

Annual Report 2020



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Introduction



ATIA is a non-profit organization created in 2008 and specialized in developing and implementing development aid programs. 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 sector can be jeopardized by a deterioration in another area (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).

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

- At a social level, our programs aim to reduce the families’ poverty level by reinforcing their motivation and knowledge about their rights and available services;
- At an economic level, we seek to help the families grow their income, either through professional training or through self-employment (social microfinance);
- In our work to improve health care, we develop mutual health insurances for the most vulnerable families in order to help them access public or private healthcare centers nearby;
- At times, we also carry out more targeted actions to address the specific needs we encounter in a specific area (for instance tuberculosis control in Mumbai or education in Antananarivo).

The programs are dependent upon the collaboration between ATIA and local partner organizations: the partner organizations carry out the activities and are supported by ATIA up until they become fully autonomous.

“give the most vulnerable families the tools to improve their living conditions by themselves”

Overview of 2020

- 14 programs
- 47,292 beneficiary families meaning 212,813 individuals
- a total cost of 2,836 kEUR
- 60 EUR/family

Number of beneficiary families in the programs:



Social and educational actions



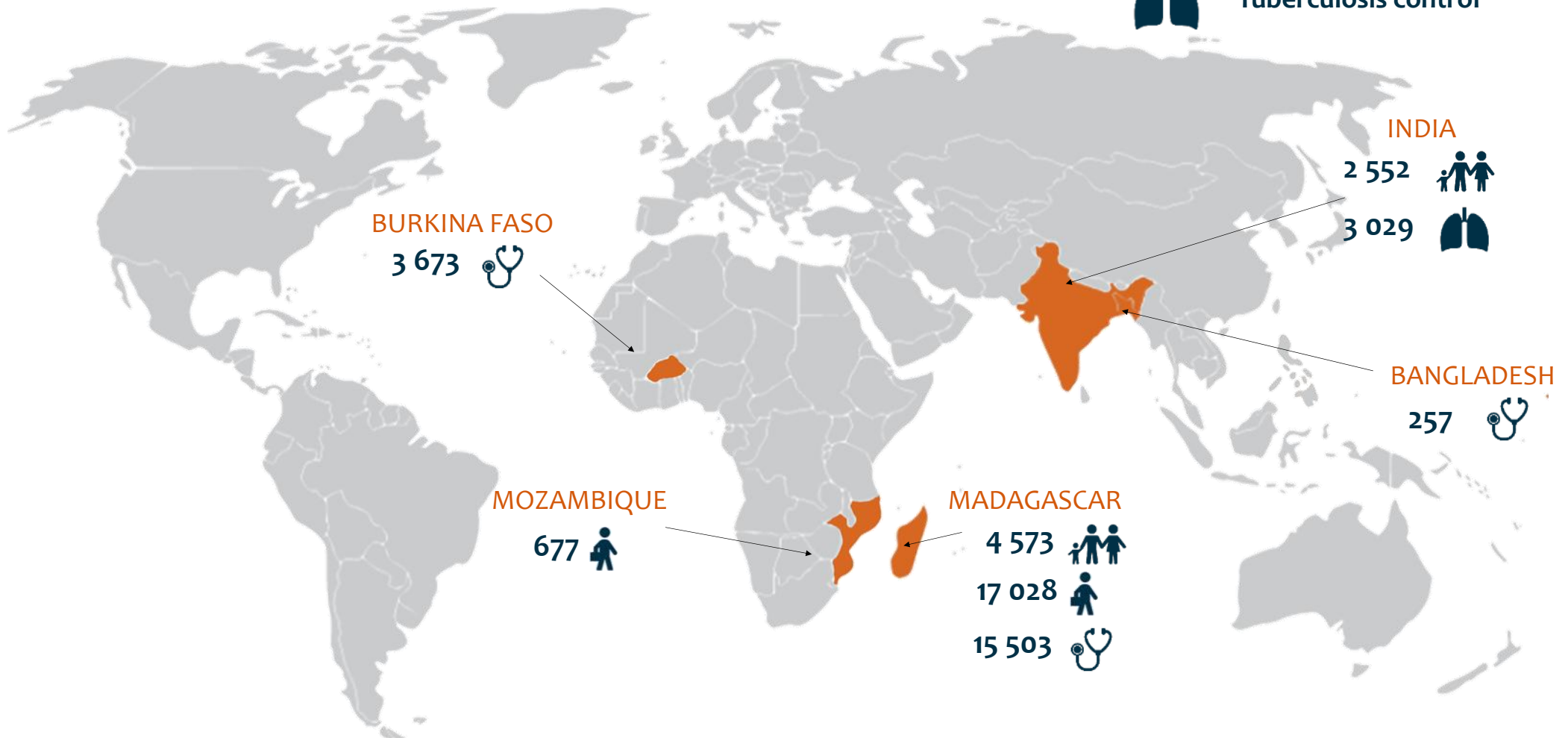
Economic Development



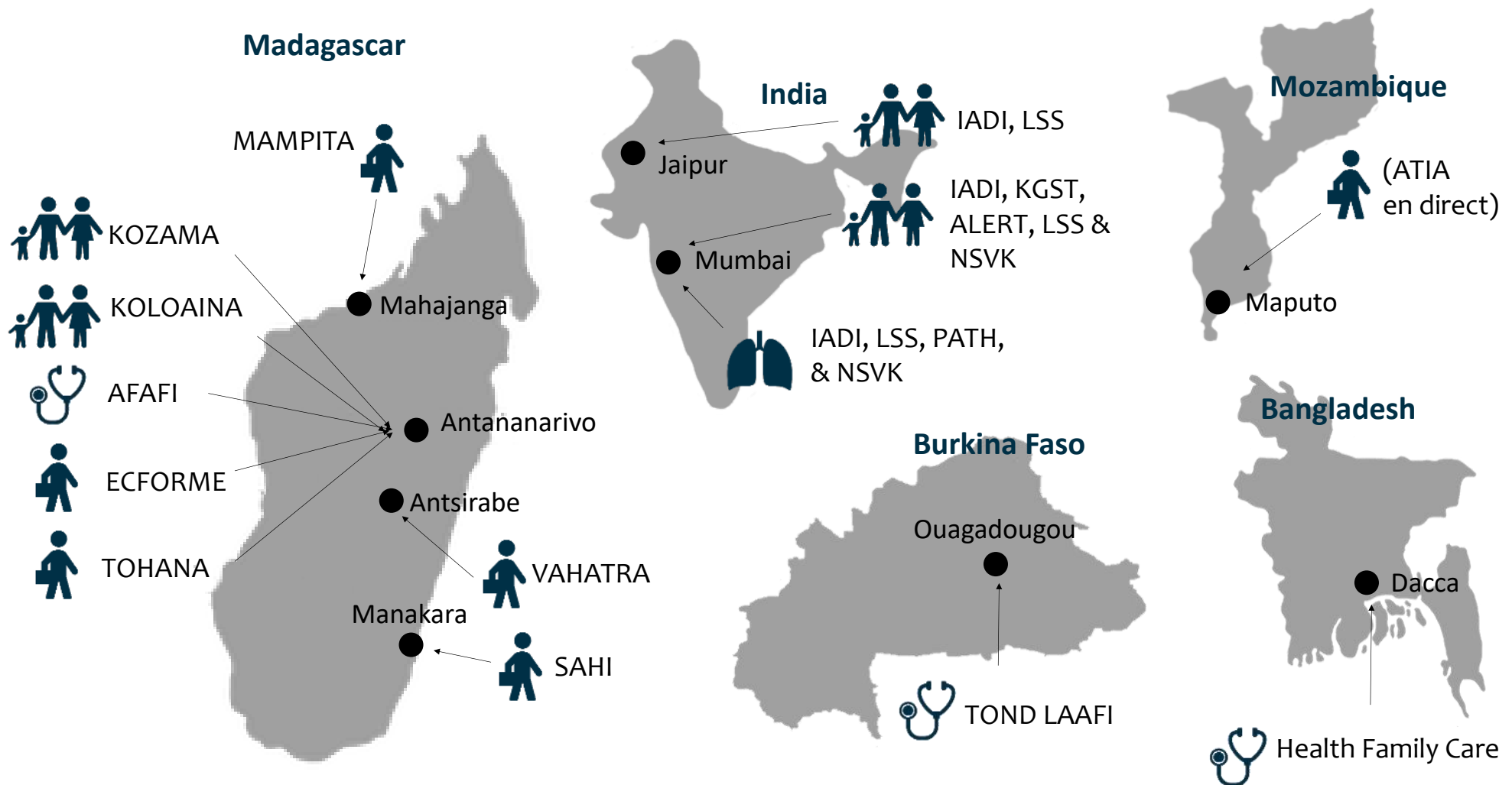
Mutual Health Insurance



Tuberculosis control



Field partners and their locations



We help the most vulnerable families together with local partner organizations, either already existing or created with our support. We are not simply giving financial support, but also help develop and implement the actions. A program manager based in the intervention zone helps the local partners implement the activities and train the teams. The program manager also helps structure the activities, and ensures the activities are of a high quality and that the funds are used properly.

