



# BOTSWANA-UPENN PARTNERSHIP

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*Building a Healthy Future Together*

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Sharing the expertise of a world-class university with our partners in Botswana to build capacity and excellence in clinical care, education, and research.

## **Botswana Handbook**

Updated 6-17-14

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**Dumela! (Hello) Welcome to the Botswana-UPenn Partnership (BUP). This handbook is an introduction to Botswana for faculty, staff and students traveling to Botswana to work on a BUP program. The original handbook was written by Dr. Steve Gluckman with contributions from Botswana-UPenn Partnership students, residents, staff and faculty for students and residents doing clinical rotations in Botswana. We have tried to adapt it to all Penn people going to Botswana but some portions may be more applicable than others to your time in Botswana.**

The Handbook is an ongoing project; please help us inform those who will follow you by providing additional information and feedback for additions or changes to this Handbook to Heather Calvert (hcalvert@mail.med.upenn.edu).

Note too that there are online video orientations available on the Global Health Mediasite.

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## **Code of Conduct**

While in Botswana you will be representing not only yourself but also the University of Pennsylvania. 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. It is up to you to think carefully about the potential negative implications of questionable behavior. Though you will be working in Botswana this program is an official part of the University of Pennsylvania and as such we are all subject to the same Penn policies as in Philadelphia.

Remember that we are guests in Botswana. While staying in BUP subsidized housing, you are also guests of the BUP. It is impolite for guests to demand things of their hosts.

In addition to being aware of our public appearance, communal living may put some unusual stresses on the expected level of conduct. One of the benefits of being in

*All Penn program participants and clinical rotators are expected to work full work weeks, Monday through Friday. This schedule does not permit elaborate excursions to regional tourist destinations. (Vacation trips to Chobe, Maun, Victoria Falls, Cape Town, etc. ALL require Friday departures.) If you wish to couple vacation plans with your time on the continent, you MUST do it either before or after your rotation starts. If you violate this rule, you may lose your program funding, housing, or be expelled from the program*

Botswana is an opportunity for faculty, fellows, residents, and students to interact in an informal way. This can strain well-established lines of acceptable conduct between faculty and trainees. It is important to be mindful of this concern.

Anyone traveling to Botswana on a BUP program must sign the Risk and Release and Emergency Contact Form to BUP staff before departing for Botswana (see end of Handbook). Note too, that any student or trainee who is in Botswana on a BUP program is forbidden from driving a vehicle while in country on rotation. All students and trainees are required to report to duty for all regularly scheduled work days and hours.

Your program may have other prerequisite requirements for your time in Botswana; please check with your specific program for any other requirements for travel.

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

### Things to Remember

1. You represent the University of Pennsylvania. Your actions, positive or negative, intentional or unintentional, have implications for the entire program
2. 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.
3. You live communally. Be mindful of the "rules of the flats."
4. If you travel outside of Gaborone or Francistown, it is important that BUP staff (Boipelo Dibotelo) 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.)

### Who Should Not Go to Botswana

Anyone with an underlying immune deficiency or chronic disease that would predispose the individual to a higher risk of TB disease should talk to their physician before going to Botswana. Such conditions include: HIV, history of a solid organ transplant, chronic kidney disease, and recipients of chronic steroids or other immunosuppressive medications. The risk of progressing from latent TB infection to active disease in the normal host *without treatment* is low (e.g. 5% in the 1st year and 5% over the subsequent lifetime), however, this is not true in immunocompromised individuals: HIV infected hosts with latent TB infection, for example, develop active TB at a rate of 10% per year.

Anyone with a psychological illness (e.g. anxiety, depression, eating disorder) whose symptoms may be exacerbated by the stress and challenges of a foreign environment should consult with his or her therapist or physician or CAPs (<http://www.vpul.upenn.edu/caps/>) before going to Botswana.

### Who Thrives in Botswana

People with an adventurous spirit and good street smarts are likely to do well. If the idea of killing a roach with your flip-flop, or watching others eat caterpillars (a delicacy in

*Invariably, Volunteers who have completed their service speak of the relationships that they have established as the highlight of their service. Many speak of how they have learned to value and respect a more family- and community-centered way of life and of how they have grown in patience and understanding. ...Such positive reflections are the endpoint of a series of highs and lows that are part and parcel of the process of leaving the United States, entering Botswana, and adapting to the practices and pace of life in a new culture.*

*...Things will undoubtedly move at a much slower pace than you are accustomed to. You will probably need to make a paradigm shift from the American orientation toward tangible results to the Botswana love for a consultative process and protocol. To succeed in this environment, you will need a high degree of patience, self-confidence, creativity, and flexibility. If you do not deal well with gray areas, Botswana is probably not a good match for you. – from the Peace Corps Wiki*

Botswana) horrifies you, this may not be the best fit. You should be able to negotiate both taxi prices and missed flights (without losing your temper). People planning to stay in the BUP flats should be friendly and easy-going. If you can't imagine a day without Starbucks, or sharing a bathroom with 7 other people, this might not be a good fit. Botswana value respect for elders and superiors, and successful visitors learn how to follow local conventions. Picking up and using a few Setswana word—particularly greetings—goes a long way.

Those working in the clinical setting should be flexible with a willingness to pitch in and do “scut” as part of a team, and an ability to improvise and focus on what you can accomplish in an environment with limited resources rather than lament what can't be done. Diagnoses are often not confirmed and patients die of things that they would not die of in the US. If you are traveling to Botswana as a trainee, you must accept that you are not there to change the system; you are there to learn.

**Botswana has never declared war.**

## About Botswana

### Background

Botswana was formerly a British “colony” (technically it was a protectorate which is importantly 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. (Remember this means winter here is summer there and vice versa,) 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 373,053 square miles (600,370 km), of which, only 9321 square miles (15,000 km) 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 but few sidewalks and street

### Botswana: Country Statistics

- ▶ Population - ~2M
- ▶ Gross National income per capita (in \$) - **13,310**
- ▶ Poverty rate (% of pop below PDL) - **23.4**
- ▶ Life expectancy at birth (years) - 60 male / 62 female
- ▶ Net enrollment rate, primary school - (%) **98.5**
- ▶ Literacy rate, 15-24 year olds (%) - **93.9**
- ▶ Ratio of males to females in primary schools - **0.98**
- ▶ Ratio of males to females in secondary education - **1.07**
- ▶ Infant mortality rate (per 1000) - **56.7**
- ▶ Under five mortality rate (per 1000) - **74**
- ▶ Underweight children (under 5, %) - **57.1**
- ▶ Children immunized against measles (%) - **90**
- ▶ Births attended by skilled personnel (%) - **96**
- ▶ Maternal mortality rate (per 100 000) - **193**
- ▶ HIV prevalence among adults (%) - **25**
- ▶ Access to ART (% clinically eligible) - **95**

Source: WHO Country Cooperation Strategy Briefs, Aug. 2009  
<http://www.who.int/countryfocus>

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 where the main BUP office is located is also near the hospital.



Botswana has had several consecutive years of drought. Dams throughout the country are extremely low.

Note that water restrictions currently prevent us from filling our pool. Please take care to conserve water while in country. This should include “If it’s yellow let it mellow” toilet flushing practices at the flats.

### Climate

The climate is semiarid with cool winters (June-August) and hot summers (December-February). The country suffers from 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. (Note BUP housing has both heat and AC.)

### Helpful Tips When Visiting Another Country

Look and listen because a word, phrase or gesture that means something in your home country may mean something very different in another country.

- Watch people's reactions in their conversations with you or with others:
  - How close do people stand when they talk?
  - How do people greet each other?
  - Do people tend to agree with you or do they express dissenting opinions freely?
  - What makes you feel dissatisfied or uncomfortable when communicating with someone?
  - How do others change their communication styles when talking with a professor? a student? a friend? a family member? a stranger?
- Ask questions.
- Try not to be judgmental because it is important to avoid labeling everything as good or bad in comparison with your own culture. Try to assess and understand others' opinions before making a judgment.
- Show openness and curiosity about your new surroundings. To experience a new culture and to learn from it, it is important to be open to new experiences, to try new things, and to be curious about the way things are done.
- There is as much or more to learn about another culture and place from a small village or dining with a local than there is from a tourist site or at a table with other foreigners.
- Use your sense of humor. It is likely that you will make mistakes as you explore a new culture. If you can laugh at your mistakes, learning will be easier.
- Develop a support network. One of the hardest things about being abroad is that you are separated from the network of support you have developed over many years. Such closeness cannot be instantly replaced. Nonetheless, you should make an effort to meet people so that new friendships can develop.
- Get involved with various programs and activities on and off campus. The more you put into an experience, the more you will learn from it.

### Demographics

Botswana is a sparsely populated country of 2 million. Because of the uninhabitable Kalahari Desert, the population is heavily concentrated along the eastern corridor, from the capital city of Gaborone to Francistown, the second largest city to the north. 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 (#2) with approximately one quarter of

the population infected. The effects of excess mortality due to HIV/AIDS, 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 (nearly rhymes with "boat") is called a Motswana (nearly rhymes with "moat"). Using the term "Botswanan" or "Batswanian" will identify you as an uninformed foreigner.

### Tribes in Botswana

Botswana's main ethnic groups are Tswana, Kalanga, Basarwa (also known as Bushmen or San though these are both considered pejorative) plus white, Asians (from China), and Southeast Asians (from India). Of the Tswana tribes, the major tribes are the Bakgatla, Bakwena, Balete, Bangwato, Bangwaketse, Barolong, Batawana, Batlokwa. Other tribes include Bayei, Bambukushu, Basubia, Baherero (who fled Namibia) and Bakgalagadi. Botswana's Indian population is made up of many Indian-Africans of several generations, from Mozambique, Kenya, Tanzania, Mauritius, South Africa, and so on, as well as first generation Indian immigrants. The white population is native to Botswana or from other

Note that there is a large population of Zimbabwean migrants living in Botswana; estimates range from 40,000-250,000. (Most are undocumented immigrants so true counts are hard to obtain.)

