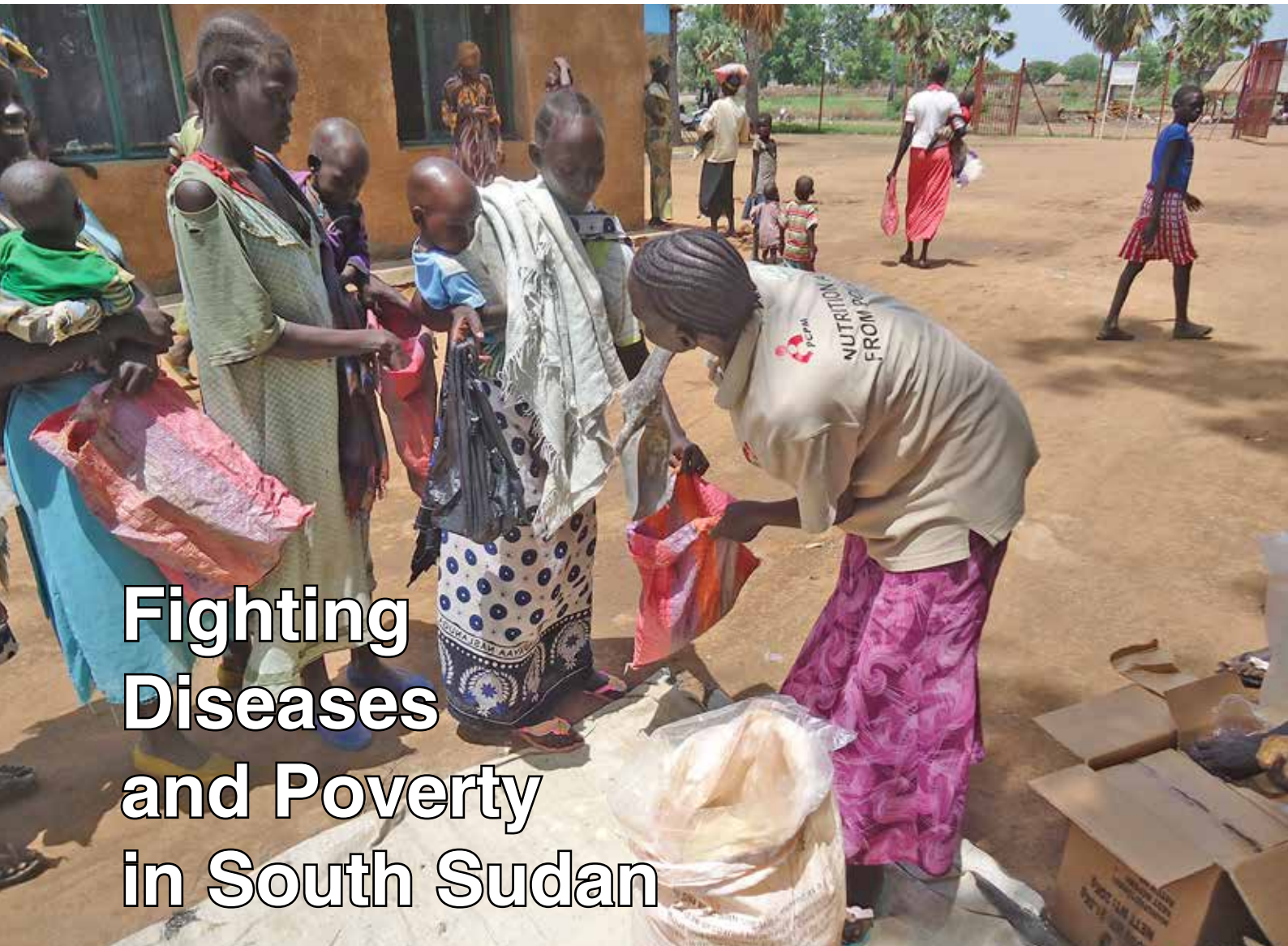




ARKANGELO ALI ASSOCIATION



**Fighting
Diseases
and Poverty
in South Sudan**

AAA ANNUAL REPORT 2018

UNHLM ON TB KEY TARGETS FOR 2022



'WE, HEADS OF STATE AND GOVERNMENT AND REPRESENTATIVES OF STATES AND GOVERNMENTS ASSEMBLED AT THE UNITED NATIONS IN NEW YORK ON 26 SEPTEMBER 2018':



1. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 40 million people with tuberculosis by 2022.

2. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 3.5 million children with tuberculosis by 2022.

3. COMMIT TO PROVIDE **DIAGNOSIS AND TREATMENT**

with the aim of successfully treating 1.5 million people with drug-resistant tuberculosis, including 115 000 children with drug-resistant tuberculosis, by 2022.



4. COMMIT TO **PREVENT TUBERCULOSIS**

for those most at risk of falling ill so that at least 30 million people, including 4 million children under five years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV and AIDS, receive preventive treatment by 2022.



8. PROMOTE AND SUPPORT **AN END TO STIGMA AND ALL FORMS OF DISCRIMINATION,**

including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity.

Recognize the various socio-cultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights.



5. COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING**

for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis reaching at least US\$13 billion a year by 2022.

6. COMMIT TO MOBILIZE **SUFFICIENT AND SUSTAINABLE FINANCING FOR R&D**

with the aim of increasing overall global investments to \$2 billion, in order to close the estimated \$1.3 billion gap in funding annually for tuberculosis research, ensuring all countries contribute appropriately to research and development.



9. REQUEST THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION TO **CONTINUE TO DEVELOP THE MULTISECTORAL ACCOUNTABILITY FRAMEWORK**

and ensure its timely implementation no later than 2019.



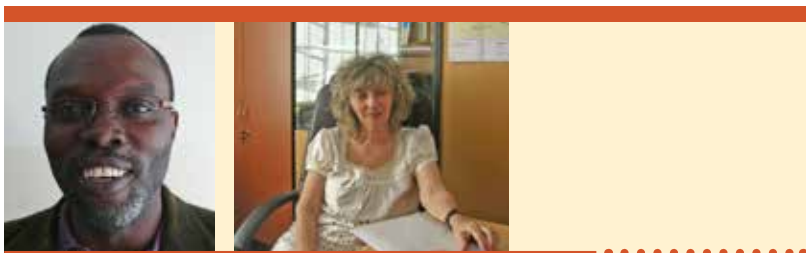
7. COMMIT TO DELIVERING, AS SOON AS POSSIBLE, **NEW, SAFE, EFFECTIVE, EQUITABLE, AFFORDABLE, AVAILABLE VACCINES,**

point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis.



10. FURTHER REQUEST THE SECRETARY GENERAL, WITH THE SUPPORT OF THE WORLD HEALTH ORGANIZATION, TO **PROVIDE A PROGRESS REPORT IN 2020**

on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals, which will serve to inform preparations for **a comprehensive review by Heads of State and Government at a high level meeting in 2023.**



Dear Friends of AAA,

The ongoing war in South Sudan has made life very difficult for both host communities and the implementers. The depreciation of South Sudanese Pound against US dollar is a shock for the common person who is living under 1 USD a day.

The revitalized Peace Agreement signed on 12th September 2018 has brought hope to the people of South Sudan as it is the only way to achieve the long standing issues raised by the belligerents.

The conflict had negative impact on donor support as most of donors reduced their financial support to almost 50%.

In spite of budget constraints, AAA continued to offer health/ nutrition services to the needy people in order to reduce the suffering of the people who are already stressed by war.

We could not offer the so needed services without our supporters who believed in our work from the beginning of our journey.

Thanking you all for your generosity

Sincerely,

AAA Management

AAA (Arkangelo Ali Association)
 Nairobi, KENYA, c/o Verona Fathers
 (Comboni Missionaries Kenya Province)
 Shalom House, (Comboni Rd., in
 Dagoretti Corner)
 P. O. Box 21102 – 00505, Nairobi
JUBA OFFICE
 Jebelkujur, Behind Imatongaz,
 Petrol Station, Yei Road

Phone: +254 (0)20 2025 299
Mobile: +254 (0)722 708 935
 +211 (0) 955 264906

Mrs. Natalina Sala
 +254(0)722 672932 Dr. Callixte Minani
Email: director@arkangeloaliassociation.org
 SOUTH SUDAN
 www.arkangelo.org

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PROGRAMS

TUBERCULOSIS



Tuberculosis, an infectious disease caused by bacteria-mycobacterium tuberculosis-discovered 136 years ago, treatment that can kill the bacteria available for more than three quarters of a century, is unfortunately, still the number one global killer of human species by an infectious agent. - Every year more than 1.6 million people die of TB

worldwide, every year more than 10 million people develop TB, of them approx. 1 million are children and 1 million are people living with HIV. Every year 600,000 people develop multi drug resistant TB, which is much more difficult to treat.

