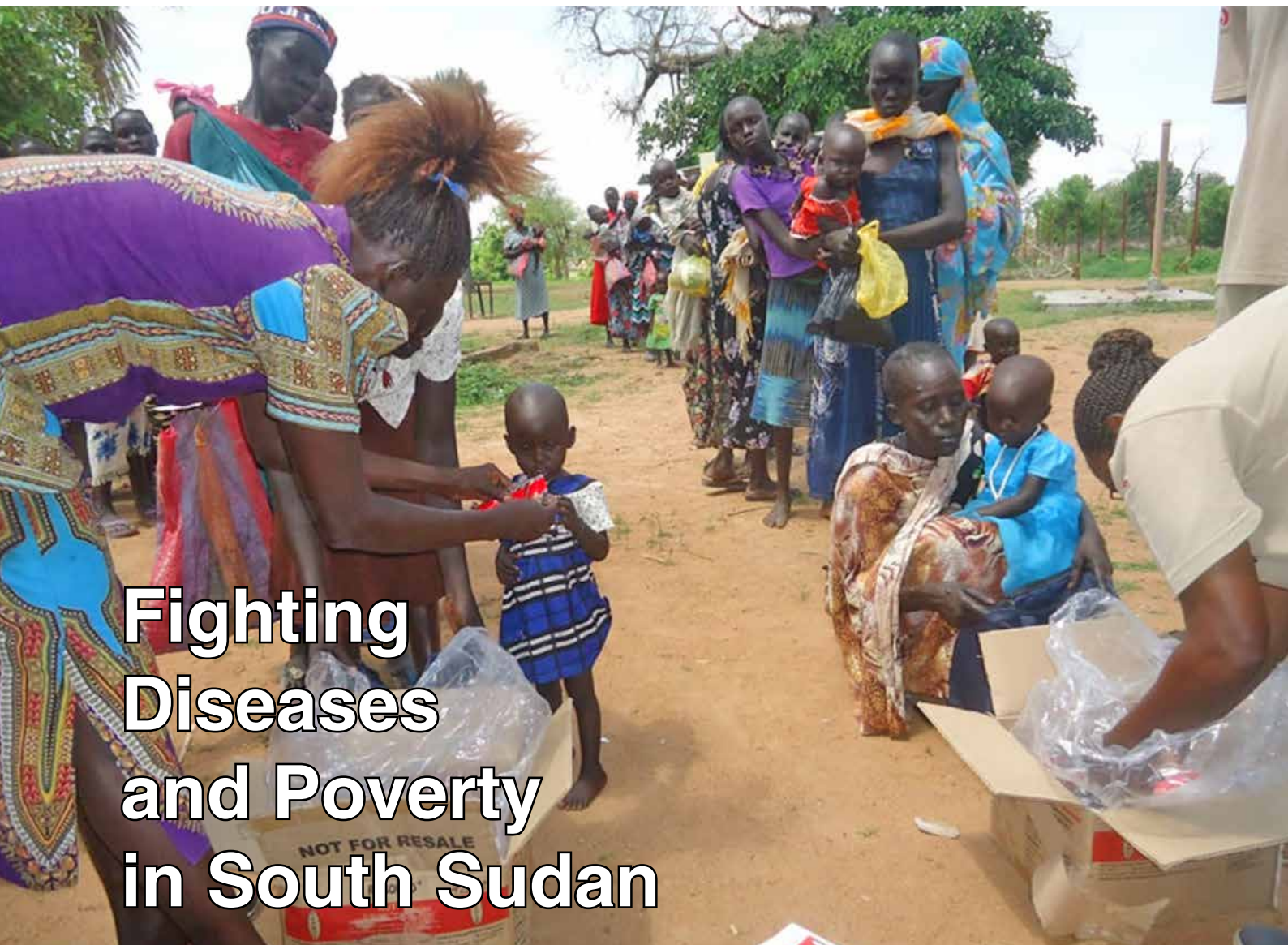


# ARKANGELO ALI ASSOCIATION



**Fighting  
Diseases  
and Poverty  
in South Sudan**

**AAA ANNUAL REPORT 2019**

## 7 million people receive record levels of lifesaving TB treatment but 3 million still miss out

### Severe underfunding, lack of access to care jeopardize at-risk populations -- WHO

**17 October 2019 | Geneva/Washington DC:** More people received life-saving treatment for tuberculosis (TB) in 2018 than ever before, largely due to improved detection and diagnosis. Globally, 7 million people were diagnosed and treated for TB - up from 6.4 million in 2017 – enabling the world to meet one of the milestones towards the United Nations political declaration targets on TB.

