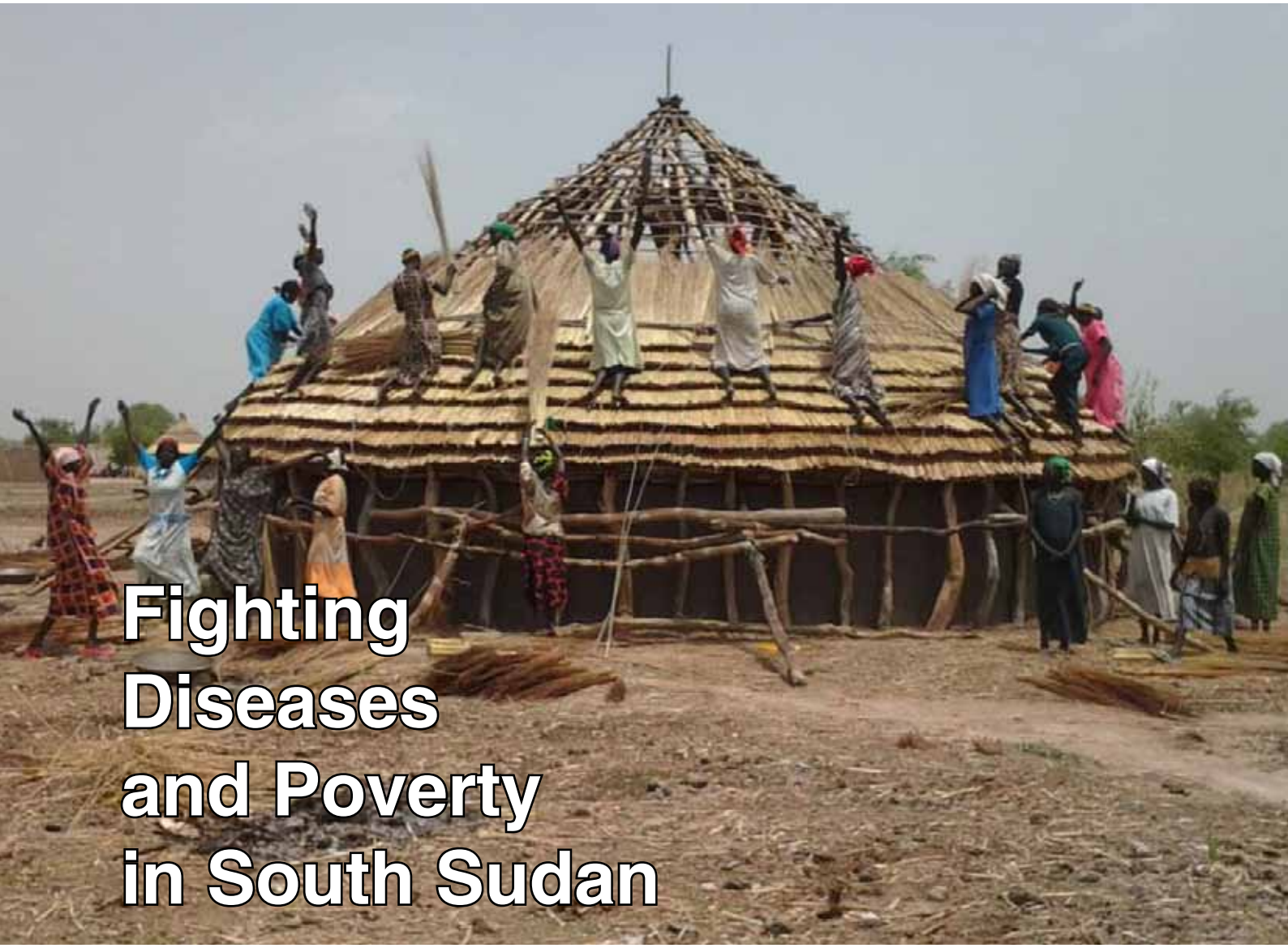
ARKANGELO ALI ASSOCIATION



Fighting Diseases and Poverty in South Sudan

AAA ANNUAL REPORT 2015


NO ONE
left
BEHIND
all united in 2016
to end TB
Stop TB Partnership

Dear Friends of AAA,

We are honored to present to you the AAA annual report, which is intended to highlight the main activities carried out by the organization in 2015.

