PROFILE

Fighting Diseases and Poverty in South Sudan
BACKGROUND

Since November 2006, Arkangelo Ali Association (AAA) has been providing health services to the destitute populations of South Sudan. Its roots go back to the health department of the Diocese of Rumbek, where AAA founders (Mrs. Natalina Sala & Dr. Callixte Minani) had been working since 1997.

The decision of transforming the health department of Diocese of Rumbek into an independent NGO was prompted by the new period of peace that opened after the Peace Agreement between the Government of Sudan and the Sudan Peoples’ Liberation Army/Movement (SPLA/M), signed on 9th January 2005. In this crucial moment, AAA wanted to expand its health services to new areas after it had been requested so by the Ministry of Health under the Government of South Sudan (GoSS).

Early 2012, it was upgraded to an International NGO after an outstanding good performance in TB control programme.

“At the moment AAA operates in ten of thirty two states of South Sudan, namely Eastern Lakes, WLS, Gok State, Tonj State, Gogrial State, Wau, Aweil, Aweil East, Lol State, Tambura,. It employs 350 South Sudanese Nationals and 15 Regional staff (doctors, nurses, laboratory technicians and logistics). During all these years, AAA has made a deliberate effort to form and train local staff as a main means of building and strengthening local work force. This is a titanic effort in a context where education levels are still very low after long years of armed conflict and displacement.

Also AAA has improved its representation in the field by means of a liaison office in Juba and support offices in Rumbek and Wau. Due to the logistical constraints concerning the access to South Sudan, AAA has also a regional office in Nairobi, under the auspices of the Verona Fathers (Comboni Missionaries, Kenya Province).

AAA is a member of Bakhita Consortium, a group founded in 2005 of eight Italian, Kenyan and South Sudanese agencies working for the development of South Sudan and its people with the purpose of fostering a more effective cooperation and collaboration in the implementation of humanitarian and development work in South Sudan.

MISSION

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

VISION

AAA believes in the preservation of human dignity.

AIM

AAA overall goal is to improve the quality of life of the people of S Sudan and the World by reducing human suffering and improving the social economic status.
AAA HEALTH ACTIVITIES AND OBJECTIVES

The overall goal of the AAA programmes is to improve health of the general population in South Sudan. AAA delivers health services with great consideration on Christian values and responsibility with particular focus on vulnerable and the disadvantaged. The organization recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. AAA health programmes also continue to lay a lot of emphasis on prevention, delivery of quality treatment, care and follow-up of patients and the community. Training the local staff remains an integral part of AAA programmes in ensuring sustained health services.

The programmes are generally aimed at reducing human suffering and social economic burden in South Sudan.

The broad objectives of AAA key programs include Tuberculosis and Leprosy control, Primary Health Care and Training. The specific objectives, results, indicators, activities and the achievements for the programs are described below. The general objectives are:

**Objectives**

- To strengthen existing TB diagnostic and treatment centers by pursuing high quality DOTS expansion and enhancement, addressing challenges related to multidrug-resistant TB.
- To prevent morbidity and development of deformities in leprosy patients through active case finding.
- To provide high quality and efficient basic health care services.
- To provide sustainable health services through continuous training of national health staff.
TUBERCULOSIS PROGRAMS

General Objective:
To strengthen existing TB diagnostic and treatment centers by pursuing high quality DOTS expansion and enhancement, addressing challenges related to multidrug-resistant TB.

Specific Objective
The expansion of the DOTS services through community based DOTS, incorporating TB services into the primary health care structure, provision of supplies and equipment, capacity building by training of health workers to ensure sustainability of the program and close monitoring and evaluation of the whole program.

Results
1. A guaranteed regular presence of health personnel in the area providing quality curative and preventive TB health services that is accessible to the local population. The programs aspire to achieve a target cure rate of 85%. People who received TB health education should be able to name at least one preventive measure, and one symptom of TB when interviewed two months after receiving health education.

Indicators
Number of new smear positive cases detected under DOTS, number and percentage of new smear positive TB cases registered under DOTS who are successfully treated, number and percentage of new smear positive TB cases registered under DOTS who smear convert at 2 months of treatment out of all new smear positive cases registered under DOTS.

