# Annual Report 2019

ATIA
Groupe Inter Aide

# Contents

# Introduction

ATIA is a non-profit organisation created in 2008, which specialises in developing and implementing development aid programs. The actions consist of helping the most vulnerable families improve their living conditions by themselves. ATIA is stemming from Inter Aide and respects its charter.

Extreme poverty is defined by large deprivations in several sectors, imposed simultaneously on the families. Thus, progress made in one sector may be drawn back because of a deterioration in another (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's possible, "integrated" programs, in order to help the families make progress in several fields:

- 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 incomes, either through professional training or through self-employment (social microfinance);
- In our work to improve health care, we develop mutual health funds for the most vulnerable families in order to help them access public or private healthcare centres 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 organisations: the partner organisations carry out the activities and are supported by ATIA up until they become fully autonomous.

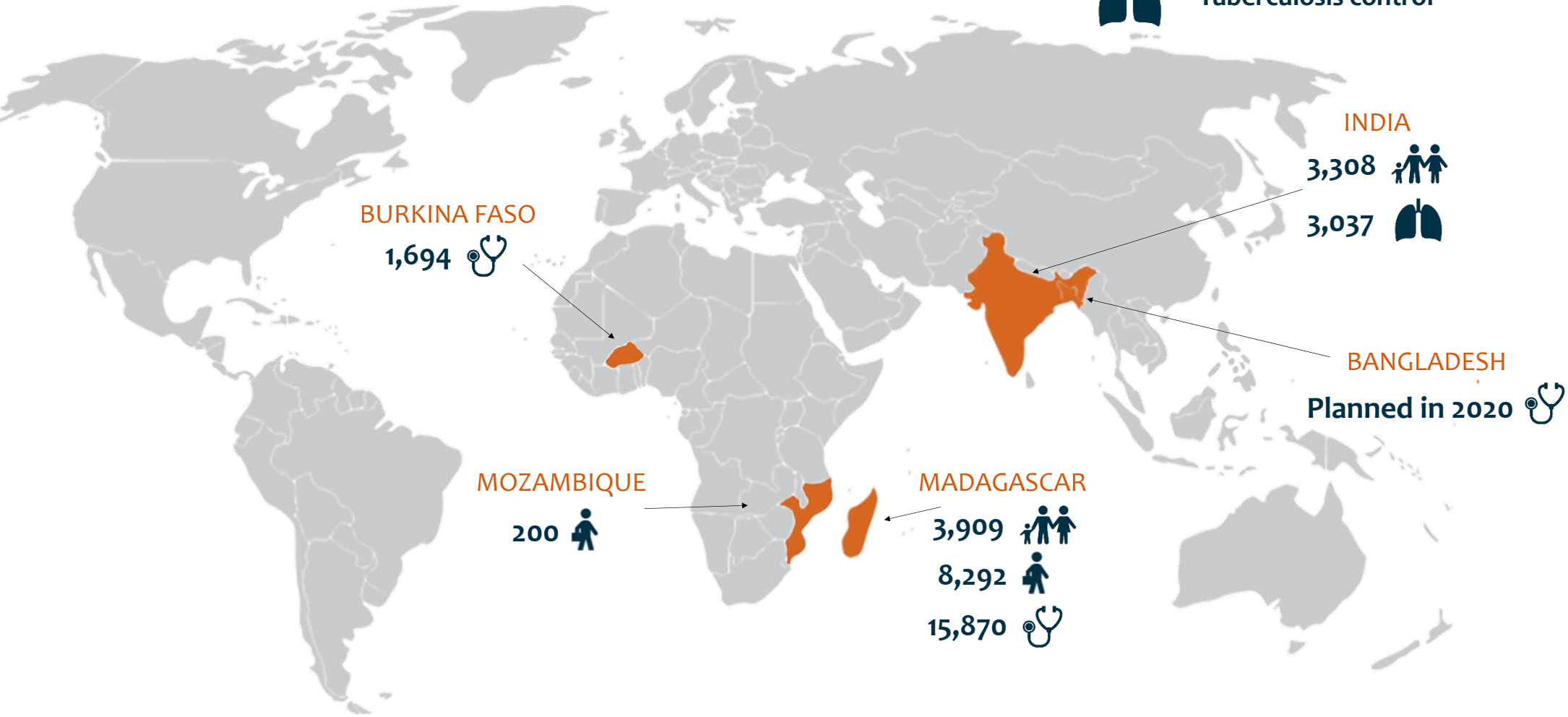
*"give the most vulnerable families the tools to improve their living conditions by themselves"*

