a relay farmer, she has been able to develop her activities and buy plots of rice land, allowing her entire family to be self-sufficiency in rice production.

Her dream is to have her children to succeed at school and to continue developing her livestock.

RESULTS 2023

- 17,627 micro-entrepreneurs benefited from productive loans, savings services and training.
- 21,856 borrowers attended the compulsory pre-grant training sessions (some attended several sessions).
- 892 families receiving dynamic family support achieved 65% of the objectives they had set themselves at the end of the monitoring period. Each family received around 16 visits over 7 months.



➤ **Borrowers in training**



VAHATRA in 2023 :

17 627 BORROWERS

21 174 loans

Reimbursement rate : **94,5%**

892 families receiving social assistance



FOCUS ON AGRICULTURAL ACTIVITIES

VAHATRA continues to offer agricultural training (livestock rearing, market gardening) to enhance the agronomic skills of its staff and borrowers.

Madagascan farmers are facing increasing difficulties as a result of climate change: changes in rainfall patterns leading to more intense periods of drought or flooding, the appearance of new diseases and a reduced soil fertility.

To meet these challenges, VAHATRA has encouraged the creation of **a network of 90 relay farmers, who are technical reference points in their area** and have received specialised training.

These farmers have in turn been able to train other micro-borrowers: in 3 years, 6,590 VAHATRA borrowers have been trained by their peers in more environmentally-friendly farming techniques and 35,569 have been made aware of the need to mitigate and adapt to climate change.

Finally, VAHATRA has developed a tree nursery. In 2023, it sold 26,550 tree seedlings, at a symbolic price, to beneficiaries who wished to plant them on their land. As part of the annual reforestation campaign, forest and fruit seedlings were distributed to 25 branches for planting by vulnerable farmers.



A relay farmer from VAHATRA



CONTEXT

ATIA provides technical and financial support to the MAMPITA association, which is based in Mahajanga, Antsohihy and Port-Bergé (north-west of Madagascar). It now has a Madagascan management team. An expatriate ATIA manager remained on site full-time to provide technical support until the end of 2023. From 2024, MAMPITA will be supported by ATIA remotely, from head office and via regular missions to the field.



Home visits as part of family support services

ACTIVITIES

2023 was a year of growth for MAMPITA thanks to the ramp-up of the new Antsohihy (2021) and Port Bergé (2023) branches, the new Mahajanga branches and good control of processes. The number of microcredits has increased by almost 59%. Risk is also well under control, as demonstrated by the very good “PAR 30” rate of 5% (the best among our partners).

In terms of family support, 2023 was a year of transition, with a slight reorganisation to optimise home support for issues other than administrative ones. The latter (applications for birth certificates and identity papers), which often take a long time, are now dealt with on a permanent social basis, which is more efficient and less costly. This readjustment has made it possible to concentrate home-based support on other social issues (education, violence, hygiene, etc.) and to improve the rate of resolution of objectives.

The mutual health fund takes advantage of the growth in the economic sector. Mampita must continue to encourage families to use it, in the event of illness.



Home visit as part of signing up to a mutual health insurance scheme

2551 BORROWERS

2968 loans

Reimbursement rate : **98%**

259 families receiving social assistance



RESULTS 2023

- **2968 loans granted** (+59% compared with 2022) to **2502 micro-entrepreneurs**, 87% of whom are women. The activities financed are mainly retail (85%) and handy craft (11%). **The recovery rate over the year was 98%.**
- **259 families were assisted at home by social workers**, and 58% of the objectives were achieved (identity papers, hygiene, children's schooling, family planning, etc.). In addition, **1,763 people visited the social services in the 4 MAMPITA branches** during the year.
- **All borrower families have joined the mutual health insurance scheme**, which covers primary care, hospitalisation and childbirth. 1,759 claims were paid.
- **A new branch was opened in 2023 at Port Bergé near Antsohihy.**

PERSPECTIVES 2024

- **Opening of a new branch** in Ambondromamy.
- **Increase in the number of beneficiaries.**
- **Expansion of the basket of reimbursed treatments** by the mutual insurer at the Antsohihy branch.

To date, Mampita has achieved a good level of operational autonomy and is developing well. The coming year will be important in terms of financial autonomy, thanks to active local fundraising leading to an increase in Mampita's self-financing.



➤ *Young woman, beneficiary of MAMPITA, who has just given birth*

◀ *Business of a beneficiary of MAMPITA.*



CONTEXT

With the support of ATIA, SAHI works with Inter Aide and various local organisations (the Fagnimbogna farmers' federation and the Finaritre cooperative) to help vulnerable families in the Vatovavy-Fitovinany region (south-east Madagascar). SAHI offers its services in rural and urban areas of Manakara.



Visit to the sales outlet of a beneficiary in Manakara

ACTIVITIES

New activities were developed in 2023. The various branches which led to a large number of recruitments and training courses. The results targets were almost achieved everywhere, but still greater progress is expected in 2024.

SAHI opened a new branch in Manakara Nord in August and a new sub-branch in Vohipeno in Andemaka in December. For this more rural region, SAHI plans to expand its range of rural lending products to better meet the needs of families.