2. Local personnel adequately trained and capable of providing high quality TB services.
Indicators: Local health personnel trained and their performance assessed periodically.

3. Effective planning, implementation, reporting, monitoring and evaluation of the projects.
Indicators: Planning, monitoring, (reporting) and evaluation system (PMES) developed and operational, internal evaluations carried out regularly.

TUBERCULOSIS PROJECT ACTIVITIES

Result 1: Regular presence of TB health personnel in the area providing quality curative and preventive services that is accessible to the local population.

Activities:
1.1 Upgrading health facility premises
1.2 Equipping facility with necessary equipment, furniture, drugs and food
1.3 Establishing a logistical support system
1.4 Setting up and maintaining a feasible referral system
1.5 Setting up and maintaining information gathering and analysis system
1.6 Prompt diagnosis and treatment of TB patients
1.7 Providing health education to the patients attending the health facility and community
1.8 Establishment of satellite laboratories in the PHCC to increase case finding
1.9 Promotion of vocational training for in-patients.

Result 2: Local personnel adequately trained and able to provide high quality TB services.

Activities:
2.0 Training of laboratory assistants on sputum smears microscopy and quality assurance.
2.1 Training of health workers on diagnosis, case holding and treatment of TB patients.
2.2 Regular performance evaluation of local personnel.

Result 3: Monitoring and evaluation of the project assured

Activities:
3.1 Formulating a clear Project guideline that includes:
   - Detailed work plan
   - Details on project Planning, Monitoring and Evaluation mechanism
   - Definition of roles and responsibilities
   - Training schedule for local personnel and performance assessment.
3.2 Creation and distribution of monitoring tools
3.3 Establishing a performance monitoring system
3.4 Periodic visits of AAA co-ordinators to the project
3.5 Submission and collation of quarterly progress reports
3.6 Internal annual evaluation report
LEPROSY PROGRAM

General Objective:
To reduce transmission, morbidity and prevent development of new disabilities in Leprosy patients through active case finding

Specific objectives
- To provide MDT and make it accessible to all patients, improve quality of patient care and prevention of new disabilities.
- To facilitate physical, social and economic restoration of people with disabilities through community based rehabilitation (CBR).

LEPROSY PROJECT ACTIVITIES

Result 1: Increased awareness on leprosy in the community
Indicators: Health education provided to the community and village volunteers trained

Activities:
- Provide information to the community on signs and symptoms of leprosy with strong emphasis that it is curable. The patients should also be encouraged to seek early treatment.
- Avail information on the locations and timing of available services
- Give information about the availability of free treatment for Leprosy
- Strengthen community participation and support to the programs, thus improving their sustainability by organizing the village development committee training courses that highlight the need for patients to be encouraged to complete the course of treatment.
- Requesting the local community leaders, teachers, religious leaders and traditional medicine men/healers to participate in health education activities.
- Organization of special campaigns and commemoration of World Leprosy day.

Result 2: MDT is accessible and completed
Indicators: Number of new leprosy patients detected, percentage of patients who have completed MDT.

Activities:
- Visiting the villages to identify suspected cases of leprosy as early as possible
- Helping patients’ relatives and the community to recognise clinical features of leprosy
- Understanding the importance of treatment and referring such cases to the health facility for confirmatory diagnosis.
- Giving health messages to relatives and the public that once the treatment has commenced there is no danger of possible transmission.
LEPROSY PROJECT ACTIVITIES

Result 3: Local staff is adequately trained and efficient health services provided including socio-economic activities

Indicators: Number of staff trained on Leprosy, knowledge and performance of the staff, number of leprosy patients referred with complications, uninterrupted supply of MDT and other supportive drugs/supplies. Also timely and regularly submission of reports, training of laboratory assistants, laboratory tests performed, number of leprosy patients and/or family members receiving supportive care e.g. renovation or construction of houses, vocational training or placement in own business, adult literacy classes, provision of household supplies etc.

