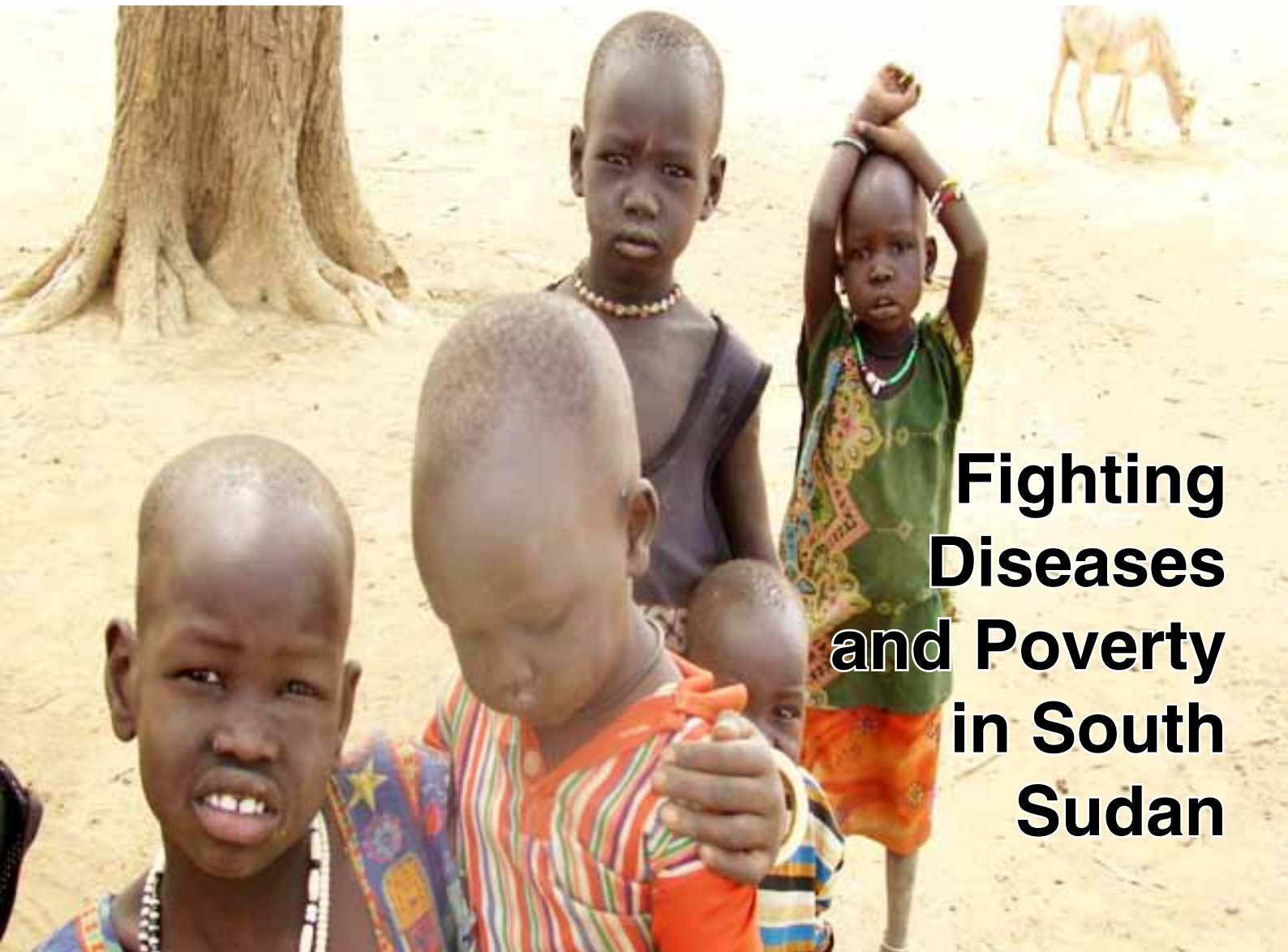


ARKANGELO ALI ASSOCIATION, INTERNATIONAL



**Fighting
Diseases
and Poverty
in South
Sudan**

AAA EPIDEMIOLOGICAL REPORT 2012

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

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



Dear Friends,

South Sudan celebrated its first anniversary of Independence on 9th July 2012. The year 2012 was marked by many challenges and setbacks to the development of the new nation. The closer of the border between South Sudan and Sudan due to arm conflict, slowed down trade between two nations. Most of basic commodities used to come from Sudan. Food commodities became scarce on local markets; free movement of people was affected as well.

