Dermatology Residents’ International Grant Handbook

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

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Updated March 2011
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### Administration of the Botswana-UPenn Partnership – Philadelphia Office
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Ruth Bae, Financial Coordinator - rbae@mail.med.upenn.edu
Carrie Kovarik, M.D., Head of the Dermatology Program

### Administration of the Botswana-UPenn Partnership – Gaborone Office
Doreen Ramogola-Masire, MD, Country Director - doreen.masire@gmail.com
Andrew Steenhoff, MD, Associate Country Director and Director of Research - steenhoff@email.chop.edu
Zein Kebonang, Country Operations Director - Kebonangz@botswana-upenn.co.bw
Nikki Jones, Student, Resident and Visitor Coordinator - jonesn@Botswana-UPenn.co.bw
Gill Jones, Properties Manager - jonesg@botswana-upenn.co.bw
Matt Dacso, MD, Clinical Rotation Supervisor - dacsocles@gmail.com

### Other Key People associated with the Dermatology Rotation
Dr. M Kayembe, Head of Pathology, National Health Laboratory, Gaborone
Dr. Rameshwar Thakur, Microbiologist, National Health Laboratory, Gaborone
Dr. Gilberto Lopez, Cuban Dermatologist in the Princess Marina Dermatology Clinic
Dr. Michelle Haas, Botswana-UPenn physician in Gaborone
Dr. Nurit Harari, Botswana-UPenn physician in Francistown
Dr. Tonya Arscott-Mills, Botswana-UPenn physician in Francistown
Dr. Mike Pendleton, Botswana-UPenn outreach physician
Dr. Gordana Cavric, University of Botswana Internal Medicine doctor, runs morning report
Dr. Nicola Zetola, Botswana-UPenn physician in Gaborone
Dr. Mike Tolle, Clinical Director of the Baylor Pediatric Clinic

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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 twelve U.S. and Canadian senior dermatology residents to participate in a 4 to 6-week elective in a developing country where the Committee is establishing dermatology support programs and teledermatology consult services. The 4 to 6-week rotation will be available for completion between January and December 2011. We will assign you to a rotation period based on your preferences in the application process, and our goal is to have some overlap of the rotations between residents so that the rotation can be successfully passed from one person to the next.

Grant recipients will receive a $1250 stipend for room and board, evacuation insurance, outreach travel expenses ($250 have been added to help expenses and promote outreach visits), and other needs. This is in addition to airfare, which will be booked through the AAD Travel Desk and paid for directly by the AAD. Recipients will be required to purchase Medjet Assist in the amount of $215. The payment for your housing (150 Pula/day, approximately $24/day) is due during your orientation (which occurs on your first Monday) and is paid in cash (Pula) to Nikki Jones.

You will have an orientation with Nikki Jones on the first Monday of your rotation. On the first Wednesday afternoon of the rotation, you will have an interview with the Ministry of Health, in order to have practicing privileges in Botswana. Bring a book because the wait can be from 1-3 hours. You will need to bring the following to Nikki on Monday, in order that your application is complete and ready for the interview on Wednesday: see checklist below for details.

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). She is assisted by Coura Badiane (CBadiane@aad.org, International Affairs Specialist with the AAD). Further details on travel arrangements, daily schedule, and the consultation service are explained below.

During or at the completion of your rotation, you will be required to give a powerpoint presentation to one of the following: faculty and students at the Princess Marina Hospital morning report, Baylor faculty at the Baylor Center of Excellence (COE) on the Princess Marina campus, or one of the outreach district hospitals, as well as your home institution. This will also be attended by any other health care workers that would like to attend. Please coordinate the exact date with Dr. Michelle Haas (for the PMH morning report), Dr. Mike Tolle (the clinical director at the Baylor COE), or the contact person at the outreach district hospital. The powerpoint should include the photos of all the relevant cases seen during your rotation or be focused on a topic as requested by the local clinicians. Teaching during outreach clinic visits is highly encouraged and much appreciated by the local clinicians. This presentation should either be emailed or mailed on a CD to Carrie Kovarik (carrie.kovarik@uphs.upenn.edu) upon completion of your rotation. The presentation may be posted on the 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 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! Below, please find the detailed check list for your rotation:

RESIDENT CHECKLIST FOR TRAVEL TO BOTSWANA

PRE-TRAVEL

- The most recent version of the Dermatology Residents’ International Grant Handbook will be emailed to you, but will also be available for download from the AAD website: http://www.aad.org/members/international/_doc/HandbookforResidentsInternationalGrant_001.pdf. Read it ALL as soon as possible, since all details of the trip are explained.

- You will also be supplied with the following documents through email: Outreach schedule, Botswana clinical guide (quick guide to carry with you), example of the biopsy log that you will be keeping, previous resident trip summaries, as well as names and emails of residents that will overlap with you. Please familiarize yourself with these documents.

- Determine exact dates of travel. The dates of the rotation will be assigned by Carrie Kovarik based on your preferences. You should finalize the exact dates of travel with her in order to arrive for the rotation at the appropriate time.

- Make sure your passport is valid and does not expire for at least six months following your intended return and has at least three blank pages. Note, if you are not a US citizen, you may need to obtain a visa before traveling to Botswana. Check the Botswana Embassy website for details (http://www.botswanaembassy.org/).

- Book flights through the AAD (see instructions) and make sure Dr. Kovarik approves the itinerary in advance

- Schedule an orientation call with Carrie Kovarik in the month prior to departure (carrie.kovarik@uphs.upenn.edu).

- Complete and return release and W9 forms to the AAD, Attention Coura Badiane, International Affairs Specialist
- Purchasing Medjet Assist in the amount of $215 is recommended: http://www.aad.org/pm/resources/dermsource/medjet.html

- Get immunizations/medications
  
  Rec: Hep A and B, Typhoid, update Td

  Malaria prophylaxis, other medications (see handbook)

  Get tuberculin skin test

- Inform Nikki Jones (jonesn@botswana-upenn.co.bw) our administrator in Botswana, of your itinerary. Our driver, Mr. T, will pick you up at the airport, so it is critical that this be done. Copy the itinerary to Carrie Kovarik (carrie.kovarik@uphs.upenn.edu) so she can be sure it has gone out to Nikki. Please do this at 3 months ahead of time so that she can have time to make the arrangements in her schedule.

- Heather Calvert (hcalvert@mail.med.upenn.edu), the Administrator of the Botswana-UPenn partnership at Penn, may contact you with further information and/or instructions. See http://www.upenn.edu/botswana/visitorinfo.html for a slideshow on Botswana and more information. There is also a useful packing list at this site.

- Register your travel plans online with the Department of State: https://travelregistration.state.gov/ibrs/

- Log on and register with africa.telederm.org

- Review previous African dermatology cases by logging on to africa.telederm.org and clicking on curricula. There you will find several case based lectures that will help familiarize you with the type of dermatology you will see.

- Read trip summaries that will be provided to you by Carrie Kovarik. This will give you a better idea of what to expect.

- Email the resident that will be handing the service off to you in order to inquire about supplies that may be useful for you to bring.