The collaboration with the local organizations is based on official partnership agreements that are updated every year. Once our collaboration partners have achieved a good technical level and organizational and financial autonomy they continue to run the activities by themselves. When it is possible and appropriate, we also work closely with local authorities so that public actors can help us make our activities permanent.

SOCIAL AND EDUCATIONAL ACTIONS

India
Madagascar



METHODOLOGY FAMILY DEVELOPMENT

- The social workers identify the most vulnerable and isolated families in poor neighborhoods
- Together with the families they identify prioritized objectives, for example:
 - Health (family planning, hygiene, children vaccination, etc.).
 - Official documents (ID).
 - Sending children to school.
- Without acting on their behalf, the families are encouraged to take the necessary steps.
- Integrating techniques of “Motivational interviewing”, the social workers accompany the families during the entire process of change through active listening and a psychosocial support.
- They inform the families about their rights and help them access to basic services that are available (e.g. health care centers, registrar offices, schools, etc.).

Impact:

- After 6 months, on average, the families achieve more than half of their initial goals.
- Their level of poverty is significantly reduced.
- Their level of autonomy improves in a sustainable way.



CONTEXT



ATIA has been working in the slums of Mumbai for over ten years and in Jaipur since the end of 2017, to identify and help poor families resolve their social problems. We are collaborating with 5 Indian partners: IADI, KGST, ALERT, LSS, and NSVK.



ACTIVITIES AND RESULTS IN 2020

Activities implemented during the health crisis

The immediate effect of the lockdown, which began in March 2020, was to limit the food resources of the families in the slums. They quickly found themselves without resources and food. They also faced many other difficulties related to the challenge of being confined in cramped quarters and having a heavy police presence in the neighborhoods to enforce the curfews.

The partner organizations put in place a remarkable solidarity system. Through their energy and commitment, all the facilitators tirelessly sought out organizations that provided food aid. These facilitators played a vital role in volunteering to assist organizations distributing food or health kits, identifying families in need and mobilizing them to access services.

