

# ARKANGELO ALI ASSOCIATION

A close-up photograph of a young child with dark skin, looking slightly to the left. The child is wearing a bright yellow-green hospital gown. A white medical bandage is wrapped around their right wrist, featuring a red rectangular label with the number '10' and some illegible text. The background is blurred, showing other people in red clothing.

**Fighting  
Diseases  
and Poverty  
in South Sudan**

**AAA ANNUAL REPORT 2021**

# TB Facts

- A total of 1.4 million people died from TB in 2019 (including 208 000 people with HIV). Worldwide, TB is one of the top 10 causes of death and the leading cause from a single infectious agent (above HIV/AIDS).
- In 2019, an estimated 10 million people fell ill with tuberculosis(TB) worldwide. 5.6 million men, 3.2 million women and 1.2 million children. TB is present in all countries and age groups. But TB is curable and preventable.
- In 2019, 1.2 million children fell ill with TB globally. Child and adolescent TB is often overlooked by health providers and can be difficult to diagnose and treat.
- In 2019, the 30 high TB burden countries accounted for 87% of new TB cases. Eight countries account for two thirds of the total, with India leading the count, followed by Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. A global total of 206 030 people with multidrug- or rifampicin-resistant TB (MDR/RR-TB) were detected and notified in 2019, a 10% increase from 186 883 in 2018.
- Globally, TB incidence is falling at about 2% per year and between 2015 and 2019 the cumulative reduction was 9%. This was less than half way to the End TB Strategy milestone of 20% reduction between 2015 and 2020.
- An estimated 60 million lives were saved through TB diagnosis and treatment between 2000 and 2019.
- Ending the TB epidemic by 2030 is among the health targets of the United Nations Sustainable Development Goals (SDGs).



Dear Friends,

Covid-19 Pandemic has put humanitarian agencies on stand still as nobody was prepared for this disastrous situation of which took almost 2 years and still causing havoc among the communities.

South Sudan continues to manage the Covid-19 Pandemic with little resources available. The number of people vaccinated is still too low like other countries in Africa.

In spite of Covid-19 Pandemic, AAA continued to offer health services to the under privileged people in different communities in the country. However, some of health facilities supported by AAA have been evacuated due to inter-clan fighting. Health services were stopped in Marial-Lou and in Tambura from August 2021 as the consequence of ongoing unrest.

From October 2021, AAA expanded its support to health facilities offering HIV services in 5 States as requested by the Ministry of Health and the Donor.

We are grateful for the support received from our benefactors in order to accomplish our planned activities in 2021.

Thanking you for walking with us

Sincerely  
AAA Management

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## PROGRAMS

### TB Epidemiology in South Sudan



Tuberculosis (TB) is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. Tuberculosis is curable and preventable.

TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.

About one-quarter of the world's population has a TB infection, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit it.

People infected with TB bacteria have a 5–10% lifetime risk of falling ill with TB. Those with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who use tobacco, have a higher risk of falling ill.

When a person develops active TB disease, the symptoms (such as cough, fever, night sweats, or weight loss) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others. People with active TB can infect 5–15 other people through close contact over the course

of a year. Without proper treatment, 45% of HIV-negative people with TB on average and nearly all HIV-positive people with TB will die.

New data from over 90 countries collated by WHO highlights that the progress made in the fight against TB is at risk with COVID-19 disruptions leading to 1.4 million additional people missing out on access to TB care in 2020 alone, and over half a million deaths.

#### ACHIEVEMENT 2021

- 5820 all TB cases detected
- 5746 TB bacteriological confirmed plus clinical diagnosed, new and relapse
- 114139 people benefitted from health education
- 5454 TB patients tested for HIV

## LEPROSY



Leprosy disease is still a reality in South Sudan. There is little support from donors/benefactors as leprosy disease is not a priority for them. Many people are disabled and hence there is no care offered to them. Little support given to the People Affected by Leprosy is provided by Church related organizations as part of their mandate to serve the marginalized people in the community.

In this line, AAA is on the frontline to advocate for leprosy support in South Sudan in order to alleviate the suffering of this group in the community.