- Gather materials that you may want to bring for the trip, such as disposable punch biopsies, suture, lidocaine, gloves, bandaids, etc in order to replenish the biopsy supplies.

- Bring protective eyewear and an N95 mask

- Credentialing: Any resident or faculty member (NOT students) who plans to practice medicine in Botswana MUST submit documentation and complete an application for exemption from registration with the Botswana Health Professions Council (BHPC).
  
  
  - Complete the form and include the following with your application:
    - 4 x Notarized Passport Photos
    - Notarized copy of passport

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- Notarized copy of medical school diploma (NOTE: If your diploma is written in Latin, it should be translated to English and then notarized.)
- Notarized copy of your state license
- Copy of your resume / CV
- All else on the form will be N/A

- The completed application can be hand-carried with you to Botswana. Botswana-UPenn Partnership staff can assist in completing the application in country. Forms are delivered to the BHPC on Monday and then physicians are taken to the BHPC the Wednesday following arrival for swearing in. Please note that physicians cannot practice medicine until the BHPC registration is completed so you should plan to arrive before Monday in order to process the application in time for the standing Wednesday appointment.
- Bring copies of all documents and the application form with you to Botswana. (Do not check in luggage.)
- Please note that applications may be submitted to the BHPC on Mon, Tues, Thurs, or Fri. Wednesdays are the days when applicants must appear in person to the BHPC to receive their registration certification.

**IMMIGRATION IN BOTSWANA**

- When you land in Gaborone you are required to complete an **immigration form**. You must put down as the physical address where you will be staying as: Pilane Court, Plot 154/155, Ext 9, Gaborone

- Check the box that states you are there as a tourist/holiday – NOT THAT YOU ARE WORKING

- Ask for the amount of days you will be in the country for, i.e. 60 days. You are allowed 90 days per year.

**DURING TRIP**

- **Introduce yourself to key contacts** at Princess Marina Hospital (see Contacts list in Guidebook for phone numbers): Dr. Mike Tolle (Clinical Director of the Baylor pediatric clinic), Dr. Gilberto Lopez (Cuban doctor who will be in PMH dermatology clinic), Dr. Gordana Cavric (you will meet her at morning report and she can help introduce you to the other doctors in the hospital), Dr. M Kayembe (pathologist at the National Lab who will help with biopsies), Dr. Mike Pendleton (Botswana-UPenn outreach physician), Dr. Michelle Haas (Botswana-UPenn physician that will orient you regarding post-exposure prophylaxis), and Nikki Jones (Botswana-UPenn Partnership administrator).

- You must keep a **log of all biopsies** performed and follow up results with Dr. M Kayembe (cell (+267) 71849217). This log will be handed off to the next resident for continuity. When the patients return, the result should be recorded in their record. If no biopsy result is found in the log, please call Dr. Kayembe for the result.

- Submit all **biopsy slides for consultation** to Carrie Kovarik that are either not straightforward or are requested by Dr. Kayembe for a second opinion through the telepathology microscope. Send Carrie Kovarik a notification of the consult, which well the slide is in (Well 1-4), a brief history, and clinical photos (through africa.telederm.org). She will review the slide and send a histologic description, as well as a differential diagnosis, to the referring resident and Dr. Kayembe.
- **Outreach clinics** are conducted every Thursday. There is a master schedule of outreach visits that should be followed. Although there is a schedule, please call the outreach contact listed in the guide at least 1 week prior to your visit in order for them to collect patients and request possible lectures.

- Submit AT LEAST 5 consults during the month to the [africa.telederm.org](http://africa.telederm.org) site.

- Give a **powerpoint presentation** to the clinicians at the Baylor COE, PMH morning report, or at any of the outreach clinics.

- The dermatology consult phone (number 72731961) AND the biopsy log should either be handed off to the next resident or returned to Nikki Jones upon completion of the rotation.

**UPON RETURN**

- Send your presentation, patient logs, and updated biopsy log by email or mail on a CD to Carrie Kovarik and the AAD, Attention Coura Badiane upon completion of your rotation.

- Submit your one page trip report/rotation summary to Carrie Kovarik and the AAD, Attention Coura Badiane upon completion of your rotation, including a description of what you gained from the experience, as well as suggestions for improvement of the program.

- Post-trip tuberculin skin test is recommended (8 weeks after returning)

- Update the handbook with your comments/experiences

**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-UPenn Partnership. 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 intention 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, the Botswana-UPenn Partnership, 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) Being nasty or pitching a fit in nearly any setting in Botswana is unlikely to further your cause and may result in your being sent home early.

4) If you travel outside of Gaborone or Francistown, it is important that BUP staff (Nikki Jones) knows your itinerary. This is so that we know where you are in case there is an emergency and you need assistance. (This HAS happened in the past.)

5) You are living in A DEVELOPING COUNTRY IN AFRICA. All of the luxuries of life available to you in the United States may not be available to you in Botswana. Please be flexible, adaptable, and accommodating. You will be living at a standard higher than most people in Botswana, and the accommodations provided are more than comfortable.

**ABOUT BOTSWANA**

**Background**

Botswana was formerly a British “colony” (technically it was a protectorate which is slightly different) known as the Bechuanaland Protectorate. It received its independence in 1966, and at that time, the name was changed to Botswana. Botswana is now a parliamentary republic, whose current fourth president, Ian Khama, is the son of the first president, Seretse Khama. Education and healthcare are free; and the national literacy rate is above 80%. Since 1966 the country has continued to grow, thanks to its flourishing diamond economy, beef exports and good balance of payments. In addition, tourism is a growing sector thanks to the large nature preserves and good country conservation practices.

**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 (pronounced “Ha-bor-ron-ee”…g’s are pronounced as h’s in Botswana, e’s are not silent) is located in the southeastern corner of Botswana on the Notwane River, a
mere 9 miles (15 km) from the South African border. Also called “Gabs” by expatriates (with the g pronounced), it is the capitol city. It combines feelings of both rural Africa with tin roofed houses and high-rise office buildings. There are modern malls on the outskirts of town but few sidewalks and street lighting. The Princess Marina Hospital (PMH) opened in 1966 at the time of independence and is in the center of Gaborone. The University of Botswana is also near the hospital.

**Climate**
The climate is semiarid with cool winters (June-August) and hot summers (December-February). The country suffers from periodic droughts given the desert climate. The rainy season in the summer is characterized by intense, brief, dramatic thundershowers. Average daily temperatures range in January from 22°C/71°F – 33°C/91°F and in July from 5°C/41°F –19°C/66°F. 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. Summer days can be quite scorching, particularly before the rains come. In the winter months a fleece or sweater is a must in the morning and at night. Most buildings do not have heating and there is little air conditioning.

**Demographics**
Botswana is a sparsely populated country of 1.8 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, 35% are 0-14 years old; 61% are 15-64 years old; and only 4% of the population is older than 65 years. Most people are Tswana (or Setswana), and the remaining are Kalanga (11%), Basarwa (formerly known as “San” or “bushmen” which is considered a derogatory term) (3%), and other (7%) which includes Kgalagadi and white.

