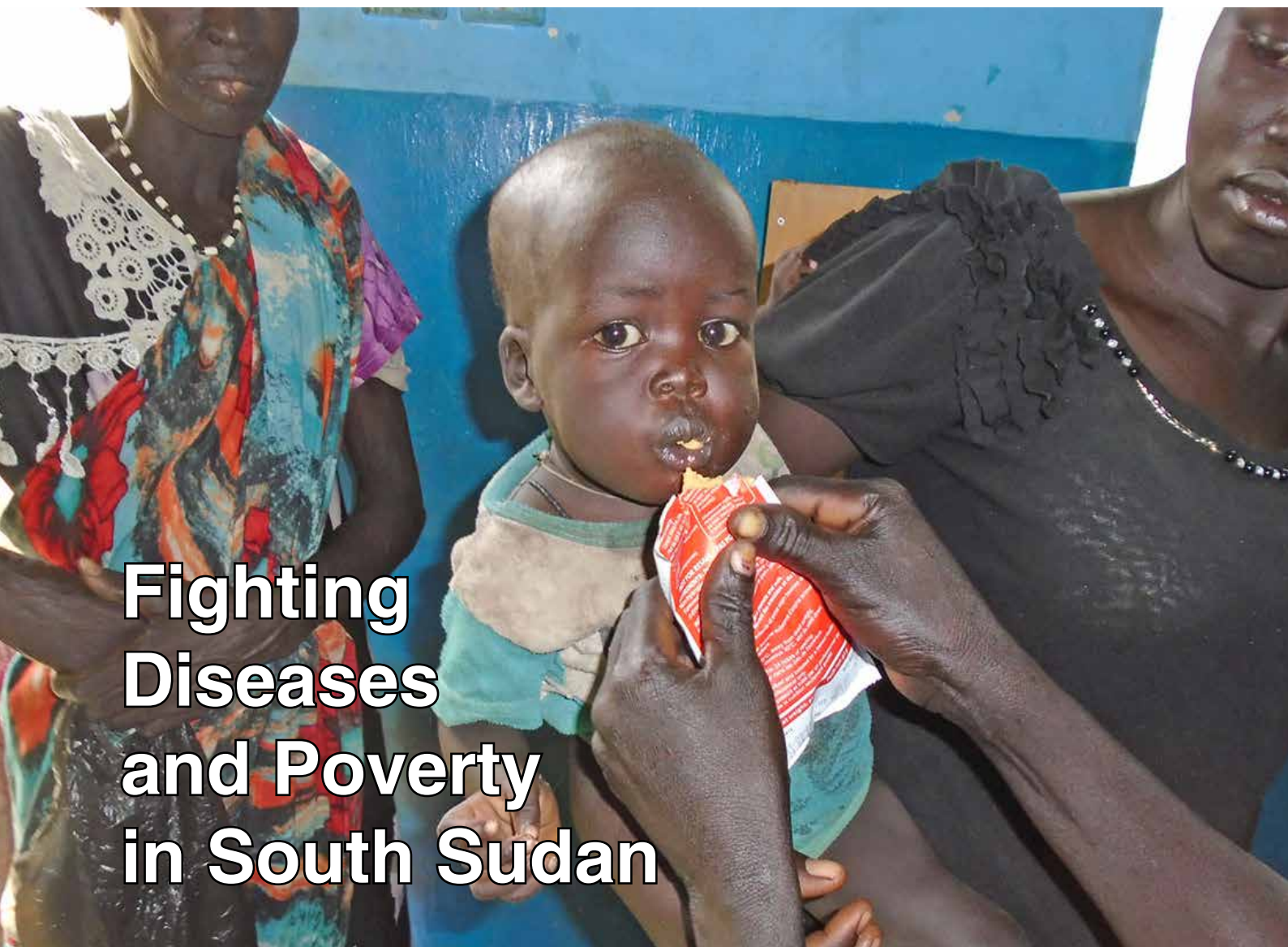


ARKANGELO ALI ASSOCIATION



**Fighting
Diseases
and Poverty
in South Sudan**

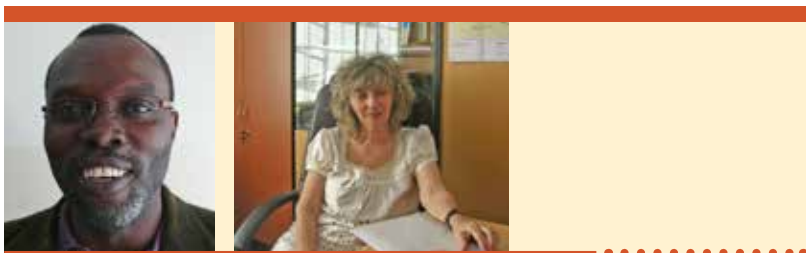
AAA ANNUAL REPORT 2022

SUMMARY OF TB/HIV ACHIEVEMENT

TABLE 1: TB PROGRAM

INDICATOR	REPORTING PERIOD	TARGET	RESULT	% ACHIEVEMENT
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Jan- December	9056	6336	70%
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Jan-December	85%	5232/5786(90%)	106%
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	Jan-December	95%	74/85(87%)	92%
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Jan-December	93%	6161/6336(97%)	104%
TB/HIV-6 ^(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Jan-December	90%	593/596(99%)	110%
MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Jan- December	83%	45/48(94%)	113%
MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified	Jan-December	56	70	125%
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Jan-December	56	68	121%

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Dear Friends of AAA,

We are delighted to present the 2022 AAA Annual Report. This report provides a highlight of inspiring achievements and our collective experiences operating in the context of global health inequities made more complex in the wake of COVID-19 pandemic, and a further deepening of the climate change crisis and its profound effects on human health. The year 2022 will continue to be remembered as another period that tested AAA’s resilience. The uncertainties created by the pandemic since 2019/2020 exposed and exacerbated existing deep-seated health inequalities, many of them rooted in an unfair and broken global health system.

AAA, like many health organizations, was affected by the pandemic-related disruptions, which threatened to tear apart the social, economic, health and political fabric of society. However, COVID-19 in many ways forced us to adapt, learn and forge strategic collaborations with primary agents of health change, buoyed by our spirit of “Ubuntu” (humanity to others). Thanks to an agile and people-centred approach to our strategy, we were able to adapt and stay true to our vision of creating lasting health change in South Sudan, while at the same time contributing towards the pandemic response by being an implementing partner in realized activities like Last Mile Delivery (LMD).