# Overview of 2019

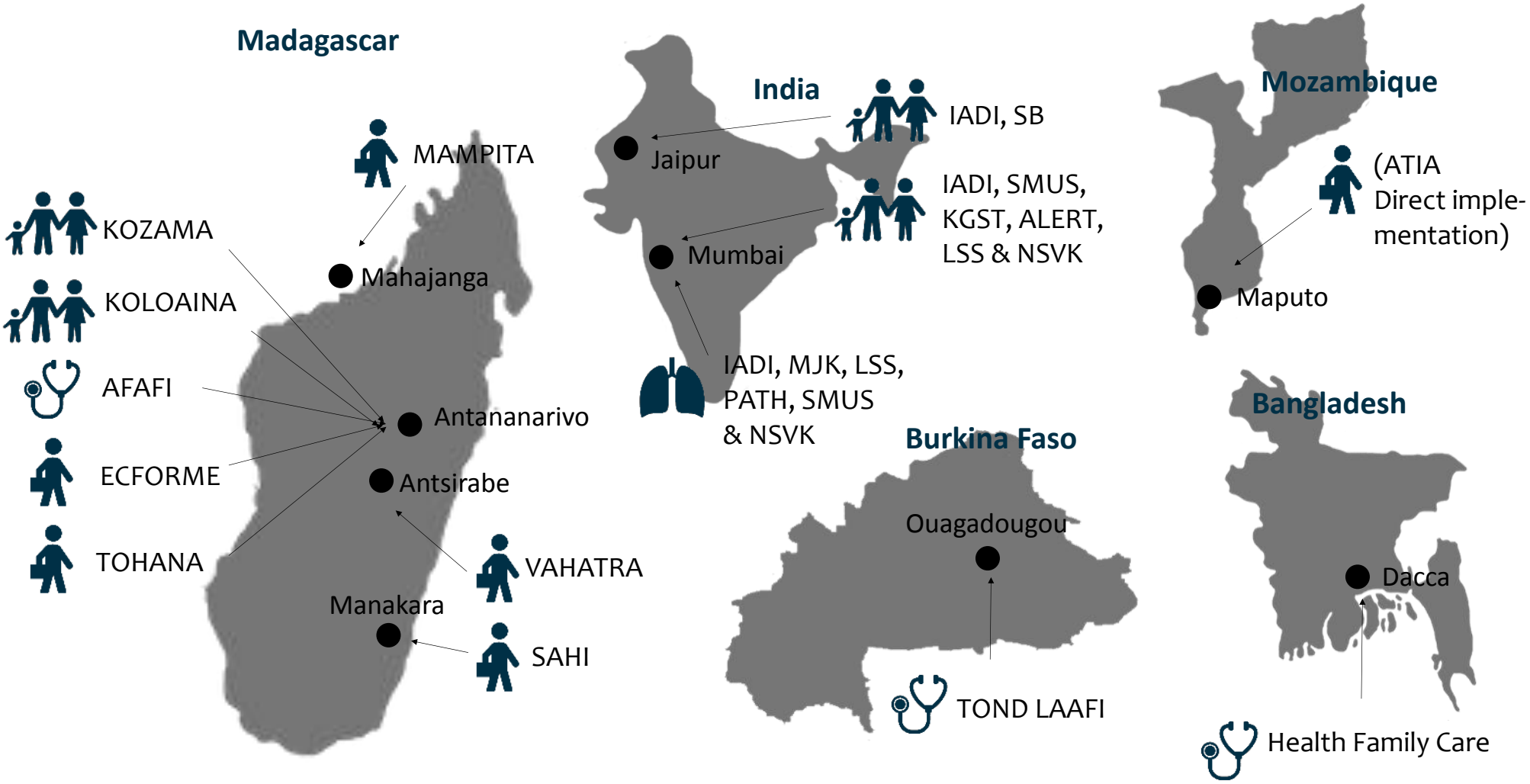
- *13 programs*
- *36,310 beneficiary families meaning 163,395 persons*
- *a total cost of 2,743 kEUR*
- *75 EUR/family*

Number of beneficiary families in the programs:

- **Social and educational actions**
- **Economic development**
- **Mutual health insurance**
- **Tuberculosis control**



# Field partners and their locations




*Through our interventions we help the most vulnerable families together with local partner organisations, 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 organisations is based on official partnership agreements that are updated every year.*

*Once our collaboration partners have achieved a good technical level and organisational 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 neighbourhoods
- Together with the families they identify prioritised objectives, for example:
  - Health (family planning, hygiene, vaccinating the children)
  - 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 support the families throughout the entire process of implementing those changes.
- They inform the families about their rights and help them access basic services that are available (e.g. health care centres, registrar offices, schools etc.).

**Impact:**

→ After 6 months, on average, the families achieve more than half of the objectives identified.

→ 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. In 2019, we have worked with 7 Indian collaboration partners: IADI, SMUS, KGST, ALERT, LSS, NSVK and SB.
Our collaboration partners have been intervening in 12 zones in Mumbai and Jaipur, including 4 new zones (2 in Mumbai and 2 in Jaipur), which are host to around 33,000 families.

## ACTIVITIES AND RESULTS 2019

Even though the current government is hostile towards the intervention of foreign NGOs, resulting in difficulties in renewing authorisations to receive foreign funds ("FCRA"), our collaboration partners and ourselves have been able to continue our activities.

