ARKANGELO ALI ASSOCIATION

Fighting Diseases and Poverty in South Sudan

AAA ANNUAL REPORT 2024

The role of screening in ending TB

TB screening is defined as the systematic identification of people at risk for TB disease, in a pre-determined target group, by assessing symptoms and using tests, examinations, or other procedures that can be applied rapidly.

TB screening plays an important role in addressing the case detection gap and in finding the "missing millions". Globally in 2022, 7.5 million people were newly diagnosed with and treated for TB, but an estimated 10.6 million people developed TB that year (1). This means that more than 3 million people with TB (29%) were not diagnosed or reported to WHO in 2022 alone.

TB screening helps to bring health services closer to people, thereby removing some barriers to diagnosis and treatment. It is an important strategy to reach those who are most vulnerable and have the least access to care, which is particularly important because TB disproportionately affects the poorest and most vulnerable populations.

TB screening can improve treatment outcomes by detecting people with earlier disease. It can also reduce costs for patients, including the risk of catastrophic costs.

TB screening helps to improve TB epidemiology at the community level. By detecting more people with TB, it reduces the prevalence and transmission of TB, and thus lowers incidence in the following years.

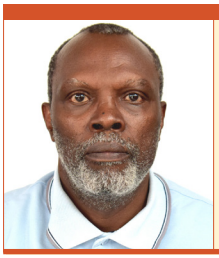
TB screening to exclude TB is the essential first step in initiating TPT among those who are at high risk, and integrating the two steps leads to important gains in efficiency.

The role of preventive treatment in ending TB

TPT is a proven and effective intervention to avert the development of TB disease among those exposed, reducing their risk by about 60–90% when compared with people who do not get TPT.

TPT given to people at the highest risk of progressing from TB infection to disease, remains a critical intervention to bring down incidence by 2035 to the levels envisaged by the End TB Strategy.

TPT for people at risk, combined with active TB case-finding and treatment, is the most effective public health intervention to reduce incidence in the absence of an effective TB vaccine.



Dear Friends,

We are delighted to present our 2024 Annual Report which highlights some of our collective successes, missed opportunities, and lessons for the future from the 5 out of the 10 States of South Sudan where Arkangelo Ali Association (AAA) has a footprint directly or through partnerships, in our quest of delivering the so needed health services and humanitarian aid to the communities and the great people of South Sudan - without distinction of their origin, race, ethnicity and religion. In 2024, AAA extended its TBHIV services to six more health facilities in the Eastern Part of Western Equatoria State thus adding to our service-delivery coverage to a total of 90 health facilities.

As the need to continue addressing the issues in South Sudan's healthcare system intensified - including communicable diseases, malnutrition, and limited access to healthcare; AAA resorted to being part and parcel of seeking solutions through the implementation of collaborative activities with the Ministry of Health at Central, State, County and Health Facility levels. The activities we engaged in attributed to investing in human resource development by training more healthcare workers, improving access to essential medicines through last mile delivery, community engagement to promote health education and disease prevention, reducing human rights-related barriers to HIV/TB services and strengthening of primary healthcare services; all while considering the ongoing need for conflict resolution and stability to enable long-term improvements. We were able to do so because of our increased stability, internal cohesion and casting the net wider through new partnerships with strong HIV Networks in the country, other health partners and Community Health Workers that we believe are essential players in the transnational effort to achieve systems change for health justice, human and women rights as well as economic justice and/or alternatives.

This Annual Report shows a snapshot of AAA's work in 2024, the things we are proud to have achieved through the immense generosity of our valuable donors/benefactors showcased in page 18, and where we have more to do. It shows how AAA has become increasingly engaged in humanitarian aid, particularly linked to healthcare services. Alongside our stories' map, it shows the breadth and depth of our work, and the potential role that AAA can play, working together with partners across South Sudan.

As you read our report, we remain grateful for walking with us.

Sincerely,
AAA Management.