In total, all teams were in contact with more than **50 organizations** providing information to **2,300 families**. In 6 areas, the team of the project organized direct distribution of food aid for **317 families**, as other organizations no longer provided this service.

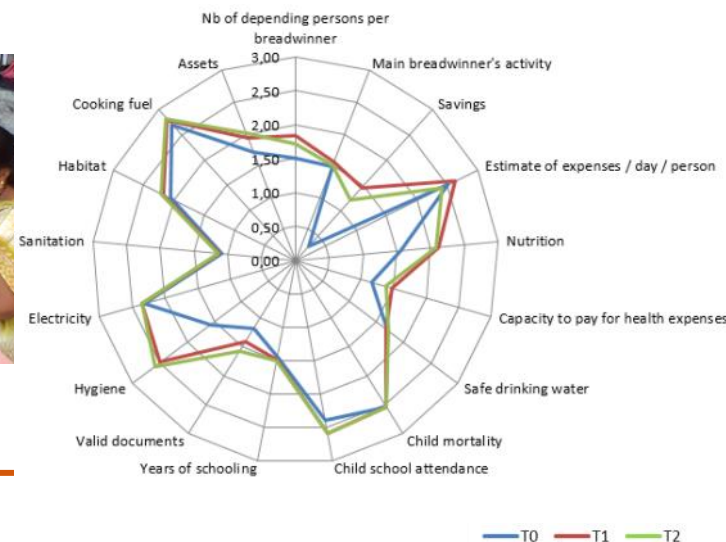


2,552 beneficiary families

They selected an average of 11.3 objectives, and achieved 5.8

1,867 peoples were admitted in social permanence

POVERTY ASSESSMENT TOOL



The poverty level of the beneficiary families is evaluated according to 17 criteria (economic, health, educational, etc.).

Measurements are taken at different times: at T0 (in blue above) when they start the follow-up, at T1 (in red) at the end of the follow-up, and at T2 (in green) 6 months after the end of the follow-up.

Between T0 and T1, the progression is 4.4 points, mainly on savings, hygiene and nutrition; for comparison, this progression was 5.6 points in 2019. While the health crisis has reduced the impact of our actions, it remains significant in 2020.

Between T1 and T2, despite the impact of the health crisis and the lockdown, the poverty level of the families supported remained stable overall, while we were able to observe an increase in poverty for families living in the intervention areas (the poverty level decreased by 1 point between families starting their support before the lockdown and those starting it after).

CONTEXT

KOLOAINA intervenes with vulnerable families in the slums of 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 health care and education.



Highly marginalized and often lacking confidence in their own abilities, they require personalized assistance and a period of support, which last several months, in order to begin to resolve their priority problems and improve their living conditions.



PROCESS



1) The families are contacted through door to door visits or after their visit KOLOAINA social services offices.

2) After a 6-week period of "confidence building" during which the facilitator discovers how the family works, objectives are defined by a mutual agreement and materialized in a contract called the "life project".

3) During the follow-up, the facilitator visits the mothers every week and reviews the progress made.

4) The supports end after 6 months in the program. An internal evaluation committee reviews the progress made, to make sure that the family is capable of continuing autonomously.

When it comes to obtaining ID documents, KOLOAINA has implemented a specific action to reduce challenges encountered by the families: the teams gather the files and ensure that they contain all the required documents, then send them to the local authorities, with whom preliminary agreements have been made to ensure that the files are processed correctly.

Activities implemented during the health crisis

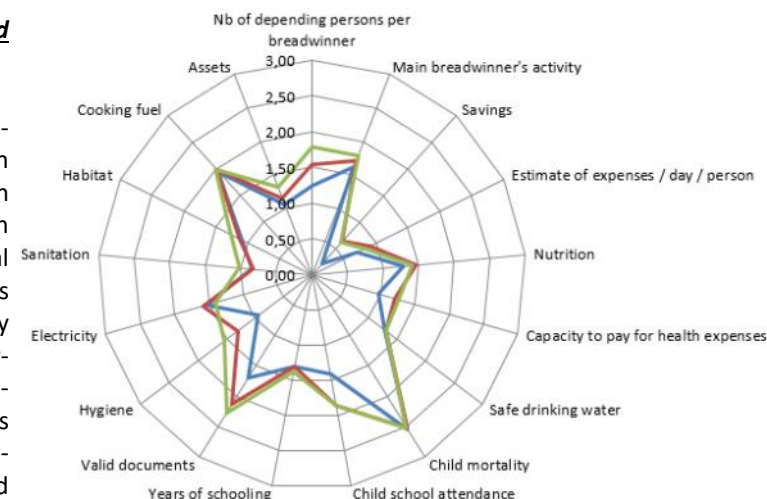
The lockdown was declared at the end of March in Antananarivo, and then alternated between "confinement" and "partial deconfinement" periods until late August. Many public services were interrupted. As a result, psycho-social support activities had to be stopped for several months and lasted longer on average (eight months instead of six).

During this period of partial confinement, new activities were also implemented:

- Distribution of masks (provided by our partner TOHANA).
- Public awareness and information on barrier measures and essential hygiene measures to limit the spread



POVERTY ASSESSMENT TOOL



Between T0 and T1, the families supported by KOLOAINA have made a progress of 3.9 points according to our poverty assessment tool. The improvement is linked to the acquisition of administrative documents, schooling, better hygiene, and the number of active people.