#### ACHIEVEMENT 2021

- 120 new leprosy patients put on treatment
- 86 families benefitted from seeds and agriculture tools
- 26 MCR shoes distributed
- Dressing materials for People affected by Leprosy

## PRIMARY HEALTH CARE



South Sudan has undergone protracted conflict before and since gaining independence in 2011. More than 8 million of the country's 13 million people will need humanitarian assistance in 2021 as a result of intensified inter-communal and sub-national conflict and violence, major flooding and the COVID-19 pandemic.

Nearly half the population was facing high levels of acute food insecurity in March 2021, a proportion expected to grow by mid-year. The country has very poor health indicators including low life expectancy and poor access to health services. Government funding for health is low at less than 2% of

the national budget, and out of pocket spending accounts for around 54% of total health expenditure. There is an acute shortage in the health workforce, inadequate health infrastructure and poor health service utilization.

In recent years, the Government has been working to transition from a focus on humanitarian relief to longer-term development of the health sector, as reflected in 2017 Boma Health Initiative, a nationwide effort to integrate and improve access to fragmented, community health services, and the Health Sector Strategic Plan (HSSP) 2017–2022. The HSSP prioritizes delivery

of a basic package of health and nutrition services through primary health care and financial protection for achieving Universal Health Coverage.

A shorter-term Health Systems Stabilization and Recovery Plan for the period 2020–2022 is intended to serve as a catalyst for rebuilding the country's health system and accelerating implementation of the HSSP by focusing on priority interventions to restore health system foundations, test approaches before scale-up, strengthen the humanitarian-development nexus and lay groundwork for further progress towards UHC and the health-related SDGs.

In December 2020, the South Sudan Ministry of Health presented priority challenges for scale up of PHC towards UHC to agencies in the GAP PHC accelerator working group. These included strengthening leadership and governance; health commodity and supply chain management; equitable service delivery; and community systems strengthening. Addressing human resources deficits for PHC is a particular challenge that requires prioritizing and improving remuneration, incentives and training for health workers and strengthening human resource information systems.

The Ministry has specifically requested that GAP agencies and other development partners:

- Align with the goals of the government-led HSSRP and strengthen the humanitarian-development nexus in health sector programming to foster PHC as the path to UHC;

- Commit to harmonization of resources around common PHC/UHC program implementation and monitoring;
- Help to strengthen national and sub-national coordination platforms for joint action on PHC; and
- Consider a high-level, joint mission.

Although activities are at an early stage and progress has been delayed by COVID-19, GAP agencies and other partners are beginning to more closely align with the Government's PHC priorities.

Catalytic funding provided to the WHO country office has supported reactivation of the national Health Sector Working Group and efforts are underway to establish a PHC technical working group. Dialogue prompted by the GAP and facilitated by WHO and UNICEF country offices has led the Government towards committing to the concept of an equitable, PHC-led recovery from COVID-19 and generated further consensus among development partners in South Sudan – including the H6 group of agencies – about supporting national priorities in the Health Systems Stabilization and Recovery Plan.

#### ACHIEVEMENT 2021

- 36666 patients treated at OPD
- 2986 mothers attended ANC
- 149 mothers delivered at health facility
- 2317 children vaccinated
- 3365 children de-wormed
- 2293 children received Vitamin A

## AID and Relief



Today, while more than half of the population is facing crisis or worse levels of food insecurity, the omnipresent threat of violence has made it dangerous for aid groups to reach those most in need. Flooding has wiped out farmers' harvests as well as basic infrastructure and health facilities.

### **What are the main humanitarian challenges in South Sudan?**

South Sudan remains one of the poorest and most undeveloped countries in the world.

Persistent conflict, desert locust swarms, an economic crisis, recurrent flooding and COVID-19 are increasing the risk of famine in 2021.

There is also a severe shortage of health care services and professionals. Medical facilities are under-equipped and unhygienic. Since many South Sudanese do not have access to clean water, deadly diseases such as malaria continue to spread. COVID-19 threatens to exacerbate the country's health crisis.

Women and girls, in particular, are affected by the crisis, many facing violence, abuse and exploitation daily.

Despite of the above challenges, AAA and its supporters continued to give so needed humanitarian services to the host communities.