Non-citizens of Botswana are not eligible for national healthcare; so while many Zimbabweans may be HIV+, many also go untreated.

parts of Africa including Zimbabwe and South Africa. The white population speaks either English or Afrikaans and makes up roughly 3% of the population.

Tribes often have a regional or geographic basis.

### 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). Many are Evangelical Christians meaning they have a high regard for Biblical authority, are “born again,” and actively share the “Gospels.”

### 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 4<sup>th</sup> grade so small children also may not speak English. (See the appendix for a Setswana phrase list.)

### 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 & 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.

*“Now, some forty years after independence, many of the government’s first recruits are still employed and some have reached very senior position, keeping with them the values and traditions of their times. Batswana refer to such people as “Moswa o eme,” a phrase used to describe the big, old, dead trees, that they leave standing in their fields, it being harder to remove them than to let them remain where they are!. Such individuals, when encountered, will not respond to the flurry and hurry that is sometimes the way of modern business. They must be treated with quiet respect, tolerated and not shown up, for they will be powerful, well-connected, and well-respected.” – “Culture Smart – Botswana” by Mike Main*

### Botho: Qualities of a Good Lifestyle

"Botho" is a Setswana word and Southern African principle (referred to as "Ubuntu" in Zulu, South Africa) which encompasses a well-rounded and moral way of living in which an individual recognizes that they are a part of a larger whole of society, and thus work towards common good. Fundamentally, by being Botho, one reflects their connection to society through their actions- they can only earn respect by respecting others, and gain empowerment by empowering others. Yet, as Nelson Mandela states, "Ubuntu [Botho] does not mean that people should not enrich themselves. The question therefore is: Are you going to do so in order to enable the community around you to be able to improve?" People are not born with Botho, yet acquire this way of living through their actions overtime. More specifically, Botho is denoted by characteristics like generosity, helpfulness, politeness, respect (especially for elders), and compassion. A few cultural examples of living Botho are;

- Taking your cap off when speaking to an elder, or entering a building
- Greeting someone before beginning a conversation or asking for help
- Holding a door for someone you see carrying many bags
- An example from Nelson Mandela: "A traveler through a country would stop at a village and he didn't have to ask for food or for water. Once he stops, the people give him food, entertain him."

See "Biblical Studies, Theology, Religion and Philosophy; An introduction for African Universities" (534-7) by J. N. Amanze, "Ubuntu Philosophy" (Wikipedia), and [Ubotho.net/Botho-Vision](http://Ubotho.net/Botho-Vision) 2016.

### 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. Traditionally 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. Some placements (e.g., those at Stepping Stone) require this introduction. Note: That is traditional and appropriate to dress conservatively when visiting a chief. No shorts! Skirts for women (sorry)!

### 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.

*“You ask my clients how old they are, and they’ll give you their year of birth. We see no reason to keep working out our ages on a yearly basis when we can keep just one date in our heads. That’s just the way we figure things. It’s different, perhaps, because we have different priorities. What I’m saying is if something doesn’t make sense to you, stop and wonder whether it isn’t you who doesn’t have the right frame of mind to figure it out. All I ask of interns is that they approach everything with an open mind.” – “The Screaming of the Innocent” by Unity Dow*

### 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.

### Top Tips for Not Being an “Ugly American” in Botswana

- Know that “g’s” are pronounced as “h’s” in Botswana and an “e” on the end of a proper noun is usually NOT silent. The capital city is pronounced “Hab-ohrrr-own-eee.” The flats are located at “Pil-ahn-eee” Court.
- Greet people. It is proper to greet everyone you encounter before anything else. You say “Dumela Mma” to women and “Dumela Rra” to men.
- Don't shout or talk loudly. Remember that if someone does not understand you, it does not usually help to increase your volume. Be particularly careful if working in the hospital that you do not speak too loudly which can be interpreted as shouting.
- Recognize that you are a guest. It is impolite for guests to demand things of their hosts.
- Remember that one person from Botswana is referred to as a “Motswana” and all citizens of the Republic of Botswana are collectively “Batswana.” “Tswana” is used as an adjective - for example “Tswana state” or “Tswana culture”.

- Acknowledge that you are in Botswana primarily to LEARN. You are not there to change the system. Thinking that you even can change a system in a few weeks is vain and misguided. You will have a most successful trip if you leave Botswana having learned something new about a culture, a country, and a way of doing things, along with perhaps learning something about yourself.
- Learn a little about the history of Botswana before you go. Botswana are understandably proud of their country's admirable history of democracy, peace, good governance, and growth.
- Accept that you are in Botswana to do good work, but not to “do good.” Penn's mission in Botswana is an educational one. If you are thinking of this as a humanitarian trip or volunteer work, you are probably thinking about it the wrong way. We work with our partners in Botswana for mutual benefit and educational exchange; we are not giving more than we receive.
- If you get into a jam—whether it be lost luggage, a stolen passport, missed flight, or wonky electric at the flats—be patient but persistent, and *kind* in your dealings with people who are in a position to help. Do not be demanding because this will most likely get you nowhere. Problems generally take longer to resolve in Botswana but they do generally work out.

### Holidays

<b>Date</b>	<b>English name</b>	<b>Local name</b>
1 January	New Year's Day	Ngwaga o mosha
2 January	Public Holiday	
Varies	Good Friday	Labothano yo o molemo
	Easter Monday	
Varies	Ascension Day	Tlhatlogo
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	

The first Monday after Christmas is also a Public Holiday.

You may travel farther afield if your time in Botswana falls over a national holiday when your site is closed. Note that you will need to book early as sites and flights sell out.

### Additional Resources on Culture

There are some other great sources of information on culture in Botswana. We recommend the book “Botswana - Culture Smart!: a quick guide to customs & etiquette”

by Michael Main. The Canadian Centre for Intercultural Learning also has some really useful information freely available here: <http://www.intercultures.ca/cil-cai/ci-ic-eng.asp?iso=bw>

## 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. 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 ex-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 Basarwa / San of the Kalahari (a Khoisan or “click” language) and Kalanga, spoken by a minority group from the north of the country. Close to the border, you may also hear Afrikaans.

After Botswana's prosperity started in the 1970s, newly independent Botswana invested heavily in primary schooling (just as it did in primary health care). Today, Setswana is the language of instruction for children up to the 4<sup>th</sup> grade and English is taught as a subject. From fifth grade on, English becomes the language of instruction and Setswana is taught as a subject. So you will find that the people least likely to speak English in Botswana are children and elders. Batswana you encounter from 10-40 years old will be able to have a conversation with you in English, though they may be more comfortable in Setswana if (as is likely) it was spoken at home. The English fluency of Batswana over 40 years old 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 speak Setswana fluently, but even a few words will help you break the ice. If you are working in the hospital, knowing some Setswana will assist you in building rapport with your patients, show respect for their culture, and make you self-sufficient in performing a physical exam (if not a history).

Remember that foreigners often speak more loudly when they wish to be understood. Speaking louder will not make you easier to understand. Please be careful—particularly when working in the hospital, where Penn people have been dubbed “too loud & rude”—to modulate your volume. You can try speaking more slowly and carefully to be

understood but speaking more loudly will not help—unless you know your patient has a hearing problem.

Some essential Setswana phrases are included below. A more complete Setswana phrase list that includes more pronunciation keys and several clinical terms is available at the end of this Handbook.

Finally, you should know that when a Motswana refers to someone as “late” that may mean that they have died.

### Essential Setswana

#### **Greetings**

Hello madam.	<i>Dumela mma.</i>
Hello sir.	<i>Dumela rra.</i>
How's it going? (Casual slang. Not appropriate for patients or elders.)	<i>O a re eng?</i> (pronounced 'wah-reng')
How are you?	<i>Le kae?</i>
Are you well? (How did you wake? - More formal)	<i>O tsogile</i> (pronounced TSO-HEELE) <i>jang?</i>
I am well.	<i>Ke teng</i>
We are well.	<i>Re teng</i> (Use of the plural shows respect.)
I am fine (more formal), and you?	<i>Ke tsogile sentle. Wena?</i>
My name is ...	<i>Leina la me ke _____. (your name)</i>
What is your name? (formal)	<i>Leina la gago ke mang?</i>
Who are you? (informal - also the name of the national identity card and number)	<i>O mang?</i>
I am from Philadelphia in America.	<i>Ke tswa Philadelphia ko America.</i>
<b>Farewells</b>	
Generic: Goodbye (also “all is well”)	<i>Go siame.</i>
Stay well (said to the person/group staying)	<i>Sala Sentle.</i>
Go well (said to the person/group leaving)	<i>Tsamaya Sentle.</i>
Sleep well.	<i>Robala Sentle.</i>
Good night.	<i>Boroko!</i>
<b>General</b>	
Yes	<i>E</i>
No	<i>Nnyaa</i>
Thank you.	<i>Ke a leboga / Re a leboga</i> (pronounced LE-BO-HA) <i>Tanki</i> (borrowed from Africans)
Excuse me.	<i>Sori</i>
May I (please) have some water?	<i>(Ke kopa) metsi.</i>
I like ____.	<i>Ke rata ____.</i>
I don't like ____.	<i>Ga ke rate ____.</i>
I want ____.	<i>Ke batla ____.</i>
One Hundred	<i>Lekgolo</i>
Where is the clinic?	<i>Kokelwana e ko kae?</i>
Let's go!	<i>A re tsamaye!</i>

What time is it?	<i>Ke nako mang?</i>
I need help, please.	<i>Ke kopa thuso, tswee-tswee.</i>
May I help you?	<i>A nka go thusa?</i>
What is _____ in Setswana?	<i>_____ ke eng ka Setswana?</i>

See the appendix for a longer Setswana language lesson.

### Language Lessons

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 get around. If you are working in the hospital, you will find that many patients only speak Setswana.

