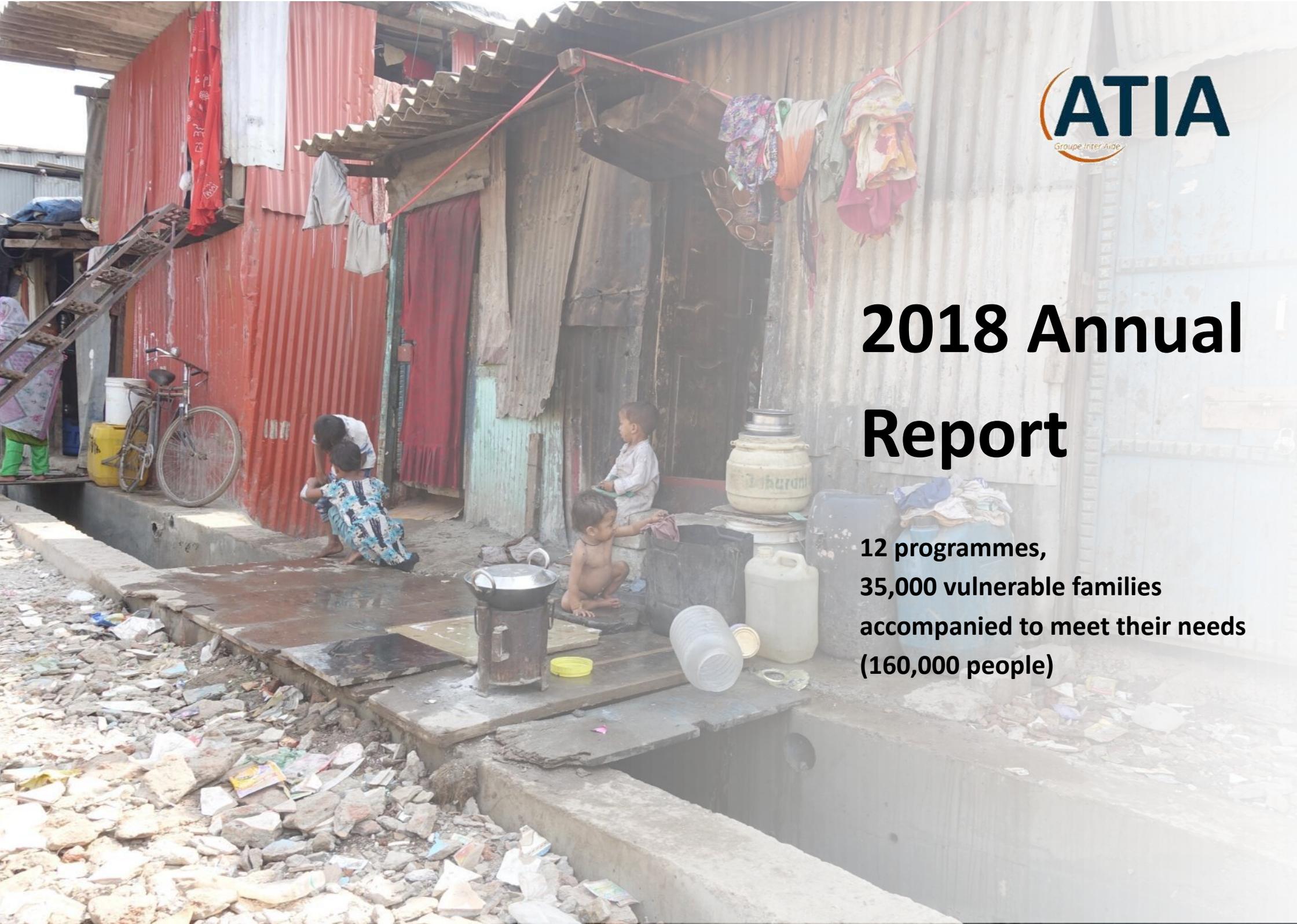




# 2018 Annual Report

**12 programmes,  
35,000 vulnerable families  
accompanied to meet their needs  
(160,000 people)**



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### Accomplished in 2017

12 programmes

38,014 beneficiary families directly supported,

for a total cost of 2,480k EUR

or 65 EUR per family

### Accomplished in 2018

12 programmes

35,387 beneficiary families directly supported,

for a total cost of 2,425k EUR

or 69 EUR per family

### Forecast for 2019

- **Start of a health mutual in Dhaka, Bangladesh in partnership with Eau & Vie.**
- **First adhesions to TOND LAAFI Mutual in Ouagadougou, Burkina Faso (in partnership with Entrepreneurs du Monde).**
- **Support for the deployment of VAHATRA in new municipalities in the Itasy region of Madagascar.**
- **Development of a social textile manufacturing enterprise for the integration of vulnerable women from Tana to Madagascar.**

## General assessment of activities in 2018

In line with the strategy deployed in recent years, our latest partner in micro-credit and health microinsurance in India, the SAI association, has become completely autonomous. ATIA, however, has continued to encourage many actions **in India** for the most vulnerable families in urban areas, in the municipality of Mumbai (Maharashtra) and that of Jaipur (Rajasthan). Support for 187 families in Jaipur was indeed able to start this year, to assist them in obtaining identification documents, ration cards, to educate their children or to treat health problems. These activities should reach a growing number of families as the new teams ramp up.

In Mumbai, the number of families benefiting from social actions fell slightly compared to 2017, with teams focusing on improving the quality of the follow-up. The number of tuberculosis patients accompanied by our teams was significantly reduced, with the discontinuation of the DOTS system (monitoring of the patient taking the antibiotic treatment under the supervision of a third party) wanted by the public Indian health programme. In consultation with the district public health centers, we focused on helping the most vulnerable patients, afflicted at the same time by a high level of poverty (measured with our poverty-assessment tool) and a state of noteworthy malnutrition (body mass index less than 18). We coupled the action of monitoring antibiotic treatment with work on dietary habits and the free supply of nutritional supplements to the most needy, which gave excellent results in terms of healing and weight gain. In total, just over 9,000 families benefited from our programmes in India (-27% vs. 2017).

