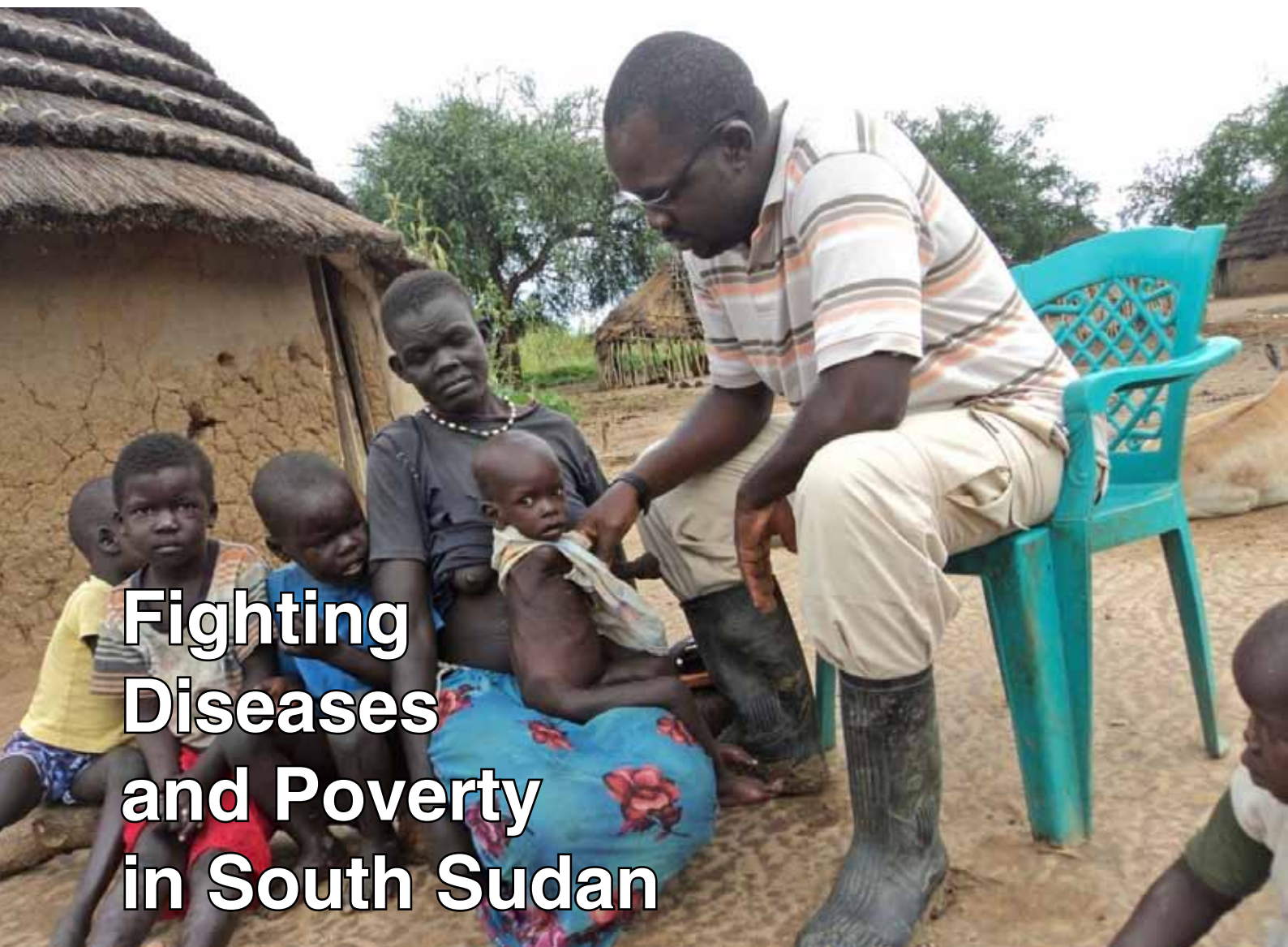


ARKANGELO ALI ASSOCIATION

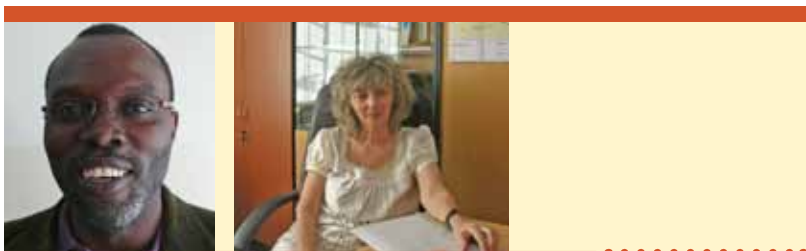


**Fighting
Diseases
and Poverty
in South Sudan**

AAA ANNUAL REPORT 2014

**I am stopping TB,
You too can Stop TB,
Join me!**

**You do not get
TB or HIV
by Greeting or Touching
Infected Persons**



Dear Friends,

The ongoing war in South Sudan has put the Country on still stand. Many Internal Displaced Persons are still hosted in the United Nations Missions in South Sudan (UNMISS) compounds across the Country. Others who escaped the ethnic violence are settled in the United Nations for High Commissioner for Refugees (UNHCR) camps in neighboring countries. More others are just displaced without any support. They are living on wild vegetables, fruits and roots.

The health situation is alarming especially among children, pregnant mothers and elderly.

The most affected areas are in Upper Nile, Unity and Jonglei States. Donors, International and national NGOs are doing their best to reduce human suffering by providing food, water and shelter. The work to be done is immense and more support is needed in order to curb catastrophe.

Despite of the emergency situation in South Sudan, AAA continued to provide so needed health services in 5 out of 10 States.

We are remindful that 2015 will not be an easy year as more than 1 million people will be at need of food aid as most of people are still confined in camps.

Your valuable support has given hope to so many people who could not make it during the time of stress.

Thanking you for walking with us and joining us in our vision

*With Kind regards
Mrs. Lina Sala & Dr. Callixte Minani - AAA Management*

Contents

NUTRITION..... 4
 TUBERCULOSIS..... 5
 LEPROSY..... 5



PRIMARY HEALTH CARE..... 6
 AID and RELIEF 6
 OUR STORIES..... 7



FINANCIAL REPORT 2014..... 9
 INCOME RECEIVED FROM
 DONORS 2014..... 10
 OUR FRIENDS, PARTNERS AND
 SUPPORTERS..... 11
 AAA EPIDEMIOLOGICAL
 REPORT 2014..... 12

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PROGRAMS

NUTRITION



Malnutrition rates have soared in South Sudan because of poor health conditions, suboptimal maternal and child feeding and care practices, and food insecurity. This has been compounded by high rates of poverty and illiteracy, long years of civil strife and recurrent environmental shocks (e.g., floods, droughts).

The 22 percent prevalence of wasting is significantly higher than the WHO 15 percent threshold for nutrition emergencies. Among children under 5, stunting affects 34 percent and underweight affects 33 percent. Although few data exist on the prevalence of vitamin and mineral deficiencies, they are almost certainly widespread given the general malnutrition

