ARKANGELO ALI ASSOCIATION

(AAA) South Sudan

INSTITUTIONAL PROFILE 2026

[September 2026]

“Uplifting dignity through accessible, equitable and quality social and health services.”

Fighting disease, strengthening health systems and standing with vulnerable communities in South Sudan.

Contents

1. Institutional Overview

Arkangelo Ali Association (AAA) is an indigenous South Sudanese health and humanitarian Non-Governmental Organization delivering essential health services in vulnerable, conflict-affected and hard-to-reach communities. AAA's institutional roots date to 1997, when its founders began supporting health and TB services through the Health Department of the Catholic Diocese of Rumbek during a period of conflict and extremely limited health infrastructure. Building upon this work, AAA was formally established as an independent national NGO in November 2006 and has since developed into one of South Sudan's long-serving, community-rooted health organizations.

AAA currently implements programmes across five of South Sudan's ten states, working in partnership with the Government of the Republic of South Sudan, local communities, UN agencies, the Global Fund, faith-based institutions, civil society organizations and international development partners. Its integrated operational model connects emergency and humanitarian response with longer-term health-system strengthening through direct service delivery, community engagement, health-workforce development, laboratory and diagnostic support, medical supply-chain management, monitoring and evaluation, and last-mile delivery.

AAA at a Glance

1997 Health, TB and Leprosy programme roots	**2005 onward** Global Fund-supported implementation
2006 Established as an independent indigenous NGO	**4 to 90 sites** Growth of the TB and integrated TB/HIV service network
5 states, 31 counties Current Global Fund implementation footprint	**US$5.20M** Current GC7 HIV/TB/RSSH grant, 2024-2026
Approximately 94% Average TB treatment success	**Since 2005** Consistently unmodified external audit opinions
95-95-95-aligned HIV performance by 30 June 2026 81,849 people tested (103% of target); 84% linkage to care; 4,586 active on ART (97% of target); 66% reported viral suppression.	

2. History and Institutional Evolution

AAA emerged from long-standing health work in South Sudan. Its founders, Ms. Natalina Sala and Dr. Callixte Minani, began working through the Health Department of the Diocese of Rumbek in 1997, supporting TB and leprosy control, including an initial network of four (4) TB units, amid conflict and extremely limited health infrastructure.

From 2005 onward, AAA began Global Fund-supported TB implementation in Southern Sudan. Following the 2005 Comprehensive Peace Agreement, the Ministry of Health requested AAA to expand health services to additional areas. This contributed to AAA's formal establishment as an independent national organization in November 2006. From 2007 onward, AAA broadened its portfolio across primary health care, maternal and child health, nutrition, continued leprosy and disability support, eye care, reconstructive surgical missions and emergency response.

AAA is named in honour of Vicar General Father Arkangelo Ali, who was tragically assassinated in Rumbek in 1965. His memory reflects the organization's enduring connection to South Sudan and its commitment to compassionate service, human dignity and care for vulnerable communities.

Selected Institutional and Programme Milestones

Period	Milestone
1997	AAA's founders began TB and leprosy control through the Diocese of Rumbek, initially supporting four TB units.
2005 onward	AAA began Global Fund-supported TB implementation in Southern Sudan and continued after South Sudan's independence in 2011. Later experience spans TB, standalone HIV and malaria grants, followed by integrated HIV/TB and RSSH programming.
2006	AAA was formally constituted as an independent indigenous South Sudanese NGO.
2007 onward	AAA expanded its portfolio across primary health care, maternal and child health, nutrition, continued leprosy and disability support, eye care, reconstructive surgical missions and emergency response.
2011-2013	AAA was selected to implement TB REACH in South Sudan, expanding active case finding among high-risk and hard-to-reach populations.
2021	HIV interventions were integrated more extensively into AAA's Global Fund-supported TB platform under NFM3.
2022-2025	AAA implemented last-mile delivery and basic rehabilitation under C19RM/C19PO as a UNDP sub-recipient.
2024-2026	AAA implements GC7 HIV/TB/RSSH across five states, 31 counties and 90 integrated TB/HIV sites as a UNDP sub-recipient.