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PROGRAMS

TUBERCULOSIS

Ending the global TB epidemic remains a distant goal but there are several positive trends. The global rise in the number of people falling ill with TB (incident cases) that started during the COVID-19 pandemic has slowed and started to stabilize. The total was 10.8 million (95% uncertainty interval [UI]: 10.1–11.7 million) in 2023, a small increase from 10.7 million in 2022 although still much higher than 10.4 million in 2021 and 10.1 million in 2020. Most of the global increase in incident cases between 2022 and 2023 reflects population growth. The TB incidence rate (new cases per 100 000 population) in 2023 was 134, a very small (0.2%) increase compared with 2022. Most of the people who develop TB disease each year are in 30 high TB burden countries, which accounted for 87% of the global total in 2023. Five countries accounted for 56% of the worldwide total: India (26%), Indonesia (10%), China (6.8%), the Philippines (6.8%) and Pakistan (6.3%). In 2023, 55% of people who developed TB were men, 33% were women and 12% were children and young adolescents. The global number of deaths caused by TB fell in 2023, reinforcing the decline that was achieved in 2022 after 2 years of increases during the worst years of the COVID-19 pandemic (2020 and 2021). TB caused an estimated 1.25 million deaths (95% UI: 1.13–1.37 million) in 2023, including 1.09 million among HIV-negative people and 161 000 among people with HIV.

AAA continued to strive to make sure that TB services are available in all Primary Health Care across its operation areas.

TB indicators versus Targets

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	January to December	6137	7805	127%
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	January to December	85%	6066/6692(92%)	108%
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	January to December	86%	113/128(88%)	102%
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	January to December	93%	7661/7805(98%)	105%
TB/HIV-6(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	January to December	90%	549/590(93%)	103%

INDICATOR	REPORTING PERIOD	TARGET	RESULT	% ACHIEVEMENT
TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic (mWRD) tests at the time of diagnosis.	January to December	40%	2738/7805(35%)	88%
TB/HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period	January to December	63%	1137/3707(31%)	49%
MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	January to December	83%	68/69(99%)	119%
MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified	January to December	68	125	184%
MDR TB-3: Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	January to December	94%	125/125(100%)	106%
RSSH/PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	January to December	90%	78/78(100%)	111%

HIVAIDS

Increasing global conflicts and climate crises have greatly affected responses to the HIV epidemic. In South Sudan, where ongoing conflicts and frequent natural disasters exacerbate these challenges, the effects on health-care systems are particularly severe. Compounded by economic and political instability, the country's health system remains under-resourced and heavily reliant on external funding. The national progress towards the 95-95-95 UNAIDS targets has been painfully slow, partly due to insufficient concrete data for assessing these targets. The two main funders for HIV in South Sudan, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR), rely on UNAIDS estimates for funding allocation. These estimates, which come with considerable uncertainty, indicate that between 41% and 62% of individuals living with HIV knew their status in 2023. The estimated HIV prevalence was 1·6% in 2023, with less than one in two people living with HIV receiving treatment.

AAA continued engaging in the fight against HIV in order to alleviate the suffering of affected people.

HIV Indicators Versus Targets

INDICATOR	REPORTING PERIOD	TARGET	RESULT	% ACHIEVEMENT
TCS-10 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV	January-December	4%	63/3617(1.7%)	45%
VT-2 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	January-December	1%	65/3617(1.8%)	179.7%
TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period	January-December	2%	3707/168380(2.2%)	110%
TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	January-December	2%	3478/154788(2.2%)	112%
TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	January-December	1%	229/13592(1.7%)	168%

In order to support last mile delivery, AAA was granted a small amount of money to easy smooth transportation of TBHIV commodities from the main dropping hubs to the health facilities.