Botswana has one of the highest HIV/AIDS infection rates in the world with approximately one quarter of the population infected. The effects of excess mortality due to HIV/AIDS, has caused life expectancy to drop to ~50 years, infant mortality to increase to 45 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 a high 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**
70% are Christian, 7% have indigenous beliefs, and 20% have no religion. Note too that many Batswana may also mix some African Traditional Religious or Badimo beliefs into their other religious practices (e.g. consulting medicine men for advice).

**Language**
English is the official language, but Setswana is the national language and is widely used (79%). Many older Batswana only speak Setswana. Young children are taught in Setswana until 4th grade so small children also may not speak English.

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**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 $14,100 in 2008 but fell precipitously in the recent economic downturn. AIDS is threatening this remarkable economic growth. Diamond mining drives the economy, and accounts for >1/3 of the GDP and 75% of export earnings. Other important industries include tourism, financial services, subsistence farming, and cattle. Recently large amounts of gas have been found in the Kalahari. Despite this stability, poverty remains an important concern, as there is a large gap between rich and poor, unemployment is officially around 24% and unofficially close to 40%, and women head approximately half of households.

**CUSTOMS AND CULTURE**

**Greetings & Respect**
It is very important in Batswana culture to greet everyone. People usually greet one another by saying hello (even strangers). “Dumela mma” (to a woman) or “Dumela rra” (to a man) is the minimum Setswana everyone should learn. Recognition is very important to Batswana and to ignore even a greeting is considered very rude. Also be aware that seniority and age carry a lot of weight in Botswana. Children are generally taught to obey their elders. Recognition and respect for elders carries through to business and government. If you are a student traveling to work in Botswana, please note that the characteristics that often make for a successful student in the United States (demonstrating knowledge, questioning the status quo, self promotion, etc.) can be construed as insulting and offensive to Batswana. You are in Botswana to work and to learn; you are not there to change the way things are done.

**Cattle**
Beef is a major export in Botswana and cattle are highly valued. Wealth is often measured by the number of cattle owned. Cattle posts are places where boreholes are drilled down to the level of groundwater. Generally the cattle roam free (“free range beef”) at the post and are not fenced (they don’t wander too far from the water) but they are looked after by a Modisa (herder). It is considered rude to ask someone how many cattle they have; it would be like asking someone how much money they have in the bank.

**Kgotla**
The kgotla is the traditional meeting place in villages where disputes are brought before chiefs and issues of public interest are discussed. Kgotla is both the name of the meeting place (a semicircular enclosure usually under the shade of a tree), and the name for the meeting, and serves as both the village council and the tribal court. Traditionnally only men took part in these tribal meetings, but now women may attend. The kgotla is an early example of democratic principles at work. Anyone who attends the kgotla may speak. (For this reason, some kgotlas may meet for a number of days.) Ultimately, however, the kgosi (chief) makes the final decision. Kgotlas still play an important part of decision making and government in the villages outside of Gaborone. If you are working
in a village, it is important for you to visit the kgotla and introduce yourself to the local leaders.

**Birth Dates**
Many older or rural Batswana don’t know the exact date of their birth. Births in rural areas are often linked to a season or a holiday or a memorable local event. Also, Batswana may give the year of their birth rather than their present age when asked how old they are.

**Body Language**
Like much of the world, Batswana do not have the same concept of personal space as Americans and may stand closer than people do with one another in the US. It is also not uncommon for men to hold hands. You may also encounter a slight variation on the traditional western handshake, in that Batswana will shake hands, grip thumbs (with the same hand), and then shake hands again. Note that not everyone in Botswana makes eye contact when communicating with strangers. In particular, it is customary for young women and girls, particularly in rural areas, to not make eye contact when speaking to strangers.

**Botswana Time**
Like much of the rest of the world people are not nearly as time driven as in the United States. So do not expect meetings, cabs, etc. to be precisely on time. Just relax and enjoy the saner lifestyle. But know too, if you are going for a short amount of time and have very specific but time dependent goals, you are less likely to be successful in meeting them. No physician can work in PMH without registering first with the Botswana Health Professions Council (BHPC). Registrations are processed only one day per week (Mondays). If you arrive the day after the registrations are processed, you will have to wait another week before you can obtain permission to work in the hospital. The Botswana time zone is CAT (Central Africa Time) and is either six (daylight savings) or seven hours ahead of Philadelphia/EST.

**LGBT**
Officially, both female and male same-sex sexual acts are illegal in Botswana but prosecution is rare. Same sex couples have no legal recognition. Certainly there is a lesbian and gay community in Botswana, but in general homosexuality is not publicly accepted. Note that it is not uncommon for heterosexual men in Botswana to hold hands publicly, so do not assume that two men who are holding hands are a romantic couple.

**Holidays**

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<th>English name</th>
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<tr>
<td>1 January</td>
<td>New Year’s Day</td>
<td>Ngwaga o mosha</td>
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<td>2 January</td>
<td>Public Holiday</td>
<td></td>
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<tr>
<td>Various</td>
<td>Good Friday</td>
<td>Labothano yo o molemo</td>
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<tr>
<td>Various</td>
<td>Easter Monday</td>
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<td>Various</td>
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Updated March 2011
1 May May Labour Day
1 July Sir Seretse Khama Day
19 July President’s Day
20 July Public Holiday
30 September Independence Day Boipuso
1 October
25 December Christmas Keresemose
26 December Boxing Day
27 December Boxing Day
The first Monday after Christmas is also a Public Holiday.

GETTING READY

Preliminary

Download the “check-list” from the AAD website (also now included at the beginning of this Guide). This will cover all of the things that you will need to do to get ready for the trip.

Travel Arrangements:

If you are going as a recipient of the AAD Resident’s International Grant, 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 Washington DC or JFK directly to Johannesburg (sometimes stopping in Senegal for an hour to refuel). Delta has regular flights from Atlanta to Jo’berg. 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. Also, a TSA approved luggage lock is well worth the investment to prevent pillaging of your luggage during layovers in Africa.

You must email Nikki Jones at jonesn@botswana-upenn.co.bw with your itinerary at least two months 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). A Penn-affiliated driver (Mr. T) will collect you from the airport and take you to the flat – the fare is 50 Pula, and you should withdraw money at the airport ATM in order to pay him (He can take you to a reliable ATM in the city – you can withdraw up to 4000 Pula). Please text Gill or Nikki Jones 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 Nikki (their numbers are below). Be sure to get your key to the flat from Mr. T as the custom has become to give the key to him when he drops the leaving resident off at the airport.

*Medical Evacuation Insurance*

Recipients will be required to purchase Medjet Assist insurance in the amount of $215. This will be paid by you out of the AAD stipend.

*Visa*

If you are traveling on a U.S. passport, you do not need a visa if you are staying in Botswana for 90 days or less in any one revolving year. If you are traveling on a non-U.S. Passport, you may need a visa. Guidelines and visa application are available on the Embassy of the Republic of Botswana Website: [http://www.botswanaembassy.org/](http://www.botswanaembassy.org/).

*Imigration:*

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 Pilane Court, Plot 154/155, Ext 9, Gaborone.