### ACHIEVEMENT 2021

- 1520.432 metric tons of food received from WFP
- 319 cartons of Plumpy nuts received from PCPM
- 69 cartons of Plumpy nuts received from Cesar
- Gordhim PHCC received a new car from UNDP for supporting TB HIV program



## NUTRITION



South Sudan is still struggling to overcome humanitarian situation since independence 2011 but due to ongoing conflict in some part of the country and climate change had a big impact on the development of agriculture and livestock. That is why people affected by malnutrition are increasing yearly. The most affected people are the children under 5 year's old, pregnant mothers, elderly, sick people, and etc---

To mitigate this alarming situation, AAA entered in agreement with WFP in order to support sick people in the community. The feeding program targets malnourished TB and HIV patients.

Children and pregnant women are supported through donors/benefactors who provide nutritious food such as plumply nuts and unimix for the entire recovery period.

### ACHIEVEMENT 2021

- 6355 children under 5 were screened
- 1266 children under 5 were malnourished
- 7162 mothers benefitted from nutrition education

## Challenges

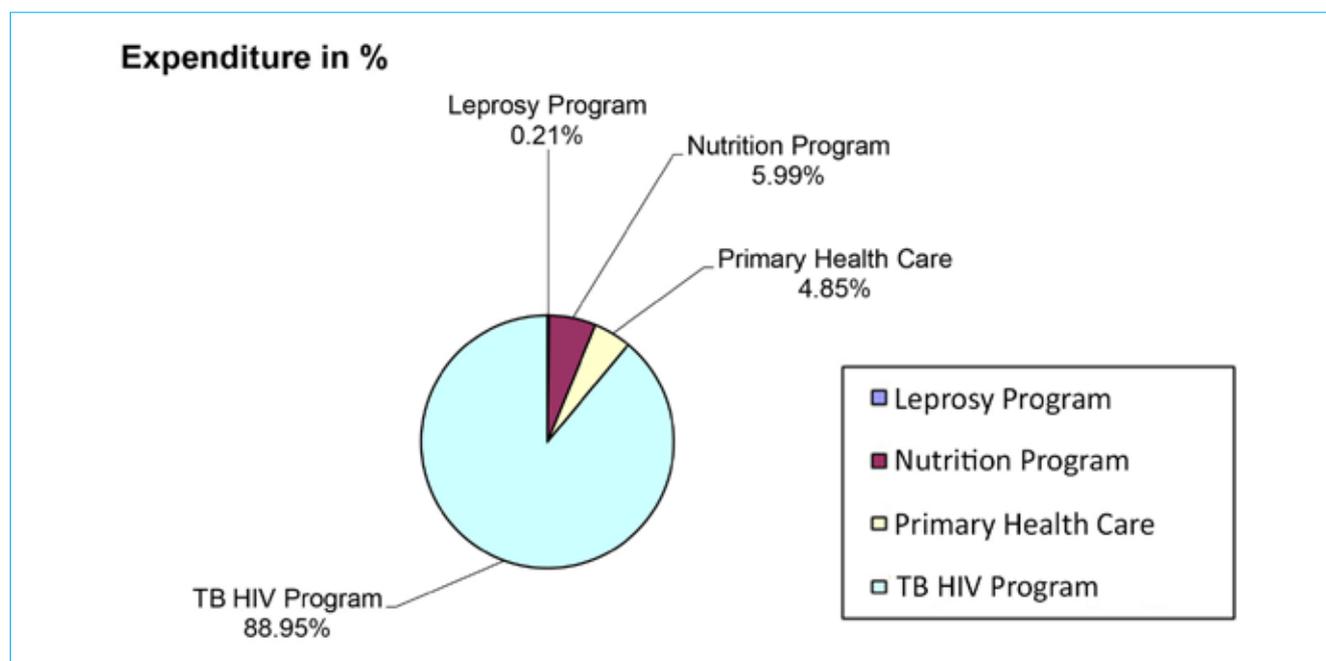
While South Sudan is still in the process of reconciliation, there are multiple challenges which hinder the service delivery in the country such as:

- Insecurity in most part of the country.
- Corona virus pandemic
- Budget constraints.
- Natural catastrophes – Floods
- Inter-communal fighting which resulted in vandalized of Marial-Lou and Tambura hospitals