692 supported families
60 % of objectives achieved
1,106 files reviewed and 150 birth certificates obtained

OVERVIEW



Activities implemented during the health crisis

The Covid-19 pandemic interrupted the 2019-2020 school year cutting it short by 4 months. Our local partner KOZAMA, which conducts much of its work in public schools, was heavily impacted.

KOZAMA teams worked on identifying new public elementary school (PES) partners for the 2020-2021 year, while also evaluating the PESs that were at the end of their partnership, and preparing tools for the new 2020-2021 school year by providing learning exercise notebooks sorted by level and subject.

Finally, catch-up sessions were organized before the beginning of the school year in October 2020.

WORKSHOPS



Early learning workshops for 0-2 years old infants aim to prevent developmental delays and to improve educational practices and parenting care. The weekly sessions of one hour and a half provide a positive framework for interactions between children and their parents.

Activities such as bathing, massages and games encourage better parent-child relationship, which is crucial to the development of the child. They also help parents be aware of the importance of games and teaching early language stimulation, limits and prohibitions, hygiene, nutrition and health.

1,285 mothers and 25 fathers have participated

PRESCHOOL



KOZAMA supports the implementation of new preschool classes in state schools located in the poor neighborhoods of Antananarivo, and guides the teachers for 3 years. KOZAMA contributes to the teaching curriculum by providing the Ministry of National Education (MEN) with its proven tools, in particular a workbook designed for preschool. Classes, regrouping 25 to 30 students, are held 4 days a week for 3.5 hours a day. Each class is led by a preschool teacher trained by KOZAMA, who is regularly monitored during the 3 years by one of the association's tutors. Furniture is provided for each class. Moreover, pedagogical training is offered to volunteer teachers.

1,943 children aged 3 to 5 registered
71 classes were supported
52 teachers were trained

SCHOOL SUPPORT



To reduce school drop-outs, pupil support sessions are organized for students who encounter difficulties. These sessions are organized for the first three levels of primary school. Students are selected at the beginning of the school year and receive help for 4 months. At the end of the support period, students whose results have improved stop participating in the sessions and new students are invited to join instead. KOZAMA educators work closely with the school teachers to support the students. Home visits also help encourage families in their efforts of getting children into school. In October 2020, before the start of the school year, KOZAMA implemented **remedial classes for 565 students** in three elementary school.

1,849 students supported

ECONOMIC DEVELOPMENT

Madagascar
Mozambique

METHODOLOGY MICROFINANCE AND SOCIAL ACTIONS

ATIA promotes the creation of local micro-finance institutions to help vulnerable families improve their living conditions through an integrated approach combining :

- **Economic services :**
 - The teams identify micro-entrepreneurs willing to start up or develop an income generating activity;
 - Microentrepreneurs are accompanied to estimate their expenses and revenues, and formalize a loan application;
 - They are trained and accompanied individually;
 - The first loans are of a limited amount (about 50€), with no collateral required. Those who are successful and whose activity develops can continue to borrow increasing amounts;
 - They start saving when repaying the loans.
- **Health services:** microentrepreneurs and their families join a health insurance scheme.
- **Social services:** those who wish to do so benefit from family support to solve social problems before or in parallel with their economic project.

Impact :

- Beneficiaries having taken at least 2 loans (i.e 70% of beneficiaries) see their income increase significantly (>40%).
- They build up savings which, after 18 months, often exceed their first loan.
- Their general standard of living improves (health, housing, children's schooling...).
- They financially contribute to the actions through paying interest





Madagascar and Mozambique



ECONOMIC DEVELOPMENT

SOCIAL MICROFINANCE

MAMPITA



ATIA financially and technically supports the association MAMPITA, based in Mahajanga in the North-east of Madagascar. Today it is led by a Malagasy management, as well as an expatriate pro-programme manager from ATIA who stays in the field full time in order to provide technical support.

- 857 loans have been granted to 741 micro-entrepreneurs; 85% of the loan takers are women, and most of the financed activities are small shops or businesses (76%) and crafts (16%); The reimbursement rate for the year 2020 was very good (91%)
- 283 families have been supported at home by social workers, and 70% of objectives have been achieved (ID documents, hygiene, sending children to school, family planning...); furthermore, social services in 3 MAMPITA offices have received 2,372 individuals in the course of the year
- All of the loan takers and their families have joined a mutual health fund, which helps cover primary care and hospitalizations bills; 1,195 treatments have been covered and the families have been able to benefit from socio-medical services (hospitalization visits, at home follow-ups, phone hotline 7/7...)

1,018 beneficiary families

SAHI



With the support from ATIA, SAHI collaborates with Inter Aide and several local structures (The peasants' federation Fagnimbogna, etc.) to help families in the south-east region Vatoavavy-Fitovinany. SAHI offers services in rural settings (microcredit) and in urban areas in Manakara.

- In rural areas, as the year before this, several types of credit have been implemented to support the rice industry: seasonal loans and storage loans for 158 families in unions of the Fagnimbogna federation, as well as "inputs" and fund-raising for around ten co-operatives and small village shops.
- In urban areas, 302 productive loans have been granted to 195 micro-entrepreneurs in Manakara, of which 74% were women. All of the loan takers also benefited from loans services, economic support and training. 118 families (including 83 without loans) were supported at home to resolve their social issues. 74% of the identified objectives were achieved.

436 beneficiary families

ATIA MOZAMBIQUE

In 2020, ATIA intervened in Chamanculo, one of the slums of Maputo (Mozambique).