In Bhiwandi a part of the SMUS team (with whom we had to finish our partnership) has been taken on by another of our collaboration partners, LSS.
In Jaipur, SB has expressed their wishes to not renew the partnership but the activities continue through our collaboration partners IADI and LSS.

***3,308 beneficiary families***

***77% of objectives achieved (measured after 6 months)***

***Reduced inequalities between men and women***

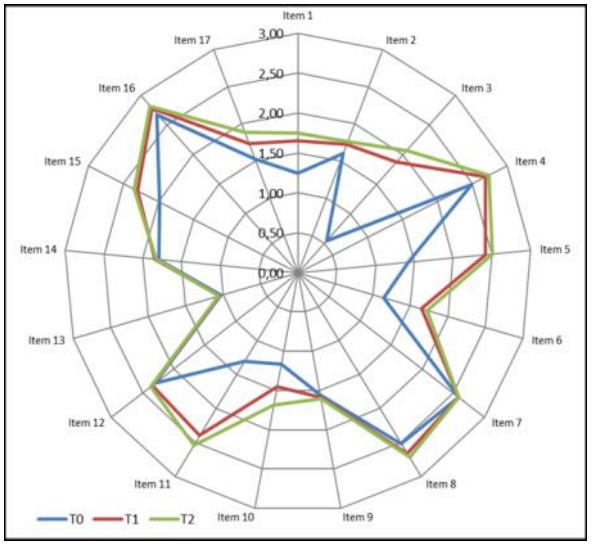
***3,898 persons visited social services offices***

On average each family in the program received 22 home visits over a period of 6 to 7 months. Counting all families supported by the program in 2019, the occurrence of prioritised social problems has been cut in half!

Social services offices have also been installed in the slums: 75% of the visits concerned health issues, lack of official documents or economic issues (savings, employment…). 80% of visits resulted in referral to a partnered institution, public or private. 84% of families contacted the structure they were referred to and 88% of them were satisfied with the service obtained.

Other than family development, ALERT and KGST have continued with their early child development workshops and parental support in the slums, for mothers and very young children (0-3 years old).

## POVERTY ASSESSMENT TOOL




The poverty level of the beneficiary families is assessed according to 17 criteria (economic, hygienic, educational…).
The progress is measured at different occasions: at T0 (in blue above) when they initiate the support, at T1 (in red) at the end of the support and at T2 (in green) 6 months later.
A comparison between T0 and T1 shows an average improvement of + 5.2 points.
This development reflects concrete improvements, such as for example:

- 1 992 people have been able to consult a doctor and receive appropriate treatment;
- 798 women have been given access to contraception;
- 1 515 children that did not attend school have started going;
- 1 603 families have implemented a regular savings account.

## CONTEXT

KOLOAINA's actions are focused on vulnerable families in the slums of Antananarivo, living in social isolation and precarious living conditions. These families are not always capable of satisfying their nutritional needs and have limited access to health care and education.

Marginalised and often lacking in self-confidence, they need customised guidance and several months of support in order to begin resolving their prioritised problems and thus begin improving their living conditions.

KOLOAINA

Mihaino, Manohana , Manoro hevitra, Miara-miasa

## PROCESS

1) The families are contacted through door-to-door visits or when visiting KOLOAINA social services offices.

2) The social workers visit each family at home to conduct a survey, in order to choose which families to include in the program. The program then consists of a weekly home visit for a period of around 6 months.

3) After an initial "confidence-building" - period of 6 weeks, in which the social worker discovers how the family works, and where objectives are identified together and defined in a contract, called the "life project".

4) Every 6 weeks of the support, the social worker and the mother of the family review the progress made and set new objectives.

5) The support ends after 6 months in the program and an internal assessment committee evaluates the progress made.

6) Six months after the end of the support, an evaluation visit is performed to make sure that the progress made is lasting, and that the family is capable of continuing autonomously.

In addition to this, at the time of the support, social services offices are available nearby and open to all inhabitants of the neighbourhood.

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


## RESULTS

The data collected from the supported families of KOLOAINA in 2019 show the following general results:
- Out of the 37% of children between the ages of 6 to 17 who did not attend school on regular basis, half have started attending school;
- Out of 17% of non-vaccinated children, close to half have been vaccinated;
- Out of 40% of children between 0-12 years old that did not hold a birth certificate, 15% have received one and 8% are in the process of obtaining it.

The families had achieved 4,1 of their objectives at the end of the support and 4,9 at the time of the evaluation visit 6 months later. As expected, the objectives where they had made the most progress were objectives related to official documents. Since the processes are often long, it is common for the families to finish these after the end of the support.

***802 supported families***

***62 % of objectives achieved (measured after 6 months)***

***1,885 files reviewed and 1,152 birth certificates obtained***

# Madagascar

## OVERVIEW

KOZAMA's activities aim to enhance the development among children in the Antananarivo slum areas and target different age groups:

- Early childhood development workshops for babies aged between 0-3;
- Implementation of preschool classes for children 3-5 years old;
- Additional tutoring for the three first levels of primary school, children 6-10 years old.

