ARKANGELO ALI ASSOCIATION

ANNUAL REPORT 2011

Dear friends,

The new born nation was proclaimed on 9th July 2011. This moment brought so much pride, joy and great hope to the people of South Sudan. The colorful celebration was organized allover South Sudan. It was amazing to see so many people witnessing that unique event. I was among them at the County HQ of Aweil East in Mobil. I felt one of them after 15 years of struggle in providing health care services to the disadvantaged people in the war-torn country.

Just a week later, came the stunning news of the sudden death of our beloved Bishop Caesar Mazzolari of Catholic Church of Rumbek-DOR. It was chocking news for those who knew Him. I personally knew him as a person who passionately responded to human need at every level. His dedication to people entrusted to him by God was shown by people who attended his final rest to his cathedral in Rumbek. May God Rest his souls!

The year 2011 was blessing for South Sudanese people who continued to benefit from health care services provided by Arkangelo Ali Association.

Your valuable support has saved so many people, which could not enjoy freedom otherwise.

Thank you for walking with us and joining us in our vision!

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PROGRAMS

PRIMARY HEALTH CARE

"In South Sudan, 70-75 per cent of people do not have access to even basic healthcare. Critical gaps remain for basic medical services, and particularly for emergencies. Currently, more than 80 per cent of healthcare available in South Sudan is provided by international non-governmental organizations (NGOs). "Women and children are the most vulnerable to the lack of access to healthcare. South Sudan has one of the highest maternal and infant mortality rates in the world. Many women in labor have to walk for hours or even days to reach a health facility. If they make it, it is often too late. The extreme shortage of trained, skilled health workers in South Sudan is a major concern.

Achievement

No of patients received treatment in OPD (out-patient Department):87,959

No of patients received treatment in IPD (in patient Department): 6,493

No of pregnant mothers attended ANC (ante-natal clinic):3,841

No of children and pregnant mothers vaccinated: 5,622

Approximately 42,683 laboratory tests done

NUTRITION

Malnutrition is estimated to contribute to more than one third of all child deaths, although it is rarely listed as the direct cause. Lack of access to highly nutritious foods, especially in the present context of rising food prices, is a common cause of malnutrition.

Poor feeding practices, such as inadequate breastfeeding, offering the wrong foods, and not ensuring that the child gets enough nutritious food, contribute to malnutrition.

Infection – particularly frequent or persistent diarrhea, pneumonia, measles and malaria – also undermines a child's nutritional status.

Due to long war between South and North, nutrition services were not integrated in existing primary health care services. This resulted to the generalized malnutrition among children due to lack of basic nutrition information of care takers.

Achievement

18 staff benefitted from nutrition training

955 children under 5 years and pregnant mothers benefitted from nutrition support

At least 3,500 lactating mothers benefitted from nutrition health education

TUBERCULOSIS

Tuberculosis (TB) is contagious and spreads through the air. If not treated, each person with active TB can infect on average 10 to 15 people a year.

TB is a major cause of mortality and morbidity in South Sudan. The recent WHO estimates place the incidence of all forms of Tuberculosis to be 140 per 100,000, and 79 per 100,000 for smear positive cases, indicating that around 12,268 new persons develop the disease in South Sudan annually, out of which 6,923 are sputum smear positive and capable of transmitting the disease (Global TB WHO report 2009). The HIV co-infection among TB patients is 11% from the current sites of TB/HIV collaborative activities during 2009. TB care is mostly provided by NGOs. At present, there are 42 TB management units (TBMUs) run by NGOs, WHO and the Government distributed in all the 10 States of South Sudan out of an estimated 121 TBMUs. In 2010, the total number of all forms of TB notified in South Sudan was 6,270 and the new sputum smear positive TB cases detected was 2,246 representing a case notification rate of 26 per 100,000 which could be attributed to the limited coverage of TB services.

Coverage of TB services and case detection rate remains low at 48% and 34% respectively while the treatment success rate is 80%.