WHO's latest Global TB Report says that 2018 also saw a reduction in the number of TB deaths: 1.5 million people died from TB in 2018, down from 1.6 million in 2017.

The number of new cases of TB has been declining steadily in recent years. However, the burden remains high among low-income and marginalized populations: around 10 million people developed TB in 2018.

#### The Role Of Universal Coverage

In many countries today, fragile health infrastructure and workforce shortages make it difficult to provide timely diagnosis and the right treatments for TB. Weak reporting systems are another problem: health providers may treat people but fail to report cases to national authorities, leaving an incomplete picture of national epidemics and service needs.

Further, up to 80 per cent of TB patients in high burden countries spend more than 20 per cent of their annual household income on treating the disease.

Dr Tedros added: "Sustained progress on TB will require strong health systems and better access to services. That means a renewed investment in primary health care and a commitment to universal health coverage."

Last month heads of state agreed a political declaration on Universal Health Coverage at the United Nations in New York, highlighting the importance of expanding service coverage and committing specifically to strengthen efforts to address communicable diseases like HIV, TB, and malaria.

One way to improve coverage is to adopt more people-centered comprehensive approaches. Better integrated HIV and TB programmes already mean that two thirds of people diagnosed with TB now know their HIV status. In addition, more people living with HIV are taking treatment.

But child health programmes still do not always focus adequately on TB: half of children with TB do not access quality care and only a quarter of children under the age

of 5 in TB-affected households currently receive preventive treatment.

#### Tackling Drug Resistance

Drug resistance remains another impediment to ending TB. In 2018, there were an estimated half a million new cases of drug-resistant TB. Only one in three of these people was enrolled in treatment.

New WHO guidance aims to improve treatment of multidrug resistant TB, by shifting to fully oral regimens that are safer and more effective. The guidance is part of a larger package of steps released on 24 March 2019 -- World TB Day -- to help countries speed up efforts to end the disease.

"WHO is working closely with countries, partners and civil society to accelerate the TB response," said Dr Tereza Kasaeva, Director of WHO's Global TB Programme. "Working across different sectors is key if we are to finally get the better of this terrible disease and save lives."

#### Funding

The fight against TB remains chronically underfunded. WHO estimates the shortfall for TB prevention and care in 2019 at US\$3.3 billion. International funding (which is critical for many low- and middle-income countries) amounts to US\$0.9 billion in 2019, with 73% coming through the Global Fund. Last week's successful replenishment of the Global Fund will be critical to strengthen international financing.

The largest bilateral donor is the US government, which provides almost 50% of total international donor funding for TB when combined with funds channeled through and allocated by the Global Fund.

There is an urgent need for funding of TB research and development, with an annual shortfall of US\$1.2 billion. Priority needs include a new vaccine or effective preventive drug treatment; rapid point-of-care diagnostic tests; and safer, simpler, shorter drug regimens to treat TB.

"To accelerate TB research and innovation, WHO is developing a global strategy," adds Kasaeva. "We are collaborating with academia, research networks such as the BRICS TB Research network, and partners including the Bill & Melinda Gates Foundation, UNITAID and others in a quest to bring innovations into practice to break the trajectory of the TB epidemic".

*Continue to page 15*



Dear Friends,

All of us have heard this fashionable but all too true statement: all organizations must innovate for reasons of basic efficiency, whether economically, socially or ecologically. In a global environment marked by uncontrolled evolutions all entities must improve their performance on an ongoing basis to successfully cope with these changes. Innovation has become a necessity.