During the summer of 2023, SAHI's social workers launched new workshops for children and their parents.



Application workshop at the SAHI head office

As for the mutual insurance scheme, enrolment is being phased in at the Manakara branch. It will be rolled out to the other branches at the beginning of 2024. The agreements with local health players have taken longer than expected.





RESULTS 2023

- SAHI opened a new sub-branch from Vohipeno to Andemaka and a branch in Manakara North.
- 1446 productive loans were granted to 1177 micro-entrepreneurs, 82% of whom were women.
- In addition, 161 families received support at home to solve their social problems (79% of objectives achieved).

In rural areas, as last year, several types of credit were granted to the Federation to support the rice industry:

- 13 campaign loans (loans to buy fertiliser and seed and to pay for labour),
- 28 collection loans (loans to buy paddy at harvest when the price is lower, then store it and sell it when the price rises),
- 20 storage loans
- 72 tons of paddy rice stored

1 177 BORROWERS

1 446 loans
82% of women

161 families receiving social assistance

VISIBILITY ACTION :

Participation in the celebrations for **International Women's Day** enabled SAHI to establish a collaboration with the Ministry of Population and the training centre, and to agree on the development of activities for women in the Manakara district.

PERSPECTIVES 2024

- Strengthening local teams to intensify and improve activities;
- Implement a satisfaction survey among beneficiaries and partners;
- Creation of a branch and a sub-branch;
- Deployment of the health mutual fund in two branches;
- Customer segmentation to better meet individual needs;
- Development of rural loans.





PROFESSIONAL TRAINING

PROFESSIONAL TRAINING



THE OVERALL OBJECTIVE IS TO COMBAT POVERTY AND PROMOTE SOCIO-ECONOMIC INTEGRATION BY EMPOWERING AND STRENGTHENING THE SKILLS OF THE MOST POOR.

In Madagascar, most of the economic activities of vulnerable people in the slums are in the informal sector: the women are washerwomen, water carriers and child minders keepers; the men are rickshaw pullers, handymen, bricklayers, etc. Their incomes are characterised by their low amounts (less than one euro a day) and their irregularity.

Access to employment is a major factor in the development of families. It improves their situation both economically and socially.

Many companies, particularly in the Antananarivo free trade zone, are looking for workers with few or little qualifications. However, the integration of this population into companies poses difficulties due to their low level of education, lack of professional skills that can be adapted to the formal environment and behaviour that is not in phase with the demand of the company.

The courses on offer are designed to meet these challenges.



ACTIVITIES

In partnership with JACADI and the Madagascan company LOI, ATIA has continued to support the TOHANA association in the training and professional integration of women who have completed their support with KOLOAINA. Two sewing workshops were opened in Tana in 2023:

- **25 women were trained in the Anosibe workshop, as apprentices,** and produced accessories (bags, pouches) sold in Jacadi shops in France
- **25 people were trained in the Andavamamba workshop, producing protective masks.** There are plans to produce T-shirts for the local market.

To accommodate the children of the beneficiaries, TOHANA opened a creche in May 2022. By 2023, 30 children had benefited from this facility, 3 women received training in childcare skills.



Examples of production :

for JACADI shops (left)

and for the local market (right))



A MODEL WITH A STRONG SOCIAL IMPACT - A SECURE TRAINING PATH -



53 WOMEN TRAINED

79% professional integration

Average age : **24,5 years**

Family photo 6 months after training:

+8,6 points

30 children welcomed at the creche



▲ **Making pockets in « Liberty » fabric**

IMPACT :
The TOHANA association helps to improve the standard of living of families in very precarious situations.

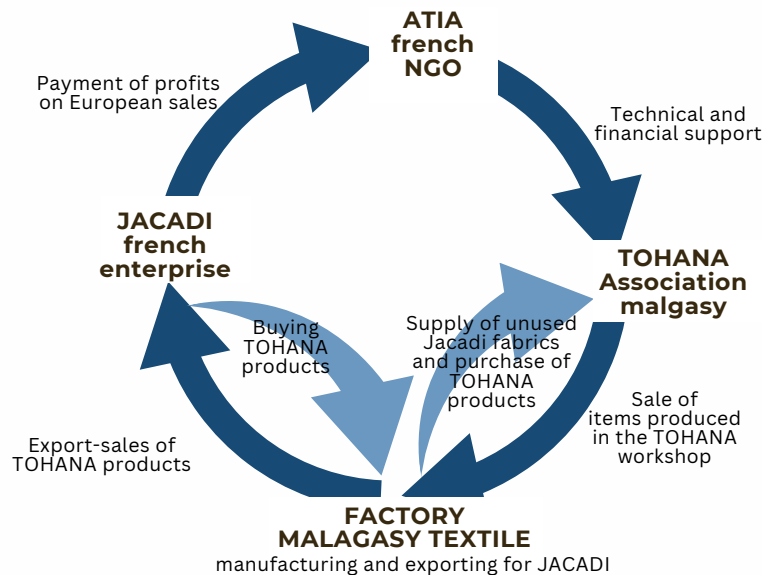
Thanks to technical and behavioural training, apprentice seamstresses learn a trade and gain initial professional and social experience that they can use to their advantage with a future employer with a view to finding long-term employment.

