

# **Dermatology Residents' International Grant Handbook**

**Education and Volunteers Abroad Committee (EVAC)  
American Academy of Dermatology**

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**Administration of the Botswana-Penn Partnership**

Harvey Friedman, M.D. Director

Steve Gluckman, M.D. Clinical Director

Oathokwa Nkomazana, M.D. In-country Director

Maria Rustig, M.D. Director at Nyangabgwe Hospital

Gill Jones, Administrator

Carrie Kovarik, M.D. Head of the Dermatology Program

**Other Key People associated with the Dermatology Rotation**

Dr. Grace Munyadzwe, Dermatology clinician

Dr. H.K. Nashi, Head of Anatomical Pathology, National Health Laboratory, Gaborone

Dr. Rameshwari Thakur, Microbiologist, National Health Laboratory, Gaborone

## General Information

Congratulations on receiving the AAD Residents' International Grant. In an effort to promote international educational opportunities, the American Academy of Dermatology, through the Education and Volunteers Abroad Committee (EVAC) is pleased to provide funding for six U.S. and Canadian senior dermatology residents to participate in a 4-week elective in a developing country where the Committee is establishing dermatology support programs and teledermatology consult services. The 4-week rotation will be available for completion between July and December. We will assign you to a rotation period based on your preferences in the application process, and our goal is to minimize overlap of the rotations between residents.

Grant recipients receive a \$1,000, stipend for accommodation, travel, board and evacuation insurance. Recipients are required to purchase Medjet Assist in the amount of \$215. The stipend is mailed to the participant at least 4 weeks prior to the rotation. The airfare is booked and covered by the Academy.

Your trip will be completely coordinated by **Carrie Kovarik, MD**, Assistant Professor of Dermatology and Infectious Diseases at the University of Pennsylvania ([carrie.kovarik@uphs.upenn.edu](mailto:carrie.kovarik@uphs.upenn.edu)). She is assisted by **Coura Badiane, International Affairs Specialist at the Academy** ([cbadiane@aad.org](mailto:cbadiane@aad.org)), . Further details on travel arrangements, daily schedule, and the consultation service are explained below.

At the completion of your rotation, you will be required to give a powerpoint presentation to the Penn and Baylor faculty at the Baylor Center of Excellence (COE) on the Princess Marina campus. This will also be attended by any other health care workers that would like to attend. Please coordinate the exact date with Liz Lowenthal (the clinical director at the Baylor COE). The powerpoint should include the photos of all the relevant cases seen during your rotation. The format of the presentation should include the following: photos of the case, followed by histology of the case (if available), followed by the diagnosis on a separate slide. This presentation should either be emailed or mailed on a CD to Carrie Kovarik ([carrie.kovarik@uphs.upenn.edu](mailto:carrie.kovarik@uphs.upenn.edu)) upon completion of your rotation. The presentation will be posted on the <http://africa.telederm.org/> website as a teaching tool for health care workers in developing countries who are treating patients with skin disease.

In addition, a one page report of your rotation should be submitted to Carrie Kovarik and Coura Badiane upon completion of your rotation. The report should include a description of your daily activities, a log of all of the consults seen (who they were from, where they were seen, and the presumed diagnosis), and a description of what you gained from the experience. Please also include suggestions for improvement of the program.

Lastly, you should log on and register with <http://africa.telederm.org/>. This is the teledermatology site where you will submit difficult cases throughout your visit. Your goal should be to submit AT LEAST 5 consults during the month. These cases are shared with the other sites throughout Africa.

We are pleased that you have decided to be a part of this wonderful experience!

## Introduction and Code of Conduct

Dumela! (Hello) Welcome to your dermatology elective at Princess Marina Hospital in Gaborone, Botswana. This is a part of the Botswana-Penn program. This book will help you get ready for the trip, help you get settled once you arrive, introduce you to the hospital and the system where you will be working. It will also help you have fun when you are there. Hopefully a quick read through of this document will help ease the transition.

**While in Botswana you will be representing not only yourself but also the University of Pennsylvania and the American Academy of Dermatology. It is critical that you remember this at all times. Public errors in judgment or conduct in Botswana are likely to not only be a problem for you, but could result in compromising the entire program. You are all adults and cannot (will not) be monitored. It is up to you to think carefully about the potential negative implications of questionable behavior.**

In addition to being aware of our public appearance, there are potential problems that could occur in the privacy of our flats. The communal living could put some unusual stresses on the expected level of conduct. One of the true benefits of this elective is the opportunity for faculty, fellows, residents, and students to interact in an extremely informal way. Our intension is to promote this part of the experience. Please be considerate and flexible when it comes to living arrangements.

So, have fun but please don't do anything dangerous or dumb.

### **Things to remember:**

- 1) You represent the American Academy of Dermatology, the University of Pennsylvania, and Baylor College of Medicine (for more information on these partner programs, see the section on *About Princess Marina Hospital* below). Your actions, positive or negative, intentional or unintentional, have implications for the entire program
- 2) You live communally. Be mindful of the "rules of the flats" (see section below)
- 3) If you travel outside of Gaborone or Francistown, it is important that someone in charge knows your itinerary.

## **ABOUT BOTSWANA**

### *Background*

Formerly Botswana was a British Protectorate and known as the Bechuanaland Protectorate. It received its independence in 1966, and at that time, its name was changed to Botswana. It is now a parliamentary republic, its third and current president is Festus Mogae (pronounced “Mo hae” – “g’s” are pronounced as “h’s”). Education and healthcare are free, and literacy rate is nearly 80%. Since 1966 the country has continued to grow, thanks to its flourishing diamond economy, beef exports and good balance of payments. In addition, they have recently found gas in the Kalahari.

### *Location*

Botswana is a land-locked country, slightly smaller than Texas, in the center of Southern Africa. The Tropic of Capricorn runs through it. It is bordered by South Africa on the south and east, Namibia to the West, Zambia and Angola to north, and Zimbabwe on the northeast. It encompasses 600,370 square kilometers, of which, only 15,000 square kilometers has water. It is predominantly flat to gently rolling tableland, with the Kalahari Desert to the southwest, occupying 87% of the territory.

### *Gaborone*

Gaborone is located in the southeastern corner of Botswana on the Notwane River, a mere 15 kilometers from the South African border. Pronounced “Ha-bor-ron-e” or “Gabs” it is the capitol city. It combines feelings of both rural Africa with thatched or tin roofed houses in some sections with a more western architecture. There are now two “modern” malls on the outskirts of town. We work at Princess Marina Hospital which opened in 1966 at the time of independence. It is in the center of Gabs.

### *Climate*

Climate is semiarid with warm winters (June- August) and hot summers (December-February). The country suffers from periodic droughts given its desert climate. The rainy season is in the summer and is characterized by intense, brief, dramatic thundershowers. Temperature ranges: Average daily temperature range in January is from 22 – 33 and July from 5 – 19. Clearly the overall temperature range can be quite wide. Typically there are long periods of bright sunshine daily throughout the year with clear skies and low humidity. In the winter months a fleece or sweater is a must in the morning and at night. There is no heating and little air conditioning.

### *Demographics*

Botswana is sparsely populated country of 1.7 million. Because of the uninhabitable Kalahari Desert, the population is heavily concentrated along the eastern corridor, from the capital city of Gaborone to Francistown. Of the population, 39.5% are 0-14 years old; 56% are 15-64 years old; and only 4.5% of the population is older than 65 years old. Most people are Tswana (or Setswana), and the remaining 21% are Kalanga (11%), Basarwa (bushmen is considered a derogatory term) (3%), and other (7%) which includes Kgalagadi and white.

At nearly 40%, Botswana has the highest rate of HIV/AIDS infections in the world. The effects of excess mortality due to HIV/AIDS, has caused life expectancy to drop by 20 years in the past

decade to ~ 42 years, infant mortality to increase to 67 deaths/1,000 live births, and to lower population and growth rates. In addition, the socioeconomic impact is immense including loss of skilled laborers and teachers, loss of per-capita household income, and growing number of orphans.

### Nationality

The people of Botswana are Batswana, and one person from Botswana is called a Motswana. Using the term “Botswanan” will identify you are an uninformed foreigner.

### Religion

85% have indigenous beliefs, and 15% are Christian.

### Language

English is the official language, but many older Batswana speak only Setswana, the native language.