Achievement

No of all TB cases: 1559

No of new sputum smear positive: 906

No of IEC materials distributed: 6,763

No of TB staff benefitted from trainings: 42

No of people benefitted from health education: 163,200

LEPROSY

by WHO Director

The tremendous achievements in leprosy should not lead to complacency. To day leprosy has been virtually eliminated in all but a few pockets, thanks to generous long-standing donations of multidrug therapy (MDT) from the Nippon foundation and subsequently from pharmaceutical industry. The worldwide number of new cases continues its dramatic decline from 515,000 in 2003 to 245,000 at the end of 2009, representing a 52% reduction. We have reached the point where we can envisage a world without leprosy. Of all the diseases that continue to plague humanity, leprosy has the most notorious history as a cause of deformity, disability, discrimination and fear. From ancient times until the recent past, the disease was considered both highly contagious and impossible to cure. Victims were universally

Leprosy Reaction

shunned, their physical suffering compounded by the misery of being treated as social out casts. Because it not easy to cure.
However, these tremendous achievements should not lead to complacency. Leprosy continues to affect difficult-to-reach populations with limited access to information and health services. Improving access to early diagnosis and treatment in order to prevent disabilities remain major challenges.

Achievement
New leprosy cases: 437
No of leprosy patients treated: 616
No of patients benefitted from reconstruction surgery: 12
No of patients enrolled in self-care program: 272
No of self-care groups formed: 12
No of PALsexamined/reviewed for care after cure: 107
No of MCR shoes distributed: 97

TB/HIV

HIV is the main reason for failure to meet Tuberculosis (TB) control targets in high HIV settings. TB is a major cause of death among people living with HIV. Sub-Saharan Africa bears the brunt of the HIV fuelled TB epidemic.
The rapidly increasing HIV epidemic in other parts of the world could also increase the number of HIV-related TB cases. In order to control TB in high HIV settings, the Stop TB strategy includes collaborative TB/HIV activities.
These collaborative TB/HIV activities have the objectives of creating the mechanism of collaboration between TB and HIV/AIDS programmes, reducing the burden of TB among people living with HIV and reducing the burden of HIV among TB patients.

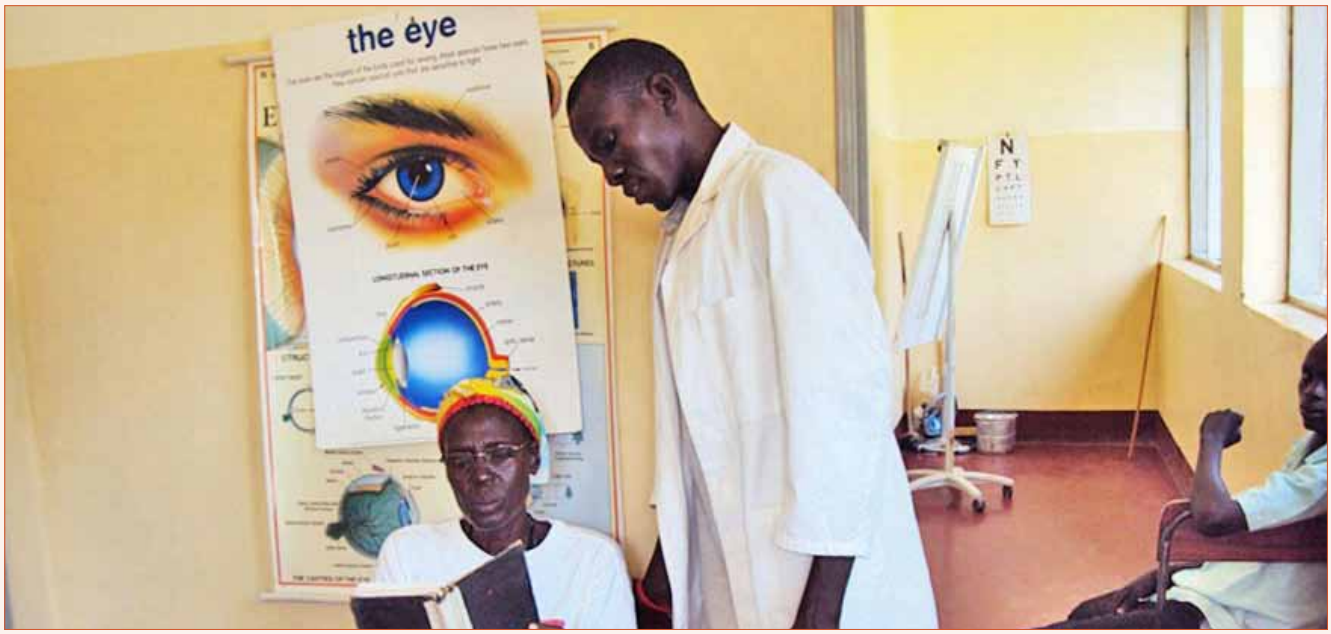
Achievement
No of staff benefitted from trainings:465
No of IEC materials distributed: 6,599
No of people benefitted from health education: 163,200
No of TB patients tested for HIV:1237
No of preventive materials distributed:62,430
No. of HIV positive TB patients who benefitted from CPT: 76
No of TB patients who benefitted from DTC services: 1237