C-19PO (COVID-19)

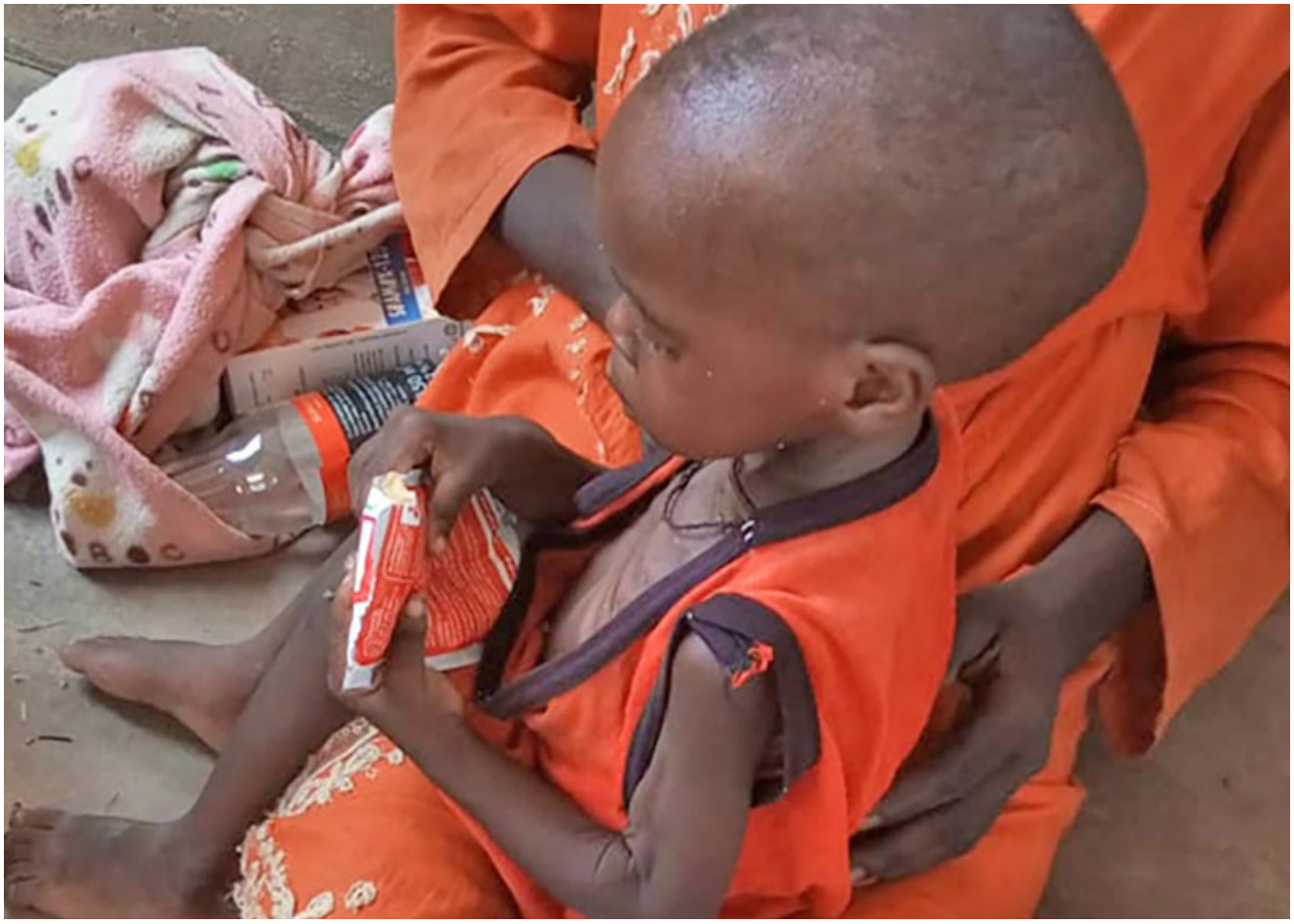
Activity	Year Planned	Status of Implementation	Concise description of the status/results/ achievements and challenges
Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities	2024	All related and linked activities carried out.	**Strengths:** **Experience from C19RM implementation.** We tapped into the lessons learnt from the previous year of last mile implementation to try perfect and maneuver through the inevitable. **Availability of resources courtesy of accountability.** The dispatch of the C-19PO resources was timely and within the payment schedule by the PR UNDP. This was highly contributed by timely submission of both financial and technical reports at the end of each quarter. The timely dispatch of resources enabled our prior planning and projections and thus instantaneous payments of last mile delivery activities – which contributed to real-time and consistent flow of activities without any hitches or stagnation. **Data Availability** This was highly contributed by the use of the tablets assigned to the data focal persons in the health facilities for facilitation of DHIS2 reporting whose updated data is the basis of forecasting medical supplies from source for each health facility. Facilitation of internet bundles to the users also contributed to data collection and reporting. **Project oversight, monitoring and evaluation.** This was continuously carried out at the SR level by the technical staff not limited to the Project manager, the M&E Officer, the Zonal Officers, Program and the HIVTB Officers. It was effected through the usage of the Last Mile Strategic Paper developed at the LMD project start-up in 2022 as a reference tool for guidance and advising on areas of improvement that are basic and within the scope and power of the SR. At the strategic level of the grant management, this also continued courtesy of the PR and Central level MoH officials into various States thus contributing to improved implementation of last mile delivery from first to last mile.

