



**ANNUAL
REPORT
2024**

Cover photo :

TOHANA sewing workshop (Antananarivo, Madagascar)

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In an intervention area of Antananarivo (Madagascar)

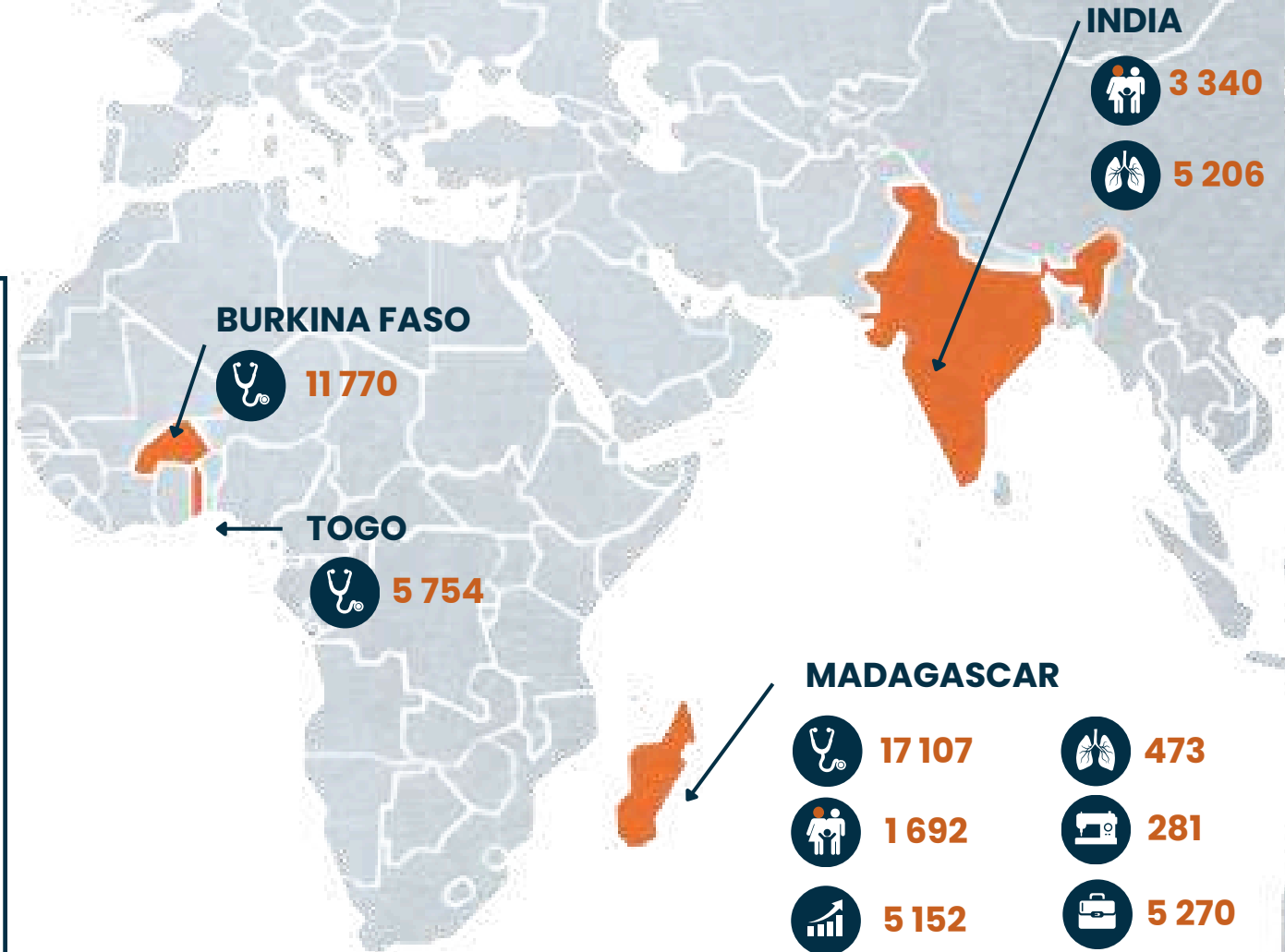
ATIA 2024 GENERAL OVERVIEW

2024 IN BRIEF

- **4 countries**
- **13 programmes**
- **56 045 beneficiary families**
i.e **224 000 people**
- **Total expenses : €3.6 million**
- **Average cost / family / year : €65**

NUMBER OF FAMILIES BENEFITING FROM PROGRAMMES

-  **Access to health**
Mutual health insurance
-  **Access to health**
Tuberculosis control
-  **Access to high quality education**
-  **Socio-economic inclusion**
Family support & women's empowerment
-  **Socio-economic inclusion**
Integrated social microfinance
-  **Socio-economic inclusion**
Vocational training and job placement



ATIA'S APPROACH

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

Its purpose is to help the most disadvantaged families improve their living conditions by themselves.

Extreme poverty is characterised by severe deprivation in multiple areas that affect families simultaneously.

Progress made by a family in one area can therefore be undermined by setbacks in another. For example, micro-entrepreneurs may be forced to liquidate their business assets to pay for medical care in the event of illness or an accident.

- **At the social and economic level,** our programmes aim to reduce family poverty by raising awareness of rights and accessible services, and by strengthening motivation. Particular emphasis is placed on empowering women, tackling domestic violence, and improving access to economic opportunities.

We also help families to increase their income by providing training, assisting with job placement, and promoting self-employment through social microfinance. The vast majority of our beneficiaries are mothers.

- **In terms of health,** we develop community-based mutual health insurances for the most vulnerable families to improve their access to local healthcare. We also contribute to the fight against tuberculosis, which disproportionately affects disadvantaged families, and to strengthening the healthcare system by training health professionals.

- **In the field of education,** we work to improve access to quality preschool and primary education for children in deprived areas, reduce school dropout rates and enhance the educational resources available to teachers and parents.



ACTIONS LED BY AND WITH LOCAL PARTNERS

ATIA works with vulnerable populations through local partner associations, either pre-existing or created with its support, which jointly implement the activities.

These partners receive technical and financial support from ATIA until they become autonomous.

ATIA is involved in designing and implementing activities through expatriate staff – programme managers or technical advisors – who are based directly in the field. With the support of their head of sector at headquarters, they assist local partners in carrying out activities, train teams, help establish local associations, ensure activities are of a high quality, and oversee the proper use of funds.

Heads of sector, as well as Administrative and financial managers, provide continuous support to partners from both headquarters and through regular field missions.

Collaboration with local associations is based on formal partnership agreements, which are reviewed and renewed annually.

Once a partner has achieved a solid technical level, as well as organisational and financial viability, ATIA gradually withdraws from the system. The local association then becomes autonomous in both implementing and financing its activities.

As development is a long-term process, this path to autonomy generally takes at least ten years – and often longer.



LOCAL PARTNERS AND LOCATION OF PROJECTS

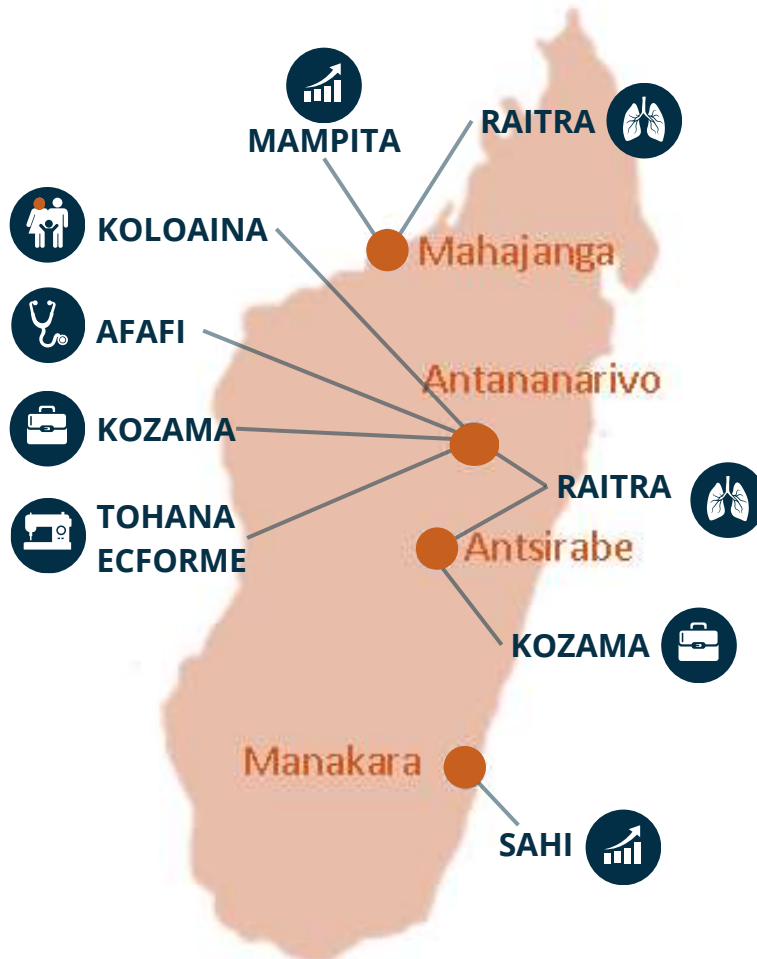
BURKINA FASO



TOGO



MADAGASCAR



INDIA



PROGRAMME LEGEND

- Access to health**
Mutual health insurance
- Access to health**
Tuberculosis control
- Access to high quality education**
- Socio-economic inclusion**
Family support & women's empowerment
- Socio-economic inclusion**
Integrated social microfinance
- Socio-economic inclusion**
Vocational training and job placement