Students traveling to spend a semester abroad, are required to study Setswana while at the University of Botswana.

Several students, residents, and faculty have taken Setswana lessons in Philadelphia from Brenda Gwafila, who is originally from Francistown. Brenda is an excellent resource who teaches basic Setswana conversation skills along with medical vocabulary, which will help you enormously on the wards if you will be working there. Brenda can be reached at [bgwafila@gmail.com](mailto:bgwafila@gmail.com) or at 215-925-8182.

There are some online Setswana tutorials available including one on Penn's Global Health course page that shows a patient exam in Setswana (<http://mediasite.med.upenn.edu/UPENNMediasite/SilverlightPlayer/Default.aspx?peid=1df090c516bd4220a4ca528e57a6df69>) and there are some basic Setswana tutorials on Youtube.com such as the Blackboard tutorial here: <http://www.youtube.com/watch?v=1niRGxat1rU>

Since Botswana is a former British Protectorate, they mostly use British English spelling (*colour* instead of *color*, *cheque* instead of *check*). Also note that like the British and most Europeans, date abbreviations begin with the day (24/01/4 for January 24, 2014) and they use a 24 hour clock system to tell time. Also remember, that like in the UK, in Botswana they DRIVE ON THE LEFT.

## **Getting Ready**

### Preliminary

If you are traveling to Botswana as a resident or medical faculty, be sure to let Heather Calvert know who you are, when you are traveling, and what you plan to do while there. If you are planning to stay in the BUP flats, she can check availability with Boipelo. If you are a resident or faculty member who will be seeing patients in Botswana you will need to register with the Botswana Health Professions Commission registration. (ALL physicians—not students—practicing medicine in Botswana must register in country prior to seeing any patients.) Do not forget to sign the Risk Release and Emergency Contact Forms (see appendix) and send it to Heather Calvert.

### Making Your Travel Arrangements

There are a number of travel agents and websites for getting tickets. You will have to search around to get the best deal. Reportedly, the cheapest flights are generally found on Tuesday afternoons, and Tuesdays, Wednesdays, and Saturdays are the cheapest days to fly.

Please note that if you are a researcher traveling on US Federal grant funds you must book on U.S. flag carrier airlines whenever possible. Your tickets should cost between \$1800 and \$2200, depending on the season when you travel. In general, the stipend from Penn is ~\$2000. This fluctuates slightly seasonally. Check with your program head for specific approved amounts for your particular program.

Ultimately you need to get to Johannesburg. From there both South African Airlines (SAA) and Air Botswana (BA) have flights to Gaborone.

SAA is the main carrier that flies from the U.S. to Southern Africa. SAA flies from Atlanta, Dulles, and JFK directly to Johannesburg (sometimes stopping to refuel). Flights from the United States operate most weekdays, but some flights stop in Cape Town and others do not. It is best to avoid extra stops and extra 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. Other airlines fly to Johannesburg through Europe (Lufthansa, Air France, Northwest, British Air); most involve a significant layover. You should try to leave at least a two hour layover in Johannesburg to improve the odds of having your luggage arrive when you do. Be warned that the Delta flight from Atlanta arrives late in the day and MAY require an overnight stay in Johannesburg. There are hotels at the airport, but an earlier flight should allow you to arrive in Gaborone the same day. From Johannesburg you will take an hour-long flight to Gaborone. Note that the last flight from Johannesburg to Gaborone is (at writing) an Air Botswana flight and generally leaves around 6 PM. If your flight arrives after that, you may need to stay overnight in Johannesburg. Be sure that your travel agent has checked both South African Airlines flights and Air Botswana flights to see if you can make the transfer the same day. Some agents only ticket SAA flights. Air Botswana tickets can be purchased directly through their site (<http://www.airbotswana.co.bw/>). Note that there is a risk when switching carriers (i.e., using SAA from the US to Johannesburg then switching to Air Botswana for the Johannesburg to Gaborone leg), that the carriers may not rebook you if you miss a connecting flight because of another carrier's delay. (But the risk is probably worth taking rather than planning on paying for a hotel.

### Purchasing a Ticket through a University Account

Anyone traveling on Penn funding (e.g. DOM residents, OB/GYN residents, medical students, etc.) can book their ticket through a Penn approved travel vendor to have their ticket direct billed to a University account.

NOTE: As of the fall of 2013, students, staff, and faculty traveling on a Penn account are required to book through the Concur. The Penn-approved travel vendors are listed on the Penn Travel website. Information on using Concur is also there:

**<http://cms.business-services.upenn.edu/penntavel/>**

If you are a resident, you CANNOT use the Concur system. You can still direct bill a ticket to Penn, and/or you can submit your expenses for reimbursement using the old process by

completing and submitting a Penn Travel and Entertainment Expense Reimbursement Form available at: [http://www.finance.upenn.edu/comptroller/forms/#Accounts\\_Payable](http://www.finance.upenn.edu/comptroller/forms/#Accounts_Payable) to the paying department (Cyra Copeland for BUP-funded travel).

Instructions for travelers to Botswana using a Penn-approved vendor:

- Make your plans as early as possible to get the dates and times you want.
- Call the Penn-approved agency or use the online Penn Travel booking service (<http://cms.business-services.upenn.edu/penntavel/>)
- If using an agent, provide them with your travel dates and, specifically, what date your program begins. (Residents, faculty and students should be available for registration and orientation on Monday mornings.)
- If you want your ticket billed to the airline billing account, provide the agent with the name and fax number of the Business Administrator who will be authorizing your ticket purchase. (For Medicine Residents, this is Cyra Copeland at 215-349-5111. For researchers and those traveling on other department funds, this will be your department BA or Grants Administrator.)
- If you are stopping in South Africa after your assignment in Botswana, the agent will advise you of any additional costs that will be considered a personal expense. The agent should be able to also handle any personal travel you may wish to do in Southern Africa after your assignment is concluded, but you will be responsible for all costs not associated with your assignment.
- Advise the agent if your ticket is being paid for by a federal grant or contract. If it is, you will be required to abide by the rules and regulations of the Fly America Act. See box.
- There is a \$50-\$60 service fee for each airline ticket but the fee will be charged to the airline billing account, for funded tickets. The fee is less if you are able to book the ticket through the online system without calling an agent.

*The Fly America Act* requires that Americans flying internationally on US federal funds to use U.S. flag carriers to the maximum extent possible. With the many code sharing arrangements among airlines, compliance can be both complicated and difficult to monitor. Some exceptions that may apply include:

- When there is no nonstop or direct service offered by a U.S. carrier
- When travel solely outside the US increases the number of aircraft changes en route to more than two
- When the passenger's travel time is extended by a least 6 hours
- When the connecting time is 4 hours or more at an overseas interchange point.

It is recommended that travelers call one of Penn's preferred agencies when travel requires adherence to the Fly America Act.

For additional information:

*Notify Boipelo Dibotelo of Your Arrival*

**You must email Boipelo Dibotelo at [Dibotelob@botswana-upenn.co.bw](mailto:Dibotelob@botswana-upenn.co.bw) with your itinerary at least six weeks prior to traveling since there is NO PUBLIC TRANSPORTATION from the airport into Gaborone. Copy this email to Heather Calvert.**

*Ground Transport in the US*

If you are on the Delta flight from Atlanta or the SAA flight from Dulles, then your flight probably originates in Philadelphia. If you are flying on the SAA flight from JFK, you will need to get there. You can take a bus, train etc. Dave's Best Limo Service (<http://www.davesbestlimoservice.com/>) offers a van service that does door-to-door pick-up and delivery for people located within Philadelphia. You can also get there taking Amtrak to the LIRR or the NY Subway to Jamaica Station where you catch the AirTrain for the final leg to JFK. (Google map it.) Both the shuttle and the combo of trains cost between \$80-\$150 one way. Ground transportation to the airport is usually reimbursable provided it is within the travel expense limit. We typically recommend a shuttle for your

flight departing the US and the combo of trains on the return. (The shuttle is less stressful and is hard to mess up; the trains are usually faster to get back because they run frequently so you don't need to sit around waiting for a shuttle.)

### Airport Pick-up

Boipelo will see that you are collected from the airport and taken to your housing. Note that the driver getting you at the airport has already been paid, so you do not need to pay him. Please text Boipelo with any delays you encounter ~ 00 267 71802969. If you do get stuck at the airport in Gaborone, take a van to the Gaborone Sun Hotel and try to call Nikki.

### Passports and Visas

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. 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 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/>). Also note that some non-US citizen travelers may also need a South African Transit Visa just to travel through the Johannesburg airport en route to Botswana. Check the South African High Commission Site for details. ([http://www.sahc.org.au/visas/Transit\\_Visa.html](http://www.sahc.org.au/visas/Transit_Visa.html))

It is your responsibility to obtain any necessary visas prior to your arrival in country. Note that visas typically take several weeks to obtain from both the S. African High Commission and the Botswana Embassy, and depending on your passport (e.g. Pakistan) you may need visas from both. Contact Heather Calvert if you need a letter of support for your application(s). If you are affiliated with Penn, then you may use CIBT (<http://cibtvisas.com/>) for help in obtaining visas. If you are moving to Botswana for long-term employment, be sure to get a copy of the "Guide to Long-Term Relocating" from Heather Calvert.

### Immigration

Upon entering the country, let the immigration officer know how long you are planning to stay and ask for the appropriate number 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. Note that unless you are relocating to Botswana for paid work, you should NOT check that you are in the country for "work."

#### Students traveling for Internships or Study Abroad

You should check "student" in the reason for arriving box.