**In Madagascar**, new actions have also materialized with the launch of urban microcredits in Manakara in the Southeast. The local SAHI association has continued to offer social support to the most precarious families in the city, and to provide credit to farmers' organizations in the region, in partnership with the long-standing local agronomy teams of Inter Aide. We also supported the VAHATRA association to deploy its services in the Itasy region south-west of Tana, which resulted in a significant increase in the number of families receiving micro-credits, savings health micro-insurance and social support. The number of beneficiary families also increased in Mahajanga with the MAMPITA association, whose micro-credit activity had been strongly consolidated in 2017, in line with an action plan aimed at making MAMPITA more financially independent. In addition, the advent of a fully Malagasy management, with a repositioning of ATIA in technical support, has increased the motivation of local teams. Achieving financial sustainability is not our only goal: providing concrete services to the most vulnerable families remains our priority. However, this is not a factor to neglect because it conditions the sustainability of local services to families, and therefore the ability of ATIA to empower some programmes to start new ones. In Antananarivo, the various actions carried out for families living in poorer neighbourhoods continued, reaching to a relatively stable number of people. Activities included: early childhood development, support for preschool and primary education (KOZAMA), mutual health insurance (AFABI), family support (KOLOAINA). In 2018, more than 26,000 families benefited from the programmes in Madagascar (+ 4% vs. 2017).

The programme launched in Maputo, **Mozambique**, has grown, albeit at a slower pace than we had hoped. Difficulties encountered with the local partner have indeed slowed us down, and we have been led to resume the management of live activities by ourselves. Despite these setbacks, a second agency has been opened, and more than 300 women received training, micro-credit or social support during the year (+ 50% vs 2017).