Activity	Year Planned	Status of Implementation	Concise description of the status/results/achievements and challenges
Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities	2024	All related and linked activities carried out.	**Results/Achievements:** **Improved TBHIV programmatic performance against the set targets for key indicators in the performance framework.** A comparison of TBHIV data and reports verification in the previous quarters of the year as informed in the consecutive management letters by the PR UNDP to SR AAA applauded continued improvement and commendable programmatic performance against the set targets for key indicators in the performance framework. This was attributed to seamless flow of patient related activities like testing, screening, diagnostics, treatment etc in respect to availability of essential medicines and medical supplies. **Access of health products like medicines, assorted lab products and other essentials was possible in all our 90 health facilities.** Within the year, health commodities (1,124 bulky cartons weighing 11,264 kgs) were transported and distributed to our various hub points within the different states of our implementation coverage, by an outsourced transport company (Akoldit Transport Company) for further distribution up to last mile sites in for end-user/patient. To safeguard the vehicle transferred to the SR and placed in Western Equatoria following security concerns, we hired of one car to transport various cartons containing TBHIV commodities like drugs, assorted Lab materials, weighing scales etc for 7 health facilities in Tambura, Nagero and Ezo Counties in Western Equatoria State (WE) namely: Tambura and Ezo County Hospitals, Yangiri, Mupoi, Nagero. Source Yubu and Naandi PHCCs. The transportation period between the last mile of these health facilities took to 5 days inclusive of return to Yambio and the coverage journey was 625 KMs. **Increased coverage for HIVTB service delivery.** Access to 6 transitioned HIVTB sites in the far-end area of the Eastern part of Western Equatoria state for assessments, trainings, mentorships and supervisions was made possible. Most of these facilities were unreachable due to distance since there was no vehicle available in the state but under C-19PO budget, we were able to cater for the transferred vehicle's costs herein.