situation; for instance, only 2.6 percent of children under 5 currently receive vitamin A supplementation.

Among young children, South Sudan has a heavy burden of communicable diseases most associated with under-nutrition, such as fever, acute respiratory infection and diarrhoea. At the same time, appropriate healthseeking behaviour is limited and the health system struggles to meet the needs of the country for primary care.

At any given time, 45.5 percent of children have a fever, but only 3.4 percent receive treatment. A mere 16 percent of children are fully immunised.

AAA implements nutrition program at Marial-Lou and

Gordhim Hospitals. The nutrition program in Marial-Lou is supported by SOH and UNICEF while Gordhim is supported by UNICEF.

ACHIEVEMENT 2014

- 503 of children under 5 years benefitted from nutrition support
- 5572 of mothers benefitted from health education related to nutrition
- 3239 of children dewormed
- 10 of staff benefitted from capacity building

TUBERCULOSIS

Tuberculosis (TB) is a major problem of public health in South Sudan.

According to WHO estimates for the year 2012, the prevalence of TB was 257 per 100,000 population, 16,000 people were newly affected with TB, indicating an incidence of 146 new TB cases per 100,000 population and 3,200 persons died of TB which results in a mortality rate of 30 deaths from TB per 100,000 population.

In order to compliment to the efforts of NTP, the Arkangelo Ali Association-AAA has integrated TB services in 6 new existing and functioning PHCC namely Mingkaman, Akon, Alek, Lietnom, Marial Baai and Aroyo. This is an addition to the previously run 13 TB Units and 20 diagnostic TB centers.



Note that Mingkaman TB Unit was opened to support to almost 100,000 people displaced by internal conflicts.

ACHIEVEMENT 2014

- 2877 all TB cases detected and put on treatment
- 1427 new smear positive detected
- 102 national staff benefited from capacity building
- 204,308 people benefited from health education on TB

LEPROSY



The exact burden of Leprosy in South Sudan remains unclear. This is because the health service

coverage in general and the leprosy control program coverage in particular is limited, general health service coverage is currently 30% while coverage of leprosy services, run mainly parallel from general health services is below 50% meaning a considerable population of South Sudan is not accessing leprosy services. AAA implements leprosy services in 10 health facilities in 5 states

namely Warrap, lakes, NBeG, WBeG and Western Equatoria.