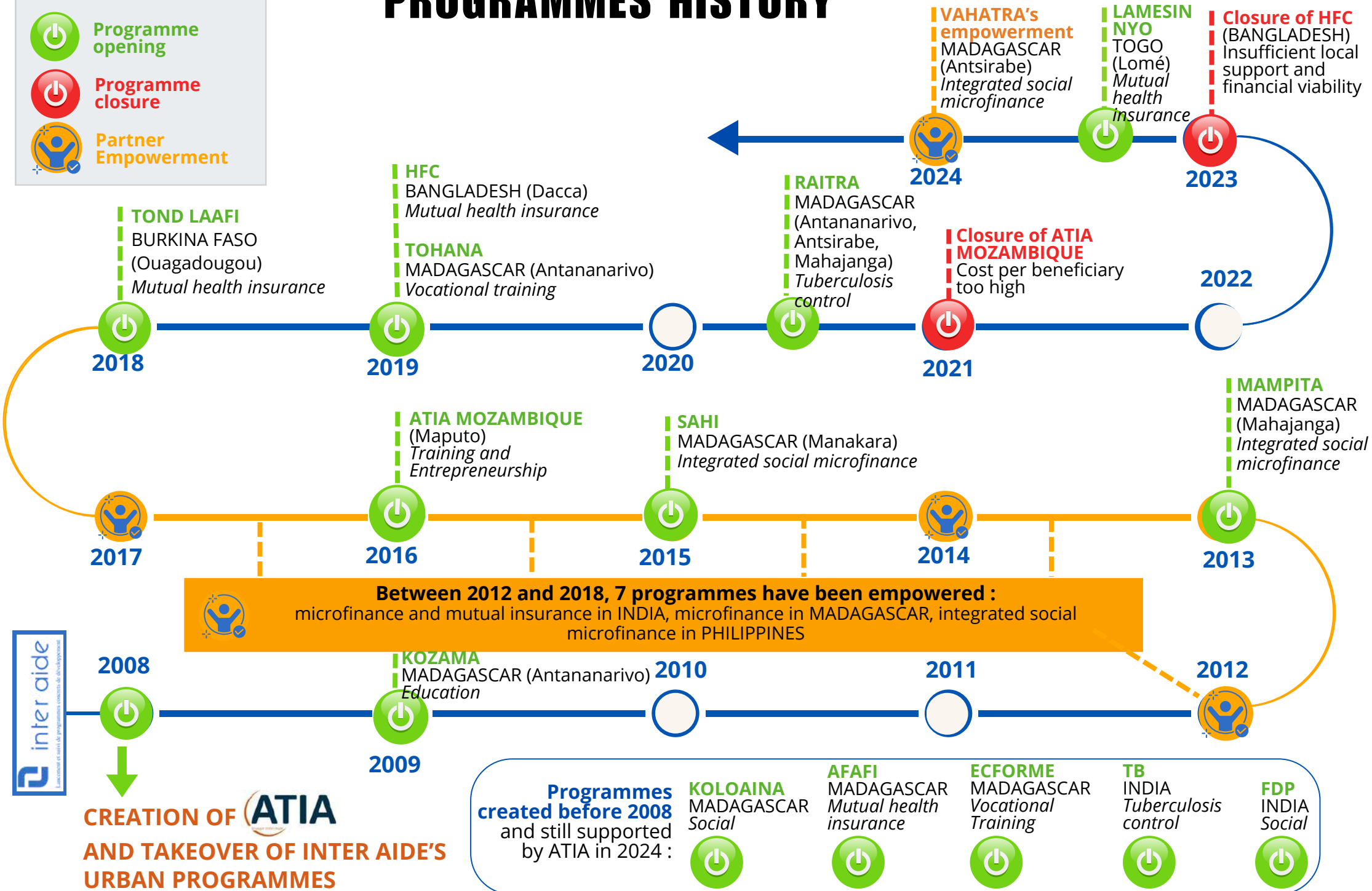


Beneficiaries' children in Manakara region (Madagascar)

PROGRAMMES HISTORY

LEGEND

-  Programme opening
-  Programme closure
-  Partner Empowerment



IMPACT MEASUREMENT

ATIA IS COMMITTED TO CONTINUOUSLY ANALYSING THE TARGET POPULATION OF ITS PROGRAMMES — BOTH TO ENSURE THAT IT CONSISTENTLY REACHES THE MOST VULNERABLE PEOPLE, AND TO EVALUATE THE IMPACT OF THE PROGRAMMES ON THEIR LIVING CONDITIONS.

1/ THE 'PAT (POVERTY ASSESSMENT TOOL) SCORE' : A MULTIDIMENSIONAL POVERTY ASSESSMENT TOOL

Beneficiary families are selected using a social categorisation tool developed by ATIA and based on the Multidimensional Poverty Index (MPI), which was designed by the University of Oxford for the United Nations Development Programme. The tool adopts ten of the MPI's core indicators.

Named the 'PAT score' by ATIA, this tool makes it possible to assess a household's level of poverty using 17 criteria across five dimensions: housing, education, health, economic situation, and administrative status.

The more deprivations a family experiences across the assessed criteria, the lower their score and the closer they are to the centre of the graph.

The PAT score is taken when beneficiaries enter the programme, and then at regular intervals (every three months, six months, etc.). This allows selection based on poverty level and tracks progress during support. This helps us **to verify the impact of our actions and whether that impact is sustainable.**

Indeed, our aim is to improve the living conditions of the families we support and, more broadly, **to empower them and strengthen their ability to solve problems independently.**

For more details on the tool and methodology, see: <https://reseau-pratiques.org/en/family-levelling-tool-poverty-assessment-tool/>

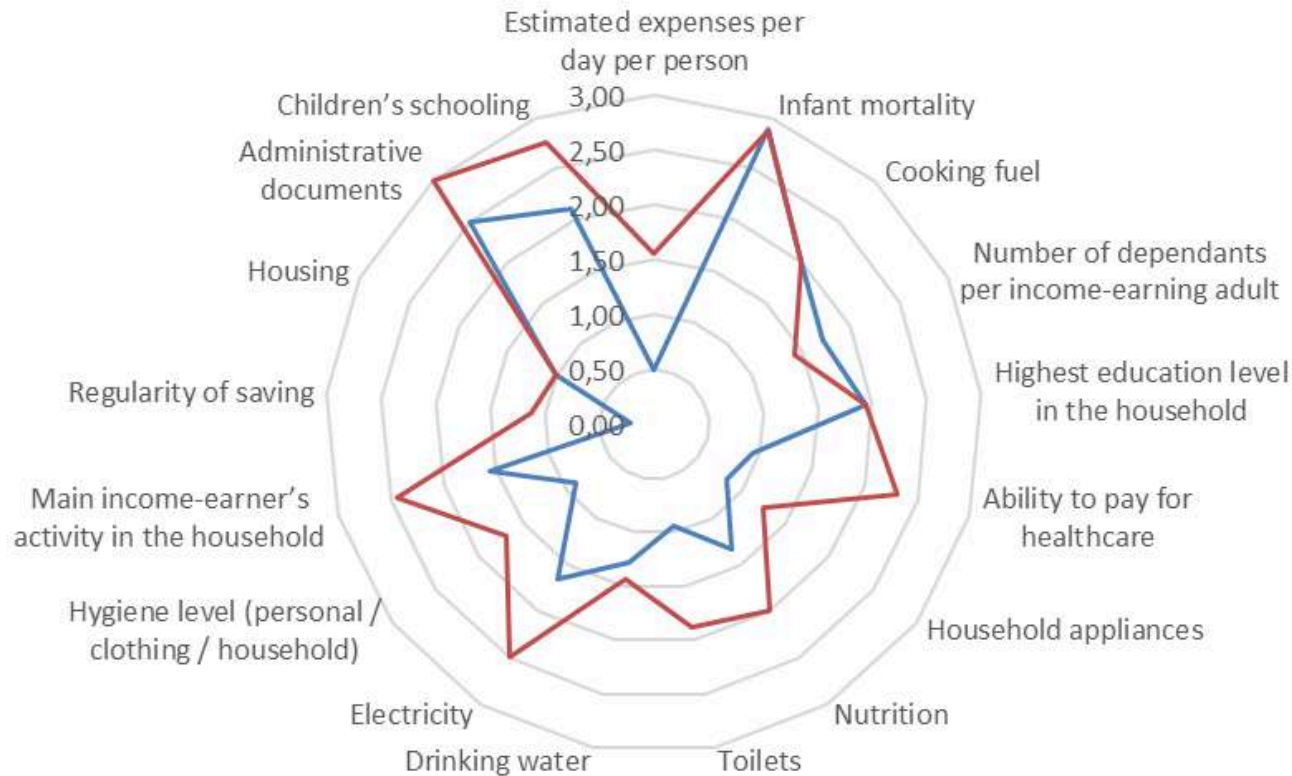


Household visit and assessment (Jaipur, India)

Example and analysis of a PAT score

In blue : T0 assessment (before entering the training programme)

In red : T1 assessment (12 months after the end of the training programme)



Beneficiary of the TOHANA programme at home

The graph above illustrates the progression of the PAT score for a cohort of apprentice seamstresses who finished their training at the TOHANA workshop in 2023, and were reassessed in 2024.

Items are scored from 0 (centre of the circle) to 3 points (outer edge). The blue line represents the average scores of the beneficiaries before training, and the red line shows their average scores twelve months

after completing training.

Significant improvements can be observed in the areas targeted by the programme, particularly in:

- Nutrition (+1)
- Children's schooling (+0,75)
- Access to healthcare (+1,5)
- Acquisition of administrative documents (+0,5)

- Household amenities (water, toilets, electricity) (+1)
- Hygiene (+1,5)
- Income (+1).

Overall, between the start of the training and the end of the support period (12 months after training completion), this cohort of apprentice seamstresses recorded an average improvement of eight points across all areas.

2/ THE RESILIENCE SCALE

ATIA measures the resilience of its beneficiaries using **the Connor-Davidson Resilience Scale** (<http://www.connordavidson-resiliencescale.com>), a widely used tool in many countries that demonstrates strong statistical robustness. In particular, it has a high level of internal consistency (i.e. it reliably measures the same construct each time) and validity (i.e. it accurately measures the degree of resilience within a population).

However, social workers found this scale challenging to use in the field as the questions are often abstract and difficult for beneficiaries to understand or relate to. In India, specific limitations were noted due to the linguistic complexity of the Hindi version, which made it less user-friendly than the Malagasy version. The local translations – into both Hindi and Malagasy – have therefore been revised to improve clarity and accessibility.

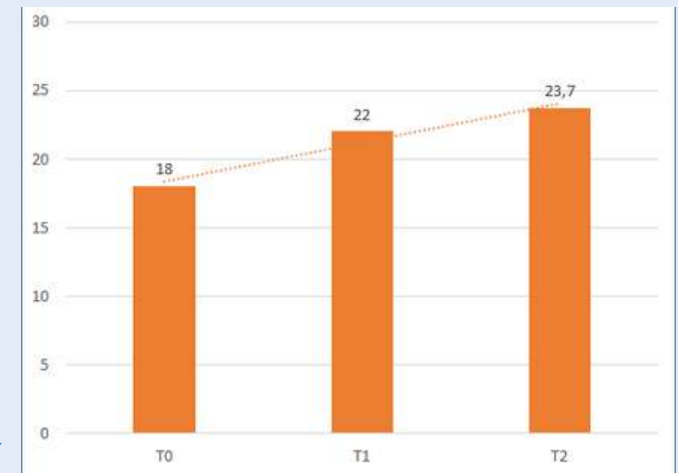
Following the recommendations of an external evaluation of the social programmes, discussions are underway on whether to continue using this tool in India.

3/ THE EMPOWERMENT SCALE

In order to analyse the situation of women who benefit from support programmes and monitor the evolution of their ability to make strategic choices, ATIA has developed an **'empowerment scale'** based on various pre-existing, scientifically validated scales. Versions in Hindi and Malagasy are used in the field, adapted to local realities and slightly adjusted depending on the context.