After the independence of South Sudan, a political conflict broke out in December 2013. It has been marked by brutal violence against civilians; it still affects the lives of millions of people and worsens their suffering across the country. The major humanitarian consequences are widespread displacement due to the violence, high rates of death, diseases, injuries, severe food insecurity disrupted livelihoods and a major malnutrition crisis.

It is estimated that 6.4 million people are in some degree of food insecurity, nearly 2 million are internally displaced people and 293,000 are refugees. Jonglei, Unity and Upper Nile are the three states that have been most affected by the conflict and are, therefore, in need of a major and urgent humanitarian relief. Approximately 85% of the IDPs are hosted in the communities throughout the national territory and the remaining 15% in the camps as refugees. Half of the refugees are in Upper Nile State.

During the ongoing conflict, the AAA programs were not affected in any way but AAA staffs have continuously strived to make sure that basic services are offered to the population in need.

Despite the occurrence of these misfortunes, the good news came in September when the belligerents signed peace agreement for ending the 20 month conflict.

Following this positive outcome, we appeal to international communities to continue supporting the young nation in order to overcome the challenges it is encountering for a better, brighter and promising future.

Thanking you for walking with us in this journey and for sharing our vision

With kind regards
AAA management

AAA (Arkangelo Ali Association)
Nairobi, KENYA, c/o Verona Fathers
(Comboni Missionaries Kenya Province)
Shalom House, (Comboni Rd., in
Dagoretti Corner)
P. O. Box 21102 – 00505, Nairobi
JUBA OFFICE
Jebelkujur, Behind Imatongaz,
Petrol Station, Yei Road

Phone: +254 (0)20 2025 299
Mobile: +254 (0)722 708 935
+211 (0) 955 264906

Mrs. Natalina Sala
+254(0)722 672932 Dr. Callixte Minani
Email: director@arkangeloaliassociation.org
SOUTH SUDAN
www.arkangelo.org

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PROGRAMS

NUTRITION

Rates of acute malnutrition for children and vulnerable mothers in South Sudan have always been deplorable. The recent conflict, which began in Dec 2013, has only served to exacerbate a bad situation, making it harder to reach the acutely malnourished with critical treatment, as well as to address the factors underlying chronically high levels of acute malnutrition across the country.

In order to address the nutrition situation, NGOs and partners are working hand in hand to provide so needed nutritious food items to the targeted groups. Apart from food distribution to the targeted groups, there is as well general food distribution to IDPs, Refugees and the host communities.

ACHIEVEMENT 2015

- 746 of children under 5 years benefitted from nutrition support
- 4082 of mothers benefitted from health education related to nutrition
- 2005 of children de-wormed

TUBERCULOSIS

TB is a major problem of public health in South Sudan. According to the WHO estimates for the year 2014: i) the prevalence of TB was 319 cases per 100,000 population, ii) 17,000 people were newly affected with TB, indicating an incidence of 146 new TB cases per 100,000 population and iii) 3,400 persons died of TB which resulted in a mortality rate of 29 deaths from TB per 100,000 population.

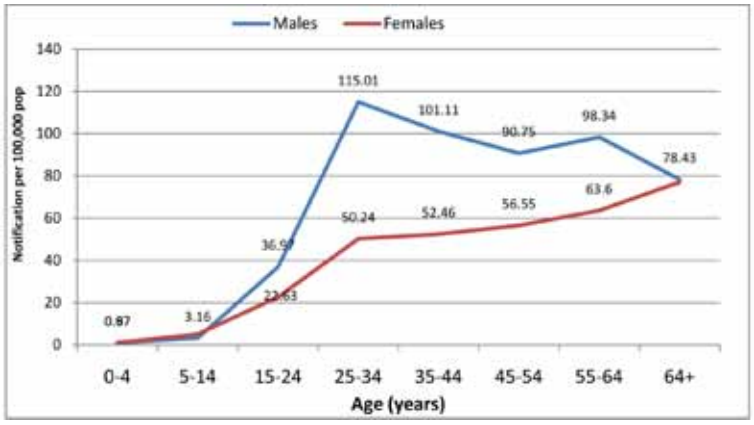
The information system of the National TB Program (NTP) indicates that TB notification has increased from 2,955 in 2008 to 8,856 in 2014. The information system of NTP reported that among smear-positive pulmonary TB cases notified in 2014:

- 65% are males, which indicates a sex-ratio of 2 males for 1 female;
- One third of them belongs to the age group 25-34 years in both gender groups;
- 85% are aged less than 45 years in both gender groups.