Activities

3.1. Train health staff and enable them to
- Diagnose and classify leprosy clinically into MB and PB.
- Recognize and manage common complications of leprosy.
- Identify and refer serious complications
- Have supportive drugs to treat common ailments (wounds or leprosy related conditions)
- Maintain a cordial and friendly relationship with all patients and the local community.
- Recognize, treat and refer any patients experiencing drug side effects.
- Maintain proper system of recording and reporting.
- Organize convenient locations and time for the clinics.
- Ensure overall commitment and motivation to eliminate leprosy from the area.

1.2. Verify and supervise laboratory schedule
1.3. Monitor recording and reporting system
1.4. Receive uninterrupted supply of MDT drugs
1.5. Provide housing, economic, educational and social welfare support

Result 4: Income-generating/ self-supporting activities are provided to the persons affected by Leprosy

Indicators: Rehabilitation activities implemented which includes provision of fishing equipment and distribution of seeds.

Activities:

1.1. Ox-plough Technology will be introduced in order to increase the land under cultivation leading to high crop yields.
1.2. Fishing equipment will be distributed in order to promote fishing activities.
1.3. A variety of seeds will be supplied to ensure good harvest at the end of the season.

Result 5: Self care and footwear programmes are implemented

Indicator: Existence of self-care activities and distribution of appropriate micro cellular rubber sandals

Activities:

5.1. Management of disabilities
5.2. Use of local materials for self care
5.3. Setting up of a community based self-care group
5.4. Regular distribution of Micro cellular rubber sandals (MCR)

The footwear programme is based on the following principles:
- Feet without deformities but with loss of sensation require protection. Practically any shoe can do provided it has a hard sole to protect the feet from sharp objects.
- Feet with deformities increases pressure points together with loss of sensation hence the need to be protected from developing sores and ulcers.
- Grossly deformed feet.

Result 6: Provision of quality care and prevention of disabilities in leprosy patients

Indicators: percentage of new cases that have undergone a disability assessment and are classified (WHO disability grade 1/2), preventive measures undertaken (patients educated on skin care, treatment of superficial ulcers, supportive items distributed and constant provision of physiotherapy), leprosy surgery performed, number of patients benefitting from footwear programme.
LEPROSY PROJECT ACTIVITIES

Activities:

6.1. Treatment of superficial (simple) ulcers
The basic treatment principles are as follows:
- Provide health education to make the patient understand prevention and treatment of ulcers while ensuring that they take charge of their own treatment.
- Regular foot soaking and rubbing with oil or Vaseline to keep skin moist for as long as possible.
- Taking the weight off the ulcer by:
  - Rest (bed rest / sitting down / reduced walking / walking on the heel in case of plantar ulcer).
  - Using crutches, walking sticks or any other support.

6.2. Treatment of deep (complicated) ulcers.
Deep ulcers eventually require surgery. If there is sepsis (heat, swelling, tenderness, fever, and anaemia) the case should be handled as an emergency and hence a patient is referred to a health facility for immediate surgery. Such cases are referred to DOR Mapuordit Hospital and Wau Comboni Hospital. Procedures for septic conditions involve:
- Incision and drainage—opening of an affected area by incising to allow pus to drain
- Sequestrectomy—removal of dead tissue.
- Partial or total amputation, in case of dead tissue (Gangrenous).

6.3. Physiotherapy provided
All patients with motor nerve function require physiotherapy. It should start as soon as the acute symptoms of neuritis have subsided. The patients should be taught on how to do exercises at home. The patients should be informed that physiotherapy does not restore nerve function but only helps to increase and preserve muscle strength. In case of permanent nerve damage, the exercises should continue indefinitely.

6.4. Nutritional needs are covered by food supply from WFP
During the period the patient is hospitalized, nutritional support is given to aid in the recovery process. AAA provides high-energy food for patients and some food for caretakers.

LEPROSY PROGRAM STRATEGY

Health Education and Community Participation
Health education is one of the key components in Leprosy control program. Health education provided to the community makes it easier for the project to achieve higher case finding, better treatment compliance and results. The community that is sensitized will always participates by ensuring that its members (who are suffering from the disease) utilize the available control facilities. It should be emphasized that leprosy is an ordinary disease, least infectious and most importantly curable. With early treatment serious deformities and disabilities can be prevented. The community must be educated on how to improve living conditions in their homes and avoid over crowding in order to prevent the spread of leprosy.