ATIA's empowerment scale assesses the practical aspects of women's situations and their perceptions. It includes: four questions on mobility, four on household decision-making processes, two on financial autonomy, one on nutrition, two on physical domestic violence, and one on the sharing of household tasks.

Measurement of the level of autonomy of beneficiaries in the socio-economic inclusion programme in Madagascar and India, based on a total score out of 30, at programme entry (T0), at programme exit (T1 - on average seven months after commencement), and six months after completion (T2), for 4,257 supported families in 2024.



4/ THE FDP (FAMILY DEVELOPMENT PROGRAMME) OBJECTIVES LIST

To support families in improving their living conditions, ATIA has developed a **FDP objectives list**, which is used by its partners. This tool serves two main purposes :

1/ to identify, together with the family, the key priorities to be addressed during the support process ;

2/ to monitor the resolution of these objectives by number and by theme, during and after the support period.

The framework includes 27 objectives, grouped into 5 themes: health, birth-related matters, education, psychosocial wellbeing, and administrative documentation.

For each objective, the following information is collected and analysed:

- Observations and identifiable indicators noted by the social worker ;
- The family's expressed goals and identification criteria ;
- The resolution criteria.



Team of the partner organisation Lamesin Nyo (Togo)

ATIA 2024 PROGRAMMES

FOCUS AREAS



ACCESS TO HEALTH

- **Mutual health insurance and quality of care** : MADAGASCAR, BURKINA FASO, TOGO
- **Tuberculosis control** : INDIA, MADAGASCAR

ACCESS TO EDUCATION

- **Strengthening of the public education system** : MADAGASCAR

SOCIO-ECONOMIC INCLUSION

- **Family support and women's empowerment** : MADAGASCAR, INDIA
- **Vocational training and job placement** : MADAGASCAR
- **Integrated social microfinance** : MADAGASCAR



MUTUAL HEALTH INSURANCE

A lack of financial resources and knowledge can lead to delays in accessing healthcare, or even prevent access altogether. Families become poorer when they are forced to dip into their assets, sell their belongings, or take on debt to pay for treatment.

ATIA implements a health micro-insurance scheme combined with a socio-medical support service, in areas where vulnerable families do not have access to health coverage.

The health contribution ranges from €1 to €3 per month (covering up to four household members). This contribution helps cover healthcare expenses and maintain the balance of the mutual fund.

The micro-insurance service is complemented by a socio-medical support service which aims to strengthen beneficiaries'

knowledge and understanding of the scheme, and address socio-cultural barriers to accessing healthcare, such as beliefs, rumours and stereotypes.

This service includes:

- Routine and illness-related **home visits** ;
- **Hospital accompaniment** ;
- **A 24/7 telephone helpline** ;
- **In-branch support** ;
- **Medical support** (offered by some branch) to listen, advise and refer ;
- **Prevention and screening campaigns.**



17,107 BENEFICIARY FAMILIES – approximately **52,500 people**

In 2024

289 PARTNER HEALTHCARE FACILITIES

21,950 TREATMENTS COVERED for a total amount of approximately **€69,387**

CONTEXT

Madagascar is facing a major health crisis. Its healthcare system is critically underfunded and largely inaccessible to most of the population. **Only 10% of Malagasy people have health insurance**, while the rest are forced into debt or have to forgo care due to a lack of resources. The situation is further exacerbated by a lack of information and widespread misconceptions, as well as the poor quality of medical facilities.

This chronic vulnerability is exacerbated by soaring inflation, which puts immense pressure on the most vulnerable households. Although the right to health is fundamental, it remains out of reach for nearly 90% of the population, much of which operates within the informal economy.

In this context, AFAFi is working to improve access to healthcare by promoting health insurance schemes, raising community awareness, and providing financial solutions that are tailored to local circumstances. The organisation is committed to helping build a more inclusive and sustainable system that serves the most vulnerable.



Follow-up of a beneficiary hospitalised at the Befelatanana University Gynaecology and Obstetrics Hospital

In 2024, AFAFi recorded:

- 14,510 enrolments, including 4,113 new memberships and 10,397 renewals.
- By the end of 2024, 9,125 families were still actively covered, representing a total of 28,325 individuals covered by the health insurance.

The Health Insurance at a Glance:

- **Average contribution:** 4,350 Ar (€0.89) per family per month
- **Number of insured persons:** 2 parents and their children under 18
- **Covered care:** primary care, hospitalisations, and childbirth, within predefined coverage limits depending on the type of facility (public or private)
- **Socio-medical support services:** home visits, hospital visits, telephone helpline, etc.



Visit to a beneficiary's sales point



PILOT PROJECTS

In addition to providing affordable health insurance to the most vulnerable populations in the Antananarivo region, AFAFi is running two pilot projects designed to provide the government with insights to support its efforts toward establishing universal health coverage:

- **Since 2022, the project in the island municipality of Sainte-Marie** has involved providing a group of impoverished individuals with access to the health insurance by fully subsidising their contributions. By the end of 2024, AFAFi was covering 1,709 vulnerable families in Sainte-Marie (with fully subsidised contributions), as well as 481 families who had paid their contributions voluntarily – totalling 5,559 individuals.

- **Since 2023, the project in the municipality of Andranonahoatra** has aimed to test the capacity of a local authority to independently organise access to health coverage for impoverished residents by subsidising their contributions. In practice, ATIA transfers funds to the municipality equivalent to the contributions for 1,000 residents; and the municipality is responsible for enrolling those individuals in AFAFi, enabling them to access healthcare.

Several key lessons have already emerged from these ongoing pilot projects :

➤ **The care pathway remains a major challenge for beneficiaries, who often find it difficult to deal with healthcare professionals.** Providing support to members during medical appointments and after hospitalisation has proven essential to ensuring appropriate care. Training providers on how to manage health insurance members and fostering strong socio-medical links helps to reassure beneficiaries and facilitates their healthcare journey.

➤ **Using an objective tool such as the PAT score is crucial for accurately identifying**



Post-hospitalisation home visit

Workshop presenting the outcomes of the Andranonahoatra pilot (2 October 2024), with participation from the Malagasy Ministry of Health and the WHO

the most vulnerable individuals. Without this methodological support, many disadvantaged families risk being excluded from the scheme, despite it representing a genuine opportunity to improve their access to healthcare and their overall living conditions sustainably.

WHAT'S NEW IN 2024

Following the signing of two new partnerships in 2023 (with Made for a Woman and the Mérieux Foundation), which enabled the enrolment of new member groups, AFAFi entered into a new partnership in 2024 with the La Rizière hospitality school in Fianarantsoa (Central Highlands). The school provides training for around 130 young people, aged 17 to 23, each year, in hospitality-related professions such as cook, waiter and receptionist. The school aims to secure employment for 80% of its trainees. Thanks to this new partnership, these young trainees now have improved access to healthcare.





In preparation for its path to autonomy, AFAFI has initiated negotiations with certain partners to increase the contribution levels. These efforts resulted in a rise in contributions for eight partner groups, ranging from 5,000 Ar (€1.06) to 7,000 Ar (€1.49) per family per month. This increase not only helps to maintain the balance of the mutual fund but also contributes more substantially to covering the operating costs of the mutual health insurance.

HEALTH PARTNERS

AFAFI has built a dense and well-distributed network of healthcare providers across the regions of Analamanga, Haute Matsiatra, Itasy, and Bongolava, comprising **289 healthcare facilities**, including:

- 13 hospitals ;
- 140 private doctors and Basic Health Centres ;
- 76 public level II Basic Health Centres ;
- 34 pharmacies ;
- 9 laboratories ;
- 17 specialised centres.

THE MISSONGA INITIATIVE

The MISSONGA Initiative (*Médecins Investis pour des Soins de Santé Orientés selon les Normes Garantissant la quAlité - Doctors Committed to Quality-Oriented Healthcare Standards*) **was launched by the AFAFI mutual health insurance to improve the quality of care for vulnerable patients through regular sessions bringing together private doctors in Antananarivo.** The initiative is structured around three main pillars:

- Doctors’ pillar: promoting the exchange of good practices among medical professionals.
- Facilitators’ pillar: strengthening the skills of health facilitators.
- Beneficiaries’ pillar: raising awareness among families about the importance of health prevention.

MISSONGA is based on the belief that quality healthcare can be delivered at an affordable cost, even for the most vulnerable families.

Encouraged by the positive results in 2023, AFAFI and ATIA decided to scale up the MISSONGA initiative in 2024. This expansion aimed not only to train a greater number of doctors, but also to increase the initiative’s visibility.

By establishing itself as a model for continuous professional development, MISSONGA also seeks to engage health stakeholders and regulatory authorities, with the goal of embedding its approach within the national public health framework.

In 2024, MISSONGA experienced significant growth with the launch of 15 new training cohorts, each bringing together an average of 13 doctors.



MISSONGA training session

**11,770 BENEFICIARY
FAMILIES**
In 2024 :
**155 PARTNER
HEALTHCARE FACILITIES**
17,727 TREATMENTS COVERED
*for a total amount of
approximately*
€151 972

CONTEXT

Burkina Faso, classified among the least developed countries, is facing a severe security and political crisis, with over 2 million internally displaced persons. Around 80% of the population works in the informal sector without health coverage, making access to healthcare extremely difficult. Insecurity is weakening institutions and putting immense pressure on public services, especially in conflict-affected areas. Despite this challenging context, local initiatives such as mutual health insurances play a key role in strengthening community resilience, particularly for populations struggling to access care due to financial and socio-cultural barriers.

In this context, the TOND LAAFI mutual health insurance, grounded in a community solidarity approach, provides vital support to vulnerable families by offering them health coverage.

More specifically, TOND LAAFI targets micro-borrowers in the informal sector served by the microfinance institution YIKRI, providing them with health coverage linked to their loans, in order to safeguard both their personal wellbeing and their economic activity.

*Facilitator conducting a home
visit to a new member of the
health insurance*



WHAT'S NEW

Since 2023, the number of micro-borrowers from the partner microfinance institution has declined (by around 4,500 families), prompting TOND LAAFI to seek new partnerships to compensate for the drop in membership. As a result, in June 2024, TOND LAAFI affiliated a second group: Emergence NET, a social enterprise whose mission is to professionalise and provide a safe working environment for highly vulnerable men and women working in personal service occupations.

TOND LAAFI has also initiated discussions with additional potential partners, with promising developments expected in 2025.

In April 2024, the health insurance contribution had to be increased, both to keep pace with the constant inflation in healthcare costs in Burkina Faso and to help fund part of the mutual's operating expenses.



Additionally, in Koudougou (a town located about 100 km from the capital), TOND LAAFI, in partnership with YIKRI, organised two promotional days in November 2024 to raise awareness of the benefits of linking microfinance institutions with mutual health insurances and to promote their services.

