

Triple Health

Newsletter from Arkangelo Ali Association



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Word from the Management

Dear Friends of AAA,

The dream of men and women of Southern Sudan came true when they voted massively for separation from the North during the just concluded referendum that took place from 9th to 15th January 2011. The referendum process went on very well without any major incident reported. The 98.83 % of Southern Sudanese who voted for secession showed the international community that Southern Sudanese people knew exactly what they were struggling for through years of armed conflict in the country.

The struggle is not yet over as the country looks forward to declaring independence on 9th July 2011. A lot of challenges still lie ahead of the youngest nation in the world. The main problems are in the spear heading of health /nutrition programmes, education, communication and building of basic infrastructure, integration of returnees, etc

Building of such a new nation needs a joint effort of all the stakeholders for success to be realized. AAA will continue being part of the players towards development of the new country.

Arkangelo Ali Association would like to thank all those who contributed towards the uplifting of the dignity of Sudanese people through its health and social programs in South Sudan and looks forward to your continuous support.

With Kind regards,

Dr. Callixte Minani & Mrs. Natalina Sala

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HIV/AIDS : In Health and Sickness



Mary Chol * and the husband in their compound at Cueibet

Cueibet :It is almost two months now since the 45 year old woman discovered that she was HIV positive, news that would change her life forever. Today, she says that she is at peace with God and her husband who also tested positive after convincing him to go for the HIV test.

HIV causes acquired immunodeficiency syndrome (AIDS), a condition where the immune system begins to fail, permitting life-threatening opportunistic infections. HIV infection has an acute phase. The virus replicates rapidly immediately following exposure to HIV. Simultaneously CD4 cells decline temporarily, suggesting diminished immune capacity. A latency period of variable length follows, during which viral replication stabilises, as does the CD4 count. The final stage, AIDS, occurs when CD4+T-cell numbers decline below 200 cells/mm³, a level below which an individual's immune system is too enfeebled to fight against opportunistic diseases. Death usually ensues.

"I am feeling stronger now after I started taking some medicine that I was given at the hospital for the persistent diarrhoea and chest pain," said Mary Chol *. "The first time I discovered my HIV status I was really afraid that I was going to die and to make matters worse the disease is not well understood in my community as few people know about it."

"I gave birth to eight children and four of them died before reaching the age of 5 years .My two daughters are married and am staying with my two children who go to primary school," added Mary. "Sometimes they have to go to school without eating anything because both of us have become weak to go to the farm to cultivate. Sometimes the neighbours and good Samaritans bring us food to eat".

"The first time I discovered my HIV status I was really afraid that I was going to die"

"All I have now is my husband who keeps me company and also helps me around the house when he wakes up feeling better" said Mary. "Most of our friends don't visit us anymore and they tell their children not to come to our house after they discovered that we are HIV positive,"added Mary.

HIV/AIDS is less understood in Southern Sudan and majority of the people who are living with the virus face stigmatization, lack of adequate nutrition and poor access to Antiretroviral (ARV) treatment or Antiretroviral Therapy (ART).

"We plan to go to Mapourdit hospital for medication (ARV's) after I regain some strength and we get money for transport," said Mary. A mathematical modelling showed that in communities with very high HIV prevalence, universal HIV testing and immediate Antiretroviral Therapy (ART) for everyone diagnosed with HIV could reduce new infections by 20 per cent within 10 years, WHO changed its guidelines in 2009. WHO's recommendation advanced initiation of treatment at 350 cells/mm³ CD4 count. Current practice in low resource settings is 200 cells/mm³.

Very few people living with HIV/AIDS are currently initiated on ART in Southern Sudan .The few ART centers available are also faced with a big challenge of clients' adherence to ARV's.

World Leprosy Day 2011

Tonj



PALs and staff of Don Bosco hospital entering the venue of the celebration after a procession through Tonj town



PALs walked into the venue carrying placards bearing messages on Leprosy



Don Bosco band entertained members of the public during the occasion



Persons affected by Leprosy approaching the podium after they were called forward by one of the speakers. The public was told not to discriminate them .



This group entertained the public who came to celebrate World Leprosy day at Tonj



One of the Persons affected by Leprosy giving a speech during the World Leprosy day at Tonj



Sr. Aquinata Nyangweso of Don Bosco Hospital giving her speech during the World Leprosy day



Part of the audience following the proceedings keenly during the commemoration of World Leprosy day



Persons Affected by Leprosy sing and dance after the celebrations

Nyamlel



Persons affected by Leprosy, Staff of Nyamlel hospital and members of the public during the commemoration of World Leprosy day at Nyamlel

Nutrition Program at Marial Lou



A malnourished child admitted at Marial Lou nutrition program is given therapeutic feeding . Most of the children admitted at the hospital come with severe



Poor weaning practices of children has greatly contributed to malnutrition cases in the area



A malnourished child with marks on the back inflicted by a witch doctor. Strong cultural beliefs in witchcraft has led to many patients coming to the hospital in serious condition after visiting them

Before Treatment



After Treatment



TAMBURA: The photos appearing on the left are of the same person taken before and a few months after treatment.

