



## Malaria Community Launches Global Malaria Action Plan

NEW YORK, NY – While attending the UN Summit in New York in late September, members of the international community marked the launch of the Global Malaria Action Plan (GMAP). Developed through the framework of the Roll Back Malaria Partnership, GMAP has mobilized 30 malaria endemic countries



and regions, 65 international institutions and 250 experts from a wide range of fields to accelerate action against malaria.

The plan aims to cut global malaria cases in half by 2010; achieve near zero malaria deaths by 2015; provide universal coverage for all populations at risk by 2010; and eliminate malaria in eight to 10 countries by 2015.

The strategy to reach these goals

involves, among other interventions, the distribution of insecticide-treated nets, indoor insecticide spraying and effective malaria drugs. The plan also provides timelines for delivering nets and drugs to all people at risk, as well as an outline for scaling up investment in research.

A combined \$3 billion has been committed for its implementation

*GMAP continues on page 7*

## USG Meets PSI

### Financial Crisis May Affect Foreign Aid

**By Jennie Quick**

WASHINGTON, DC – On October 3, President Bush signed a law to shore up the failing U.S. financial market, representing the largest government intervention in the market since the Great Depression. The main thrust of the new “bailout” law is that it gives the U.S. Treasury the power and resources to buy up to \$700 billion of failing assets, then eventually sell them back to private buyers when the markets have calmed.

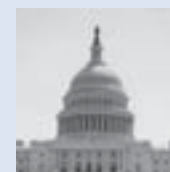
Regardless of how well the bailout works, the financial crisis is expected to slow the growth of the U.S. Gross Domestic Product and cause a huge increase in the federal budget deficit. This will certainly affect the previous-

ly announced plans and priorities of the next president, who will be elected on November 4. Unfortunately for PSI and other organizations working internationally, foreign assistance is one area that will likely be targeted for cuts.

Democratic presidential candidate Barack Obama, who previously stated that he intends to double U.S. foreign assistance from \$25 billion per year to \$50 billion per year, noted on September 27 that while he is “a strong supporter of foreign aid,” he “may have to delay that a little bit” if elected president. His running mate, Sen. Joe Biden (Del.), echoed that remark on October 2.

PSI and others will continue

making the case to policymakers that U.S. foreign assistance has a wide-ranging positive impact abroad and in the U.S. by promoting global stability, building economic prosperity, engendering goodwill toward the U.S. among aid recipients, and improving individuals’ quality of life.



#### Appropriations Continue at FY08 Levels

President Bush signed a continuing resolution on September 30 to extend federal spending at Fiscal Year 2008 levels for most programs, including global health, until March 6, 2009.

The continuing resolution had been long anticipated, as election year politics complicated Congress’ ability to pass new appropriations bills for Fiscal Year 2009 (FY09). While preliminary work on the FY09 State and Foreign Operations appropriations bill (containing foreign aid allocations) was completed in July, it

*USG continues on page 4*

## PASMO Increases Condom Use Among FSW in El Salvador

From February 2004 to September 2007, previous sexual encounter condom use among female sex workers (FSWs) increased significantly from 17% to 63% in San Salvador, El Salvador. In addition, among this same group, the proportion that was tested for HIV within the last year increased significantly from 44% to 87%. Between these two survey rounds, PASMO conducted a mass media television campaign directed to the general population and interpersonal communication interventions.

Segmentation analysis reveals that the proportion of female sex workers who consistently used a condom were more likely to have heard a PASMO radio campaign titled, "Sé tu mismo" within the past year (66%) than were female sex workers who did not consistently use a condom (32%).