Among the total number of smear-positive pulmonary TB patients notified, two thirds were identified in 4 of the 10 states, namely: Central Equator State (38%), Warrap State (12%), Northern Bahr El Ghazal State (11%) and Upper Nile State (5%).

The incidence of notified smear-positive pulmonary TB cases was 37 per 100,000 population at national level in 2014. This notified incidence was significantly higher in males than in females in all the age groups except for those aged less than 15 years or more than 64 years (see graphs below). In the age group 25 to 44 years, males are approximately 2 times more likely to be notified for smear-positive pulmonary TB than females.

Notified incidence of smear-positive pulmonary TB by age group and gender, South Sudan, 2014



Even though the notified incidence of smear-positive TB is low in the age group below 15 years, it is important to highlight that 20% of TB cases, all forms, notified in 2014 belong to this age group.

The highest notified incidence of smear-positive pulmonary TB was in four states: Central Equator State, Western Bahr El Ghazal State, Northern Bahr El Ghazal State and Warrap State.

The HIV/AIDS epidemic is generalized in South Sudan. In 2012, the prevalence of HIV infection was estimated at 2.6% among the persons aged 15 to 49 years and the total number of PLHIV at 152,000. The occurrence of TB among PLHIV is still unknown in South Sudan.

Consistent data from the NTP and a survey carried out in 10 states in 2011,

suggest that the prevalence of HIV infection in patients with TB is approximately 15% (13% in 2014). Also, the cohort analysis of PLHIV who are treated for TB within the existing NTP network indicates that death rate was 11% in 2012 and 10% in 2013.

According to the WHO, the burden of MDR-TB among newly notified pulmonary TB and TB re-treatments was 225 MDR-TB cases in 2013. WHO estimates the prevalence of MDR-TB among new TB cases and retreatment TB cases at 2.2% and 11% respectively.
AAA as a main implementing partner of NTLP continues to provide TB services in South Sudan.

ACHIEVEMENT 2015

- 3279of all TB cases detected and put on treatment
- 1758 of smear positive detected
- 350 of national staff benefitted from capacity building
- 201997of people benefitted from health education on TB

Evaluation of effectiveness of TB education

To evaluate reach and effectiveness of TB education and messaging in increasing awareness and promoting positive health seeking behaviour chance, the action developed, pre-tested and administered exit questionnaire to sampled TB patients and other persons seeking services at the TBMUs.
A total of 493 interviewer-led questionnaires were administered with 100% response rate (277 males and 216 females); with the majority (206) being out of school and not working, 123 working in various capacities and 164 being school children. 302 (61.3%) people received the TB education through health workers either during outreaches or during community dialogue days, 94 (19%) through a community leader or HHPs, 54 (11%) through school TB education and 43 (8.7%) through the radio programs.
The accuracy of information provided and gained knowledge through these approaches was confirmed and 396 (80%) knew you suspect TB disease with a cough lasting 2 or more weeks and not responding to antibiotic treatment, 69 (14%) said various durations that appeared to suggest other COPDs and 28 (6%) said they did not know.
There was sufficient knowledge transfer with 433 (87.8%) respondents correctly knowing TB is treated for 6 months and is curable, 32 (6.5%) did not know while 28 (5.7%) gave incorrect treatment durations.

TB in Prison

AAA has embarked on improving TB services in prisons. Such action was taken in Aweil State Prison where AAA through support from TB Reach-CIDA provided any emergency tent to be used as a clinic.

LEPROSY

The past three decades have witnessed some impressive advances in leprosy control. However, challenges remain- continued delay in detecting new cases, persisting discrimination against people affected by leprosy and limited impact on transmission of leprosy infection.