HIV

The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further.
HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding.

Achievement
No of peer educators trained: 41
No of county HIV coordinators trained: 4
No of prevention materials used: 17,974
No of clients offered VCT services: 322
At least 8000 people benefitted from HIV/AIDS Health education
No of VCT counselors trained: 6
No of VCT opened: 1 in Marial-Lou hospital

EYE CARE



No of people benefitted from eye care health education.
AAA in collaboration with Dark and Light-D&L, Christian Aid Mission-CMA.

Causes of Blindness as diagnosed in 2011

Cataract 40%
Retinal/Optic atrophy 7%
Refractive errors 6%
Corneal opacities 4%
Trachoma 4%
Glaucoma 3%
Others 36%

Achievement 2011
No of patients screened: 7,508
No of cataract operated: 541
No of Lid surgery done: 219
No of people benefitted from eye care: 10,283
No of Primary eye care workers trained: 2

AID AND RELIEF

Shortage of Food and non-food items in South Sudan has been critical where by emergency relief is still taking a big part in order to save lives of affected communities.

AAA in collaboration with WFP, SOH and UNICEF provided food and non-food items to especially children below 5 years old, pregnant mothers, Tuberculosis patients and poor needy people in the community.

Achievement 2011
Quantity of assorted food received
WFP:570 Metric tons
SOH: 15 mts
UNICEF:vary items for nutrition program

GENERAL SURGICAL & SURGICAL MISSIONS

Surgical care is still limited in South Sudan. AAA in collaboration with CCM Italy and AMREF provided surgical services to the needy people in remote areas of South Sudan.

The provision of surgical and maternal care is absolutely inadequate in most low-income countries. Particularly in sub-Saharan Africa, the need for surgical care is unmet, resulting in a loss of quality of life and an economic burden to the individuals and to society in general. The tragedy of maternal and surgical deaths in the rural areas of developing world has been neglected for too long. Mortality rates due to surgically treatable diseases are not as important as the great killers in DC – malaria, pneumonia, diarrhea, and malnutrition in small children, HIV/AIDS infection in adults. Nevertheless, 10% of all deaths, and almost 20 % of deaths in young adults are still likely due to untreated surgical/obstetrical conditions.

Every year more than 500.000 women die in the world as a result of pregnancy-related causes. 99% of these deaths occur in developing countries. The situation is worst in sub-Saharan Africa, where the Maternal Mortality Rate is 1.700/100.000 live births, and a woman has a 1 in 13 lifetime chance of dying in pregnancy or childbirth (South Sudan: 1 in 8, South Asia: 1 in 54, Middle East and North Africa: 1 in 55, OCDE: 1 in 4,085).

Two million women, mostly from sub-Saharan Africa, have vaginal fistulas, which is not only a physical handicap, but also a social stigma. Unavailability of the Caesarean section significantly contributes to the high morbidity and mortality rates.

Children are commonly affected by surgical diseases (6-12 % of all pediatric admissions in sub-Saharan Africa) and are a significant public health problem in DC. “Congenital anomalies (e.g. inguinal hernia, club-foot) go unrepaired, treatable injuries (e.g. mismanaged burns and fractures) result in lifelong disabilities,

and children die of easily correctable surgical problems, e.g. airway foreign bodies and incarcerated inguinal hernias”. It has been claimed that surgical care should be an essential component of child health programs in DC (Bickler SW, 2003).