As illustrated in the accompanying graph, evaluation analysis reveals that

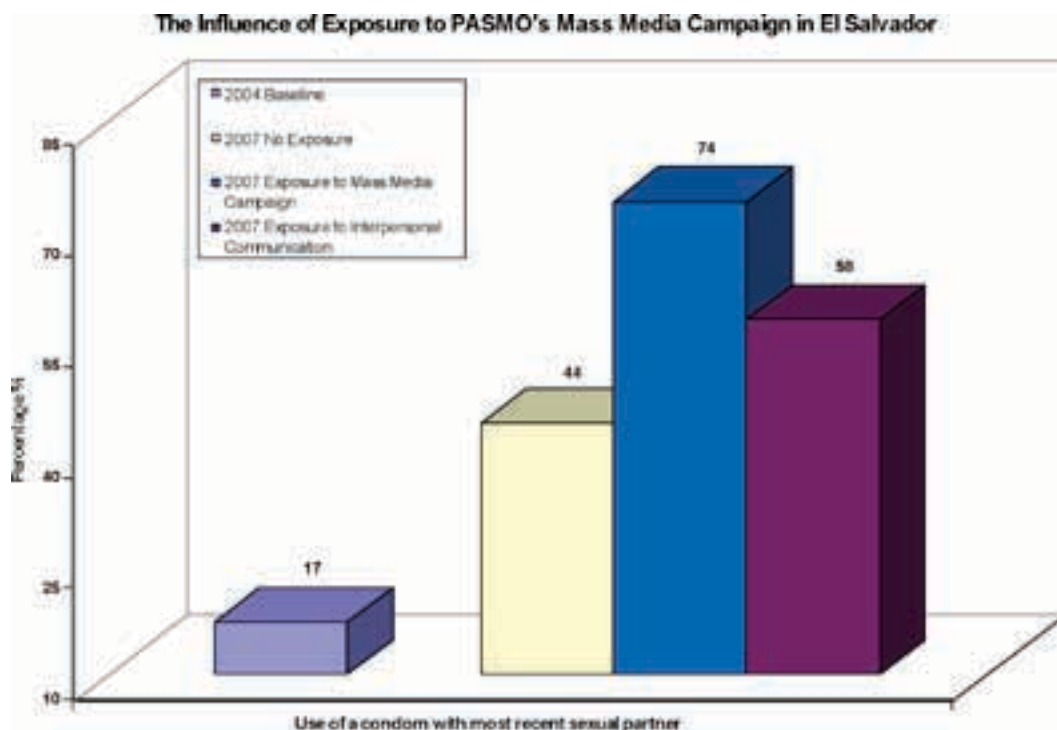
exposure to PASMO's mass media campaign is significantly associated with condom use with the last sexual partner. In 2004, the proportion of female sex workers who reported using a condom with their last sexual partner was 17%. However, by 2007, after PASMO's behavioral interventions, the proportion reporting condom use with their last sexual partner had increased to 74% among FSWs exposed to the mass media campaign, and to 58% of FSWs exposed to an interpersonal campaign effort.

Download the full report at [www.psi.org/research/cat\\_socialresearch\\_smr.asp](http://www.psi.org/research/cat_socialresearch_smr.asp)

• Sources: Population Services International. (2006). *El Salvador (2007): Estudio TRaC de VIH/SIDA entre Trabajadoras Sexuales Femeninas en San Salvador, Santa Ana, San Miguel, Sonsonate y San Vicente*.

**Segunda Ronda** (Social Marketing Research Series).

- Percentages adjusted for demographic characteristics
- Sample: N = 298 in 2004, N = 560 in 2007
- Significance: Results significant at  $p < .001$
- Edited by **Christopher Rasmussen**. For more information or to contribute to the Insights series, contact Christopher Rasmussen at [crasmussen@psi.org](mailto:crasmussen@psi.org).



## PSI Impact

*An internal monthly newsletter for staff and boards of PSI and its affiliates*

Executive Editor: **David J. Olson**  
Managing Editor: **Leif Redmond**  
Editor: **Mandy McAnally**  
Copy Editor: **Yvonne Orji**  
Layout/Design: **creativeservicesmd.com**

*PSI Impact* welcomes stories, story ideas, photos and contributions of all kinds from all members of the PSI family (staff and boards of PSI and its affiliates). Please limit stories to 400 to 750 words. The contributions can be in English, French, Spanish, Portuguese or Russian but if the language is not English we would appreciate an English translation. Articles will be printed in both languages.

Deadline for submissions is the 5<sup>th</sup> of the month.

Send material to [psimpact@psi.org](mailto:psimpact@psi.org)



**Population Services International**  
1120 19th Street, NW  
Suite 600  
Washington, DC 20036  
Phone: (202) 785-0072  
Fax: (202) 785-0120  
Web site: [www.psi.org](http://www.psi.org)

# Spirit of Collaboration

*PSI/Botswana and China summoned the spirit of collaboration in September and October as they connected with local partners and another PSI platform, respectively, to improve their health impact.*

## Botswana Partners to Tackle Multiple Concurrent Partnerships

**By Botho Tlhobogang**

**SELIBE and MAHALAPYE, Botswana** – In Botswana, collaboration with local partners has led to a successful expansion of PSI's grassroots behavior change communications (BCC) activities. PSI/Botswana launched an HIV prevention project in the two towns of Selibe Phikwe and Mahalapye in late September with the help of the District AIDS Coordinators' offices, District Multi-Sectoral AIDS Committees and local community- and faith-based organizations.

The project, which is expanding to eight new districts across Botswana, will focus on reducing multiple

concurrent partnerships, incorrect and inconsistent condoms and alcohol abuse. These are among the key drivers of HIV transmission in the country.

Prominent members of the community, key stakeholders and the public turned out for both project launches. In Selibe Phikwe, PSI hosted well-known musical guests to entertain the audience, while a theater group performed dramatizations on the project's key HIV prevention priorities.