ACHIEVEMENT 2014

- 391 of leprosy cases detected and started on MDT
- 14 of PALs benefitted from cataract surgery
- 148 of MCR shoes distributed

PRIMARY HEALTH CARE

ACHIEVEMENT 2014

- 83318 of patients received treatment in OPD
- 8994 of patients received treatment in IPD
- 18129 of pregnant mothers attended ANC
- 2759 of children and pregnant mothers vaccinated



AID and RELIEF



ACHIEVEMENT 2014

- WFP provided 574.2 metric tons of food stuff to the TB and HIV patients
- UNICEF provided food and non-food items to the nutrition program in Gordhim and Marial Lou

CHALLENGES

- Most areas are inaccessible during rainy season
- Insecurity in some part of the Country



OUR STORIES



Thuc was admitted in 2010 in the hospital of Gogrial. Few weeks after his admission, he was told that some of his cattle got lost. He was so worried about the news that he took permission to leave and went back to his village to find his cows: "When I left the hospital, he says, "I felt better so I took some medicines with me and thought that was enough to cure my TB. In the end though, I didn't bother to finish my treatment."

For the following three years, Thuc's conditions worsened, he lost so much weight that he could hardly walk and he was coughing day and night. In 2013, his son Peter thought his father

might die. Since April 2013, Thuc has been under TB treatment again. Before going back to a hospital, Thuc explains, he went to several traditional healers, in the hope they would be able to treat his cough. One of them did a cut on his throat with a blade: "He told me that after my throat had bled a bit, I would be healed. I bled, but nothing happened and my cough got worse and worse. It was so strong that I wasn't able to sleep anymore." The healer asked him for some money: Thuc soon realized that this was not going to work.

Since he started treatment in Lounyaker hospital, Thuc's

cough has already improved. When he first arrived, he was coughing day and night, now he's able to eat something. AAA TB officer Paul Kiprotich asks Thuc if he would still run away from hospital, should they tell him his cows are lost again.

"I won't run away now. I'm far too weak and learnt my lesson!" he says with a smile "And I thank AAA for that. When I go back to my village and hear people coughing, I'll tell them to come here and be cured straight away.

Traditional healers are a waste of time and money."

OUR STORIES



Aner Akej is a Dinka woman who lives in Agok. She arrived here in 2009 from Tonj. One day, she says, she felt her skin burning and noticed red patches all over her body. She also noticed that she lost the sensation in her hands. "I was farming in Tonj," she says "and I felt joint pain.

When I was cooking I couldn't feel the heat, if I held something in my hand it fell off my hands. I knew I was developing leprosy as I saw many people suffering from it in Tonj. I felt I would be an outcast as leprosy is a taboo." Aner went straight away to Agok hospital. Lawrence examined her. He discovered red patches and loss of sensation in both feet and hands. In 2009 Aner started treatment and finished in 2010.

After 2 months of treatment, she felt much better, her left hand is still paralyzed in a claw but the right one is fine. "I'm grateful to AAA for their work. I now help others who suffer just like I did." Primary health care worker Lawrence says quite often people rely on traditional healers to treat leprosy. The healers generally ask for one cow from the patient, who's given the roots of the tree. "In the end they lose many cows," Lawrence says."and their leprosy only gets worse." Lawrence himself was five years old when he developed leprosy: unfortunately he stayed without treatment for 8 years until he came to Agok in 1989. He lost his left finger while he was making a fire.