The current leprosy situation is defined basing on annual leprosy statistics received from 121 countries from five WHO regions. The data compilation and analysis shows the following:

a. 213 899 New cases reported in 2014-15 (3.78/100 000 population)
b. 94% of leprosy in 13 countries reporting more than 1000 cases
c. 175 554patients are on MDT (3.1 per 100,000 population)
d. 14 110 new cases were detected with grade 2 disabilities (G 2 D)
e. 18 869 new cases are children (8.8%)
f. 61% Multi bacillary (MB) cases
g. 36% cases are females
h. Treatment completion rates from 75 countries in the range of 55% - 100%
i. 1312 relapse cases were reported

3'S LEPROSY STRATEGY, 2016-2020 AT A GLANCE		
VISION: A LEPROSY-FREE WORLD	• Zero disease • Zero transmission of leprosy infection • Zero disability due to leprosy • Zero stigma and discrimination	
GOAL	**Further reduce the global and local leprosy burden**	
INDICATORS	**2015 baseline**	**2020 target**
Number of children diagnosed with leprosy and visible deformities		0
Rate of newly diagnosed leprosy patients with visible deformities	2.5 per million	<1 per million
Number of countries with legislation allowing discrimination on basis of leprosy		0

PILLARS AND COMPONENTS

1. Strengthen government ownership, coordination and partnerships

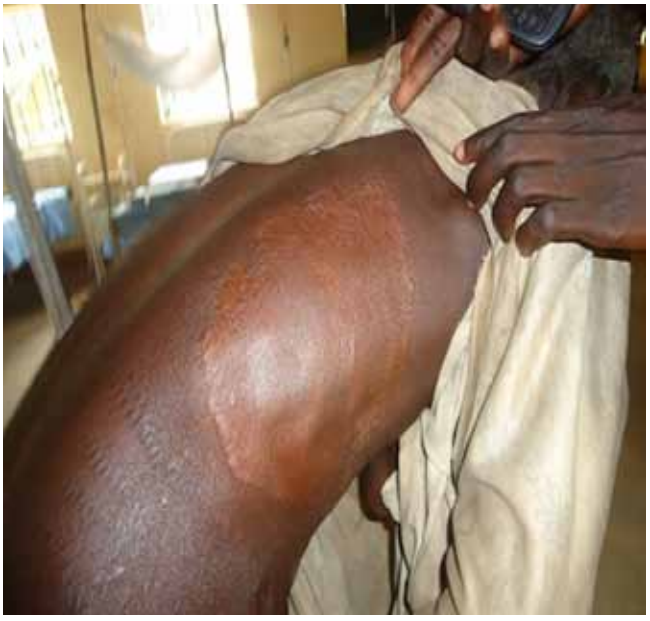
A. Ensure political commitment and adequate resources for leprosy control
B. Contribute to Universal Health Care with a special focus on underserved populations, women and children
C. Promote partnerships with non-state actors including private sector
D. Facilitate and conduct basic and operational research (e.g. on chemoprophylaxis) and maximize the evidence base to inform policies, strategies and activities
E. Build on the "Bangkok Declaration 2013" to ensure actions in higher burden countries
F. Strengthen surveillance and health information systems for programme monitoring and evaluation
G. Identify and support centres of excellence and promote innovative approaches like e-medicine

2. Stop leprosy and its transmission

A. Promote early case detection with focus on contact investigations and highly endemic areas
B. Improve disability prevention and care
C. Strengthen patient and community awareness on leprosy
D. Improve case management including working towards "Uniform MDT"
E. Strengthen laboratory capacity for early detection of antibiotic resistance
F. Sustain leprosy knowledge among the health workforce

3. Stop discrimination and social suffering

A. Promote societal inclusion through addressing all forms of discrimination
B. Empower communities through participation in leprosy control and care
C. Promote coalition building among people affected by leprosy
D. Support social rehabilitation for leprosy affected people with disabilities
E. Promote access to social support by leprosy affected persons



Leprosy disease is still real in South Sudan. Few NGOs and Faith Based Organizations are still struggling to eliminate leprosy in the country.
Due to lack of skilled human resource, low leprosy integration in Primary Health Care and challenge of funding, implementers found out difficulties to reach unreachable people in their communities for health education, screening etc.