For the Mahalapye launch, a former TV presenter for the popular music show Mokaragana and the award-

winning Matsieng traditional group kept the day lively. Introducing PSI to the 40 high profile attendees and 200 community members, Mahalapye-born Benjamin Raletsatsi of PSI stressed the evidence-based approach to social marketing and BCC that led to the design of this project. The initiative was made possible by funding from the African Comprehensive HIV/ AIDS Partnerships and the President's Emergency Plan for AIDS Relief, and with concerted efforts among local groups.

**Botho Tlhobogang (Botho.Tlhobogang@psi.co.bw) is public relations coordinator for PSI/Botswana.** 🌐

## Cambodia Shares Malaria Strategy with China

**By Clare Ye Sheng**

**KUNMING, China** – In the spirit of mutual learning and exchange, PSI/China recently led a team of Chinese CDC malaria experts to tour PSI/Cambodia's Global Fund malaria program in Phnom Penh.

The two countries face similar challenges in the Mekong region, including minimal quality control in a dynamic cross-boarder trade of anti-malaria drugs, a multitude of ethnic minority communities living in isolation and poverty, forested hilly regions and prolonged rainy seasons.

PSI/China is implementing a Global Fund malaria program through the marketing of long-lasting insecticide-treated nets and targeted behavior change communication campaigns in remote villages in Yunnan province, situated in the northern Mekong region. The Chinese delegation wanted to learn how Cambodia deals with regional challenges and gain insight into its more seasoned program.



*The China delegation talks with PSI/Cambodia staff about the local treatment situation while visiting a pharmacy.*

As part of the tour, PSI/Cambodia hosted roundtable discussions with staff and Cambodian CDC partners, visits to outlets and franchise health clinics, and interpersonal communication demonstrations to share their experiences with social marketing of malaria-related products and services.

The tour provided a forum for discussion and hopefully an ongoing dia-

logue in the region regarding malaria programming. Further, PSI/China and its local partners said they benefited from viewing a large scale program and gained a wider regional perspective.

**Clare Ye Sheng (clare@psichina.org) is PSI/China's communication officer and a Princeton in Asia Fellow.** 🌐



# Drink Water, Don't Smoke, Rotate Your Spot: Risk Reduction Messages for IDUs

*By Jessica Greene*

When we think about communication messages for programs reaching injecting drug users (IDU), messages range from don't use drugs, reduce drug use, seek treatment to quit, and an emphasis is often placed on using clean needles, not sharing syringes, avoiding initiation of injection. However, behavior change communication messages for IDU activities can be much more nuanced. Below are five additional messages that can lead to safer injecting behaviors and subsequently HIV risk reduction.

**1. Rotate injection sites.** There are many ways to look after your veins when injecting. Proper vein care will reduce the need to look for more dangerous veins – such as the femoral vein – for injection. One of the most common vein care strategies is vein

rotation. Using several different veins on different parts of the body for injection gives the veins a chance to recover and reduces risk of vein collapse.

**2. If you can't rotate, inject downstream from the last injection site.** Sometimes vein rotation is difficult. An injector may not be comfortable injecting left handed or he/she may be in a hurry and not take the time to find a new injection spot. If that is the case, encourage subsequent injections be done downstream – closer to the heart – from the first. This reduces the risk of pushing a blood clot into the bloodstream.

**3. Drink water, don't smoke cigarettes.** Drinking water and refraining from cigarettes even for a

half an hour prior to injection makes veins easier to find. When you are dehydrated, veins constrict and become tougher and more difficult to see.

**4. Avoid initiation of groin injection.** The femoral vein is located in the groin. With poor vein care, IDUs may be tempted to inject in this large vein. With groin injection, it is easy to hit the femoral artery or nerve which can result in major health complications.

**5. Use clean water, new cookers and new cotton filters every time you inject.** Clean needles aren't the only sterile equipment that should be used during injection. Avoiding sharing other injection equipment can protect veins from infection, damage and abscesses, and can reduce risk of Hepatitis B and C transmission. 🌐

### *USG from page 1*

is unclear whether the next Congress, arriving in January, will pick up where it left off this year or start fresh with a new bill next year.

### **Sally Cowal Speaks About Safe Water on Capitol Hill**

**Sally Cowal**, PSI senior vice president and chief liaison officer, joined Congressman Earl Blumenauer (D-OR) and other speakers at a briefing on "Global Water Futures: A Roadmap for Future U.S. Policy Engagement," sponsored by the Center for Strategic and International Studies. Sally's comments to the audience at the U.S. Capitol stressed the immediate availability of simple, affordable solutions to alleviate the enormous burden of diarrheal disease around the world.