The shutdown of oil pipeline was another setback to the new nation, which deprived the government of 98% of its revenues, and its only chance to obtain foreign currency, vital as food and other necessities are imported. The government has to introduce austerity measures, which in one way or another affected government and partners operations.

AAA operations were affected as the price of most of commodities available on local markets was hiked to 3-5 times. Such unexpected increase in the commodities forced AAA to slow-down some of activities such out-reach due to shortage of fuel.

Another alternative was to buy things from neighboring countries but due to the austerity measures put in place by the Government, it was very difficult to import things as tax exemption was no longer issued to the humanitarians organizations.

The struggle is not yet over! Your contribution provided a smile to so many people who could not be alive without your invaluable generosity.

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

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

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PROGRAMS

LEPROSY

Leprosy is a chronic slightly contagious disease. It is not easily transmitted from one person to another. It is caused by bacillus bacteria called *Mycobacterium Leprae*. It affects skin and peripheral nerves, mucosa of the upper respiratory tract and the eyes. Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs and eyes. Involvement of certain peripheral nerves may result in characteristic patterns of disabilities leading to ulceration of skin and deformity of some joints.

Leprosy situation worldwide

- Over the past 20 years, more than 14 million leprosy patients have been cured, about 4 million since 2000.
- The prevalence rate of the disease has dropped by 90% – from 21.1 per 10 000 inhabitants to less than 1 per 10 000 inhabitants in 2000.
- Dramatic decrease in the global disease burden: from 5.2 million in 1985 to 805 000 in 1995 to 753 000 at the end of 1999 to 181 941 cases at the end of 2011.
- Leprosy has been eliminated from 119 countries out of 122 countries where the disease was considered as a public health problem in 1985.
- So far, there has been no resistance to anti-leprosy treatment when used as MDT.



Availability of leprosy drugs in remote areas

Leprosy situation in South Sudan

The number of new Leprosy cases detected in South Sudan continued to increase over the years. In 2010, 1,479 new Leprosy cases were detected compared to 1,323 detected in 2009, representing 10.6% increase. The notification rate of new Leprosy cases in 2010 was 16 per 100,000 compared to 15 per 100,000 in 2009.

The main challenges of Leprosy control in South Sudan are low coverage and access to leprosy treatment services, inadequate number of health staff with knowledge and skills about leprosy at all levels, stigma and discrimination is still high, inadequate community awareness and involvement in leprosy control, limited integration of leprosy control activities into PHC and the general health system. In addition, limited funding is also a major hurdle to leprosy control.

ACHIEVEMENT 2012

- Number of new leprosy cases detected: 374
- Number of IEC materials distributed: 822
- Number of people health educated on leprosy disease: 15,025
- Number of staffs benefited from training: 56
- Number of patients enrolled in CBR (Community Based Rehabilitation): 314
- Number of patients benefited from reconstructive surgery: 13
- Number of MCR shoes distributed: 155 pairs

TB

Tuberculosis, or TB, is an infectious bacterial disease caused by *Mycobacterium tuberculosis*, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease.

In healthy people, infection with *Mycobacterium tuberculosis* often causes no symptoms, since the person's immune system acts to "wall off" the bacteria. The symptoms of active TB of the lung are coughing, sometimes with sputum or blood, chest pains, weakness, weight loss, fever and night sweats. Tuberculosis is treatable with a six-month course of antibiotics.

Tuberculosis is one of the leading causes of morbidity and mortality in South Sudan. The estimated incidence of new smear positive pulmonary TB (PTB) patients and all TB forms is 79 per 100,000 and 140 per 100,000 accordingly. South Sudan has noticed an increasing notification rate of new smear positive PTB cases from 22 per 100,000 in 2008 to 31 per 100,000 in 2011 and from 50 per 100 000 in 2008 to 84 per 100 000 in 2011 for all TB forms, while maintaining a treatment success rate around 80%. HIV prevalence is estimated at 3% in the general population and 15% among TB patients (Results of study on HIV prevalence among TB patients in South Sudan, 2010)



AAA staff visiting one of CB-TB DOT in Wau

From routine data, AAA has increased notification rate of new smear positives from 46 per 100,000 in 2008 to 92 per 100,000 in 2011 and from 53 to 70 per 100,000 of all forms of TB and a treatment success rate of 87%.