Achievement 2011

120 patients operated in Gordhim PHCC

1,121 patients operated in Mapuordit Hospital

231 patients operated in Marial-Lou Hospital

Before operation

After operation

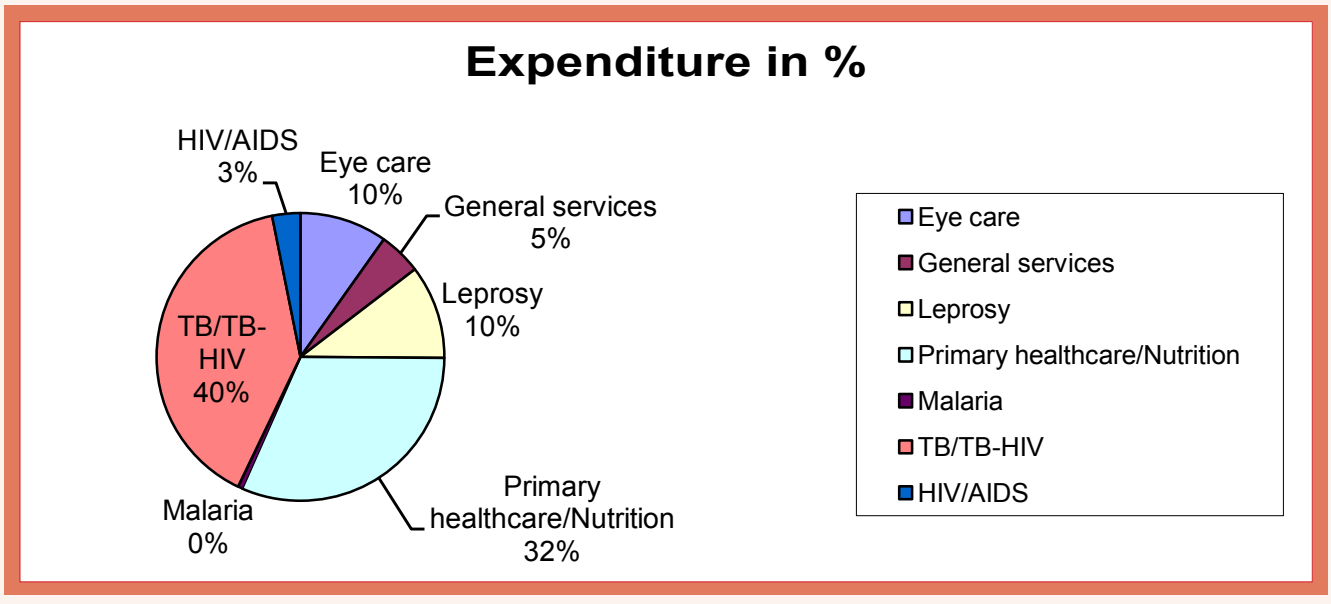
Before operation

After operation

FINANCIAL REPORT (PROGRAMMES) 2011

AAA Income according to Programmes			
INCOME	Description	Total Euro	% of all programmes
	Excess income over expenditure 2010 b/f	144,136.35	11.59
	Eye care	82,440.36	6.63
	General services	43,567.10	3.50
	Leprosy	118,999.30	9.57
	Primary Healthcare/Nutrition	314,154.10	25.26
	TB/TB-HIV	469,060.38	37.71
	HIV/AIDS	71,386.90	5.74
Total		**1,243,744.49**	**100.00**

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total Euro	% of all programmes
	Eye care	111,617.01	9.82
	General services	54,299.49	4.78
	Leprosy	119,343.35	31.52
	Primary healthcare/Nutrition	358,094.41	9.57
	Malaria	5,823.05	0.51
	TB/TB-HIV	451,099.06	39.70
	HIV/AIDS	35,902.00	3.16
Total		**1,136,178.37**	**100.00**