Congressman Blumenauer, the author of a 2005 law, the Water For The Poor Act (PL 109-121), said he was "frustrated that we're losing the race" to reduce by half the number of



people with access to safe drinking water and basic sanitation, one of the purposes of the law. He and Senator Richard Durbin (D-IL) introduced legislation days later to strengthen the 2005 law. PSI will lobby Congress to pass that legislation.

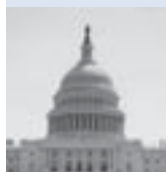
### **US Global AIDS Coordinator Visits PSI/Tanzania**

PSI/Tanzania Country Representative **Daniel Crapper** was invited to a small breakfast meeting with

U.S. Global AIDS Coordinator Mark Dybul on September 24. The conversation centered on NGOs' experiences as Principal Recipients for funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Ambassador Dybul is the Chair of the Global Fund Board's Finance and Audit Committee.

He is seeking greater coordination between activities of the Global Fund and those of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Daniel explained that PSI and other NGO recipients of both types of funds effectively unify the programs on the ground, for example by designing them with a common strategy and choosing common indicators to measure success. 🌐

*If you have questions or concerns regarding USG policy surrounding global health and foreign assistance, please contact Jennie at [jjquick@psi.org](mailto:jjquick@psi.org).*



## Spotlight on Southern Sudan

# 1,000,000 Nets: Fighting Malaria in Sudan

JUBA, Southern Sudan — On July 31, a coordinated malaria control campaign — led by the Government of Southern Sudan (GoSS), Ministry of Health (MOH) and executed by PSI and partners — delivered its one millionth long-lasting insecticide-treated mosquito net (LLIN) in Southern Sudan.

The free mass LLIN distribution campaign reached more than two million people in Western Bahr El Ghazal and Warrap, two of the region's most inaccessible and affected states. PSI was contracted by the MOH/GoSS to coordinate the campaign in April 2007. The Multi-Donor Trust Fund (MDTF), administered by the World Bank, provided financial management oversight and support.

With coverage rates in Southern Sudan at less than 10% and only enough LLINs to cover a small proportion of the population, it was critical for PSI to work with the MOH to develop a distribution strategy that emphasized a phased and long-term approach to LLIN delivery.

With a rainy season fast approaching that would render many target populations inaccessible, a challenging task lay ahead and the challenges only increased as the planning process progressed and the distribution deadline neared.

Plans moved forward in earnest at the end of 2007 when coordinating partners reached an agreement on target areas and drafted a plan of action. In January 2008, the plan was finalized and officially endorsed, with a goal of rolling out the campaign between April and July 2008. The challenges the GoSS and PSI faced in the roll out included extreme time constraints, inadequate infrastructure, the concurrent implementation of a National Population and Housing census that overstretched already scarce physical and human resource capacity, tribal fighting, a lack of reliable population data, long distances, and scattered, sometimes semi-nomadic populations.

The operational strategy involved pre-positioning of nets in remote and



often insecure areas and pre-registration of households and distribution of vouchers to limit double counting. PSI deployed 13,000 volunteers by motorbike, bicycle or by foot across 3,000 distribution sites to ensure that every household received a mosquito net. Ultimately, the campaign goal was achieved through three distribution operations, each lasting no more than three days.

In six months, PSI/Sudan and the MOH planned for and distributed more than one million LLINs in a mass distribution that would normally take more than a year of planning and preparation.

Hassan Alghali Adam, GoSS acting executive director and coordinating committee chair of malaria net distribution, said, "No single village was left out of this campaign. All the local chiefs and government officials participated, thanks to training from PSI staff person **Amin Joseph** and MOH official Farjalla Emilion."

The success of the campaign helped Southern Sudan secure further support from the Global Fund, MDTF, USAID and other donors to scale up mosquito net coverage over the next two years to reach the government's coverage goals (the

internationally agreed Abuja Targets) a year early. This effort includes ongoing distribution of 180,000 LLINs in Western Equatoria; achieving 80% coverage in three counties; UNITAID procurement of 1.6 million LLINs; and procurement of three million LLINs under Global Fund round seven.

Lessons learned are being documented to ensure the successful roll out of this initiative across the remaining states of Southern Sudan, possibly with the added aim of combining net delivery with vaccinations and vitamin A provision as part of a more integrated child survival package. 🌐

*Women stand in line holding vouchers, which they exchange for LLINs. The color and illustration indicates the number of nets that their families should receive.*



*Young men transport nets for distribution.*



# The Malaria Associates Program

## Building Capacity to Convert New Malaria Funding into Health Impact

*Henrietta Allen and Rahma from the PSI/Somaliland team carrying out the house-to-house census before the free net delivery campaign.*

**By Henrietta Allen, Mary Kante**  
NAIROBI, Kenya — The international community is poised to turn the tide on malaria, but financial resources and proven interventions are only part of the picture.