Other achievements for TBHIV in 2024

- 54 TB club/ambassador meetings were conducted to ensure early retrieval of treatment interrupters which led to adherence hence improved treatment success rates among all patients registered.
- There was commemoration of the annual WORLD TB DAY that was observed on the 24th of March, some of the AAA TB Sites managed to conduct some TB awareness activities to mark that day whose theme was "Yes! We Can Yes! # End TB!"
- On the 1st of December 2024, most of the AAA supported States managed to commemorated the World AIDS DAY, whose theme for was Take the rights, My health, My Right".
- Semi Annual meetings for mentors were conducted in Aweil, Kuajok and Wau.
- STBHIV coordinators' supportive supervision visits were carried in 3 States
- Peer Navigators were recruited and assigned tasks in the community which included the sensitization, tracking of lost to follow up and drug refills. They were received their monthly incentives up-to the end of December.
- In the 3rd quarter of the year, the PR reinstated the budget line for sample transportation, hence thus AAA had to contract a service courier company that supported the transportation of samples from the spokes to the hubs and then onward shipment to the NPHL Juba.
- There were 2 supportive supervision and mentorship missions in Rumbek and Yambio facilities.
- 144,245 people benefitted from the health education TBHIV messages that were passed in various avenues.
- 3 States had joint supportive supervision missions that had the following team members (UNDP, SMOH and AAA). All the mission findings were shared with AAA who immediately embarked on corrective measures in all the locations visited.
- 34 HIV sites were facilitated with quarterly operational costs which included procurement of the office stationery, patient files etc.
- Quality assurance visits from the main TB units to the peripheral facilities were conducted. Errors identified during these visits were corrected on the spot.
- There were outreach activities that were conducted in 5 locations in the course of the year. The yield for these outreaches that were conducted among mobile populations (Refugees, Returnees and IDPs) were as below tabulated

NUTRITION



Many years of conflict have resulted in displacement, increased rates of food insecurity, limited access to quality basic health and nutrition services, unhygienic environments due to poor access to water, sanitation and hygiene (WASH) and continued impediment for prevention of malnutrition in South Sudan. This situation has been exacerbated by extreme weather events, periodic outbreaks of subnational violence, and the global impacts compounded by the ongoing civil war in Sudan which had caused an inflow of more than 100,000 returnees/refugees into South Sudan. Against this background, the world's youngest nation recognizes the need for a well-coordinated and comprehensive program to reverse this trend. To do so, the country continues to diversify new strategies to address the current food and nutrition security crisis and take proactive steps to prepare for future crises. Challenges realized as a result of poor unprecedented levels of acute food and nutrition insecurity are attributed to:

- Weak public health services are among the main drivers of the high levels of malnutrition. Malaria and acute watery diarrhea are some of the lead causes of malnutrition in children.
- Low coverage of WASH services in the communities and in nutrition sites are a major challenge.

- Low focus on preventative nutrition interventions is an impediment for the reduction of all forms of malnutrition among vulnerable groups.

  The above challenges resulted to than more 1.4 million children under five suffering from acute malnutrition. Among them, 15% children suffering from chronic malnutrition.

ACHIEVEMENT 2024

- Number of children under five screened from malnutrition: 24,437
- Number of children suffering from malnutrition: 12,475
- Number of children treated from malnutrition: 6,539

PRIMARY HEALTH CARE

The health situation in South Sudan is considered extremely poor, with inadequate access to healthcare services, a high maternal and child mortality rate, and widespread prevalence of preventable diseases like malaria, diarrhea, and pneumonia, largely due to national and geopolitical elements, and ongoing conflict, making it one of the worst health situations globally; the country also has the highest maternal mortality rate in the world. In 2024, AAA continued to maneuver in the challenging situation to ensure health services reached all who crossed our path. The factors that continued to contribute to the poor health situation include:

- **Limited infrastructure:**
  Lack of adequate healthcare facilities and transportation networks hinders access to medical care. Poor road networks necessitate the use of costly charter flights to transport health supplies to some locations. Rains during the wet season leave approximately 60 per cent of the limited road network in the country inaccessible. With the dry season comes the opening of transport routes, but also increased likelihood of ambushes and looting, constraining the prepositioning of supplies.
- **Low health worker density:**
  Limited capacity of field implementation partners, including a significant shortage of skilled health workers.
- **Poverty and lack of awareness:**
  High poverty rates limit access to healthcare services and awareness of preventative measures.
- **Poor sanitation and hygiene:**
  Inadequate water and sanitation facilities contribute to the spread of infectious diseases.

- **Poor health seeking behaviors in the population:**
  The above scenario resulted to 1/10 children die before age of five and more than 800 maternal deaths per 100.000 live births.
  AAA strives to continue supporting Primary Health care in some of the main health facilities in order to improve the health services offered especially to children and pregnant/ lactating mothers.