TB care in South Sudan is mostly provided by NGOs. At present, there are only 43 active 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 needed in the country. Coverage of TB services and case detection rate remains low at 51% and 34% respectively while the treatment success rate is 80%

ACHIEVEMENT 2012

- Number of all TB cases detected: 1,875
- Number of new sputum smear positive: 1111
- Number of IEC materials distributed: 11,446
- Number of CHW trained to support DOTs: 320
- Number of people health educated on TB disease: 207,561

NUTRITION



In the last four years, the average prevalence of acute malnutrition among children under five years of age was about 19 percent of which about 3 percent were severe.

These levels of acute malnutrition surpassed the WHO emergency threshold of a 15 percent. There is no indication of decreased prevalence of acute malnutrition since the 2005 CPA.

Unfortunately, children with acute malnutrition are vulnerable to disease, food stress or care practices problems and are at increased risk of death.

Though there are no data on the prevalence of deficiencies in vitamins and minerals, the dire situation with undernourishment and the eating patterns in South Sudan, micronutrient deficiencies are almost certainly widespread and severe.

CAUSES OF MALNUTRITION IN SOUTH SUDAN

Malnutrition in South Sudan is caused by different factors that change seasonally for different population groups; coping mechanisms may not always be effective enough to prevent seasonal malnutrition. Food insecurity in all its forms, e.g. lack of food availability, access and utilization, is a problem for most communities in South Sudan.

People affected by physical insecurity and/or natural disasters are at high risk of food insecurity. Internally displaced persons (IDPs), returnees, groups that depends heavily on casual labor, and female-headed households also experience conditions that expose them to food insecurity. However, general lack of dietary diversity is a substantial contributing factor to reduced food utilization in South Sudan.

Repeated illnesses and inadequate infant and young child care and



feeding also have negative effects on childhood growth and nutritional status. The majority of infants are introduced to food or water before the age of six months, which, if coupled with inadequate water, sanitation and hygiene conditions, expose young children to pathogens that affect their health and nutritional status. Poor water quality, sanitation and hygiene practices are widespread and major causes of morbidity. Because most children reach clinics only when diseases or malnutrition have progressed to severe stages, many children present

with advanced forms of acute malnutrition.

The workload of women coupled with traditional beliefs also plays a major role in child care and health seeking behavior. Long separation of women from their children during the daytime compromise child care practices, while traditional beliefs about food overshadow nutritionally sound diets. Strong traditional beliefs and attitudes also often determine where and when to seek health services.

ACHIEVEMENT 2012

- Number of children under 5 years benefitted from nutrition program: 668
- Number of mothers health educated on nutrition issues: 2,150

SUPPORTING PRIMARY HEALTH CARE



Inside the ward



View of part of pediatric ward in Marial-Lou

In South Sudan, most of health facilities are in deplorable state. The buildings and other structures are in dire need of rehabilitation.

AAA in collaboration with DKA and Erko embarked on rehabilitation of St. Francesco S'Assisi Marial-Lou Hospital in order to improve health situation in the area.

ACHIEVEMENT 2012

- Number of patients received treatment in OPD (Out-Patient Department): 88,169
- Number of patients received treatment in IPD (In-Patient Department): 11,415
- Number of pregnant mothers attended ANC (Ante-Natal Clinic): 12,410
- Number of people health educated on general health: 150,135

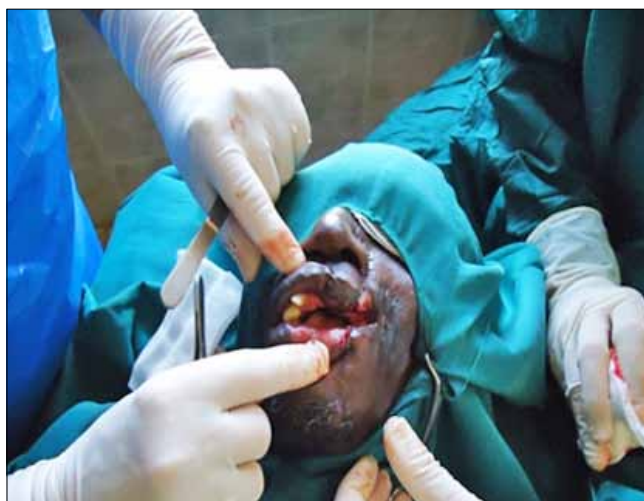
GENERAL SURGICAL AND SURGICAL MISSIONS

Surgery is increasingly becoming an integral part of public health and health systems development worldwide. Such surgical care should be provided at the