➔
The workshop was built and equipped in 2023 in accordance with current safety and working standards.

Ground floor: the "AKANY KIDS" crèche.
Upstairs: the sewing workshops.



PARTNERSHIP WITH JACADI : AN EXAMPLE OF SOCIAL BUSINESS



▲ **Leisure and educational activities at the AKANY creche**



▲ **A mother being trained with her daughter at the AKANY creche**



ACTIVITIES

ECFORME offers short-term training courses, mainly for very vulnerable women and young people, in three areas: data entry and call centre operators; housekeepers and home helpers; cutting and sewing and industrial tailoring. The aim is to enable these people, who come from precarious neighbourhoods in Tana, to find stable employment and improve their standard of living.

▾ Graduation ceremony



3 OBJECTIVES :

- **prepare them for the world of formal and no formal work**, by acquiring the relevant behavioural, technical, practical and professional skills in sectors with high employment potential;
- **pass on to them the culture of work as a means of empowerment** (in a company or as a self-employed entrepreneur);
- **help them find and keep decent, lasting jobs**, and make them aware of the protections afforded by employment law.

4 STEPS :

- 1 - Awareness-raising in low-income neighbourhoods** to publicise existing training opportunities and select future trainees;
- 2 - Preliminary basic training, with a focus on behavioural skills**, consisting of a general refresher course for applicants, who are usually young and have dropped out of school (major themes: communication/relationships;

2023 :
250 BENEFICIARIES TRAINED



▴ *Cookery lessons*

- hygiene/health/appearance; world of work; social rights; managing the family budget);
- 3 - Short technical training courses** to acquire minimum professional skills;
- 4 - Job placement**, by putting jobseekers in touch with job providers and helping the latter find decent work.



THE LACK OF FINANCIAL RESOURCES AND KNOWLEDGE LEADS PEOPLE TO GIVE UP OR DELAY ACCESS TO HEALTHCARE. FAMILIES ARE BECOMING POORER IN ORDER TO ACCESS HEALTHCARE, AS THEY ARE FORCED TO DIP INTO THEIR CAPITAL OR SELL ASSETS.

ATIA provides micro-health insurance combined with medical and social services in areas where vulnerable families have no access to health cover.

- The family health contribution costs between EUR 1.5 and EUR 3 per month (to cover 4 members of the household).
- This contribution covers the cost of care (the mutual fund is balanced).

This micro-insurance service is complemented by a medico-social service aimed at increasing knowledge and understanding and removing socio-cultural barriers to access to healthcare (beliefs, rumours, stereotypes, etc.). This service includes :

- Routine home visits and visits in the event of illness.
- Accompaniment to hospital.
- 24-hour telephone helpline.
- An in-branch helpline.
- A medical hotline (for some mutual insurers) to listen, advise and guide them.
- Prevention and screening campaigns.



New programme ATIA : LAMESIN NYO

CONTEXT

Togo is one of the least developed countries in the world, ranked 162nd out of 188 on the Human Development Index (HDI 2021). **ATIA has developed a partnership with the Togolese microfinance institution ASSILASSIME SOLIDARITÉ, supported by the French NGO Entrepreneurs du Monde.**

The ASSILASSIME SOLIDARITÉ micro-entrepreneurs and their families work in the informal sector and have no access to health cover. This lack of access to healthcare contributes to malaria being the leading cause of morbidity and mortality in the country.

Following a robust preliminary study, consisting of an opportunity study in 2020 and a feasibility study in 2021, we have supported **the creation of a Togolese health mutual, "LAMESIN NYO".**

ACTIVITIES

Membership of LAMESIN NYO is systematic for ASSILASSIME SOLIDARITÉ borrowers and voluntary for group members.

ASSILASSIME SOLIDARITÉ has ten branches in the Greater Lomé region. Each branch has between 1,000 and 4,000 micro-borrowers.

LAMESIN NYO began by offering health cover to two branches, Adidogome and Agoé. Roll-out to the other eight branches will be gradual over the next three years.

The concepts of foresight and solidarity are new to ASSILASSIME micro-borrowers. It is therefore important to inform and raise awareness among beneficiaries about these new concepts to ensure that they use the services of the health mutual and are convinced of their relevance.

LAMESIN NYO has developed three awareness-raising modules on its mutual's services: 1) presentation of the mutual fund, 2) process of joining the mutual fund, 3) services and activities of the mutual fund.



Raising awareness of mutual insurance during a group meeting at Adidogome
(Yayra Amene group – August 2023)



📌 **VHome visit to a beneficiary in Agoé (september 2023)**



HOW IT WORKS :

- **Membership fee:** FCFA 2,000 (€3) per family per month
- **Number of members covered:** 4 (1 main member + 3 dependants)
- **Care covered:** 70% of primary care, hospitalisation and childbirth with approved care providers.
- **Medical and social services:** home visits, hospital visits, telephone helpline, etc.