ACHIEVEMENT 2024

- Number of patients treated: 50,338
- Number of pregnant mothers attended Anti-Natal Clinic: 4,077
- Number of mothers delivered at the health facility: 459
- Number of children vaccinated: 1,929

LEPROSY

Many don't realize the scourge of leprosy still exists in parts of our world. For victims, it's an insidious disease that ravages the body and tortures the soul.

Victims are not only devastated by the onslaught of the illness. They also suffer the emotional and physical toll of rejection from any and all part of society. Leprosy is generally found among highly impoverished communities where victims lack access to proper sanitation and healthcare. Because they're relentlessly chased away from contact with anyone, they can't get the help they desperately need.

People affected by leprosy become homeless, destitute, and eventually starve. Without treatment, their disease progresses until they grow too weak or disabled to help

themselves. They slowly die from exposure, starvation, illness, or attacks by wild animals.

AAA continued to offer leprosy services in order to alleviate their suffering though medication and welfare services.

ACHIEVEMENT 2024

- Number of new cases detected: 112
- Number of People Affected by Leprosy who benefited from welfare support: 254

TRAINING

Capacity building is a key component of AAA's intervention in its program. Refresher training is carried out regularly in order to sharpen the knowledge of the staff involved in the program for better offering the so needed health services to the communities served by AAA.

Through capacity building, there was improved access to quality healthcare for the population, addressing critical workforce shortages, enhancing disease prevention and management and contributing to overall health system development – hence improved implementational results.

- Capacity building conducted: Trained 53 HCWs on Continuous quality improvement, trained 11 personnel on use of devices for better active case finding among mobile populations, Trained and mentored 53 HCWs on integrated testing of pregnant women for HIV, syphilis and Hepatis B and 17 HCWs trained on Psychosocial Interventions for Children and Adolescent on ART.

AID and RELIEF

South Sudan is still far to be independent from foreign aid. That is why more humanitarian agencies are still operating in the country in order to give so needed humanitarian services. Rising food prices risk pushing thousands of families into severe food insecurity.

This comes on top of a growing humanitarian crisis on the border as families continue to flee conflict and one of the world's largest hunger crisis in Sudan. But even without the impact of the conflict, South Sudan already continues facing horrific hunger levels driven by flooding, drought and irregular rainfall.

With climate change, South Sudan is responding by heating up twice as fast as the global rate and is one of the most affected places on earth by climate change, hence experiencing rising temperatures, decreased rainfall, and more frequent flooding. These changes continued and continue to threaten food security, livelihoods, peace and security.