same type and level in both urban and rural settings. However, provision of essential surgery in remote and rural areas of developed as well as low and

middle income countries remains totally inadequate and poses great challenges.

To mitigate some of challenges accounted by surgery in South Sudan, AAA in collaboration with AMREF, CCM Italy carried out surgical missions in Northern of Bahr el Ghazal where a big number of patients were operated.



Cleft/Palate operation in Gordhim



National staff preparing epidural anesthesia

ACHIEVEMENT 2012

- Number of people benefited from surgical services: 1,925

HIV/AIDS

In South Sudan, very little is known about the true situation regarding HIV/AIDS across the region amongst the general population. However from the anecdotal information obtained, the HIV prevalence in the general population is estimated at 3% (ANC 2009 report MOH).

Majority of the population do not know their status because the number of adults who have ever been



HIV/AIDS sensitization among the youth in Marial-Lou

tested for HIV from 2006 – 2010 is only 60,000 which is 1.5% of the estimated adult at – risk population. The adult at-risk population of age – group 15 to 49 years accounts for 47% of the total population which according to the 2008 census is approximately 3.8 million people. According to the Sudan Household survey conducted in 2006, knowledge of HIV /AIDS is extremely low with only 9.8% of women of age – group 15 – 24 years are knowledgeable about the ways of HIV prevention and yet they are sexually active and vulnerable to infection. Only 45% of the women have heard about HIV.

AAA in collaboration with Health Net implemented HIV/AIDS program in Tonj North County (Warrap State), in Aweil Centre, Aweil West and Aweil East (Northern of Bahr el Ghazal State). This program was funded by Multi Donor Trust Fund-MDTF through South Sudan Aids Commissioner-SSAC.

AID AND RELIEF

In 2012, AAA continued to provide food and non-food support to the vulnerable people especially sick, elderly, returnees, and IDPs.

support to the needy people, AAA in collaboration with Sign of Hope-SOH and World Food Program (UN-WFP) provided 200mts of vary food and non-food items.

In order to fulfill this humanitarian



UNMISS Helicopter delivering emergency drugs in Marial-Lou

ACHIEVEMENT 2012

- Number of clients offered VCT services: 310
- Number of prevention materials distributed: 29,009
- Number of people benefitted from HIV health education: 34,515

ACHIEVEMENT 2012

- Quantity of assorted food and Number n-food items received:
- WFP: 446.1 metric tons
- SOH: 21. 2 metric tons

Volunteering towards better health



Sri Nandin Krishnan and Nemia Sriganthan (in spectacles) in the plane while on their way to Marial Lou. Both of them volunteered at the facility

By Sri Nandin Krishnan

St. Francis D'Assisi Hospital, Marial Lou is a testament to Arkangelo Ali Association's vision of achieving human dignity for all. They have done an amazing job in running a hospital with minimum resources. The hospital acts as a referral health facility in the area and the experience that I had, shows that the health facility was much more than just a local hospital.

The hospital offers health services around the clock which include maternity, accident & emergency, Pediatric unit, Surgery, Isolation Ward, nutrition program, pharmacy and an out patient department that operates daily. The doctors, clinical officers and nurses are always on duty to serve the patients.

During my stay, I was amazed to learn that the hospital offers training for assistant nurses and continuous medical education for those already qualified. This ensures that the hospital has adequate staff & they continue to deliver quality health services. The people of Warrap state are very lucky to have such an institution that aspires to improve their health status.

The institution has also improved the socio-economic status of the community around by offering regular employment to several people who include watchmen, cooks, cleaners, laboratory assistants, nurses etc. It is astounding to also see the progress that AAA has made since it took over the running of the facility, with many villagers expressing satisfaction in their sound management. The act of providing health care to people whom the world has forgotten shows the sheer love that AAA has towards the people of South Sudan.