INCOME RECEIVED FROM DONORS 2011

	INCOME Donors as at 31/12/2011	Total euro	%
1	Excess income over expenditure 2010	144,136.35	11.59
2	Amici Di Padre Mattia (through Mariella)	700.00	0.06
3	Associazione La Goccia Onlus	74,511.49	5.99
4	Bondeko Onlus	4,000.00	0.32
5	Caritas Italiana	10,850.00	0.87
6	Cesar (Coordinamento Enti Solidali a Rumbek	9,950.00	0.80
7	CESAR/Antonio Campanaro	25,056.00	2.01
8	Ciotoli Elisa	550.00	0.04
9	Comboni Missionaries MT	2,129.51	0.17
10	Comunita Santa Famigilia (MOLFETTA)	3,000.00	0.24
11	Dark and Light	82,440.36	6.63
12	Dorina and Paolo Chinni (through Lucia)	100.00	0.01
13	ERKO for technical assistance support-Reinhard Krall	1,650.00	0.13
14	ERKO for Mapuordit Hospital support	28,800.00	2.32
15	ERKO for Marial Lou Internet support	654.91	0.05
16	Genoveffa Marino (through Lucia)	100.00	0.01
17	GLRA (Germany Leprosy & Relief Agency)	57,417.22	4.62
18	Gruppo Missionario Visitazione (through Mariella)	1,400.00	0.11
19	HealthNet TPO (NBG states)	54,848.43	4.41
20	HealthNet TPO (Warrap states)	16,538.47	1.33
21	Lasorsa Antonella	50.00	0.00
22	Lucia (Sister of Fr Mattia)	360.00	0.03
23	Manitese Italia	494.00	0.04
24	Global Fund/UNDP TB programs	365,423.60	29.38
25	Global Fund/UNDP TB/HIV programs	103,636.78	8.33
26	Mathias Kurth/Janice Kurth	66.26	0.01
27	Medicus Mundi Italia	14,975.00	1.20
28	Nicoletta (through Lucia)	100.00	0.01
29	Quaresima Di Fraternita	2,000.00	0.16
30	SDC (Swiss Agency for Development and Cooperation)	9,359.82	0.75
31	Misereor Healthcare Projects	106,538.85	8.57
32	Sign of Hope/Hoffnungszeichen	85,000.00	6.83
33	TV2000 (through Lucio & Maurizio)	300.00	0.02
34	Winnie Mululi	268.76	0.02
35	DKA/ERKO	13,456.50	1.08
36	World Food Program	22,882.18	1.84
37	**TOTAL**	**1,243,744.49**	**100.00**

Funds implemented directly by the donor through BBM

DKA Austria for emergency assistance for storm damage of Marial Lou Hospital through BBM: EUR 4,250.00

DKA Austria for Preparation phase1 for the ecological rehabilitation of the Marial Lou hospital through BBM: EUR 7,200.00

DKA Austria/ERKO Slovakia forEcological rehabilitation of Marial Lou Hospital- Phase 2 directly through BBM/ECOSAN maximum euro 500,000

In kind support

Antonio Sacchitello for donation of spectacles for eye program

NTLP for donation of TB/LEPROSY drugs and HIV testing kits

MOH for donation of medicines

World Food Programmme for the donation of food for patients

Unicef for donation of food and no food items for nutrition program (equivalent of 122,878 US$)