**In Bangladesh**, the feasibility study of a mutual health insurance for the families of the Bashantek slum, in the capital Dhaka, was conclusive and we decided to start a partnership with Eau & Vie and their local structure SJP. A programme manager will work there full-time in 2019. **In Burkina Faso**, TOND LAAFI health mutual was created in Ouagadougou in June 2018, and will know its first memberships in 2019 by families benefiting from the microfinance institution YIKRI (seconded by Entrepreneurs du Monde). It is an ambitious programme due to the number of potential member families, and also because of the implementation of an applied-research approach carried out with the support of the University of Bordeaux, which will make it possible to capitalize more broadly on these health systems and social protection.

## The fight against tuberculosis in Mumbai (India)

As the destination of many internal migrants, the urban agglomeration of Mumbai has more than 22 million inhabitants, of which 41% live in shantytowns. Real efforts in construction and urbanization are failing to absorb the huge areas of slums that are recreating and moving (to the north of the agglomeration in particular), continuing to provide cheap labour from poor neighbouring states. Tuberculosis is very present, and it was in Mumbai in 2012 that the first cases of tuberculosis resistant to all known treatments were observed and published. Today Mumbai has the sad privilege of concentrating 11.5% of the country's 150,000 multidrug-resistant cases (MDR-TB) (which represents about 5,000 new annual MDR TB cases, 50 times more than France and the USA...).

Indeed, all causes are there to generate and disseminate forms of drug-resistant tuberculosis (major risks of contamination due to promiscuity, overcrowding of housing and precarious hygiene, public system barely or not present in the precarious neighborhoods, poverty and under-nutrition, poorly regulated private medicine, etc.).

ATIA focuses its action in slum areas, for the benefit of the most vulnerable TB patients, in co-operation with five recognized Indian associations, specialists in social and health interventions, and who are long-standing partners: MJK, LSS, PATH, SMUS and NSVK. The management of these patients by one of our partners now follows the following steps:

1. **Identification of patients** thanks to a responsive partnership with public health centers - but also some liberal practitioners - who refer to the field teams the precarious patients just diagnosed and requiring anti-tuberculosis treatment.
2. **Home survey of each reported patient** to assess their (i) level of poverty and (ii) undernutrition accurately and objectively with standardized methods.
3. **Individualized nutritional assessment followed by personalized nutrition education sessions.**
4. **Home visit for 6 months** (which corresponds to the standard treatment duration of a patient with common antibiotic-sensitive tuberculosis), by a social worker visiting each week to follow the course of the treatment and evolution of the patient's weight, BMI, to inform and reinforce nutritional messages, and to answer questions about the disease.
5. **Supply of food supplements for the most malnourished patients.**

There are **2,541 new patients** for whom home monitoring was implemented in 2018, of which 1792 receive nutritional supplements.

We observed in patients followed and advised in 2018 an average **weight gain of 3.3 kg after 3 months and 6.3 kg after 6 months** (so at the end of their drug treatment for their tuberculosis). By following up on these families, we noted a 12-month weight gain of 10.3 kg, which shows that the **gains are maintained** with a certain slowdown in progress after the initial catch-up. The average weight gain achieved with these disadvantaged patients that we accompany is remarkable when compared to national statistics, with or without the nutritional supplements provided. In addition, although we deal with the most difficult patients to treat because of their condition and living conditions (excluding multidrug-resistant tuberculosis for which the national TB programme has specific strengthened supports) **the results obtained in terms of therapeutic success are remarkable with more than 80% success**: patients biologically recovered or having successfully completed the entire treatment prescribed for six months, and 5.6% lost to follow-up. These results are comparable to the official results announced by the national programme throughout the country, even though the patients we follow accumulate factors of poor compliance and poor prognosis (socioeconomic level, malnutrition, addictions).