- 36 loans were granted to 23 micro-entrepreneurs, which helped support businesses selling staple products (53%), fruits and vegetables (35%) and clothes (6%).
- It should be noted that savings meet the expectations of the beneficiaries: 640 savings accounts opened for an amount of 16,061 euros.
- In March 2020, the government decided to close the country's schools to deal with the Covid-19 pandemic. This decision had a heavy impact on the nurseries which could no longer accommodate children. In the first quarter, we were still able to work with 22 children aged between 6 and 36 months.
- In order to continue working on the intellectual stimulation of these children, an animator visited them twice a month. The objective was to help these families to improve their children's environment at home and to carry out the practical activities taught during the workshops at the crèche (bathing, massage, awakening, games, brushing teeth...) by using the means available at the family home. 37 families accompanied and 381 home visits carried out.



677 beneficiary families

VAHATRA



VAHATRA

ATIA continued to support the VAHATRA association in its mutual health insurance, family support and microcredit activities in the regions of Antsirabé, Ambatolampy and Itasy. Despite the fact that the opening of new agencies was halted due to the pandemic, the results of all these activities were very good:

15,263 micro-entrepreneurs benefited from productive loans, savings services and training. The loans have foremost made it possible to support agricultural activities (70.5%): pig farming, poultry farming, vegetable farming and rice production. After that it is the tertiary sector (business, services), representing 27.1% of loans, and crafts (2.4%). 70% of loan takers are women.

1,083 families supported through dynamic family development support have resolved 52% of objectives they had set for themselves at the end of the follow-up period and 65% 6 months later.



RESULTS



The progression continues after the support has ended and reflects the families' ability to continue independently the steps and dynamics initiated with the social workers.

The main issues addressed were psycho-social issues (30% of the objectives set), obtaining administrative documents (22%), economic difficulties (18%), health (12%), education (14%) and births (5%).

11,257 home visits were carried out and 3,621 people attended the in-branch social services.

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

765 hospitalizations were covered and 623 hospital visits were made by the health facilitators.

IMPACT OF THE PANDEMIC

The Covid-19 pandemic severely disrupted the country's economic activities due to the confinement and regulation of the opening of markets. The VAHATRA team therefore decided to conduct a survey during the summer to assess the impact of the situation on beneficiaries. The survey revealed that of the 541 borrowers interviewed:

- 60% were concerned about their source of income or ability to work.
- 43% were concerned about the access to basic needs (food, etc.).
- 40% were concerned about their health or the health of their families.

Indeed, 25% said they had at least one family member who had lost their job. With the containment measures, sales decreased: 14% of respondents had to stop their activities and 22% continued, but irregularly. Also, 41% expressed problems with their financial situation. In order to face these difficulties, 37% had to resort to their savings, 33% had to find another source of income (daily work...) and 14% had to borrow from their friends. Finally, 35% think that it will take more than 6 months to get their business back on track.

15,349 beneficiary families

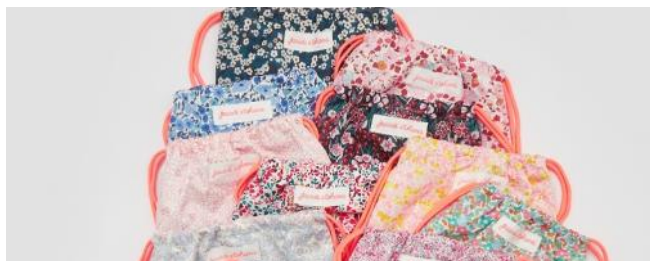


ATIA continued to support ECFORME's activities (training and professional insertion in Antananarivo), an action particularly important in the light of the difficulties associated with the pandemic. The confinements severely limited ECFORME's ability to carry out the normal training cycle. The placement of trainees in companies has also suffered from the crisis, with companies putting many employees on short-time work and limiting new recruitments. Despite these disruptions and a very deteriorated economic and social context, their teams were nevertheless able to train 182 young people (-48% vs. 2019) in industrial sewing, housekeeping, cooking and pastry-making, and computer input (above). 25% of the young people trained were able to find a job.

182 beneficiary families

TOHANA

With the help of Jacadi and ATIA, the TOHANA association has continued to train very precarious women from the slums in sewing. This apprenticeship scheme allows them to be paid during their training, to benefit from social protection with AFAFI and to save money. During their apprenticeship, they produce articles that will be sold in the Jacadi stores in France and online.



At the end of the training, they were able to develop recognized skills in industrial sewing, which enables them to find easily a job in a factory. 43 women (+207% vs. 2019) have been trained and supported in their job search. More than half were able to find stable work in the formal sector, despite the hazards of the Covid-19 pandemic.



43 beneficiary families



TOHANA's workshop was particularly resilient during this crisis, as it was able to continue to operate despite the cessation of public transport in Antananarivo, thanks to its location in the slum, which is close to the apprentices. The production was also temporarily dedicated to the confection of protective masks, which allowed TOHANA to sell them to other associations in Madagascar and to give them to needy families, notably those followed by KOLOAINA.

TOHANA's activity was thus well developed in 2020, and the organization is already financially viable, thanks to renewed orders from Jacadi. We hope to continue on the same trajectory in 2021.

The teams are also working hard to increase the number of partnerships in Madagascar and to develop a local market, which should allow us to train more apprentices and to be less dependent on international orders.



MUTUAL HEALTH INSURANCE

Bangladesh
Burkina Faso
Madagascar

METHODOLOGY MUTUAL HEALTH INSURANCE

ATIA implements a micro health insurance combined with medico-social services in areas where vulnerable families have limited access to health care.