Recent documented success stories from countries like Rwanda and Zambia reveal that the global control of malaria is not only worthwhile but also feasible. An unparalleled level of financial support and political commitment is creating an enabling

environment unlike anything seen before.

However, despite this positive support, serious bottlenecks continue to hamper the rate of intervention scale-up, which in turn slows the generation of evidence showing health impact; the very stuff that fuels the advocacy fire and keeps financial resources pouring in and politicians engaged and committed.

Without a doubt one of the greatest challenges to rapid scale-up and

control of malaria today is simply the shortage of trained professionals who understand the operational and technical issues that exist and how to work with host governments to address them.

In an ambitious effort to help address this, PSI has launched the **Malaria Associates Program**. Ultimately, the program is designed to provide a new generation of trained, experienced individuals for cost-effective support to PSI's platforms. In short, it represents a unique opportunity for young professionals to gain broad experience in creating and implementing malaria programs at this exciting time.

The Malaria Department took on just three MAs in the original batch, but has added another seven participants in response to requests from platforms, regions and respective partners. Nkiru Anonyuo (SFH/Nigeria), Yves Cyaka (PSI/Rwanda), Elena Olivi (PSI/Laos), Mak Sarath (PSI/Cambodia), Kelly Young (PSI/Washington), Sarah Salaheen (PSI/Sudan), Emily Harris, and Uwem Inyang (Ministry of Health, Nigeria) began their training in October.

Candidate selection is competitive, with a focus on selecting independent, flexible, confident individuals who have solid experience within PSI or another organization and can "hit the ground running" in multiple settings. Host country nationals are actively recruited for the program. Intensive training with the Malaria Department starts in Nairobi, for one month, followed by a series of two- to five-month technical assistance visits in a range of platforms.





*Cedric Minget pictured with MOH and partners in Côte d'Ivoire while writing the successful Round 8 malaria proposal.*

Assignments include designing communications strategies, planning long-lasting insecticide-treated net delivery campaigns, pre-testing malaria treatment packaging and accelerating the launch of artemisinin-based combination therapy (ACT) delivery programs. Already these new recruits have doubled malaria support capacity to platforms and received praise from the respective host governments and international malaria community.

### **MA in the Field**

Three MAs have completed their Nairobi training and are in the field.

**Henrietta Allen** supported PSI/Somaliland in its free net campaign during her first assignment, assisting with the design and pre-testing of household census forms, crowd control procedures, vouchers and daily check lists. Henri helped PSI's team to train the subcontracted field teams who will ultimately visit over 15,000 households. "The MA program was immediately appealing. You're rapidly trained up with very practical skills backed up with technical knowledge and parachuted into the field to keep programs moving." —Henri

**Cedric Minget** worked with PSI/Ivory Coast and the National Malaria Control Program on his first assignment to develop the Ivory Coast Global Fund Round eight grant. Thanks to his efforts, a final proposal was submitted, with substantial budgeted activities that the country specifically requested PSI to implement as the sub-recipient (SR). Cedric went on to help PSI/Sudan's

maternal and child health team with the upcoming launch of their community-based distribution of ACT. "[MAs] gain exposure to a number of platforms as well as key malaria partners from Ministries of Health to major stakeholders." —Cedric

**Housseynatou Diallo** worked with PSI/Madagascar on her first assignment to help prepare for management of its GF Round seven SRs. This includes preparing for SR assessments, and designing management tools, training curricula and a management and evaluation strategy. Houssey is also assisting with the launch of the ACTipal PPT program and the ACT medical notices issue. "The [MA] training program was by far the most practical I've ever attended. Theory sessions helped us to better understand the fundamentals, and the practical sessions helped us understand how to develop and implement successful malaria programs." —Houssey

Contact Ricki Orford (orford@psimalaria.org) for information about becoming an MA or having an MA support your country platform. 🌍

**Mary Kante** (kante@psimalaria.org) is malaria technical advisor and **Henrietta Allen** (allen@psimalaria.org) is a malaria associate.



*Housseynatou Diallo pictured with Prevention Coordinator Njara Rakotonirina at PSI/Madagascar.*

### **GMAP from page 1**

from the Global Fund, World Bank, Gates Foundation, DFID, UN High Commission for Refugees and the UN Foundation. To achieve malaria control in endemic countries worldwide, \$5.3 billion is needed in 2009, \$6.2 billion in 2010 and \$5.1 billion annually from 2011 to 2020.