RESULTS

In 2023, LAMESIN NYO will have :

- 1,400 uses of the medico-social service** (home visits, calls to the helpline, etc.), creating a bond of proximity and trust and providing a place to listen, exchange ideas, get advice and simply receive support. Medico-social services also help to remove socio-cultural barriers - rumours, beliefs, stereotypes - that limit the use of mutual insurance services.
- more than 7,000 beneficiaries made aware** of how to use the mutual's services
- 9 public health facilities (= medical and social centres) in its network of approved health service providers.** Beneficiaries benefit from third-party payment in these centres.

ATIA has succeeded in its bid to get membership up and running in two ASSILASSIME SOLIDARITÉ branches, and to start paying for the care of these micro-borrowers in November 2023.

➔ **Raising awareness about mutual insurance during a group meeting at Adidogome (group Adzo – October 2023)**

In two months:

927 BENEFICIARY FAMILIES
173 treatments covered for a total of around **1900 €**



📌 **Raising awareness of mutual insurance during a group meeting at Adidogome (group Adzo – August 2023)**





CONTEXT

Burkina Faso is one of the least developed countries in the world, ranked 184th out of 191 on the Human Development Index. In Ouagadougou, the capital, strong demographic growth is leading to the development of vast areas of informal housing on the outskirts of the city. It is in these neighbourhoods, which lack basic services and where vulnerable populations are concentrated, that we are working with TOND LAAFI, a local association created in June 2018 with the support of ATIA. The aim is to provide mutual health insurance.

We are working in partnership with the Burkinabe microfinance institution YIKRI (supported by the French NGO Entrepreneurs du Monde), whose micro-entrepreneurs have been gradually joining TOND LAAFI since May 2019. **Borrowing makes membership of TOND LAAFI compulsory;** members of groups who save money without borrowing can join on a voluntary basis.

NEW ACTIVITIES

Based on the observation that men make less use of mutual health insurance services than women, TOND LAAFI has set up a **"fathers as witnesses" programme.**

The aim of this programme is to raise awareness among men on the importance of seeking treatment at a recognised health centre. The aim of the programme is to overcome the obstacles to men using healthcare: the image of the powerful man who doesn't fall ill, the negative reception when visiting a health centre (for reasons of male pride, they don't use their membership card), self-medication and alternative medicines.

To achieve this, TOND LAAFI is going to **train 22 fathers** who are members of the mutual health insurance scheme in methods of raising awareness and to the services offered by the mutual health insurance scheme and in understanding the benefits of the scheme. Once trained, the "witness fathers" will go out and meet other men who benefit from the mutual insurance scheme.

The aim is to encourage them to change their behaviour and, ultimately, improve their access to healthcare.

TOND LAAFI will begin with a pilot project in the Pabré area (YIKRI's fifth branch). Awareness-raising activities will start in 2024.



Medical service at Tanghin Dassouri in the village of Doure (january 23)





➤ **Group meeting at Tanghin Dassouri in the village of Doure (January 2023)**



HOW IT WORKS :

- **Membership fee:** FCFA 1,000 (€1.50) per family per month
- **Number of members covered:** 4 (1 main member + 3 dependants)
- **Care covered:** 60% of primary care, hospitalisation and childbirth with approved care providers.
- **Medical and social services:** home visits, hospital visits, telephone helpline, etc.

RESULTS

End 2023, TOND LAAFI :

-has 150 health facilities in its network of approved health service providers (compared to 126 by the end of 2022), including 97 public health facilities, 29 medical centres or medical centres with a surgical unit, 3 hospitals, 20 pharmacies and 1 pharmaceutical depot. Beneficiaries benefit from third-party payment in these centres.

-has been able to provide 50 public health facilities, according to their expressed needs, with equipment kits consisting of small surgical boxes, a small delivery kit, gurneys, gowns (for depot staff), scales, electric thermometers, electric blood pressure monitors and benches for waiting rooms. These kits vary from one health facility to another, depending on the needs expressed.

-recorded 49,970 uses of its medico-social service (home visits, calls to the duty desk, attendance at information sessions, etc.).

14 486 BENEFICIARY FAMILIES
23 547 treatments covered for a total of around **176 962 €**

In 2023, 65% of beneficiaries were using healthcare (+ 10 points compared to 2022). These results are due in particular to the individualised medical and social support offered by TOND LAAFI, the densification of the network of healthcare providers, the team's strong commitment and the fine-tuned and dynamic management of multiple partnerships (YIKRI, healthcare partners, institutional partners, technical and strategic support from ATIA).



➤ **Group meeting at Tanghin Dassouri in Doure village (January 2023)**



CONTEXT

AATIA provides technical and financial support to four mutual societies in Madagascar: AFAFI in Antananarivo, VAHATRA in Antsirabé, MAMPITA in Mahajanga and SAHI in Manakara. As the latter three are also microfinance institutions, their results are presented in the "**microfinance**" section.

This page focuses on AFAFI, which provides mutual health insurance services exclusively to partner groups (microfinance institutions, associations, cooperatives, etc.). These groups, which affiliate their members to AFAFI, will number 31 by the end of 2023 (compared with 25 in 2022).



AFAFI office in Fokontany Ambohimamory in the commune of Andranonahoatra (october 2023)

NEW ACTIVITIES

AFAFI's prospecting of new groups of beneficiaries was fruitful in 2023, with **two new partnerships and the membership of 556 new families:** *Made for a Woman*, a social enterprise based in Madagascar which objective is to give a better life to women artisans through the traditional art of weaving; and *Fondation Mérieux*, which supports associations working in the social and educational fields.