- A subscription to the mutual health fund that covers all family members, cost a family between 0.25 and 2.5 EUR per month.
- The subscription fee covers health care expenses (the mutual health funds are balanced).
- This micro-insurance is accompanied by a medico-social service including:
 - Support at the hospital in case of a problem and a home follow-up depending on needs;
 - A phone hotline open 24 hours a day;
 - Permanent medical facilities (for some of the mutual health funds), to listen to, advice and guide the members;
 - Information campaigns, prevention cam-paigns and free screening.

Impact:

- Faster and more systematic access to health care for the members.
- Fewer catastrophic health care expenses and a secure socio-economic situation for families.
- Better quality of health care.



CONTEXT

Bangladesh, with 163 million people, is one of the most populated countries in the world. Nearly 39 million people live below the poverty line. In the capital city of Dhaka, one of the most densely populated areas in the world, 3.5 million people currently live in slums and lack access to basic services.

In 2019, we started a mutual health insurance program there: Health Family Care (HFC). The target population is the Bashantek slum community, specifically 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 important health needs: lack of money which leads to renunciation of care, weakness of the health care offer from a quantitative and qualitative point of view combined with a lack of knowledge in health which induces unsuitable and sometimes dangerous medical choices (self-medication).



ACTIVITIES IN 2020

The first enrollments took place in January 2020. The year 2020 was supposed to be a pilot year with at least 20% of SJP families enrolled to demonstrate how well the model works.

Due to the pandemic, Dhaka was confined from March to June 2020. The HFC team adapted directly to this situation, notably through a telemedicine system and a hotline for beneficiaries. Most importantly, we decided to subsidize the contribution of families to help them cope with the economic shock and ensure the continuity of their much needed health coverage.



HFC's offer is similar to those of ATIA's other health mutual partner: micro-insurance and medico-social services (home visits, collective information and awareness sessions). An important difference is that the health mutual's doctor carries out primary care consultations in the health center set up in the middle of the slum, that often lack reliable and easily accessible doctors.

Because of the pandemic, membership in the mutual insurance company was suspended from May to September. The economic crisis also led us to the adjustment of the insurance product and in particular to reduce the monthly contribution from BDT 250 (2.50€) to BDT 100 (1€) in order to provide health coverage to the greatest number of vulnerable families. These new terms took effect in October and we have postponed the pilot phase to 2021, hoping that the health and economic situation remains favorable.

RESULTS

At the end of 2020, HFC had 257 memberships, including 207 from October onwards, which corresponds to the resumption of subscriptions with the new product, which shows the enthusiasm of families.

To promote the service, HFC teams were very active and made 1,672 home visits and 142 group promotional sessions for 1,745 participants. There were also 1,075 uses of the medico-social service. The use of the medical center was very high (926 consultations) demonstrating the strong need of families for quality primary care consultations (below).



257 beneficiary families

1,162 covered for a total sum of approximately 4,845€

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 located on the outskirts of the city. It is in these areas, which are under-served and where vulnerable populations are concentrated, that we intervene with TOND LAAFI.



TOND LAAFI is a local "social mutual health funds" charity created in June 2018 with support from ATIA

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



ACTIVITIES IN 2020

The country has been relatively unaffected by the pandemic: 13,050 confirmed cases and 154 deaths as of April 15, 2021. However, the control measures in effect between March and May have had an impact on the country's economy and on the socioeconomic situation of beneficiaries in particular. Another collateral damage was the decrease in the use of health care in favor of a higher use of traditional medicine and self-medication.

In order to help poor families, TOND LAAFI offered three months of membership fees. The team organized itself as a "call center" and contacted 5,325 families to spread the prevention messages. The health mutual also helped its health partner facilities and provided them with hydroalcoholic solutions and gloves (see photo below).



In 2020, TOND LAAFI continued its gradual rollout to two new agencies and will be covering three out of the six by the end of the year that YIKRI has in the Ouagadougou region.

By paying a contribution of 1,000 CFA francs (€1.50) per family per month, TOND LAAFI covers primary care, hospitalization and childbirth at approved health care providers, up to a maximum of 60% for four people in the household. Like ATIA's other health mutual partners, TOND LAAFI provides a wide range of medico-social services which it has strengthened during the year.

We have also established a partnership with the University of Bordeaux, which is conducting an impact evaluation on the activities of TOND LAAFI. The initial survey was conducted in early 2020 with 2,000 families and the final survey is scheduled for 2022.

RESULTS

TOND LAAFI's expansion was delayed and enrollment slowed due to the pandemic. Despite this, the health 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 3,158 new memberships and 2,612 renewals in 2020 (compared to 1,970 new memberships in 2019). TOND LAAFI counted 16,949 uses of its medico-social service (home visits, calls to the permanence, participation in information sessions, etc.) and managed a network of 54 contracted health structures.



3,673 beneficiary families

**2,224 treatments covered
for a total sum of 23,901€**

OVERVIEW

ATIA financially and technically supports 3 mutual health funds in Madagascar: AFAFI in Antananarivo, MAMPITA in Mahajanga and VAHATRA in Antsirabe (which are also microfinance institutions).

To help them, ATIA has a technical support team based in Antananarivo, undertaking several missions each year with each of the partner mutual health funds. 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 18 partner organizations (microfinance institutions, associations, cooperatives, etc.), who enroll their members in the mutual health fund.



The three health mutual are members of the national Federation of Health Mutual, which they helped create in 2019. AFAFI is running the first presidency. The Federation was active in 2020: it drafted a decree on health mutual and advocated for its adoption. This action contributes to the promotion of mutual health funds and the implementation of a Universal Health Coverage.