Several in the Malaria Depart-

ment – including Advocacy and Communications Advisor **Chris White**, Director and PSI VP **Des Chavasse**, Deputy Director **Ricki Orford** — were consulted in a series of interviews on what the plan needed to address in terms of practical, on the ground, malaria control issues. 🌍



# New Hope for Malaria Treatment in Uganda

*By David J. Olson*

NAMWIRA, Kaliro District, Uganda — Biryeri Rehema, a mother of eight living in eastern Uganda, recently faced an agonizing decision no parent should have to face — which of her children should get malaria treatment.

Her three youngest — four, six, and eight years old — had come down with malaria at the same time. She applied a local herb with no result, and decided to take them to a hospital that offered free treatment 60 kilometers away. But she could only raise enough money to take one child and had to choose; she chose the youngest and they set off for the hospital. The child went into convulsions during the trip. Upon arrival, the child was put on free Coartem malaria treatment which would have cost between 10,000 and 15,000 Ugandan shillings (US \$6.10-9.15) in the private sector.

However, she worried about the other two children, and went back to get them. Friends and family helped her transport them to the same hospital where they received treatment.

This nightmare has a happy ending, with all three children recovering from malaria after a week and a half in the hospital, but many stories do not end so well. This area of Uganda — an ecotourism center with spectacular whitewater rafting and the source of the Nile — is also endemic with malaria: The Ministry of Health estimates it kills 320 people in Uganda every day. I visited a district health center near here where 36% of inpatients are there for malaria.

But Biryeri is confident she will not find herself in this situation again.

The reason for her optimism is an effort launched Sept. 19 that puts a highly subsidized and repackaged version of Coartem in the private sector, including several small drug shops just a few feet away from Biryeri's house. And the prices are affordable, with the cost of four different products ranging from 200 shillings (US\$0.12) for children under three to 800 shillings (US\$0.50) for children over 12. These are prices that even Biryeri — a single mother of eight who sells bread, millet and vegetables for a living — can afford.



*Biryeri Rehema*

Dubbed the Consortium for ACTs in the Private Sector Subsidy (CAPSS), the initiative was launched in the four districts of Kaliro, Kamuli, Budaka and Pallisa, the result of the Ministry of Health's decision in 2006 to adopt Artemisinin Combination Therapy (ACT) Coartem as the first-line treatment for malaria. The consortium includes the Ministry of Health (with overall responsibility), PSI (repackaging and marketing), Surgipharm, a private commercial sector (distribution) and the Malaria Consortium (provider training). The project is funded by the Medicine for Malaria Venture (MMV), a non-profit organization based in Switzerland that was created to discover, develop and deliver new anti-malarial drugs.

This project is special because PSI

is testing delivery mechanisms in a high profile way to inform the Affordable Medicines for Malaria mechanism (previously known as the Global Subsidy for ACTs). If proven effective here in Kaliro, it will be rolled out in other malaria endemic countries of Africa.

**Dr. Susan Mukasa**, PSI/Uganda country representative, attended the launch which she described as the best she has seen in her seven-year PSI career. It was inaugurated by Prime Minister Apollo Nsubambi, who gave a stirring speech and expressed strong support for CAPSS, urging people to look out for the "ACT-with-the-leaf" logo emblazoned on all registered sales outlets. Minister of Health Dr. Stephen Mallinga was also there, as were about 5,000 people. PSI/Uganda is creating demand for ACT through radio, mobile film units, community and school mobilization, district-level advocacy and the ACT Cup. The dynamic PSI/Uganda Community Mobilization Coordinator **Rebecca Babirye** is based in Kaliro to make sure those things happen.

In the first three weeks following the launch, PSI has packaged and distributed to outlets 100,800 combined doses for all age groups. The demand is strong: When I visited the area the week following the launch several out-

*Uganda continues on page 10*



*A shopkeeper holds a box of ACT pills in a drugstore in the Kaliro District.*



## YouthAIDS Gala 2008: The Power of Music

**By Trey Watkins**

TYSONS CORNER, Virginia – The sixth annual YouthAIDS gala, held on October 3, was an evening of music, entertainment and meaning. Hosted by Global YouthAIDS Ambassador Ashley Judd and held at The Ritz-Carlton, the event featured locally designed street art, performances by Urban Nation Youth Choir and John Mellencamp, and remarks from honorees Annie Lennox, Judy McGrath and Sir Bob Geldof. Despite a fragile economy, the gala raised \$1.2 million for PSI's HIV programs around the globe.

The theme, *The Power of Music*, was chosen to show how music enables PSI/YouthAIDS to reach vulnerable young people worldwide in a way no other art form can. On a global scale musicians from all genres lend their voices to support the cause.



