

KHOTSO

April 2012

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Message from the Country Director



Ashley Wilson and her kids at Rachel's Children's Home.

Dear Volunteers,

Is it just me or is winter approaching? I can't tell. Some days the temperature dips while other days, it still seems quite spring-like. In any case, I hope you're preparing for the imminent cool weather and thinking about what you'll be doing over the winter months.

I'm once again pleased to say that I had a chance to visit several Volunteers since the last Khotso: CHED 10s Adam Peel, Evan Anderman-Hahn and Lee Niang and CHED 11s Jess Wilhelm, Jessalyn Howard, Courtney Lane, Amanda Lawrence, Terry Ellard, Barbara Meyer, Ashley Wilson and Cassie Biron, plus short visits with Mike Kerr and Lyndsey Chaillé. I've said it before and I'll say it again - I'm truly impressed with your dedication, creativity and hard work.

I'd like to call your attention to an announcement from PC/W: "The month of April is Sexual Assault Awareness Month (SAAM) in the United States. Peace Corps is participating in the month's observance designated to raise public awareness about sexual violence and to educate communities and individuals on how to prevent sexual violence. We encourage Volunteers and staff to participate in activities dedicated to sexual assault education and prevention.

One way to participate is through the Global Tree of Hope Pro-

ject. Throughout the month, there will be a large graphic of a tree of hope on display in the Peace Corps Headquarters lobby. The IDEAL Council (formerly named the Sexual Assault Working Group) invites Volunteers and staff to add to the tree a teal ribbon in solidarity, memory, or intention that one day sexual assault will not exist. Requests from the field may be sent to SAAM@peacecorps.gov where a member of the IDEAL Council will place a ribbon on the tree along with messages, dedications or tributes. At the end of April the IDEAL Council will send a link to a photo of the completed tree."

As you know, in recent years sexual assault has affected the Peace Corps Lesotho family in a very personal way. In addition every week I read about horrific sexual crimes committed in Lesotho. It's a sensitive and difficult topic, but working with the right community counterparts, I believe Volunteers can contribute significantly to raising awareness about this issue. If you conduct or participate in any sexual assault education activities in your community, please let us know. The Men as Partners curriculum and the Life Skills manual are good resources for this.

Khotso,
Kathy



Mike Kerr and supervisor in community computer training center.

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From the Editor

Articles must be received by the 4th Monday of the month to be included in the following month's edition of the Khotso. **When submitting articles, please provide the name of the person making the submission and a contact person for follow-up questions.** The Newsletter will be emailed and a hardcopy made available in the office on or about the 1st of each month. Please make sure that your email address is on file with Peace Corps. Remember that it is your responsibility to read the Khotso Newsletter for updates from Peace Corps Lesotho.

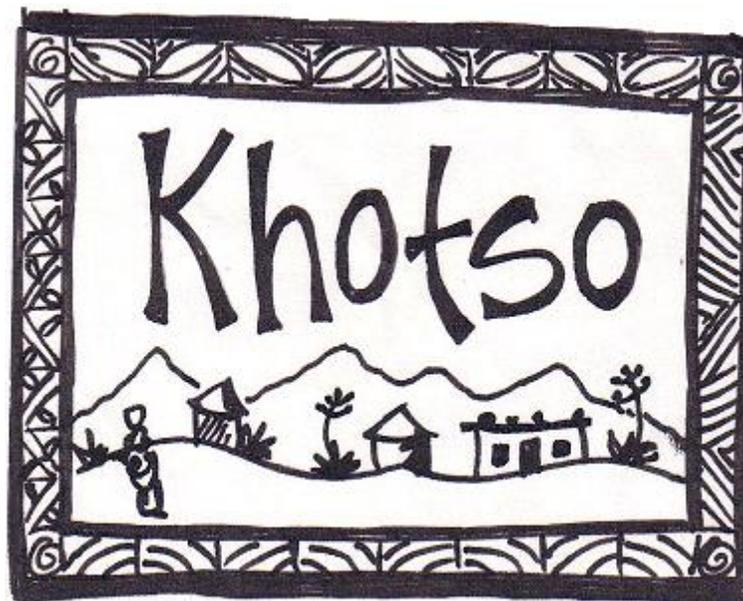
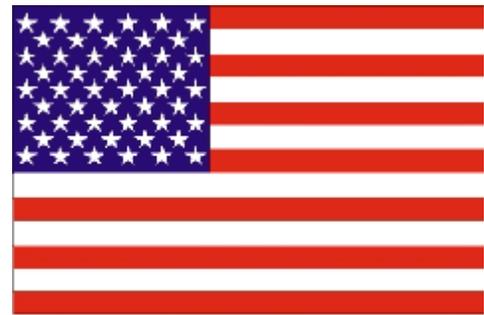
The editorial staff would like feedback from PCVs regarding the content. It is our desire to provide you with information that is useful, helpful, and encouraging. We would appreciate receiving constructive feedback from you.