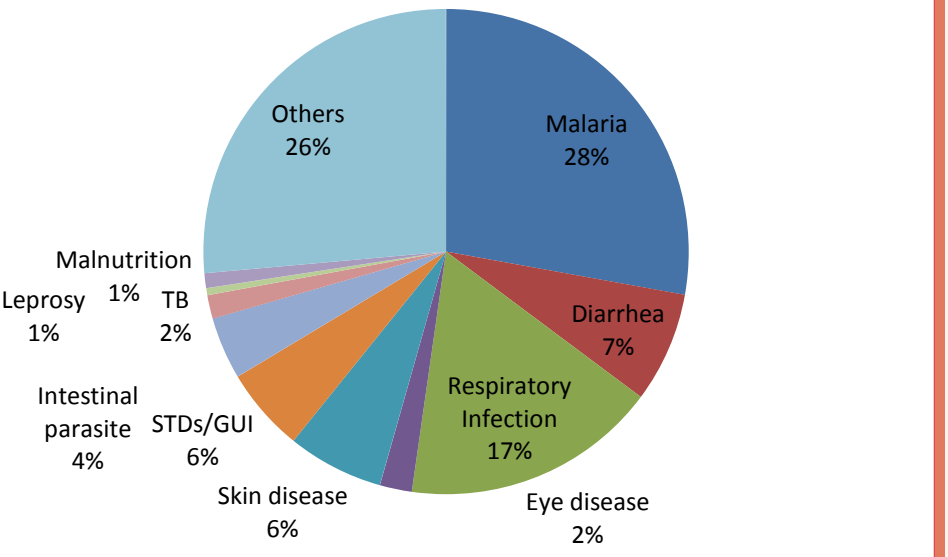
South Sudan Referendum Bureau donated a Land-Cruiser to Agok Leprosy Control program

SOH for the donation of food and non-food items for nutrition program

Dorcas-AID for donation of food and non-food items to PALs and supporting school fees of PALs in Agok

Exchange rate used for non-euro currencies are as follows Euro/US$1.408776; Euro/Kshs 130.23

AAA Epidemiological Report 2011



Malaria	Diarrhea	Respiratory Infection	Eye disease	Skin disease	STDs/GUI	Intestinal parasite	TB	Leprosy	Malnutrition	Others
26586	7020	16276	2050	6097	5359	3957	1559	437	955	25220

OUR FRIENDS, PARTNERS AND SUPPORTERS

Sign of Hope / Hoffnungszeichen	Germany	www.hoffnungszeichen.de
AMREF (Africa Medical Research Foundation)	Kenya	
Comboni Missionaries	South Sudan	www.comboni.org
Medicus Mundi	Italy	www.medicusmundi.it
CESAR (Coordinamento Enti Solidali a Rumbek)	Italy	www.cesarsudan.org
German Leprosy and Relief Association (GLRA)	Germany	www.dahw.de/home
Comitato Collaborazione Medica (CCM)	Italy	www.ccm-italia.org
ERKO	Slovakia	www.erko.sk/international/
DKA	Austria	www.dka.at
BBM	Austria	
ECOSAN	Austria	
Associazione La Goccia Onlus	Italy	www.la-goccia.it
Horizont 3000	Austria	www.horizont3000.at
St. Elizabeth University	Slovakia	www.vssvalzbety.sk
AGEH	Germany	www.ageh.org
Diocese of Rumbek (DoR)	Sudan	www.catholic-hierarchy.org/
Amici Di Padre Mattia (through Mariella)	Italy	diocese/drumb.html
Bondeko Onlus	Italy	www.bondeko.it
Swiss Agency for Development and Cooperation (SDC)	Switzerland	www.sdc.admin.ch
Dark and Light	Austria	www.darkandlight.org
MISEREOR	Germany	www.misereor.de
CASS	Canada	
Manitese (Milano)	Italy	
HealthNet TPO (HIV/AIDS programs)	Netherlands	

Global Fund/UNDP (TB Programs)	South Sudan	
Global Fund/UNDP (TB/HIV Programs)	South Sudan	
World Food Programme	South Sudan	
Winnie Mululi	*Kenya*	
Ciotoli Elisa	*Italy*	
Comunita Santa Famigilia (MOLFETTA)	*Italy*	
Dorina and Paolo Chinni	*Italy*	
Genoveffa Marino (through Lucia)	*Italy*	
Gruppo Missionario Visitazione (through Mariella)	*Italy*	
Lasorsa Antonella	*Italy*	
Lucia Bizzaro (sister of Fr Mattia)	*Italy*	
Mathias Kurth and Janice Kurth	*US*	
Nicoletta	*Italy*	
Quaresima Di Fraternita (through Mariella)	*Italy*	
TV2000 (through Lucio & Maurizio)	*Italy*	
Caritas Italiana	*Italy*	
Antonio Sacchitello	*Italy*	
UNICEF (United Nations Children Education Fund)	*South Sudan*	
NTLP (National Tuberculosis & Leprosy Program	*South Sudan*	
MOH (Ministry of Health)	*South Sudan*	
Dorcas-AID	*Netherlands*	

LEPROSY SURGERY IN SOUTH SUDAN

By Dr. Sr. Marlene E. Long

Dr.Marlene in theatre performing rehabilitative surgery

The concept of Surgery for leprosy patients is not well understood by many people, especially in Africa. Amputation of a gangrenous (rotten) lower limb is what is familiar in most settings. Talking of rehabilitative or reconstructive surgery rather than an amputation in persons affected by Leprosy (PALS) is likely to elicit mixed reaction.