Screening
Screening of patients is always important so as to differentiate between the two main categories of leprosy, namely Paucibacillary (PB) and Multibacillary (MB). The length of treatment differs greatly depending with the type of leprosy and therefore it is important to ensure accurate initial diagnosis. In case a health worker come across a patient who has defaulted in their treatment, it is always important to establish the reasons. The reasons are usually varied but mostly it could be difficulty in reaching the health facility due to disability. In such a case, the medicine should be taken to the patient on a regular basis to avoid development of drug resistance or relapse.

Educating the community will lead to better knowledge and understanding of leprosy thus minimizing social stigma and discrimination associated with the disease. Increased community awareness of the disease will encourage patients...
to seek medical assistance and promote adherence to course of treatment. This will result to confinement of the diseases within a limited location preventing its spread and finally eliminating it from the community.

**Treatment of leprosy**

All registered and newly detected cases must be started on MDT regimen immediately the diagnosis is confirmed. The drug combination used is recommended and supplied by WHO. The drug is called MDT which is a combination of Rifampicin, Clofazimine and Dapsone for MB patients and of Rifampicin and Dapsone for PB patients. For patients classified as SLPB, a combination of Rifampicin, Ofloxacin and Minocycline (ROM) in blister packs is issued. The involvement of the local community and persons affected by leprosy is of paramount importance as it will greatly contribute towards achievement of expected results.

**Capacity building**

Short training courses will be conducted for national health workers drawn from the general health services program. The aim of this training is to refresh their knowledge and equip them with current skills in the management of leprosy. In addition, community volunteers will be trained to enable them to identify persons with suspicious skin lesions and encourage them to be screened at the nearest health facility. To achieve this, WHO has provided a training kit to all organizations involved in Leprosy Treatment?

**Community Based Rehabilitation-CBR**

Leprosy is among the leading causes of permanent deformities in the world. Even though leprosy is not fatal, the chronic symptoms associated with it, often afflict individuals in their most productive stage of life resulting in a significant social and economic burden in the society. Patients are often shunned and end up isolated by the community. Persons affected by leprosy face stigmatisation due to their deformities and disabilities that make them dependent on others for support. The community based rehabilitation programme is a major priority in AAA for persons affected by Leprosy. The program aims to restore their dignity and make them self reliant.

It has been the norm in South Sudan for the health workers to care for Leprosy patients with permanent nerve damage even after completing MDT. This trend of continued care entails the provision of antiseptic, Vaseline, bandages, second hand clothes, soap and other goods. This has led to an increasing number of people becoming dependent on AAA services. The aim of self-reliance programme is to create independence in persons affected by leprosy and thus reducing dependence on the services of AAA.
General Objective:
To provide high quality and efficient primary health care services

Special Objective:
To provide efficient Primary Health Care services through prompt diagnosis, treatment and preventive measures. This will lead to reduced morbidity and mortality especially in children under the age of five years and in other vulnerable groups

Results
1. Provision of consistent quality health care
   Indicators:
   Buildings constructed/renovated, well maintained and equipped, presence of qualified staff, uninterrupted drug and medical supply, laboratory tests done regularly, increase in the number of patients receiving treatment.

2. Provision of comprehensive medical care with integrated public health care
   Indicators: Structure, buildings, equipment for procedures and diagnosis in place and functioning, qualified and specialized staff working, number of patients receiving treatment, elective/emergency or specialized surgery performed, number of patients being referred, uninterrupted drug and medical supply, laboratory tests and laboratory quality assessment regularly done, health education provided

3. Main diseases among children under the age of five years are treated and prevented
   Indicators: diagnosis and treatment provided through IECHC strategy, health education given, EPI (Extended Program on Immunization) implemented and functional, malnutrition cases identified and treated, de-worming programs performed

4. To implement an effective MCH (Mother Child Health) program
   Indicators: TBAs (Traditional Birth Attendants) trained, equipped and supervised, increased number of TBA assisted deliveries & number of ANC attendees, TT vaccination coverage, number of referrals (with complications during pregnancy and delivery), reproductive health education provided, number of pregnant women receiving anti-malarial chemo-prophylaxis and ITN’s.