By submitting articles, you are providing Peace Corps Lesotho with the right to reprint your article in full or part in any publication.

Deepak Pullanikkatil, Editor



Editorial



PCV & Staff Birthdays

Birthday greetings go out to the following Volunteers and staff!

April

Dold, Lisa – 2
 Severson, Teresa – 4
 De Lucia, Rusty – 7
 Deakin, Lauren – 7
 Vincent, Caitlin – 7
 Hood, Norma Lyn – 14
 Sefefo, Tsatsi (General Services Assistant) – 19
 Fisher, Caitlin – 21
 Selloane, Pitikoe (CHED PTS) – 22
 Fulton, Juliana – 23
 Forte, James – 26
 Simmons, Lewis – 30

May

Davies, Benjamin – 2
 Majara, Ralintoane (Driver) – 2
 Masechaba Mapena (Training Manager) – 9
 Good, Thomas – 22
 Meyer, Barbara – 22
 Delise, Brandon – 28
 Leza, Janelle – 30

Peace Corps Lesotho Holidays (Office closed these days)**April**

Good Friday (LS Holiday) – 6
 Easter Monday (LS Holiday) – 9

May

Worker's Day (LS Holiday) – 1
 Africa Heroes Day (LS Holiday) – 25
 Memorial Day (US Holiday) – 28

Calendar of Events and Staff Travel

Mar 18 – Apr 16 Charles on home leave
 Mar 29 – Apr 4 ED12 Phase III Training in Berea
 Apr 2 – 3 'Me Selloane on site identification
 Apr 5 – 10 'Me Selloane on leave
 Apr 10 – 13 'Me Victoria on leave
 Apr 10 – 13 'Me Malitaba on leave
 Apr 15 – 19 Kathy and 'Me Itumeleng on site visits in Qacha's Nek
 Apr 29 – May 5 Dr. Victor at continuing medical education conference in Pretoria
 Apr 22 – 28 CHED 12 TOT
 Apr 29 – May 30 Kathy on leave
 Apr 30 Nt. Clement on leave
 May 1 – 3 CHED 10 COS Conference in Se-monkong
 May 14 – 18 Nt. Nthoalo - attending SSC workshop in Pretoria

Duty Officer Schedule

Apr 2 – 8 AO
 Apr 9 – 5 APCD (ED)
 Apr 16 – 22 APCD (CHED)
 Apr 23 – 29 Training Manager

Apr 30 – May 6 HIV Coordinator
 May 7 – 13 PTS ED
 May 14 – 20 PTS CHED
 May 21 – 27 SSC
 May 28 – Jun 3 ITS

STAFF OF THE MONTH

This month we recognize Nthoalo Masi-phole, who was selected for the first ever US Embassy Employee of the Month Award for his exceptional dedication throughout the court case of the individual accused of sexually assaulting a Peace Corps Volunteer in 2010. After an initial acquittal in the case in April 2011, Nthoalo led Peace Corps' efforts to appeal this decision by identifying an attorney, working closely with him to mount the appeal, assisting police to locate and serve a

summons to the accused, regularly following up with court officials to ensure that the case would proceed and attending all court sessions at the high court. On February 13, 2012, the high court overturned the acquittal and the individual was found guilty. Nthoalo's efforts demonstrated Peace Corps' and the US Government's commitment to support Peace Corps Volunteers who are victims of sexual assault and likely contributed to the positive outcome in this case, which provided justice for the victim.