ACHIEVEMENT 2015

- 338 of new leprosy cases detected and put on MDT
- 71of MCR shoes distributed

SURGICAL MISSIONS

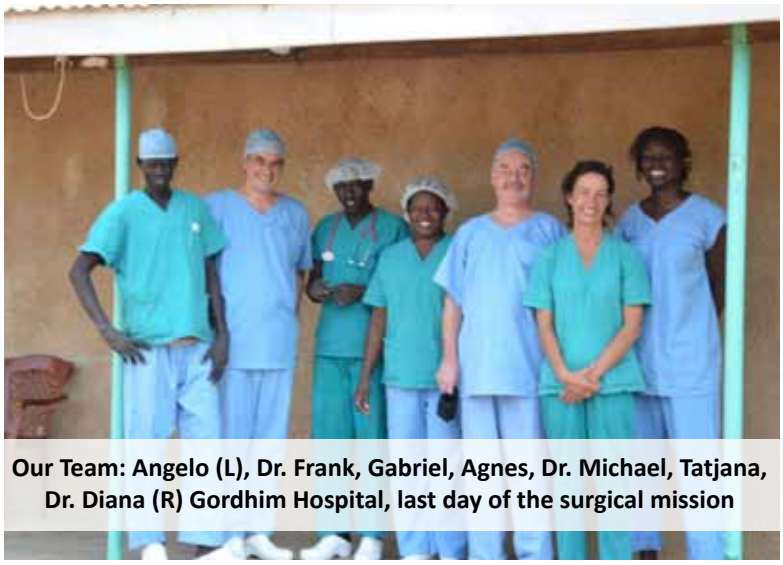
Before surgery

After surgery

In 2015, AAA in collaboration with Johanniter Hospital in Germany and interplast Holland organized and carried out 2 surgical missions in Gordhim Health Center.

ACHIEVEMENT 2015

- 389 of patients benefitted from surgical mission
- 15 of health workers benefitted from capacity building



Our Team: Angelo (L), Dr. Frank, Gabriel, Agnes, Dr. Michael, Tatjana, Dr. Diana (R) Gordhim Hospital, last day of the surgical mission

In February 2015 we, the three doctors of Medhilfe South Sudan, Dr. Frank Templin, Dr. Michael Perschmann and myself Dr. Diana Joseph (link to team) travelled to South Sudan for our first on-the-ground surgical mission. For both Dr. Frank and Dr. Michael it was their first visit to the youngest Nation in the world.

This mission was coordinated by AAA management through the support of its staff and Tatjana Gerber, who is a registered nurse as well as a business administrator from Germany. Tatjana is employed by the NGO Misereor Germany as a project manager and a senior nurse but is attached to AAA in Gordhim, South Sudan. Gordhim Hospital is run by nurses and medical personnel but, without doctors due to lack of doctors in the country.

During the process of training and preparation before she could be sent to the field to start her new occupation, Tatjana did a placement at the Johanniter Hospital in Germany, which is where we work. That is when we met Tatjana for the first time. I then told her about our project idea for South Sudan. The idea was to go to South Sudan on a regular basis to perform surgeries for those in critical need but, due to our lack of experience in projects of that sort as well as the necessary funding the project was yet to be implemented.

When Tatjana arrived to Gordhim it was obvious that the need for professional medical help, surgeries in particular was enormous. Through the conscent of AAA management, she then contacted us to ask, whether we were still interested in going to South Sudan for a surgical project. We accepted her offer without hesitation.

The very first step was to get in touch with the Embassy of the Republic of South Sudan for Germany in Berlin to discuss all the necessary regulations and requirements as well as to obtain a visa. The Ambassador and the Embassy staff were very supportive indeed. The provided us with all the necessary documents and they informed the Ministry of Foreign affairs in South Sudan as well as the Ministry of Health about our project.

We then proceeded with the rest of the preparations for the project. Tatjana together with the AAA team had done the first patients' screening in Gordhim and made the initial diagnosis. These included inguinal and scrotal hernias, Hydroceles, Goiter, severe Keloids, Haemorrhoids, Tumors of the soft tissue such as Lipomas, Breast tumors, etc.

However there was no ventilation equipment available at Gordhim Hospital for the Anaesthesia, no ICU, no possibility for blood transfusions and the medical personnel for post operative care was limited. This limited the operation spectrum, since the operations had to mainly be done in regional anaesthesia. Therefore one of the first decisions we had to make was the type of operations we were willing to perform considering the limited facilities available.

We decided to do inguinal and scrotal hernias, Hydroceles, Keloids, Haemorrhoids and removal

Two teams operating parallely

of Tumors. We decided not to operate Goiters on our first trip, since management in case of complications could be a great challenge.

The next step was preparing a list of materials needed for the project such as medication, surgical instruments, wound dressings and much more. Some of the materials could be purchased from South Sudan and some from neighbouring countries. Others were not available in Africa or were too expensive. They were therefore purchased from Germany and then sent to South Sudan. This part of the organisation turned out to be very challenging and time consuming but, when we finally arrived on the field, we realised that it was worth the trouble.