AFAFI has also set up an innovative project to test the capacity of a decentralised entity to be the distribution level for Universal Health Coverage (and therefore to receive a specific allocation for this additional public policy). This project is being carried out in conjunction with its long-standing partner, the city of Andranonahoatra.

AFAFI has also been selected in 2021 for a pilot project to subsidise public healthcare, in partnership with the Ministry of Health in the city of Ste Marie.

AFAFI covers vulnerable people in Ste Marie, identified by the Ministry of Population, for whom the contribution is 100% subsidised (the contribution is 750 Ar per person per month for 100% coverage of expenses incurred in public health establishments).

AFAFI benefits from a dense and well-distributed network of health service providers in Antananarivo, comprising 279 health facilities, including 15 hospitals, 141 private doctors and Basic Health Centres (CBS), 63 public CBS, 34 pharmacies, 9 laboratories and 17 specialised centres.



Visit at the point of sale of a beneficiary in the commune of Andranonahoatra (october 2023)



RESULTS

Thanks to its innovative projects in Ste Marie and the city of Andranonahoatra, and its awareness-raising work in the field with its partners, AFAFI has managed to enrol more families than expected, i.e. 7,168 new families.

In 2023, 20,274 families have benefited from health cover thanks to AFAFI (56,767 people), compared with 17,171 families in 2022..



HOW IT WORKS :

- **Membership fee:** an average of 3,500 Ariarys (€0.75) per family per month
- **Number of members covered:** 4 (1 main member + 3 dependants)
- **Care covered:** primary care, childbirth and hospitalisation (100% in the public sector and 50% in the private sector), subject to a ceiling.
- **Medical and social services:** home visits, hospital visits, telephone helplines, etc..

20 274 BENEFICIARY FAMILIES

21 983 treatments covered for a total of around **70 773 €**

FOCUS ON : "INITIATIVE MISSONGA" AND "MADMUT"

In addition to the health micro-insurance and medico-social support services, **AFAFI and ATIA are rolling out the MISSONGA Initiative, which aims to improve the quality of care provided by partner healthcare providers.** The initiative brings together self-employed doctors and public health centre managers to discuss medical topics chosen by the participating doctors.

The aim of MISSONGA is to encourage participating doctors to systematically question their care practices (and to make changes where necessary, in order to improve the quality of their practices) by comparing them freely with existing international recommendations, the practices and opinions of their peers and standards of good practice that are well adapted to their work situation.

In 2023, MISSONGA provided four waves of training, bringing together a total of 37 doctors, including two AFAFI medical officers. Topics covered included: acute diarrhoea in children; evidence-based medicine and patient care; high blood pressure; management of gastric disorders in adults.

AFAFI and ATIA also run a mutual support team, MADMUT, which carries out 1 or 2 missions a year to the VAHATRA, MAMPITA and SAHI mutuals, in particular to support the start-up of the mutuals in the new zones. At the request of the mutuals, MADMUT also provides technical advice or analysis, for example on risk management, increasing the basket of treatments, etc.



CONTEXT

Bangladesh, with 171 million inhabitants (2022), is one of the most populated countries in the world. 35% of the population, or almost 39 million people, lived below the poverty line in 2020, compared to 24.3% in 2016.

In Dhaka, the capital, 7.7 million people currently live in shanty towns lacking basic services.

Families face major health needs: a lack of money, which means they have to forego healthcare; a lack of quality and quantity of healthcare services; and a lack of health knowledge, which leads to unsuitable and sometimes dangerous treatment (self-medication).

In 2019, we started a mutual health insurance programme : Health Family Care (HFC) with the Bashantek shantytown community as the target population.

HOW IT WORKS :

- **Membership fee:** 100 takas (€1) per family per month
- **Number of members:** 4 (1 main member + 3 dependants)
- **Medical centre next to Bashantek:** free consultations for members by three doctors from the mutual.
- **Care covered:** 60% of other health expenses (medicines, paraclinical tests, specialist consultations, hospitalisation) and maternity care package.
- **Medical and social services:** home visits, hospital visits, telephone helpline, etc.



Home visit 

PROGRAMME CLOSURE

ATIA decided to close the HFC programme in December 2023 because the cost of care for beneficiaries was too high compared to the cost of the contribution, and beneficiaries were unwilling to pay a higher contribution.

ATIA searched throughout the year for other groups of beneficiaries who might be interested in this mutual insurance service and willing to pay a sufficient contribution, but unfortunately no group could be found. **As ATIA wishes to support mutual health insurance schemes that can eventually operate independently**, it was not possible to continue supporting the HFC programme and the decision was therefore taken to close the programme.

Nonetheless, activities continued in 2023: although the programme was unable to demonstrate its long-term viability, it nevertheless made it possible, throughout its implementation, to improve access to healthcare and secure the economic situation of vulnerable families in Bashantek.



RESULTS SINCE 2020

Since the beginning of the programme in 2020, HFC has been able to offer quality care to 2,100 families in Bashantek, with greater and more appropriate use of health services. In fact, HFC has made it possible to handle 34,880 claims for a total of BDT 6,724,960 (around €67,250).