### Economy

Since its independence in 1966, Botswana has maintained one of the highest rates of socio-economic and infrastructure growth. It was transformed from one of the poorest countries in the world to a middle-income country with a per capita GDP of \$9,500 in 2002. AIDS is threatening this remarkable economic growth. Diamond mining drives the economy, and it accounts for >1/3 of the GDP and 9/10 of export earnings. Other important industries include tourism, subsistence farming, and cattle, beef is exported to the EU where it is particularly welcome due to the fact there is no Mad Cow disease in Botswana!! Recently large amounts of gas have been found in the Kalahari, this project is being funded by OPEC. Despite this stability, poverty remains an important concern, as there is a large gap between rich and poor, unemployment is officially around 20% and unofficially close to 40%, and women head approximately half of households.

## **Getting Ready**

### Preliminary

Download the “check-list” from the AAD website. This will cover all of the things that you will need to do to get ready for the trip.

### Travel Arrangements:

The travel arrangements will be made through the American Academy of Dermatology Travel Agency. Coura Badiane (Cbadiane@aad.org , International Affairs Specialist with the AAD) will provide the names of the successful recipients of the International Grant to the travel agency through the AAD Meetings Department (along with the budget code and window of the travel period). She will also provide the travel agency contact information to the recipients, and then the recipient and agency will decide on the exact dates/times.

Ultimately you need to get to Johannesburg. From there both South African Airlines (SAA) and Air Botswana (BA) have flights to Gaborone. SAA is the main carrier that flies from the U.S. to

Southern Africa. SAA flies from Atlanta or JFK directly to Johannesburg (sometimes stopping in the Cape Verde Islands for an hour to refuel). From Jo'burg you will take an hour flight to Gaborone. Flights from the United States operate at least 4/5 weekdays, but some flights stop in Cape Town and others do not (and agents do not always tell you this up front!), and it is best to avoid another stop and another couple hours of flight time if you can so check with your agent about this prior to making your reservation. Also the Cape Town flights tend to cost more. A variety of other airlines fly through Europe (Lufthansa, Air France, Northwest, British Air); most involve a significant layover. It is one interesting way to break up a fairly excruciating flight, but it makes the trip longer nonetheless. You should try to leave at least a two hour layover in Jo'burg to improve the odds (long) of having your luggage arrive when you do.

**You must email Gill (Gillian) Jones at [jonestribe@info.bw](mailto:jonestribe@info.bw) with your itinerary at least four weeks prior to traveling since there is NO PUBLIC TRANSPORTATION from the airport into Gabs. Copy this email to Carrie Kovarik ([carrie.kovarik@uphs.upenn.edu](mailto:carrie.kovarik@uphs.upenn.edu)). A Penn-affiliated driver will collect you from the airport and take you to the flat – the fare is covered by Penn, though a tip will be appreciated. Please text Gill any delays you encounter ~ 00 267 72768605. If you do get stuck at the airport in Gabs, take a van to the Gaborone Sun Hotel, it is near the flats and try to call Gill or Jeff or Jason (their numbers are below).**

#### Medical Evacuation Insurance

Recipients will be required to purchase Medjet Assist insurance in the amount of \$195. This will be covered by the AAD stipend.

#### Visa

No visa is needed if you stay in Botswana for 90 days or less in any one revolving year.

#### Immigration:

Upon entering the country, let the immigration officer know how long you are planning to stay and ask for the appropriate amount of days on the immigration form. You may be given an entry form on the plane, otherwise they are available at immigration once you land. You should check **“holiday” in the reason for arriving box** to avoid problems (since you are not supposed to work in Botswana and though we are not paid it has occasionally been difficult to explain that we are working at a hospital, but not really working to an immigration official). The address (you will also need this on the form) is **plot 2559 / 60 ICC apartment 4B, Extension 9.**

#### Immunizations, etc

You should be immunized against hepatitis A, hepatitis B, and typhoid (IM or oral). If you plan to travel to Chobe Game Reserve in Kasane or any other place up north, you will need to bring malaria prophylaxis. Gaborone and Francistown are free of malaria. You should have a tuberculin skin test before and 6 – 8 weeks after the trip. The water and food are safe to consume in Gabs and Francistown.

#### Language

In general, foreigners are not expected to know any Setswana, and therefore, even a few phrases of Setswana will be very well received and appreciated. Speaking Setswana will show your desire to learn about Botswana, and it will definitely help you in the hospital, as many patients only speak Setswana.

*What to Pack*

Hospital wear can be casual but **neat**. Some of the male physicians do wear a tie, most do not. Women wear slacks or skirts. Bring at least two white coats. Do not despair if you forget a crucial item; nearly everything you might need can be found in Gaborone. It is certainly fine to wear your white coat to and from the hospital, but do not wear it around town (this seems to have become a common occurrence and is as inappropriate as it would be in the United States. **DO NOT CHECK IN ANYTHING THAT YOU ABSOLUTELY CANNOT DO WITHOUT OR THAT IS OF VALUE (MEDICATIONS, CAMERA, ETC.). THERE IS A HIGH LIKELIHOOD OF BAGS GETTING DELAYED/LOST OR ITEMS BEING STOLEN FROM SUITCASES.** It would also be wise to consider bringing at least one change of clothes on-board with you, in the likelihood that your baggage may arrive days after you do. .

The maids do laundry daily so there is no need to overpack clothes. Many people deliberately pack clothes that they plan on leaving behind for the maids or for the orphanage. This is much appreciated and gives more room to bring back purchased items.

*Communication*

Internet connection is fairly reliable. Most flats have a computer with a satellite internet connection. Each is wireless. There is certainly no necessity to bring your own laptop, but if you do you will be able to access the internet via the wireless interface. Gill will give you the access code. Each computer also has Skype software installed. The phones in the flats are capable of local calls, email, and receiving international calls. They are not set up to make international calls. They also can not call cell phones (a quirk of the telephone system in Botswana).

**WORKING IN THE HOSPITALS****About Princess Marina Hospital (PMH)**

There are two parallel health systems in Botswana - the public system and private system. Each system has their own set of hospitals, clinics, and physicians. Care in the public sector is completely free for Batswana, including laboratory testing, hospitalization and medications. The University of Pennsylvania has been working in the public sector, and we have been based in Princess Marina Hospital (PMH) in Gaborone since January 2004. Our second hospital site at Nyangabgwe Hospital (NGWH) in Francistown has been opened since January 2006. These are the two large government referral hospitals in Botswana. There is also a very important third "health system", that of the traditional healer. Most Batswana seek some of their care within this system in addition to the public system. Much of the renal failure is attributed to traditional medications.

PMH is the main tertiary care hospital and referral hospital for southern Botswana. NGWH is the main referral hospital in Northern Botswana. Both are located near the center of their respective towns. Until recently there had been no medical school in Botswana, therefore, around 90% of the physicians in the hospitals are from outside Botswana (just like us). As a result most

physicians do not speak Setswana, and physicians rely on the nurses for translation (just like us). A medical school started its first class several years ago. The school is organized like the British system. At this time medical students spend their clinical years at hospitals outside Botswana. Botswana started its own internship program in January 2007. UPENN has been given the responsibility for developing and implementing this program so you will have the privilege in participating in the start of a work in progress. Because there is a nursing school at University of Botswana, most nurses are Batswana; most others are from other countries in Africa, China, and Cuba.

Harvard and Baylor are also working at PMH..

- The Botswana-Harvard Partnership for HIV, now called KITSO (Knowledge, ingenuity, training, shall overcome AIDS), was founded in 1996. They actively work on research studies including mother-to-child transmission; mutation rates for clade C HIV and other biological features of Clade C Virus; Clade C vaccine studies; and several drug studies. They are a branch of the Harvard AIDS Institute, and are located in the multi-million dollar research laboratory at PMH. They have been very productive in research. They are not involved in inpatient care or medical education. Important players include *Max Essex, DVM, PhD* (Director of Harvard AIDS Institute); *Richard Marlink, MD* (Director of the Botswana-Harvard AIDS Partnership); *Hermann Bussman, MD* and *William Wester, MD*. Baylor College of Medicine has been a very important provider of outpatient pediatric HIV care and medical education at PMH. Their multi-million dollar research and clinical facility opened at PMH in the spring of 2003. They have added a number of physicians in the past several months and are not contributing to the inpatient pediatric care and teaching. Key personal at the Botswana-Baylor Pediatric Center of Excellence are: Gabriel Anabwani (director), and Liz Lowenthal (Pediatrician). It should also be noted that the Dean of the Medical school, Major Bradshaw is from Baylor.
- The Harvard and Baylor programs are large, well funded and well organized. However, we all complement each other since we work in different arenas.

### **Set-up of Medical Wards**

You can pick up a pamphlet titled “University of Pennsylvania Guide to Princess Marina Hospital” upon your arrival. This will help orient you to the things you need to know to function in the public hospital system. It includes such things as how to use the computer system, what tubes are required for specific tests, common abbreviations, commonly used medications, normal laboratory values and a tour of the hospital. There is also a useful list of Setswana words and phrases. There is an abbreviated list below. It will also help orient you to living in Botswana and more specifically our flats.