The entire Gordhim Hospital personnel, farewell party for the doctors

After all the necessary arrangements were been made, we finally made the booking, arriving on Feb. 14th, 2015 to Juba, the capital city of South Sudan. Two days later we continued to Aweil, in Bahr El Ghazal State using the World Food Program Flights (WFP) which was organised by AAA.

After arrival to Aweil, the team was picked up from the airport. After doing some formal visits such as a visit to the Ministry of Health and to the Health Commissioner the journey continued by car to the final destination Gordhim. Gordhim Hospital is an old missionary campus, which also contains a church and two schools.

The team arrived to Gordhim Hospital on February 16th,2015 around 4 pm and was awaited by a big number of patients. After a break of 15 minutes the doctors started the ambulatory screening. Approximately 40 Patients were screened that afternoon. A schedule for operations for the next few days was then prepared.

The next morning, on Tuesday the 17th Feb, '15 the first 7 operations were done. In the afternoon 40 more patients were screened. On the following 3 days approximately 25– 30 more patients were operated. Then further screening took place, so that the total number of patients screened was approximately 200. A total of 70 were operated, the rest were either inoperable or received a conservative therapy for instance with medication.

The operations performed were as following:

- 22 inguinal and scrotal Herniotomies
- 12 Hydrocele repair
- 12 Tumorectomie
- 7 Removal of severe keloid
- 6 Lipoma removals
- 2 Hemorrhoidectomie
- 9 others (minor operations)

The AAA medical Personnel of Gordhim Hospital consisted of:

- Tatjana Gerber (see above)

- Agnes Akullo, an anaesthesia expatriate from Marial Lou Hospital in South Sudan, who was sent to Gordhim Hospital by her employer the AAA specially to support our mission.

- Angelo Mou, a south sudanese Senior assistant Nurse, who also supported the preparation of the theater and worked as a scrub nurse during the entire mission.

- Gabriel Atem, a south sudanese registered nurse with basic knowledge of Anaesthesia. He is also the Senior Nurse in charge of the Leprosy program of the Gordhim Hospital. Gabriel helped in screening and registering the patients as well as preparing the theater.

- James Garang, assistant pharmacist who supported the preparation of drugs and delivery of materials.

- Nalubuulwa Prosscovia, a comprehensive nurse, who did the nightly post operative care as well as a day duty in Maternity on standby.

- Catherine Kamwitha, TB Officer who gave good advice based on her experiences from former surgical missions at Gordhim Hospital.

This project was sponsored by:

1. Misereor Germany
2. The Arkanjelo Ali Association (AAA), a south sudanese NGO
3. Johanniter Unfallhilfe Berlin, German
4. Johanniter Hospital Geesthacht, German
5. Felicitas Grupe Stiftung

We are very grateful for their support. Without their help and without the great help of Tatjana Gerber as well as the entire Gordhim Hospital Personnel, we would not have been able to go to South Sudan that soon and do the work we have done.

PRIMARY HEALTH CARE

ACHIEVEMENT 2015

- 48729 of patients received treatment in OPD
- 3057 of patients received treatment in IPD
- 3443 of pregnant mothers attended ANC
- 3295 of children vaccinated

AID AND RELIEF

Through the support of partners, AAA continued to provide food and non food items to the needy people in South Sudan.

ACHIEVEMENT 2015

- WFP provided 450 metric tons of food stuff to the TB and HIV patients
- CESAR supported food and non food items to the malnourished children