3. Mission, Vision and Guiding Principles

Mission

AAA's mission is to uplift the dignity of disadvantaged people through the provision of social services with respect for transparency, quality, equity, availability and accessibility.

Vision

AAA believes in the preservation of human dignity.

Overall Aim

AAA's overall aim is to improve the quality of life of people in South Sudan and beyond by reducing human suffering and contributing to improved social and economic wellbeing.

Guiding Principles

- Human dignity and respect for every person
- Equity and access for vulnerable and underserved populations
- Transparency and accountability in the use of resources
- Quality and continuity of care
- Local capacity development and national workforce strengthening
- Community participation and people-centred service delivery
- Partnership with government, civil society, faith-based and development actors
- Adaptability, resilience and responsible stewardship in fragile settings

4. Programme Portfolio

AAA combines long-established technical expertise with an integrated response to South Sudan's health and humanitarian needs. TB, leprosy and community-based care form part of its institutional foundation, complemented by HIV, primary health care, maternal and child health, nutrition, emergency response and health-system strengthening.

Tuberculosis, Drug-Resistant TB and TB/HIV

AAA's TB experience spans prevention, active case finding, diagnosis, treatment and adherence support, drug-resistant TB care, TB/HIV collaboration, laboratory quality improvement, sample referral, community systems and health-worker mentorship. Under GC7, these capabilities support integrated TB/HIV and RSSH implementation across 90 facilities.

HIV, PMTCT and Community HIV Services

AAA's HIV work includes testing and linkage to care, ART support, PMTCT, early infant diagnosis, viral-load sample referral, TB preventive treatment, differentiated service delivery and community-based adherence and psychosocial support.

Primary Health Care, Maternal and Child Health

AAA supports outpatient care, maternal and child health, antenatal services, immunization, health education, referral and community outreach, reinforced by essential medicines, laboratory services, facility improvements and local workforce development.

Nutrition

AAA integrates nutrition screening, referral, support and health education with primary care and emergency response, particularly for children and populations affected by displacement, food insecurity, flooding and conflict.

Leprosy, Disability Prevention and Social Support

Leprosy control has been part of AAA's work since 1997. Its experience includes active case detection, multidrug therapy, disability prevention and management, community education, stigma reduction, follow-up, self-care groups, protective footwear, community-based rehabilitation, socioeconomic support and reconstructive interventions.

Emergency and Humanitarian Response

AAA integrates emergency assistance with health programming for communities affected by conflict, displacement, floods, drought, disease outbreaks and acute food insecurity, including refugees, returnees and vulnerable host populations.

Specialist and Legacy Clinical Experience

AAA's specialist experience includes primary eye care, mobile clinics, school screening, cataract and trachoma surgery, blindness prevention and local workforce development. It has also coordinated general and reconstructive surgical missions with international clinical teams.

5. Selected Recent Programme Results

January-June 2026: Global Fund GC7 HIV/TB/RSSH

TB Notification, Treatment Outcomes and Programme Performance

AAA's implementation record demonstrates sustained treatment outcomes across its coverage area. Drug-susceptible TB treatment success has remained above 90%, averaging approximately 94% over time. Recent GC7 reporting also demonstrates strong case notification, drug-resistant TB treatment, TB/HIV integration and accountable programme delivery.

4,228 New and relapse TB patients notified, representing 99% of target	**93%** Treatment success among evaluated new and relapse TB patients
100% All 96 notified RR/MDR-TB patients initiated on second-line treatment	**100%** All 57 patients in the evaluated RR/MDR-TB cohort successfully treated
94% HIV-positive new and relapse TB patients on ART during TB treatment	**100%** Completeness for expected programme reports

HIV Testing, Treatment and Viral-Load Monitoring

AAA's HIV results contribute to progress toward the UNAIDS 95-95-95 targets across HIV diagnosis, linkage to treatment and viral-suppression monitoring.