*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*

Dress in Gaborone is “westernized.” Pretty much anything decent is acceptable for men or women. Remember if you are traveling during the US summer (Botswana winter) the
nights can get quite cold. You will want to bring warm layers (fleece, sweater, jammies, etc.). Note that rooms in the flats are generally shared so you are likely to have both roommates and flatmates. You may wish to pack a robe or sleepwear. If you are working in the Hospital, your clothes may be casual but neat. Some of the male physicians do wear a tie, most do not. Women wear slacks or skirts. You do not need a white coat. Many people deliberately pack clothes that they plan on leaving behind for the maids or for the orphanages. This is much appreciated and gives you more room to bring back purchased items. If you enjoy a night on the town, note that the club scene is fairly hopping in Gaborone where people sport the latest trends (so if you only have a fleece and khakis, you may feel underdressed). The maids do laundry daily so there is no need to overpack clothes, though the turn around time can be 3-4 days.

Do not despair if you forget a crucial item; nearly everything you might need can be found in Gaborone. (Women should note that sanitary napkins and tampons are easily purchased in Gaborone.) Don’t overpack! Note too that you may want to bring home gifts so you might either plan on leaving much of what you pack in country (easy to do if you help courier over supplies or donations in your luggage) or bring an empty duffle bag that you can fill for your return.

*Checked Luggage*

**DO NOT PACK ANYTHING THAT YOU ABSOLUTELY CANNOT DO WITHOUT OR THAT IS OF VALUE (MEDICATIONS, CAMERA, ETC.) IN YOUR CHECKED LUGGAGE.** There is a high likelihood of bags getting delayed/lost or items being stolen from suitcases when transferring through South Africa. 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. Make sure that these items are in your carry-on bag. If your carry-on bag locks, that is even better since this can be taken from you during the Johannesburg-Gaborone leg of your journey on the small plane and given back to you when you disembark. Make an inventory of items in checked baggage to aid in claims processing if theft does occur. You can use the luggage plastic wrapping service in Gaborone (which is quite effective) on your return trip to help prevent your luggage from being opened on your way home. Purchase a TSA approved lock before you leave home to put on your checked luggage. Travelers are strongly encouraged to purchase travel insurance before going to Botswana.

Other things to bring: flashlight or camping headlamp, magnifier or Dermlight, small notebook to write down patient information, electrical plug adaptor for Botswana and South Africa outlets (Target has one with multiple prongs that can be used all over the world), digital camera with sufficient memory card space (1 or 2GB), USB minidrive, CDs for burning photos and data. Also helpful: energy bars, eyedrops/nasal spray because of the dust, swimsuit and flipflops for the pool at the apartment complex if in the hot season, hat and sunscreen of course. Consider bringing your own laptop with Skype downloaded on it. For entertainment: iPod, DVDs.

*Communication*

*Calling Home*
Most people use Skype for communicating with the U.S. ([www.skype.com](http://www.skype.com)). You will need a headset and computer but calls are free. Each computer in the flats already has Skype on it. You will want to tell you friends and family to be sure to add it to their computers. Note if you are staying in UB dorms, that Skype is not supported (nor permitted) for use on campus.

*Calling around Botswana*

Having a cell phone makes life in Botswana easier. There is one dermatology consult phone that must be carried M-F from 8AM to 5PM, but this can also be used as your personal phone.

Everyone in Gaborone has a cell phone, and phones are answered everywhere—at work, on the combi (public mini-van taxis), in the movies! The BUP office in Gaborone sometimes has extra phones for visitor use (when there are more than one dermatology resident in country), but do not count on it. If one is available Gill or Nikki will loan it to you. You will need to put down a security deposit of $50 to borrow a BUP phone and then the deposit will be returned to you once you successfully return the phone to staff in country. Or, you can buy an inexpensive phone once you arrive for about P250 or $50 including SIM card.

*If you bring your own cell phone from the US to use, you will need to confirm that you will be able to substitute a Botswana SIM card with your US cell phone vendor. Generally this means having your phone “unlocked.”* If you can do this, then you only need to purchase a Botswana SIM card when you arrive that will make your phone function in Botswana. This is the least expensive option. Instead of having a phone plan, most people in Botswana buy pre-paid units, which can be added to cell phones as needed. Phone cards are found just about everywhere, and cards can be purchased for as little as P10 or P20 and up to P500 from roadside stands and shops throughout Gaborone. Phone calls during the day are about P1/minute, but text messages can be sent for about 25 thebe. If you do not have a phone but need to make a phone call, you can find a phone around town but pay phones, as well as some land lines, will only call land lines because calls to cell phones are more expensive. If you need to call a cell phone, you can use the phone at the phone stands. Generally, calls are P1/minute. Remember the land lines in the flats are only for local calls. It will call both cell phones and other land lines.

*Internet Access*

If you are staying in Penn housing, internet access is usually available on the flat computers. Wireless interface is also available for laptop computers with a wireless card. The password to join the wireless network at ICC flats is taped to the desktop computer. (I guess I’m not sure what happens at Pilane Ct) There are 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. Be sure to ask for a deal if you plan on using it a lot...you can buy a block of time and set up an account. Keep in mind that generally internet connections are a bit slower, and outages are frequent and internet connectivity is not as reliable as on Penn’s campus. Please turn off computers when not in use. Botswana frequently experiences power surges and turning off the computers may help prevent damage. Also, if there is a storm, please turn off all electrical appliances.
Electricity
Remember the voltage in Botswana is 220 and not 110. Most elaborate equipment (computers, digital cameras, etc.) have internal converters that will work with both voltages, but small appliances like hair dryers and irons will not work in Botswana unless they can be switched to 220. Generally, appliances that can be switched, literally have a switch on the handle. The plug shape is different in Botswana as well. (They actually use two.) A number of plug adapters are available for use at the flats or you can purchase one from the Computer Connection or another store before departing.

WORKING IN THE HOSPITALS

YOU WILL WORK HARD IN THE HOSPITAL! THIS IS NOT A VACATION!

Before traveling to Botswana for a clinical rotation, we highly recommend that you review the global health training material from Unite for Sight: http://www.uniteforsight.org/global-health-university/. In particular, the online (free!) courses on Global Health History, Cultural Competency, Volunteer Ethics and Professionalism, International Research, and most applicably the general Global Health course, are very useful.

In spite of good intentions, international health work that does not follow global health best practice principles can be wasteful, unethical, and harmful. Worst practices are serious public health concerns that create new and oftentimes more substantial barriers to patient care, thereby reinforcing and furthering health disparities and the cycle of poverty. Furthermore, these worst practices most often violate concepts of social justice and human rights. Due to high costs, schedule constraints and complicated logistics, many global health endeavors take the form of shortterm medical missions, which undermine the local health care system, cause significant harm, and reinforce poverty. These missions are often labeled as medical tourism or “volunteer vacations” – “short-term overseas work in poor countries by clinical people from rich countries” – and can be seen as:

• Self-serving: providing value for visitors without benefitting the local community
• Raising unmet expectations: sending volunteers who do not have appropriate language or medical training or accountability
• Ineffective: providing temporary, short-term therapies that fail to address root causes
• Imposing burdens on local health facilities: providing culturally irrelevant or disparaging care and leaving behind medical waste
• Inappropriate: failing to follow current standards of healthcare delivery (continuity, access) or public health programs (equity sustainability)

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 open 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 from traditional healers in addition to the public system. Much of the renal failure can likely be 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).