*Home monitoring of a patient in Mumbai*

**2 541 beneficiary families**

## Social activities in Mumbai and Jaipur (India)



Home visit with the ALERT association



Home visit with the LSS association

### Dynamic family support & early childhood development

ATIA is developing **family support and early childhood development activities** in nine slums in the city of Mumbai, in partnership with five local associations. Family support helps to break the isolation of families by identifying the most vulnerable people in Mumbai's shantytowns, listening to them, advising them and guiding them through a network of adapted services.

During the year, the programme supported **2,844 families** in Mumbai with family support, for an average of 6 months, through weekly home visits.

During their support, the families surveyed in 2018 identified an average of 11 goals and reached 68% of the goals they set with the social workers in the programme.

Specifically, in terms of health, 1,069 people were able to see a doctor and receive appropriate treatment, 977 families improved their personal hygiene, that of their children or took greater care in the cleanliness of their homes and 881 families improved their nutrition including 700 families who now consume three meals a day.

In terms of reproductive health, 494 women had access to contraception or to monitoring of their contraceptive methods.

In terms of education, 804 out-of-school children joined preschool or primary school or remedial classes and 276 women received vocational training.

1,207 people obtained one or more administrative documents (birth certificate, ration card, etc.).

On the economic aspects, 1,037 families improved their savings capacity and 473 women were able to start an economic activity (generally a low-skilled home-based job).

536 families renovated their lodgings (roof holes, leveling the ground ...).

On the family relationships and psychosocial aspects, 536 women improved their self-confidence (more positive self-talk) and parents of 581 children pay more attention and spend more time with their children, which is essential for their development.

With regard to the **development workshops**, 23 groups were organized for 244 mothers, who participated with their 367 children from 0 to 5 years old. The attendance rates measured during the year made it possible to verify a high attendance rate (81%), as mothers and their children showed a great interest in this fun and rewarding activity.

ATIA has opened a new family support project in Jaipur since the beginning of 2018. Two teams have been formed to work in two areas of Jaipur with a similar context in Mumbai. By the end of December 2018, seven social workers and three supervisors had been trained and had begun monitoring **187 families**.

**2 844 + 187 = 3 031 beneficiary families**

## Support for micro-entrepreneurs and their families in Mumbai (India)



*Sushila Baburao Gavai is a SAI beneficiary of the Dombivili agency. She got a first loan of Rs 10,000 (about € 135) to start a tea and snacks business near her home. Previously, she was a day laborer and earned about Rs 3,000 (about € 40). She now earns double and has a second loan of Rs 20,000 (about € 270) to develop her business.*

The year 2018 was a decisive year for ATIA and its local partner SAI. ATIA and SAI had the dual objective of continuing to contribute to the socio-economic development of micro-entrepreneurs living in the slums surrounding Mumbai and their families on the one hand and to finalize the empowerment of SAI on the other.

SAI has continued to offer a broad basket of financial and social services for vulnerable families to develop an activity and increase their income (productive loans and economic training), secure these efforts (savings and health insurance) and improve their access care (mutual health). In 2018, a total of **3,376 different** families benefited from all of these services, with 2,341 active borrowers at the end of 2018 (vs. 2,086 at the end of 2017). This growth resulted in an increase in the portfolio of outstanding loans from Rs 16,819,137 (€ 227,000) in 2017 to Rs 23,690,522 (€ 320,000) in 2018. SAI was able to develop this activity while maintaining a high level of quality: the 30-Day Risk Portfolio, which reveals the level of delay within 30 days of the repayment due date, remained low at around 1.09%. In the second half of 2018, SAI changed its procedures and decided to move towards group loans, which could help them to set up local refinancing solutions more easily. In addition, SAI continued to provide group training for each new productive loan and reviewed the economic support: redesign of themes (savings and income generating activity project), precision of targeting criteria, relaxation of the session schedule to make them more compatible with the constraints of the beneficiaries. **145 families benefited from individual economic support in 2018.** In addition, all micro-entrepreneurs also benefited from the mandatory savings service, SAI also continuing to offer a voluntary savings service.