81,849 people tested Target: 79,441 | Achievement: 103%	**415 of 495 linked to care** 84% linked to care and treatment
4,586 active on ART Target: 4,716 | Achievement: 97%	**440 clients suppressed** 668 viral-load samples collected | Reported suppression: 66%

These results reflect AAA's strength in treatment continuity, drug-resistant TB management, TB/HIV integration, community follow-up and programme accountability. Detailed results are available in AAA's annual and grant progress reports.

Selected 2025 Results from AAA's Broader Health Portfolio

Programme area	Selected documented results in 2025
Primary health care and maternal and child health	27,087 patients treated; 3,737 pregnant women attended antenatal care; 547 facility deliveries; 2,659 children vaccinated.
Nutrition	12,636 children under five screened; 4,618 identified as malnourished; 3,446 received nutrition support.
Leprosy	120 new cases detected; 245 people affected by leprosy received welfare support.

6. Health-System Strengthening and Community Capacity

AAA strengthens services within government health structures rather than operating as a parallel system. Its work is implemented with National, State Authorities and County Health Departments, health facilities and community networks, combining technical support with practical measures that sustain service delivery.

Health Workforce and Quality of Care

- On-the-job coaching and mentorship of facility clinicians, laboratory personnel and other frontline health workers.
- Supportive supervision and quality-improvement support across TB, DR-TB, HIV, PMTCT, primary health care, maternal and child health, nutrition, leprosy and emergency health services.
- Capacity strengthening for health workers, community health workers, Boma Health Workers, mentor mothers, expert clients, peer navigators and other community-based service providers.

Laboratory and Diagnostic Systems

AAA supports GeneXpert and other recommended diagnostic approaches, laboratory quality assurance, sample referral and transportation, and linkages to national reference services.

Community Systems and Human Rights

Community-based delivery is central to AAA's approach. The organization works with community health workers, Boma Health Workers, mentor mothers, expert clients, peer navigators, treatment supporters and community leaders to increase awareness, identify and refer people requiring care, support treatment adherence and follow-up, and reduce stigma and discrimination.

AAA's documented approaches include TB contact investigation, household and community screening, HIV testing and referral, ART and PMTCT follow-up, maternal and child health promotion, nutrition and leprosy screening and referral, disability support, and outreach in prisons, cattle camps, displacement and returnee settlements and other hard-to-reach settings. This integrated approach is particularly important for mobile populations, IDPs, refugees, returnees, prisoners and other underserved groups.

7. Logistics, Supply Chain and Last-Mile Delivery

AAA has substantial experience in supply-chain support and last-mile delivery across difficult terrain and geographically dispersed health-service networks. Under C19RM/C19PO, AAA moved HIV, TB, COVID-19 and related health commodities from Central and State hubs to peripheral facilities using road and air transport, programme vehicles, motorbikes and state-level distribution arrangements adapted to seasonal flooding, poor roads, insecurity and other access constraints.

The same platform supported specimen referral from peripheral facilities to GeneXpert hubs and national laboratories, linking commodity distribution, diagnostics and continuity of patient care.

Beyond transportation, AAA supported the basic rehabilitation of dilapidated laboratories, pharmacies, stores and various service-delivery rooms, including clinical consultation and treatment rooms, TB/HIV service areas, counselling spaces, wards, waiting areas and sanitation facilities, according to identified needs. These improvements restored safer, more functional and more dignified environments for patients and health workers while strengthening privacy, infection prevention, commodity security and workflow.

8. Monitoring, Evaluation, Data and Learning

AAA maintains structured monitoring, evaluation and learning systems across its programmes, aligned with national requirements, donor frameworks and approved programme indicators. Its approach combines routine facility and community-level reporting, data validation, supportive supervision, management review and feedback loops to strengthen service quality, accountability and evidence-based decision-making.

- Routine monitoring of programme indicators, service-delivery outputs and treatment outcomes.
- Data-quality review, verification and reconciliation at facility, field-office and programme levels.
- Analysis and use of programme data to identify performance gaps, guide corrective action and support continuous learning.
- Timely submission of accurate financial and programmatic reports to government authorities, donors and other relevant stakeholders.
- Use of DHIS2, e-TBr and other national or programme-specific reporting systems, complemented by paper and electronic audit trails as required.
- Appropriate protection of client confidentiality and programme data throughout collection, reporting, storage and use.