FINANCIAL REPORT (PROGRAMMES) 2014

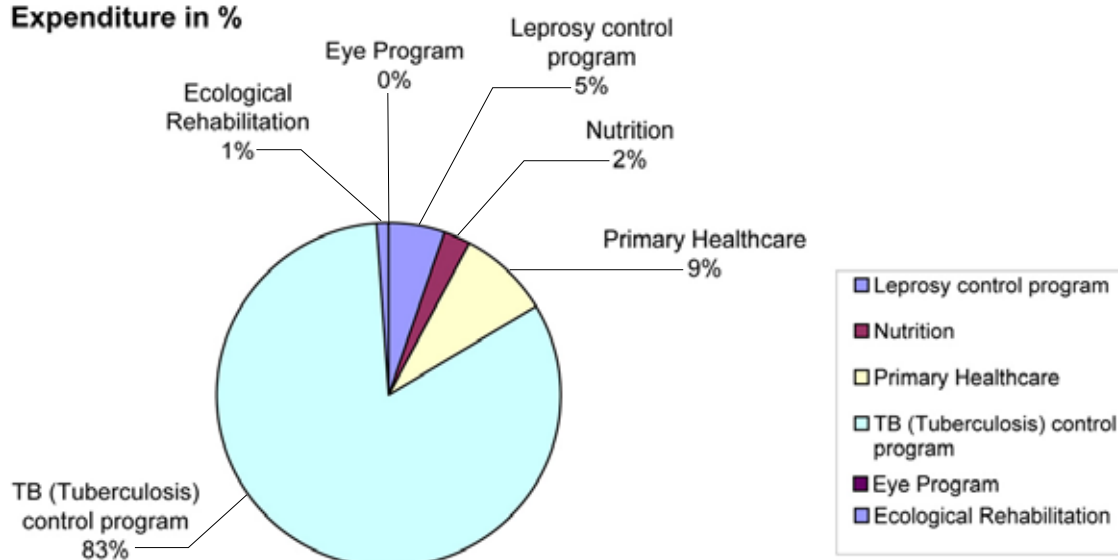
AAA Income according to Programmes

INCOME	Description	Total Euro	% of all programmes
	Excess income over expenditure 2013 b/f	294,506.68	19.29
	Leprosy Control Program	78,131.71	5.12
	Nutrition	37,150.00	2.43
	Primary Healthcare/Nutrition	152,248.18	9.97
	TB Control Program	964,902.41	63.19
Total Income		1,526,938.98	100.00

AAA Expenditure according to Programmes

EXPENDITURE	Description	Total Euro	% of all programmes
	Leprosy Control Program	74,842.52	5.39
	Nutrition	32,578.59	2.35
	Primary Healthcare	119,015.20	8.57
	TB Control Program	1,147,878.09	82.66
	Eye Program	700.00	0.05
	Ecological Rehabilitation	13,599.63	0.98
Total Income		1,388,614.03	100.00

Expenditure in %



INCOME RECEIVED FROM DONORS 2014

INCOME Donors as at 31/12/2014		Total euro	%
1	Excess income over expenditure 2013	294,506.68	19.29
2	Amici Di Antonio	27,000.00	1.77
3	Associazione La Goccia Onlus	45,568.46	2.98
4	Bondeko Onlus	4,000.00	0.26
5	CESAR (Coordinamento Enti Solidali a Rumbek)	17,150.00	1.12
6	DKA Austria	16,150.00	1.06
7	GLRA (Germany Leprosy & Relief Agency)	69,131.71	4.53
8	Misereor Healthcare Projects	58,529.72	3.83
9	Sign of Hope/Hoffnungszeichen	30,000.00	1.96
10	Global Fund/UNDP TB programs	779,586.09	51.06
11	World Health Organization (TB Reach Wave 3)	185,316.32	12.14
TOTAL		1,526,938.98	100.00

in kind support

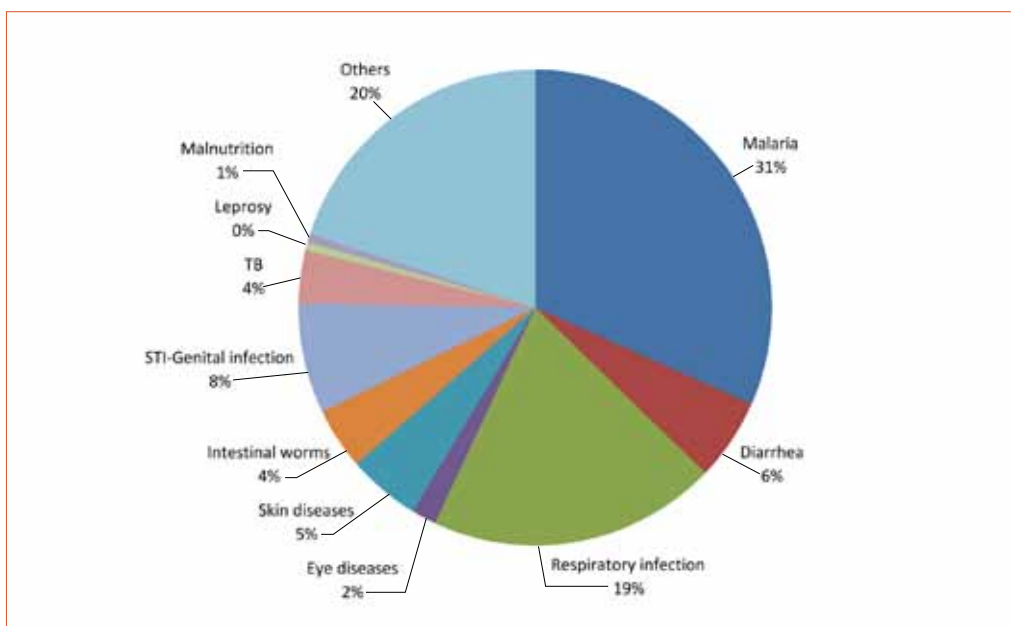
1. NTLF for donation of TB/LEPROSY drugs and HIV testing kits
2. MOH for donation of medicines
3. World Food Programme for the donation of food and non food items for patients
4. UNICEF for donation of food and Non-food items for nutrition program