The following is a description of the wards at Princess Marina:

As part of the University of Pennsylvania clinical program, medical students, residents, and Penn faculty members work in the inpatient medical wards at the hospital. There are two wards - the Male Medical Ward and the Female Medical Ward. On each ward you will find 7 main “cubicles” of patients. Each cubicle contains approximately 10 tightly packed patients, most on donated hospital beds but some on the floor. The most tenuous patients are in Cubicle 3 (“high

dependency cubicle”), right in front of the nurses’ station. Medicine generally runs about 20 beds over the maximum (mattresses on the floors).

There are 6 teams, called “firms” on the medical wards. They are called pink, green and blue and there is one each on the male and female side. Some of the firms are designated as part of the teaching program and each has at least one PMH intern. Each firm has a PMH medical officer (MO). A PMH MO is a physician who has graduated from medical school, but s/he has not done a residency. Therefore, an MO may be a new graduate or may have been practicing for years. Each firm is headed by an attending, called a “specialist”. A “specialist” is someone who has completed a residency, and in addition, they often have an area of focus. Penn has 4 full time specialists at PMH. At any given time two are working on the wards and clinics of PMH and two are doing outreach training in a number of the surrounding referral hospitals. Penn medical students and residents are fully integrated into the firms at PMH. There are no longer any “Penn firms”. MO’s and interns are the primary caretakers of the patients, and specialists supervise them with morning rounds three times a week and afternoon rounds on the other two days (The specialists have morning clinic twice a week). MO’s, interns and Penn residents/medical students round on their patients everyday (except the weekends, unless on call), and they perform all corresponding blood tests, invasive procedures, admissions and discharges.

It will take days to adjust to the “foreign” diagnoses, testing available, formulary, charting, hospital geography, language, personnel, etc. One of the most difficult things to adjust to is learning to prioritize what to work up and what to leave. Coming from a culture at Penn where virtually no abnormality is ignored (even if it should be) this takes some time. So...prepare for a difficult orientation (we will take care of you), be opened minded (crucial). Be prepared for the frustration of dealing with a new system, inefficiencies (they go at a different pace in Botswana), lack of accountability, items being “out of stock”, inability to get the lab tests you are accustomed to getting, and deaths that would not occur in the US. All of this is superimposed on jet lag. This is one of the reasons we require people to spend at least 4 weeks on the rotation. Most people require about two weeks to get past the frustrations and inefficiencies that are part of our work in Botswana. At some level we have to accept it. We are working to change it by evolution not revolution and many things are, indeed, much better than when Penn started in Botswana. Certainly but the middle of your rotation you will feel in pretty good control and by the end regret that you are leaving.

### **Daily Hospital Experience and Schedule**

#### Schedule Overview

The day begins with Intake where house officers (or students) who were admitting the preceding day present a brief summary of each admission (about 15/shift) and then a few are chosen for a more detailed discussion. It is important to attend this daily at 7:30 AM, in order be available to receive any consults on inpatients that may have been admitted the night before. Make sure to let the residents and other physicians know you are available for consultation on the adult and pediatric wards.

You will receive the dermatology consult phone which has a local number (74355124). You will receive both inpatient and outpatient consults on this phone. I will notify all of the clinical directors that you will be coming; however, you should introduce yourself to the following key people and let them know you are available for consults:

- Dr. Steve Gluckman – Clinical Director of the Penn Botswana Program (he is in Botswana ~ 4-5 months/year)
- Penn Internal Medicine Teaching Program Coordinator at Marina – currently this is Dr. Sarah Lyon until December 2007. (it may be another faculty member, but this is who runs Intake)
- Dr. Shanthi Kappagoda- full time Penn internist at PMH
- Dr. Liz Lowenthal – Clinical Director at the Baylor center
- Rotating Penn residents and medical students
- Baylor pediatricians
- Dr. Jeff Hafkin – runs the IDCC, which is the outpatient adult HIV clinic)
- The inpatient pediatric attendings

Dr. Grace Munyadzwe ([mungagrace@yahoo.com](mailto:mungagrace@yahoo.com)) is a primary care physician who runs the Dermatology clinic. She sees a variety of skin disease and is VERY busy and very skilled. You should spend time in her clinic (Tuesday, Wednesday, and Friday mornings) when you are not busy with consults. She will likely ask you to help see new patients after a brief introduction to her clinic. I encourage you to learn from her by seeing patients with her, as well as help her with the patient volume by seeing patients on your own.

The IDCC is the outpatient adult HIV clinic, which is currently run by Dr. Jeff Hafkin. This is a very high volume clinic with lots of skin disease. Since these are outpatients, you should see consults from this clinic as soon as possible so that the patients do not have to wait too long for your services.

The Baylor International Pediatric AIDS Initiative (BIPAI) runs the outpatient pediatric HIV clinics in the Center of Excellence (COE), which is located on the campus of Princess Marina. Dr. Liz Lowenthal is the Clinical Director, and it is very important that you introduce yourself to her and to the other pediatricians at the center. These physicians run both the inpatient and outpatient pediatric services at Princess Marina, and they also will call you for inpatient and outpatient consults.

Your typical daily schedule is as follows:

- Medicine intake rounds M-F at 7:30 in the male medical ward
- Medicine and pediatric inpatient consults M-F – these will typically come to you after intake rounds if there is a newly admitted patient with a rash or by cell phone/word of mouth.
- Outpatient consults M-F: These will typically come from Baylor (for pediatric cases) and Jeff Hafkin (for adult cases).
- Dermatology clinic with Dr. Munyadzwe T, W, F mornings – please introduce yourself to her (she is typically at intake rounds on the days when she has clinic). Your primary role is as a consultant, so clinic is only when you are available.

- Journal club on Thursdays at 1:30 in Baylor and Grand rounds every Friday at 8AM in the administration building. You may want to find out the topic before deciding to attend.

### Rounds and Ward Work

Work Rounds for the medicine teams begin shortly after the morning intake report is completed (around 8:30-9). Residents lead work rounds with the team. The specialists rounds with the team start later. Each patient on the service is seen in turn and the daily plan established and or carried out. Each patient has a “file” or chart on which it should be clearly stated to which medical team he or she belongs (i.e. pink, blue or green). Each file is comprised of a drug/med sheet (yellow), doctor’s notes section, and nurse’s notes section. In addition, each file contains the “Out patient or OPD cards” for that particular person. These cards are the patient’s permanent medical record and during each encounter with a health professional a note of some sort is written. They carry these cards with them and can be a very valuable asset when trying to establish past medical history and/or the course of a patient’s present illness.

When called to see a patient on the inpatient service, you will need to write a note in the chart, in addition to discussing your assessment and plan with the referring physician. The doctor’s notes section is the area of the file where the daily progress notes are written. Unlike those in the USA notes at Marina are written entirely for communication and patient care. We do not have to “buff” the charts with medically extraneous information that is required for billing; so make the notes short, pertinent, and of course legible. Also, unlike the hospital systems you are likely used to in the USA doctors’ notes also include all non-pharmacy orders (e.g. nursing orders, transfusion orders, diet orders, IVF orders, etc.). Just write what you want in your note clearly and the nurse caring for the patient will hopefully read it, understand it and then take care of it. (It also helps to review it with the nurse).

If you would like to start the patient on a medication, discuss this first with the referring physician and primary team. All drug orders need to be completed on the “yellow sheets” which usually are found at the front of the file. The names, dosages and availability of many medications are quite different than what you may be accustomed to in the United States but you will quickly catch on as you become more accustomed to PMH. A listing of medications on the National Formulary is available; ask Dr. Kappagoda if you can make a copy of it.

All laboratory orders and procedures are taken care of by the medical team. The nursing staff is usually willing to assist you with any procedures but you are responsible for doing them, ordering the appropriate tests, and cleaning up after yourself. Botswana has a national computerized healthcare system called Meditech. It is accessible in the larger hospitals and most government clinics. All labs are ordered and retrieved through this system. Instructions for its use are in the “Guide to Princess Marina Hospital”. It has only worked intermittently lately so there will likely be times when labs will have to be ordered in the old written style on special forms.

At 1300 visiting hours begin, and the ward is flooded by families and relatives, making it virtually impossible to continue work. Usually this is an excellent time to get some lunch (cafeteria or the Main Mall is about a 10 minute walk). The medical teams work late but generally the day’s work completes around 4 or 5pm – it’s prudent to stay close-by as you may get called for a consult late in the day.