In spite of the availability of newer tools for diagnosing and newer treatment options, vast majority of the people still don't have access to these newer diagnostics and best treatment practices. For years, we've known that the poorest and most marginalized people in society are the ones who bear the highest burden of TB. Poverty, a key marker of health inequity, has clear association with an increased risk of TB infection, and 95% of TB deaths occur in low- and middle-income countries. TB also disproportionately affects people who are already being left behind, including ethnic minority groups, refugees and those affected by social risk factors including homelessness, alcohol and drug misuse or imprisonment.

Over all TB/HIV achievement 2018

Indicator	Reporting Period	Target	Result	% Achievement
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Jan- December	3648	4382	120%
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Jan-December	82%	3261/3523(93%)	113%
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	Jan-December	95%	57/67(85%)	89%
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Jan-December	85%	4209/4382(96%)	113%
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Jan-December	85%	327/398(82%)	96%

Indicator	Reporting Period	Target	Result	% Achievement
MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	Jan- December	95%	174/224(78%)	82%
MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified	Jan-December	20	14	70%
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Jan-December	20	5	25%
Number of TB diagnostic and Treatment Centres	Jan-December	48	48	100%

LEPROSY

AAA has been on front line to tackle leprosy disease in the communities. Our approach has been to talk with them, motivate and assure them that we are there to accompany them. Current statistics show that over 7 million people are currently affected by leprosy across the world and in South Sudan, we have quite a significant number even though the actual number is not yet established by WHO. Although curable, many people are unable to access treatment, even though the cure is free. As noted, Leprosy is curable but if left untreated, it causes life-changing permanent damage to hands, feet and eyes, leading to paralysis, blindness, ulcers and amputations. Due to misunderstanding, lack of information and incorrect beliefs, people affected by leprosy can experience severe discrimination and prejudice when they show symptoms, or when a diagnosis is confirmed.

The consequences can be devastating; people are often shunned by their community or even their own family, they may lose their livelihoods and they can even experience thoughts of suicide. They are left to endure a lifetime of abuse, isolation and shame.

As we AAA, we work to find, treat and rehabilitate these hidden people and promote their rights.



ACHIEVEMENT 2018

- 291 of new leprosy cases detected and put on MDT.
- 15 of MCR shoes distributed.
- Dressing Materials for PALs.
- 300 PALs received seed and agriculture tools.
- 6 of Women, men and children affected with Leprosy benefitted from surgery and strategy for treatment of Leprosy infection, patients support strategies such as educational, financial, psychosocial support, use of information communication technology driven solutions for treatment monitoring support etc.

NUTRITION



The malnutrition situation for children in South Sudan is alarming. Conflict, food insecurity and escalating food prices are preventing too many families from providing the necessary nutritious food for their children.

South Sudan faces chronically high malnutrition rates due to a conflict the country has faced since 2013. It has disrupted food production, leading to high levels of illness among the population and widespread poor hygiene, health and nutrition practices. Much of the country remains in what the Famine Early Warning Systems Network (FEWSNET) classifies as 'Crisis and Emergency' levels of food insecurity. While also contending with

the impacts of conflict, South Sudan faces more erratic weather patterns, resulting in prolonged drought periods or late rains disrupting the normal agricultural seasons.

In 2018, with support from Polish Aid through PCPM and CESAR, AAA implemented an emergency programme with the aim of providing treatment to children under five-years-old and pregnant and lactating women with acute malnutrition. This programme also assists in prevent malnutrition through Infant and Young Child Feeding (IYCF) education to caregivers. Young children with Severe Acute Malnutrition (SAM) were treated in the Outpatient Treatment Programme (OTP). Children with SAM and medical complications were treated as inpatients in PHCs where AAA implement. For IC TB patients, AAA also received donations in-kind from WFP.