Additionally, we provided direct support to communities through a variety of interventions that focused on preventing transmissions, death, and social harm. Under these pillars, AAA’s approach has been rooted firmly with community engagement and awareness-raising delivered through an extensive network of Community Health Workers (CHWs) and Boma Health Initiative Volunteers (HHPs). Through these efforts, AAA was and is continuously working to address both immediate and longer-term impacts of HIVAIDS, COVID-19 among other gaps on the health system; as well as the wider social and psychological impacts.

Our biggest champions towards enabling our achievements were our valuable Donors, RoSS MoH, The PMU (The PR UNDP), Partners and other health-linked stakeholders.

Thank you for walking with us through the year 2022 as was in the past.

Sincerely,
AAA Management

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PROGRAMS

TUBERCULOSIS



According to World Health Organisation (WHO) estimates, the incidence of all forms of drug-susceptible TB (DS-TB) was 146 per 100,000 population in 2019, while the incidence of drug-resistant TB (DR-TB) was 18 per 100,000 population. However, there is no recent TB prevalence survey; hence, these estimates have remained constant since 2011. As a result, the true TB burden for the country is not accurately known. The many challenging features of the country context, highlighted above, constitute 'ideal conditions' for the expansion of the TB burden of disease. The National TB, Buruli Ulcer and Leprosy Programme (NTP) suggests that the TB burden could be closer to the upper limit of the current estimate, which is 209 per 100,000. At the lower incident rate, the number of new TB cases (all forms) was estimated at 18,656 in 2019, of which 16,232 were detected

(87%). At the upper limit, of the estimated 26,752 incident cases, the detection rate would fall to 61%, closer to neighbouring countries such as the rates in Ethiopia (69%), Kenya (63%) and Uganda (65%).¹ This means that approximately 10,520 TB cases were missed in 2019 with important implications for how the NTP needs to be strengthened to move forwards.