She was diagnosed with Pulmonary TB and also found to be HIV positive. The patient was put on anti-TB drugs and later on Antiretroviral therapy (ARV)

This example proves that even in the most remote villages of South Sudan where there is limited access to health services, provision of anti-TB drugs and Antiretroviral therapy (ART) can make a big difference.

Notice Board



Dr. Callixte Minani, Medical Coordinator AAA was invited by WHO-EMRO to attend the annual meeting for leprosy managers in Beirut, Lebanon. The participants had a chance to share their experiences with Goodwill Ambassador for Leprosy Elimination Mr. Yohei Sakakawa

Free online Atlas of TB Vaccination Policies Launched



A team of researchers from McGill University and the Research Institute of the McGill University Health Centre (RI MUHC) is officially launched the BCG World Atlas: a first-of-its-kind, easy-to-use, searchable website that provides free detailed information on current and past TB vaccination policies and practices for more than 180 countries.

"The Atlas is designed to be a useful resource for clinicians, policymakers and researchers alike," said co-author Dr. Madhukar Pai, who is an assistant professor at McGill's Dept. of Epidemiology, Biostatistics & Occupational Health and a

researcher in the Respiratory Epidemiology and Clinical Research Unit at the Montreal Chest Institute and the RI MUHC.

The Bacille Calmette-Guérin (BCG) vaccine was introduced in 1921 and continues to be the only vaccine used to prevent TB. Despite nearly a century of use, the vaccine remains controversial, with known variations in efficacy, strains, policies and practices across the world. Clinicians need to be aware of the various BCG policies in different parts of the world, as well as changes to those policies over time, especially when dealing with foreign-born adults who were vaccinated as children and who are unlikely to have retained their childhood vaccination records.

Visit - www.bcgatlas.org

WHO Releases a List of 30 Life Saving Drugs



photo: stock.uching

– Over eight million children under the age of five still die every year from causes such as pneumonia, diarrhoea and malaria. Also around 1 000 women die every day from complications during pregnancy and childbirth.

WHO's list of medicines for maternal and child health recommends those that are most important for saving mother's and children's lives.

The top 30 priority list was compiled by experts in maternal and child health and medicines who analysed the WHO Model List of Essential Medicines² and the latest WHO treatment guidelines to establish which medicines would save the most lives.

Haemorrhage, or severe bleeding, is the leading cause of maternal death. It can kill a healthy woman within two hours of giving birth. An injection of oxytocin immediately after delivery can stop the bleeding and can make the difference between life and death.

Other medicines on the list for mothers include medicines to treat infection, high blood pressure and sexually transmitted infections as well as drugs to prevent preterm birth.

World Health Day – 7 April 2011

**COMBAT
DRUG RESISTANCE**

**No action today,
no cure tomorrow**



WHO

We live in an era in which we depend on antibiotics, and other antimicrobial

to treat conditions that decades ago, would have proved fatal. When antimicrobial resistance - also known as drug resistance - occurs, it renders these medicines ineffective.

For World Health Day 2011, WHO will be calling for intensified global commitment to safeguard these medicines for future generations.

Tuberculosis



Health workers observe patients as they take their TB drugs (DOTS). Treatment compliance is key in the fight against the development of resistant strains of TB



TB patients in a ward at St. Daniel Comboni TB / Leprosy hospital, Marialou. They are admitted during the intensive phase & discharged on continuation phase of treatment



A health worker giving health education to the patients in the morning at Agangrial before the commencement of health services



TB patients at Tonj taking medication under DOTS



This boy suffers from TB of the spine and was put on treatment at Bunagok. It presents with spinal mass, sometimes associated with numbness, paraesthesia, or muscle weakness of the legs



A TB patient is seen feeding at Gordhim hospital. Most TB patients present with some degree of malnutrition and the feeding program has proved crucial in management of these patients

Plan to Restore Smiles in May



" I am happy that I can eat and speak better after the operation. I would like to say thank you to those who helped me" Nyan Ciek past beneficiary of Cleft Lip Repair

AAA is planning to conduct reconstructive surgery for those with cleft lip at St. Fatima Hospital, Gordhim in May.

This will be followed by a surgical Mission at the same hospital in July or thereafter.

FACTS ON CLEFT LIP >>>

A baby's face and skull form during the first two months in the womb. Normally, the tissues that make up the lip and palate fuse together. But in babies with cleft lip or cleft palate, the fusion never takes place or occurs only partially, leaving an opening (cleft).