In the case of AAA, we have had to quickly adapt to the effects of the crisis, especially to the cutbacks in humanitarian funding. At the same time, we've have had to take up a new challenge: that of providing adequate responses to the emerging needs arising from the crisis. In short: we had to do more with less through innovation in services thus diversifying and offering projects adapted to the needs of increasingly vulnerable and marginalized populations in South Sudan.

Through partnerships, we managed to implement interdependent activities while taking advantage of new opportunities including Resource Mobilization. The cohesion of our partnership networks has permitted us to get through tough times and we will build this future by taking advantage of every single source of inspiration, knowledge and assets of our partners, developing new projects, networks and exploring new funding alternatives – for the already present future, together!

Thanking you all for your generosity in 2019 and we look forward to continued association with us.

single source of inspiration, knowledge and assets of our partners, developing new projects, networks and exploring new funding alternatives – for the already present future, together!

Thanking you all for your generosity in 2019 and we look forward to continued association with us.

Sincerely  
AAA management

<b>AAA (Arkangelo Ali Association)</b>	<b>Phone:</b> +254 (0)20 2025 299
Nairobi, KENYA, c/o Verona Fathers	<b>Mobile:</b> +254 (0)722 708 935
(Comboni Missionaries Kenya Province)	+254(0)722 672 932
Shalom House, (Comboni Rd., in	
Dagoretti Corner)	Mrs. Natalina Sala
P. O. Box 21102 – 00505, Nairobi	Dr. Callixte Minani
<b>JUBA OFFICE</b>	<b>Email:</b> director@arkangeloaliassociation.org
Jebelkujur, Behind Imatongaz,	SOUTH SUDAN
Petrol Station, Yei Road	www.arkangelo.org

# Contents

PROGRAMS..... 4  
 TUBERCULOSIS..... 4  
 LEPROSY ..... 6



NUTRITION ..... 7  
 PRIMARY HEALTH CARE ..... 9  
 AID and RELIEF..... 10



CHALLENGES ..... 10  
 FINANCIAL REPORT 2019 ..... 11  
 INCOME RECEIVED FROM  
 DONORS 2019..... 12  
 OUR FRIENDS, PARTNERS AND  
 SUPPORTERS ..... 13  
 AAA EPIDEMIOLOGICAL  
 REPORT 2019 ..... 14  
 SUCCESS STORY..... 15

## PROGRAMS

### TB Epidemiology in South Sudan



- There is an increasing trend in TB case detection that signify that there are efforts to find missing TB cases. Treatment coverage is 91% on the estimated incidence. Case finding and treatment coverages are above the targets in the strategic plan; and the UNHLM targets.
- There is an increasing trend in HIV testing among TB patients; and the HIV case finding among TB patients has stabilized at about 12%
- There is an increasing and impressive trend of ART initiation among TB/HIV co-infected signifying very good coverage of TB/HIV collaborative activities at health facility level.
- There is isolated implementation of active TB case finding (ACF) outreach activities done by some partners. ACF yields good results and needs to be scaled up beyond the current few selected areas.
- The proportion of childhood TB of 18-21% exceeds the recommended ratio by WHO. It appears that there is a lot of community transmission of TB to children because of many undiagnosed cases in the community and it appears that childhood TB diagnostic capacity coverage is sub-optimal, and many children remain undiagnosed.
- Treatment success has improved over the years but is still below target by the strategic plan, the UNHLM targets and the global targets. Treatment success is lower for the TB/HIV coinfecting patients.