#### Medical Students, Residents, Staff & Faculty

You should check "**holiday**" in the reason for arriving box to avoid problems. Those on global health rotations are not being paid so are not "working" in Botswana. (It has difficult to explain that we are working at a hospital, but not really "working" to an immigration official). The address for the forms is **c/o Boipelo Dibotelo, Pilane Court, Plot 154/155, Ext 3, Gaborone.**

Students whose primary plans are research-related need to apply for a Research Permit if they are staying in the country for longer than 90 days. The application for

a Research Permit should be coordinated with your research mentor and mailed to the Office of the Permanent Secretary in Gaborone at least two months prior to leaving for Botswana. The Botswana Embassy in Washington, D.C. may be helpful in the preparation of this application, and the forms can be downloaded from the website (<http://www.botswanaembassy.org/>).

### Immunizations

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, the Okavango, or any other place up north before or after your rotation, you will need to bring malaria prophylaxis. Gaborone and Francistown are free of malaria.

You can obtain immunizations from your personal physician, at the Penn Travel Medicine immunization clinic at HUP (610)902-5618, or the travel clinic at Presbyterian (usually less expensive). Unfortunately, insurance does not cover travel related vaccines; you may have to pay out of pocket unless the program under which you are traveling will cover it. If you are a physician, you can write your own prescriptions and have someone give you the injections.

**All Penn students are required to go to Penn Student Health to obtain a pre-travel consultation and any necessary immunizations.**

You should have a tuberculin skin test before and ~12 weeks after the trip.

Food is generally safe in Botswana and historically water was too, but recently the water has tested high for contaminants due to the draught. Buy bottled water or boil tap water when possible before drinking it in Gaborone.

### Malaria Prophylaxis

There is generally no need for malaria prophylaxis in Gaborone so no one takes medication routinely. There is the risk of malaria when people travel upcountry on safari. Note that antimalarials are available over the counter in Gaborone.

There are three antimalarial options. They are equally efficacious so the choice is based on other considerations.

- Mefloquine: the standard, Pros: only one pill a week, in-between in expense. Cons: there is an international hysteria about the potential for psychiatric side effects – none of which have been established in controlled trials, however the fear remains.
- Doxycycline, Pros: by far the least expensive. Cons: a lot of pills (daily plus 4 weeks after leaving malaria area), “nuisance” side effects – GI, vaginitis, esophagitis, photosensitivity rash, but in fact adolescents often take this for years for acne and tolerate it well.
- Malarone: Pros: minimal known side effects. Cons: expensive

No matter what malaria prophylaxis one takes one should also use an insect repellent with 25-30% DEET whenever traveling in malaria areas (e.g., Chobe, Okavango, Victoria Falls).

### Don't Swim Except in Manmade Pools

If travelling north you are advised to drink/use bottled water. And in general do not swim in natural bodies of water in Botswana or in other sub-Saharan countries. There may be crocodiles, and we have had people who have gotten schistosomiasis (also known as bilharzia a parasitic disease carried by snails) after swimming in Lake Malawi.

### International SOS Medical Care and Evacuation Insurance

Note: Much of this information is taken from the International SOS Website. Travelers are encouraged to get the latest information online at: <http://www.internationalsos.com/>

International SOS provides University of Pennsylvania travelers and expatriates with worldwide health care and emergency assistance services 24 hours a day.

Accompanying spouses/life partners and dependents are covered when accompanying the University traveler on University-related programs or business.

All BUP employees, their spouses, and dependents are covered when traveling for business. (Note - CHOP also has International SOS coverage for CHOP employees. CHOP #: 11BCPA000295.)

In the event of a medical emergency in Botswana, the injured person will, in most cases, be air-lifted to a hospital in South Africa (usually Milpark in Johannesburg).

BUP employees and other Penn/BUP/CHOP travelers are encouraged to record personal travel, medical, contact and other vital information in the Personal Locator section of the International SOS website. This information can be easily accessed by you or by SOS (with your permission) in an emergency situation.

Copies of the International SOS card are available at the Philadelphia offices, or you can print a copy of the card from the International SOS website, after entering in our member number (11BSGC000012). Travelers should have a copy of the Penn member number and emergency phone numbers on them at all times.

In the event of a medical emergency use the following numbers:

- If calling from Botswana or anyplace in Africa, call the SOS office in London 24 hours a day, collect: 44-208-762-8008
- If calling from the US or Canada, call: 1-800-523-6586 (toll free) OR 1-215-942-8226 (collect)

To ensure a prompt response when calling, you should be prepared to provide the following:

- Your name, location, age, sex and nationality
- Your International SOS membership number: 11BSGC000012
- The telephone number from which you are calling (in case you are disconnected)
- Your relationship to the University of Pennsylvania employee (if the person calling is not the employee)
- Name, location and telephone number of the hospital, clinic or treating doctor (when applicable)

**Note: The number for the emergency / police in Botswana is 999!**

Note if you are NOT affiliated with Penn as a current student, resident, staff person or faculty on payroll, then you are NOT covered by Penn's International SOS policy and MUST purchase one for yourself from International SOS: <https://www.internationalsos.com/en/>

### Penn's Global Activities Registry

The Global Activities Registry is Penn's central resource for collecting information about the travel plans and activities of faculty, staff, and students preparing to travel abroad for academic, educational, clinical, research, or University business purposes. Given the sudden and unexpected nature of naturally-occurring events, as well as other emergencies, it is imperative that all students, faculty and staff make use of this valuable resource ~ not only for your safety, but for the emotional well-being of your family and friends.

This secured information is used:

- to contact travelers in emergencies
- to assist individuals and groups, as needed, with pre-travel preparations
- to identify opportunities for closer collaboration on international research and operations

All faculty, staff, and students with valid PennKeys are authorized to use the Registry. The Global Activities Registry is an online tool developed to support Penn community members traveling abroad and to gather data about Penn's expanding levels of global engagement. The Registry records travel itineraries and emergency contact information for Penn faculty, staff and students who are traveling for academic, educational, clinical, research and other University business purposes. International SOS, the organization that provides Penn international travelers with medical, security and other travel assistance, will be automatically notified of your plans.

There are several benefits to the Penn Community:

- Penn can respond more effectively when there is an incident such as a natural disaster or civil unrest overseas by knowing who is in the area.
- Penn can gather additional information about what members of the Penn Community are travelling or doing research in a certain region in order to provide better operational support or information to individuals prior to departing.
- **Individuals are automatically registered with International SOS when they enter their flight information with the Global Activities Registry.**
- Groups can learn where other members of the Penn Community have traveled to or that will be in the region at the same time.
- Encourage greater research and operational collaboration across campus.

The Registry has two sections, one for Group Coordinators and one for Travelers. Group Coordinators: In this section, those responsible for organizing and coordinating group travel enter general information about their program or activity. Travelers: In this section, individual travelers and participants in an organized group enter their travel details, including personal and emergency contact information, passport information, itinerary, and transportation details. International SOS, the organization that provides Penn students, faculty, and staff with international medical, security, and travel assistance, including emergency evacuation, is notified automatically of travel plans. Be sure to enter your travel details before going abroad. The information will facilitate assistance from the

University in case of an emergency, and you'll be contributing data to support Penn's international activities and other Penn travelers.

The Global Activities Registry is available at [www.upenn.edu/globalactivities](http://www.upenn.edu/globalactivities)

### How to Dress and What to Pack

Dress in Gaborone is pretty much the same as in the US, albeit a bit more formal, and bit more conservative in rural areas. 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 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 flat mates. You may wish to pack a robe or sleepwear.



CASUAL

PROFESSIONAL

If you are working in the professional setting (i.e., in a business internship, lecturing at UB, meeting with ministers or other VIPs) you will need professional clothing. "Business casual" is NOT the norm in Botswana. Professional men generally wear suits and ties in the office and women wear suits, similar to what bankers and attorneys wear in the US.



It is a good idea for all travelers to have one dressy item (tie for men, simple dress or skirt for women). You may get invited to a wedding, or a funeral. You may get invited to an Embassy party. You may need to meet with a local chief (in which case women will be required to wear a skirt). Short skirts and tank tops are NOT appropriate in the hospital or at the kgotla. Leggings are NOT pants and are never appropriate attire in Botswana unless worn as exercise wear. (FYI – This is true in Philly too. Do not wear leggings as pants to an interview.) If you enjoy a night on the town, note that the club scene is fairly hopping in Gaborone where people sport the latest fashions (so if you only have a fleece and khakis, you will feel underdressed).

#### *How to Dress Like You Belong*

- *Wear closed-toe leather shoes to work. Note that dirt paths are rough on footwear. You'll want something you can easily clean i.e. no white sneakers.*
- *Leggings are NOT pants.*
- *Tank tops, short skirts, and shorts are NEVER appropriate for work.*
- *Pack something dressy and something trendy.*
- *Nobody wears safari or hiking gear in Gaborone except big-game hunters and tourists. Save your khaki gear and safari hat for your vacation time.*
- *If you will have business meetings or dinners, dress like you would to meet your Dean or a potential funder.*

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; skirts at the hospital should be professional (at or below the knee) and tank-tops are NEVER acceptable. Bring at least two white coats, your stethoscope, and a pocket flashlight. If you have a portable ophthalmoscope it would come in handy on occasion. Do not wear your white coat around town. This is as inappropriate as it would be in the United States.

You will want comfortable, closed-toe footwear. While in the Botswana summer, it can be very hot, you will be walking on dirt paths and will need a closed-toe shoe to keep dirt out of your toes. You MUST have closed-toe shoes when working in the hospital. (You may want to

wear sneakers always but know that you will look like the classic American tourist if you do.)

NOTE: Men do NOT typically wear shorts in Botswana, unless they are exercising. Only school children wear shorts. You can wear shorts on the weekends if you are comfortable dressing like a child or a tourist. Shorts are NEVER acceptable work attire.

Some people deliberately pack clothes that they plan on leaving behind for the maids or for the orphanages. This is appreciated and gives you more room to bring back purchased items.

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.)

There may be one hair-dryer available at the flats (or not). If you pack a hair-dryer, be sure it is a travel dryer or adjustable to 220 voltages. If it is 110 only, it will blow up when you try to use it in Botswana. Hair dryers can be purchased in country.

If you are staying in the BUP flats (Pilane Court, ICC) linens, towels, and cookware are all provided.