### Dermatology Procedures and Supplies

Procedures that may need to be performed on consult patients include punch or shave biopsies, scabies preps, Tzanck smears, KOH preparations, and fungal and bacterial cultures. There is a microscope in the male medical laboratory – be careful not to turn to power generator past level 5 or you will blow the fuse – and also in the Baylor clinics.

Dermatology supplies can be stored in the cabinet in the male medical laboratory. Between dermatology rotations these would be best stored in Flat 5a for safekeeping, in the far right bedroom in the far cabinet above the closet. Currently, supplies include a biopsy bag, 2 reusable punch biopsy kits, KOH, Giemsa stain, specimen bags, purell & disinfectant hand wipes, 15 and 11 blades, blue-blade shave biopsy tools, sutures, disposable punch tools, topical antibiotic, band-aids, and N-95 TB masks. Other things which may be helpful include: mineral oil, gloves if latex-allergic, and a flashlight for use on the wards. I would strongly recommend bringing supplies to replenish the stock – if possible, touch base with the person there last to see what is needed. Generally obtainable from the hospital are: cotton swabs, alcohol swabs, purple-topped specimen bottles, 10% formalin, distilled sterile water, slides and cover slips (microbio), culture swabs and bacterial/fungal culture medium (microbio), KOH (microbio), lidocaine (procedure rooms), syringes/needles, and more N-95 masks (on the ward or in IDCC clinic).

If a biopsy is needed on a patient, please discuss this first with the primary physician before completing the procedure. Once it is decided that a biopsy will be beneficial, you need to gather all of the supplies that you will need in order to complete the biopsy. If this is a biopsy at the Baylor COE, Liz Lowenthal has biopsy kits and other donated dermatology supplies locked in her office. If this is a consult at Princess Marina, it is best to use the biopsy kits that can be sterilized.

In each biopsy kit, you will find a small tray, needle holder, forceps, scissors, gauze and/or cotton swabs. When you use the biopsy kits, you should take them immediately afterward to be sterilized at the sterilization lab (located across from the outpatient laboratory in Princess Marina.) It will be ready for pick-up and re-use in a few hours – you should pick it up the same day to prevent loss. If a biopsy kit is lost, look for “disposable” Laceration Tray kits which can sometimes be found on the wards/clinics. These contain the necessary tools and can be reused as biopsy kits, and/or you may scavenge the necessary tools from the sterilization facility or wards. After putting the specimen in formalin and entering it into the computer (ask for the help of the primary team), you take it to the Room 28 on the 2<sup>nd</sup> floor of the National Laboratory across the street.

Dr. H.K. Nashi (hnashi@gov.bw) (phone # 3974492) is one of two general pathologists in the National Laboratory (2<sup>nd</sup> floor). He knows we will be having rotating dermatology residents who will be doing biopsies. Please be respectful of his time, as he is very overworked and is helping us a lot with our patients. Tell the histology technicians it is an important specimen, and you would like to see it within 1-2 days with Dr. Nashi. More than likely, it will then take a week to see the specimen. Dr. Nashi can help you submit it the first time and introduce you to the technicians. His office is on the second floor. He appreciates very complete descriptions and

differential diagnoses to accompany each specimen, and will do what he can to ensure timely processing.

If you would like to submit a culture, you will need to talk to Dr. Rameshwari Thakur ([rameshwari\\_thakur@hotmail.com](mailto:rameshwari_thakur@hotmail.com)). She is a wonderful teacher and microbiologist who loves to have residents visit. She will culture anything you need including bacteria or fungus. Her specialty is Cryptococcus and fungus of all types. Her laboratory is also located on the second floor of the National Laboratory. All specimens do need to be logged into Meditech to facilitate reporting of results.

Other items you may find useful to bring with you for your own personal use include a digital camera, laptop with wireless internet capability, a pocket notebook, a flashlight for the dark wards, and a USB drive and 5-6 blank CDs to store/distribute digital images. Please note that non-latex gloves are not available within the hospital, so please be sure to bring a large supply for yourself should you have an allergy.

*Meditech Overview:*

Ask someone to show you how to use it the first time. The login is “kesjas00” and password “penn08”(generic used by Penn residents/students). The code for entering biopsies is LAB / PHISTO and for cultures is MIC / [F9] to see dropdown list for Fungal/Bacterial Cx. Note that the PA number (given per visit) is used to track lab/biopsy results, not the PM medical record number.

*Access to Educational Material*

In the flats there is internet access, and set aside for the dermatology resident is a slightly outdated Pharmacopoeia, Sanford guide to HIV-related ID, and most recently a Bologna 1<sup>st</sup> edition was added to this collection. PMH also has a medical library that has many outdated textbooks. We have been regularly contributing texts to the library to help upgrade the resource. Dr. Munadzwe has an up-to-date Andrews, Dr. Thakur several microbiology texts, and Dr. Nashi an updated Lever and Rapini dermatopathology atlas in their offices. However, these are their personal texts and you should ask to be able to consult them.

Each nursing station has two computers with internet access, although finding someone who has an access code is a challenge. Your best bet for reliable internet access on campus is the Baylor Visiting Scholars’ Room on the second floor of the Baylor outpatient building. The computer access code is “visitor” and the password is “botswana”. If you need help obtaining access, introduce yourself to Nicholas in Rm 207.

*Abbreviated Formulary of Dermatologically Relevant Medications:*

**Systemic:**

Acyclovir  
Amphotericin  
Chlorpheniramine  
Doxorubicin  
Doxycycline

Fluconazole (not itraconazole)  
 Griseofulvin  
 Ketoconazole  
 Prednisolone  
 Promethazine  
 Roaccutane

**Topical:**

Hydrocortisone 1%  
 Betamethasone 0.1%  
 Benzyl benzoate 25% suspension (scabies)  
 Benzyl peroxide 5/10% gel and wash  
 Clotrimazole cream  
 Lindane 1% lotion  
 Salicylic Acid 5-25% in Vaseline  
 Sulfur 10% ointment  
 Coal tar in gel/lotion/cream/ointment

Vaseline (petroleum) (OTC) (both lanolin and non-lanolin formulations)  
 Aqueous cream 500g mixed with 50ml glycerin (OTC, Dr. M's personal favorite)  
 Urea 10% (OTC)  
 Whitfield's ointment

Keep in mind that supply stocks of all kinds are unreliable and the pharmacy is very frequently "out" of essential medications for months on end. Patients generally can choose to purchase medications in the community if they wish.

Needle Stick Exposure and PEP

In the unlikely event of a potential exposure immediately notify a Penn specialist. We keep the first dose of PEP in the cupboard in our lab on the male medical ward and we have additional medication at Mallach house should it be needed.

A "word" on HIV Testing in Botswana:

As of March 2004 HIV testing has been done on an "opt out" or routine basis. Therefore extensive counseling and an in-depth consent procedure is not required. If a patient has a diagnosis consistent with HIV disease or an opportunistic infection the patient should be tested. Simply tell the patient "I am going to test you for HIV". If they choose to opt out that is their right.

Rapid testing is readily available. You can just carry the tube to the hospital lab and wait (5 minutes) for the results. (It still needs to be ordered in the computer). There is no need to confirm HIV positive tests (whether done by rapid method or ELISA) with a western blood testing since the prevalence is so high in Botswana.

HIV/AIDS in Botswana

HIV/AIDS surveillance has been taking place since 1990 in various settings in Botswana. The prevalence is close to 40%, making it the country with the second highest percentage of adults infected. As a result, one-third of children are “AIDS orphans.”

A number of factors have contributed to this prevalence:

- Excellent roads with the vast majority of the population located in a relatively small geographic area.
- Customarily, men have a minimum of 4 homes and have at least one sexual partner in each location. These homes include the village dwelling or homestead, usually the principle home; the cattle post; lands for arable farming; and the urban home.
- Rapid movement between the homes, resulting in only narrow differences between rural and urban HIV infection rates.

### Botswana's Response to HIV/AIDS

In the past five years Botswana has created and put into place an extensive HIV prevention and treatment program. This has required the development of an entire HIV management infrastructure since very little was in place. As with all other aspects of health care the program is free to all citizens (they have national health care). **Anti-retrovirals (ARV's) can only be prescribed or changed at one of the treatment sites (we can continue medications on admitted patients).**

At the present time there are over 32 ARV sites around the country caring for over 75,000 patients. This is remarkable given that there was essentially no treatment 3 years ago. There are over 17,000 patients registered at the clinic at PMH making it the **largest HIV clinic in the world!**

### Who is targeted for the ART program?

Infected patients get started on ARV's if they have a documented HIV (+) test, CD4 <200 or an AIDS defining illness. Pregnant woman are also a target group for treatment. First line therapy in Botswana is Combivir and efaviranz or nevirapine (women of pregnancy potential).