My visit to the TB/Leprosy program made me understand the diagnosis, treatment and care given to TB & Leprosy patients who are still stigmatized by the community. The program has an outreach programme that serves those without easy access to the hospital, a clear blessing for those disadvantaged.

The expatriate staff at Marial Lou comprise of wonderful people, who are highly devoted to their work. Special acknowledgment goes to Mr. Jimmy Kivumbi, for advocating for the treatment of children when their parents seem reluctant. Others include Amos, and Agnes who worked day and night to ensure that the hospital ran smoothly.

Before going to Sudan, I thought I comprehended the work that Mrs. Natalina Sala and Dr. Callixte have been doing. But once there, I realized that I had not even grasped one tenth of the magnitude of the services that AAA has been offering to South Sudan. I am truly speechless and inspired at the extraordinary commitment that the organization has displayed in its endeavor to uplift the lives of disadvantaged people of South Sudan. AAA is providing more than health services by handling all patients with respect and care.

“The people of Warrap state are very lucky to have such an institution”

I will be forever grateful for the opportunity given to me, to volunteer my services at AAA. I have always wanted to work with the under privileged people in East Africa, a primary reason that inspired me to study medicine. I always had the misconception that only “big” organizations such as 'Medicin Sans Frontiers' and 'USAID' were the only ones assisting the people of Southern Sudan but now I know better. Local NGOs like AAA have transformed the lives of many people. AAA health care delivery is revolutionary in South Sudan.

Once again, I would like to express my gratitude for the beautiful experience that I had this year in Sudan. I have fallen in love with Southern Sudan and would love to return to work towards the noble mission of AAA. I look forward to working with AAA as a committed member of the staff in the near future.

REPUBLIC OF SOUTH SUDAN

Ministry of Justice



OFFICE OF THE CHIEF REGISTRAR

Our Ref: RSS/D/R/MOJ/2012

Your.....

Date: 27/01/2012

All the public, Republic of South Sudan

Subject: ARKANGELO ALI ASSOCIATION

Alkangelo Ali Association was registered on 11th of June, 2009 according to NGO Act, 2003 under section 9 (Nine) in the field of humanitarian. It filled its annual return on the 11th of June, 2010 and 2011 respectively. On each renewal, the office of Chief Registrar experienced the growing of the organization to the extend that, it operates in other countries outside of South Sudan.

On the 14th of December, the board of the organization passed a resolution of the amendment on the scope of the organization as to the fact that, its activities are not be limited to Republic of South Sudan but any other part of the world. The directorate of Business Registry, Ministry of Justice studied the content of the request and concluded that the organization deserves to be upgraded as requested.

Thus, I, Chief Registrar Ministry of Justice, Republic of South Sudan have endorsed the request made by the board of said organization and granted the scope of the said organization to be international. Today, on 27th 01, 2012 on-ward the Arkangelo Ali Association has becomes an international organization.