ACHIEVEMENT 2018

- 903 of malnourished children who were fed and treated.
- 20,218 of lactating mothers who benefitted.
- 4,437 of intensive care TB Patients who benefitted.

PRIMARY HEALTH CARE



At its heart, primary health care is about caring for people, rather than simply treating specific diseases or conditions.

PHC is usually the first point of contact people have with the health care system. It provides comprehensive, accessible, community-based care that meets the health needs of individuals throughout their life. PHC is made up of three main areas: empowered people and communities; multi-sectoral policy and action; and primary

care and essential public health functions as the core of integrated health services. The post conflict South Sudan has huge challenges in delivering health care to the population. The challenges include: crippled health infrastructures, nearly collapsed public health system and inadequate qualified health professionals. The health system needs a major resuscitation, in addition to supporting and developing health training institutions.

As has been the case in the previous years, even in 2018, AAA has continued to support the

Ministry of Health (MoH) to improve the health of the population through seeking funds from donors to provide staff, secondary drugs and medical supplies and to deliver direct services in primary health care facilities, hospitals and in the community.

ACHIEVEMENT 2018

- 51,311 of patients received treatment in OPD.
- 2,312 of patients received treatment in IPD.
- 1,721 of pregnant mothers attended ANC.
- 1,328 of children vaccinated.

AID and RELIEF

South Sudan continues to depend on food aid as the country is still struggling to achieve peace. In 2018, 7 million people were estimated to be severely food insecure. Several thousands of people faced famine conditions, according to a report issued by the Famine Early Warning Systems Network. At least 101 aid workers have been killed since the conflict started in December 2013 and violent attacks on humanitarian workers have been on the rise.

Despite increasing impediments on the delivery of humanitarian assistance, AAA has not rested and has tried its best to reach out to those suffering in South Sudan through donations from international donors like WFP and other private well-wishers through church contributions.

Majorly, AAA primarily targeted internally displaced persons and host communities, providing emergency food assistance, health, nutrition, shelter, water and sanitation as well as protection from gender based violence when we received funding for emergency responses from donors. Treatment of undernutrition were the most affected areas, as well as food assistance and improved access to basic services such as health, shelter, water and sanitation.



ACHIEVEMENT 2018

- WFP provided 600 metric tons of food stuff to the TB and HIV patients.
- PCPM Provided 10 metric tons of food stuff to malnourished children.
- CESAR provided 5 metric tons of food stuff to malnourished children.