### **Notes on Language**

While English is the official government language, Setswana is the language of the Batswana, both the ethnic group and most of the people of the country of Botswana. Due to the vagaries of international boundaries, large numbers of speakers of Setswana are also found in present-day Zimbabwe and South Africa (where the language and the people are called Tswana). Setswana belongs to the African Bantu language group, deriving from the same roots as Zulu in South Africa, Shona in Zimbabwe, and many other languages in the region. Setswana was first written down by Robert Moffat (ancestor to the Superintendent of Princess Marina) when he translated the Bible into Setswana in the 1830s. Since Setswana was first written by an English speaker, most of the language is phonetically spelled for English speakers, with a few notable exceptions (G is nearly always pronounced as H and TH as T). There are other languages spoken in Botswana, notably the language of the San of the Kalahari and Kalanga, spoken by a minority group from the north of the country.

After Botswana's prosperity started in the 1970s, newly independent Botswana invested heavily in primary schooling (just as it did in primary health care), so most of your patients under 30 will have had at least a few years of primary school and will be able to have a conversation with you in English, though they will be more comfortable in Setswana if (as is likely) it was spoken at home. The English fluency of Botswana over 30 varies tremendously, but age is a good guide, with the elderly least likely to be able to communicate in English, and many middle-aged Botswana able to understand only some English and then only when spoken in a Commonwealth/British accent. You may recognize some cognates to English, German, or Dutch, most of which entered Setswana during and after the Protectorate period, generally via South Africa's English and Boer settlers, but also through neighbors in the former English colony to the northeast, Rhodesia, now Zimbabwe, and the former German colony to the West, now Namibia.

Foreigners are not expected to know Setswana, but even a few words will help you break the ice, assist in building rapport with your patients, show respect for their culture, as well as making you self-sufficient in performing a physical exam (if not a history). The few words/phrases everyone will find of use are marked with two asterisks.

### **Essential Setswana:**

Hello ma'am/sir	Dumela mma/rra
How are you? (How's it?)	Le kae?
How are you? (more formal)	O tsogile (pronounced TSO-HEELE) jang?
I am fine/We are fine	Ke teng / Re teng (use of the plural shows respect)
I am fine (more formal). And you?	Ke tsogile sentle. Wena?
My name is ...	Ke nna ... Leina lame ke (your name)
Who are you? (also the name of the national identity card and number)	O mang?
I am from Philadelphia in America	Ke tswa Philadelphia ko America
Generic: Goodbye (also "all is well")	Go siame
Saying goodbye as one departing ("Stay well")	Sala sentle
Saying goodbye as one staying ("Go well")	Tsamaya sentle
<b>Yes</b>	E
No	Nnyaa
Thank you	Ke a leboga / Re a leboga (pronounced LE-BO-HA) Tanki (borrowed from Africans)
Excuse me	Sori
May I (please) have some water?	( <b>Ke kopa</b> ) metsi

### **LIVING IN BOTSWANA**

**CARS DRIVE ON THE LEFT-HAND SIDE – WATCH OUT WHEN CROSSING THE STREET!!!!**

**Gill Jones:** Gillian is our administrator in Botswana. She is energetic and amazingly resourceful. She is very willing to be helpful, so do not hesitate to go to her with problems or questions. She has become a surrogate mother for the program. **However, remember that she is not your mother – be courteous. Thank her!**

A few customs

Dress in Gabs is “westernized”. Pretty much anything decent is acceptable for men or women. People usually greet one another by saying “Hello” (even strangers) when passing on the street. “Dumela mma” (to a woman) or “Dumela rra” (to a man) is the minimum Setswana everyone should learn. Like much of the rest of the world people are not nearly as time driven as in the USA. So do not expect meetings, cabs, etc. to be precisely on time. Just relax and enjoy the saner lifestyle. Botswana is 6 (daylight savings) or 7 hours ahead of Philadelphia.

Holidays

July 1st

July 18 & 19

Sept 30

Oct 1

Dec 25, 26 & 27

Jan 1

Easter ~ the Friday and Monday

May Labour Day (1st May) and Ascension Day (5 May this year)

Our Flats and Communal Living

You will be staying at one of the Penn flats. Once you send Carrie Kovarik your itinerary, she will book your room with Gill Jones. **THIS MUST BE DONE AT LEAST 3 MONTHS IN ADVANCE.** The rooms fill up with other rotators. There is a fee of \$500 per month for the flat, and this will be covered by the AAD stipend.

Penn has three three-bedroom flats and a house in Gabs and a flat in Francistown. The flats in Gabs are located in a safe and beautiful complex. They are at plot 2559. They are Flats 4b (plot 2559, 3a (plot 2552) and 5a (plot 2551). There is a swimming pool and several fruit trees. The house (Mallach House) is on Buffalo Close (plot 2423) a few minutes away. It is about a 15 minute walk from PMH and a 15 minute walk from the nearest shopping center. It is also a walk from UB, the main stadium, the tennis courts, and the squash courts. The flat in Francistown located in a similar type of complex. It has a swimming pool and tennis court. It is 1 km from a gym and 6 km from the hospital. There is no local mail service in Botswana so any mail should be addressed to the post office box. It takes about 2 – 4 weeks to get mail.

Each flat has a maid. They keep the places clean, make beds, and do the laundry/ironing. They do not pick up after us. It is communal living, so be respectful of other’s space and try to be a bit neat. **RE: COMMUNAL LIVING.** We have tried very hard to keep all of the Penn people in the flats – even if that means a bit of overcrowding on occasion. It is less expensive and potentially more fun so be prepared and “go with the flow”. **You may be asked to change**

**rooms during you stay to better accommodate others based on gender and other considerations. Be prepared for this.** The cost of food is shared. We have done this on an honor system basis so please remember to contribute. Beware that Africa has many insects, so be cautious about keeping the kitchen/eating areas clean.

If you encounter any maintenance problems in the flats please advise Gill ASAP. She will communicate with the maintenance people.

### **Rules of the Flats**

- 1) **Try to be neat – there are a lot of people living in a fairly small place**
- 2) **All food is shared**
- 3) **Contribute to the purchase of food without being asked.**
- 4) **The phones are only for LOCAL CALLS, internet, or to receive international calls. You cannot make outgoing international calls on them.**
- 5) **At the end of your stay purchase some item for the flat – either decorative or functional as a remembrance.**
- 6) **Internet Etiquette: there are a number of persons living in the flats, please be aware of the time you are using the internet.**
- 7) **Sign the spoon (in flat 5a)**
- 8) **When you leave the accommodations it is customary to give a “Bone Sela” to the maid who has looked after you. The suggested minimum rate is P100 per month pro rate, so for 6 weeks the Bon Sela is P150**

### **Safety**

As noted in the checklist you should register with the US embassy on line before you travel to Botswana. <https://travelregistration.state.gov/ibrs/>

You will generally feel safe in Botswana. The government is stable, and the Batswana are uniformly kind, friendly, and helpful. Reported crimes were almost exclusively robberies (usually cell phones), and car break-ins while parked at the foot of Kgale Hill. Crime is rarely against a person. There is a general feeling that robberies are on the increase. They are blamed on the influx of refugees from Zimbabwe. Remember your street smarts. Do not walk by yourself on the paths after dark, use the streets.

From the US Embassy: “Wild animals pose a danger to tourists. Tourists should bear in mind that, even in the most serene settings, the animals are wild and can pose a threat to life and safety. Tourists should use common sense when approaching wildlife, observe all local or park regulations, and heed all instructions given by tour guides. In addition, tourists are advised that potentially dangerous areas sometimes lack fences and warning signs. Exercise appropriate caution in unfamiliar surroundings”.

**AUTOMOBILE ACCIDENTS** pose a particular risk to travelers in developing countries and Botswana is no exception. We strongly advise short-term travelers to **NOT DRIVE** themselves. In addition, it is not a good idea to be on intra-city roads after dark. Many experienced drivers have had accidents involving cattle (and other cars). Never take chances in a vehicle.