The medical school started its first pre-med class in August 2008. Prior to this all Batswana medical students spent their clinical years at hospitals outside Botswana. Botswana started its own internship program in January 2007 and the first residencies (Peds and Medicine) started in January 2010. UPenn is heavily involved in helping in training so you will have the privilege of working in this important project. There will likely be a fair amount of switching of clinical responsibilities depending on the teaching needs and you will be relied upon to be an important part in the teaching program – both directly and as modeling an academic program. There are often other medical students on service, but they are primarily from Australia, South Africa and Ireland. Because there is a nursing school at the 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 School of Public Health AIDS Initiative 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 multimillion 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. They have no inpatient or teaching presence. Baylor College of Medicine has been a very important provider of outpatient pediatric HIV care and medical education at PMH. Their multimillion dollar research and clinical facility, the Botswana-Baylor Children's Clinical Center of Excellence, opened at PMH in the spring of 2003. They have added a number of physicians in the past few years and are now contributing to the inpatient pediatric care and teaching. The Harvard and Baylor programs are large, well funded, and well organized. We are not in competition. In
fact, we all complement each other since we work in different areas. There are no other foreign medical schools working at NGWH in Francistown. CHOP/UPenn is the only “show in town”.

Credentialing for Residents and Faculty Working in the Clinical Setting
Anyone (not including students) who plans to practice medicine in Botswana MUST submit documentation and complete an application for exemption from registration with the Botswana Health Professions Council (BHPC). There are a number of documents required to obtain the registration. Heather Calvert has the full list. Registrations are given in-person on Wednesdays. You should plan to arrive by Tuesday morning so your paperwork can be turned in, and you can received the approval the following day and then begin work on your first Thursday in country. No one may work until the registration is granted and so you should time your arrival carefully to make the most use of your time.

Set-up of Medical Wards

The following is a description of the wards at Princess Marina. As part of your inpatient consult service, you will be working in the inpatient medical wards at the hospital. There are two medical wards - male and female, two surgical wards – male and female, one isolation ward, one pediatric ward, an ICU and two orthopedic wards – male and female. On each of the medical wards you will find seven main “cubicles” of patients. Each cubicle contains approximately ten tightly-packed patients, most on 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).

The Firms
There are six teams, called “firms” on the medical wards. Please note that they are in the process of changing the structure of the teams. In November 2010, the teams were designated A and B teams, and they take 24 hour call every 6th night. Some of the firms are designated as part of the teaching program and each has at least one PMH intern or 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 full-time clinical specialists at PMH. At any given time some are working on the wards and clinics of PMH and some are doing outreach training in a number of the surrounding referral hospitals. We also have a specialist working full-time on tuberculosis. Penn medical students and residents are fully integrated into the firms at PMH. MOs 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.) MOs, interns, and you round on patients every day (except the weekends, unless on call), and perform all corresponding blood tests, invasive procedures, admissions, and discharges.
**Adjusting**

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 in the developed world 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), and be open-minded (crucial). Be prepared for the frustration of dealing with a new system, inefficiencies, 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. Consultants from the other departments can be particularly problematic both by ability and lack of interest. All of this is superimposed on jet lag. **Most people require about two weeks to get past the frustrations and inefficiencies that are part of our work in Botswana. Changes are being made by evolution not revolution.** Certainly by the middle of your rotation you will feel in pretty good control and by the end regret that you are leaving.

**Daily Hospital/Clinic 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 (72731961).** (NOTE: If there are two residents there at the same time, there may be an alternate phone for the second resident to use – or you can loan one from the BUP office.) 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:

- Penn Internal Medicine Teaching Program Coordinators at Marina – currently these are Dr. Michelle Haas, Dr. Matt Dasco, Dr. Mike Pendleton, and Dr. Nicola Zetola.
- Dr. Mike Tolle – Clinical Director at the Baylor center
- Dr. Gilberto Lopez - Cuban doctor who will be in PMH dermatology clinic
- Dr. Gordana Cavric – Director of the University of Botswana Internal Medicine Residency Program and helps run morning report.
- Dr. M Kayembe (pathologist at the National Lab who will help with biopsies)
- University of Botswana pediatrics and internal medicine residents
- Rotating Penn residents and medical students
- Baylor pediatricians
- The inpatient pediatric attendings

Updated March 2011
The dermatology residents are responsible for running the outpatient dermatology clinics in conjunction with Dr. Gilberto, a Cuban Dermatologist who will be in Botswana from June 2009-June 2011. Clinics run Tuesday, Wednesday, and Friday from approximately 8:30 am to 1 pm, during which you will see typically 25-30 patients. Only see as many patients as you feel comfortable. The patients all tend to show up first thing in the morning. Some will have appointments, and they should be given priority. Appointments are still made by hand on the bookings calendar. If more than 25 patients come to clinic, many will not have appointments, and you may choose to have some come back for another scheduled day. You MUST tell them first thing in the morning – they do not mind coming back another day if they are told early, but they will mind if they wait all morning and then are told to come back another day once they have been waiting for hours. Occasionally there will be two overlapping dermatology residents, and this is for the purposes of orientation. Biopsies can be done in clinic, and there are sterilized kits that are dedicated for use. The biopsy kits should be taken to the hospital sterilization room for cleaning, and then they should be picked up the next day. In order to keep the sterilized kits supplied, it is important to show your face and talk with the folks working in the sterilization room of PMH. It has been helpful to check in every few days to ask for more skin trays and to let them know if the appropriate tools are not in the trays; they have been very responsive to feedback. The biopsies should be taken, along with an acquisition form, to the National Lab across the street for processing. The biopsy kits should be taken to the hospital sterilization room for cleaning, and then they should be picked up the next day. The nurse (called a sister) will assist with patient logs and translating while in clinic and are very helpful.

A patient log (where they were seen, and the presumed diagnosis) must be kept – this includes the one kept in clinic by the nurses AND the one kept by you for the AAD, as well as a biopsy log, in order to follow up on patient biopsies, labs and cultures. You must follow up results with Dr. M Kayembe (cell (+267) 71849217) at the National Lab. This log will be handed off to the next resident for continuity. When the patients return, the result should be recorded in their record. If no biopsy result is found in the log, please call Dr. Kayembe for the result.

The IDCC is the outpatient adult HIV clinic on the grounds of Princess Marina Hospital. 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. Mike Tolle is the Clinical Director, and it is very important that you introduce yourself to him 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 conference room.
- 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. One of the dermatology residents MUST ALWAYS CARRY THE DERM CONSULT PHONE DURING BUSINESS HOURS. The number is 72731961.
- Outpatient consults M-F: These will typically come from Baylor (for pediatric cases), the IDCC (for adult cases), and other specialty clinics.
- Dermatology clinic T, W, F mornings: You are responsible for this clinic and it will not run appropriately without you there. Clinic typically start at 9AM, after intake rounds.
- Outreach clinics: There is an outreach schedule that you will receive. It is important to remind the chief operating officers that you will be coming on a particular day and that they should have patients scheduled. I recommend calling a week before and then a few days before and the day before. Some sites are extremely well organized (Kanye) and some not so well organized (Mochudi). Mike Pendleton frequently travels to these sites and is a good resource to help with coordination. We now have an outreach clinic schedule for you to follow.
- 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.