Among detected cases in 2019, the treatment success rate was 81% based on a coverage of 91% of expected cases. The proportion of bacteriologically confirmed TB cases reached only 45% of new and relapsed cases, indicating the limited access to diagnostic technology in the country, including GeneXpert. Also, in 2019, 68 cases of DR-TB were notified of which 61 (90%) were subsequently enrolled on second line treatment. This represented only a very small proportion (3%) of the WHO estimate of 2,304 incident cases in the same year. However, the MOH and its main TB stakeholders have identified the need to re-evaluate the WHO estimate, including by conducting a DR-TB prevalence survey since none currently exists for the country. Finally, also in 2019, 90% of all registered new and relapse TB patients were screened for HIV of which 12% (1,763/15,105) were HIV-positive. Almost all (90%) were subsequently initiated on ART.

AAA's contribution to the Ministry of Health efforts to tackle the TB pandemic is detailed below:

ACHIEVEMENT 2022

- 6336 all TB cases detected
- 119,795 people benefitted from health education
- 6161 TB patients tested for HIV
- 596 co-infected TB patient
- 19334 patients with presumptive TB examined in the laboratories

HIVAIDS

HIV prevalence is modelled in South Sudan as there are no recent population level data. The adult (15-49 years) HIV prevalence is estimated to be 2.1%, 1.6% for males and 2.5% for females. The epidemic is continuing to expand with an estimated 17,000 new infections in 2021 along with 8,000 AIDS-related deaths.

The country continues to make progress regarding its 95-95-95 commitments but remains at some distance from achieving these goals by 2030. By December 21, 35% of PLHIV knew their HIV status and 27% of all PLHIV were on ART (77% of PLHIV who knew their status). Viral load coverage remained low but of the 40% of PLHIV on ART that received a viral load test, 84% had achieved viral suppression. Coverage of PMTCT and paediatric HIV interventions, although increasing, is well below what is minimally required to achieve durable public health benefits to address or prevent vertical transmission of HIV. Progress for other aspects of the national, multi-sectoral HIV response was minimal, largely due to the absence of sufficient investment from either external or domestic sources in primary prevention programming and for social enablers,



including reduction of HIV-related stigma and discrimination. The HIV response remains guided by the Revised National HIV and AIDS Strategic Plan 2021-2023 and a National HIV and AIDS Monitoring and Evaluation Framework 2018-2023.

AAA's contribution to the Ministry of Health efforts to tackle the HIV pandemic is detailed below:

ACHIEVEMENT 2022

- 5141 Patients on ART
- 56850 HTS test carried out
- 1210 HTS tested positive
- 1254 VL samples sent to NPHL

NUTRITION



About 6.6 million people, or over half of South Sudan's population (54%), are experiencing high levels of acute food insecurity, classified in Crisis (IPC Phase 3) or worse between October and November. Of those, 2.2 million people are experiencing worse conditions in Emergency (IPC

Phase 4) acute food insecurity and an estimated 61,000 people in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Akobo of Jonglei State; Pibor County in the Greater Pibor Administrative Area. The most food insecure states between October and November 2022, where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity, are Jonglei (68%), Unity (66%), Northern Bahr el Ghazal (62%), Upper Nile (58%), Warrap (57%), and Lakes (57%).

In 2022, AAA supported nutrition program in Aweil East of NBeG and the following result was achieved:

ACHIEVEMENT 2022

- 6494 children under 5 were screened
- 2400 children under 5 were malnourished
- 5050 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 country has also Boma Health Care workers through Boma Health Initiatives (BHI). Boma Health care workers are community health workers at the village levels. PHCUs are the Payam level and supporting preventive, promotive and curative health services. PHCCs are relatively higher institutions where laboratories and inpatient

support provided besides the preventive, promotive and managerial health interventions.

Hospitals are the highest tier of the health system where specialized health services and referral sites for the country. More than 50% of the population is below the poverty line and proportion of TB services among all functional PHCCs is not more than 10%. The challenge of implementing health services in South Sudan is lack of qualified staff, disruption of procurement chain, dilapidated health facilities among others.