**We recognize that you are all adults and generally used to making your own decisions. However, you must remember that while you are in Botswana you also represent the AAD, Baylor, and the University of Pennsylvania. Therefore, the consequences of your actions have the potential to have much greater impact than if it just reflected on you. One foolish act could result in the cancellation of the program. (Example: one student went camping in the Kalahari by himself. Though he might be fully capable, it is generally recommended by locals that one always take two cars on such trips – not to mention the lion issue). Don't be selfish enough to put the program at risk. Therefore, please ALWAYS be aware of the potential risks of what you are planning to do. If in doubt always check things out with Gill Jones, Jason Kessler, Jeff Hafkin and/or Steve Gluckman. Jason, Gill, Jeff, or Steve should always know your weekend plans if you are going to be out of Gabs.**

### Cost of living in Botswana

Living in Botswana is less expensive than in the United States. Food and entertainment are 1/3 to 1/2 that of the US. The unit of currency is the Pula and there are about 5.5 to the dollar. There are 100 thebe in a Pula.

### Communication

Calling around Botswana: Having a cell phone makes life a lot easier. It seems like just about everyone in Gaborone has a cell phone, as phones are answered everywhere- at work, on the combi (public mini-van taxis), in the movies!

You will be given a phone that will be used for dermatology consults. This phone is an unlocked phone with a Botswana SIM card. The phone number is 74355124. The SIM card operates on pre-paid minutes. Please always keep minutes on the phone by buying prepaid phone cards (cards range in price from P10 to P500). They can be bought all over the city. DO NOT leave the phone without at least P100 on the phone when you leave. We do not want to hand off an empty cell phone to the next person. Phone calls during the day are about P1/minute, but text messages can be sent for about 25 thebe. You can check your remaining minutes by dialing \*155#. Many useful phone numbers including those of taxi drivers are programmed into the phone already.

You can also buy a phone once you arrive (P345-P1000, including SIM card) or bring an unlocked cell phone that you will be able to substitute with a Botswana SIM card. If you can do this then you can; just purchasing a Botswana SIM card when you get here will make your phone usable in Botswana.

Calling home: Each computer in the flats has Skype on it. This is the least expensive way to call home.

Internet Access: Internet access can be found in each flat and from a number of computers on the hospital wards. The flat connection is the fastest given that it is satellite. Each flat has a wireless interface so any computer with a wireless card can be configured to use our internet connection. Also, we have an office in the hospital that is internet connected and we now have permission to use the Baylor computer lab. This should ONLY be used for medically connected internet access – NOT FOR PERSONAL EMAIL. We do not want to abuse their hospitality. There are

also various internet cafes throughout the city, especially at the Main Mall, Riverwalk, and Game City. In general, it costs around P12-15/hour of use, but make sure to ask for a deal if you agree to buy a block of time and set up an account.

Mail:

Post offices can be found at the Main Mall and at Riverwalk. Hours are generally 800-1600, Monday through Friday. Letters are priced according to the size of the envelope and not the weight. Letters in business sized envelopes cost P 3,30, and larger letters cost P11. **There is no home delivery of mail in Botswana.** Our post address in Botswana is:

C/O Gill Jones  
Suite 157  
Private Bag 324  
Riverwalk  
Gaborone,  
Botswana

It takes several weeks to get mail.

Getting and/or Changing Money

American Express cards are almost **never** accepted; Visa and Master Cards are usable at many restaurants, stores and supermarkets. You can get Pula in an ATM machine with a Visa or Master Card pin number. You cannot use a MAC card. Banks will change dollars and traveler's checks to Pula. You should definitely bring a card that you can use in a machine to get money. Consider changing your PIN to 4 digits if it is not already as some international ATMs will not accept PINs longer than this. **Some have had difficulties with obtaining money from certain ATM machines in Gaborone. The ATM located in the Gaborone Sun has proven to be a reliable option, so try that if you are having difficulties. As a fallback you can always go to Barclays near the Main Mall to have money wired.**

Most banks are located in the Main Mall, but ATMs are located additionally at Riverwalk and Game City. Be aware beforehand that ATM's in Gaborone are tied into the **PLUS** network (not Cirrus, or Nyce). *You should check the back of your ATM prior to departure because without a card that is on this network (PLUS) you **WILL NOT** be able to obtain cash through your bank account with a bank card.* You, in all likelihood, will be able to take money out against your VISA or MASTERCARD but you will be paying interest on this money. Dollars can be exchanged at any of the banks at the Main Mall. Banks will change dollars and traveler's checks. There is also an American Express Center and money changing place at Riverwalk that can change your US dollars or travelers cheques. Just remember, most places close by 1600 during the week, and often charge a service for changing money.

Credit Cards: Credit cards are accepted at most stores, hotels, supermarkets, and restaurants in Botswana. Once you leave the city, however, cash is often preferred/required. American Express cards are almost never accepted; Visa and Master Cards are usable at many restaurants, stores and supermarkets.

Transportation:

Since the recent additions of the malls (Riverwalk, Game City), the center of action has moved away from the Main Mall to these new malls, which are located on the outskirts of Gaborone. Therefore, walking in Gaborone is less of an option than it once was. Francistown is more compact and a more “walkable” city. If you do not have a car, there are a number of public transportation options.

Public transportation can be identified by their BLUE license plates. Remember when giving directions, use easily identified places. Most do not know the official street names, but will use the destination as the road name, for example “the road to Gabane.”

*Taxis* are readily available. Most of us have numbers programmed into our cell phones and just call one when needed. There is a taxi stand at the bus terminal and the south side of the main mall. Example fares:

A trip within the city costs P10-12, and at night the cost is around P15.

Riverwalk 10p

Game City 15p

Airport 30-40p

Mokolodi 50p

Cabs are often available at Riverwalk and Game City, and they can be easily ordered by phone. If you find that you are taking cabs frequently, it is possible to get the cell phone number of a specific driver and call that person directly when needed. Furthermore, by using a single driver for most of your transportation during your stay you can often ask for lower rates. The larger cab companies are less likely to do this, but smaller companies and individual drivers will. Another idea some have had success with is flagging cabs that already have occupants. Apparently this results in a significantly lower fare (as low as 2 pula, per one traveler). For years we have been using Eliot. He is honest and reasonable. I am told that late he has become busy and sometimes unavailable. Benny is an alternative. Benny has been hired personally by Gill on a full time basis as her father’s (Rev. Jones) driver. However he is always happy to help if he is free. Gill has already negotiated rates with him for UPENN. Ask Gill for the rates. He has been told the fee is per trip not per person.

Eliot: 71855493 \*preferred

Benny: 71662231 \*preferred

AB Cab 3909927

Goody: 3906868

Other taxi drivers that often work with the Penn visitors are:

Khunong: 71481155

Mr T: 72167833

They have fixed rates that have been negotiated, and they are posted in the flats.

*Combis* are the crowded minivans around town. They follow specific routes, but there are no route maps so if you do not know which combi to take, ask anyone; people are very friendly and helpful and will make sure you get to where you are going. The cost is 1.25p to ride anywhere on the route. Combis are often full, but there is always room for one more. They are the usual way most locals get around town. Rides are always an adventure and a true Botswana experience. Our residents and students have become very comfortable combi users.

*Buses:* You can get to any sizable city in Botswana by bus. Typical times are: Gabs-Francistown, 6 hours (P35/person). Francistown-Maun, 6 hours (P40/person). Buses can be found on the north side of the bus station, and they generally leave every half an hour or whenever the bus is full. Destinations are located on the front of the bus. Buses can be very crowded and are not air conditioned, but you can't beat the price. Get there early to get a seat.

*Train:* travels from Gabs to Lobatse or Francistown. Trains generally leave twice a day, and you can buy economy class, second class, and first class (seat/sleeper guaranteed). Reservations are recommended, especially during holiday weekends. The train station is located right next to the bus station. The train actually takes longer than the bus, but is likely to be a bit more comfortable for P100/person.

*Plane:* **##DO NOT CHECK ANYTHING OF VALUE – THERE IS A HIGH LIKELIHOOD THAT IT WILL BE TAKEN FROM YOUR CHECK LUGGAGE (CELL PHONES, CAMERAS, ETC.)##**

Air Botswana: Office on Main Mall. 3951921. Flights to Jo/berg, Maun, Kasane. Typical fares are \$200-400 range.

South African Air: Offices in Broadhurst and Game Malls. 3095740, 3972397

#### Travel agents/Tour Guides

**\*\*Would strongly advise to ask Gill for info/advice about any travel plans in Botswana. She is very experienced and very well connected. She can be a tremendous help\*\***

**Travelwise:** If you want to make plans before you arrive Gill has made arrangements for Penn with Ingrid at Travelwise. They have recently joined Hogg Robinson and the web site is [www.hrgworldwide.com](http://www.hrgworldwide.com) attention Ingrid. Please only contact her after you do some investigations. Ingrid's email is [Ingrid.theart@bw.hrgworldwide.com](mailto:Ingrid.theart@bw.hrgworldwide.com)

**Tim Race:** He will lead outstanding camping trips to the Kalahari. Everyone has enjoyed his safari's. He has all of the necessary equipment.