**Outpatient Clinic**

The dermatology residents are now responsible for running the outpatient dermatology clinics with Dr. Gilberto, the Cuban dermatologist, until a new permanent physician is hired. Outpatient clinic runs T, W, F morning. It starts at around 8:30-9 am. When you arrive in clinic you will need to push the nurse to hand out the numbers so things can get started. Patients will each get a number and come in one at a time. We really never know how many patients will show up. There will be patients that are scheduled for that day and patients that are referred. We should see all scheduled patients. For referred patients you look at their cards to see why they were referred and then see the patient that day or book them for another day. This will depend on how busy you are that day and the condition they have. There can be as many as 45 patients show up in one morning – if that is the case, give numbers to the scheduled patients and have the others return on another day. This must be done first thing so that patients know whether they will be seen or not. Since there are consults to see in the afternoon, it is optimal to see everyone you can in the morning even if you go to 1:30PM. The nurse may not be pleased to delay her lunch by ½ hour but it makes more sense on most days. Inpatient consults can be sent down to clinic if they are ambulatory. This saves time since the ward is not very close to the clinic.

There is now a computer in each room for booking- so that we can see how many patients are already booked for a given day. If the computer is down, you can refer to your paper calendar. The head nurse can help facilitate consults to surgery and oncology. They will also arrange an escort for the patient to the wards if they need admission or to another outpatient department.
If you want to do a Tzanck or KOH (you will need your own supplies), we now have a solar powered microscope that was donated to the dermatology program. This microscope is portable enough that it can be taken to the outreach clinics. It is locked in Medical Clinic room #5 in a small cabinet along with the hyfercator. Please don’t lose the keys to this cabinet.

Bring your biopsy bag to clinic with biopsy kits. You will also want to bring lidocaine with epinephrine, aluminum chloride, blades, bandaids, vaseline etc. In my experience, there is a haphazard array of materials in the clinic. You will always find spirits (ethanol) and formalin. There is lignocaine but in my experience it works poorly. We now have a cautery in the room, but lidocaine with epi is very beneficial. A portable cautery stick is always handy. Gelfoam can also be helpful. There are two biopsy bags that can be refilled with materials that are currently located in ICC flats.

The nurses are helpful if directed. Do not expect them to set up your biopsy tools. They will help wash them so you can bring them to be autoclaved.

Outreach Clinics

Affiliated with Princess Marina Hospital is an Outreach service where internists and specialists travel to public hospitals outside of Gaborone to provide consults to patients. Roughly twice a week Mike Pendleton, MD, a family medicine physician from the US travels to spend the day at one of these hospitals. He usually gives a talk on a medically relevant topic, sees in-patients or out-patients that the local attendings would like his input on and then he visits the HIV continuity clinics to give input on improving that system. He is at the hospital all day. There are other specialists who also travel from Gaborone to visit these hospitals though less frequently than Dr. Pendleton.

There are three dedicated outreach sites, Kanye, Lobatse, and Mochudi, that we will be visiting, and there is a schedule of attendance for the clinics.

Getting there:
You will likely be going on your own (as Dr. Pendleton’s schedule often does not overlap with the Thursday dermatology outreach schedule). For Kanye and Lobtase, you will need to arrange transport by taxi. There is a list of taxi drivers in most flats, you should call them at least 4-5 days in advance to arrange transport for the entire day and call them the day before to remind them. You will need to be picked up at around 6:20-6:30 AM depending on the location (you need to arrive at the site before 7:30 when morning report begins. I advise asking your taxi driver when to be picked up in order to arrive at the hospital by 7:20 AM) and usually end the day around 2-3 pm. The cost varies by length of the trip but in our experience ranged from P 400-800 (this comes out of the money originally given to you in your AAD stipend). The rotating Penn medical students regularly go to Mochudi, and they take the bus everyday. You can coordinate to travel with them on the week you visit this clinic. To get to the bus ‘rank’ (station), you can take a combi or, better, get one of the taxi drivers to take you in the morning to catch the appropriate bus. The bus to Mochudi leaves every 30 minutes. The 6 AM bus will get you to the hospital by 7:10 or so. I (Nic Compton) did take the bus to Kanye but it may
not be the preferred method of travel for all residents. I took a 6 AM bus from bus rank to Jwanang (let them know you are going to Kanye and they will let you know when to get off). You get off at a major intersection and catch a taxi to the Seventh Day Adventist Hospital. The entire trip cost P25 for taxi to bus rank, P18 for bus to Kanye, and P3.5 for taxi to hospital. Though a taxi from Gabs to Kanye is more convenient, it is much more expensive.

**Outreach Duties:**
The dermatology residents have been traveling to these outlying hospitals to provide dermatology consults primarily to outpatients. Even though there is an outreach schedule, residents should call ahead to remind sites that they will be coming so that they can arrange patients for that day (see the end of the Guide for contacts). Residents are expected to arrive for morning report and provide a lecture for the staff, if this is requested. A clinic is scheduled and the resident is assigned a room and a nurse to help with procedures and translating. The resident sees the patient and writes a note in the patient’s chart.

Also, after clinic, it is appropriate to let the local physicians know you are also available for inpatient consults, and see them as necessary. Biopsies can be performed and transported back to PMH. It is best to get an email address of the doctor you work with so that you can email biopsy results. There are labs with microscopes in all the hospitals to perform KOHs, Tzancks, and gram stains. If a patient needs dermatology follow-up that can be scheduled on the next day a resident will be traveling to the clinic. A log should be kept with photographs to pass on to the next resident. On one of the Pilane court and ICC computers, there is a separate folder exists under “derm photos” with each outreach clinic site; you can place the photos there.

Patients are prescribed medications from the same formulary as exists at PMH although my experience was that it was more likely for medications to be out of stock at the outreach clinics. (ie. Very rarely have betamethasone)

20-25 patients have been scheduled per day in the outreach dermatology clinics. Number of patients vary greatly- so do not be surprised if 30 patients are scheduled. Typical dermatology cases range from common complaints such as acne, eczema, and drug rashes to more severe presentations such as extensive vitiligo, ulcers, infections, or genetic diseases.

You should definitely plan on seeing more people than just the patients who are scheduled. In my experience, a lot of local villagers, nurses, doctors, and doctors families will also want to been seen. Please be flexible and see them as well, as they have few opportunities to see a dermatologist.

If there is time, a well put together medically relevant 45 minute long dermatology talk is appreciated. These should be at the level that would be of interest to a primary care physician or non-dermatologist specialist and review recent literature. Possible topics include, acne management, HIV dermatoses, pathophysiology and management of
SJS/TEN, basic dermatology procedures, overview of common pediatric dermatology presentations, or a set of interesting cases from PMH or US. Please call the site prior to going to find out which lectures have already been given and when lecture they would prefer.

Outreach is a wonderful experience that allows the resident a chance to see patients in rural areas and collaborate with doctors outside of the PMH/Baylor system.