9. Institutional, Grant and Financial Management Capacity

AAA has extensive experience managing donor-funded health and humanitarian programmes in South Sudan across TB, HIV, primary health care, maternal and child health, nutrition, leprosy, disability support and emergency response. Its portfolio includes long-running Global Fund grants implemented under UNDP as Principal Recipient, as well as programmes supported by bilateral government donors, international NGOs, faith-based partners and private supporters. AAA's current Global Fund portfolio includes the 2024–2026 GC7 HIV/TB/RSSH grant, with a total approved budget of approximately US$5.20 million following grant amendments. Further information on AAA's financial performance, programmes and results across its wider portfolio is available in the organization's annual reports published on its website.

Financial Performance and Audit

Throughout its Global Fund implementation history since 2005, AAA has undergone independent external audits conducted by various firms, including Big Four firms, with consistently unmodified opinions. AAA's wider programme portfolio is also subject to programme-specific and donor-required audits, alongside periodic independent internal audit and assurance reviews commissioned by the organization. Complete audit reports and supporting records are retained and available for review.

AAA has maintained consistently high grant absorption, accompanied by completion of approved activities and strong programme results. NFM3 closed with full absorption, while the 2021–2025 C19RM/C19PO portfolio closed with 100% absorption. Under the ongoing GC7 grant, AAA had utilized US$4.298 million by 30 June 2026, representing 82.76% of the full three-year grant budget of approximately US$5.20 million. Years 1 and 2 achieved full absorption, and the remaining grant balance was programmed for implementation from July to December 2026. The FY2025 external audit concluded with an unmodified opinion and no findings or recommendations.

Lean and Cost-Efficient Operational Management

AAA operates through a lean, cost-conscious model that combines disciplined financial management with practical field support. It delivers across remote and geographically dispersed settings, makes efficient use of limited resources and contributes institutional assets and support where feasible to sustain implementation.

- Programme planning and workplan execution linked to approved donor budgets and performance frameworks.
- Finance, procurement, logistics and operations support to field implementation.
- Asset, transport and commodity management in remote and insecure operational settings.
- Formal follow-up of management-letter recommendations and audit requirements.

Organizational Resilience and Business Continuity

AAA maintains a formal Business Continuity Plan covering political unrest, pandemics, severe weather, loss of premises or key staff, asset and IT disruption, telecommunications failure, records continuity, utilities interruption and loss of critical partners or suppliers.

10. Partnerships and Institutional Relationships

AAA's implementation model is partnership-based. The organization works with national and subnational government structures, bilateral government donors and development-cooperation programmes, UN agencies, multilateral financing mechanisms, national networks, faith-based institutions, international and local NGOs, community structures and private supporters.

AAA is a founding member of the Bakhita Consortium, established in 2005 by seven Italian, Kenyan and South Sudanese organizations to strengthen coordination and collaboration in humanitarian and development action in South Sudan.

Selected Current and Recent Partners/Supporters

- Government of the Republic of South Sudan - National Ministry of Health, national disease programmes, State Ministries of Health and County Health Departments
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, through UNDP as Principal Recipient
- United Nations Development Programme (UNDP)
- World Food Programme (WFP)
- National HIV networks including NEPWU and SSNeP+
- Polish Centre for International Aid (PCPM)
- Verona Fathers / Comboni Missionaries Kenya Province
- Catholic Diocese of Rumbek and other faith-based health partners
- Italian civil-society and charitable partners including CESAR, Associazione Arcali Africa, Bondeko and Genova con L'Africa

Selected Historical Technical Partnerships

AAA's historical records also document collaboration with the Stop TB Partnership/TB REACH, Canadian development funding, Germany Leprosy and Relief Association (GLRA) - Germany, Misereor - Germany, Light for the World - Austria, Dark and Light - Austria, DKA - Austria, eRko - Slovakia, Sign of Hope-Germany, Italian Cooperation through CISP-Italy, MIVA-Austria, Hope for The Sick and Poor-Slovakia, St Elisabeth - Slovakia and other specialist partners. These relationships supported active TB case finding, eye care, surgical missions, disability-related services, training and facility-based health interventions.