- High death rates TB/HIV co-infected signifying a need to aggressively identify and address the determinants for such high death rates.
- Lack of systematic implementation of isoniazid preventive therapy could be contribution to

the TB incidence and mortality among PLHIV. South Sudan has not formally adopted TB preventive therapy (TPT) despite that having TPT targets from the UNHLM for TPT among childhood contacts and PLHIV

**The 2018 UNHLM Political Declaration on TB South Sudan targets endorsed by Heads of States**

	INDICATORS	2018	2019	2020	2021	2022	Total 2018-2022
SSD	Childhood TB diagnosis and treatment targets	1800	2100	2400	2300	2200	10800
SSD	MDR-TB diagnosis and treatment targets	13	33	180	495	638	1359
SSD	Preventative Therapy (PT) targets for under-five Child Contacts	1000	1700	2600	3200	3600	12100
SSD	Preventative Therapy (PT) targets in contacts more than 5 years of age	552	2044	5142	7618	9272	24628
SSD	Preventative Therapy (PT) targets in PLHIV	2181	2986	3421	2440	1758	12787
SSD	TB diagnosis and treatment targets	11100	12600	14300	14100	13200	65300
SSD	Total Preventative Therapy (PT) targets	3700	6700	11200	13300	14600	49500

**Activities carried out to achieve set targets**

- Outreach activities to Key Populations e.g prisons, military barracks, cattle camps, nutrition centers, hard to reach villages, IDP
- Strengthening and integrating TB services in the existing health facilities
- Random sampling and transportation of EQA slides from the peripheral laboratories to the CTRL in Juba for blinded double checking.
- Systematic TB screening PLHIV and patients admitted in the wards.
- Early retrieval of persons lost to follow up, through the establishment of TB clubs and the involvement of TB ambassadors.
- Conducting Door to Door health education and screening of contacts of smear positive TB patients and contacts of children under 5 years.
- Behaviour Change Communication(BCC) in the community and mobilization to increase demand for TB-DOTS services
- Contributing to establishing referral lines of presumptive TB cases and sputum sample transfer.
- Mentoring the Home Health Promoters to link the community with respective PHCCs and PHCUs for TB care.
- Joint Supportive supervision visits and monitoring of programme activities by the SMOH, NTP (MoH,PR, AAA TB coordinator, M&E officer, for on-site training and data management and validations

- Ensuring a good TB-HIV collaboration at community, facility, county, payam and boma levels , by engaging the HHPs
- Supporting the TB-HIV co-infected cases while on treatment
- Strengthening community TB DOTS during patient treatment and follow up using the HHPs.

**ACHIEVEMENT 2019**

- 5167 TB patients put on treatment
- 5077 TB bacteriological confirmed plus clinical diagnosed, new and relapse
- 224144 people benefitted from health education
- 4890 TB patients tested for HIV

## LEPROSY



Although the endemicity is low in AAA's coverage areas, the disease transmission has not yet been achieved as the annual detection of new cases and the child rate has been gradually rising. For Leprosy Control, South Soudan is on slow move due to lack of funding and few implementers.

AAA is among the few organizations on front line for tackling leprosy disease in the country. The major activities of the leprosy control programme which AAA is involved in are:

- Case-finding, treatment and defaulter retrieval.
- Health education at community level.
- Leprosy screening in the schools.
- Distribution of MCR shoes to the disabled people.
- MDT distribution.
- Rehabilitation
- Training.

The field programme is implemented through specially trained paramedical workers and facilities of the affected. In addition there are volunteer medical officers attached to the Anti-leprosy Campaigns.

**ACHIEVEMENT 2019**

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

## NUTRITION



In South Sudan, the cumulative effect of years of conflict, violence and destroyed livelihoods has led to a humanitarian emergency of high proportions. The recently revitalized peace process promises to offer new opportunities in the coming years for South Sudan's women, men and children.

However, undernutrition remains a major public health emergency in several parts of South Sudan. The nutrition situation in the country remains critical due to a combination of factors mainly, poor harvest, dry spells and past conflict. The findings of the Integrated Food Security Phase Classification (IPC) analysis for January-July 2019 predicts that food security is expected to worsen, with a projection that about 7.17 million people

(63 percent of the total population) will face acute food insecurity or worse in the projection period of February to April 2019. This will be an increase of 11% from the 6.33 million people (57% of the population) from the same period in 2018. In projection period of May to July 2019, and in the total absence of humanitarian food assistance, an estimated 7.68 million people (67% of the population) will face Crisis acute food insecurity or worse, an increase of 8% from the 7.08 million people (63% of the population) from the same period in 2018.