*Information Meeting on SAI Services*

With regard to health-union activities, the goal for 2018 was twofold: to continue to provide services that meet the health needs of families, while aiming for cost savings in the context of empowerment. In 2018, SAI therefore maintained at a sustained pace the medical service and the hotline held by the medical adviser, and having a significant added value for the access to the care of the families. The number and amount of hospitalizations supported has also increased. On the other hand, SAI has reduced the number of prevention and screening campaigns, as well as the number of preventive health events, the impact of which is more difficult to measure. These readjustments and all of these activities resulted in 5,174 uses of health services (social and financial). This represents 777,131 Rs (about 10,500 €) of hospitalization and 244,200 Rs (about 3,300 €) savings for families through medico-social services. The rate of use of services of the mutual health insurance has thus remained significant (about 50%) even if it decreased compared to 2017 (about 110%).

The success of the year 2018 and, more generally, the support of SAI by ATIA is reflected in SAI's ability to pursue its own actions in 2019. Demonstrating its capabilities and its technical autonomy, SAI was able to raise funds, allowing it to increase its volume of activity and thus its local revenues (interest income), in order to cover its micro-credit and social services expenses. In 2019, SAI is thus able to continue the activities of productive loans, savings, and mutual health activities, stopping preventive health activities and slightly increasing the health contribution of families (from 50 Rs - about € 0.68 - at Rs 60 - about € 0.81 - per family per month). SAI has also decided to suspend individual economic support activities while waiting to raise new funds. This continuity of a major part of the social activities without the support of ATIA demonstrates the "social" will of SAI and the success of the 5 years of collaboration of ATIA and SAI.

**3 376 beneficiary families**

## Support for micro-entrepreneurs and their families in Madagascar

In **Antananarivo and its suburbs**, we continued during the first semester to support CEFOR's training and professional integration teams, which benefited **593 people trained** and supported in job search (with a placement rate of salaried employment of 65%, and a retention rate in employment at 6 months of 80%).

**AFAFI** continued to roll out its health mutual by offering its services to new groups of beneficiaries, so that it had 9,315 families under coverage (around 33,000 people) at the end of 2018, a slight increase compared to 2017. This corresponds to **14,138 different** families who benefited from AFAFI coverage over the year, which includes the cost of care and the provision of medico-social support services. This figure is relatively stable compared to 2017 (14,398). AFAFI has put an end to the partnership with two municipalities, to focus on a single municipality that has agreed to subsidize the health contribution of its inhabitants. On the other hand, three new partnerships were established with two associations and a

producers' cooperative operating in the Itasy region (bringing the number of regions in which AFAFI operates to four). AFAFI covered 8,980 treatments (primary care, deliveries, hospitalizations) for a total amount of 102,860,031 Ar (approximately € 26,133), in a network of around 185 health care providers monitored by the medical advisers. Facilitators also conducted 3,976 home visits and hospital visits to monitor the health of the beneficiaries. AFAFI and ATIA were also involved in the construction of a federation of mutual health funds in Madagascar, which should be created in 2019, in particular to take over discussions with the Malagasy government (universal health coverage launched in 2018). In 2018, AFAFI also tested mass preventive health campaigns for schoolchildren in Antananarivo (approximately 26,000 people sensitized). Finally, AFAFI has launched a new pilot project to strengthen the supply of care, which is a significant determinant of the demand for care, and which will be deployed in 2019.



*Awareness of the AFAFI animator, at the time of the market, in the Andranonahoatra commune, around Antananarivo*



*A patient's home visit by the AFAFI team*



In **Mahajanga**, **MAMPITA** granted **1,058 productive** loans that benefited **914 microentrepreneurs** (+ 40% compared to 2017), of whom 87% are women. These borrowers have also joined the association's health insurance scheme, which covers the primary care and hospitalization of their families (1,341 treatments covered and 548 home visits, hospital visits or parturient follow-up). On the other hand, **221 families were accompanied at home** (of whom **198 did not have microcredit**) by social workers to guide them to achieve priority social objectives.