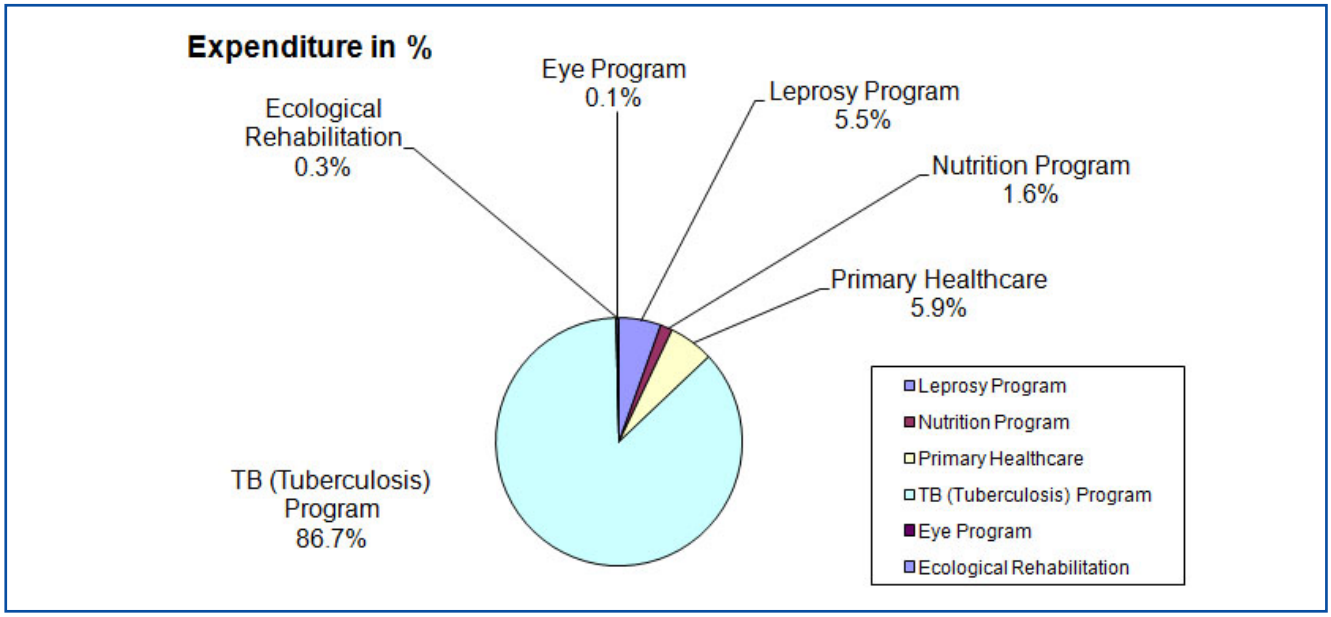
CHALLENGES

- Repetitive insecurity which affected mainly the outreach activities
- Impassable roads during rainy season
- Lack of skilled health workers
- Shortage of fuel for program implementation
- Delay of funds for some projects

FINANCIAL REPORT (PROGRAMMES) 2015

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2014 b/f	152,904.40	10.22
	Leprosy Program	89,719.01	5.99
	Nutrition Program	11,054.00	0.74
	Primary Healthcare	132,986.35	8.89
	TB (Tuberculosis) Program	1,109,961.15	74.16
Total Income		**1,496,624.91**	**100.00**

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	75,091.67	5.48
	Nutrition Program	21,518.27	1.57
	Primary Healthcare	80,406.75	5.87
	TB (Tuberculosis) Program	1,187,330.54	86.69
	Eye Program	1,176.04	0.09
	Ecological Rehabilitation	4,153.09	0.30
Total Expenditure		**1,369,676.36**	**100.00**



INCOME RECEIVED FROM DONORS 2015

	INCOME Donors as at 31/12/2015	Total USD	%
1	Excess income over expenditure 2014	152,904.40	10.22
2	Amici Di Antonio	53,059.20	3.55
3	Amici Di Padre Mattia/Gruppo Visitazione	1,271.21	0.08
4	Associazone Per La Lotta Contro La Fame Nel MONDO O.N.L.U.S	3,030.00	0.20
5	Bondeko Onlus	3,316.20	0.22
6	Gruppo Missionario Visitazione (through Mariella)	1,105.40	0.07
7	GLRA (Germany Leprosy & Relief Agency)	54,180.40	3.62
8	Misereor Healthcare Projects	111,606.71	7.46
9	Global Fund/UNDP TB programs	914,756.35	61.12
10	World Health Organization (TB Reach Wave 3 Year 2)	195,204.80	13.04
11	Tatjana Gerber (Own fundraising for Gordhim Hospital)	6,190.24	0.41
	TOTAL	**1,496,624.91**	**100.00**