The Food Security and Nutrition Monitoring Survey (FSNMS) conducted in June 2018 reported that seven out of former ten states, had very high prevalence of acute malnutrition among children

under the age of five years (prevalence of global acute malnutrition (GAM)  $\geq$  15%, or severe acute malnutrition (SAM)  $>$  2%). Nearly 860,000 children under the age of five years and 600,000 pregnant and lactating women are expected to be affected by acute malnutrition in 2019.

AAA with support of its donors/benefactors is trying its best to offer so needed nutritional support to malnourished children in its operational areas with the main objectives being to improve the nutritional status of children below three years of age, pregnant and lactating women, specifically, to reduce the prevalence of underweight by 30 percent, anaemi, helminthiasis, vitamin A deficiency; to improve the food security situation of vulnerable population groups; to sensitize communities to the problems of malnutrition and poor hygiene, and to take adequate measures to tackle the causes; to improve nutritional interventions by reinforcing the interaction between the various actors like (non-governmental organizations, animators, school teachers and community nutrition agents).

- The activities undertaken by AAA towards realizing the objectives include:
- Growth monitoring,
- Micronutrient supplementation,
- Take-home supplementary feeding for the undernourished,
- Referral of severe cases for therapeutic feeding and intensive care.
- Counseling on child feeding and nutrition education through demonstrations.

South Sudan is currently facing a period of severe food insecurity. Approximately 5.24 million people (of an estimated population of 11 million)

were projected to be severely food insecure in the first quarter of 2019, of whom 36,000 were estimated to be at risk of famine.<sup>1</sup> While the situation is no longer deteriorating significantly, the country remains in the grip of a serious humanitarian crisis. Nearly 4.5 million people have been displaced, including approximately 2.5 million to neighbouring countries.

Maternal and child malnutrition is a significant public health as well as a social and economic problem in South Sudan. An estimated 17.1% of children aged 6-59 months are stunted, 10.6% are moderately acutely malnourished and 2.7% are severely acutely malnourished.

A complex web of multi-sector factors contribute to this burden, including poor maternal and childcare practices (especially sub-optimal infant and young child feeding (IYCF) practices), high prevalence of low birth weight, inadequate dietary intake, food insecurity, unsafe water and poor sanitation, inadequate health services, high prevalence of morbidity, low levels of education and socio-economic challenges.

There are severe challenges in addressing the burden arising from inadequate health services, poor access to health and nutrition services due to long travel distances, and displacement due to insecurity and higher food prices.

**ACHIEVEMENT 2019**

- 7455 children under 5 were screened
- 1879 children under 5 were malnourished
- 11404 mothers benefitted from nutrition education



## PRIMARY HEALTH CARE

South Sudan has a health system structured with three tiers: Primary Health Care Units (PHCU), Primary Health Care Centers (PHCC) and Hospitals (which exist as state, county, police or military). The structures in health services delivery is in the order of community, primary, secondary and tertiary levels. The community is located at the village level and manned by community health. The primary level includes Primary Health Care Units and Primary Health Care Centers which provide Basic Package of Health Services (BPHS). The BPHS covers preventive, curative, health promotion and managerial activities.

South Sudan has the highest maternal mortality rate in the world at more than 2054 out of every 100 000 live births. This is mainly due to inadequate access to primary and curative health services and a low demand for, and awareness of, preventive services.

Despite efforts to train midwives, skilled attendance at births has remained very low compared to the neighboring countries. Under-5 mortality is 135 out of every 1000 live births.

AAA with support from its donors/benefactors is involved in service delivery at community, PHC in order to provide adequate health services to the population. The objectives of the Program are:

Continued improvement in general practice, allied health and other activities that will increase capacity, enhance quality care and improve access and health outcomes for patients;

- Improved access to the range and choice of medical and health care services available to target population groups including children, disadvantaged groups, Indigenous populations, and people in regional, rural and remote locations;
- Improved coordination and integration of primary and ambulatory health care;



- Enhanced education, training opportunities, and dissemination of information aimed at improving the quality and efficacy of primary health care services;
- Provision of innovative and cost-effective health and medical care, accurate advice and information about health, illness and available services, to assist people in caring for themselves and their families;
- Supporting the establishment of the Health Care Home model, to provide continuity of care, coordinated services and a team-based approach to care of the patient; and
- Improved collaboration of health information and services to assist people living with complex and chronic conditions to help maintain good health.