In 2023, 591 families benefited from the services offered by HFC, i.e. 2,187 people (vs. 980 families in 2022). HFC counted 3,133 uses of the medico-social service (home visits, calls to the helpline, etc.), i.e. an average of 5.3 contacts per member family.

SINCE 2020 :

2 100 BENEFICIARY FAMILIES
34 880 treatments covered for a total
of around **67 250 €**

IN 2023 :

591 BENEFICIARY FAMILIES
11 319 treatments covered for a total
of around **20 479 €**

*Collection of the membership fee
via a home visit*



*Preventive health actions
on hygiene
via a home visit*



*Examination of a young beneficiary
by the head consultant
at the HFC medical centre*





TUBERCULOSIS CONTROL

TUBERCULOSIS CONTROL



A TIA SUPPORTS PEOPLE SUFFERING FROM TUBERCULOSIS IN SHANTY TOWNS TO HELP THEM COMPLETE THEIR TREATMENT:

- Identification of the most vulnerable patients who have just been diagnosed and put on treatment, within the framework of partnerships with public health centres.
- Assessment of their level of poverty (using the "Family Photo" tool) and malnutrition.
- Distribution of food supplements for the poorest and most undernourished patients, for the duration of the treatment.
- Follow-up at home for 6 months to ensure successful completion of the treatment.

- Support and training for patients: answers to their questions, advice on limiting the side-effects of treatment, improving hygiene, reducing the risk of contamination, etc.

IMPACT :

- ➔ Cure rates equal to (or higher than) national targets (>85%) for particularly vulnerable patients.
- ➔ Weight gain.
- ➔ Risk reduction
- ➔ Prevention and medical education



3600 NEW PATIENTS

supported

and **3 800** patients from 2022 assessed

330 children put on preventive treatment

CONTEXT

In the huge metropolitan area of Mumbai, this tuberculosis support programme for patients in the slums is continuing very satisfactorily, both in terms of number of beneficiaries and quality of the support interventions. It constantly adapts to the new needs of a very young and mobile population.

We cover a population of just over two million people in collaboration with 4 Indian NGOs operating in the field (NSVK, PATH, LSS-Mumbai and LSS-Biwhandi), which deploy 28 social workers in deprived neighbourhoods - supported by four teams of data managers, accountants and management officers.

ACTIVITIES AND RESULTS

In 2023, the teams provided therapeutic support to more than 3,600 new tuberculosis patients through supportive home visits. During the treatment of their illness, which lasts a minimum of six months.

The patients who benefit from this support are the poorest of all the tuberculosis patients screened: we support only the 80% most vulnerable of the 5,000 patients referred to us, whom we select using an objective poverty assessment grid (the "family photo" tool).

The results of this therapeutic support are indisputable: only 1% of patients are "lost to follow-up" and 89% of cases are successfully treated.

Social workers are able to support an increasing number of patients thanks to their growing expertise in therapeutic support techniques.



▲ ***A child suffering from tuberculosis. Her mother ensures that she takes her treatment correctly, with the help of the social teams.***



PREVENTIVE TREATMENT OF CHILDREN UNDER 6 YEARS OLD

The presence of a tuberculosis patient in a household exposes all the children to the risk of developing tuberculosis. Preventive treatment of these children can prevent them from developing the disease.

We have therefore decided to step up our preventive actions for children, in partnership with the public health centres in the areas where we work. The teams have started referring children to these centres. Despite some resistance from health workers and parents, we continue to advocate this preventive treatment. The aim is to ensure that all patients' children who are monitored at home have access to this free treatment, so that they do not develop the potentially fatal disease.

As a result, 330 young children have been treated and 8 have been diagnosed with tuberculosis that was already active.

NUTRITION

Given the link between malnutrition and tuberculosis and the need to eat well in order to recover, we provide nutritional supplements for the weakest patients as a complement to their treatment. The teams distribute protein foodsto the extremely malnourished patients with a body mass index (BMI) of less than 15.

For patients with a BMI of less than 18.5, they distribute a family ration bag every month.



Example of a family ration distributed: Dal khichadi, supplemented by dried fruit, protein powder, etc.

SOCIAL

The teams also provide social support to patients and/or their family members whenever the need is identified.

They try to provide help by referring them to a site or institution where the patient can obtain a specific support service for their problem, free of charge (or at minimal cost). The support provided may relate to

- the cost of diagnostic or follow-up tests,
- treatment for other illnesses, for example: dental problems, skin problems, health problems of a disabled child, etc.
- other social issues such as: helping children to go to school, vocational skills and finding a job, obtaining administrative documents such as an identity card, homelessness, alcoholism, etc.



CONTEXT AND ACTIVITIES

In November 2023, the Madagascan Ministry of Public Health carried out its annual review of tuberculosis, during which the **Regional Public Health Directorates of the areas covered by the RAITRA programme presented the effectiveness of ATIA's strategy in the fight against tuberculosis and requested the extension of our areas of intervention.**

The activities carried out at community level by ATIA and its NGO partners are divided into two parts:

1/ Extensive awareness-raising campaigns in poor neighbourhoods on the prevention of the three infectious diseases (HIV / Malaria / Tuberculosis) with incentives for screening, in particular by facilitating awareness and access to health centres for vulnerable people at risk, thanks to several appropriate technical and communication tools and the involvement of numerous partners.