#### Having Fun

Restaurants (all easy to get to by car)- none of these are really inexpensive, but are so by USA standards. Andy Schafer rating (actually he did not go to them all):

**PMH cafeteria:** we eat lunch here most days. Food is cheap, delicious and VERY FILLING. Their bowling ball size dumpling is not to be missed.

**Bull and Bush:**\*\*\* English pub, excellent ribs, excellent pizza, music and disco dancing some nights, monthly trivia contest.

**Maharaja:**\*\*\* Indian restaurant next to the Bull and Bush

**Moghul:** \*\*\*\*Indian, less expensive than the Maharaja.

**Gab Sun Hotel:** \*\* expensive, but excellent Sunday brunch. Mahogany : upscale restaurant with piano player

**Newscafe:** \*\* mid range, upscale, South African franchise, at present seems to be the place for the young professionals (esp Thursday evenings)

**Sanitas:** \*\*\*\*Tea house: favorite for Sunday brunch and for lunches. Located in a garden center that has many plants to purchase. Nice setting

**Mokolodi:**\*\*\*\*there is a very nice restaurant at the game park about 15 km down the road to Lobatse. One of the fanciest restaurants in Gabs. Can get some exotic foods such as kudu steak, ostrich, impala steak, etc. recently started doing breakfasts. Probably the best restaurant in Gabs

**Grand Palm Hotel:** Livingstone's Restaurant has a help yourself to as much as you want to eat for around P100 per person. Very nice buffet.

**Red Lantern:** Excellent Chinese Restaurant in Broadhurst – 3908514. Will also do take out orders which you have to collect.

**Ashoka:** African Mall. Indian food. Well worth a visit for curry lovers

**Caravella:** Portuguese. One of the best restaurants in Gabs

**Riverwalk Mall:**

Milky Lane: Only ice cream store in Gabs (has outlet at game city also)

Primi Piatti: \*\*\*Italian

Fish Monger: \*\*\*fish, excellent, pricey

Equatorial Coffee \*\* Company: lunch and coffee

Debonnaire Pizza \*\*\*(they actually deliver)

Thai restaurant – excellent, but expensive

Linga Longa: similar to Mugg and Bean (see below)

**Game City:**

Ocean Basket: Known for its good fish dishes.

Mugg and Bean: best coffee drinks, excellent breakfast and lunch. They make their own muffins, cakes are for sale and are huge but excellent.

Milky Lane: good ice cream and crepes

**Others Around town:**

Confectionary in the African Mall: outstanding bakery good and coffee. A must.

Pie City: The best lunch bargains are pies (meat or vegetable). They are the main fast food – delicious and inexpensive .

The **staff cafeteria at the University of Botswana** has a great, filling, and inexpensive lunch

Malls

The term “mall” is used for any collection of stores. There have been two relatively modern malls built in the past three years in Gabs, Riverwalk and Game City. Francistown also has a large modern mall in addition to several others.

**Main Mall:** Center of town near the government buildings. This is a 10’ walk from the hospital. and about a 20’ walk for the flat. Past its prime, but some atmosphere. . Outdoor mall with a lot of stalls where people sell crafts, vegetables, etc. You can bargain. Good place to walk from the hospital to get a pie or pizza for lunch.

**BBS Mall:** Near the private hospital in Broadhurst. Also about a 20’ walk. Also more atmospheric than the modern malls. There is a good **second-hand bookstore** at this mall that is above the Woolworths. It has much more atmosphere than Riverwalk or Game and on the weekends is full of stalls where you can bargain for all sorts of things

**Riverwalk:** Multiplex movie, restaurants, grocery stores, liquor store, hardware store, computer store, electronics store, internet café, book store (expensive), clothing and sports stores.

**Game City:** Largest mall in Gabs, near Kgale Hill. All mall-type stores, plus Game – a huge Walmart type place where you can get most everything.

**African Mall:** near the main mall, small but also with some atmosphere. Good fabric store and bakery.

### Movies

There are 2 multiplex movie theaters in Gaborone and one in Francistown. In Gabs one is at Riverwalk, and one is at Game City. These theaters tend to play the large blockbuster Hollywood movies, other bad movies from the US, and some Academy nominated movies. Tickets are around P25. Movies show from Wednesday to Sunday. Movies are assigned seating – like going to the theater. They will ask for your seat preference when you buy the tickets.

### Other

Local theatrical groups and dance troupes often have events and it is worth looking out for these as they are normally very good and well attended. Gill tries to circulate the information when she hears about them.

Quiz night is the last Wednesday of the month at the Bull and Bush. Jonestribbe and UPENN have teams regularly in this event which is great fun.

### Sports

- Gyms are found in Gaborone. Most Penn people go to Gym Active in the Village Mall (accessible by combi). The gym has a great pool, cardio equipment, weights, and classes. The staff is uniformly nice and helpful. You can pay by day, week, or month. Student rates available as well. There is also a gym in the Broadhurst area and at the Gaborone Sun hotel.
- Tennis: Tennis club at Gaborone Sun and National Tennis Center (have to join either of these). One can use the courts at the University of Botswana for free.
- Squash: Squash courts at the Gabs Sun, the National Squash Center (behind the National Stadium) and Gym Active.
- Running: National Stadium is open, and you can often see outstanding, young Batswana training there. You will see few runners on the street. There is also nice running behind the stadium on packet sand – towards the Cricket pitch and around the UB stadium and old airstrip. You will need some guidance, but you can take a very long run in the bush by going past the cricket pitch.
- Football: Spectator games nightly on the dirt fields between the National Stadium and the University. If you are lucky there will be some national team games at the stadium.
- Rugby: The Gaborone Rugby Club is located near the Village Mall.
- Cricket: There is a national cricket pitch behind the main football stadium
- Golf: The Club is walking distance from the Gabs Sun. Greens fees/club rental/pull cart rental cost about \$25. There is a beautiful course about 15km north of the city at Phakalane. It costs about \$50 to play there.

### Night Life

#### Dancing:

- Che Ntemba in Mogoditshane- P20 to enter, and a mix of local music and American pop. Filled mostly with locals. Great scene, but bring ear plugs

Karaoke at the Red Lantern restaurant

Bars:

- Bull and Bush: “English pub” in north part of Gabs. Large screen television to watch sports, pool, and great pizza. Mix of ex-pats and Batswana. Once a month trivia contest. We usually enter at least one team.
- Irish Pub: “Irish Pub” in Game City where you can find Guinness (but in a can). Decent food. Mix of expats and Batswana.
- Jazz club: Club Satchmo: real jazz!

Day trips (You can hire a cab for all or part of a day to take you to any of these places)

**In Gaborone**

Kgale Hill: Kgale Hill is located in the southwest part of Gabs. It is a moderate hike, about 3 kilometers to the top. Great 360-degree view of Gabs from the top. Look out for the baboons. *Note: Cars have been broken into when left at the foot of the hill. You can leave your car in the nearby parking lot at Game City and walk to the hill. Because of recent mugging, the USA embassy has advised against climbing Kgale. It is ok to go, but go in a group and do not bring anything of value.*

Gaborone Dam: The only body of water in Gabs! Fun place for a picnic. Can check out the yacht club for a drink. Can also rent 4-wheelers for a ride around the dam. Sometimes you need a permit, but sometimes an “exception” will be made. There have been some muggings there lately so check it out with some of the locals before going

Mokolodi Game Preserve: Located a mere 15 kilometers outside Gaborone on the road to Lobatse. A rich lawyer who still lives in the large mansion on the property donated this beautiful area of land. Game includes various antelopes, giraffe, zebras, warthogs, white rhino, and elephants. This is a nice and convenient “first safari”, though a bit expensive. They also have two cheetahs. You can take guided tours and attend various educational programs on site. It is about P35 for a one-day pass. Make sure you save time to eat at their restaurant- one of the best in Gabs.

Gaborone Game Park: About a 5 minute drive or 20 minute walk from the flats. It is certainly not very exotic by African standards (antelope, warthogs, zebras and ostrich), but very pleasant place to spend an afternoon. GGP does not require a 4-wheel drive car (but can only go in with a car) and only 4 Pula. There are several Game View sites where one can sit and enjoy the peace and bird sounds. I think this is overlooked as a place to spend some time.

National Museum: Located near the Main Mall and a block from PMH. Nice museum, but not very big. You only need a couple of hours.