Furthermore, to support the poorly trained primary school teachers in charge of overcrowded classes of 50 students, voluntary pedagogical training is offered to the teachers, to help reinforce the students' understanding and participation. 52 teachers in Antananarivo have been trained in playful teaching through the program.

## WORKSHOPS

Parent-child workshops aim to reduce developmental delays among very young children and to improve education practices and parents' caretaking of the children. The weekly sessions 1.5 hours provide a favourable environment for interactions between the child and the parent.

The activities on offer, such as baths, massages or games foster a good relationship between the child and its parent, which is crucial to the child's development. They also make it possible to, in an informal way, raise awareness among parents about the importance of playing, early language stimulation, limitations and prohibitions, hygiene, nutrition and health.

***2,903 mothers and 51 fathers have participated***

## PRESCHOOL

KOZAMA supports the implementation of new preschool classes in state schools in the poor neighbourhoods of Antananarivo, and guides the teachers for 3 years. KOZAMA contributes to the teaching curriculum by providing the Ministry of national education (MEN) with their tried and tested tools, in particular a workbook developed for preschool. The classes consist of 25 to 30 students and the three and an half hour sessions take place four times a week. Each class is led by one preschool teacher trained beforehand by KOZAMA and is regularly monitored for 3 years by one of the association's tutors. An initial support with possibility to move is also given to each class.

***2,257 children registered***
***82 classes supported***

## SCHOOL SUPPORT

To reduce school drop-outs, pupil support sessions are organised for students who encounter difficulties. These sessions are organised for the three first levels of primary school. The students are chosen in the beginning of the school year with the help of the teacher and depending on results obtained from a behavioural assessment. They then receive help for 4 months. At the end of the 4 months, the students that have improved their results stop participating in the sessions and new students will join instead. The KOZAMA tutors in charge of the support sessions work closely together with the schools teachers. The families are also encouraged in their efforts of educating their children through home visits.

***82 classes supported***
***2,243 students supported***

# ECONOMIC DEVELOPMENT

## Madagascar
## Mozambique

## METHOLODOGY
### MICROFINANCE AND SOCIAL ACTIONS

ATIA creates a local micro-finance institution:

- The teams identify micro-entrepreneurs willing to start up or develop an income generating activity
- These micro-entrepreneurs are supported in estimating their expenses and incomes and in creating a formal loan application
- The borrowers are individually trained and supported
- For the first loans, the maximum limit is set to 50 EUR (no collateral required). Those who succeed and whose activity develops can then take bigger loans
- They start saving when repaying the loans
- The microentrepreneurs and their families join a mutual health fund
- Those that wish may also benefit from a family development program in order to get help solving their social problems

**Impact** :

→ The beneficiaries having taken at least 2 loans (including 70% of beneficiaries) profit from a significant increase in income (>40%)

→ They establish a savings account that, after 18 months, is often bigger than their initial loan

→ Their health improves

→ The general standard of living improves (housing, sending the children to school…)

→ They financially contribute to the actions through paying interest

→ The micro-finance institutions become autonomous

→ The successful micro-entrepreneurs also create jobs in turn

# Madagascar

## 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 programme manager from ATIA who stays in the field full time in order to provide technical support.

- 1,081 loans have been granted to 951 micro-entrepreneurs; 85% of the loan takers are women, and most of the financed activities are small shops or businesses and crafts; The reimbursement rate for the year 2019 was very good (96.6%)
- 243 families have been supported at home by social workers, and 55% of objectives have been achieved (ID documents, hygiene, sending children to school, family planning…); furthermore, social services in 3 MAMPITA offices have received 2,450 persons in the course of the year
- All of the loan takers and their families have adhered to the mutual health funds covering primary care and hospitalisations; 1,745 treatments have been covered and the families have been able to benefit from socio-medical services (hospitalisation visits, at home follow-ups, phone hotline 7/7…)

***1,181 beneficiary families***

## SAHI

With the support from ATIA, SAHI collaborates with Inter Aide and several local structures (The peasants' federation Fagnimbogna, the Finaritre cooperative) to help families in the Vatovavy-Fitovinany region in the south-east. 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 134 families in unions of the Fagnimbogna federation, as well as "inputs" and fund-raising for around ten cooperatives and small village shops.
- In urban areas, 364 productive loans have been granted to 232 micro-entrepreneurs in Manakara, of which 76% were women. All of the loan takers also benefited from loans services, economic support and training. 126 families were supported at home to resolve their social issues, 65% of identified objectives were achieved.