These events reached over 4,000 people, with strong support from local authorities. A multichannel strategy was implemented to maximise outreach: a live radio broadcast in 10 markets in both French and Mooré, radio spots, public criers, theatrical performances, and a community discussion forum.



HEALTH PARTNERS

By the end of 2024, TOND LAAFI had a network of 155 healthcare facilities (compared to 150 at the end of 2022), including 100 public health centres, 29 medical centres (with and without surgical units), 4 hospitals, 20 pharmacies, and 2 pharmaceutical depots.

Throughout 2024, TOND LAAFI provided 49 public health centres – based on their expressed needs – with equipment kits including **lab coats, digital blood pressure monitors, digital thermometers, and small surgical boxes.**



Antoinette, health facilitator, at her desk in the Somgandé agency

RESULTS

By the end of 2024, TOND LAAFI had recorded 45,033 uses of its socio-medical support services (including home visits, helpline calls, etc.), representing an average of 7 contacts per family per year with TOND LAAFI (compared to 49,470 uses in 2023).

In 2024, despite a decline in the number of beneficiaries due to the economic situation of its microfinance partner, TOND LAAFI **beneficiaries made greater use of healthcare services**, with an annual utilisation rate of around 73%, an 8-point increase compared to 2023.

These results are largely attributable to the individualised socio-medical support provided by TOND LAAFI, the expansion of its healthcare provider network, the strong commitment of its team, and the strategic and responsive management of its multiple partnerships (including YIKRI, health providers, institutional partners, and ATIA’s technical and strategic support).

The Health Insurance at a Glance:

- **Average contribution:** 1,341 FCFA (€2.29) per family per month
- **Number of insured persons:** 1 main member + 3 dependants
- **Covered care:** 60% of primary care, hospitalisations, and childbirth at contracted healthcare providers
- **Socio-medical support services:** home visits, hospital visits, telephone helpline, etc.



A TOND LAAFI member receives a home visit after returning from hospital



LAMESIN NYO



Togo

**5,754 BENEFICIARY
FAMILIES**

after one year of activity

In 2024 :

**26 PARTNER HEALTHCARE
FACILITIES**

(compared to 9 in 2023)

10,391 TREATMENTS COVERED
*for a total amount of
approximately
€88 972*

CONTEXT

Togo, ranked among the Least Developed Countries (163rd out of 193 according to the 2022 Human Development Index), continues to face high levels of poverty despite recent economic growth. Nearly 75% of the working population is employed in the informal sector without social protection, making access to healthcare extremely limited. The health system, still under development, struggles to manage major infectious diseases such as malaria.

This precariousness leads to delayed care, economic losses, and household impoverishment. A lack of information, cultural barriers, and the uneven quality of healthcare facilities further hinder access to care.

In response to these challenges, ATIA, in partnership with the microfinance institution ASSILASSIMÉ SOLIDARITÉ, **created the LAMESIN NYO mutual health insurance in 2023 to support micro-entrepreneurs and their families**, who are excluded from any health coverage, by offering them health insurance tailored to the realities of the informal sector.

Membership in LAMESIN NYO is compulsory for ASSILASSIMÉ SOLIDARITÉ borrowers, and voluntary for those who are part of savings groups but do not have a microloan.



Beneficiary visiting the branch and receiving information about the mutual health insurance's services



First group awareness session in the new Tokoin area (Lomé)

The Health Insurance at a Glance:

- Average contribution: 2,000 FCFA (€3.00) per family per month
- Number of insured persons: 1 main member + 3 dependants
- Covered care: 70% of primary care, hospitalisations, and childbirth at contracted healthcare providers
- Socio-medical support services: home visits, hospital visits, telephone helpline, etc.



Group leaders' training on healthcare procedures (Feb 2024)



WHAT'S NEW

Among the ten branches of the partner microfinance institution in the Greater Lomé region, LAMESIN NYO initially began offering health coverage to micro-borrowers in two branches (each branch serving between 1,000 and 4,000 micro-borrowers). The roll-out is taking place gradually, with membership opening in two additional branches planned for 2025

As with the first two branches, LAMESIN NYO prepared its expansion by raising awareness among micro-borrowers about the importance of financial protection, solidarity, and the services provided by the mutual health insurance. These sessions aim to ensure that borrowers understand the health insurance's value and are confident in its relevance when they need care.



As part of its continuous service improvement approach, the health insurance has strengthened its healthcare provider network by entering into agreements with new facilities:

- Two hospitals run by religious congregations, recognised for high-quality and affordable care
- Three faith-based health centres located near large groups of beneficiaries
- One public socio-medical centre
- One university hospital to expand care options
- Ten private pharmacies, helping to address frequent stock shortages in public facilities

This expansion of the provider network, combined with the close support offered to beneficiaries by the LAMESIN NYO teams, led to a significant increase in service utilisation in 2024.

Training of healthcare staff at the Pura Pagani Health Centre in Yokoe (Nov. 2024)

RESULTS

In 2024, LAMESIN NYO recorded 7,021 mutual health insurance memberships, including 4,658 new enrolments and 2,363 renewals. By the end of 2024, 4,507 families – totalling 12,566 members – were covered by the scheme.

As of late 2024, LAMESIN NYO had recorded 14,764 uses of its socio-medical support services (home visits, helpline calls, etc.), which were particularly in demand among new members.

Barely two years after its creation, these results are highly encouraging. This positive momentum provides a strong foundation for continuing the roll-out to additional branches with confidence.



TUBERCULOSIS CONTROL

In 2024, ATIA continues to innovate to develop effective, humane, and replicable intervention models in environments marked by poverty, misinformation, and complex healthcare systems.

For over ten years, ATIA has been working alongside local stakeholders to combat tuberculosis in two of the most heavily affected contexts in the world: the urban slums of India, particularly in Mumbai and Bhiwandi, and the vulnerable peri-urban areas of Madagascar, including Antananarivo, Antsirabe, and Mahajanga.

In both countries, the approach developed is based on the same core principles : proximity,

individualised support, community engagement, and partnership with local health structures.

Thanks to trained social workers, regular home visits, tailored awareness-raising activities, and targeted social and nutritional support, the programmes run with partner NGOs have helped improve treatment adherence, enhance early detection, and reduce stigma.

Weight monitoring of a tuberculosis patient undergoing treatment during a follow-up visit



TUBERCULOSIS CONTROL



India

With 2.8 million new cases recorded in 2023 according to the WHO – accounting for a quarter of global cases – India remains the country most affected by tuberculosis, particularly in the most deprived urban areas.

In Mumbai, where 60% of the city’s 22 million inhabitants live in slums, malnutrition, overcrowding, and a weak healthcare system create ideal conditions for the spread of tuberculosis, which disproportionately affects vulnerable families who have migrated from impoverished rural areas.



* SEE EXPLANATIONS ABOUT THE PAT SCORE ON PAGE 11 OF THIS REPORT

5,206 TUBERCULOSIS PATIENTS supported during their treatment

In 2024, ATIA’s programme, run in collaboration with three Indian NGOs, supported 5,206 tuberculosis patients, including 2,988 new cases, in the most vulnerable districts of Mumbai and the neighbouring city of Bhiwandi.

The programme’s main objective is to ensure strict adherence to treatment, which is long and demanding, through personalised, professional support delivered directly at patients’ homes.

PROXIMITY-BASED DAILY INTERVENTIONS FOR PATIENTS

The programme primarily targets families living in extreme poverty, identified through a rigorous process using the PAT score*.

Raising awareness about tuberculosis among a patient’s family

In 2024:

LESS THAN 1% OF PATIENTS lost to follow-up

29,409 HOME VISITS carried out by social workers



Social worker’s home visit for TB treatment follow-up

Social workers from partner organisations carried out 29,409 home visits, applying an approach rooted in empathy, proximity, and the empowerment of patients and their families.

COMPREHENSIVE SUPPORT TO STRENGTHEN THE INTERVENTION

ATIA and its partners provide **targeted nutritional support** in the form of protein rations for severely malnourished patients, with the support of Indian philanthropists.



TUBERCULOSIS CONTROL (continued)

In addition, 69 patients received **social support** that included educational, administrative or professional assistance, in addition to the daily counselling and guidance provided by social workers.

Monitoring tools were also significantly improved: instant reporting of cases via WhatsApp by staff from the National Tuberculosis Elimination Programme, access to the national tuberculosis database, use of the “TB Aarogya Sathi” app to provide patients with reliable information, and the distribution of wall calendars to help track treatment progress.

In 2024, **a major innovation involved greater engagement of household members**, with the appointment of a treatment observer responsible for reminding the patient to take their prescribed medication and supporting them in staying motivated throughout their recovery.



Young patient and her treatment observer during a home visit by a social worker

CHALLENGES ENCOUNTERED

The growing influence of the private sector in tuberculosis diagnosis and treatment, encouraged by the government, complicates the work of NGOs. This sector operates on a profit-driven model, making it less transparent and harder to access.

In addition, delays and inconsistencies in data from public dispensaries force us to rely on information collected directly by our teams.

Stigmatisation of patients, particularly in cases of pulmonary tuberculosis, also requires ongoing awareness-raising efforts by field teams.

Lastly, nutritional support remains insufficient despite backing from local philanthropists.

MAINTAINING IMPACT IN A CHANGING CONTEXT

This programme represents an effective and humane model of intervention in the fight against tuberculosis in disadvantaged urban settings. **It demonstrates that rigorous, empathetic, community-based support can lead to high treatment adherence, even in contexts of extreme poverty.** However, this model must continue to adapt to India’s rapidly evolving healthcare landscape.



TUBERCULOSIS CONTROL



Madagascar

CONTEXT

Launched in 2021, the “RAITRA TB” programme continued to expand in 2024, strengthening its activities in three strategic regions of Madagascar: Antananarivo, Antsirabe, and Mahajanga. The objective remains to improve tuberculosis prevention and screening in poor peri-urban communities, ensure patient support, and integrate the management of other communicable diseases such as malaria, HIV, and malnutrition.

Thanks to a strong partnership with three Malagasy NGOs (Vahatra, Koloaina, and RaitraTia) and local health structures, we have built a unique, deeply human-centred community health system, rooted in the most vulnerable neighbourhoods – despite limited financial resources.

Nutritional support for
65 MALNOURISHED PATIENTS

In 2024 :

473 TUBERCULOSIS PATIENTS
supported during their treatment

13,990 PEOPLE
reached with awareness-raising on the prevention, screening, and treatment of infectious diseases

AN APPROACH DEEPLY ROOTED IN THE SOCIAL REALITIES OF DEPRIVED NEIGHBOURHOODS

The programme is based on a simple yet essential conviction: healing is more effective when people are listened to, understood, and supported. Social workers establish a strong relationship of trust with each patient by conducting

regular home visits, providing information and a listening ear, and encouraging them to continue their treatment without interruption.