893 TB PATIENTS SUPPORTED

2500 families made aware

a total of 1600 patients monitored since 2022

2/ Support for patients undergoing treatment to help them adhere to the tuberculosis treatment and recover. This support is provided by teams of social workers from ATIA's partner NGOs and consists of home visits during the six months of treatment. The Head of the National Tuberculosis Control Programme (PNLT) emphasised that only ATIA uses this empathetic and personalised approach, which enables to be truly effective at community level.

Given that tuberculosis develops more among the malnourished, and that the disease itself worsens nutritional status, **we have also distributed local nutritional supplements (rice, sugar, vegetable oil) to 160 severely malnourished patients.**

RESULTS

In our areas of intervention, we have been able to increase the number of patients supported by 7.5% and achieve a **cure rate of around 92.8%, compared with the national average of 82% and the WHO target of 90%.**



Family visited by the social worker, who focuses in particular on health education



SOCIAL

The teams also help some patients:

- 1) by solving problems related to their illness**, such as facilitating relations with treatment centres and transporting their medication;
- 2) by referring them to social or medical services** to deal with domestic violence, addictions such as alcoholism, help with getting their children into school, help with obtaining identity cards, etc.
- 3) sometimes accompanying them to the dispensary** when patients may be afraid of being badly received.
- 4) by referring contact cases** (217 adults and 143 children) to the screening centres; around fifteen new cases of tuberculosis were screened in this way.

➔
A social worker gives a young patient the explanations she needs to start her treatment



COMMUNITY

Our teams are actively working in the field with Community Agents (government health workers), focusing on three areas :

- training sessions (around thirty in the 2nd half of 2023)
- joint home visits, sometimes also with Treatment Centre staff. In particular, home searches for tuberculosis patients who have gone missing, or with inaccurate addresses..
- joint information, education, communication and mass screening sessions.

This collaboration with public officials is an important objective in terms of strengthening the healthcare system on the outskirts. It contributes to the sustainability of actions.

CARE QUALITY

Collaboration with the centres is also essential to improve the quality of care in terms of communication, listening skills, the value of explanations given, effective and intelligible prevention messages, non-stigmatisation, etc.



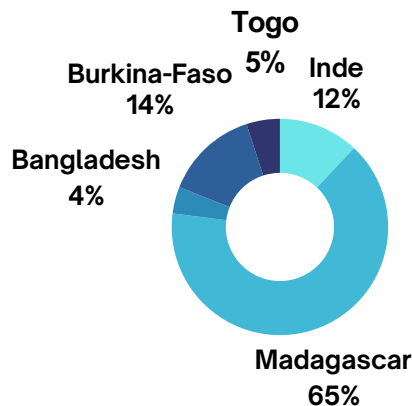
➔ *In blue: the patient with the social worker*

USE OF FUNDS

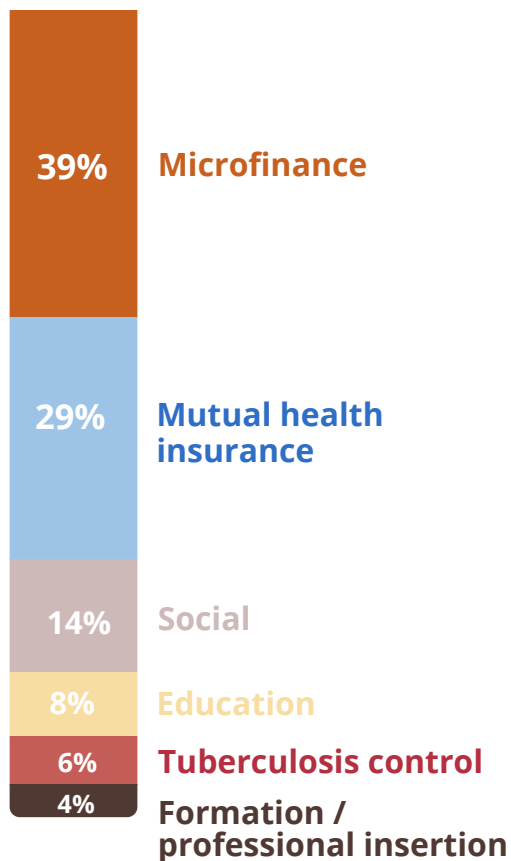


DISTRIBUTION OF HR

FINANCE DISTRIBUTION BY COUNTRY



FUNDING DISTRIBUTION BY THEME :



All our programmes are subject to monthly operational and accounting reports, which are analysed and audited at our head office in France. The certified annual accounts are available on the ATIA website. The annual accounts of local partner associations are also audited and certified by local auditors.

AT THE HEAD OFFICE :

MONITORING PROGRAMMES x7
heads of sector, administrative and financial managers, support managers.