### ACHIEVEMENT 2019

- 40127 patients treated at OPD
- 1841 mothers attended ANC
- 64 mothers delivered at health facility
- 2302 children vaccinated
- 2865 children de-wormed
- 5421 children received Vitamin A

## AID and RELIEF



AAA has continued to partner with agencies like WFP who provides various types of assistance in South Sudan like food assistance for people building or restoring community assets such as roads, emergency school meals to keep children in school and the treatment of moderate acute malnutrition among children and pregnant and nursing women. Within the year, WFP through AAA was able to provide dry foods for our TB patients in various states where we implement, and also, monetary support for loading and offloading these foods.

South Sudan is still reeling from the effects of a severe drought episode – with 4.5 million people in need of food assistance in 2019. In addition, within the year, the country was hit by the worst floods in living memory affecting close to a million people and it will cost millions of USD to mount an effective flood response. This outcome has led to increased number of internal displaced people who are depending solely on humanitarian assistance.

### ACHIEVEMENT 2019

- 1776.375 metric tons of food received from WFP
- 250 cartons of Plumpy nuts received from PCPM
- 120 cartons of Plumpy nuts received from Cesar
- 300 cartons of plumpy nuts received from Hope for the Sick and Poor

## Challenges

While the international community is trying its best to convince the government and rebel forces in South Sudan to end hostilities, aid groups are struggling to maintain full operations inside the country. Some of the challenges AAA has continued to face while carrying out its operations in the country include:

- Insecurity in most part of the country.
- Budget constraints.

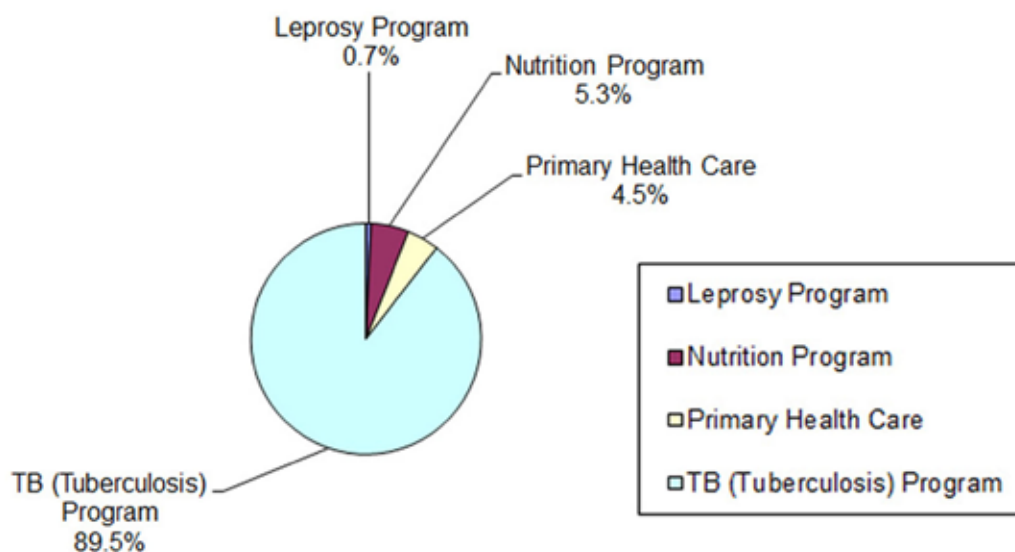
- Lack of embraced integration in main health facilities.
- Economic crisis - Continuous depreciation of SSP against USD
- Poor infrastructure – Slow/Delayed logistics.
- Natural catastrophes – Floods and storm leading to mishap of facilities infrastructure.