This attentive, methodical, and compassionate presence has proven crucial in supporting treatment adherence in contexts marked by poverty, fear, discouragement, and stigma.

PREVENT, INFORM CLEARLY, EMPOWER, DESTIGMATISE: SOCIAL COMMUNICATION THAT CHANGES BEHAVIOUR

In addition to individual support, we work upstream **to prevent illness and encourage early diagnosis.** In neighbourhoods often excluded from public health campaigns, our teams deliver clear, practical, non-judgemental messages, tailored to the local culture and the audience’s level of understanding.



Home visit to a tuberculosis patient in Antsirabe



TUBERCULOSIS CONTROL (continued)

By valuing the voices and lived experiences of local residents, and by meeting them where they are – in markets or waiting rooms of local clinics – **the teams have helped break down many taboos:** Yes, tuberculosis and HIV can be tested for; yes, these diseases are treated free of charge; and no, there is no shame in seeking care. This work has led to an increase in community-based screening, particularly in the most underserved areas, as highlighted by the health authorities.



IEC (Information, Education and Communication) session in a health centre waiting room

INNOVATING TO BETTER SUPPORT PATIENTS: EARLY FINDINGS FROM FIELD RESEARCH

The “RAITRA TB” programme has also integrated an action research component. One of the most significant pilot studies focused on assessing the impact of a small financial incentive of around €10. When this incentive was given directly to patients at the start or end of their treatment, treatment adherence increased significantly, with success rates ranging from 87% to 93%.

In contrast, providing the incentive to community health workers had no notable effect on our ad hoc sample – except when these workers were well trained, supervised, and supported. This study highlights a simple yet effective lever, reinforcing one of the core principles of our intervention: **strengthening patients’ own motivation is key to achieving lasting success.**

A STRONG PARTNERSHIP WITH HEALTH SYSTEM STAKEHOLDERS

We have also strengthened our relationships with the public health system, which is often difficult for NGOs to access. We succeeded in building a

climate of trust among NGOs, health centres, and both local and national health authorities – including the National TB Control Programme. **This “win-win” partnership, based on mutual listening and the effectiveness of fieldwork, has facilitated collaboration, contributed to training healthcare workers, and enabled the co-construction of more sustainable strategies.** In Mahajanga, an innovative collaboration with the regional health authority even made it possible to strengthen awareness-raising efforts and give them greater public ownership.

A RECENT PROGRAMME READY TO EXPAND AND ADAPT TO EMERGING NEEDS

The 2024 assessment shows that the “RAITRA TB” programme is working, and that a model based on social intelligence and strong local roots can improve public health, even in challenging contexts. **By bringing together prevention, care, and human dignity, it is possible to fight tuberculosis differently – and effectively.** Building on these results, we plan to expand our activities, strengthen training, innovate in screening strategies, and make the fight against stigmatisation a key pillar of public health in Madagascar.

FOCUS AREAS

ACCESS TO HEALTH

- **Mutual health insurance and quality of care** : MADAGASCAR, BURKINA FASO, TOGO
- **Tuberculosis control** : INDIA, MADAGASCAR



ACCESS TO EDUCATION

- **Strengthening of the public education system** : MADAGASCAR

SOCIO-ECONOMIC INCLUSION

- **Family support and women's empowerment** : MADAGASCAR, INDIA
- **Vocational training and job placement** : MADAGASCAR
- **Integrated social microfinance** : MADAGASCAR



STRENGTHENING OF THE PUBLIC EDUCATION SYSTEM

In Madagascar, KOZAMA “had a proven transformative effect on the Ministry of National Education,” according to the European Union evaluator.

Madagascar’s national education system continues to face a prolonged crisis, marked by inadequate infrastructure, undertrained teachers, and an overall low quality of education — particularly in rural areas and in the disadvantaged neighbourhoods of major cities such as Antananarivo and Antsirabe.

When it comes to preschool education, **60% of children aged 3 to 6 in Antananarivo are not enrolled in any school.**

According to the World Bank, a child born in Madagascar is expected to reach only 37% of their development potential, due to insufficient healthcare and education.

Available data further reveal that **8 out of 10 pupils do not master essential skills in reading, mathematics, and French by the end of primary school.** Moreover, **the primary school completion rate stands at just 56%, dropping as low as 18% for the poorest 20% of the population.**

Additionally, **80% of public primary school teachers have received no initial training.**

In response to this situation, KOZAMA is committed to improving access to education and enhancing the quality of teaching for children from vulnerable families within the public school system.



Madagascar

**41 PRIMARY
SCHOOL TEACHERS**
*trained (three-year
cycles)*

**A PROMOTION RATE OF
66% TO THE NEXT GRADE**
*for the most struggling
pupils*

**3 135 PRE-SCHOOL
CHILDREN ENROLLED**
in 111 classes

In 2024, KOZAMA (*Kolo Zaza Malagasy*) continued and strengthened its commitment to improving access to quality pre-primary and primary education for children from vulnerable families in the Analamanga and Vakinankaratra regions.

Driven by a dedicated team and long-standing partners, the association stayed on course: consolidating its work in Antananarivo and laying strong foundations for expansion in Antsirabe (Vakinankaratra region).

The professionalism of the teams and the quality of the activities were recognised this year with the award of funding from the European Union, further reinforcing KOZAMA's legitimacy as a key player in education in Madagascar.

EXPANSION TO ANTSIRABE: A PROMISING FIRST YEAR

This year marked the launch of

activities in Antsirabe, its first expansion beyond the capital. Fourteen schools joined the programme: 12 pre-primary classes were created and 24 classrooms renovated, benefiting 975 children. While the rollout was successful, it came with significant challenges. The newly formed local team had to be trained quickly, with strengthened support from the Antananarivo office.

VOLUNTEER-LED ACADEMIC SUPPORT: INITIAL RESULTS AND LESSONS LEARNED

KOZAMA piloted a new approach to remedial education: academic support sessions led by volunteer teachers, building on a positive momentum observed in schools across the region. A total of 239 children benefited from the initiative.

While results have been encouraging in schools where teachers possess adequate pedagogical skills, limitations



Antsirabe: children playing in the schoolyard before a remedial session

emerged in contexts where teachers are less well-trained. In such cases, the Antsirabe team does not yet have the capacity to provide effective support to struggling teachers. These findings are already informing ongoing strategic adjustments.



EARLY CHILDHOOD LEARNING (PRE-SCHOOL ACCESS)



Discovering books in pre-school class

In Antananarivo, KOZAMA continued **to strengthen access to pre-school education in public schools**. Twenty-one new classes were created and 75 educators were trained or supported. Through this initiative, nearly 2,160 children now benefit from a structured learning environment, with appropriate teaching materials and ongoing pedagogical support. In Antsirabe, a further 975 children benefited from the programme.

PREVENTING SCHOOL DROPOUT

The remedial classes supported 2,784 struggling pupils across 12 schools. Attendance at these sessions reached 78%, despite numerous school interruptions caused by elections and institutional breaks in the academic calendar. Moreover, 66% of participating pupils progressed to the next grade – a rate in line with the overall class average, even though the remedial support focused specifically on the most underperforming students. **This figure highlights the effectiveness of a targeted approach and confirms the relevance of concentrating efforts on the most vulnerable learners.**



SUPPORT FOR EARLY CHILDHOOD

Finally, **669 children aged 0 to 2 and their parents participated in early stimulation workshops**. These shared moments are essential for strengthening the parent-child bond and laying the foundations for healthy development from the very earliest years of life.



Rattle making in early stimulation workshop

Remedial class conducted in an engaging manner



STRENGTHENING TEACHING SKILLS: SUPPORTING TEACHERS, THE KEY TO SUCCESS

KOZAMA has strengthened its primary school teacher support programme by integrating a new didactic component alongside the existing pedagogical aspects. This repositioning aims to better meet the needs of public schools, particularly those identified with high repetition rates. Eight schools were selected, and 41 teachers received training covering both core subjects (mathematics, Malagasy, French) and transversal issues such as classroom management and children's rights

In addition to these training sessions, teachers received regular, individualised in-class support, with 229 visits conducted. This programme is structured over a two-year cycle: the first year, conducted in 2023-2024, focused on didactics and classroom management; the second year will concentrate on participatory pedagogy. However, in one participating school, the team decided to suspend support at the start of the 2024-25 academic year due to lack of engagement from the principal and teachers.

Despite this setback, the revamped programme represents a turning point: it better equips teachers and is already yielding encouraging initial results on the ground.



Large slates in Year 6

Example of an overcrowded classroom (here: Year 5 class)

A COLLECTIVE MOMENTUM

The year was also marked by the arrival of a new executive director, who took up her duties with efficiency. She brings fresh perspectives and renewed energy to the programme, while ensuring continuity of existing commitments and laying the foundations for structured management across the two intervention areas.

If the year has been so productive, it is thanks to the dedication of the entire KOZAMA team: educators, coordinators, volunteers, local partners, and school districts within the Ministry. Together, they have contributed to advancing a shared mission: to provide every child with a dignified education that opens the door to a brighter future.



FOCUS AREAS

ACCESS TO HEALTH

- **Mutual health insurance and quality of care** : MADAGASCAR, BURKINA FASO, TOGO
- **Tuberculosis control** : INDIA, MADAGASCAR

ACCESS TO EDUCATION

- **Strengthening of the public education system** : MADAGASCAR



SOCIO-ECONOMIC INCLUSION

- **Family support and women's empowerment** : MADAGASCAR, INDIA
- **Vocational training and job placement** : MADAGASCAR
- **Integrated social microfinance** : MADAGASCAR



FAMILY SUPPORT AND WOMEN'S EMPOWERMENT

Family support is based on a personalised approach that takes into account all factors of vulnerability to improve the living conditions of the families visited.

This support is delivered through weekly home visits over a six-month period, during which social workers listen to, advise, and guide families – particularly women – to strengthen their self-esteem, confidence, and ability to act independently, as well as to help them access various social services.

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

These objectives may include improving health conditions, access to education, managing household finances, or enhancing women's mobility and autonomy within their communities.

The results show significant improvements in resolving the social and economic problems of families, with an approach that promotes autonomy.

Once all households in an area have been visited and supported (provided they meet our criteria and request assistance), partners identify a new area and deploy activities there.



KOLOAINA



Madagascar

Psychosocial support at home for

917 BENEFICIARIES AND THEIR FAMILIES

In 2024 :

2,295 VISITS
in guidance centre

225 PEOPLE
enrolled in vocational training

474 ADOLESCENTS
participated in support group sessions

CONTEXT

KOLOAINA is committed to supporting women and their families in the disadvantaged neighbourhoods of the capital, Antananarivo. These families, often socially isolated, live in precarious housing conditions.