Thanks,

Hon. Peter Gatkouth Kor
Chief Registrar
Ministry of Justice
Juba, South Sudan



CC: File

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Juba, South Sudan

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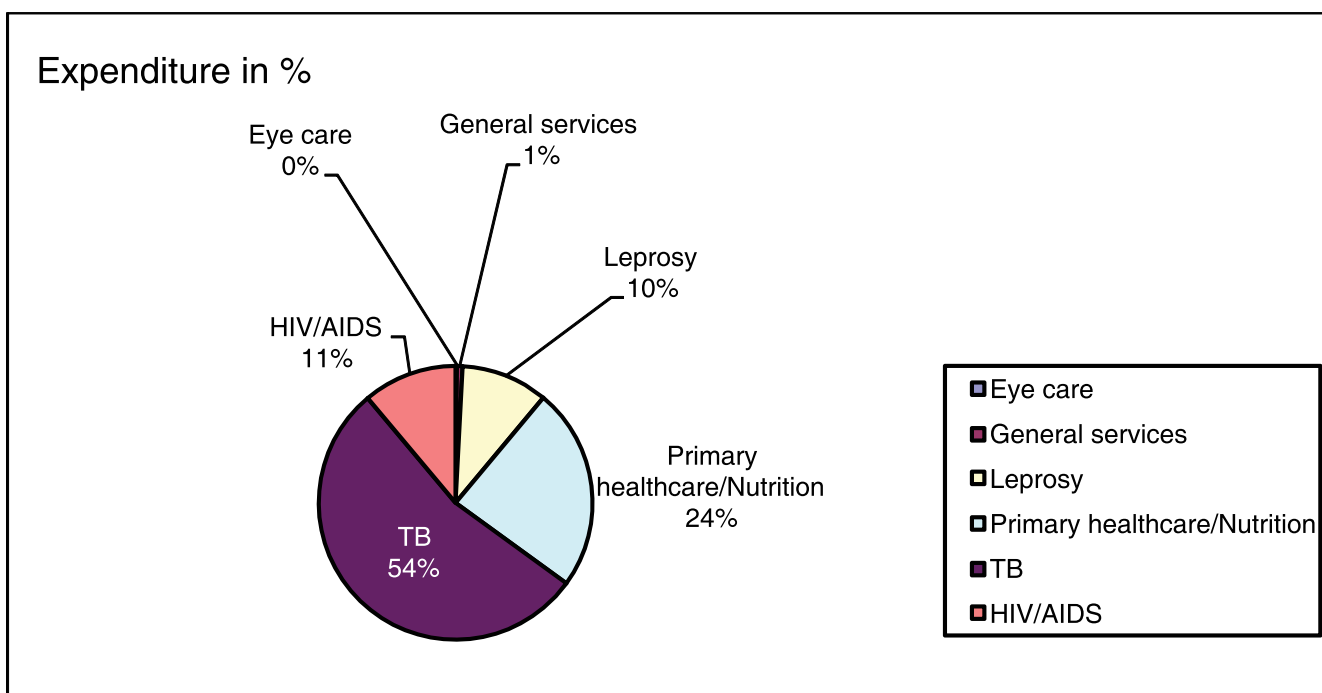
E-mail: gatkouthkor@yahoo.com

FINANCIAL REPORT (PROGRAMMES) 2012

AAA INCOME AND EXPENDITURE ACCORDING TO PROGRAMMES

INCOME	Description	Total Euro	% of all programmes
	Excess income over expenditure 2011 b/f	107,566.12	8.20
	Leprosy	86,224.66	6.57
	Primary Healthcare/Nutrition	316,919.36	24.15
	TB	702,151.83	53.51
	HIV/AIDS	99,230.62	7.56
	Total Income	1,312,092.59	100.00

EXPENDITURE	Description	Total Euro	% of all programmes
	Eye care	1,788.13	0.15
	General services	7,919.36	0.67
	Leprosy	120,990.92	10.24
	Primary Healthcare/Nutrition	282,953.36	23.94
	TB	636,734.14	53.88
	HIV/AIDS	131,310.64	11.11
	Total Expenditure	1,181,696.55	100.00



INCOME RECEIVED FROM DONORS 2012

	INCOME Donors as at 31/12/2012	Total euro	%
1	Excess income over expenditure 2011	107,566.12	8.20
2	Amici Di Padre Mattia	1,300.00	0.10
3	Amici di Antonio	13,500.00	1.03
4	Associazione La Goccia Onlus	106,140.46	8.09
5	Bondeko Onlus	10,000.00	0.76
6	Caritas Italiana	5,000.00	0.38
7	Catholic Diocese of Limburg	18,000.00	1.37
8	Cesar ONLUS	4,000.00	0.30
9	Elisa Ciotoli	400.00	0.03
10	ERKO	28,800.00	2.19
11	Giovanni e Donatella	50.00	0.00
12	Giovanni Natale	200.00	0.02
13	Global Fund/UNDP TB programs	687,463.71	52.39
14	GLRA (Germany Leprosy & Relief Agency)	72,834.96	5.55
15	Gruppo Missionario Visitazione	1,200.00	0.09
16	HealthNet TPO (NBG states)	73,179.87	5.58
17	HealthNet TPO (Warrap states)	26,050.75	1.99
18	Lucia	200.00	0.02
19	St Paul Lutheran Church	4,638.90	0.35
20	Hope for The Sick and Poor (SLOVAKAID)	5,430.00	0.41
21	Misereor Healthcare Projects	56,010.00	4.27
22	SDC (Swiss Agency for Development and Cooperation)	439.70	0.03
23	Sign of Hope/Hoffnungszeichen	75,000.00	5.72
24	WFP	14,688.12	1.12
	TOTAL	1,312,092.59	100.00