*Sir Bob Geldof, Ashley Judd and Sharon Osbourne at the annual YouthAIDS Gala.*

From the gala's entertainment to its decor, YouthAIDS stayed true to the power of music. Greeting guests at the door were the local youth group Words, Beats & Life, who was inspired by PSI programs, and Graffiti

installations by artist Claw Money. Dinner tables were black patent leather and exposed light bulb fixtures hung over the dance floor. The Daily Show's John Oliver and Mistress of Ceremonies Sharon Osbourne were on hand to entertain guests. Some high profile guests included tennis player and model Anna Kournikova, Miss Universe 2008, Washington Redskins quarterback Jason Campbell and former *Project Runway* designer Suede.

As an extension of the gala, the first annual *Power of Shopping* saw 28 retailers at Tysons Galleria donate a percentage of their proceeds from Saturday's sales to YouthAIDS. The theme was simple: shop generously; fight AIDS. 🌐

**Trey Watkins ([kcwatkins@psi.org](mailto:kcwatkins@psi.org)) is the coordinator for Cause-Related Marketing.**

## 2008 AIDS Walk Washington

**By Brian Pedersen**

WASHINGTON, DC -- Imagine for a moment that famous scene from *Chariots of Fire* where a group of determined young men are running down the sandy shores of some picturesque beach in Britain; inspirational harmonies trumpeting from the heavens.

Now, replace the beach with a wide boulevard in Washington, the running with walking, the fit young men with PSI staff (we're not all so young anymore), and the celestial chords with a Madonna techno-mix blared from four-foot speakers. If you can do this without cringing then it is like you were there to participate in the 2008 AIDS Walk Washington.

Already in its 22nd year, AIDS Walk Washington is organized to heighten awareness about HIV/AIDS and raise funds for the Whitman-Walker Clinic, a DC non-profit that provides HIV prevention and treatment services. With one in every 20 adults in Washington living with HIV, PSI staff

felt it important to participate in this event by mobilizing staff to walk and raising money for the event. Setting a modest goal of just \$5,000, sixty-four PSI walkers were able to raise over \$9,100 in individual contributions in just four weeks.

Most agreed that as an organization working to address HIV around the

world, PSI has a unique responsibility to support similar efforts right in our backyard. Next year our hope is to raise even more money and mobilize more PSI staff to participate in this great event. Rumor has it that the team that raises the most money gets to select the pre-walk festival's performing artist. Many of us will be lobbying for Shakira. 🌐

**Brian Pedersen ([bpedersen@psi.org](mailto:bpedersen@psi.org)) is HIV technical advisor.**



*Megan Wilson, Corey Hatchell, Diane Neely, Yvonne Orji and Karl Hofmann at the 2008 AIDS Walk Washington.*

# PSI, UNICEF Launch Quick Response to Cholera Outbreak in Zimbabwe

*PSI/Zimbabwe's Keretia Chikowe demonstrates how to dose drinking water correctly with water treatment tablets during an IPC session in Chitungwiza.*



**By Farai Chieza, Tanaka Urayai**  
CHITUNGWIZA, Zimbabwe — On September 4, PSI/Zimbabwe's **Farai Chieza** received an urgent call from UNICEF Zimbabwe with news of a cholera outbreak in Chitungwiza, a low income, densely-populated area near Harare.

UNICEF needed PSI to distribute point-of-use water treatment tablets and conduct hygiene promotion interpersonal communication activities through the Safe Water project. So the sales distribution team — which includes the New Start HIV testing.

New counseling center, New Life post-test support center and a local partner Chitungwiza UTANO — responded quickly. Within three days, over 300,000 tablets were distributed through almost 300 retail outlets, New Start and New Life centers, and free distribution through UTANO.

During the same period, PSI/Zimbabwe reached 400 households with a door-to-door hygiene promotion and a home-based water treatment campaign. The full response involved several of partners, including UTANO, local town council health officers and Oxfam GB. Since then, PSI/Zimbabwe has been a proactive member of the Water, Sanitation and Hygiene cluster of international NGOs, leading hygiene promotion and home-based water treatment activities in the country.

In densely populated urban areas, intermittent water supply and deteriorating infrastructure have adversely affected the availability of water from improved sources. Diarrheal episodes in children under age five increased

from 9% in 1999 to 12% in 2006, a survey found. In 2007, diarrhea outbreaks have been reported in high-density areas of Harare, Bulawayo, Kwekwe, Gweru and Kadoma.

PSI/Zimbabwe is implementing a \$296,662 hygiene promotion and home-based water treatment project funded by UNICEF within the Harare-Bulawayo corridor. The goal is to reduce incidence of diarrhea in project areas among children under five and HIV-positive persons. Mass media and IPC activities will be used to promote hygienic water storage and handling, and hand washing practices; and 20 million water treatment tablets planned for distribution. To date, more than three million water treatment tablets have been distributed through social marketing and free distribution through NGO partnerships.