*To Wear a White Coat, or Not?*

*Penn trainees headed to Botswana often ask, "Should I bring my white coat." The consensus from BUP faculty is "yes!"*

- 1) They help identify you (who is Penn and who isn't)*
- 2) They have really useful pockets for carrying stuff (hand sanitizer, a pen, a penlight...)*
- 3) When laundered regularly, they help keep the wearer clean.*

*So pack your white coats!*

Don't over pack! Anything you might forget or discover you might need can usually be easily obtained in Gaborone. 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. Make sure that these items are in your carry-on bag. If your carry-on bag locks, that is even better since this will be taken from you during the Johannesburg-Gaborone leg of your journey on the small plane and given back to you on the tarmac 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 if you see one on your return trip to help prevent your luggage from being opened on your way home.

Travelers are strongly encouraged to purchase travel insurance before going to Botswana.

Books to Read

The flats usually have some regional travel guides floating about, but, if you are not being housed in the flats or you have a particular place you intend to travel, you may want to purchase a good Botswana travel guide before you depart. Books are expensive in Gaborone.

If you only read one book before traveling to Botswana, we recommend “Botswana - Culture Smart!: a quick guide to customs and etiquette” by Michael Main. This is a short guide but includes valuable information for getting around and along in Botswana. Julie Livingston’s book “Improvising Medicine” is also an excellent book written from her observations in the oncology ward at PMH.

Books written by Unity Dow (*The Screaming of the Innocent* and *Far and Beyond*) are insightful into both village life and modern life in Gaborone. Unity Dow is a human right's activist and attorney who later became Botswana's first female High Court judge. Her novels often concern the struggle between Western and traditional Botswana values and issues of gender equity and poverty.

Many westerners' first exposure to Botswana is from reading the *#1 Ladies Detective Agency* series by Alexander McCall Smith. “Sandy” was born in Zimbabwe and taught law at University of Botswana for over twenty years. He is a long-time friend of Howard Moffat, ex-Superintendent of PMH. The books are quick and enjoyable reads but are regarded as a bit old fashioned by many Botswana. Note that bus tours of the sites from the *#1 Ladies Detective Agency* film series (being shown in the US on HBO) are very popular among tourists.

If you plan a trip to South Africa, a *Long Walk to Freedom*, Nelson Mandela's autobiography, is also recommended. Books by Bessie Head are also worth considering. You can visit her home town/museum in Serowe.

See the appendix for the full Botswana-UPenn Partnership book list that includes recommendations for historical, biographical, travel, and other Botswana texts. Note that we have a number of books on Botswana that we are happy to lend you, IF you make sure to return them following your trip. Also, we welcome the donation of books about Botswana (travel guides, novels, etc.) to our program for use by other travelers.

**“Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic” by Julie Livingston**

From Amazon.com:

“In *Improvising Medicine*, Julie Livingston tells the story of Botswana's only dedicated cancer ward, located in its capital city of Gaborone. This affecting ethnography follows patients, their relatives, and ward staff as a cancer epidemic emerged in Botswana. The epidemic is part of an ongoing surge in cancers across the global south; the stories of Botswana's oncology ward dramatize the human stakes and intellectual and institutional challenges of an epidemic that will shape the future of global health. They convey the contingencies of high-tech medicine in a hospital where vital machines are often broken, drugs go in and out of stock, and bed-space is always at a premium. They also reveal cancer as something that happens *between* people. Serious illness, care, pain, disfigurement, and even death emerge as deeply social experiences. Livingston describes the cancer ward in terms of the bureaucracy, vulnerability, power, biomedical science, mortality, and hope that shape contemporary experience in southern Africa. Her ethnography is a profound reflection on the social orchestration of hope and futility in an African hospital, the politics and economics of healthcare in Africa, and palliation and disfigurement across the global south.”

## Communication

### Calling Home

Most people use Skype for communicating with the U.S. or other international locations ([www.skype.com](http://www.skype.com)). You will need a computer or Skype-equipped smart phone 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.

### Calling to Botswana

It is important to let family and friends know how to contact you while you are in Botswana. Phone cards are useful and cheap for this purpose and there are many phone card vendors around Philadelphia. The kiosk on the corner opposite the Penn Bookstore on 36<sup>th</sup> and Walnut has good deals.

### Calling around Botswana

Having a cell phone makes life in Botswana easier. 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, but do not count on it. If one is available Boipelo will loan it to you but you will need to put down a security deposit of \$50 to borrow a phone and then the deposit will be returned to you once you successfully return the phone to staff in country at the end of your visit. 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. Note that the street vendors who sell phone cards sell them at their face value, so you should feel comfortable purchasing them from street vendors.

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. Boipelo has the “access key” which she will give you. There are various cafes throughout the city with free Wi-Fi (e.g., Fresh café, Europa, News Café, Cappuccino, etc.), especially at the Main Mall, Riverwalk, and Game City. You can also purchase a dongle to give you internet on your smartphone outside of the flats.

Keep in mind that generally internet connections are a bit slower; 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 three.) Universal plug adapters can be purchased online, at the Computer Connection, or at another store before departing.

### Mail

Post offices can be found at the Main Mall and at Riverwalk. Hours are generally 800-1600, Monday through Friday. Letters are priced according to the size of the envelope and not the weight. **There is no home delivery of mail in Botswana; all mail is delivered to post office bags or boxes.**

Our post address in Gaborone is:  
Botswana-UPenn Partnership  
PO Box AC 157 ACH  
Gaborone  
Botswana

It takes several weeks to get mail. If parcels are being sent please make sure you have a list of contents and that there is a list accompanying the parcel. Please complete the customs forms in the US and send a copy by email to yourself.

## Money

When looking to convert money, the official exchange designation for the Botswana currency is BWP but is more commonly referred to as Pula (P). (Pula means "rain" in Setswana so this gives you an idea of how valued rain is in Botswana, home of the Kalahari Desert.) There are 100 thebe in a Pula. One USD generally buys BWP 7.

### Accessing and Converting Money

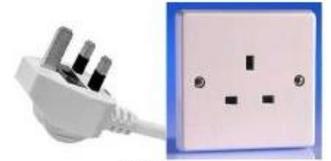
We advise that you do not take a lot of cash with you to Botswana; you will just have to hide it somewhere. It is much easier to get Pula as needed from banks or ATM's.

Some banks are located in the Main Mall, (near Pilane Court) but ATMs are also located at Riverwalk, Sebele Center, Airport Mall and Game City. Generally you can also take money out against your VISA or MasterCard from an ATM machine if you have a PIN, but you will be paying interest on this money. Dollars can be exchanged at any of the banks at the Main Mall. There is a Barclays ATM now situated outside the airport building. The ATM located in the Gaborone Sun has proven to be a reliable option, so try that if you have

### Plugs of Botswana



M-Plug



G-Plug



Europlug

**Be sure to call your bank and credit card companies and let them know you are traveling to Africa, otherwise they may assume your card was stolen and "shut off" access to your accounts.**

problems. Remember that end of month is a bad time to try and get cash as the ATM queues are very long.

Another option for getting money in Botswana, and in much of Africa is you may have money wired using MoneyGram. (Go to MoneyGram.com for instructions and to find an agent.) Western Union is another option.

Banks will change dollars and traveler's checks. There is also an American Express Center and money changing place at Riverwalk and the Airport Mall that can change your USD or traveler's checks. Just remember, most places close by 1600 during the week, and often charge a service for changing money. Most people do not find that they need traveler's checks in Botswana—that they are more trouble than they are worth.

### 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 or required. American Express cards are almost never accepted; Visa and MasterCard can be used in many restaurants, stores and supermarkets.

### Cost of Living in Botswana

Living in Botswana is less expensive than in the United States. Food and entertainment costs are slightly less than Philadelphia. Note though that hotels and traveling to the big tourist destinations are far more expensive than ordinary hotel stays in the U.S.

### Tipping

Botswana don't generally tip in Botswana though westerners do, usually 10%. If you go on Safari while in Botswana, it is customary to tip guides on safari and any staff who went out of their way to make you feel comfortable. Note that it is customary to tip the maids when staying in Penn accommodations and you are strongly encouraged to do so. The rates are posted in the "Penn Pointers" note in the flats.

## **Transportation**

Since the addition of the Riverwalk, and Game City malls, the center of action has moved away from the Main and African Malls to the newer, bigger malls located on the outskirts of Gaborone. Therefore, walking in Gaborone is less of an option than it once was. In particular, it is hard and dangerous to walk at night where there are neither sidewalks nor streetlights. (One Penn visitors fell in a construction hole while walking at night, easily done without warning signs or lights!) Francistown (if you go there) is more compact and a more "walkable" city. There are a number of public transportation options.

Be wary walking at night, even in groups. Be particularly careful walking during a power outage...don't if you can avoid it.

Public transportation can be identified by their blue license plates. When giving directions, it's best to use easily identified places. Many people do not know the official street names, but will use the destination as the road name, for example "the road to Gabane."

### Taxis

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. 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 might. Another idea some have had success with is flagging cabs that already have occupants. This usually results in a significantly lower fare (as low as P2.50 per traveler).

### 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 generally helpful and will make sure you get to where you are going. The cost is P2.25 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: Gaborone-Francistown, 6 hours (P35/person). Francistown-Maun, 6 hours (P40/person). Buses can be found on the north side of the bus station, and they generally leave every half 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

Remember when flying in Southern Africa, do not check anything of value (cell phones, cameras, jewelry, etc.) in your luggage; if you do, it will likely be stolen.

Air Botswana has an office on Main Mall (3951921) and offers e-ticketing: <http://www.airbotswana.co.bw/>. Flights to Johannesburg, Maun, Kasane. Typical fares are \$200-\$400 range. South African Air has offices in Broadhurst (3095740) and Game City (3972397) and has e-ticketing at <http://www.flysaa.com>.