Exchange rate used for non-euro currencies are as follows Euro/US\$1.3167; Euro/Kshs 116.2172

OUR FRIENDS, PARTNERS AND SUPPORTERS

Sign of Hope / Hoffnungszeichen	www.hoffnungszeichen.de
Comboni Missionaries	www.comboni.org
Verona Fathers	
CESAR (Coordinamento Enti Solidali a Rumbek)	www.cesarsudan.org
Associazione La Goccia Onlus	www.la-goccia.it
German Leprosy and Relief Association (GLRA)	www.dahw.de/home
ERKO	www.erko.sk/international/
DKA	www.dka.at
BBM-Beschaffungsbetrieb der MIVA	
Horizont 3000	www.horizont3000.at
St. Elizabeth University	www.vssvalzbety.sk
Diocese of Rumbek (DoR)	www.catholic-hierarchy.org/diocese/drumb.html
Bondeko Onlus	www.bondeko.it
MISEREOR	www.misereor.de
Mani Tese (Milano)	
Global Fund/UNDP (TB Programs)	
World Health Organization (TB Reach Wave 3)	
World Food Programme	
Amici Di Antonio	
Elisa Ciotoli	
Amici Di Padre Mattia	
Giovanni Natale	
Gruppo Missionario Visitazione	
Caritas Italiana	
UNICEF (United Nations Children Education Fund)	
NTP	
MOH (Ministry of Health)	
AGEH	

AAA EPIDEMIOLOGICAL REPORT 2014



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	TB	Leprosy	Malnutrition	Others
25483	4544	15801	1411	4058	3239	6045	2877	391	503	16121

ACRONYMS

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

South Sudan

Arkangelo Ali Association

Door-to-door TB screening in Kwajok provides access to TB care for families

Tuberculosis control is limited in South Sudan, covering only 25% of the total population.. Arkangelo Ali Association (AAA) implements TB services in Warrap county, among 12 other counties where the target population consists of poor and highly mobile nomadic communities living in crowded and unsanitary conditions. The poor infrastructure and the nomadic lifestyle in Warrap limits the access to diagnosis and care. Distances to health facilities are between 50 and 100 kilometers, leading to delays in diagnosis and poor adherence to treatment. The door-to-door TB screening intervention supported by the wave 3 TB REACH initiative attempts to “reach the unreached” by ensuring services are closer to the community, thus promoting early diagnosis and prompt initiation of treatment. This approach is conducted by formal health staff who provide technical information and updates to the community leaders. Selected from within the community, TB mobilizers provide support to health providers by reaching deeper into the community where the nomadic population resides in order to pasture their cattle.

Yiethliet village is located 44 kilometers from Kuajok State Hospital which serves as the nearest TBMU. On a typical door-to-door TB screening mission the TB Officer and TB mobilizer visited the family of a 15 year old newly diagnosed as smear positive for TB. A symptom of poverty, TB is easily spread in crowded dwellings where families may live in close proximity to an if individual sick with TB. This particular home was typical, as it accommodated 14 people. The house had no windows, no pit latrine, no chair or table and no cup for demonstrating DOT to the family members. Through this visit, the TB Officer and TB mobilizer identified two contacts as having presumptive TB. Their sputum was safely transported to the TBMU and both were diagnosed as smear positive patients. Although both contacts were in poor health they had not sought treatment for TB, as the work of cattle grazing was their priority.

Although in the above cited case a daily 88 km round-trip to the TBMU without vehicles could very possibly affect adherence to and completion of treatment, this door-to-door screening intervention of TB contacts and the involvement of community TB mobilizers is likely to reduce the amount of TB in the village, thereby minimizing further TB infection in a community with an ongoing nomadic culture.





ARKANGELO ALI ASSOCIATION