***473 beneficiary families***

## VAHATRA

We have directly supported VAHATRA in their mutual health funds activities and family support, and more specifically in micro-credit in the municipalities close to Ambatolampy and in the Itasy region with the opening of new offices. The results from all of these activities have been excellent. For Ambatolampy and Itasy:

- 6 199 micro-entrepreneurs benefiting from productive loans, savings services and training; 3 new offices have opened in Faravohitra, Miarinarivo and Imerintsiatosika (Itasy region). The loans have foremost made it possible to support agricultural activities (71,6%): pig farming, poultry farming, vegetable farming and rice production. After that it's the tertiary sector (commerce, services), representing 20,6% of loans, and crafts (4,6%). 70% of loan takers are women.
- 739 supported families in dynamic family support have resolved 65% of objectives they identified. Close to 2,500 persons also visited social services offices.
- All loan takers and their families adhered to mutual health funds. The adhering families received reimbursements for close to 60% of their treatments on average (295 hospitalisations) and have continued to benefit from medico-social services.

***6,271 beneficiary families***

## ECFORME

In 2019 ATIA financially supported the start-up of the Malagasy association ECRORME. This association has resumed the activities and teams for training and professional insertion after our historic partner CEFOR in Antananarivo decided to focus solely on their microfinance services.

The approach **remains** the same: young people in the slums who want to follow the ECFORME program first participate in a basic behavioural training including improving their French level and learning what behaviour is expected in a professional environment (e.g. time management) 420 young people benefited from this program in 2019.
The trainees can then choose from 4 orientations: domestic works, caretaking, industrial tailoring and sewing and data inputting. 353 persons have participated in these trainings in the past year.
At the end of their training, the young people are supported in finding a job, then followed for 6 months to verify the retention rates of the employments. The results stayed very good in 2019 with a job placement rate of 63% and a retention rate of 83%.

***353 beneficiary families***

## TOHANA

ATIA and Jacadi initiated a new learning initiative for the most vulnerable mothers in the slums of Antananarivo.

Among the families supported by KOLOAINA to resolve social issues, 14 mothers with a career plan in sewing were chosen to benefit from this learning program. As they have had to work on a day-to-day basis to be able to meet their and their families' needs, they did not have a chance to receive an education earlier in life. With this new learning initiative, they have been able to learn how to sew with a machine, all while getting paid. The women produced bags that were then sold in Jacadi stores in France. Selling these bags was a big success (more than 3,500 bags were sold in just a few days), which meant salaries could be paid and the concept was validated.

During the apprenticeship, the women benefited from a social coverage by AFAFi. Furthermore, they were asked to save some of their income, which meant they found themselves with some savings at the end of the training, and they were able to see for themselves how one starts a project or a micro-enterprise. Half of the trainees used their savings for expenses concerning education, and all the children of school age have been able to start going to school again. After the production of bags, the women who want to are offered help to find a job in a factory, or to start up their own income generating activity: 10 women are currently occupied in this way, 6 of which are in factories. Compared to their previous situations, consisting of small day-to-day jobs, their incomes have on average increased by 63% and are much more stable.

2020 should allow for three times the number of beneficiaries and achieving financial viability for the program, thanks to a new order from Jacadi and by finding local suppliers in order to create products with locally retrieved fabric.

***14 beneficiary families***

# Mozambique



## CONTEXT

In Maputo, neighbourhoods have been created especially for rural populations having fled conflicts. In these slums, 55% of households are one parent-households, often single mothers. Sometimes several generations live under the same roof together with their children. The family responsibility often falls on the oldest woman, who, in order to support her family, develops a small commercial activity or food service in her neighbourhood.

Based on a methodology already implemented in other countries, ATIA has initiated several services to help the women in the slums of Maputo improve their situation: a service of productive loans and economic training; a service of social support at home, to help resolve social problems (civil status, schooling) and a psychosocial service; a community day care for children of auto-entrepreneurs.

## ACTIVITIES 2019


In 2019 ATIA intervened in two slums in Maputo, Chamanculo and Maxaquene.
The first activity consisted of supporting female auto-entrepreneurs in creating or developing their business project by letting them borrow money.
The activities being granted financing from ATIA were small commercial businesses (selling foods, clothes etc.).
During the first three loan cycles, ATIA organised mandatory courses for all loan takers. The course content is adapted to the different stages of the business' development:

- Loan 1: Managing the family budget and maintaining the company's capital
- Loan 2: Business initiatives allowing the company to develop
- Loan 3: Relationships with the suppliers and the "employees"

In order to help the women become more resistant to economic- and health risks, ATIA has implemented a savings service for the microcredit beneficiaries: mandatory savings, the amount depending on the amount of money borrowed.
ATIA's social worker has worked with family development for the most vulnerable families in the Maxaquene district.
In a country not accustomed to day care systems, the day care in Chamanculo has become of great interest to the local population and its capacity is currently overwhelmed because it receives so many requests from the inhabitants. We have therefore decided to open a second day care in the same neighbourhood.
Every Friday we also invite the mothers to the day care for mother-child workshops.
In 2019 the two ATIA day-cares received 62 children aged 6 to 36 months. The teams have also organised 63 sessions of mother-child workshops with a total of 587 participants.