### Travel Agents/Tour Guides

Talk to other Penn visitors about their recent travels for their advice on tours and trips you can make while in Botswana. Remember that if you are in Botswana over a Bank Holiday weekend that you need to plan well in advance.

Note any student or resident in Botswana on a Global Health Rotation, or anyone whose travel is supported by the BUP, is expected to work fulltime every regular work day (Monday through Friday) and MAY NOT leave town on Friday mornings for long-weekend trips unless the day is a local holiday. If you do leave town, and we find out about it, you may lose your program funding, or subsidized housing.

## Safety

You should register with the U.S. Embassy online (<https://travelregistration.state.gov/ibrs/>) before you travel to Botswana. The criminal threat is very similar to that of any large urban area in the United States. Non-confrontational, non-violent crimes, such as pick-pocketing, petty theft, and smash and grabs from vehicles can and do occur. Home invasions and burglaries of unoccupied or vacant residences are commonplace. (Note that the Penn flats have been burgled a number of times.) You should use extreme care when talking on a cell phone in public. Cell phone thefts are routinely reported to the police. By far the most serious safety concern in Botswana is vehicle accidents. If you are the victim of a crime, please report it. If you have had something stolen, there is a good chance we may be able to recover it (this has happened a few times with laptops). If you are raped, it is imperative that you start post-exposure prophylaxis (PEP) as soon as possible.

### Crime

You will generally feel safe in Botswana. The government is stable, and the Batswana are kind and helpful. Reported crimes are almost exclusively robberies (usually cell phones), and car break-ins while parked at the foot of Kgale Hill. Crimes are rarely committed against a person. Remember your street smarts. Do not walk by yourself on the paths after dark; use the streets. Pay attention to your surroundings. Do not go running while wearing ear buds. Do not walk while talking on a cell phone.

Also, please note that if someone trustworthy affiliated with our programs gives you advice about personal safety (e.g., "lock your windows whenever you leave your room") be sure to follow it.

**Don't hike Kgale Hill by yourself.**

We strongly advise you to purchase travel insurance for your trip. That way if something is lost or stolen while in, or en route to, Gaborone, you may be reimbursed for it.

### Wild Animals

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.

Although rabies isn't a common problem for visitors, it does exist. If you are bitten or scratched by any animal, immediately wash any wound thoroughly by scrubbing it with soap under running water for five minutes, and then flood it with local spirit or diluted iodine, and then seek medical attention.

### **Richard K. Root, MD**

December 1, 1937 – March 19, 2006

Richard Root was one of the founding members of the Infectious Disease Division at Penn and was regarded as a great diagnostician and bedside teacher. He became a professor emeritus of medicine at the University of Washington and a recognized expert in the treatment of infectious diseases.

He traveled to Botswana in 2006 to volunteer his time as a visiting professor at PMH with the Botswana-UPenn Partnership. While traveling with his wife on a guided river safari in a dugout canoe, Dr. Root was attacked and killed by a crocodile, on the Limpopo River in the Tuli Nature Reserve.

### Vehicle Accidents

Car accidents pose particular risk to travelers in developing countries and Botswana is no exception. We strongly advise short-term travelers do not drive themselves. Many experienced drivers have accidents involving cattle (and other cars). In addition, it is not a good idea to be on intra-city roads after dark. If you are traveling in a car after dark, you are advised to lock all doors and keep windows closed and of course, wear your seat belt. Smash and grab incidents have occurred. Driving at night is particularly dangerous given the high number of animals on the road, and the high number of drunk and just bad drivers. Motor vehicle accidents are the fifth leading cause of death in Botswana.

**Students and residents on global health rotations are prohibited from driving a motor vehicle in Botswana while on a Penn-supported program.**

### Sexually Transmitted Disease

It should go without saying, but we'll say it anyway, that the risks of acquiring sexually transmitted diseases in Botswana are extremely high. **Do not have unprotected sex.** If you have non-consensual sex in Botswana, immediately report it and seek post-exposure prophylaxis for HIV.

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 University of Pennsylvania. Therefore, the consequences of your actions have the potential to have much greater impact than if 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 campers 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, check things out with your in-country supervisor.

Boipelo Dibotelo and your supervisor should always know your weekend plans if you are going to be out of Gaborone. Be sure that someone always knows your itinerary whenever you leave town. If you record your itinerary in the Global Activities Registry, we will know where you are (and from where to retrieve you) in the event of an emergency.

See the "BUP Risk Reduction Policies" for the complete list of all safety rules and advisories.

### Top Tips for Keeping You and Your Stuff Safe Traveling to and in Africa

- Look both ways before crossing the street. They drive on the left!

### Steps to Follow in the Event of a Needle Stick Accident

1. Do not Panic
2. Remove gloves and wash hands with soap and water or rinse exposed mucus membranes with water for 5 minutes.
3. Notify your local supervisor or attending immediately and with his or her help decide if you need prophylaxis.
4. If a decision is made that you need prophylaxis, take the first dose as soon as possible. Be aware of the potential interactions of PEP with other medicines you may be taking (including oral contraceptives).
5. Do rapid test on source patient. This may require consent from the patient. Discuss with your attending local regulations.
6. Do rapid test on yourself, and document the results.
7. Begin treatment using supply of antiretroviral drugs.
8. If advised to complete the 28-day treatment course, discuss with your Penn contact how to obtain the needed additional drug supply. Complete the incident report.
9. When you come back, get in touch with Student Health or Occupational Health to get follow-up HIV testing at 6 weeks and 3 months after exposure.

- Do NOT leave gates, doors, windows, or car doors unlocked, EVER.
- Do not drive on roads after dark and do not ride with anyone who has been drinking. Vehicle accidents are the fifth leading cause of death in Botswana. (HIV/AIDS related illnesses are the first.)
- Think twice about taking any valuables to Botswana. If you must take a laptop, take a laptop lock so you can lock it to a table or bed when unattended.
- Do not walk on the paths in Gaborone alone at night.
- DO buy traveler's insurance for your goods and valuables.
- Do not jog while wearing ear buds. Do not walk while talking on a cell phone. Stay alert and pay attention to your surroundings.
- Do not swim in any bodies of water. In the game reserves, they may be inhabited by crocodiles or hippos (which kill more people than any other animal in Africa except the mosquito). Even in water known to not have wildlife, you are at risk of contracting Schistosomiasis (bilharzia).
- Do not carry your cell phone, camera, or wallet in the pocket of a backpack on your back or in loose pockets or unzipped purses.
- Do not have unprotected sex with anyone whose HIV status you do not know.
- Be sure to have the International SOS phone number (1-215-942-8226) and Penn ID number (11BSGC000012) with you in the event that you need a medical evacuation.
- Do NOT go camping without a guide. There are lions, hyenas, and mosquitoes who may wish to snack on you. Or while sleeping you could get trod on by an elephant or antelope herd. There are also 12 venomous snakes native to Botswana including black mamba, puff adder, and boomslang. Camping in Botswana requires an experienced bush guide and special equipment (like a lion-proof tent).
- Make sure that someone knows where you are going if you decide to leave town. Students and residents should inform Boipelo Dibotelo if they make any overnight trips outside of Gaborone or fly anywhere.
- Scan each page of your passport and email it to yourself so you can access a copy if you lose it or if it is stolen.

## Housing

If you are traveling to Botswana as a medical student you will be accommodated in BUP housing arranged by your program coordinator. However, you must contact Boipelo Dibotelo to confirm your housing arrangements before you book your flight to make sure there is a bed for you. Send her your final itinerary. This information will also be used to pick you up from the airport. If you are a resident or visiting Penn faculty, staff or researcher, contact Heather Calvert, to see if you are able to stay in Penn housing. We have a 3-unit complex called Pilane Court that is centrally located for students, residents, and others. One unit is reserved for faculty housing. If our subsidized housing is not available during your visit, you will need to move your dates, or make your own arrangements. (See the list of area hotels & B&Bs on the BUP Website.) Non-Penn guests may be able to stay with you if room is available but will be charged our nightly visitor rate. Guests who are paying their own housing bills can do so by credit card in country. Note that rooms are billed based on the number of nights from your initial arrival to final departure. Even if you do not sleep in a bed a few nights (because you are traveling elsewhere) you are still billed for those nights since your being in there precludes the flats being used by someone else.

### 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. It is about a 10 minute walk from PMH and less than a 5 minute walk to the Main Mall and the BUP Research Office. 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. It is not their job to do the dishes or 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 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 Boipelo 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 or let Boipelo know. Penn provides the cleaning materials for the maids to use BUT not personal items for you, such as toilet paper, soap, or toothpaste. Please take care of simple home “repairs” such as buying and replacing light bulbs and if the flats seems like they could benefit from an additional household item (such as a reading lamp or extra power strip) please consider buying one and donating it to the program.

### 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 a daily snack. 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:

1. Try to be neat – there are a lot of people living in a fairly small place.
2. Food is shared.
3. Contribute to the purchase of food without being asked – it is a pain in the butt to keep track of this. Be a good citizen!
4. Close and lock your windows when you leave your bedroom and do not leave valuables in sight.
5. The phones are only for LOCAL CALLS or to receive international calls. You cannot make outgoing international calls on them.
6. When you leave the accommodations it is customary to give a “Bon Sela” to the maid who has looked after you. The suggested minimum rate is P100 per month pro-rated, so for six weeks the Bon Sela is P150.

### UB Dorms and Other Housing

If you are traveling for a student internship or to take classes at the University of Botswana, you will likely be staying in the UB dorms. The UB dorms also have maid service but this does NOT include laundry service. Depending on your program you may need to bring or obtain extra supplies for your stay in the dorms (often pots and pans, but surprisingly, not linens). Please contact your program coordinator about the details of your housing. Note that all reminders about security in the Penn flats, apply doubly to the UB dorms that are not enclosed by security gates.

## **Restaurants**

All of the restaurants listed are easy to get to by car and none of these are really cheap by Botswana standards, but are so by U.S. standards.