In 2022, AAA tried its best to offer health services to the communities where AAA operates and result is detailed below:

ACHIEVEMENT 2022

- 37,724 patients treated at OPD
- 2313 mothers attended ANC
- 216 mothers delivered at health facility
- 2645 children vaccinated
- 2267 children de-wormed
- 6728 children received Vitamin A

COVID- 19

Amid the COVID-19 virus emergence in 2019/2020, Arkangelo Ali Association (AAA) continued its health operations in South Sudan despite the limitations brought about by the pandemic.

On 14th September 2021, AAA signed amendment with UNDP for incorporation of COVID-19 module under the intervention area of Health products & waste management systems. The activities related to this are for strengthening of Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities as proposed in 2021. The COVID-19 resources are to service 87 health facilities in AAA operation area.

ACHIEVEMENT 2022

There was the development of a Distribution Strategic Paper that will be used as a guide/reference during the implementation of the activities related to strengthening Last Mile Delivery of COVID-19, TBHIV commodities and other health products within the linkage of AAA TBHIV Programme.

There was 2 days State level capacity building and feedback meetings on improvement of the current Supply Chain Management (SCM) pattern and connect it to Last Mile Delivery (LMD) for improved efficiency and efficacy for purpose of distribution of Covid - 19, HIV and TB medicines and supplies. This was conducted in the Capitals of all the 5 States where AAA implements the TBHIV Programme namely: WBeG, Warrap, NBeG, Lakes and WE.

Total number of participants was 41 and they included SMoH, State hospital cadres like Medical Directors, Specialized Lab Managers, and AAA personnel serving as hub coordinators and cargo handlers and other cadres of HCWs.

- Minor renovation of some of Health facilities
- Transportation of medical health items to the final destination.

LEPROSY

South Sudan is still struggling to tackle the Leprosy disease as no donors is supporting their initiative. Only few church based organizations are offering minimum leprosy services in the country.

Recently, there were meetings organized by the MOH-NLTP in order to do mapping counties with high burden leprosy disease. AAA was part of such meetings where by one of our staff was dispatched to do assessment in Rumbek North of Lakes State. The report on overall assessment is yet to be shared in order to understand the magnitude of leprosy disease in the country.

In 2022, AAA managed to reach out of some People Affected by Leprosy disease and the result was as follow:



ACHIEVEMENT 2022

- 111 new leprosy patients put on treatment
- 132 families benefitted from food stuff

AID and RELIEF



South Sudan is still depending on the support from Donors in order to add on the meager budget from the Government. Such support is

across all sectors especially health, education and agriculture. With climate shocks, the donors doubled their efforts to relief the communities who were really in need of food support through especially World Food Program.

In the effort to support the vulnerable people in South Sudan, AAA with its partners managed to distribute vary food stuff to the needy.

ACHIEVEMENT 2022

- 1,409.404 metric tons of food received from WFP
- 264 cartons of Plumpy nuts received from PCPM