## FINANCIAL REPORT (PROGRAMMES) 2019

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2018 b/f	72,762.42	7.85
	Leprosy Program	5,236.00	0.57
	Nutrition Program	29,940.50	3.23
	Primary Healthcare	39,784.22	4.29
	TB (Tuberculosis) Program	778,932.67	84.06
<b>Total Income</b>		<b>926,655.81</b>	<b>100.00</b>

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	6,293.80	0.73
	Nutrition Program	45,753.14	5.30
	Primary Healthcare	38,960.00	4.51
	TB (Tuberculosis) Program	772,700.00	89.46
<b>Total Expenditure</b>		<b>863,706.94</b>	<b>100.00</b>

Expenditure in %



## INCOME RECEIVED FROM DONORS 2019

	INCOME from Donors as at 31/12/2019	Total USD	%
1	Excess income over expenditure 2018 b/f	72,762.42	7.85
2	Bondeko Onlus (Italy)	4,236.00	0.46
3	Fr Oliva Paolo (Italy)	1,000.00	0.11
4	CESAR Onlus (Italy)	5,437.50	0.59
5	Brunelli Miriam (Italy)	90.00	0.01
6	Amici Antonio (Italy)	12,300.00	1.33
7	ASSOCIAZIONE ARCALI AFRICA (Italy)	31,575.00	3.41
8	PCPM (Poland)	28,503.00	3.08
9	DKA (Austria)	29,784.22	3.21
10	Hope For The Sick and Poor (Slovakia)	8,400.00	0.91
11	Global Fund/UNDP TB programs	708,653.00	76.47
12	Various Private Well wishers	23,914.67	2.58
	<b>TOTAL</b>	<b>926,655.81</b>	<b>100.00</b>

### in kind support

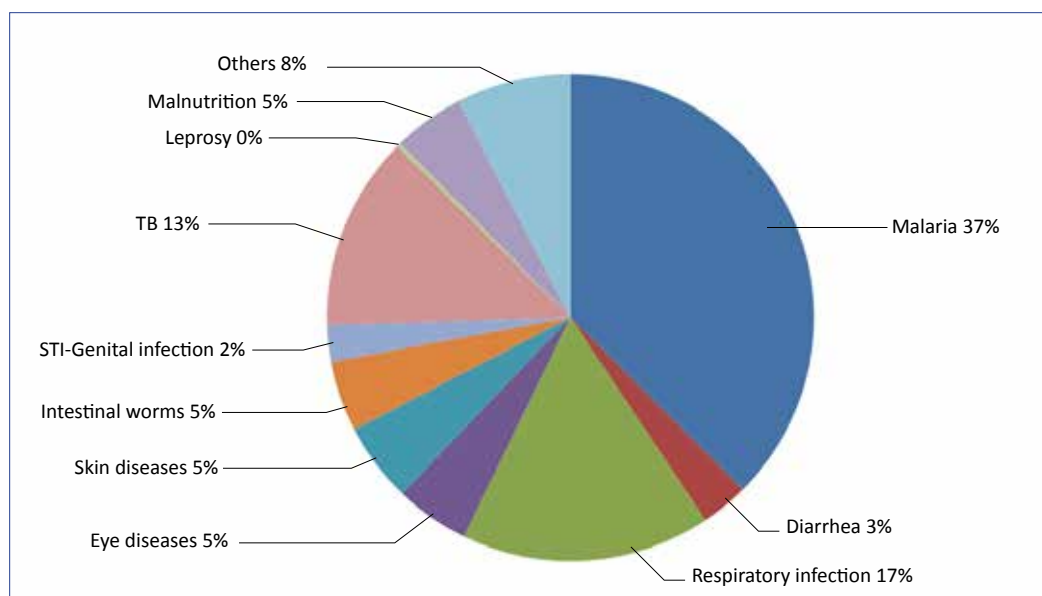
1. RoSS NTLF for donation of TB/LEPROSY drugs lab reagents and HIV testing kits
2. RoSS MoH for donation of general medicines
3. World Food Programme for the donation of food for patients
4. CASS (Canada) for donation of Materials, Batteries for fridge etc