Following the consolidation of the loan portfolio in 2017, the year 2018 was marked by a return to business growth, while maintaining or even improving the quality of the actions: the loan repayment rate is excellent (97.3%) and payment delays down sharply compared to last year; according to our impact studies, the median income that micro-entrepreneurs get from their IGA doubled between their entry and exit from the programme (from € 74 to € 149 per month), and their productive capital tripled (from 41 to 128 EUR). These figures reflect a significant improvement in the standard of living of the families supported, thanks to the actions developed. Beyond the reduction of monetary poverty, studies show that productive microcredit also has an impact on families' access to basic services: schooling, access to decent housing, and so on.



*Food processing financed by MAMPITA in Mahajanga*

The last evolution that marked the year 2018 for Mampita concerns its governance: ATIA has transferred the role of director, which it occupied since the creation of the association, to a Malagasy employee, repositioning itself in a role of technical advice and administrator. This evolution is an important step in the process of empowering the association. It is part of a three-year strategic plan to empower Mampita technically and financially.

In the highlands of the **Vakinankaratra and Itasy regions**, **VAHATRA** granted 6,350 productive loans to **4,958 families** (+ 61% vs. 2017) and provided psycho-social support to 659 families. In these agricultural regions, productive microcredits mainly finance the primary sector, which accounts for 73% of applications: pig farming, potato and rice crops. The extension of VAHATRA's activities in this area (communes between Antsirabe and Tana) has continued: in the Ambatolampy branch, two new service points have been opened.; in the new Itasy branch, opened in 2017, two agencies were opened in Ampary and Analavory. The total number of service points has increased from 11 to 16 and VAHATRA plans to open two more in 2019 (in Itasy). **75 families** were also followed in family support (without also benefiting from credits).

All these figures do not take into account the results in the Antsirabe zone, which VAHATRA is now managing entirely autonomously, and which represents nearly 9,000 beneficiary families by the end of 2018.

As at MAMPITA, all micro-entrepreneurs of VAHATRA and their families joined their health mutual. VAHATRA has managed 193 hospitalizations, thus increasing the frequency of care taken care of to 1.59% in 2018, against 1.43% in 2017.

At the end of 2017, all the activities implemented by VAHATRA were the subject of an impact study, co-financed and accompanied by the F3E, the results of which are available online on the ATIA website and were made the subject of a public restitution in May 2018.

**In Manakara, the SAHI Association** continued to grant rural loans to the peasant unions of the Fagnimbogna federation, in partnership with the teams of agronomists of Inter Aide based on the spot for many years. **483 small-scale producers** benefited from credit facilities to promote rice cultivation and storage, following the Improved Intensive Rice System method: 16 tons of fertilizers bought wholesale in Antananarivo were delivered to the peasant unions in very small remote villages. 21 tons of rice were stored in communal granaries, allowing farmers to avoid selling their rice at harvest time.

In 2018, Sahi also started an urban lending activity in the city of Manakara. 652 loans were granted to **317 families**. The social support activity for the most precarious families in Manakara continued, and benefitted **101 families**.



*Tracking the use of funds in Manakara with SAHI*

*(small business)*

**593 (CEFOR) + 14 138 (AFAFI) + 914 + 198 (MAMPITA) + 4 958 + 75 (VAHATRA) + 483 + 317 + 101 (SAHI) = 21 777 beneficiary families**

# Social and educative actions in Antananarivo (Madagascar)

## Familial support

This year KOLOAINA followed **891 families at their homes** in its six intervention zones in Antananarivo. This number has slightly decreased compared to the previous year, as KOLOAINA has focused its activities on six zones (eight zones the previous year) and reduced the number of social animators dedicated to family support (from 16 to 13) by selecting those who had best assimilated the new methodology.

This has helped to increase the quality of family support: for example, the target resolution rate has increased from 48% in 2016-17 to 54% in 2017-18. The number of goals resolved per family also increased from 3.3 to 3.6 on average.