## RESULTS

In 2019 ATIA has granted 234 loans to 132 micro-entrepreneurs, the average sum being around 40 euros. 56% of the loan takers took a second loan after having paid back the initial loan. For the 87% with small shops having repaid their loans, we have seen an average improvement in income of 68% and an increase in family expenditures by 31%.
305 persons participated in one or several of the 3 training cycles.
59 families have benefited from weekly support at home to help them with their economic project.
273 savings accounts had opened at the end of December. Most borrowers save money voluntarily every week, by placing small sums of money into their accounts.
As we encountered several difficulties in our work when trying to start up the microcredit service to help more women, we plan to focus more on voluntary savings accounts in 2020.
In addition to these results, around 40 women have benefited from family support at home.
The day cares have also taken care of 28 children from families not participating in the microfinance program.

***200 beneficiary families***

# MUTUAL HEALTH INSURANCE

**Bangladesh**
**Burkina Faso**
**Madagascar**

## METHOLODOGY
### 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 (depending on the intervention zone).
- 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 campaigns and free screening

**Impact:**

→ Faster and more systematic access to health care for the members
→ Fewer catastrophic health care expenses
→ Better quality of health care thanks to the presence of social workers from the mutual health funds in the health centres

# Bangladesh

## CONTEXT

In 2018 ATIA conducted a feasibility study on mutual health funds for families in the slum area Bashantek in Dhaka, the capital of Bangladesh. This study showed that among the 147 respondents, in case of a health issue:

- 73% directly consult a pharmacy. This habit has harmful repercussions for access to health care and public health.
- 71% of households surveyed have already foregone medical care, and out of these
- 73% because of a lack of financial resources

The available health care in Dhaka is insufficient in terms of quantity, quality and reliability
142 of families surveyed had already been through one or more childbirths and 68% of these were performed at home.

## ACTIVITIES IN 2019

Following this study, ATIA decided to start up a mutual health fund named "Health Family Care", in collaboration with Water & Life and its Bangladeshi sector, Shobar Jonno Pani. They have been active in Bangladesh since 2010, improving access to water, waste management and sanitation for families in the slums: around 1,700 benefit today from their programs. Collaborating with these partners allows ATIA to benefit from their experience and integration in Bashantek.

2019 has been a year of preparation for the mutual health fund, in order to start with the first adhesions in January 2020:

- A program manager was recruited in January 2019.
- Then he recruited the mutual health fund team (local agent, doctor, social workers…).
- The team set up operational procedure protocols, medical guidance, communication tools and tools to run a mutual health fund (such as subscription cards etc.).
- ATIA adapted and translated the system B'MAS.
- Premises were rented in the slums, to be used as an office and for medical consultations.
- The health care providers were approved by the social security.

## RESULTS

The HFC team organised 114 promotion sessions for 1,714 families around the slum area.

The first families adhered to HFC in January 2020. HFC offers similar services to mutual health funds which were implemented by ATIA in other countries (micro-insurance and medico-social services). The difference is that the mutual health funds doctor will also directly hold consultations for the adherents in the slum. This will be helpful because there is a lack of reliable doctors which the families can easily contact.

The goal is to let HFC operate for one year with at least 20% of the SJP adherents, to demonstrate that the mutual health fund functions well. If the test is successful, we could imagine combining the services offered by Shobar Jonno Pani with ATIA's services in 2021.

***114 promotional sessions for 1,714 families***

***First adhesions in January 2020***

# Burkina Faso

## CONTEXT

Burkina Faso is one of the least developed countries in the world, ranking 185 out of 188 on the Human Development Index list. In the capital Ouagadougou the population growth is 7% per year. As a result, in the outskirts of the city, big areas of spontaneous housing in unplanned areas appear. ATIA actions, together with TOND LAAFI takes place in such under-equipped areas, as they lack basic services and they are where vulnerable populations gather.
TOND LAAFI is a local "social mutual health

funds" charity created in June 2018 with support from ATIA. Its objective is to improve vulnerable families' access to health care.