## FINANCIAL REPORT (PROGRAMMES) 2021

| AAA Income according to Programmes |   |                     |                     |
|------------------------------------|---|---------------------|---------------------|
| INCOME                             | Description                             | Total USD           | % of all programmes |
|                                    | Excess income over expenditure 2020 b/f | 48,314.32           | 4.66                |
|                                    | Leprosy Program                         | 13,637.28           | 1.31                |
|                                    | Nutrition Program                       | 50,675.00           | 4.88                |
|                                    | Primary Healthcare                      | 41,790.00           | 4.03                |
|                                    | TB HIV Program                          | 883,059.74          | 85.12               |
| <b>Total Income</b>                |   | <b>1,037,476.34</b> | <b>100.00</b>       |

| AAA Expenditure according to Programmes |                    |                   |                     |
|---|--------------------|-------------------|---------------------|
| EXPENDITURE                             | Description        | Total USD         | % of all programmes |
|   | Leprosy Program    | 1,920.00          | 0.21                |
|   | Nutrition Program  | 54,816.00         | 5.99                |
|   | Primary Healthcare | 44,357.36         | 4.85                |
|   | TB HIV Program     | 813,709.19        | 88.95               |
|   |                    |                   |                     |
| <b>Total Expenditure</b>                |                    | <b>914,802.55</b> | <b>100.00</b>       |



## INCOME RECEIVED FROM DONORS 2021

|    | INCOME from Donors as at 31/12/2021     | Total USD           | %             |
|----|---|---------------------|---------------|
| 1  | Excess income over expenditure 2020 b/f | 48,314.32           | 4.66          |
| 2  | Associazione Arcali Africa (Italy)      | 43,000.00           | 4.14          |
| 3  | Bondeko Onlus (Italy)                   | 3,000.00            | 0.29          |
| 4  | CESAR Onlus (Italy)                     | 7,357.28            | 0.71          |
| 5  | DKA-Austria                             | 3,880.80            | 0.37          |
| 6  | Global Fund/UNDP TBHIV program          | 843,059.74          | 81.26         |
| 7  | Hope For The Sick- Slovakia             | 22,150.00           | 2.13          |
| 8  | Leonore Kuester                         | 280.00              | 0.03          |
| 9  | MIVA-Austria                            | 15,759.20           | 1.52          |
| 10 | PCPM Poland                             | 50,675.00           | 4.88          |
|    | <b>TOTAL</b>                            | <b>1,037,476.34</b> | <b>100.00</b> |

### in kind support

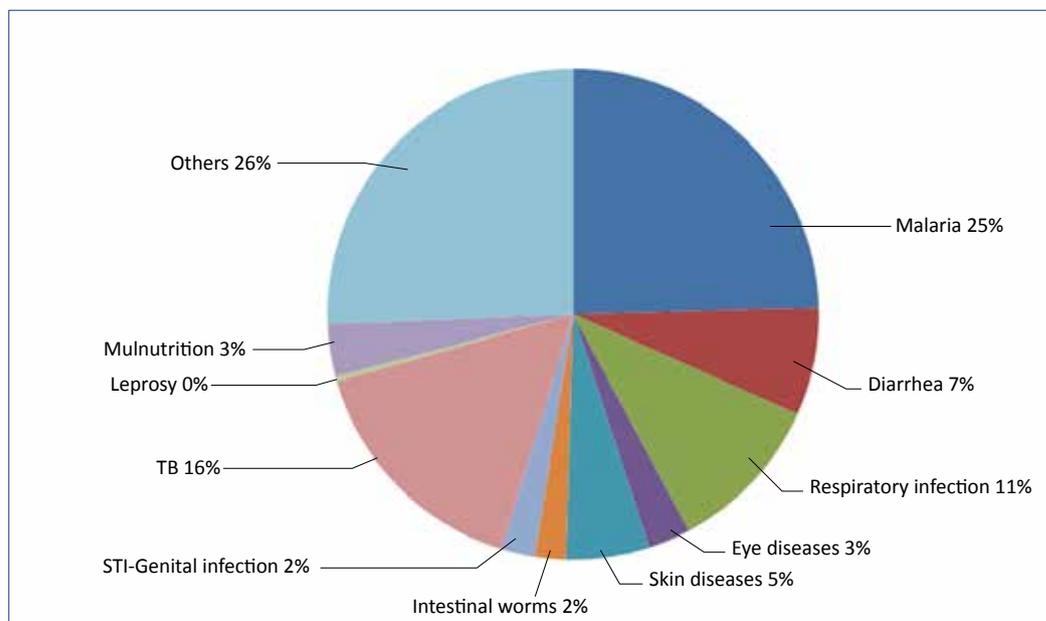
1. RoSS NTLP/HIV Directorate for donation of TB/LEPROSY, ARV drugs and HIV testing kits
2. RoSS MOH for donation of medicines
3. World Food Programme for the donation of food for patients