Exchange rate used for non-euro currencies are as follows Euro/US\$1.2901772; Euro/Kshs 109.8106

IN KIND SUPPORT

DKA Austria euro35,000 support for St. Francesco D'Assisi Hospital Marial-Lou for construction

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

MOH for donation of medicines

World Food Programme for the donation of food for patients

UNICEF for donation of food and Non-food items for nutrition program

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

HealthNet TPO Western Bahr Ghazal for community mobilization and training on support of livelihoods

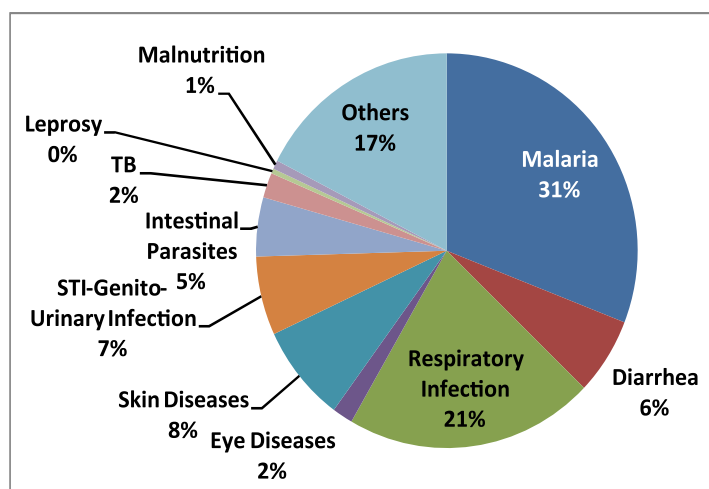
DORCAS AID for patient support and school fees for PALS children

LOOF Netherlands for donation of microscope for eye program

OUR FRIENDS, PARTNERS AND SUPPORTERS

Sign of Hope / Hoffnungszeichen	www.hoffnungszeichen.de
AMREF (Africa Medical Research Foundation)	
Comboni Missionaries	www.comboni.org
Verona Fathers	
Medicus Mundi	www.medicusmundi.it
CESAR ONLUS	www.cesarsudan.org
German Leprosy and Relief Association (GLRA)	www.dahw.de/home
Comitato Collaborazione Medica (CCM)	www.ccm-italia.org
ERKO	www.erko.sk/international/
DKA	www.dka.at
ECOSAN	
BBM	
Associazione La Goccia Onlus	www.la-goccia.it
Horizont 3000	www.horizont3000.at
St. Elizabeth University	www.vssvalzbety.sk
Diocese of Rumbek (DOR)	www.catholic-hierarchy.org/diocese/drumb.html
Catholic Diocese of Limburg	
Amici Di Padre Mattia	
Bondeko Onlus	www.bondeko.it
MISEREOR	www.misereor.de
CASS	
Mani Tese	
HealthNet TPO (HIV/AIDS programs)	
Global Fund/UNDP (TB Programs)	
Global Fund/UNDP (TB/HIV Programs)	
World Food Programme	
Amici Di Antonio	
Elisa Ciotoli	
Comunita Santa Famiglia	
Dorina and Paolo Chinni	
Giovanni e Donatella Bizzarro	
Giovanni Natale	
Genoveffa Marino	
Gruppo Missionario Visitazione	
Lasorsa Antonella	
Lucia	
Mathias Kurth and Janice Kurth	
Nicoletta	
Quaresima Di Fraternita	
Caritas Italiana	
UNICEF (United Nations Children Education Fund)	
NTP	
MOH (Ministry of Health)	
DORCAS AID	
LOOF	

AAA EPIDEMIOLOGICAL REPORT 2012



Malaria	Diarrhea	Respiratory Infection	Eye Diseases	Skin Diseases	STI-Genito-Urinary Infection	Intestinal Parasites	TB	Leprosy	Malnutrition	Others
28170	5731	19246	1586	7272	5888	4391	1875	374	668	15885

**Malaria is a
Killer Disease!**
be protected by sleeping
under Long Lasting
Insecticide Treated Net!

Leprosy is Curable!



ARKANGELO ALI
ASSOCIATION