**Farai Chieza** ([fchieza@psi-zim.co.zw](mailto:fchieza@psi-zim.co.zw)) is safe water systems project manager and **Tanaka Urayai** ([turayai@psi-zim.co.zw](mailto:turayai@psi-zim.co.zw)) is hygiene promotions coordinator. 🌐

## *Uganda from page 8*

lets were already sold out, but Susan said that the supply problem has been rectified.

"PSI did a very wonderful job in terms of building awareness of ACTs," Kaliro District Health Officer Dr. Shaban Mugerwa told me.

The initiative, once rolled out nationwide, is expected to save 320 lives a day, 70,000-100,000 lives a year and an estimated annual savings per household of \$48-\$57.

Biryeri was supposed to speak at the launch event to tell this story but, to her great disappointment, she was not given the opportunity. So she was eager to share it with Dr. Mugerwa, Susan and myself when we visited her at her home a few days after the launch.

Biryeri said she was very excited when she heard that she would be



*PSI staff members act out a skit about malaria at an ACT launch.*

able to buy ACT at shops near her home at a price that she can afford. In fact, she has already availed herself of the opportunity: One of her children recently came down with malaria and she bought ACT easily and treated her

child quickly.

"Life is precious, and I pray that the shops will not run out of this product, which has been brought nearer to me," she said. "That is my appeal to the supplier." 🌐



## New Faces, New Places

### New Faces

**Noel Assegid** has joined the WCA/H team as a financial analyst. Noel has worked as a financial analyst in the private sector since 2003. She is originally from Ethiopia and was raised in Brussels, Belgium. She has a BA in Communications from the University of Louisville-Kentucky and an MBA from American University. She is a native French/Amharic speaker.



**Meghan Bohren** recently started working as a contracts/ethics board assistant at PSI/Washington. She graduated in May from the College of William and Mary with a degree in Global Studies: African Studies and Psychology. During college, Meghan studied at the Universiteit van Stellenbosch in South Africa, and interned at the university's HIV Programme for a year.

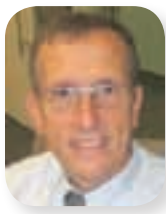


**Alison Jenkins** has joined PSI as HIV technical advisor in Rwanda. Alison has worked as Deputy Director of the ZVITAMBO Project in Zimba-



bwe and as Country Director at PATH Canada in Vietnam. She has an MSc in Epidemiology from McGill University in Canada and a PhD in Haematology from University of Cambridge in the UK.

**Jean-Pierre Manshande** is the Regional Project Leader for Southern Africa. A pediatrician and public health specialist with experience in maternal and child health, tropical diseases and nutrition,



in private and public sector health care delivery, Jean-Pierre has lived and worked in DRC, Rwanda, Benin, the US, Ethiopia, Madagascar, Comoros and Southern Sudan.

**Shazina Masud** is SFH/South Africa's new Director of Reproductive Health. She has experience in private sector marketing and sales and setting up new operations, as well as expertise in management of social marketing programs. Her last assignment was



with Greenstar Social Marketing, and she previously worked with Education, Aviation and IT Services.

**Cory McCullough** has joined the Procurement and Logistics Department as procurement and logistics assistant. Prior to joining the PSI team, she worked for the University of Denver as the Benefits Fair Project Manager. She has a master's degree from DU in International Development and a certificate in Global Health Affairs, as well as a bachelor's degree from in International Studies.



### New Places

**Jessica Greene** is the new technical services director for PSI/Swaziland. Jessica has been a technical advisor in the HIV department (formerly AIDSMark) since 2003. In Swaziland, she will continue to focus on behavior change communication programs and will also oversee a new male circumcision program. She has an MHS from Johns Hopkins School of Public Health. 🌐



## Taking Care of Business

*PSI's Contracts Department announces the awarding of the following contracts over \$100,000:*

### West and Central Africa

Central African Republic: HIV/AIDS Behavior Change, UNFPA, \$135,378, 10/01/08-12/31/08

Democratic Republic of Congo: Clean Water Maniema, UNDP, \$242,000, 8/15/2008-08/14/2009; Clean Water South Kivu, UNDP, \$196,800, 8/15/2008-8/14/2009

### Asia

Myanmar: Improved Health & Water Sanitation, Malteser International, 319,165, 5/05/2008-11/05/2008

Myanmar: Emergency Healthcare/Reproductive Health, David and Lucile Packard Foundation, \$200,000, 5/05/2008-5/04/2009

### Latin America/Caribbean

Eastern Caribbean: Eastern Caribbean Social Marketing Initiative, Canadian International Development Agency, \$1,634,031, 7/1/2008-3/31/2010 🌐

*PSImages!*



These photographs of PSI/Sudan's net campaign were taken by Jenn Warren.  
They were also featured in a photo slideshow on BBC News.