*KOLOAINA intervention areas in Tana*

	Health	Nativity	Education	Document	Savings	Psychosocial	TOTAL
Identified objectives	225	268	323	933	881	553	<b>3183</b>
Completed objectives	169	180	145	331	477	409	<b>1711</b>
% of resolutions	75%	67%	45%	35%	54%	74%	<b>54%</b>

(out of 472 families who completed their follow-up in 2017-2018)

EFA MANANA KOPIA  
NA KARAMPANONDRO VE IANAO ?



## Project IROP (All citizens)

In 2015, KOLOAINA noted the great difficulties faced by accompanied families in obtaining the birth certificates of their children. When the declaration of birth could not be made via the "standard" procedure, in the absence of a certificate drawn up by a doctor for example, the procedures for registering are very complex and families may be confronted in some cases with corrupt agents. KOLOAINA has therefore launched a programme of bulk applications for birth certificates in collaboration with the administrative authorities of the Antananarivo constituency (Commune, town halls, courts, fokontany). Thanks to this project "IROP" (all citizens), 3,536 files were passed to the Tribunal (mobile courts) and 2,684 were accepted, 2,087 birth certificates were issued to the families, the others are waiting for transcription.



*Animation for the IROP project*

*Information brochure on administrative documents*

## Early childhood development

This year, mother-child workshops with KOZAMA involved **1,703 families** and their children under 2 years old. These workshops aim to prevent developmental delays among very young children and to improve the educational practices and care provided by their parents. Weekly one-and-a-half hour sessions provide a supportive environment for interactions between children and their parents. The proposed activities, such as bathing, massage or games, encourage this crucial relationship in the construction of the child.

KOZAMA intervenes directly and with several partner organizations (associations, health centres, women's prison, KOLOAINA ...)

By analysing the attendance at these workshops, KOZAMA found that the youngest mothers (under 20 years) are the most assiduous (15 workshops on average), demonstrating their need to be accompanied at the start of their life as mothers. KOZAMA will start a pilot workshop in 2019 that will target these young mothers as a priority.



*Development workshops: the bathing, massage and play activities offered at the workshops help encourage interactions between mothers and their very young children and help them strengthen their emotional bond.*

## Training in playful pedagogy

This year, two training sessions on playful pedagogy were organized in September. 65 people participated in the training and 56 (among them) were accompanied throughout the school year.

## Preschool education

This year KOZAMA supported **101 preschool** classes in 37 public primary schools (PPE) including 16 new classes. This support consisted of a continuous training of the teachers, a follow-up of the quality of the teaching, a support to the direction of the school for the management of the new classes and an initial contribution in furniture and educational material adapted to the age of the child.

**2,561 children** aged 3 to 5 enrolled in these pre-school classes with an average attendance rate of 87%. 94.6% are enrolled in first grade. It is important to note that KOZAMA has opened 104 new classes since 2012 and thus created 2,500 new preschool places, which represents a third of the existing places in the Antananarivo and Atsimondrano school districts.

## Tutoring

In 12 schools in vulnerable neighbourhoods, the school support team provides weekly support to the weakest students in the first three years of primary school. Small support groups are then formed, providing a supportive environment for children to learn at their own pace and for their progress to be valued.

In 2017-18 KOZAMA organized school support groups to provide **2,363 students** with sessions to study their classroom lessons in a playful way. KOZAMA followed the grades in the quarterly assessments of all children in classes where tutoring is offered. **Supported children have an average that improves by +0.3 to +0.5 points compared to the entire class.**



*A tutoring session in the EPP Anosimasina*

**$891 + 0,67 \times 0,8 \times (1\ 703 + 2\ 561 + 2\ 363) = 4\ 443$  beneficiary families**

*The 0.67 and 0.8 ratios are used to make up for double counting:*

*several children from the same family, or the same children participate in multiple activities.*

## Economic and social development in Maputo (Mozambique)

2018 was the second year of activity for ATIA in Mozambique. The activities are progressively growing, and after the opening of a first branch in the district of Chamanculo, in Maputo, we opened last year a second branch in the district of Maxaquene. These are two slum areas, in which there are problems of prostitution, crime, prevalence of HIV / AIDS .... More than half of all households are single-parent households, and family care often relies on older women, who support their families (sometimes two generations of children), with small businesses they develop in their neighbourhoods.