CHALLENGES

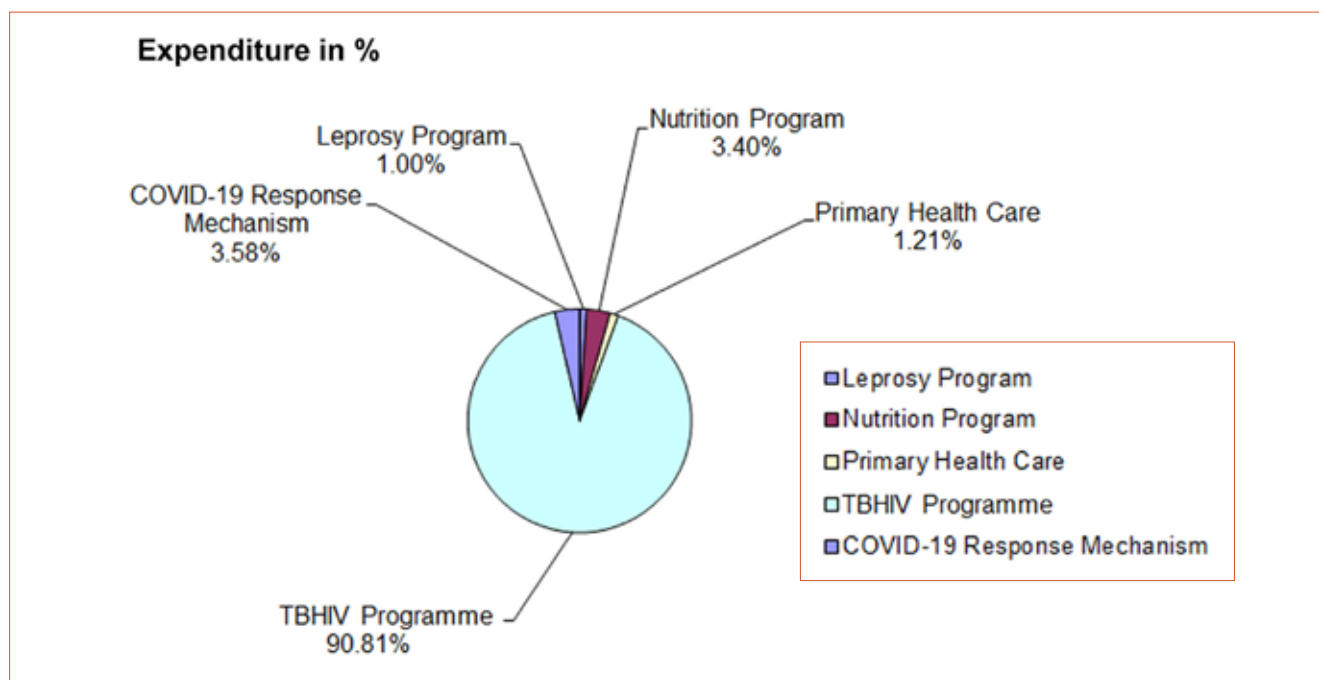
- Constraint of the budget
- Floods
- Insecurity



FINANCIAL REPORT (PROGRAMMES) 2022

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2021 b/f	122,673.79	7.78
	Leprosy Program	9,456.55	0.60
	Nutrition Program	50,170.00	3.18
	Primary Healthcare	25,105.05	1.59
	TBHIV Programme	1,306,895.50	82.88
	COVID-19 Response Mechanism	62,548.00	3.97
Total Income		1,576,848.89	100.00

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	14,687.55	1.00
	Nutrition Program	50,170.00	3.40
	Primary Health Care	17,879.90	1.21
	TBHIV Programme	1,338,724.35	90.81
	COVID-19 Response Mechanism	52,800.22	3.58
Total Expenditure		1,474,262.02	100.00



INCOME RECEIVED FROM DONORS 2022

INCOME FROM DONORS AS AT 31/12/2020		TOTAL USD	%
1	Excess income over expenditure 2021 b/f	122,673.79	7.78
2	Associazione Arcali Africa (Italy)	36,000.00	2.28
3	Bondeko Onlus (Italy)	2,044.55	0.13
4	CESAR Onlus (Italy)	5,000.00	0.32
5	Teresa Pileri (Italy)	103.00	0.01
6	Genova con L'Africa (Italy)	1,391.46	0.09
7	DKA-Austria	23,713.59	1.50
8	Global Fund/UNDP TBHIV programme	1,272,895.50	80.72
9	Global Fund/UNDP COVID-19 Response Mechanism	62,548.00	3.97
10	Leonore Kuester (Germany)	309.00	0.02
11	PCPM Poland	50,170.00	3.18
TOTAL		1,576,848.89	100.00