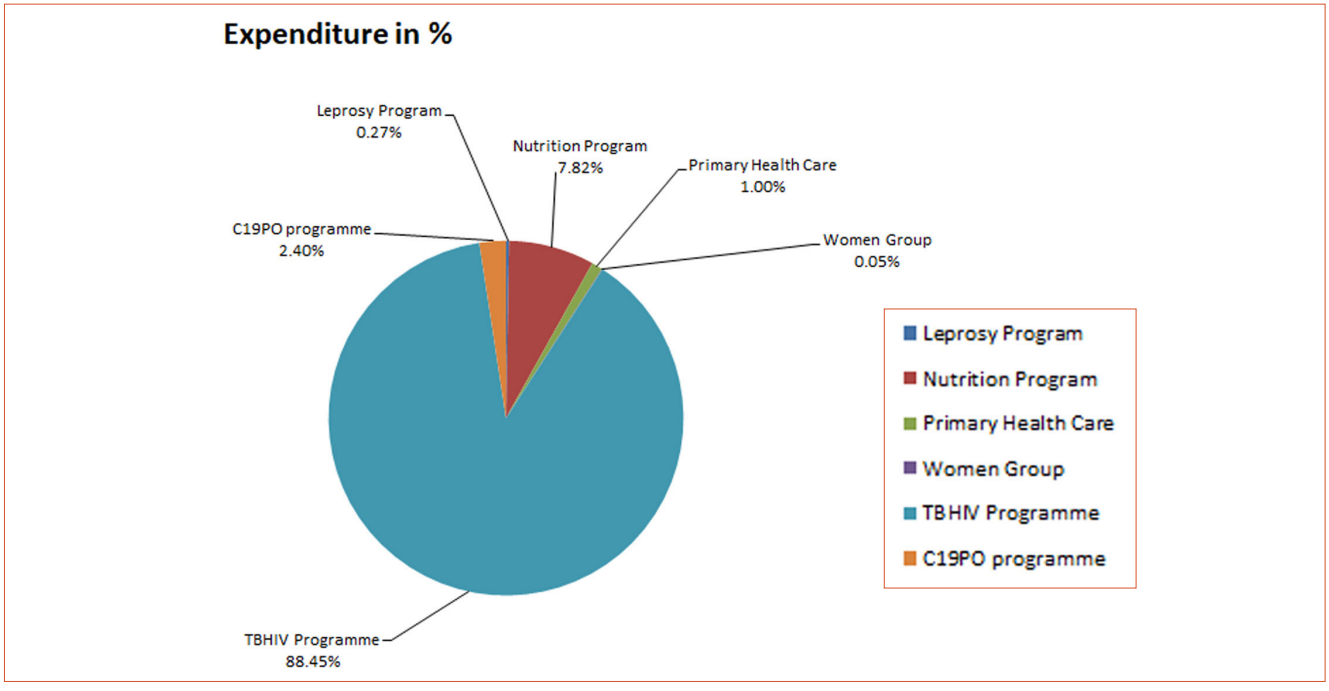
CHALLENGES

- Depreciation of SSP against USD which has made life very difficult for the common people.
- Turnover of qualified staff due to low incentives.
- Influx of refugees/returnees from Sudan which decreased the already available resources for the community's survival.

FINANCIAL REPORT (PROGRAMMES) 2024

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2023 b/f	49,728.62	2.40
	Leprosy Program	7,556.00	0.36
	Nutrition Program	156,278.00	7.54
	Primary Healthcare	6,658.89	0.32
	Women Group	1,000.00	0.05
	TBHIV Programme	1,798,777.79	86.78
	C19PO program	52,697.48	2.54
Total Income		**2,072,696.78**	**100.00**

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	5,445.00	0.27
	Nutrition Program	156,728.00	7.82
	Primary Health Care	20,101.00	1.00
	Women Group	1,000.00	0.05
	TBHIV Programme	1,772,186.58	88.45
	C19PO program	48,185.31	2.40
Total Expenditure		**2,003,645.89**	**100.00**



INCOME RECEIVED FROM DONORS 2024

	INCOME from Donors as at 31/12/2024	Total USD	%
1	Excess income over expenditure 2023 b/f	49,728.62	2.40
2	Associazione Arcali Africa Onlus (Italy)	36,430.00	1.76
3	Bondeko Onlus (Italy)	2,970.00	0.14
4	CESAR Onlus (Italy)	9,315.00	0.45
5	Genova con L'Africa Onlus (Italy)	3,343.89	0.16
6	Leonore Kuester (Germany)	500.00	0.02
7	Global Fund/UNDP TBHIV programme	1,766,433.79	85.22
8	Global Fund/UNDP C19PO programme	52,697.48	2.54
9	PCPM (Poland)	151,278.00	7.30
	TOTAL	**2,072,696.78**	**100.00**

Average Exchange rate used for Euro to US$ =1.076 (for Funds Utilized directly in the Currency received-EURO)