Faced with this situation, based on a methodology already tested in other countries (especially in Madagascar), ATIA has set up individualized economic and psychosocial support in the same "one-stop shop", targeted at the heads of household. In each agency, the beneficiaries are welcomed by a qualified staff, which guides and accompanies them, each according to their needs, in the development of a personalized project. Once the first diagnosis is made,

they have access to the adapted service: microcredit, economic support, family support, nursery.

In 2018, ATIA guided **284 women** to design, launch and / or develop income-generating activities, offering them a programme of training, support and productive microcredit. A complementary savings service has been set up to secure the income thus generated by the beneficiaries. At the social level, **54 families** living in isolation were able to benefit from listening, advice and guidance to solve their priority social problems (health, education, hygiene, family planning ...). 15 of them also received a microcredit to start an income-generating activity. The community day nursery welcomed and stimulated the development of 31 children, freeing up working time for their mothers to carry out income-generating activities. 64 mother-child workshops were organized for the benefit of 223 participants.



*Monitoring the use of credit at the place of activity*



*A micro-entrepreneur supported by the program and her business*



*Nursery of the Chamanculo agency*

We are reaching fewer families in Maputo than in Madagascar and are facing weaker demand for similar services, although the needs appear glaring. The context of an omnipresent and paternalistic state, the permanent administrative hassles of the state services (multiple controls, corruption, cronyism) make the populations distrustful and the action of the NGOs difficult. However, the impact of the actions we see on the ground in terms of poverty reduction encourages us to persevere: the median income of women who have received a microcredit has increased by 30% thanks to our support, and their poverty index global "family photo" by four points.

The challenge for the coming year will be to increase the number of beneficiaries, including micro-credit, and to progressively increase the skills of our local teams, to contribute to the operational viability of the project.

In addition, it was decided to expand the intervention area by opening a third branch in another district to test different conditions with populations less accustomed to external assistance.

**284 + 54 - 15 = 323 beneficiary families**

## Forecast 2019

Over the years, we have seen a gradual increase in our cost per beneficiary (although we still have a very low level today). This is not related to a loss of efficiency, but rather to our concern to improve the quality of our actions and the intensity of monitoring of vulnerable families. However, we also see an increase in operating costs on the ground: this trend should continue in the coming years, justifying all the more in our eyes the interest to act today! On the other hand we develop fewer microfinance actions, because we often find in the field many institutions able to offer loan and savings services to micro-entrepreneurs. If they do not always virtuously, services are nevertheless available, and the most dynamic know how to take advantage of them. In these contexts we try to develop other economic services to help the poor to increase their income, in the form of social enterprises that simultaneously provide training and paid work for a few months. With these actions it is less easy to quickly reach a large number of families as is the case with micro-finance, which also tends to increase the cost per beneficiary. But we hope that they will have a very significant impact on the present and future living conditions of beneficiary families (employability), and that they will naturally reach financial sustainability that will enable us to replicate them more easily.

*On April 27, 2019, the ATIA General Assembly approved this report.*

### We thank all our financial partners, public and private donors including:



PRO VICTIMIS



86% of our resources are devoted to field operations.

All our programs are subject to monthly operational and accounting reports, which are analyzed and checked at headquarters in France (administrative costs of 14%).

The annual accounts of local partner associations are audited and certified by local auditors.

The annual accounts of ATIA are likewise audited and certified by an auditor in France.

**The Fondation pour l'Aide à l'Enfance et au Tiers-Monde (FAET), the Fondation ANBER, and the people who support the association individually.**

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