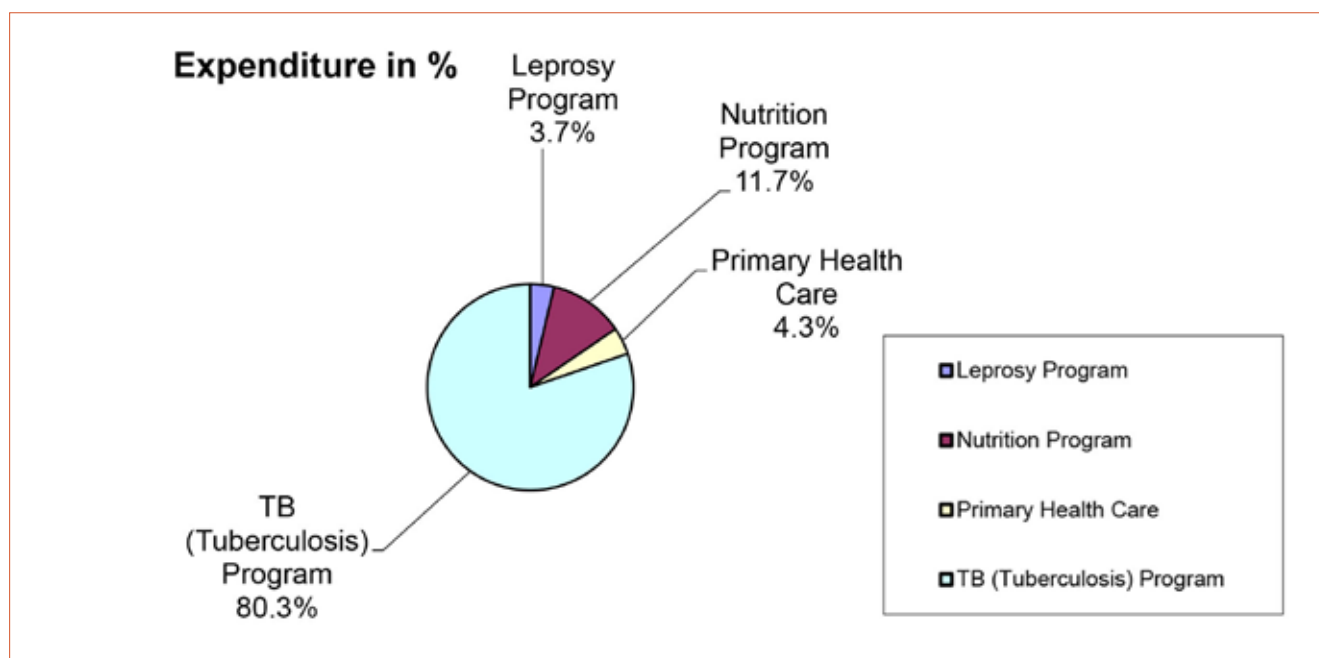
CHALLENGES

- Insecurity in most part of the country.
- Budget constraints due to donor fatigue.
- High cost of work-permit for humanitarian staffs.
- Continuous depreciation of SSP against USD.

FINANCIAL REPORT (PROGRAMMES) 2018

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2017 b/f	51,443.08	6.49
	Leprosy Program	2,880.34	0.36
	Nutrition Program	89,080.05	11.24
	Primary Healthcare	46,407.96	5.86
	TB (Tuberculosis) Program	602,745.77	76.05
Total Income		792,557.20	100.00

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	26,811.00	3.72
	Nutrition Program	84,513.00	11.74
	Primary Healthcare	30,654.78	4.26
	TB (Tuberculosis) Program	577,816.00	80.28
Total Expenditure		719,794.78	100.00



INCOME RECEIVED FROM DONORS 2018

INCOME Donors as at 31/12/2018		Total USD	%
1	Excess income over expenditure 2017 b/f	51,443.08	6.49
2	Brunelli Miriam	260.33	0.03
3	E. Capobianco	10,000.00	1.26
4	Bondeko Onlus	4,640.00	0.59
5	CESAR Onlus	22,264.05	2.81
6	Arcali Africa Onlus	45,492.11	5.74
7	Leonore Kuester	332.34	0.04
8	M.T.F. 2000 (Fr Michele)	664.68	0.08
9	Polish Centre for International Aid (PCPM)	78,478.00	9.90
10	DKA (Austria)	41,035.28	5.18
11	MIVA Austria	5,507.33	0.69
12	Global Fund/UNDP TB programs	532,440.00	67.18
TOTAL		792,557.20	100.00

in kind support

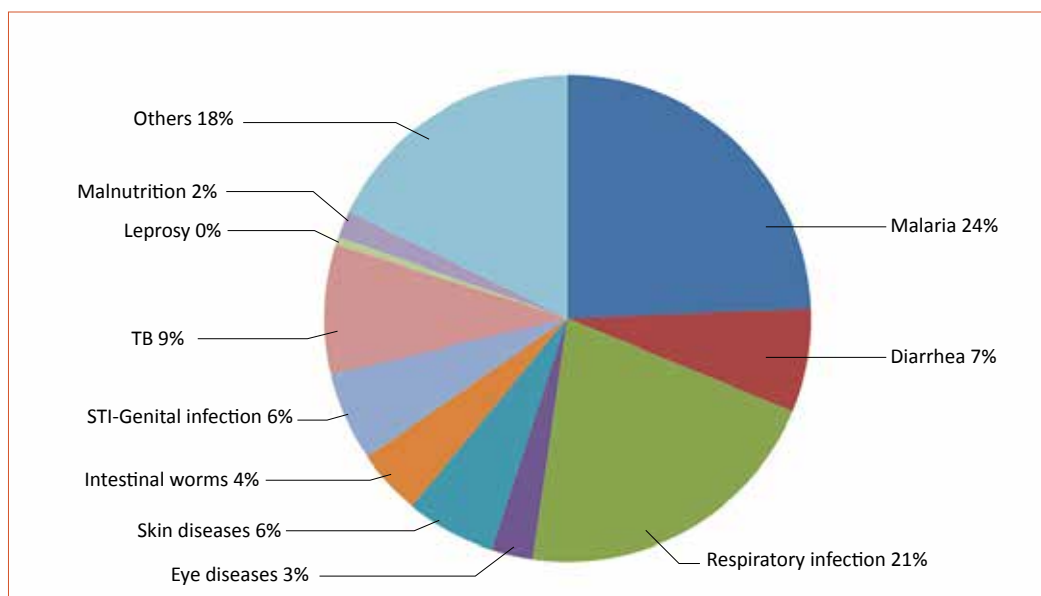
1. NTLF for donation of TB/LEPROSY drugs and HIV testing kits
2. MOH for donation of medicines
3. World Food Programme for the donation of food for patients