Art: Thapong Visual Arts Center is a cooperative of artists’ studios, located near Gym Active, across from the old prison in Gaborone Village. Open daily until 6:30pm, Thapong features an amazing collection of resident artists’ works that are best described as contemporary African

sculptures and paintings. The studios are in shanties scattered around the cooperative, and the artists are always more than willing to talk with visitors. Ask for Barnabus.

Craft Center: A group of craft stores in the Broadhurst section of town. Open during the week and on Saturdays until 15:00. Here you will find a bunch of ex-pats buying crafts, clothes, and eating at the Italian deli. There is a hair salon here and a wine shop that sells Biltong. (local dried meat)

### Around Gaborone

Thamaga: Small village outside of Gabs known for its pottery. It is a great place to buy souvenirs. Approximately 30-45 minute drive along the road to Gabane, and can catch a bus there at the bus station.

Gabane: village close to Gabs: can visit the Kotla (tribal meeting place) and a glass craft works (can buy glassworks and can take classes)

Oodi: There is a weaving cooperative that one can tour and get local weaving. Easily included on a drive to Mochudi.

Otsi: There is a crafts cooperative run by Camphill. A very nice ½ day trip. Can also take in the Vulturary outside of town. There is a nice little Barantani Lodge in the village where one can stop for a cold drink. A cheese factory is across the road from the village.

Mochudi: Interesting local museum with a great view of the valley

Molepolole: On the way to the Kalahari. Can visit Scottish Livingstone Hospital which was started by Dr Alfred Merriweather missionary /doctor, his wife still lives out there. She started the Shepherd School with 8 children, today there are over 500.

Kolobeng: There is a site at Kolobeng where David Livingstone, missionary/explorer built a house and church on his way to the north before he discovered The Victoria Falls. This homestead was burnt down by the Boers and only ruins remain and the graves of some of his family. Alfred is on site and always pleased to show visitors around. Easily included in a drive to Thamaga

Longer trips (with most trips there are options for comfortable living, budget living, and camping. I strongly suggest that you discuss any of these trips with Gill or Nikki. They can help with accommodations, etc. Trips to Okavango Delta, Chobe and Victoria Falls would have to be done at the end of your stay since they take more than a weekend.

Serowe: About a 4 hour drive to the north. It is a good overnight trip and one can stay in a self-catering chalet in the rhino sanctuary. This could be easily done in a weekend.

Okavango Delta: This inland delta is the biggest tourist attraction in Botswana. The camps in the delta are also quite expensive, but are all-inclusive and the most unique part of Botswana. They should not be missed – you will not regret it. Great animals, birds, and night sounds of

the tree frogs. Camps are much more than comfortable. Fly to Maun and then take Cessna into one of the camps

Chobe Game Preserve/Victoria Falls: In northeast part of Botswana. Chobe has the highest concentration of elephants in Africa. The evening sundowner cruise on the Chobe river is a must. Please request to be on a large boat. The sunsets are amazing and you will see the game in a totally different environment. Elephants swim across the river and the hippos wallow in their pods. The Chobe River Lodge has self catering chalets either 2 or 3 bedded. Gill has negotiated a UPENN rate. She can book this for you and organize a pick up at Kisane airport. If you do not want to self cater the Garden Lodge and the Mowana Lodge are other options. Day trips to Victoria Falls are available. The market there is amazing and you can literally barter your shirt to your shoes.

Madikwe: Right over the border in South Africa. You must make reservations ahead. There are lots of lodging options and prices, but none that are “cheap”. It is an absolutely fabulous (and romantic) weekend getaway. Make reservations in advance at Makanyane, Tau, Madikwe River Camp, Jack’s Tree House (a little less expensive). Madikwe is well worth the expense! Just outside of Madikwe is Masela Sela at a far more reasonable price, around P600 a night, which includes a game drive each day + an extra one if you pay for it. Ask Gill for advice about options – re: expense. Most people have preferred to stay in the park. You can view the lodges at: [www.madikwesafaris.com](http://www.madikwesafaris.com). Gill has arranged a special UPENN rate at Tau

Jo’burg: Five hours by car from Gabs. Make sure you get a very, very detailed map, as street signs are nearly non existent, and it is very easy to get lost (and your trip could be hours, hours long). Northern suburbs are beautiful and safe, but Jo’burg proper is known to be very, very dangerous. Great restaurants and great B&Bs. Some activities include Soweto Township tour, the Apartheid Museum, and various other cultural activities. Remember the Tlkoweng border closes at 22:00.

Pretoria: On the way to Jo’burg, but an hour closer. During season the Jacaranda trees that line the streets are UNBELIEVEABLE in season. There is also an excellent zoo. The Kruger museum is well worth it for an understanding of South African history.

Khutsi: gateway to the Kalahari: a weekend camping in the Kalahari is a life-altering experience. Even camping is pricey. One should not do this without an experienced guide or other person – lions et al are too dangerous for a novice to be out there alone. There is a new lodge just outside of Khutsi that is very nice and the place to go if you are not a camper or if you can not arrange for a camping trip. **Remember safety first - always go with more than one vehicle and an experienced guide.**

Tuli Safari Lodge: We run a clinic at the lodge once a month. It is very worthwhile trip. The scenery is beautiful and the lodge is very nice. One can stay inexpensively in a great tent site on the banks of the Limpopo river.

#### Glossary of acronyms

**ACHAP:** African Comprehensive HIV-AIDS Partnership

**IDCC:** Immunodeficiency Care Center, the HIV clinic at PMH

**KITSO:** National HIV training program  
**BOTUSA:** Botswana-USA partnership  
**BONASO:** Botswana Network of AIDS Services Organizations (sp)  
**BONEPWA:** Botswana Network of People Living with HIV/AIDS

Medical Acromyms

CCF: Congestive cardiac failure  
 PTD: Pulmonary tuberculosis  
 ATT: Anti-tuberculous therapy  
 PMTCT: Prevention of mother to child transmission program  
 CI: Clinically immuno - suppressed – not HIV tested but looks like it  
 ARV: Anti-retroviral

Key Players in Gabs

**Harvey Friedman:** Director of the Botswana-Penn Partnership  
**Steve Gluckman:** Director of the Penn clinical/educational program in Botswana  
**Greg Bisson:** Acting director of the Penn research program in Botswana  
**Oathlokwa Nkomazana:** In country director of Penn in Botswana  
**Jeff Hafkin:** Full time teaching/clinical attending for the Penn firm at PMH  
**Mmph Sebonego:** Full time teaching/clinical attending for Penn at PMH  
**Gago Saleshando:** Full time teaching/clinical attending for Penn at PMH  
**Daniel Stefanski:** Full time teaching/clinical attending for Penn at PMH  
**Jason Kessler:** Ex-full time attending. Director of TB/HIV co-infection clinic  
**Gillian Jones:** Administrator of Penn in Botswana  
**Kolaatamo Malefho:** Acting Superintendent of Princess Marina, Director of the Emergency Room  
**Diana Dickinson:** Director of a large and superb private practice in Gabs. HIV experienced  
**George Brewu:** Head of medicine at PMH  
**Maria Rustig:** Director of Penn program at Nyangabgwe Hospital in Francistown

Important Phone Numbers (Note: all cell numbers start with 7, all land lines start with 3)

Derm phone	74355124
Dr. Steve Gluckman (UPenn ID)	72950320
Dr. Jeff Hafkin (IDCC)	72797825
Dr. Maria Rustig (Francistown)	72485183
Dr. Liz Lowenthal (Baylor)	71321718 (Asst: Mapula)
Dr. Grace Munyadzwe	3621525 / 71212145
Dr. Huchappa Nashi (Path)	3974492 / 82 for voicemail
Dr. Rameshwari Thakur (Microbio)	71558619
Dr. Shanthi	72126923
Gill Jones	3926597 (home) / 72768605
Nikki Jones (Gill's daughter)	72791513
Penn Flat 3a	3974500
Penn Flat 4b	3901041
Penn Flat 5a	3904008
Princess Marina Hospital:	3953221, 3621400
Medical emergency (Diana Dickinson, M.D.):	3953424, 71426546

USA Embassy 3953982  
National operator: 100  
International operator: 101  
National directory: 192  
International directory: 193  
Direct dial to USA: 001-area code-number  
Direct dial to South Africa: 0027 – (11 = Jo’burg) + phone number

Address of ICC flats: Plot 2559, Ext. 9; on Tshelto road near Northside elementary school.

Well that’s it for now... enjoy your time on the wards at PMH and please once you return to the States let us know how we can improve the experience at Marina and what more information you’d like to see included in this document. Send your ideas and suggestions to Carrie at [Carrie.Kovarik@uphs.upenn.edu](mailto:Carrie.Kovarik@uphs.upenn.edu).