The main goal of KOLOAINA's support is to promote their autonomy so they can seize various development opportunities available to them and thereby improve their living conditions by their own efforts.



Social worker on a visit in the Andranomanalina area

ACTIVITIES AND DEVELOPMENTS IN 2024

Through the support provided by KOLOAINA, it became clear that **access to stable income remains a major challenge for many women**. Low education levels, a lack of suitable training, and the prevalence of precarious jobs combine to limit their economic prospects.

Aware of these obstacles, ATIA and KOLOAINA piloted a vocational training programme in 2024, aiming to broaden economic opportunities for women. This initiative also sought to test various support strategies to identify the most suitable solutions for beneficiaries' realities.

The programme was structured around two complementary axes:

1 – Internal Training

KOLOAINA set up in-house vocational training in two fields: crochet/raffia work and sewing. Lasting three months, these courses were enriched with weekly discussion groups on self-confidence, family relationship management, and psychological preparation for professional



**Internal workshops: crochet-
raffia (top) and tailoring
(bottom)**



integration. Upon completion, several women were able to join economic collectives, promoting collective management of activities and income.



2 – Partnerships with training centres tailored to vulnerable populations and recognised for diversifying opportunities:

- **ECFORME**, an NGO partner of ATIA, offers short professional training courses (two months) in various fields: industrial machine sewing, data entry, personal care assistance, and entrepreneurship. Thanks to the partnership with ATIA, KOLOAINA beneficiaries paid only 10% of the usual training fees, typically ranging from 40,000 to 150,000 Ar (€8 to €30).
- **ASA**, a technical training centre, currently hosts 10 young people (8 girls and 2 boys) in 11-month qualification courses: sewing, embroidery, marquetry, leather and hornwork, plumbing, and basketry. ATIA covers transportation costs to ensure access to these longer programmes.
- **TOHANA**, also an ATIA partner NGO, offers mothers a 5-month apprenticeship in sewing and, more recently, early childhood professions. This partnership has been active since 2019 and continues robustly.

ASA trainees continuing their cutting and sewing training



In 2025, these pilot initiatives will be consolidated and expanded to sustainably support the economic autonomy of the women involved.

This combined approach – based on proximity, adaptability, and removing economic barriers – has enabled women and young people to embark on training and professional integration paths that were previously inaccessible.



Home visits to beneficiaries as part of the support programme



2024 RESULTS

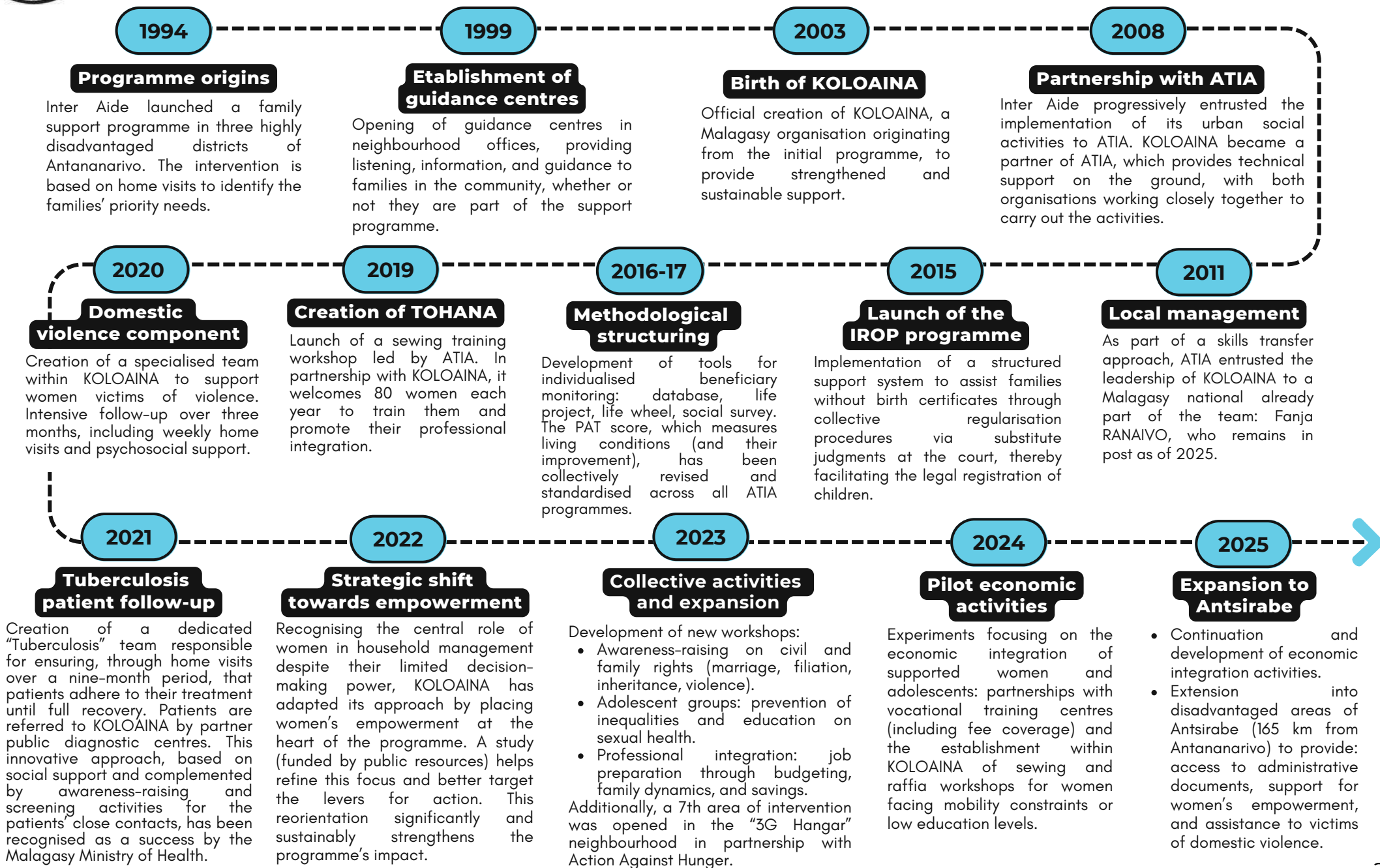
Women supported: **917**
 People assisted through guidance centre: **2,295**
 Female participants in adolescent groups: **301**
 Male participants in adolescent groups: **173**
 People who completed training: **225**
 Adolescents currently in training: **10**
 Average number of goals achieved per family: **6.5** distributed as follows:

- | | |
|--|--|
| • Health
674 people, 66% of goals achieved | • Administrative documents
376 people, 49% |
| • Natality
336 people, 52% | • Economic
796 people, 63% |
| • Education
239 people, 42% | • Psychosocial issues
1,407 people, 63% |



KOLOAINA 1994-2024:

30 YEARS OF SERVICE DEVELOPMENT AND CONTINUOUS IMPROVEMENT





FAMILY SUPPORT MUMBAI



India

In 2024 :

2,899 WOMEN SUPPORTED

11 GOALS ACHIEVED
on average per family

A TURNING POINT

2024 was a year of reaping the fruits of the teams' long-term efforts. After three years of consolidating the women's empowerment approach in Mumbai, the effects are now tangible. The well-established collective activities have demonstrated their ability to initiate profound changes – both individual and familial.

An external evaluation of the programme, conducted in November and December 2024 as part of the closure of the French Development Agency's three-year funding, provided a qualitative assessment of the programme's impact and confirmed what the teams had already observed on the ground: **the support goes beyond problem-solving – it triggers transformations.**

"Sometimes, I have doubts... then the voice of Madam [the social worker] comes to mind and guides me to the next step" recounts one woman supported in Mumbai.

Women speak of regained lightness, relief, but also of newfound grounding. For some, it is the first time they have felt fully legitimate,

capable, and supported. The trusting relationship with the social worker becomes a guiding thread – a discreet but constant support. They discover themselves as rights holders, carriers of a voice that matters.

Women's groups have played a crucial role. They have become safe spaces where voices flow freely. Through simple but symbolic gestures – cooking a favourite dish, dressing as they wish, listening to music – women dare to reposition themselves in their daily lives. These shared actions within the group fuel a collective dynamic of transformation.

Zahira's story is one such illustration. Long confined to her neighbourhood, she dared



Example of an intervention neighbourhood

to go alone to hospital, was diagnosed with typhoid, and completed her treatment. Other women, for the first time, requested a voter card, voted, enrolled their children in school, or sought healthcare.

Adolescent girls' groups have also grown in relevance. Young girls who once saw themselves confined to the home have begun playing in the street, questioning, and challenging norms.

Within mother-in-law groups, some women have initiated a real shift in how they experience family relationships. Discussions have helped put words to long-silenced tensions and acknowledge that everyday conflicts can trap two women in painful roles. By listening to other participants' stories and observing alternative approaches, some have begun to see what once seemed immutable in a new light. The group acts as a collective mirror – opening a space for reflection, repositioning, and sometimes choosing a different path.



FAMILY SUPPORT

MUMBAI (continued)

A MEASURABLE IMPACT

Data confirms that women participating in group activities, in addition to receiving individual home support, achieve more goals (an average of 6.9 goals for the women themselves and 11 for their families) and show greater progress on the empowerment scale* (an average score of 23.14).

Furthermore, there was **a significant improvement in outcomes related to the fight against domestic violence compared to 2023**, thanks to enhanced training and awareness-raising for social workers. The achievement of objectives in these areas has markedly increased:

- **Achievement of the emotional violence reduction target:**
+8 points (68 % -> 76 %)
- **Achievement of the economic violence reduction target:**
+16 points (62 % -> 78 %)
- **Achievement of the physical violence reduction target:**
+11 points (57 % -> 68 %)
- **Achievement of the sexual violence reduction target:**
+10 points (51 % -> 61 %)

* SEE EXPLANATIONS ABOUT THE EMPOWERMENT SCALE ON PAGE 13 OF THIS REPORT

These results are also reflected in changes in responses on the empowerment scale*, particularly regarding tolerance of violence. At the start of the support, 68% of women believed it was justified for a man to beat his wife. By the end of the support period, this proportion had fallen to 32%, and further declined to 15% six months later during the impact visit. This decrease signifies a profound shift in attitudes and confirms that the women supported are gradually questioning the norms that legitimise violence in their daily lives.