In Kind support

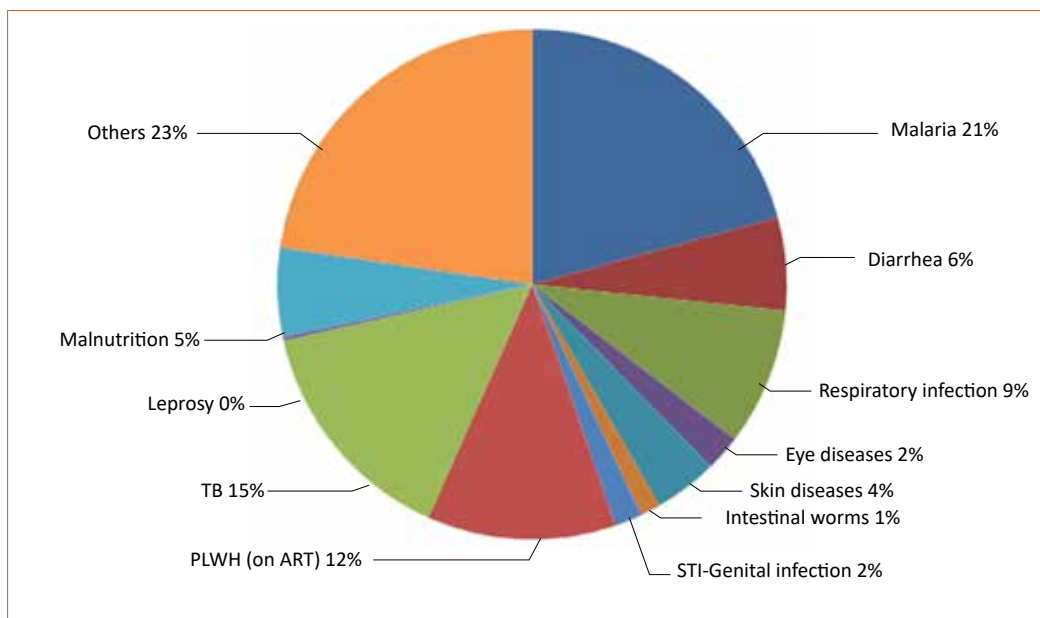
1. RoSS NTLP/HIV Directorate for donation of TB/LEPROSY, ARV drugs and HIV testing kits RoSS MOH for donation of medicines
2. World Food Programme for the donation of food for patients
3. Average Exchange rate used for **Euro to US\$ =1.03 (for Funds Utilized directly in the Currency received-EURO)**

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 and COVID Program)
RoSS Ministry of Health
RoSS NTLP
World Food Programme
Genova Con L'Africa

Teresa Pileri
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 (Germany)
E. Capobianco
Brunelli Miriam
Fr Oliva Paolo (Fr Michelle)
Canadian Aid for South Sudan (CASS)

AAA EPIDEMIOLOGICAL REPORT 2022



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	PLWH (on ART)	TB	Leprosy	Malnutrition	Others
8900	2526	3738	968	1732	547	743	5141	6336	111	2400	9723

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 Centre
COVID-19 - Coronavirus Disease of 2019	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

TABLE 2: HIV PROGRAM

INDICATOR	REPORTING PERIOD	TARGET	RESULT	% ACHIEVEMENT
PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	January to December	10%	125/2632(5%)	50%
PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	January to December	5%	180/2632(7%)	140%
TCS-1.1 ^(M) Percentage of people on ART among all people living with HIV at the end of the reporting period	January to December	10%	5141/42,706(12%)	120%
M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	January to December	95%	TB (69)+ART (32)=101/135(75%)	79%
Number of health facilities sending EID samples for testing during the reporting period	January to December	87	50	57%

TABLE 3: ADDITIONAL ACHIEVEMENT ON TB/HIV PROGRAM

DELIVERABLES	ACHIEVEMENTS
HTS Test carried out	56850
HTS test positive	1210
HTS positive linked to Care	1087
Linkage %	90%
Current on treatment (Tx- CURR)	5141
New on treatment(Tx- New)	1453
# VL samples sent out to the NPHL	1257
#VL sample results <1000copies/ml	652
#VL sample results>1000 copies/ml	297
#VL sample results with HIGHER than 1000 copies/ml	140
# of people who received TBHIV messages through health education sessions	119,795
# of Patients with presumptive TB examined in the laboratories	19,334
#of Patients with presumptive TB cases examined with positive bacteriological examination results	3698
# of TB patients(all TB forms) tested for HIV	6161
# of co-infected TB patients	596
#of co-infected TB patients initiated on ART	593
#of Co-infected TB patients provided with CPT	593
% of new smear positive patients whose smears converted at either 2 or 3 months	2888/3265(88%)
# of supportive supervisions and mentorships conducted to the TBMU sites	4
# of Quality Assurance visits conducted from the main TB units to the peripheral health facilities	52



**ARKANGELO ALI
ASSOCIATION**