Researchers believe that most cases of cleft lip and cleft palate are caused by an interaction of genetic and environmental factors

Environmental factors linked to the development of a cleft lip include fetal exposure to cigarette smoke, alcohol, certain medications, illicit drugs and certain viruses .



Primary Health care Focus St.Francesco D' Assisi Hospital -Marial Lou



This patient had breast cancer & Mastectomy (removal of the breast) was done. Unfortunately there are no specialized health facilities to cater for patients with cancer in Southern Sudan



This young boy presented at the hospital with cancer of the right eye and had to be referred elsewhere for further management



A 40 year old woman presented with a growth on her back. Health facilities need to be equipped with imaging and laboratory facilities to aid doctors in making the right diagnosis



A mother in labour is examined at the hospital before delivery. Most expectant mothers in the area prefer to deliver at home due to cultural beliefs. Majority who come to the hospital present with complications



A baby is delivered through cesarean section at the hospital after the mother developed obstructed labour due to a small pelvic bone (CPD)



A new born baby who was delivered normally by a mother at the hospital. Provision of skilled delivery may reduce rates of infant mortality in the community



A new born baby delivered at the hospital with neonatal syphilis. Cases of syphilis are very common in the area. A pregnant woman infected with syphilis may pass it to the baby in the womb if not treated



This baby was born with spina bifida, which is a birth defect that occurs when the bones of the spine (vertebrae) do not form properly around part of the baby's spinal cord. Surgery has to be done to correct such defect



This baby had a cleft lip which is a treatable birth defect that occurs when the tissues of the upper jaw and nose do not join as expected during fetal development, resulting in a split (cleft) in the lip. AAA will perform corrective surgery for such children in May at Gordhim hospital

St.Francesco D'Assisi Hospital -Marial Lou



Dr. Benjamin Jok, The Hospital Director examines a patient during the ward round at the adult ward



This patient was bitten by a snake and stayed at home for over one week before coming to the hospital. The limb had to be amputated as it had developed gangrene



The patient above had a dislocated jaw and had to endure three days of slapping at a witch doctor. She came to the hospital after the pain got worse and there was no improvement



A 13 year old girl at the hospital suffering from Anthrax. Although the cases of anthrax are extremely rare in the developed countries, it is still present in the area. Most of the patients with anthrax respond well to antibiotics



This child came with multiple eruptions on the face and trunk. The child was diagnosed with a severe form of chicken pox, treated and recovered



Dr. Benjamin Jok (right), Amos Gichaba (left) and Agnes Kivumbi (middle) during a surgical operation in theatre



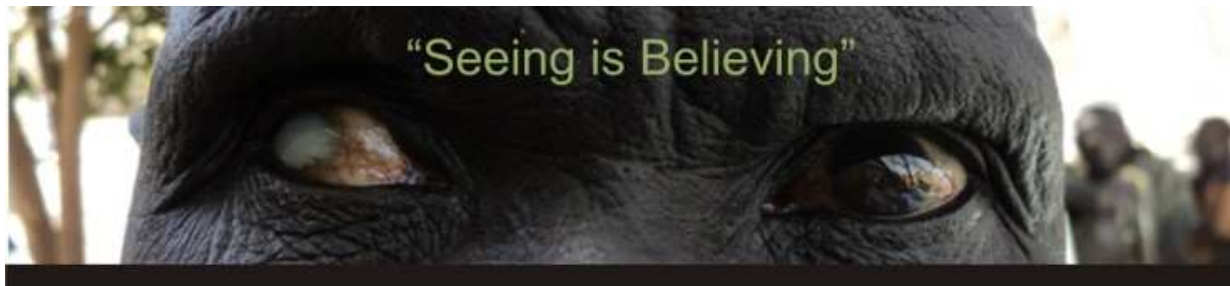
A patient is lying on the theatre table as they prepare to clean his wound on the right hip that resulted after being injected streptomycin by a quack in the local market



This child was bitten by a snake on the left arm while playing with his friends. Luckily he was brought to the hospital early enough and was recovering well.



The child above sustained 2nd degree burns and was admitted at the hospital.



Dr. Marlene Long greets people affected by leprosy who had come for eye screening at Agangrial TB/Leprosy hospital in March



Dr. Marlene Long performing an eye examination of a person affected by Leprosy (PAL) at Tonj



Dr. Marlene examining the eye of one of the PALs. Some of them were found to have developed cataract and in some incidences total blindness



Dr. Marlene performing an eye operation at Don Bosco Hospital in Tonj



Cataract is the leading cause of blindness in leprosy patients. Leprosy control programmes need to develop activities aimed at reducing the burden of cataract



One of the patients who benefitted from the eye surgery conducted by Dr. Marlene at Tonj, recuperates at Don Bosco Hospital, Tonj

Leprosy Management Training

Dr. Ananda Rama Krishnan conducted a training session on the management of Leprosy at various AAA Locations. Below are photos of parts of the training at Agangrial TB/Leprosy hospital