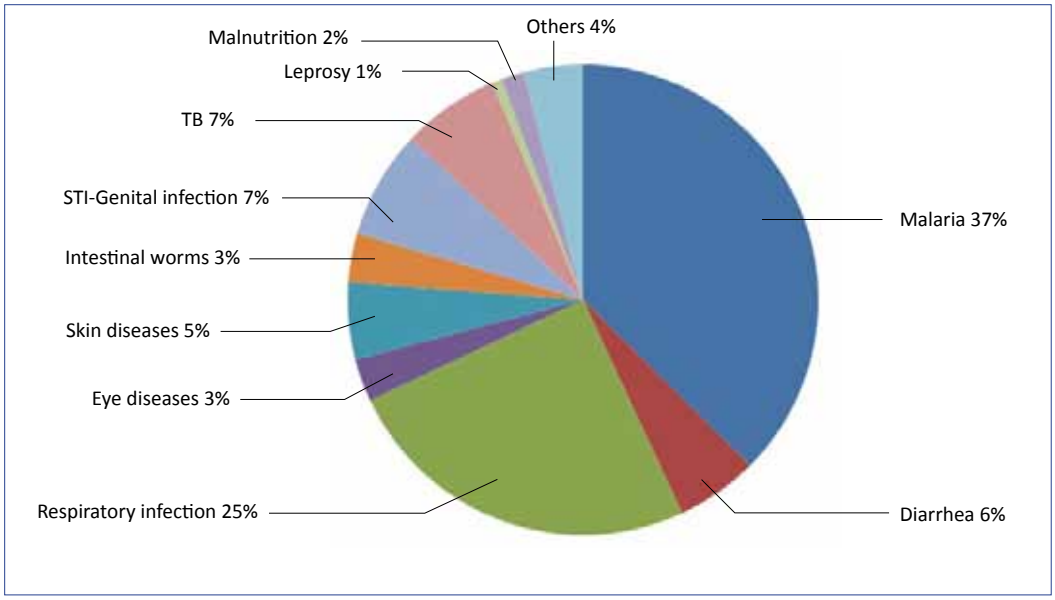
In kind support

1. NTLP for donation of TB/LEPROSY drugs and HIV testing kits
2. MOH for donation of medicines
3. World Food Programme for the donation of food for patients
4. UNICEF for donation of food and Non-food items for nutrition program
5. Exchange rate used for non-euro currencies are as follows Euro/US$ 1.1054; USD/Kshs 97.00

OUR FRIENDS, PARTNERS AND SUPPORTERS

Comboni Missionaries
Verona Fathers
CESAR (Coordinamento Enti Solidali a Rumbek)
Associazione La Goccia Onlus
German Leprosy and Relief Association (GLRA)
ERKO
DKA
BBM-Beschaffungsbetrieb der MIVA
Horizont 3000
St. Elizabeth University
Diocese of Rumbek (DoR)
Bondeko Onlus
MISEREOR
Global Fund/UNDP (TB Programs)
World Health Organization (TB Reach Wave 3)
World Food Programme
Amici Di Antonio
Amici Di Padre Mattia
Amici Di Lucia
Gruppo Missionario Visitazione
Associazione Per La Lotta Contro La Fame Nel MONDO Onlus
UNICEF (United Nations Children Education Fund)
NTLP (National Tuberculosis and Leprosy Program)
MOH (Ministry of Health)
AGEH

AAA EPIDEMIOLOGICAL REPORT 2015



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	TB	Leprosy	Malnutrition	Others
18241	2751	12125	1437	2570	1642	3615	3279	338	746	1985

ACRONYMS	
AAA - Arkangelo Ali Association	NTLP - National Tuberculosis and Leprosy Program
AMREF - Africa Medical Research Foundation	OPD -Out-Patient Department
ANC - Ante-Natal Clinic	PHCC - Primary Health Care Clinic
CHW - Community Health Worker	PHCU - Primary Health Care Unit
IDPs - Internally Displaced Persons	PTB - Pulmonary Tuberculosis
IEC - Information, Education and Communication	TB - Tuberculosis
IPD - In-Patient Department	TBMUs - Tuberculosis Management Units
MCR - Micro Cellar Rubber	UNICEF - United Nations Children's Fund
MOH - Ministry Of Health	UN-WFP - United Nations- World Food Programme
NGO- Non-Governamental Organization	WHO - World Health Organization


ARKANGELO ALI
ASSOCIATION
Northern
Bahr
el Ghazal
Warrap
Unity
Upper Nile
Western Bahr
el Ghazal
Jonglei
Lakes
Western Equatoria
Central
Equatoria
Eastern Equatoria