Rounds and Ward Work for Inpatients

Rounds begin shortly after the morning intake report is completed (around 830-900). The team composition will vary. All of the teams are integrated including Marina interns, MOs, and Penn people. In some situations the residents will lead rounds, in others the specialist. Most teams gather the pending laboratory data prior to beginning rounds. Rounds usually start in the ICU or private ward and continue onto the main medical ward. Each patient on the service is seen in turn and the daily plan established and carried out. Rounds continue until 1200-1300. At 1300 visiting hours begin, and the ward is flooded by families and relatives, making it virtually impossible to continue work.

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 official medication 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 one of the Penn faculty if you can make a copy of it. Below in this guide, there is a list of the dermatologic medications available on the formulary.

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.

*Dermatology Procedures and Supplies on the Wards*

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 and the dermatology service now also has a light weight solar powered microscope to be used. For the male medical ward microscope, be careful not to turn to power generator past level 5 or you will blow the fuse – and also there is a very nice and nearly new microscope in the Baylor clinics.

Dermatology supplies can be stored in ICC flats between rotations. There you will find 4.0/5.0 nylon suture, disposable scalpels, 3/4/5 mm punch biopsies, Band-Aids, gauze, tape, alcohol wipes, KOH, Giemsa, slides and coverslips, lidocaine, aluminum chloride, an assortment of needles, and N-95 masks. It is always helpful to bring new supplies. Make sure to carry EVERYTHING you may need with you in the biopsy bag at all times at the hospital. It is very difficult to find anything on the wards, so it is important to have everything form alcohol wipes to tape and slides with you.

Generally/sometimes 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 consult at Princess Marina, it is best to use the biopsy kits that can be sterilized. In each of the reusable biopsy kits, you may 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, if it is working, (ask for the help of the primary team), you take it to the Room 28 on the 2nd floor of the National Laboratory across the street.

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.

Updated March 2011
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.

Pathology

Dr. M Kayembe (cell (+267) 71849217) is currently the main general pathologist in the National Laboratory (2nd 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 a week with Dr. Kayembe. More than likely, it will then take at least a week to see the specimen. Dr. Kayembe 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.

Once the slide is ready, you will look at it first and write your findings/thoughts on the back of the form; be sure to date anything you write on the path forms. Next, you will review it w/ Dr. Kayembe when he has time. He will usually ask for it to be reviewed by Carrie. Slides in the queue for review are stored next to the robotic scope along w/ the path form. Once they are reviewed by Carrie she will render an opinion, write this down on the front of the path form and let Dr. Kayembe know it is ready for him to finalize the report in the path computer system (not the same as Meditech). If special stains are needed, these will significantly increase the time for a definitive diagnosis as the staff are overworked and short staffed. Check in with the path staff regularly for slides that are ready to be reviewed.

When you have a slide that you would like to photograph, there are 2 excellent microscopes set up at on the 2nd floor on the national laboratory across the hall from the pathologist’s office. They will instruct you on how to use the computer equipment and will then you will be free to photograph your slides. Definitely bring a thumb drive with you – however, you should be careful since there are often viruses on the government computers. There is also now a robotic/slide scanning microscope in Dr. Kayembe’s office. Please submit all biopsy slides for consultation to Carrie Kovarik that are either not straightforward or are requested by Dr. Kayembe for a second opinion through the telepathology microscope. Send Carrie Kovarik a notification of the consult, which well the slide is in (Well 1-4), a brief history, and clinical photos. She will review the slide and send a histologic description, as well as a differential diagnosis, to the referring resident and Dr. Kayembe.

If you would like to submit a fungal culture, you will need to talk to Dr. Rameshwari Thakur (rameshawari_thakur@hotmail.com) – however, she is officially leaving in January 2011, and we are unsure of her replacement at this time. 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. Bring your specimen to her lab to drop it off and let her know what you want. She is not

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there everyday and when she is gone for several days, nothing will happen to the specimen. If she is not present for results, they don’t get documented.

All specimens do need to be logged into Meditech, when it is functional, or in a log book kept by each different lab, to facilitate reporting of results. For bacterial cultures, they need to be registered first at the outpatient lab at PMH. They will write the registration number on the top of the order form. You next take this form to the microbiology lab that is behind the outpatient lab. There the specimen will be logged into a book and you need to sign-off that you dropped off the specimen. Take this number down in the f/u book. It is a good idea while you are there to check for results on past specimens.

For mycobacterial cultures, you need a special mycobacterial form (can get on the wards, sometimes) that goes to the national Tb lab off campus. You will also register this specimen w/ the outpatient lab but will leave the specimen there; they send it to the Tb lab for culture and staining. To get results, I have had to call the lab directly (the phone number is in the f/u book inside the front cover).

Pathology Quick tips

The pathology department is friendly and helpful. Slides will be available very quickly if you get to know the staff and visit frequently.

Pathology is on second floor. There are two rooms across from one another. One room is where you drop off specimens and one is where there are extra microscopes that you can use.

Microscope with camera: Axiovision AC
To get on computer: login: hst-su password sam*s0n
Select Axiovision AC (it will take a minute or so to load)
Select Live button on top
To take photo press “snap” button
You will need to add more light to see 40X images
Save to folder on desktop (Dr. Nashi sometimes uses these images)

Dr. Kayembe’s cell 71849217
Dr. Kayembe doesn’t mind us popping in to talk about cases. He does like us to send him the case numbers ahead a time if possible so he will have them pulled out already.

When requesting slides you can request recuts at the same time so that you can take slides home with you.

Meditech Overview:
All laboratory, pathology, microbiology and cytology orders must be placed within the MEDITECH computer system. To place lab orders in the Meditech computer system follow this simple procedure:

1) Double click on MEDITECH icon on desktop of ward computer.
2) On opening screen enter the following
i. Username________
ii. Password________

3) Find and click on EMR LINK on right-sided toolbar.
4) Find and click on patient list at current location (e.g. Male Medical Ward)
5) Click on ORDER_ ANY PROCEDURE
6) Type in order you wish to enter
7) When prompted answer “Y” to question “Collected by Doctor or Nurse” if you want the stickers for the tubes printed out.
8) When the orders are complete, click on SUBMIT, to order the test and print out labels. You will be prompted to fill out the submission code________

After collecting specimens place them in box on the nurses’ station for transportation to the laboratory. **If the specimen is critical take it yourself.**

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 1st 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. Thakur has several microbiology texts, and Dr. Kayembe 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
Podofilox (WARTEC)
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)
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.

Quick List for Treating Common Skin Disorders in Botswana from Formulary:

**Acne/Rosacea**
Doxycycline
Roacutane- same dosing as accutane
BPO 10% gel (sometimes out of stock)
Sal acid- any percent you would like
Tetmosol- this is a sulfur based soap
10% sulfur (can compound to different strengths)

**Tinea**
Ketoconazole oral
Griseofulvin oral
Miconazole gel or ointment
Clotrimazole
Selenium sulfide shampoo

**Atopic dermatitis**
Hydrocortisone cream or ointment 1%
Betamethasone 0.1% cream or ointment (we can make any percent of betamethasone to create a more broad list of topical steroids. For example: 0.025% ointment.
You can also order both betamethasone and HC and ask patients to mix small amount of betamethasone into HC.