- Staff Cafeteria at the University of Botswana: A great, filling, and inexpensive lunch.
- Abyssinian Coffee House: They have a genuine Ethiopian buffet on Friday and Saturday nights. It is great though relatively expensive for Gaborone (about 100P). \*\*\*\*
- Ashoka: Indian. Located in the African mall. Open for lunch and dinner. The lunch is buffet and fast. \*\*\*\*
- Bull and Bush: English pub, excellent ribs, excellent pizza, music and disco dancing some nights, monthly trivia contest. \*\*\*
- Café Dijou: At game City on the "Spar" side of Game – good lunches – take away available.
- Caravella: Portuguese. One of the best restaurants in Gaborone.
- Confectionary: In the African Mall. Outstanding bakery good and coffee.
- China Garden: You can pick up a to-go order or eat in.
- Deli: In the Craft Market area of Broadhurst; nice atmosphere and many choices.
- Gab Sun Hotel: Expensive, but excellent Sunday brunch. \*\*
- Grand Palm Hotel: Livingstone's Restaurant has an all you can eat buffet for around P100 per person. Very nice.
- Mahogany: Upscale restaurant with piano player.
- Moghul: Indian, walking distance from the flats. \*\*\*\*
- Mokolodi: There is a very nice restaurant at the game park about 15 km down the road to Lobatse. Can get some exotic foods such as kudu steak, ostrich, impala steak, and recently started doing breakfasts. \*\*\*\*
- Newscafe: Midrange, upscale, South African franchise, at present seems to be the place for the young professionals (especially Thursday evenings). \*\*\*\*
- Pie City and Pie Time: The best lunch bargains are pies (meat or vegetable). They are the main fast food – delicious and inexpensive.
- Red Lantern: Excellent Chinese Restaurant in Broadhurst – 3908514. Will also do take out orders which you have to collect.
- Sanitas: Tea house. Favorite for Sunday brunch and for lunches. Located in a garden center that has many plants and gifts to purchase. Nice setting. \*\*\*\*
- Airport Mall/Sebele Center
  - Sushi – reasonable sushi, at mid-range prices
  - Europa – Italian /Pizzeria, free wifi.
  - Capuccino – Pizzeria and coffee shop
- Game City:

- Café Dijo: A GREAT place for lunch, but not opened for dinner and a long way off.
- Milky Lane: Good ice cream and crepes.
- Mugg and Bean: Best coffee drinks, excellent breakfast and lunch. They make their own muffins. Cakes are for sale and are huge but excellent.
- Ocean Basket: Known for its good fish dishes.
- Riverwalk Mall:
  - Equatorial Coffee Company: lunch and coffee. \*\*
  - Debonnaire Pizza: They actually deliver. \*\*\*
  - Linga Longa: Similar to Mugg and Bean (see below).
  - Milky Lane: Only ice cream store in Gaborone (Has outlet at Game City too.)
  - Primi Piatti: Italian, popular. \*\*\*
  - Spur: Meat place with US Western theme.
  - Thai Restaurant: Excellent, but expensive

Note: New places open frequently. Please forward any additions to this list to Heather Calvert.

## Having Fun

### Malls

The term “mall” is used for any collection of stores. There have been a few relatively modern malls built recently in Gaborone: Airport Mall, Riverwalk and Game City (probably a few others not even mentioned here).

- **Main Mall:** The Main Mall is an outdoor mall with a lot of stalls where people sell crafts and vegetables that is located in the center of town near the government buildings. This is a ten minute walk from the hospital and five minutes from Pilane Court. This mall is past its prime, but does have some atmosphere. You can bargain here for prices. This is a good place to walk from the hospital to get a pie or pizza for lunch or check out one of the 3-5 fast food chicken places.
- **African Mall:** This is near the Main Mall. It is small but also has some atmosphere. There is a good fabric store and bakery here and the Indian Ashoka restaurant.
- **Airport Mall/Sebele Center:** This is the newest mall and has many modern stores and basically looks like a mall in Texas.
- **BBS Mall:** This is near the private hospital in Broadhurst and is also only about a twenty minute walk from PMH. This mall has more atmosphere than the modern malls like Riverwalk or Game and on the weekends is full of stalls where you can bargain for all sorts of things. There is a good second-hand bookstore at this mall that is above the Woolworths.
- **Game City:** This was the largest mall in Gaborone, near Kgale Hill. All mall-type stores, plus Game – a huge Wal-Mart-owned place where you can get most everything.
- **Riverwalk:** Riverwalk has pretty much everything including a multiplex movie theater, restaurants, grocery stores, liquor store, hardware store, computer store, electronics store, internet café, clothing and sports stores.

### Movies

There are two multiplex movie theaters in Gaborone and one in Francistown. In Gaborone 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 U.S., and some Academy

nominated movies. Tickets are around P30. Movies are shown from Wednesday to Sunday and have assigned seating – like going to the theater. They will ask for your seat preference when you buy the tickets.

The Gaborone Film Society shows independent films every Tuesday night at 1900 at the Maru-a-pula school. This is a real bargain and the films are always interesting. You can get the schedule by going over to the school.

### Theatre

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.

### Quizzo

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

### Sports

- **Gyms:** Some Penn people go to Gym Active in the Village Mall (accessible by combi or a forty minute walk). The gym has a great pool, cardio equipment, squash courts, weights, and classes. The staff is uniformly nice and helpful. You can pay by day, week, or month. Student rates are available as well. There is also a gym in the Broadhurst area and at the Gaborone Sun Hotel.
- **Tennis:** There are tennis clubs at the Gaborone Sun Hotel and National Tennis Center. You will have to join either of these for a minimal fee. You may also use the courts at the University of Botswana for free.
- **Squash:** Squash courts are available at the Gaborone Sun, and the National Squash Center (behind the National Stadium) and Gym Active.
- **Running:** National Stadium is open to the public and you can often see outstanding, young Batswana training there. You will see few runners on the street. People don't generally jog in Botswana and we don't recommend running alone after dark.
- **Football (Soccer):** There are nightly spectator games 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 Game City. Go to a game if you have a chance. They are great fun.
- **Cricket:** There is a national cricket pitch behind the main football stadium.
- **Golf:** The Golf Club is walking distance from the Gaborone Sun. Greens fees/club rental/ cart rental cost about \$25. There is a beautiful course about 15km north of the city at Phakalane. It costs about \$30 to play there if you need clubs.

### Night Life

- **Dancing:** Che Ntemba in Mogoditshane costs P20 to enter and includes a mix of local music and American pop.
- **Karaoke:** There is karaoke at the Red Lantern restaurant.

### Bars

- **Bull and Bush:** "English pub" in north part of Gaborone. Large screen television to watch sports, pool, and great pizza. Mix of expats and Batswana. Once a month trivia contest. We usually enter at least one team.

- **Gaborone Yacht Club:** Catch the sunset over the reservoir at the Gaborone Yacht Club. Friday the drinks are two for one. A beautiful place.
- **Irish Pub:** "Irish Pub" in Game City where you can find Guinness (but in a can). They have decent food and a mix of expats and Batswana.
- **Jazz Club:** Club Satchmo with real jazz!

## Sightseeing

### Art

The Thapong Visual Arts Center is a cooperative of artists' studios, located near Gym Active, and across from the old prison in Gaborone Village. It is open daily until 18:30 and features an amazing collection of resident artists' mostly contemporary works of 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. This is a very interesting place to go. You can purchase or commission pieces there. Gaborone artists are also worth a visit just out of town.

### Crafts

The Craft Center is a group of craft stores in the Broadhurst section of town. It is 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). Botswana Craft has the best selection of local crafts and Botswana baskets. (Note the baskets are sold as art and priced accordingly!) There is also a café there and a performance venue and exhibition space.

### Day Trips in Gaborone

You can hire a cab for all or part of a day to take you to any of these places.

- **Gaborone Dam:** The Gaborone Dam is the only body of water in Gaborone! It is a fun place for a picnic and you can check out the yacht club for a drink. Sometimes you need a permit, but sometimes an exception will be made. There have been muggings there in the past so check with some of the locals before going.
- **Gaborone Game Park:** It is certainly not very exotic by safari standards in that it does not have any predators but is a good place to spot birds, and antelope, warthogs, zebras, ostrich, and other wildlife. This is a very pleasant place to spend an afternoon. The Gaborone Game Park does not require a 4-wheel drive car (but you can ONLY go in with a car, so hire a driver to take you) and it only costs a few pula. There are several game view sites where one can sit and enjoy the peace and bird sounds. There are nice picnic areas where you can BBQ as well. Watch out for the baboons who will want to dine with you.
- **Kgale Hill:** Kgale Hill is located in the southwest part of Gaborone. It is a moderate hike, about three kilometers to the top. There are great 360-degree views of Gaborone from the top. Look out for the baboons. *Note: Cars have been broken into when left at the foot of the hill. Cars can be left in the nearby parking lot at Game City and then you can walk to the hill. Because of recent muggings, the US embassy has advised against climbing Kgale. If you go, travel in a group and do not bring anything of value.*
- **Mokolodi Game Preserve:** The Mokolodi Game Preserve is located a mere 15 kilometers outside Gaborone on the road to Lobatse. A wealthy 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 "safari". They also have two cheetahs (that you can pet!). You can take guided tours and attend various educational programs on site. It is about P35 for a one-day pass.

- **National Museum:** The National Museum is located near the Main Mall and a block from PMH. It is a nice museum, but is not very big, so can be seen in just a couple of hours.