ADMIN CORNER by Jim

Contrary to my direct orders, I understand that the Admin Staff didn't miss a beat during my recent two week home leave in the States. Aside from my job security paranoia, you should all take comfort in how capable the PC Lesotho staff is and how well they can respond to and handle almost any situation.

Unfortunately my daughter's basketball season didn't turn out as hoped. They lost in the Final Four of the Division III playoffs. I think it was the reality that it was the last time she would ever put her uniform on that brought the flood of tears after her final game. As I held her while she sobbed on my shoulder, I had a flashback of the same scenario any one of the numerous times she fell off her bike about ten years previously. Parenthood has its ironies as many of you will no doubt discover, but I rarely feel more connected with my kids than I do holding them during moments like those.

Living Allowance Survey

Unfortunately, we did not reach the required 75% response rate on the Living Allowance Survey to request an increase in the Living Allowance at the Mid Year Budget Review due in April. We can try again when the fiscal year ends in September. Thank you to all the Volunteers who took the time to complete and submit the survey.

Bicycles

All bicycles that are given to Volunteers are checked out by a local bicycle shop. Given a few recent bicycle incidents, however, we will be double checking all bicycles in our inventory to ensure that they are in good shape. Also going forward we will be providing some basic bicycle maintenance training to all Volunteers that have them. As we get closer to the end of the fiscal year

and see where we stand in terms of our budget, we will see if we may be able to replace some of the bikes, but for now we will have to work with what we have. Please be patient if you request a bicycle.

Have a great April everyone and as always...stay safe...!

EDUCATION CORNER by Nt. Clement & 'Me Malitaba

Over the past few months we have had an opportunity to visit all the ED12s and would like once more to congratulate them for successfully completing their first 3 months in Lesotho. We wish them well as they continue to settle into their communities and look forward to seeing them at Phase III.

CHED CORNER by Charles and 'Me Selloane

Hi CHEDers. We wish you all Happy Easter vacation and make sure that wherever you go, you exercise vigilance.

The new CHED APCD As you may have already heard, 'Me Selloane Pitikoe the CHED Programming and Training Specialist will assume the new role as the CHED APCD effective May 6, 2012. We are really looking forward to your support in her new role. Mahlohonolo 'Me' Selloane! That said, we are now in the process of recruiting a replacement for her position.

Ntate Charles is also out on home leave until April 14th leaving 'Me' Selloane as the PTS, and the Acting APCD, which could be a bit overwhelming! Please be patient and make sure you copy Ntate Mohale on most of the correspondence meant for Ntate Charles and 'Me' Selloane.

CHED 12 Site Identification

It is that time of the year where we make plans for the new group, which is anticipated to arrive in Lesotho on June 1, 2012. This means spending most of our time out in the field visiting the potential host organizations and clarifying the PCVs role and job descriptions. If you perhaps hear or know of an organization that could potentially host a Volunteer, just give us a shout! Your support in the site identification process cannot be overemphasized!

Remember that a good site must have a well-defined job, a supervisor and counterpart/s interested in working alongside a Volunteer, plenty of work that involves mitigating the impact of HIV and AIDS on individuals and communities and a house that meets PC/L's safety and security standards.

PCVL

Congratulations to CHED 10 Delia Helie for being selected as the Peace Corps Volunteer Leader! The CHED Programme really looks forward to using her as productively as possible in meeting the needs of the PCVs and the Programme! Rea u lebohela, ausi Delia!

How to Get Rid of Rats, Rodents and Mice **from Patriot Pest Control**

(With a few of you experiencing rats and mice problems, we are sharing with you some ideas on how you can perhaps reduce the rate at which these unfortunate rodents infest your homes.)

In cooler months, mice become more of an issue. When food supplies start running low in nature, the resilient rodents head indoors. A mouse or rat population can grow quickly if conditions are correct.

Suggestions on How to Get Rid of Mice

My first suggestion to property owners is to inspect their dwellings for small openings. A mouse can enter through a hole the size of a pen or pencil. Check all of your doors for sun light penetrating through. A good rule of thumb is if there is light a mouse probably can get through. Don't forget your attic and or roof; many infestations come from faulty parapets or holes near gutters and spouts.

If mice are already in your house, make sure you wipe down your counters in the kitchen often. Mice and other rodents urinate constantly and can carry diseases.