Rehabilitative surgery was started over 50 years ago in India by a pioneer missionary surgeon, Dr. Paul Brand.Dr. Paul developed techniques for correcting crippling and stigmatizing claw hands. Over the years new techniques have been developed in this area of surgery to correct deformities in PALS. Even though a leprosy patient can be cured off the pathogen causing the disease with drugs, more often than not they end up with crippling deformities due to various reasons. These could be due to seeking treatment when the disease has already advanced, inadequate care by patients or not being able to handle reactions effectively .The deformities may lead to physical and psychological problems that greatly contribute towards the stigmatization of PALS.

Leprosy Surgery can be classified as preventive, rehabilitative/ reconstructive or septic. An example of a preventive surgical procedure is tarsorraphy. This is where surgery of the eyelids is performed to allow the person to close their eyes so as to avoid eye infections which may eventually lead to blindness. Rehabilitative/reconstructive surgical procedures constitute a large proportion of leprosy surgery. These procedures aim at restoring the function of paralyzed limbs e.g. 'claw hands' or 'drop foot' deformed toes e.t.c. While Septic surgery is a common type of surgical procedure that deals with chronic ulcers and other infected wounds. Lack of awareness in health workers (doctors & surgeons included) and patients has led to a relatively small number of patients in Southern Sudan benefitting from these surgeries; this is despite the ability to perform such procedures i.e. septic surgery in low resource settings.

In 2006, AAA in collaboration with AMREF started an intense short course training on surgical correction of deformities and prevention of deformities (POD). Village volunteers, clinical officers, doctors and nurses were trained in several locations in Southern Sudan with an aim that they would carry out these procedures learnt once they return to their respective stations. Follow-up visits by the Consultant have led to the conclusion that more should be done to improve the care of the beneficiaries.

But more needs to be done as rehabilitative/reconstructive surgery is still urgently needed in about 30-40% of the PALS. For a successful outcome, trained physiotherapists are required otherwise surgery may not be of much benefit to the PALS. More health workers need to be trained on how to perform these surgical procedures so as to tackle the ever increasing number of PALS who develop deformities leading to disabilities. With proper Rehabilitation, PALS could contribute to the restructuring of not only their own lives but that of the New South Sudan as well.

Dr .Marlene is Consultant Leprosy/ Reconstructive Surgeon.

A Success story from a TB HIV patient in Tambura

My names are Josephina Arkangelo Zinini. I am 29 years old. I am married and I have one child.

It was in August 2009, when I started having a persistent cough that could not go away with the medications I was getting from the Tambura civil Hospital. This did not bother me so much. So whenever the cough recurred I just went to the hospital for some medicines and then continued with my life. But one day, I had a very bad rash on my face which appeared as if I had been burnt. This worried me and my husband, who forced me to go the hospital for a general check up including a blood test at the VCT centre.

At the VCT centre, I was explained everything,(how the test was done ,even the reading and interpretation of the HIV test results.)When the test was run, my test was HIV positive.

Asked if the HIV positive results shocked her,,,. She remarked,,,,,,,"not really, as I had been prepared well by the counselor"

Then what happened?,she was asked ,,,,",I was advised to start taking septrin tablets," she answered. I continued taking these tablets for 7 months. But though,I was on these tablets, I used to have frequent diarrhoea. These episodes made me to loose a lot of weight as my stomach could not hold anything. I had no appetite. As this was happening to me, there was a problem of coughing which had gotten worse as by then I was coughing up blood.