**Average Exchange rate used for Euro to US\$ =1.12 (for Funds Utilized directly in the Currency received-EURO)**

## OUR FRIENDS, PARTNERS AND SUPPORTERS

|  |
|--|
| Verona Fathers                                     |
| CESAR Onlus (Coordinamento Enti Solidali a Rumbek) |
| ERKO   |
| DKA  |
| MIVA   |
| Diocese of Rumbek (DoR)                            |
| Bondeko Onlus                                      |
| Global Fund/UNDP (TBHIV Program)                   |
| RoSS Ministry of Health                            |
| RoSS NTLP  |
| World Food Programme                               |
| Genova Con Africa                                  |
| Amici Di Antonio                                   |
| Associazione Arcali Africa Onlus                   |
| Hope for the sick and poor                         |
| Polish Centre for International Aid (PCPM)         |
| Amici Di Padre Mattia (Lucia)                      |
| BBM-Beschaffungsbetrieb der MIVA                   |
| Leonore Kuester                                    |
| E. Capobianco                                      |
| Brunelli Miriam                                    |
| Fr Oliva Paolo (Fr Michelle)                       |
| Canadian Aid for South Sudan (CASS)                |

## AAA EPIDEMIOLOGICAL REPORT 2021



| Malaria | Diarrhea | Respiratory infection | Eye diseases | Skin diseases | Intestinal worms | STI-Genital infection | TB   | Leprosy | Malnutrition | Others |
|---------|----------|-----------------------|--------------|---------------|------------------|-----------------------|------|---------|--------------|--------|
| 9007    | 2612     | 3851                  | 1020         | 2012          | 744              | 812                   | 5820 | 120     | 1266         | 9402   |

| ACRONYMS                                       |  |
|--|--|
| AAA - Arkangelo Ali Association                | MDT-Multi Drug Resistance                        |
| AMREF - Africa Medical Research Foundation     | NTLP - National Tuberculosis and Leprosy Program |
| ANC - Ante-Natal Clinic                        | OPD -Out-Patient Department                      |
| HIV - Human Immunodeficiency Virus             | PHCC - Primary Health Care Clinic                |
| COVID-19 Coronavirus                           | PHCU - Primary Health Care Unit                  |
| ARV- Antiretroviral                            | SDGs-Sustainable Development Goals               |
| IEC - Information, Education and Communication | TB - Tuberculosis                                |
| IPD - In-Patient Department                    | GF- The Global Fund                              |
| MCR - Micro Cellar Rubber                      | UNDP- United Nations Development Programme       |
| MoH - Ministry Of Health                       | UN-WFP - United Nations- World Food Programme    |
| RoSS- Republic of South Sudan                  | WHO - World Health Organization                  |

# Leprosy Facts

- Leprosy is an infectious disease caused by a bacillus, *Mycobacterium leprae*, which multiplies slowly. On average, the disease incubation period is 5 years but symptoms may occur within 1 year. It can also take as long as 20 years or even more to occur.
- Leprosy mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes.
- The bacillus is likely transmitted via droplets, from the nose and mouth, during close and frequent contact with untreated cases.
- Leprosy is curable with multidrug therapy (MDT). Untreated, it can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.
- There were 202 256 new leprosy cases registered globally in 2019, according to official figures from 161 countries from the 6 WHO Regions.
- Of them, 14 893 were children below 14 years and the new case detection rate among child population was recorded at 7.9 per million child population
- Based on 178 371 cases at the end of 2019, the prevalence corresponds to 22.9 per million population.
- Among the new cases, 10 816 new cases were detected with grade- 2 disabilities (G2D) and the G2D rate was recorded at 1.4 per million population.



**ARKANGELO ALI ASSOCIATION**