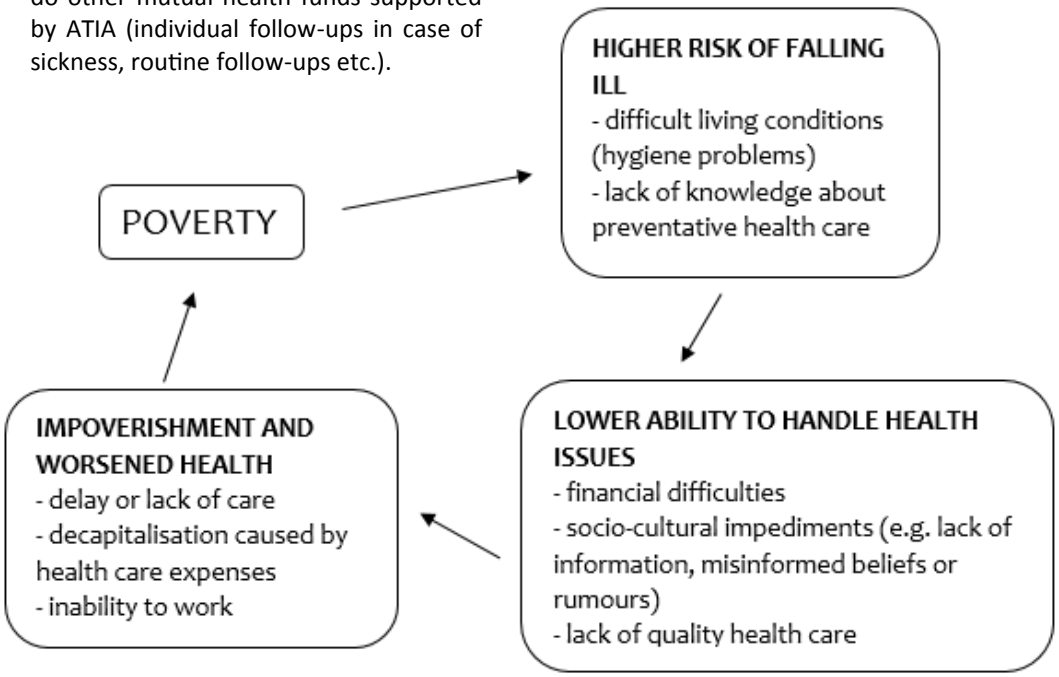
TOND LAAFI

## ACTIVITIES IN 2019

We have developed a partnership with the Burkinabe microfinance institution YIKRI (supported by the French NGO Entrepreneurs du Monde). The loan takers of YIKRI gradually and systematically adhere to TOND LAAFI. For a subscription fee of 1000 FCFA (1.50 €), the mutual health funds cover 60% of the cost of primary health care, hospitalisation and childbirth in approved health care centres, for a family of 4 people maximum.

They also offer medico-social services, as do other mutual health funds supported by ATIA (individual follow-ups in case of sickness, routine follow-ups etc.).

**Link between poverty and access to healthcare:**




## RESULTS

The mutual health fund started accepting adhesions in July 2019 in the Tampouy office, one of 6 YIKRI offices in Ouagadougou. The service will progressively spread to the other YIKRI offices. In 2019 TOND LAAFI registered 1,970 adhesions (with a rate of 14% unpaid subscription fees, representing 1,694 families having benefitted from the health care cover). 397 treatments have already been covered for a total sum of 1,322,202 FCFA (2,012 EUR).

***1,694 beneficiary families***

***397 treatments covered for a total sum of 2,012 EUR***

# Madagascar

## OVERVIEW

ATIA financially and technically supports 3 mutual health funds in Madagascar: AFAFI in Antananarivo, MAMPITA in Mahajanga and VAHATRA in Antsirabe. MAMPITA and VAHATRA also provide microfinance services.
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 three mutual health funds have contributed to the implementation of a national federation for mutual health funds, created in June 2019. The federations primary missions are to petition for access to healthcare for vulnerable populations, to promote the mutual health funds and to integrate them into the Universal Health Care Cover (in accordance with a law which came into force in 2015 in Madagascar).
This page will focus on AFAFI, which exclusively offers health mutual funds for organisations (microfinance institutions, associations, cooperatives etc.) affiliating their members in the mutual health fund.

## MICRO HEALTH INSURANCE

AFAFI has increased the number of adherents by more than 10%, helping 11,013 an additional families by the end of 2019 (39,951 people), while having had 15,870 different beneficiary families over the course of the year.
The AFAFI network contains 259 health care centres, through which AFAFI offered 12,960 treatments (primary cares, hospitalisations, childbirths). This amounts to 154,404,721 Ar (which is around EUR 38,600) in 2019, compared to 102,860,031 Ar (around EUR 25,700) in 2018, an increase of more than 50%.
AFAFI's focus has been to reinforce its medico-social service, as it translates into a direct increase in the use of micro health insurance.
AFAFI has also developed the usage of the Solidarity Fund, allowing for the mutual health fund to reimburse 870 "exceptional" treatments that are normally not part of the coverage (compared to 320 in 2018).

## MEDICO-SOCIAL SERVICE

The social workers and the AFAFI doctors carry out home visits, have offices with visiting hours, hold a phone hotline which is open daily, accompany patients hospitals in order to ensure they are properly cared for, deliver health information and awareness workshops, hold campaigns and finally, perform free of charge screening (as seen in the photo above).

***15,870 beneficiary families***

***259 health care centres in the network***

***12,960 treatments covered***

## HEALTH CARE QUALITY

ATIA initiated a partnership with the NGO Santé Sud to improve the health care in three public health care centres in Antananarivo.
Their actions have already reaped results as there have been significant improvements in the daily running of the centres: toilets were installed, hand washing and disinfecting strategies policies were established, a triage of patients was implemented, and patients were examined behind a screen etc.
Simultaneously, ATIA has implemented a new program to strengthen the AFAFI health system, consisting of three action points:
1) Improving medicine prescriptions with the help of a group of volunteer doctors.
2) Improving health care quality through the presence of AFAFI social workers.
3) Educating the adherents about health.
This initiative will be extended to 2020.