Find out Where the Mice are Coming From

Once you have identified where they are coming from, place a trapping device in their path. Catching the mice in your house is one possibility. Mice generally run along walls as they are mostly blind and follow walls for guidance. One can identify rub marks where the grease from their fur will rub off.

You can buy mouse traps and give them a try. There are many types and styles of traps on the market, depending on where you find the mice. There are different ways on how to get rid of mice naturally, but there are many other ways too. Here are some how to get rid of mice home remedies.

There are:

- Electronic mouse repellent
- Decon mouse traps
- Cheap rat trap
- You can buy rat poison
- Rodent repellent system
- Sonic mouse repellent
- Sticky rat traps
- Ultra sonic mouse repellent
- Rodent bait stations
- Rat snap traps
- and many more...

Best Bait for Mouse Traps, Not as Good as it Appears

Some people will turn to bait. Be careful if you chose this method. There is bait available to home owners, but remember it can kill family pets just as fast. Plus if a mouse or rat eats the bait you may not locate it before it stinks of decay.

Try to Deter Mice

Reduce the environment mice need to thrive. If you have a bird feeder, just realize you are also supplying food for mice, rats and other wild life.

Water is also a reason for infestation

Back yard streams and ponds are all the rage, but you are supplying a great water source for rodents. So if you do have an environment suitable to rodents, I suggest you monitor your area with some sort of multiple catch trap, rat trap bait station and check it as part of your routine.

Sanitize Areas with Bleach

Deadly viruses can exist if conditions are right. Don't take the chance. Spray the area with a bleach solution and clean out debris. This is a good idea anywhere you find a mouse or rat "nest" and rodent droppings.

HEALTH CORNER by Dr. Victor

Important Announcements

Specialist appointments: Sometimes, a specialist may cancel a PCV's appointment at a very short notice. This might happen while the volunteer is already en route to Bloemfontein. When such a cancellation occurs, it is beyond our control at the PC medical office and you will need to bear with us. We will endeavor to communicate any changes to your appointment to you in a timely fashion.

Receipt of specially designated medications: There is a list of medications which PC has termed "specially designated". When a specially designated medication is dispensed to you, you will be required to sign a Form (MS 734 Attachment D) to acknowledge receipt of the medication. If you're at the medical office to pick up the medication yourself, the PCMO will ask you to sign Form MS 734 attachment D. But if the medication has to be sent to you at site, a copy of Form 734 attachment D will be enclosed with your medication package to be delivered to you at site. You're required to sign the enclosed Form and return it in a sealed envelope through the staff member who delivered it to you, if possible. Otherwise, you may return the signed Form in person when next you're in Maseru or via another volunteer who is coming to Maseru for some other reason

Dental appointments: Please be informed that every dental appointment has to be initiated with the in-country dentist in Maseru. Volunteers cannot bypass our local dentist in Maseru by requesting to be seen directly by the dentist at Bloemfontein. If the Maseru-based dentist deems it necessary to refer you to Bloemfontein, then you will be sent to Bloemfontein

Distribution of Malaria in Africa

Africa is composed of 50 countries with malarious areas. Forty-seven of these are located in sub-Saharan Africa, which bears most of the global malaria burden. The three malarious North African countries have only residual malaria transmission and occasional imported cases. PCVs should take note of the malaria-endemic regions of Africa and request appropriate anti-malaria prophylaxis before traveling to such areas. The malaria zones of Africa are as follows:

Central Africa (8): Democratic Republic of Congo (DRC), Cameroon, Chad, Congo, Central African Republic (CAR), Gabon, Equatorial Guinea and Sao Tome and Principe

East Africa (12): Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Mayotte, Rwanda, Somalia, Sudan, Tanzania and Uganda

Southern Africa (11): Angola, Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, parts of South Africa, Swaziland, Zambia and Zimbabwe

West Africa (16): Nigeria, Niger, Burkina Faso, Ghana, Mali, Côte d'Ivoire, Guinea, Senegal, Benin, Sierra Leone, Togo, Liberia, Guinea-Bissau, Mauritania, Gambia and Cape Verde

North Africa (3): Algeria, Egypt and Morocco

Distribution of Malaria in South Africa

Malaria occurs in limited areas in South Africa, mainly in the low altitude (below 1000m) areas of Limpopo, Mpumalanga and North Eastern KwazuluNatal (See map of malaria risk areas in South Africa). Limited focal transmission may occasionally occur in the North West and Northern Cape provinces along the Molopo and Orange rivers. Malaria is distinctly seasonal in South Africa, with the highest risk being during the wet summer months (October to May).