ACTIVITIES IN 2020

Like our other health mutual, the pandemic affected AFAFI's activities. From March to September, the measures taken to fight the epidemic (at first strict and then partial), and in particular the impossibility for the teams to travel, limited the activities of the mutual insurance company. AFAFI adapted and reinforced the contacts through phone calls and messages to stay connected with the family members. At the end of the year, it also set up a subsidy of the contribution for the inhabitants of the partner municipality around Antananarivo.

In addition, some of its partner groups, such as microfinance institutions, have seen their activity slow down, reducing their number of beneficiaries and therefore those of the health mutual. In spite of these major constraints, AFAFI has been able to maintain a significant number of beneficiaries, which is due to the diversity of its partnerships.



In addition to the health micro-insurance and medico-social support services, AFAFI and ATIA have launched the MIS-SONGA Initiative, which aims to improve the quality of care. This new initiative was supposed to start in early 2020 but has been delayed due to the health context. 13 doctors from AFAFI's network have volunteered to receive continuous training for two years, with one meeting per trimester, in order to agree on a charter of good care practices for four selected pathologies. The objective is to rationalize and humanize the care provided to the families benefiting from the mutual insurance. The first meeting took place in October 2020 on "Practical interest of evidence-based medicine" and "HBP: contextualization of management recommendations".

The capacity building plan for AFAFI's teams, on these same medical and social communication topics, also began at the end of 2020.

RESULTS

At the end of 2020, AFAFI had 9,284 families (32,460 individuals) compared to 11,013 families at the end of 2019.

Despite the context, AFAFI has increased the annual frequency of care (34% in 2020 compared to 32% in 2019). Combined with an increase in the thresholds of coverage at the beginning of 2020, the mutual insurance company has thus covered an amount of Ar 169,852,361 of care against Ar 164,346,726 in 2019, despite the decrease in the number of beneficiaries.

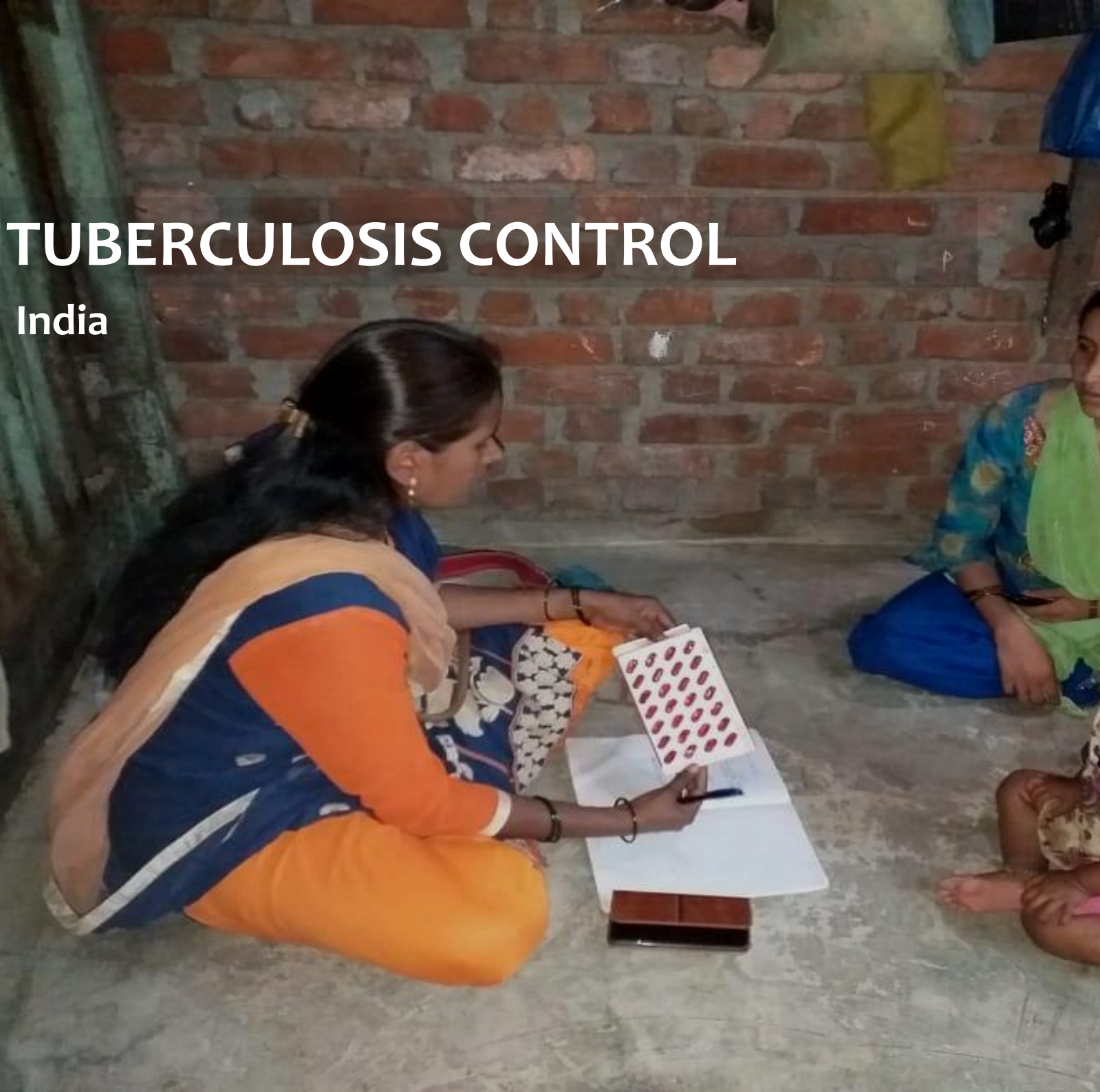


15,503 beneficiary families

**11,497 treatments covered
(and 1,198 expenses via the
solidarity fund) for a total
amount of 37,172€**

TUBERCULOSIS CONTROL

India



METHODOLOGY TUBERCULOSIS CONTROL

ATIA supports people in slums who suffer from tuberculosis, by helping them as they undergo their treatment, in the following ways:

- Identifying the most vulnerable patients who were recently diagnosed and given a treatment, and who are within the scope of the partnerships with the public health care centers;
- Assessing their poverty level (with help of the Poverty assessment tool) and their level of nourishment;
- Individual nutrition plan followed by personalized classes about nutrition;
- Free of charge food supplements for the poorest and most malnourished patients, over the course of their treatment;
- Home visits for 6 months to guarantee a good end of treatment;
- Supporting and educating patients: answering questions, guiding them in how to limit side effects from the treatment, helping them improve their hygiene and limit the risk of contamination.

Impact :

- Recovery rate in line with the national objective (85%) for the very vulnerable patients.
- Weight gain.
- Diminishing the risk of relapse and antibiotics resistance.



CONTEXT

During 2020, India has been massively and brutally affected by the pandemic of Covid-19, while also keeping the highest cases of tuberculosis in the world (with more than 2 million new cases each year). Many forms of the disease have become drug resistant, due to patients not being properly monitored by health services, especially in the Mumbai (Maharashtra) region.

Drugs and tests are now available in public health centers. On the other hand, activities "outside the walls" in the neighborhoods are very inadequate and almost non-existent in the poor neighborhoods.

ATIA is working to combat these dreaded TB antibiotic resistances through interventions in the slums with three local NGO partners: LSS, PATH and NSVK.

The spring 2020 lockdown in Mumbai was marked by an unannounced physical stall of some overcrowded neighborhoods and was imposed rather brutally.



The pandemic has also led to a forced exodus of thousands of Mumbai workers from the provinces, making it difficult for them to continue to receive treatment.

ACTIVITIES IN 2020

In 2020, ATIA helped the poorest TB patients:

1) Through an individualized home support of each patient

An attentive and motivating support for the patients is carried out every 15 days in order to make sure that they regularly take their medication to ensure they notify health care providers if they encounter any issues and to make the patients less ashamed of their disease. The visits are then spaced if everything is going well. When the imposed confinement made these visits very difficult (April-May), our teams quickly adapted to obtain safe-conducts and reached the patients on the phone to motivate them to take and/or follow their treatment.

2) Through nutritional supplements

We continued to provide food aid to poor patients, targeting the most malnourished (BMI < 16.5) to whom we gave locally manufactured protein supplements.

3) Through support for multi resistant tuberculosis cases

These patients have become more and more numerous in Mumbai. Their follow-up is more risky (contagion), more difficult (the drugs are less tolerated) and above all much longer (9-24 months). We are now also accompanying children suffering from tuberculosis, at the request of the Mumbai municipality.

Our Indian NGO partners are gradually gaining autonomy, as planned, and are increasingly carrying out their own independent activities in the medical-social field in Mumbai. Their teams have shown great resilience in the face of the pandemic, maintaining continuity of care despite obstacles, and inventing remote but effective support.

RESULTS

3,029 highly disadvantaged patients were accompanied and assisted in their treatment during 2020 (stable vs. 2019), despite an uncommonly brutal containment. This figure includes 77 patients with multi-drug resistant tuberculosis.

Nutritional supplements provided for several months during treatment benefited 511 severely malnourished TB patients.

This fieldwork showcases to communities, local NGOs and the Indian government that social support for patients undergoing treatment is necessary and effective.



3,029 beneficiaries

**including 511 patients
receiving nutritional
complements**

Outlook for



At the beginning of 2021, the coronavirus epidemic continues to disrupt our activities and the lives of families in our intervention areas, especially in the densest slums. Their living conditions have undeniably regressed. Beyond the health crisis, we can speak of a global economic and social crisis. In this context, our teams and those of our partners will focus on mitigating the effects of this crisis and, when possible, on restarting activities that promote the long-term development of the poorest families.

Beyond our recurring activities, we hope to develop new ones in 2021:

- Expansion of our partner MFIs' areas of intervention in Madagascar with the opening of numerous agencies in rural communities.
- Launching of a program to fight tuberculosis in Madagascar, accompanied when relevant by support in the fight against malaria and AIDS (and probably the coronavirus...).
- Feasibility study for a mutual health insurance in Togo (Lomé) in partnership with the NGO Entrepreneurs du Monde.
- Study on the possibilities of extending educational actions to Maputo (Mozambique) and Madagascar.

Looking back at the situation in some of our intervention countries, we can say that mortality linked to the coronavirus has remained limited (even if it has probably been underestimated), at least among the slum populations. This is a sign of hope, and we are confident in the resilience and capacity of the poor to adapt and bounce back. Our target will be to make a maximum of services available and adapted to these families to help them.

We also remain confident in our ability to carry out these actions and to develop new ones, especially thanks to the support of many people and institutions that helped us to weather the 2020 shock. Most of them have renewed and even increased their support for 2021, and we thank them very warmly, on behalf of the ATIA teams, our partners in the field and all the families we accompany.

The current report was approved by the general meeting assembly held on May 8th, 2021.

Many thanks to our partners...



...and the private benefactors who support us.

87% of our resources are dedicated to the intervention areas.

All of our programs are subject to monthly operational and financial reports that are analyzed and controlled at the head office in France (administrative costs are 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 auditor in France.