SUPPORT : x3
finance, accounting, HR, admin

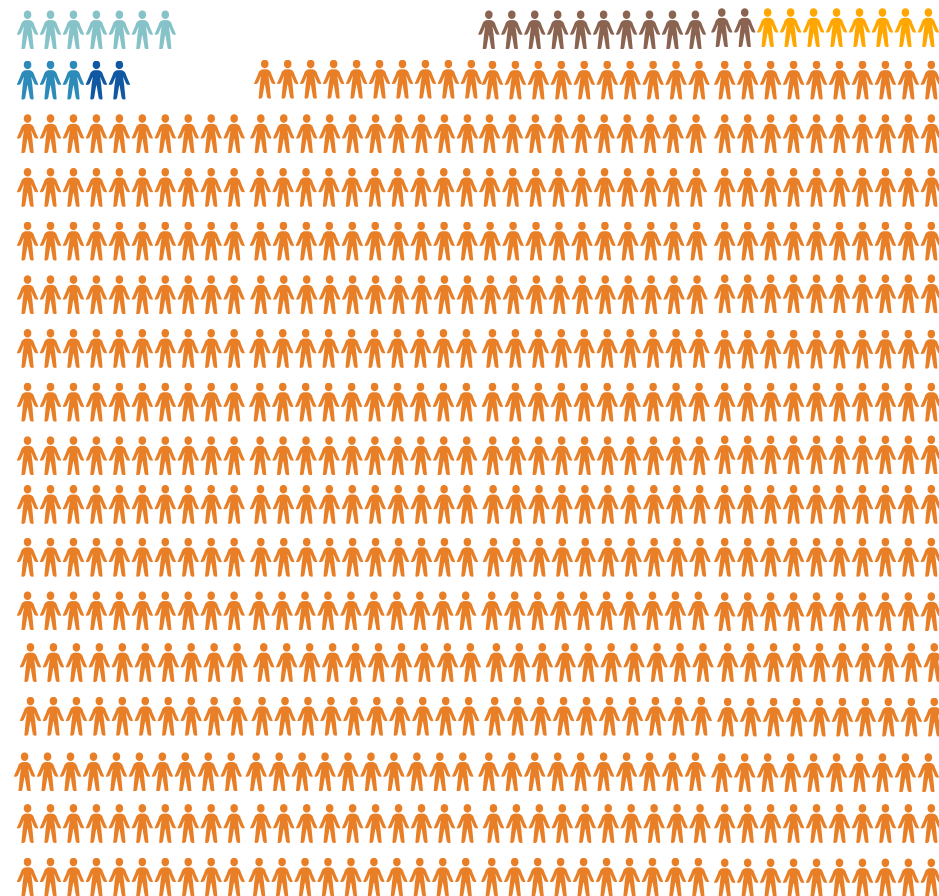
DIRECTION x2

IN THE FIELD :

PROGRAMME MANAGERS x12
& ATIA technical advisors

LOCAL ADMINISTRATIVE TEAM ATIA x7

PARTNERS FIELD TEAMS x630



THANKS TO OUR 2023 PARTNERS



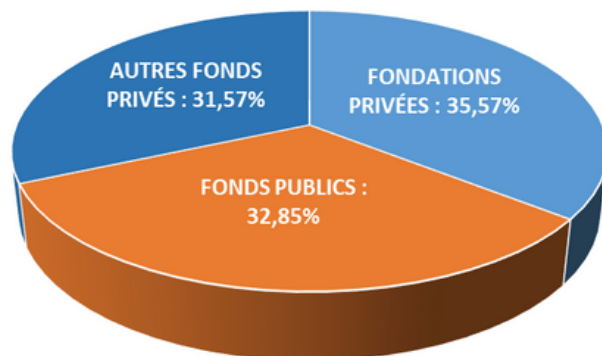
Liberté
Égalité
Fraternité



Fondation d'Aide à l'Enfance et au Tiers-Monde
GENÈVE



Distribution of funds received by type



... and to all those who support us
on an individual or family basis

Photo : AKANY KIDS creche in Tana (Madagascar)



PERSPECTIVES 2024

In 2024, the withdrawal of VAHATRA from the partners supported by ATIA (which was an expected and shared objective in the context of the empowerment of local partners) will result in a sharp fall in the volume of expenditure and the number of beneficiaries, which will be partly offset by the growth of other programmes, in particular the brand new health mutual in Togo. The other two mutuals are at a fairly advanced stage of maturity: AFAFI is continuing to prepare for its autonomy and TOND LAAFI is prospecting for new groups of members in order to consolidate its mutual fund.

The two social microfinance programmes in Madagascar will continue to develop, with deployment in new areas. In the south of the island, the emphasis will be on loans for agricultural activities.

The social activities in Madagascar and India continue to meet strong needs among the population and should continue to grow steadily, if not more. In India in particular, new geographical areas will be explored.

In the field of education, KOZAMA, the first NGO under Malagasy law to receive direct funding from AFD, will have to manage three public funding bodies directly (with the support of ATIA): AFD, the Monegasque Cooperation and the European Union. KOZAMA will also be broadening its geographical scope.

Tuberculosis control should remain relatively stable in India and progress in Madagascar thanks to the development of the RAITRA programme, which is now well underway, provided that the public funding (Expertise France) running until June 2024 is renewed.