The map of malaria risk areas in South Africa is included in the PDF version of this newsletter.

Prevention of malaria

Malaria poses a risk to travelers to and residents in malaria areas. When traveling, the first step is to confirm that the area to be visited is indeed a malaria area. If in doubt, contact the medical office.

Stringent non-drug measures should be taken to avoid mosquito bites when visiting a malaria risk area, even in areas of low malaria transmission intensity. In addition, effective chemoprophylaxis should be taken. Volunteers intending to travel to a malaria area will need to get anti-malarial meds from the medical office. Please contact the medical office early enough as some of the anti-malarial meds will need to be started at least one week before your departure to the malaria zone.

PCV CORNER

From the Diversity Committee

Submitted by Danielle Sanni (CHED 10), Diversity Committee Co-chair



The leaves outside are changing and so is the Diversity Committee! In the past year feedback from Volunteers has been solicited regarding personal experiences in Lesotho. With that information and additional resources a manual on diversity, which is near completion will be available for Volunteer reference. Onward, the committee will strive to implement the following:

The organization and facilitation of the diversity panel with various representatives of the Volunteer community during PST.

ing PST.

- ◆ Assist with capacity building within the Peace Corps community through diversity training.
- ◆ Increase community awareness about the world in which we live by including diversity activities as a part of life skills education.

In mid-March, Sarah Marlow and I conducted diversity training with the form A, B and C students at Ha Mavuka Secondary in beautiful Sehlabathebe, Qacha's Nek. The 90 minute training





not only exposed students to ethnic American Volunteers, it was also an opportunity to deviate from the standard mode of learning through interactive activities. Committee members Benjamin Davies and Kelsey Marsh also facilitated sessions and found the training complemented their life skills program. Overall, students left a bit more knowledgeable about the diversity that exists within in their local community and in the world! Current Diversity Committee members will soon complete service in Lesotho. If you are interested in being an agent for social awareness, please contact Co-chair Sarah Marlow on Facebook or at onceuponasarah@gmail.com by April 30th. We will select new members and committee chairs before CHED 12 arrives in June.

From the DAR Committee

Submitted by Delia A. Helie (CHED 10), DAR Co-Chair



HIV/AIDS Facts Word Find

This month's DAR article is something a little different. This word find can be used for your personal use, share it with friends, community groups, or Life Skills classes. You are welcome to make copies of this word find or make up your own! This is just one example of a creative way to pass along information about HIV. Enjoy!

Word Find Instructions

Read the following 25 facts about HIV. Find and circle all the underlined words/phrases in the word find. Words can be up, down, diagonal, or backwards. There are a total of 34 different words/phrases to be circled.

HIV FACTS

1. HIV is spread through BLOOD, SEMEN, BREAST MILK, and VAGINAL FLUID
2. ABSTINENCE is the safest way to protect yourself from HIV.
3. Lesotho has the THIRD highest HIV prevalence rate in the world.
4. Correctly using condoms each time during sex can protect people again PREGNANCY, HIV, and STD'S.
5. You cannot spread HIV through HUGGING, KISSING, or SHARING FOOD.
6. ARV'S stands for ANTI-RETROVIRAL THERAPY. These are the different medicines given to people to manage their health when they are living with HIV.
7. Free HIV testing and counseling is available at CLINICS in Lesotho.
8. CONDOMS stop the spread of body fluid from one person to another.
9. LIFESKILLS classes give people knowledge to make good decisions and live a positive healthy lifestyle.
10. Condoms are used ONLY ONCE. Each time a person has sex they should use a new condom.
11. RISKY SEXUAL BEHAVIORS are behaviors that can lead to the spread of HIV.
12. The BIOLOGY of women make them at a higher risk of contracting HIV.
13. PMTCT stands for prevention of mother to child transmission. The practice of PMTCT reduces transmission of HIV from mother to child.
14. STD stands for SEXUALLY TRANSMITTED DISEASE.
15. AIDS stands for Acquired Immune Deficiency Syndrome.
16. The ABC's of reducing the spread of HIV include Abstinence, BE FAITHFUL, and Condomize.
17. SHARING RAZORS can transmit HIV.
18. There is NO CURE for HIV/ AIDS.
19. HIV is present throughout the whole WORLD.
20. Once a person begins ARV treatment they must continue to take the medication for their WHOLE LIFE.
21. HIV can infect people of any RACE, AGE, or GENDER.
22. MCP stands for Multiple Concurrent Partners. Having multiple concurrent partners increases the risk of transmitting or contracting HIV.