Mother-in-law group



Adolescent group



Home visits in Devripada and Mandala



2024 RESULTS

Women supported: 2,899
 People assisted through guidance centre: 3,505
 Female participants in women's groups: 257
 Female participants in mother-in-law groups: 295
 Male participants in adolescent groups: 78
 Female participants in adolescent groups: 185
 Average number of goals achieved per family: 11 distributed as follows:

- | | |
|--|---|
| • Health
4,523 people, 90% of goals achieved | • Administrative documents
4,121 people, 62 % |
| • Natality
1,364 people, 77% | • Economic
3,903 people, 83% |
| • Education
1,635 people, 61% | • Psychosocial issues
4,881 people, 73 % |



FAMILY SUPPORT JAIPUR



India

In 2024 :

441 WOMEN SUPPORTED

10.5 GOALS ACHIEVED
on average per family

EXPANSION AND NEW CHALLENGES

In 2024, the teams began working in Khor, about twenty kilometres from Jaipur, where families have been recently relocated to cramped apartments that are often unsuitable. Access to basic services is very limited: there are no public schools, clinics, or community health centres. Water quality is poor, and families cook on open wood fires under hazardous conditions.

Local rules are enforced by a community panchayat, an exclusively male committee that considers it disrespectful for a woman to seek protection from domestic violence; the police and judiciary are excluded in principle.

The first months were dedicated to understanding local issues and building trust with the women – an essential prerequisite for addressing violence. Social workers developed a specific strategy based on presence, listening, awareness-raising, and personalised support. Each woman is accompanied to identify and utilise the few available avenues for action despite these strong social constraints.

This approach is beginning to bear fruit. Gradually, the teams have been integrated into local life. Due to isolation and the absence of services, they mobilised local networks to have Khor recognised as a vulnerable community. Several concrete actions have been launched: health camps, vaccination days, bank account openings – all carried out locally. These initiatives help restore fundamental rights in a context of extreme vulnerability.



Home visits in the Khor community

OTHER DEVELOPMENTS IN 2024

Alongside field actions addressing immediate needs, safe spaces for women and youth were created in Jaipur in 2024, inspired by the model implemented in Mumbai. These spaces have enabled women to speak openly for the first time about their daily lives, fears, and the strategies they use to endure, resist, and move forward.

The external programme evaluation report illustrates these outcomes with the example of a woman who, thanks to the group and the support of her social worker, discovered that her home belonged to her mother (not her husband), secured the departure of her abusive husband, found employment, and advocated for her daughter’s schooling despite religious discrimination at school.

These changes are not isolated: they demonstrate the crucial role of these groups as spaces for repositioning, where women can reclaim their stories, decisions, and everyday lives. Encouraged by these initial results, the teams plan to expand this initiative to other intervention areas from 2025 onwards.



FAMILY SUPPORT JAIPUR (continued)

A major need has also emerged: supporting children’s schooling, particularly for the youngest. During home visits, many mothers expressed concern about absenteeism or the complete lack of schooling for their children.

A survey conducted among 60 families revealed that out of 113 children, 25 were out of school, 66 had never attended school, and only 22 were currently enrolled. Among them, 24 children aged 6 to 7 did not attend any school. It became apparent that many children drop out quickly because they are unprepared: they do not see the value of attending, do not feel they belong, or have never been exposed to a group learning environment.

In response, the teams decided to prioritise children aged 5 to 8 for gradual school familiarisation. A pilot phase will begin in 2025 with preparatory classes aimed at creating a positive association with learning, encouraging school attendance from an early age, and laying the foundations for sustained school engagement. This approach is based on the trust built with families and emphasises the central role of mothers as the primary agents of education and learning.



Children not attending school during the day



Eye check-up consultation in an intervention neighbourhood

2024 RESULTS

Women supported: 441

People assisted through guidance centre: 83

Average number of goals achieved per family: 10.5 distributed as follows:

- **Health**
664 people, 90% of goals achieved
- **Nativity**
132 people, 80%
- **Education**
194 people, 65%
- **Administrative documents**
542 people, 52 %
- **Economic**
423 people, 67%
- **Psychosocial issues**
642 people, 69%



Mothers’ group



Girls’ group



VOCATIONAL TRAINING AND JOB PLACEMENT

The overall objective is to fight poverty and promote socio-economic inclusion by aiming for autonomy and skills development among the most disadvantaged.

In Madagascar, the bulk of economic activities for vulnerable populations in low-income neighbourhoods belongs to the informal sector: women work as laundry workers, water carriers, and child carers; men work as rickshaw pullers, labourers, masons, etc. Their incomes are characterised by low amounts (less than one euro per day) and irregularity.

The integration of this population into formal employment faces challenges due to low educational attainment, lack of professional skills adaptable to the formal sector, and lifestyles that do not align with the demands of formal work environments.

Since access to employment is a key factor in family development and improves their situation both economically and socially, ATIA invests in vocational training with the aims to:

- Inspire disadvantaged individuals, especially women and young people, to seek employment as a means of improving their situation;
- Prepare them to adopt behaviours appropriate to the world of work;
- Provide them with basic technical skills to enhance their employability;
- Facilitate their placement and retention in decent, sustainable employment.



99 APPRENTICES
trained as multi-skilled
sewing machine
operators or in early
childhood care

AVERAGE AGE of
apprentices: **24 years**

In 2024 :

58 CHILDREN
enrolled in daycare

FAMILY LIVING CONDITIONS IMPROVED BY 30%
according to the PAT score

89% EMPLOYED
six months after training,
including 69% in the textile
sector and the remainder in
informal self-employment

In partnership with the French children's clothing company JACADI and the Malagasy textile factory LOI, ATIA has continued to support the TOHANA association in training and professional integration of women who have completed their psychosocial support with KOLOAINA.

TOHANA completed the installation of its new workshop to meet European health and safety standards. Solar panels now ensure training continuity during power outages, and this hybrid system, covering 75% of energy needs, achieves significant savings on electricity consumption for the 40 sewing machines.

The year 2024 was also marked by the end, in July, of the mission of ATIA's technical adviser on site, as **the local director is now able to manage the association independently without permanent on-the-ground support.**

In 2024, TOHANA welcomed **5 cohorts of apprentice seamstresses in the workshop**

and 3 cohorts of apprentice childminders at the nursery, training a total of 99 women.

Throughout their training, beneficiaries received a monthly social allowance to help cover their essential needs and those of their families. **They were also covered by AFAFI health insurance.**

At the end of their apprenticeship, TOHANA supported them in their job search through follow-up by an economic and social facilitator. As a result, **89% secured employment, with significant improvements in their living conditions,** particularly regarding nutrition, children's schooling, access to healthcare, hygiene, housing, and savings capacity.

On-site, the AKANY KIDS nursery cares for beneficiaries' children during their training. The team fosters psychomotor development by organising a variety of age-appropriate activities to stimulate learning: musical awakening, storytelling, games, and more.

Meanwhile, **the mothers benefited from parenting workshops** covering topics such as nutrition and diet, health, major stages of child development, and school readiness preparation.



Nutrition workshop for mothers



Festive day at the AKANY KIDS nursery

182 TRAINEES
trained, including **81%**
women and **71%** under
25 years old

In 2024 :

**89.5% OF INDIVIDUALS TRAINED
IN SELF-EMPLOYMENT**
have started income-
generating activities

40 MORE PEOPLE
placed in salaried
employment than in
2023

ECFORME offers short training courses (averaging six weeks) to vulnerable populations, especially young people and women, so they do not have to remain without income for long.

All courses include an initial behavioural “basic” module designed to teach trainees the fundamentals of workplace conduct: punctuality, hygiene, politeness, attendance, reliability, explanation of employment contracts and monthly salary management, etc.

The technical part then enables them to learn a trade in one of the following sectors:

- **Data entry operators** (for young people with a secondary school diploma) ;
- **Domestic workers** (training often attended by single mothers with dependent children) ;
- **Care assistants** (for mature individuals motivated by service work) ;
- **Industrial machine operation / cutting and sewing** (for work in textile factories) ;
- **Self-employment** (for micro-entrepreneurs developing an independent business project).



Cohort of data entry operators

PARTNERSHIPS

This year, ECFORME collaborated with several partners, notably:

- **KOLOAINA**, for behavioural and technical training of 40 beneficiaries who had previously received six months of psychosocial support;
- **The Professional Hairdressing Institute**, providing behavioural training to vulnerable youth enrolled in technical hairdressing courses;

- **Action Education Association**, leading the SAMBATRA project for the training and integration of single mothers;
- **The Islamic Relief**, assisting guardians of orphans supported by the NGO to create income-generating activities, improve their living conditions, and thus provide proper care for the orphans;
- **The Mihary Association**, supporting people with disabilities.



Awareness-raising on ECFORME's activities



INTEGRATED SOCIAL MICROFINANCE

To help vulnerable families improve their living conditions, ATIA participates in the creation of local microfinance institutions offering several integrated services:

Economic services:

- Micro-entrepreneurs receive individual training and support to estimate their expenses and income and to formalise a loan application.
- Initial loans are small, around €60, with no collateral required. Successful entrepreneurs with growing businesses can continue to borrow increasing amounts.
- Mandatory savings are set up alongside loan repayments.

Health services:

Micro-entrepreneurs and their families systematically join a health mutual insurance.

Social services:

Those who wish benefit from family support to resolve social issues, either before or alongside their economic project.

IMPACTS:

- > Beneficiaries create or develop income-generating activities;
- > They build savings;
- > Their overall living standards improve (health, housing, children's schooling, etc.).



MAMPITA

3,174 BORROWERS,
of whom **86%** are
women

In 2024 :

379 FAMILIES SUPPORTED
socially



Madagascar

RECOVERY RATE : 97%

3,774 LOANS
granted

2,620 MEDICAL
TREATMENTS
reimbursed

ATIA provides technical and financial support to the MAMPITA association, active in Mahajanga, Antsohihy, Port-Bergé (north-west Madagascar), and, since September 2024, Mampikony. **MAMPITA** is an integrated programme of microfinance, mutual health insurance, and social support created in 2013 that **has progressively become autonomous**. It is now led by Malagasy management and, since 2024, no longer has an ATIA expatriate on site. However, ATIA continues to support MAMPITA remotely from headquarters and through regular field missions.

ACTIVITIES AND DEVELOPMENTS

MAMPITA continued its growth in 2024 thanks to productivity gains at the Mahajanga branches, the strengthening of the Port Bergé branch (2023), and the opening of the new agency. **The number of microloans increased by 27%**.

Risk is also well controlled, as demonstrated by the **very good PAR 30 rate** (late payment rate) **of 6%**.

Regarding family support, reorganising activity by processing requests for missing civil status documents through the guidance centre (instead of home visits) allowed **more families to be followed up at home (+26%)**, particularly on education, violence, and hygiene issues. The social team also **improved the rate of resolution of objectives set with families**. MAMPITA has also chosen to prioritise borrowing families in need of social support rather than seeking other families to accompany.

Another development this year: social workers now follow up with expectant mothers at home to ensure they attend prenatal check-ups and, where possible, deliver at health centres affiliated with the mutual health insurance.

The mutual health insurance itself also developed well; the number of reimbursed treatments increased by 49% thanks to the rollout of primary care reimbursements at peripheral agencies.