Updated March 2011
Allergix- 4mg q 4-6 hours. This is Benadryl equivalent.
For superinfection: cloxacillin (comes in 500mg) oral.

**Photodermatitis**
Can prescribe sunscreen spf 30+ for any patient with OCA or photodermatitis

**Bacterial infections**
Most antibiotics available
Topical bacitracin is sometimes available. Have not seen any bactroban.

**Herpes simplex**
Acyclovir both oral and topical are available
Can prescribe prophylaxis 400mg po BID

**Quick tips for ordering:**

1. Be sure to put the gram amount next to the order and pharmacy would prefer that you put how long you want medication i.e. supply 60 g monthly or supply 3/12 months or 5/52 weeks etc.
2. Pharmacy is great at compounding agents.
3. While Princess Marina will have most items in stock, smaller hospitals may be out of things for years. Kanye has only Hydrocortisone 1% ointment and no betamethasone.

**Some available OTC products in Botswana:**

**Mild Soaps for Atopic Skin Care:**
Sunlight gentle
Dettol sensitive
Orchard
Lux – variety of moisturizing
Dove- very expensive
Vaseline vitamin E or aloe vera

**Moisturizers:**
Patient will understand to buy aqueous cream which is equivalent of eucerin
Vaseline
There is also a camphor infused moisturizers like saran

**OTC Acne**
BPO 5% and 10% gel and wash (this is helpful when pharmacy is out of stock, costs about 30 pula)
At pharmacy patients can get tretinoin but it is pretty expensive for 20 gram tube ~270 pula

**Other:**
Loratadine is available OTC, hydroquinone in 2% and 4% can be purchased at pharmacy
Needle Stick Exposure and PEP
The risk of needle stick exposure is quite real. Most sticks occur when you are rushed or stressed. In the event of a potential exposure immediately stop working, take your first dose of PEP, and notify your clinical supervisor. We will take care of you.

Please note, just as in the United States, you must report all needle stick exposures and other risks, to your supervisor. Your information can be kept confidential if you choose, but we like to know the circumstances surrounding incidents so we can work to prevent them and to make sure that you receive appropriate follow-up on return to Penn. Your clinical supervisor will discuss this with you in country.

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. Every patient of undocumented HIV status should be tested (unless they decline). This is one of our outcomes measures. We can not manage HIV successfully if we do no identify those infected before they are seriously ill. Rapid testing is readily available. You can just carry the tube to the hospital lab and wait (five 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 efaveranz or nevaripine (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 Batswana 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 Batswana 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.

Updated March 2011
Essential Setswana:

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

LIVING IN BOTSWANA

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

Nikki Jones: Nikki 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!

Flats and Communal Living

Accommodation in Gaborone is located in a fairly safe and beautiful complex. There is a swimming pool and several fruit trees. From Pilane Court, it is about a 10 minute walk from PMH and less than a 5 minute walk to the Main Mall and the BUP office. From the ICC flats, it is a 15-20 minute walk to PMH and the BUP office, 25 minutes to the Main Mall. It is also just a short walk to UB, the main stadium, the tennis courts, and the squash courts. All of the accommodations have housekeepers. They keep the places clean and do the laundry and ironing. They are not there to pick up after you! It is communal living, so be respectful of other’s space and try to be neat. We try very hard to house all
Penn visitors – even if that means a bit of overcrowding on occasion. It is less expensive and potentially more fun so be prepared to “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 usually shared. This is done on an honor system basis so please remember to contribute. Penn rents the accommodation, so we are the tenants. As such – anything that goes wrong structurally is the landlord’s responsibility. If you encounter any maintenance problems please advise Gill or Nikki as soon as possible. They will communicate with the maintenance people. But note that they are not there to buy your toilet paper or light bulbs! Please look after the accommodation – it is nice, but only stays that way if everyone is responsible. If you break something please replace it and let Nikki know. Penn provides the cleaning materials for the maids to use BUT not personal items for you, such as toilet paper, laundry detergent, soap, or toothpaste. Please take care of simple home “repairs” such as changing light bulbs or a fused plug.

*Bon Sela*

When you leave you the flats you should show appreciation to the maids by giving them a “tip” (Bon sela) which is P100 per person per month pro rata. Also it is customary to leave something for the accommodation you are in, that you feel would benefit others or you feel the flat needs. Make sure there is bread, jam, peanut butter, and tea for the maid in your flat for her to have daily. If you have leftovers she can have, please leave her a note to say so. Please remember new people arrive all the time so leave a few essentials for them to use on arrival.

**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/ibr](https://travelregistration.state.gov/ibr)

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 Nikki Jones. Nikki 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 6-7 to the dollar. There are 100 thebe in a Pula.

**Getting and/or Changing Money**

ATM cards: 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. *Before you leave, consider changing your PIN to 4 digits if it is not already as some international ATMs will not accept PINs longer than this. Also, consider calling your bank to inform them of your trip so there is no suspicion that your card was stolen. Some have had difficulties with obtaining money*

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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. Before you leave, consider calling your credit card company to inform them of your trip so there is no suspicion that your card was stolen.

**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 20p
- Game City 20-30p
- 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 of 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. Tendai is another very reliable and honest driver, 71361366, 71203278.

Eliot: 71855493 *preferred
Benny: 71662231 *preferred
AB Cab 3909927
Goody: 3906868

Taxi drivers who 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: The combis are the crowded minivans that take passengers 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 P3 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. Combi rides are always an adventure and a true Botswana experience.

Buses: You can get to any sizable city in Botswana by bus. Typical times are: Gabs-Francistown, 6 hours (P83/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.

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/burg, 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 Nikki 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 Nikki has made arrangements for Penn with Ingrid at Travelwise. The 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. He is on the higher price range.

**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.
- **Gabarone Yacht Club:** *** At the Gabarone Dam. This place was a favorite for “sundowners” on a Friday after work. Take a cab, and watch the sunset over the water. Enjoy the very cheap wine and beer (around 4 P) and the best hamburgers in town.
- **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
- **Newscape:** ** 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. It is worth is to pay extra and pet the Cheetahs!
- **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

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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 that 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. Nikki tries to circulate the information when she hears about them.

Quiz night is the last Wednesday of the month at the Bull and Bush. Jonestribe 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

**Karoake** 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

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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 Nikki for advice about options – re: expense. Most people have preferred to stay in the park. You can view the lodges at: www.madikwesafaris.com. Nikki 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.

Khutse: 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 Khutse 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 Acronyms
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

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- Dr. Kaymebe (Path) 71849217
- Dr. Rameshwari Thakur (Microbio) 71558619
- Gill Jones 3926597 (home) / 72768605
- Nikki Jones (Gill’s daughter) 72791513
- Dr. Gordana Cavric 71300815
- Princess Marina Hospital: 3953221, 3621400
- Medical emergency (Diana Dickinson, M.D.): 3953424, 71426546
- USA Embassy 3953982
- National operator: 100

Updated March 2011
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 Pilane Court Flats, Plot 154/155, Ext 9, Gaborone  

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.