In Kind support

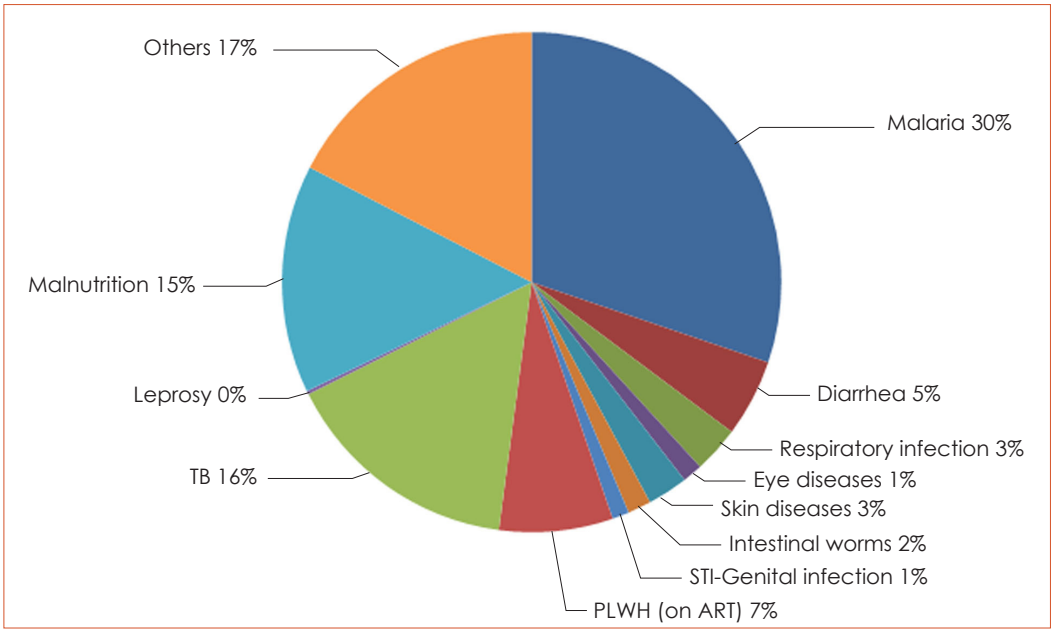
1. RoSS NTLP/HIV/STI Directorate for donation of TB/LEPROSY, ARV Drugs, HIV Testing Kits and Reporting & Recording Tools
2. RoSS MOH for donation of General drugs and Lab Reagents
3. World Food Programme for the donation of food for patients
4. CASS for donation of drugs and fuel to support Gordhim PHCC
5. UNDP donated 10 laptops and 109 mechanic scales to the Health Facilities

OUR FRIENDS, PARTNERS AND SUPPORTERS

Verona Fathers Comboni - Kenya
CESAR Onlus (Coordinamento Enti Solidali a Rumbek) - Italy
ERKO - Slovakia
DKA - Austria
MIVA - Austria
BBM-Beschaffungsbetrieb der MIVA - Austria
Diocese of Rumbek (DoR) - South Sudan
Bondeko Onlus - Italy
Global Fund/UNDP (TBHIV and COVID Programme)
RoSS Ministry of Health

RoSS NTLP
World Food Programme - South Sudan
Genova Con L'Africa - Italy
Teresa Pileri - Italy
Associazone Arcali Africa Onlus - Italy
Polish Centre for International Aid (PCPM) - Poland
Amici Di Padre Mattia (Lucia) - Italy
Leonore Kuester - Germany
Brunelli Miriam - Italy
Canadian Aid for South Sudan (CASS) - Canada
Caterina Corrado - Italy

AAA EPIDEMIOLOGICAL REPORT 2024



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	PLWH (on ART)	TB	Leprosy	Malnutrition	Others
15200	2526	1512	654	1320	760	548	3707	7805	112	7429	8765

ACRONYMS	
AAA - Arkangelo Ali Association	NTLP - National Tuberculosis and Leprosy Program
ART - Antiretroviral Therapy	PR - Principal Recipient
ANC - Ante-Natal Clinic	RSSH - Resilient and Sustainable Systems for Health
HCW - Health Care Worker	TPT - TB Preventive Therapy
IDPs - Internally Displaced Persons	TB - Tuberculosis
LMD - Last Mile Delivery	GF - The Global Fund
MDR - Multi Drug Resistant	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
NGO - Non-Governamental Organization	DOT - Direct Observed Treatment


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