**Average Exchange rate used for Euro to US\$ =1.09859 (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
Diocese of Rumbek (DoR)
Bondeko Onlus
Global Fund/UNDP (TB Programs)
RoSS Ministry of Health
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
Amici Di Lucia
BBM-Beschaffungsbetrieb der MIVA
Associazione Per La Lotta Contro La Fame Nel MONDO Onlus
Gruppo Missionario Visitazione
M.T.F. 2000-Italy (Fr Michelle)
Leonore Kuester
E. Capobianco
Brunelli Miriam
Fr Oliva Paolo
Canadian Aid for South Sudan (CASS)

## AAA EPIDEMIOLOGICAL REPORT 2019



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	TB	Leprosy	Malnutrition	Others
15042	1271	6644	1982	2102	1882	979	5167	118	1879	3061

ACRONYMS	
AAA - Arkangelo Ali Association	NGO- Non-Governmental Organization
AMREF - Africa Medical Research Foundation	NTLP - National Tuberculosis and Leprosy Program
ANC - Ante-Natal Clinic	OPD -Out-Patient Department
CBR - Community Based Rehabilitation	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	GF- The Global Fund
MCR - Micro Cellular 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

## 7 million people receive record levels of lifesaving TB treatment but 3 million still miss out

*From page 2*

### Global TB targets:

SDG 3.3 includes a target of ending the TB epidemic by 2030.

The World Health Assembly-approved Global TB Strategy aims for a 90 per cent reduction in TB deaths and an 80 per cent reduction in the TB incidence rate by 2030 compared with 2015 levels. The Strategy established milestones for 2020 of a 35% reduction in TB deaths and a 20% reduction in the TB incidence rate from 2015 levels.

### The UN Political Declaration on TB in 2018 includes 4 new global targets:

- Treat 40 million people for TB disease in the 5-year period 2018-22 (7 million in 2018)
- Reach at least 30 million people with TB preventive treatment for a latent TB infection in the 5-year period 2018-22
- Mobilize at least US\$13 billion annually for universal access to TB diagnosis, treatment and care by 2022
- Mobilize at least US\$2 billion annually for TB research

Countries are due to report back to the UN General Assembly on progress in September 2020

## SUCCESS STORY

### Good communication can help the patient to seek treatment

Mr. Akol Akol, aged 42 years was suffering from cough, high fever, headaches and generalized body weakness for about 3 weeks. He was straddled on a way forward, since he had relocated from one state to another and so decided to call AAA program manager at Head of Office for advice.

While in communication with the program manager, he said, he was calling from Aweil and therefore DR referred HIM to Aweil TBMU for more investigation and management. Mr. Akol Akol, on arrival to the unit, introduced himself as one who had been referred to the unit, by one person from Nairobi (following his phone call to Nairobi) for further management.

The TB nurse was already expecting him, as the program manager had communicated, he was then asked of his past health history and he is quoted as;

“I was diagnosed of TB 3 years ago, in Warap State cured and then discharged, 2 years after I developed the same symptoms and I went back to the same facility for management. I was tested and then I was put on medication

again, I completed 8 months of TB medications and I felt better, never fallen so sick and weak like then in a long time, until 3 weeks ago, that is to why I had to look for the telephone contacts of the people who cured me when I felt so sick then to cure me again, and so here I am”

The TB nurse then collected his present health history, he was then sent to the laboratory for further investigations.

The genexpert was run on him, and he was found to be negative and he was referred for further investigation in the OPD, and asked him to return back with the findings.

He was diagnosed with typhoid and malaria from OPD; He came back to the facility with the findings, given medication and left for his home.

Weeks after, he came back to the facility very happy and grateful to AAA. “Thank you very much for the advice, I know if your people had not cured me years ago, I would not have come to the hospital, I would have remained in village taking my herbs, maybe I would have died, so thank you AAA for saving me again, I am now fine”



ARKANGELO ALI ASSOCIATION