So the problems of diarrhoea and terrible productive coughing made me to go and see the ARV doctor in charge. He referred me for a CD4 count test. When the results were out, I was asked to go for an ARV training (adherence) as my CD4 was low. While at the training I was told to go for sputum test for tuberculosis as I was coughing a lot. 3 samples of sputum were given out to the laboratory but I was told that there was no bacteria that cause tuberculosis in me. So was just given some capsules to take at home. I was told to go back to the hospital again once the capsules were finished.

But when I was still at home, the diarrhoea became too much, which made my brothers to carry me on a bicycle to Tambura hospital. By this time,I was unable to walk on my own. I was thin, wasted and had no energy,,,,,,,I was thirsty all the time .I was in a dying state. Anyway, when we reached at the hospital, I was received by the ARV doctor in charge who admitted me in one of the wards. I remained in there on taking different medicines for sometime.

Then one day, 2 staff came to the ward where I lying a half dead and introduced themselves as working for AAA , a *Munasama* (NGO) that treats people who have ""*Dingo*'(TB)'.They asked me whether I was coughing and if they could bring me a sample container for my sputum sample to be checked in the laboratory.

I readily agreed and my 3 sputum samples were taken to the lady by my *nana* (mum) in 2 days. When the sputum results

were out and I was informed that I was having bacteria that cause tuberculosis of the lungs. At that time I was told that I was to be carried to AAA ward where I was to be admitted. When I heard that, I was worried but since I was so wasted and bonny, the doctors could not notice the worry in my face. I was then reassured that TB was curable and there were free drugs in the AAA hospital. This made me to relax. I was told that I was to be started on TB treatment immediately which was to last 6 months. I was advised that it was important for me to remain in the hospital for the first 2 months.

To all they said, I was just nodding my heavy head in affirmation. *she laughed* .I was then given all the information about TB and the relationship between TB and HIV.I remember I was given the first red tablets which I swallowed when the doctors were watching me.

''After you started taking the anti TB drugs, what happened,?'' she looked down as if she was in deep\thoughts and then answered. ,,,I was able to eat some food after one week. After two weeks, I asked my mum for a stick so that I could support myself and stand up. After one month, I was able to move about. After 2 to 3 months I had started gaining my body weight. I tell you my mum was very happy as she saw me coming back from the hands of dead she was relieved as I was able to give her a helping hand in preparing food. I was eating well,,,,,(***with laughter***) I was compensating what I had missed.*!!*. I remember I was one of the guest speakers during the WORLD AIDS DAY,,,,, !

The nurses at the hospital were very caring and dedicated ,,,,,,God bless them They used to encourage me to eat. Now that I have finished 3 months, I have to clear the remaining 3 months of TB treatment.

Asked if the 3 months she had spent at the hospital had not interfered with her activities at home,,,,, she replied,,,,,,,Can a dying person be of any help when at home dying? My time at the hospital has been worthy as has brought back my life.

Asked if she did seek any help from a witch doctor /traditional healer

She stared at us and answered,,,,, ''Yes I went to one old man in *Mupoi* village. I just paid him 20 Sudanese pounds for " *fire* ",,,(to make the herbal concoctions work) with a promise that if I got better then I was to go back to him so as to clear the bill of whatever amount he was to mention, I did not go back to him again as my condition became worse and I was carried here by my bothers

Anyway, I am happy that I finished my 6 months of TB treatment and am now cured. I have no TB. I can do my house work like any other woman out there, I am a happy person now."

Asked if she had any other thing to say in summary,,,,,,,

"My message to the community is that any person who has a persistent cough should go for TB screening and treatment at the AAA hospital which is offering free TB drugs. TB drugs are wonder drugs! Whether you have HIV like me ,,,,, they just bring you back to life !!!

For AAA staff, God bless you and also your donors who gave out money so as to serve and save lives of poor people of Tambura., Some of us could have just died like monkeys. My brother and I have benefited from the TB treatment. We are both a live If it were that you people were not here, then most people could have died from TB HIV as going to Nzara is very far from Tambura.,,,,, especially when you are sick and poor.

Tambahe foroni ngboli duna oni ".,,,,,,(Thank you so much and may God bless you).