23. MALE CIRCUMCISION helps to reduce the risk of transmission of HIV.
24. It is recommended that sexually active men and women get tested for HIV every THREE MONTHS. People living with HIV must EAT HEALTHY to keep themselves well.

TB and the Volunteer

Submitted by Courtney Lane (CHED 11)



In light of World TB Day on March 24th, Volunteers gathered to discuss the impacts of tuberculosis in their communities and what we as volunteers can do to mitigate its effects. The following is a rather long winded description of the technical aspects of TB, both in general and in Lesotho specifically.

How It Works

Tuberculosis is a bacterial disease of a particularly persistent variety. Once a healthy person is infected, their immune system will generally be able to suppress the bacterial load to an undetectable level. This is known as the latent stage of the disease – the carrier is non-contagious and shows no major symptoms of TB. However, TB will then patiently wait around for the duration of the person's lifetime for the immune system to become suppressed (i.e., taking steroids, developing cancer, or contracting HIV).

At this point, TB is able to overwhelm the immune system, and the person is now said to have active tuberculosis. Symptoms of this include weight loss, fatigue, night sweats, unexplained coughing, and bloody sputum (which is that nasty non-saliva substance that can be coughed up from the lungs). If a person has active TB, they are also contagious and can spread the disease via coughing or sneezing.

TB, Testing, and Treatment

The test that most Americans are familiar with is the PPD or the subcutaneous skin test. This involves placing a live but genetically modified version of the tubercle bacteria under the skin. If there is no response within a few days, then there is no need to worry. If the infected area swells within a day or so, this means the immune system had a strong memory driven response against the test; the immune system has responded to a similar infection before. It is important to remember that both latent *and* active TB will test positively with this method. At this point, further tests are given to confirm or deny the presence of active TB.

One of these is a chest x-ray. If there are small white dots in the upper lungs, or worse, spread throughout the lungs, this is an indicator of active TB. A sputum smear may also be conducted. This involves dying the sputum sample with a chemical that will stain the TB bacteria that are present. If there are enough present to show up on a smear, the disease is active.

When you have been diagnosed with a latent infection, you will usually be given a single drug called Isoniazid for 6-9 months. If you have an active infection, you will receive 4 drugs until your sputum test becomes clear, approximately 2 months. This means that you are no longer contagious, and this process is called conversion. Once your TB has been converted, you will use only 2 drugs for the remainder of your treatment, which could be anywhere from 6-12 months.

The use of so many drugs is important because TB is very quick to develop resistance. It is essential to knock it down as soon as possible. This is also why patients receiving TB medication need to take them as prescribed. Failing to do so often results in MDRTB (multi-drug resistant tuberculosis), which can be very difficult to treat.

TB and HIV

Almost 1/3 of people in the world living with HIV are co-infected with TB. At Maluti Adventist Hospital in Berea, 90% of TB patients have HIV. A somewhat confusing aspect of this problem is that patients who are co-infected with TB and HIV are often urged to start the TB treatment first and start ARVs once their TB has been converted.

This is because of Immune Reconstitution Inflammatory Syndrome (IRIS). If the immune system has been suppressed and there is a sudden increase in CD4 count, as what happens when taking ARVs, the immune system can sometimes have the equivalent of a panic attack and throws itself into overdrive. Unfortunately, this surge of dedication can worsen a person's symptoms, create new ones, or even cause death. Therefore, TB is often treated first.

TB in Lesotho

Lesotho has the 4th highest prevalence rate of TB in the world. As in many high prevalence countries, newborns are given a BCG immunization which reduces the severity of TB should they contract it. These include TB meningitis and those types found in the central nervous system and bloodstream. Due to this immunization, the receiver will always test positive for TB in the skin test. For this reason, the skin test is not given to most Basotho.