5. Local health staffs are adequately trained and able to provide quality PHC services.
   Indicators: National PHC health personnel trained, performance of local personnel assessed frequently, laboratory assistants trained, HHPs (Home Health Workers) identified and trained, TBAs identified and trained.

6. To monitor all PHC activities
   Indicators: Planning, implementing, reporting, monitoring and evaluation system developed and operational, supervisory visits conducted.
**Result 1: Provision of consistent quality health care**

Activities:
- To provide PHC and treatment of secondary diseases integrated into TB/Leprosy units
- To construct, rehabilitate and maintain buildings
- To train staff
- To supply and maintain equipment
- Regular supply of drugs and medical kits
- To perform quality laboratory tests
- To treat patients efficiently and effectively
- To offer health education regularly

**Result 2:**
Provision of comprehensive medical care integrated with public health care

Activities:
- To provide a clear structure for inpatient treatment, surgical and emergency procedures
- To provide and maintain equipment for surgical and emergency procedures
- To have qualified and specialized staff to perform major surgery
- To offer specialized leprosy surgery
- To have a mechanism of referring patients for specialized surgery
- To provide elective surgery to reduce emergency interventions
- To supply uninterrupted drugs and medical kits
- To perform high quality laboratory tests/diagnostic services
- To treat patients efficiently and effectively
- To offer health education regularly

**Result 3:**
Common childhood diseases among children under the age of five year are treated and prevented

Activities:
- To provide adequate treatment
- To conduct health education to mothers and caretakers covering topics like hygienic practices and breast-feeding
- To establish efficient cold chain system
- To have uninterrupted supply of vaccines
- To immunize children through routine vaccination (EPI)
- To support national immunization campaigns
- To identify and treat malnutrition by providing food supplements and other items
- To conduct de-worming program twice per year covering at least 7000 school children

**Result 4:**
To implement an effective MCH (Mother Child Health) program

Activities:
- To improve the skills of existing TBAs
- To improve social and economic status of TBAs in the community and to giving them official recognition
- To form a link and improve relationship between TBAs, the community and medical personnel
- To identify and refer pregnant women at risk of developing complications to the nearest health facility
- To refer mothers to ANC for examination and tetanus toxoid (TT) vaccination
- To equip TBAs with basic delivery kits
- To assist mothers during pregnancy, delivery and during the postnatal period.
PROJECT ACTIVITIES FOR PHC

- To recognize, treat or refer early to health centers pregnant mothers with complications
- To care for newborn babies
- To keep appropriate records in MCH
- To monitor & supervise TBAs regularly
- To keep TBAs motivated by providing incentives during their training and a regular benefit throughout their service period
- To give health education to young girls in preparation of motherhood
- To give health education to individuals, family, community and at the MCH on topics concerning domestic and personal hygiene, nutrition, immunization, STIs/HIV/AIDS, care of the new born baby, the use of traditional medicine and exclusive breast-feeding for six months which may act as a temporary method of family planning and prevention of malaria in pregnancy through chemo-prophylaxis

Result 5:
National health staffs are adequately trained and able to provide high quality PHC services.
Indicators, activities and achievements are described below under the fourth general objective (training)

Result 6:
To monitor all PHC activities

Activities: (At all levels- PHC facility, village based CHW and TBAs)
- To develop standardized health reporting system
- To supervise quality and performance of health workers
- To monitor recording of laboratory tests done, diagnosis, treatment, outcome, drug order and stock keeping system
- To ensure timely and regular health reporting
- To collect and analyze data
- To use data for health planning
- To share information with MOH for better collaboration

INTERNAL TRAINING PROGRAMS

General Objective:
To train national health staff so as to ensure provision of sustainable health services

Specific objective:
To train national health staff at the health facility and community to enable them make appropriate diagnosis, give basic treatment and offer health education on prevention of common diseases.