11. Research, Learning and Knowledge Generation

AAA combines programme implementation with practical learning from the field. Its knowledge resources include programme strategies, implementation guides, monitoring and evaluation plans, case studies, conference presentations and documented implementation experience. Programme data, supervision findings and lessons from implementation are used to improve service delivery, guide corrective action and inform future programme design.

In 2022, AAA's Medical Director co-authored a research article in the *South Sudan Medical Journal* on one year of experience with extra-pulmonary TB at St. Mary Immaculate Hospital in Mapuordit, reflecting AAA's contribution to clinical learning and locally generated evidence. AAA seeks to strengthen operational research, documentation and knowledge sharing through collaboration with government programmes, academic institutions, health facilities and technical partners.

12. Strategic Direction for 2026 and Beyond

AAA's strategic direction is to consolidate its long-standing strengths while adapting to South Sudan's changing health and humanitarian environment. Priority areas include:

- Sustaining high-quality TB, DR-TB and TB/HIV services while increasing early and accurate diagnosis.
- Strengthening HIV testing, ART linkage and retention, PMTCT, early infant diagnosis, viral-load monitoring and TB preventive treatment.
- Strengthening laboratory systems, sample referral, data quality and use of WHO-recommended rapid diagnostics.
- Sustaining primary health care, maternal and child health, nutrition and leprosy services in underserved communities.
- Increasing readiness for emergency and humanitarian response linked to displacement, food insecurity, climate shocks and disease outbreaks.
- Maintaining strong financial stewardship, audit compliance and evidence-based programme management.

13. Why Partner with AAA?

Deep local roots	Nearly three decades of institutional experience linked to health service delivery in South Sudan, with formal NGO operations since 2006.
Proven TB/HIV capacity	Sustained treatment outcomes, with TB treatment success averaging approximately 94%, strong TB/HIV integration, 100% RR/MDR-TB treatment initiation and successful treatment among evaluated cohorts, alongside demonstrated contribution to the UNAIDS 95-95-95 targets.
Operational reach and resilience	Proven experience managing multi-state programmes across remote, insecure and hard-to-reach settings. AAA maintained continuity of essential services during periods of civil conflict and throughout the COVID-19 pandemic, supported by an established field presence, strong community networks and formal continuity planning.
Strong grant stewardship	Long-term external audit assurance, consistently unmodified audit opinions, high or full absorption across successive grants, timely reporting, completion of assigned activities and strong performance against programme targets and results indicators through a lean and cost-conscious operating model.
Government and community alignment	Implementation is integrated with government health systems and community structures rather than operating as a parallel system. AAA supports national ownership through the employment, professional development and ongoing mentorship of South Sudanese staff across technical, programme, operational and leadership roles.

14. Contact Information

South Sudan - Country Office

Jebel Kujur, behind Imatongas Petrol Station, Juba-Yei Road, Juba, South Sudan

Regional Office - Nairobi, Kenya

C/o Verona Fathers (Comboni Missionaries Kenya Province), Shalom House, Comboni Road / Dagoretti Corner, P.O. Box 21102-00505, Nairobi, Kenya

Contacts

- Office: +254 (0)20 2025299
- Mobile: +254 (0)722 708935 / +254 (0)722 672932
- Email: director@arkangeloaliassociation.org
- Programme/Health: health@arkangeloaliassociation.org
- Website: www.arkangelo.org

SOUTH SUDAN - COUNTRY OFFICE

Jebel Kujur, behind Imatongas Petrol Station, Juba-Yei Road, Juba, South Sudan

Regional Office - Nairobi, Kenya

C/o Verona Fathers (Comboni Missionaries Kenya Province), Shalom House, Comboni Road / Dagoretti Corner, P.O. Box 21102-00505, Nairobi, Kenya

CONTACTS

Office: +254 (0)20 2025299

Mobile: +254 (0)722 708935 / +254 (0)722 672932

Email: director@arkangeloaliassociation.org

Programme/Health: health@arkangeloaliassociation.org

Website: www.arkangelo.org