# TUBERCULOSIS CONTROL

## India

## METHOLODOGY
### TUBERCULOSIS CONTROL

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

- 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 centres
- Assessing their poverty level (with help of the Poverty assessment tool) and their level of nourishment
- Individual nutrition plan followed by personalised 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

# India

## CONTEXT

India is by far the most affected country by tuberculosis (with more than 2 million new cases each year) and the sickness has become particularly resistant to medication. This is to a great extent due to processing errors and to the fact that patients were not properly monitored by health care services.

Public health care services in India have improved and are currently more or less able to treat tuberculosis cases. However, activities in the communities, are virtually non-existent, and the public health care services are mostly aimed at the easiest and most in-shape patients.
ATIA has therefore specialised in directly fighting the dangerous antibiotic resistant forms of the disease in the slums through its five collaboration partners: MJK, LSS, PATH, SMUS and NSVK.

## ACTIVITIES 2019

In 2019 ATIA has worked with tuberculosis control in Mumbai in three ways:

**1 Supporting the sick**
An attentive and motivating support for patients 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. In the beginning, support sessions are provided once every day – or more often if needed – over time the intervals are increased if everything goes well.

**2 Nutritional supplements**
All patients are weighed and measured in order to calculate their BMI (Body Mass Index) and those who are found to be malnourished (BMI < 18) receive an intense nutrition focused personalised support. Those who are very weak (with a BMI < 16,5) also receive monthly nutrition supplements rich in protein (mainly milk powder).

**3 Support for multi resistant tuberculosis cases**
As multi resistant cases are becoming more frequent in Mumbai we have decided to take on treating these patients as well, even though it is riskier than the other cases of tuberculosis. This support is also more complicated: the medications are harder to tolerate and the treatment can be up to three or four times as long.

Some of our Indian collaboration partner organisations have also progressively become more autonomous and now independently lead related activities, still collaborating with the Indian public programmes and the Mumbai municipality.

## RESULTS

In 2019 we have, using these methods, supported 3,037 patients: in concrete terms, each social worker from any of our five collaboration partner organisations have supported and followed the treatments of 80 patients.
The nutritional supplements given to 1,289 patients for several months.
In addition to this, 66 people suffering from a multi resistant form of tuberculosis have entered into the support phase.

Even though the public services offered by the state experienced difficulties to do with community support, our work shows the government that these actions are worth investing in. Local charities that are already implemented in the area, act as mediators between us and the government and this is something we plan on reinforcing even further.

***3,037 beneficiaries***

***66 with a multi resistant tuberculosis***

***1,289 patients receiving nutritional complements***

# Outlook for 2020

Our objective in 2020 will be to keep helping as many beneficiaries as possible while optimising operating costs of our programs. At the same time, we maintain our objective to help our field partners become autonomous, in line with what we have done so far. However, our collaboration with VAHATRA shows that it can be more valuable to continue offering services for the benefit of vulnerable families, working as two equal partners towards the same objectives, instead of ending the collaboration as soon as possible.

As we write these lines, the Covid19 epidemic brings much uncertainty both as regards the work being carried out on the field and in relation to the availability of financing from Europe.
In the intervention areas, some governments have taken the decision to implement a lockdown and quarantine measures, but in some cases these measures are impossible to implement and hard to understand, as they are in demographic and sanitary contexts very different from ours. Unfortunately, these restrictions have catastrophic consequences for families in the slums. In these areas, social distancing is at any rate illusory, and the “quarantined” families find themselves unable to work and therefore meet their daily needs.
Nevertheless, we have to comply with the rules wherever we take action. In India and Bangladesh as well as in Burkina Faso and some parts of Madagascar, group meetings and home visits have been temporarily prohibited by the government. Yet our teams on the ground and the teams of our collaboration partners remain mobilised:

- They continue their activities wherever possible in order to help families in need keep access to their savings, access to health care, benefit from available help…
- They produce and distribute masks
- They spread information about the virus and preventive measures
- They work with local authorities and contribute to public health actions when introduced to our intervention areas (preventive care, screening, food distribution for the most vulnerable families etc.).

We hope that these restrictions, which we believe cannot be successful in such socially and economically challenged areas, will be lifted as soon as possible. We will then be in a position to restart our activities, without delay, to help the most vulnerable families cope with the consequences of lockdowns and get a fresh start.

*The current report was approved by the general meeting on the 26th of April 2020.*

# *Many thanks to our partners…*


**Fondation D&M Raze**

**FAET**

…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 analysed and controlled at the head office in France (administrative costs are 13%). ATIAs annual accounts are also audited and certified by an auditor in France.