It is very rare to find congenital TB, that which is passed through blood to the child from the mother. Neonatal TB is much more common. In this case, the baby is exposed via the mother coughing.

Luckily, World Food Program has a Food by Prescription Program which is available to people on PMTCT, ARV, and/or TB medication. They need to fill certain physical requirements: BMI measurement of less than 18.5% and a middle upper arm circumference measurement of less than 23. They can be referred by hospitals or clinics to the program.



What TB Means to Volunteers

Downside: Yes, it is possible that you will be exposed to TB during your service here. This means you will be on medication or 6-9 months and you will always test positive with a TB skin test.

Never take a TB skin test if you know you have a latent infection because you may have a severe reaction You will have a latent infection for the rest of your life. :(

Upside: Tuberculosis provides a great alternative to directly talking about HIV/AIDS. This can be particularly helpful in high stigma communities as a way to address living with AIDS. I know from personal experience that people in my village are much more comfortable talking about TB care and treatment than HIV care and treatment.

Additionally, there should be a TB Coordinator with the Ministry of Health and Social Welfare located in your camp town. They should have access to the Ministry's resources for mitigating the effects of TB in Sesotho (a similar campaign to OneLove)!

Now start preparing for World TB Day 2013!

PCV LIFE IN PICTURES



Amanda Lawrence teaching life skills.



Terry Ellard making tools.

NEWS FROM AROUND THE PEACE CORPS WORLD

Peace Corps Volunteers Celebrate International Women's Day

WASHINGTON, D.C., March 8, 2012 – In commemoration of International Women's Day, Peace Corps volunteers worldwide are engaged in programs and activities to empower women and

girls to think beyond traditional gender roles and encourage self confidence.

"Peace Corps is proud to recognize the work of volunteers who empower women in their local communities to create small business, continue their education and improve public health," said Peace Corps Director Aaron S. Williams (returned Peace Corps volunteer, Dominican Republic, 1967-1970). "Peace Corps volunteers all over the world are working to find creative ways to inspire new generations of women and girls."

Peace Corps volunteers regularly work with local communities to create women's groups, after-school clubs and camps geared toward women and youth. Volunteers also organize Camp GLOW (Girls Leading Our World) or similar camps that help promote gender equality and empower young women by creating a safe and supportive environment for cultural exchange, individuality, creativity, leadership development, and fun. Since 1995, volunteers in 60 countries have established similar programs to promote the empowerment of women.

The following are highlights of how Peace Corps volunteers support women and girls:

Peace Corps/Dominican Republic: Forty Peace Corps volunteers have organized 15 events for more than 1,150 women and girls that will commemorate Dominican women's achievements and inspire girls to set goals. Peace Corps volunteers and local women have planned the events, which include a woman's day march and mural painting in Santiago, a weekend retreat for girls groups from the South, a museum trip for girls from 10 communities, and conferences.

The celebrations will connect girls with professional women to encourage personal goal setting and healthy decisions. The women will talk about gender equality, gender violence, HIV prevention and celebrate women as role models and mentors. Men and boys will also participate in some of the activities.

Peace Corps/Moldova: Lindsay McDaniel of Indianapolis, Ind., a community development volunteer works with a domestic violence shelter to improve the shelters direct services, teach better management and organizational skills and train staff and community about domestic violence interventions and prevention strategies. McDaniel also works with the center to introduce new technologies to help improve data collection and processing.

"Another secondary project I just recently started is in my role as the Training Director of the Peace Corps program GLOW (Girls Leading Our World)," said McDaniel. "I will be designing and implementing training seminars and leading interest meeting for the organization as well as helping lead GLOW seminars for young women throughout Moldova."

Peace Corps/Turkmenistan: Community health volunteer Ellyse Gillogley of Sacramento, Calif., is teaching women and teenage girls about proper exercise and nutrition. In January, she and her local hospital opened a fitness center with support from a Small Program Assistance grant. Two times a week, Gillogley teaches aerobics and weight exercises. The women have learned how to initiate their own daily workouts at home and are learned to eat a heart-healthy diet.