Results
1. Health personnel who are adequately trained on TB and Leprosy control
Indicators and activities: See chapter under “TB/Leprosy programs”

2. National health staffs are adequately trained and able to provide high quality PHC services.
Indicators: National PHC health personnel trained, performance of local health personnel assessed, laboratory technicians trained and performing well

3. Select and train HHPs
   Indicators: HHPs identified and trained

4. Select and train TBAs
   Indicators: TBAs identified and trained

AAA HEALTH ACTIVITIES

**Strategy employs by AAA to achieve targets set for TB**

- Conduct Outreach activities to Key Populations like Military barracks, Prisons, cattle camps, hard to reach villages, IDP and returnee settlement camps
- Ensure a good TB-HIV collaboration at community, facility, county, Payam and Boma levels, by engaging the HHPs
- Support the TB-HIV co-infected cases while on treatment
- Early retrieval of persons lost to follow up, through the establishment of TB clubs and the involvement of TB ambassadors
- Conduct Door to Door health education and screening of contacts of smear positive TB patients and contacts of children less than 5 years
- Supportive supervision and monitoring of program activities
- Behavior Change Communication (BCC) in the community and mobilization to increase demand for TB-DOTS services
- TB sensitization in congregate settings like prisons, military barracks, police cells, cattle camps, schools, churches and returnee camps.

- In door training of national health staffs so as to ensure provision of sustainable health services
- Community TB-DOTs and promotion of treatment adherence through TB treatment supporters and TB clubs
- Systematic TB screening among PLHIV and patients admitted in wards.
- Increase number of health facilities to conduct sputum examination
- Strengthening community DOTS in the continuation phase and follow up using the HHPs
- Nutritional supports to all patients showing malnutrition

**Strategy employs by AAA to achieve targets set for Leprosy**

- Leprosy screening children in primary schools and in the community
- Intensify leprosy screening of all people seeking health services with skin diseases
- In door training of national health staffs so as to ensure provision of sustainable health services
- Supportive supervision and monitoring of program activities
- Behavior Change Communication (BCC) in the community and mobilization to increase demand for leprosy services
- Identify those in need of social support for income generating activities
- Nutritional supports to all patients showing malnutrition
AAA HEALTH ACTIVITIES

Strategy employs by AAA to achieve targets set for Primary Health Care

- Behavior Change Communication (BCC) in the community and mobilization to increase demand for health services
- In-door training of national health staffs so as to ensure provision of sustainable health services
- Supportive supervision and monitoring of program activities
- Distribution of insecticide treated nets to prevent malaria
- Immunization of all children under 5 years old to prevent communicable diseases
- Mass de-worming of children under 5 years old to prevent worm infestation
- Offering Antenatal services to pregnant mothers attending health centers
- Mass distribution of iron tablets to all pregnant mothers to prevent anemia
- Distribution of Vitamin A to all children under 5 years old to prevent blindness
- Hygiene and water sanitation promotion to prevent common infection diseases in the community
- Growth monitoring for children under 5 years to advice mothers on nutrition status of their children
- Nutrition support to malnourished children and pregnant mothers to prevent death

AAA PROGRAM by LOCATIONS

GREAT LAKES STATE

- Mapourdit: AAA supports Tuberculosis and Leprosy program at Mary Immaculate Hospital.
- Aluak Aluak: AAA supports Tuberculosis program at Aluak Aluak PHCC
- Yirol: AAA supports Tuberculosis and Leprosy program at Saint Joseph Health Center
- Agangrial: AAA supports Tuberculosis and Leprosy program and Primary Health Care at Saint Bakhita Health Center
- Cueibet: AAA supports Tuberculosis program at Cueibet Hospital
- Adior: AAA supports Tuberculosis program at Adior PHCC
- Cueibet: AAA supports Tuberculosis program at Cueibet Hospital
- Bunagok: AAA supports Tuberculosis program at Bunagok PHCC
- Mingkaman: AAA supports Tuberculosis program at Mingkaman PHCC
- Rumbek: AAA liaison office for coordinating TB/HIV, Leprosy and Primary Health Care in Greater Lakes
- Wulu: AAA supports Tuberculosis program at Wulu PHCC
- Matangai: AAA supports Tuberculosis program at Matangai PHCC
- Cueicok: AAA supports Tuberculosis program at Cueicok PHCC
- Aduel: AAA supports Tuberculosis program at Aduel PHCC
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