Home visit to complete loan application file



2024 RESULTS

- **3,774 loans granted (+27% compared to 2023)** to 3,174 micro-entrepreneurs, of whom **86% are women**. The financed activities are mainly **commerce (88%)** and **crafts (10%)**. The repayment rate for the year stands at 97%.
- **The microfinance unit's self-financing rate increased** from 56% in 2023 to 71% in 2024.
- **A new branch was opened in 2024 in Mampikony**, south of Port Bergé.
- **379 families received home support from social workers**, with 74% of objectives achieved (hygiene, children's schooling, family planning, etc.). Additionally, the guidance centres recorded **3,963 visits** during the year.
- **All borrowing families enrolled in the health mutual insurance**, which covers hospitalisations, deliveries, and primary care at all branches except the new one. **A total of 2,620 claims were reimbursed.**



Credit officer's visit at the point of sale



Opening of the new Mampikony branch in the presence of city representatives

To date, MAMPITA enjoys a good level of operational and financial autonomy in its microcredit activities, as demonstrated by its increasing self-financing rate.

OUTLOOK FOR 2025

- › **Opening of a new branch** in Ambondromamy
- › **Increase in the number of beneficiaries to support**
- › **Expansion of reimbursed services by the health insurance to include primary care** at the Mampikony branch



SAHI



Madagascar

1,643 MICRO-BORROWERS
of whom **80%** are
women

In 2024 :

2,000 PRODUCTIVE LOANS
granted

278 FAMILIES SUPPORTED
SOCIALLY,
and **89%** of social
objectives achieved

With the support of ATIA, the integrated microfinance programme SAHI aims to reduce poverty among vulnerable families in the Vatovavy-Fitovinany region (southeast Madagascar) by improving their economic and social integration. It offers its services in both rural and urban areas.

ACTIVITIES AND DEVELOPMENTS

2024 was a year of expansion across various branches, both new and existing, resulting in numerous recruitments and training sessions. In order to meet the growing management needs, SAHI created two branch manager positions. Two former loan officers underwent training throughout the year. An ATIA technical adviser in the field supports the director in managing this new setup.

In 2024, SAHI's social workers continued running workshops for mothers, sometimes at the office and sometimes in villages, covering social issues such as the importance of good family relationships, children's schooling, hygiene, and more.

Following the success of 2023, the social workers once again organised **workshops for children and adolescents during the summer of 2024.**



^ **Fun and educational workshop for children during the summer**

Awareness meeting for the rollout of the mutual insurance scheme in a new health centre >

In 2024, several significant advances marked the organisation of the mutual health insurance. In addition to awareness-raising activities, strengthening of teams, and improvements in management tools, an important milestone was reached in the rollout of the health insurance: **the signing of agreements with new Basic Health Centres** in Vohipeno has indeed expanded health coverage and improved access to care for our beneficiaries.





2024 RESULTS

- **2 000 productive loans** were granted to 1,643 micro-entrepreneurs, **of whom 80% are women.**
- **278 families received home support** to resolve their social issues, **achieving 89% of their objectives.**
- **53 hospitalisations and 20 childbirths were reimbursed, and 191 visits to pregnant women** were conducted.

In rural areas, demand was strong and several types of loans were granted to support the rice sector:

- **24 campaign loans** (loans intended to purchase fertilisers, seeds, and pay for labour);
- **105 collection loans** (loans to buy paddy at harvest when prices are lower, to store it and sell when prices rise);
- **19 storage loans** (a scheme allowing farmers to access financial resources before selling their produce, which is stored until prices increase).

OUTLOOK FOR 2025

- > **Establishment of a new branch in Lokomby** (rural area);
- > **For the mutual health insurance: implementation of primary care reimbursements in Manakara** to prevent medical complications and reduce hospitalisations. This initiative aims to ensure timely access to essential healthcare and ease the financial burden on struggling families;
- > **Expansion of rural loans and seasonal credit facilities** for the harvest of oranges, lychees, pineapples, and mangoes.



Postnatal Visit in the Marofarihy Branch Area

The wife of a microcredit beneficiary who obtained her first loan was able to immediately access the health insurance's services, with prenatal and postnatal follow-up, having declared her pregnancy in time.

This case highlights the importance and necessity of the mutual health insurance, which allows families to anticipate their healthcare needs and receive appropriate care without jeopardising their financial and professional stability.



ATIA 2024 **ORGANISATION AND FINANCE**

HUMAN RESOURCES

As part of a cost optimisation approach, ATIA operates with a very small team at headquarters and directs the maximum possible resources towards its partners. Priority is always given to field operations.

ORGANISATION :



DISTRIBUTION :

AT HEADQUARTERS:

PROGRAMME MONITORING :	x7
heads of sector administrative and financial managers	
SUPPORT :	x3
donor monitoring, finance, accounting, HR, administration	
MANAGEMENT	x2

IN THE FIELD:

PROGRAMME MANAGERS	x10
& ATIA technical advisors (expatriates and locals)	
LOCAL ADMINISTRATIVE TEAMS	x7
LOCAL PARTNER TEAMS	x490



SECTORS : education / social / economic / mutual health insurance and quality of care / tuberculosis

FINANCIAL DATA 2024

ATIA does not run public fundraising campaigns. Each programme relies on funding from one or more organisations.

ATIA directly charges the respective programme budget with the administrative and monitoring costs related to programme implementation.

All programmes are subject to monthly operational and financial reporting, which are analysed and audited locally and then at headquarters in France

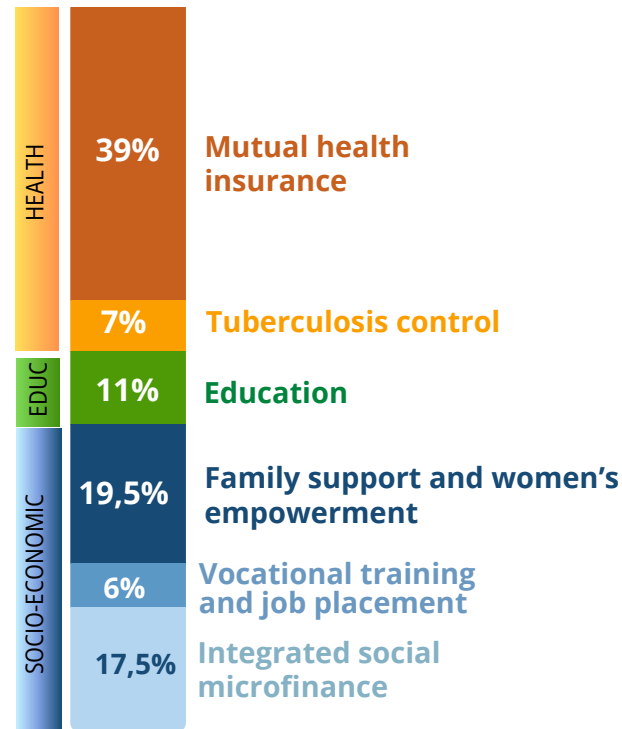
Certified annual accounts are available on ATIA’s website. Annual accounts of local partner associations are also audited and certified by local statutory auditors.

The amount of €3.6 million is not immediately reconcilable with the accounts in their legal presentation, partly because it only includes expenses recorded in France, and partly because the accounts now include all amounts committed by donors through signed agreements during the year, even if these amounts were or will be spent in a different year than the audited one.

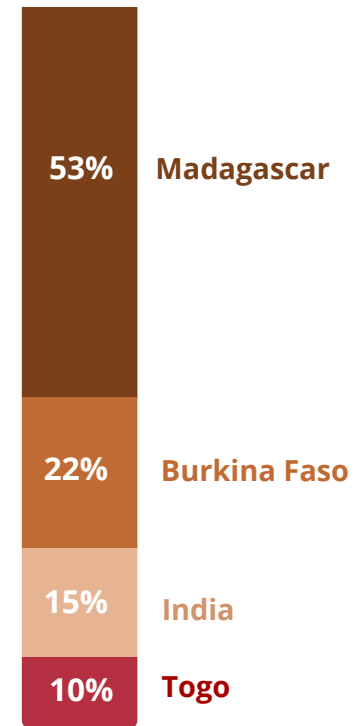
TOTAL EXPENDITURE: €3.6 MILLION

This amount of €3.6 million includes both headquarters and field expenses accounted for in France (€2.7 million) and field expenses recorded locally by our local partners (€0.9 million).

BREAKDOWN OF EXPENDITURE BY SECTORS:

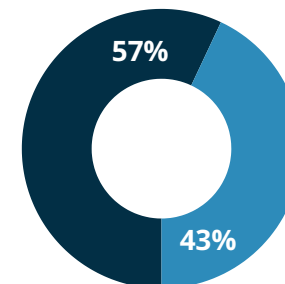


BREAKDOWN OF EXPENDITURE BY COUNTRY OF OPERATION:



BREAKDOWN OF FUNDS RECEIVED BY SOURCE:

PUBLIC FUNDS (57%)
(France, Monaco, European Union, Germany)



PRIVATE FUNDS (43%)
(Foundations, associations, companies and corporate foundations, endowment funds, private donations)

SUPPORT AND ACKNOWLEDGEMENTS

Thanks to our 2024 financial partners:

institutional bodies, foundations, associations, companies, and all those who support us individually or as families

PUBLIC FUNDS



ASSOCIATIONS AND FOUNDATIONS



COMPANIES AND CORPORATE FOUNDATIONS





ATIA OUTLOOK FOR 2025

OUTLOOK FOR 2025

Despite a turbulent global social and political context, leading directly or indirectly to a significant decline in many public and private funding sources, ATIA plans to continue its activities in 2025 without slowing down, thanks notably to the contributions of generous individual donors and the identification of new funders.

In 2025, we will work with the three mutual health insurance to diversify and increase their membership groups and, where possible and necessary, adjust contribution amounts to progressively aim for financial balance. The two integrated social microfinance programmes will continue to develop in order to reach more beneficiaries.

The social programmes for family support and women's empowerment in disadvantaged neighbourhoods continue to meet strong needs among the populations and are expected to maintain at least their current level of activity. Economic pilots and collective activities will continue to expand, with new geographical areas being explored.

In education, KOZAMA will consolidate its presence in new areas and continue its methodology of teacher training and support for struggling pupils.

The fight against tuberculosis will continue in India, particularly in highly deprived areas not covered by public services. In Madagascar, the RAITRA programme will enter a new phase thanks to the support of major donors, with more patients supported towards recovery and stronger, more structured reinforcement of health professionals and centres.

Finally, in 2025, the vocational training sector will undergo a 'market study' to update our analysis of the current employment situation in Madagascar and its accessibility for people from disadvantaged neighbourhoods. The aim is to adjust existing training courses and/or develop new ones based on the identified needs.



This report was approved by ATIA's General Assembly on 24 May 2025.

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