Average Exchange rate used for Euro to US\$ =1.1078024

OUR FRIENDS, PARTNERS AND SUPPORTERS

Verona Fathers
CESAR Onlus (Coordinamento Enti Solidali a Rumbek)
ERKO
DKA
Diocese of Rumbek (DoR)
Bondeko Onlus
Global Fund/UNDP (TB Programs)
World Food Programme
Genova Con Africa
Amici Di Antonio
Hope for the sick and poor
Polish Centre for International Aid (PCPM)
Amici Di Padre Mattia
Amici Di Lucia
BBM-Beschaffungsbetrieb der MIVA
Associazione Arcali Africa Onlus
Associazione Per La Lotta Contro La Fame Nel MONDO Onlus
M.T.F. 2000-Italy (Fr Michele)
Leonore Kuester
E. Capobianco
Brunelli Miriam

AAA EPIDEMIOLOGICAL REPORT 2018



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	TB	Leprosy	Malnutrition	Others
12483	3544	10801	1411	3058	2239	3045	4382	291	903	9121

ACRONYMS

AAA - Arkangelo Ali Association	NTLP - National Tuberculosis and Leprosy Program
IPD - In-Patient Department	OPD -Out-Patient Department
MCR - Micro Cellar Rubber	UN-FAO - Food and Agriculture Organization
MOH - Ministry Of Health	HIV - Human Immunodeficiency
TB - Tuberculosis	UN-WFP - United Nations- World Food Programme
PHCC - Primary Health Care Center	WHO - World Health Organization
MDT: Multi Drug Therapy	

SUCCESS STORY



"My name is Deng Garang Bol. sometimes back, I developed a cough that went for more than three months and that's when my elder brother advised me to seek help from a traditional healer. I hesitated at first, but I wanted the cough to go away, I had also developed chest pain and so I acted on my brother's advice and went to a traditional healer. The traditional healer required a payment in form of a cow for his services which my brother and I could not afford at that time so we had to look for support from family members. According to the traditional healer, the cause of my sickness was a bad omen from my father, supposedly because I

had not slaughtered a goat for him in a long time, as is, usually a tradition in my community.

The traditional healer was invited home to perform healing and cleansing rituals, for which he later demanded three more He-goats and a bull to be slaughtered. After the rituals were done, my brother and I felt confident that my cough and chest pain will go away, and life would return back to normal for me. Many days passed and the cough persisted, with more chest pain. I started to loose weight. My body was always hot, and I had no appetite.

One morning, a certain gentleman noticed me from the back of my house,

coughing while holding my chest in pain, He looked at my physical appearance and approached me.

He asked about how long I have been feeling that way and how long I have been coughing. I explained to him when these things all started, he wrote to me a letter saying that could be TB and he directed me to go to Kuajok Hospital TB unit.

I later found out that he was a community health worker in the neighborhood. At Kuajok Hospital TB unit, I was examined and tested for TB. It was found out that I had TB. At that time, I was very weak and confused. I was admitted to Kuajok Hospital and started on treatment with some food rations to help me get better.

After I took the drugs for three weeks my body improved, the chest pain and cough subsided. I feel more energetic and happy. I can now smile because my life came back to me. My family and I have made a decision to seek health services from health facilities whenever we feel sick, and to encourage others to do the same. I now know that TB can be treated and cured."