### Daytrips Outside of Gaborone

- **Gabane:** Gabane is a village close to Gaborone where you can visit the kgotla (tribal meeting place), a pottery works and a glass and art works where you can buy glass pieces or take classes.
- **Kolobeng:** There is a site at Kolobeng where David Livingstone, the missionary and explorer, built a house and church on his way to the north before he "discovered" Victoria Falls. This homestead was burned down by the Boers with only ruins remaining and the graves of some of his family members. Alfred is on site and always pleased to show visitors around. A stop at Kolobeng is easily included in a drive to Thamaga.
- **Mochudi:** Mochudi has an interesting local museum with a great view of the valley and is overall a nice village to visit. It is known for its traditional architecture.
- **Molepolole:** On the way to the Kalahari, you can stop in Molepolole and visit the Scottish Livingstone Hospital started by Dr. Alfred Merriweather a missionary and doctor.
- **Oodi:** In Oodi there is a weaving cooperative that you can tour and purchase local woven art. Oodi is easily included on a drive to Mochudi.
- **Otsi:** There is a crafts cooperative run by Camphill. This is a very nice half day trip where you can also take in the Vulturary outside of town. There is a nice little Barantani Lodge in the village where you can stop for a cold drink. A cheese factory is across the road from the village.
- **Serowe:** About a four hour's drive to the north on the Gaborone-Francistown road, Serowe is one of Botswana's largest tribal villages. Just outside of the village is the Khama Rhino Sanctuary which is seeking to save the last remaining rhinos in Botswana. This makes a good overnight trip where you can stay in a self-catering chalet in the rhino sanctuary. Serowe is the birthplace of Seretse Khama, Botswana's first president (and the father of the current president). This trip can easily be made in a weekend.
- **Thamaga:** Thamaga is small village outside of Gaborone known for its pottery and is a great place to buy souvenirs. It is an approximately 30-45 minute drive along the road to Gabane, and you can catch a bus there at the bus station.

### Vacations

Obviously traveling to Botswana presents a great opportunity to travel to some world-class vacation destinations, including several in Botswana (Chobe, Kalahari, Okavango, Tuli, and the World Heritage Site at the Tsodilo Hills). But if an exotic vacation is a primary factor in your decision to go to Botswana on a BUP program, you should examine your motivations for this trip. Our goal is to improve health and healthcare capacity and build research and education programs in Botswana; we are not running a tour operation. Students and residents are expected to work all regular work days Monday through Friday since your travel is subsidized by Penn.

Most longer trips (Okavango, Chobe, Cape Town) require Friday flights that are not conducive to work. If you are in Botswana during a national holiday (see list above) than you may have time to work in a longer vacation during your time in Botswana but the best advice is to plan your vacations BEFORE or AFTER your programmed time in Botswana. If you do not have enough time to sightsee on this trip on your own time, then you will need to plan to return at a later date. Students and trainees who receive funding or stay in subsidized housing while in Botswana, and do not report for duty on normal work days while in country, may be liable for the full price of their program expenses.

While the world-class regional sights are awe-inspiring, please recognize that many people with whom you will work in Botswana have never been to these places, just as not everyone who lives in the United States has been to New York City or the Grand Canyon.

## HIV/AIDS in Botswana

HIV/AIDS surveillance has been taking place since 1990 in various settings in Botswana. The prevalence is close to 25%, 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:

- Low male circumcision rates. Though historically tribes in Botswana practiced circumcision, it fell out of favor during the Colonial Era. New funding is seeking to increase male circumcision rates for HIV prevention.
- A highly mobile society with excellent roads with the vast majority of the population located in a relatively small geographic area. Rapid movement between the homes, resulting in only narrow differences between rural and urban HIV infection rates.
- Multiple concurrent partnerships (MCP).

*Multiple sexual partnerships—particularly overlapping or concurrent partnerships—by both men and women lie at the root of the generalised epidemic of HIV in southern and eastern Africa. [...] Understanding why people have multiple partnerships is key to efforts to change behaviour, with the realisation that behaviours range from polygamy itself, to longer term quasi-polygamy (sometimes described as having a "small house"), to sporadic sexual encounters.*

*[...]the role of economics is complicated and calls for understanding transactional sex, which arguably reflects the norm for sexual relationships in the region. Rather than a specific fee-for-service, transactional sex describes a social norm of expectation of gifts and economic support from men as part of a sexual relationship, in part expressing value, commitment, love, and respect. Such economic support might be vital to survival in many cases, but often seems mainly related to social status and economic advancement more broadly. In younger women, relationships with older men seem particularly often to be related to luxury goods and status.*

*Other reasons described for multiple partnerships include: insurance against loss of one's main partner; a multipronged strategy to find the "right" life partner; physical separation especially because of work; peer pressure; revenge in response to partner's infidelity; and, for women ironically, the perception that modernity allows freedom to behave more like men by having multiple partners. Culture also contributes, including the backdrop of polygamy, belief that men's sexual drives are poorly controllable and reflect prowess, women's traditional passive role in sex, and general reluctance to talk about sex. Excerpted from "Why Multiple Sexual Partners" by James D Shelton in The Lancet Vol 374 August 1, 2009*

*The Government of Botswana has demonstrated a very high level of political commitment to addressing the HIV/AIDS epidemic... Botswana's success provides a fine example of how antiretroviral therapy can be provided on a large scale in resource-constrained settings.*  
-World Health Organization

See inset.

- Stigma – Despite the prevalence, there is still significant stigma in Botswana against HIV and a number of people are afraid to get tested.

### Botswana's Response to HIV/AIDS

In January 2002, under the leadership of President Festus Mogae, Botswana rolled out an extensive HIV prevention and treatment program called MASA, the Setswana word for "dawn". This has required the development of an entire HIV management infrastructure since very little was in place and there were not enough medical

professionals working in Botswana to treat everyone. As with all other aspects of health care, the program is free to all citizens (they have national health care). **Antiretrovirals (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 62 ARV sites around the country caring for over 160 000 patients. This is remarkable given that there was essentially no treatment ten years ago. At one point there were 17,000 patients registered at the clinic at PMH making it the **largest HIV clinic in the world!** Many patients previously seen at PMH are now managed in the Gaborone City Clinics.

Botswana seeks to have no new HIV infections by 2016, when the nation will celebrate 50 years of independence.

#### Who is targeted for the ART program?

Infected patients get started on ARV's if they have a documented HIV (+) test, CD4 <350 or an AIDS defining illness. Pregnant women are also a target group for treatment regardless of CD 4 count. First line therapy in Botswana is Atripla (Efavirenz, Truvada and Emtricitabine)

## **The Partnership's Role and Work in Botswana**

*Sharing the expertise of a world-class university with our partners in Botswana to build capacity and excellence in clinical care, education, and research.*

The University of Pennsylvania (Penn) has worked in Botswana since 2001 and currently employs approximately 80 full-time staff in country working under the name the Botswana-UPenn Partnership. The Botswana-UPenn Partnership works with the Government of Botswana Ministry of Health (MOH) and the University of Botswana (UB) to build capacity in Botswana in response to the HIV/AIDS epidemic. Penn is taking a broad interdisciplinary approach to train health-care personnel throughout Botswana in the treatment of HIV/AIDS and its complications, to help develop post-graduate training programs at the University of Botswana with an emphasis on Internal Medicine and its subspecialties, to offer experience in global health to Penn trainees, and to develop joint research programs that address issues relevant to the health and welfare of the citizens of Botswana.

#### History of Penn's Involvement

Penn was originally invited by ACHAP (African Comprehensive AIDS Partnership, the Bill and Melinda Gates Foundation, the Merck Foundation, and the Government of Botswana) in 2001 to train health care workers on the management of HIV-infected patients in Botswana, a country that at that time had the highest HIV prevalence rate worldwide. The mission of the Botswana-UPenn Partnership (BUP) today is to serve as technical advisers for clinical care and education, and build research collaborations with key stakeholders in Botswana.

#### Partnership Governance

The Botswana-UPenn Partnership established good formal working relationships through Memoranda of Agreements with the Ministry of Health (2004) and the University of Botswana (2006) for joint projects aimed at improving health and healthcare education in Botswana. Country-based staff and leadership help campus-based leaders fine-tune plans

to fit local needs and navigate local requirements. The University of Pennsylvania registered in Botswana as an external company in 2010 and will soon begin the process of registering as a local non-governmental organization.

#### Current Programs & Initiatives: Clinical

With primary funding from PEPFAR (President's Emergency Plan for AIDS Relief), the BUP serves as technical advisors for four major clinical areas: HIV Care & Support, Adult & Pediatric TB, Women's Health, and Telemedicine.

#### HIV Care & Support Program

The HIV Care & support is the oldest Botswana-UPenn Program, started in 2003, to provide technical support for the national rollout of antiretroviral therapy treatment for HIV infected citizens. The current goal of the program is to improve the quality of care received by HIV-positive individuals with co-morbid conditions and complications of chronic disease. The three program areas of focus include:

- Providing postgraduate medical education to local healthcare workers
- Providing physician outreach to district hospitals for continuing medical education (in-service training)
- Assisting with the development of national health policy

#### TB – Adult and Pediatric

Tuberculosis is a common co-infection among HIV/AIDS patients in Botswana and is one of the leading causes of death there. The Botswana-UPenn Partnership TB program includes the following:

- Providing expert clinical care for complicated TB/HIV cases, including drug-resistant TB (DR-TB)
- Providing outreach services to medical providers caring for patients with TB/HIV and DR-TB
- Providing clinical training and mentoring for clinicians involved in the management of TB/HIV and DR-TB
- Supporting the University of Botswana in undergraduate and post-graduate medical education
- Providing technical assistance to the Ministry of Health on issues related to TB/HIV and DR-TB

#### Women's Health: Cervical Cancer Screening & Treatment

The BUP Women's Health Program was established in 2009 and is led by BUP Country Director, Doreen Ramogola-Masire, MD. The first program was a pilot project to screen and treat pre-cervical cancer lesions using the "See & Treat" approach for cervical cancer prevention service. Current projects include:

- Providing cervical cancer prevention services for HIV-infected women using visual inspection after acetic acid (VIA) with enhanced digital imaging (EDI)
- Providing treatment of precancerous cervical lesions using cryotherapy provided by nurses and loop electrical excision procedure (LEEP) provided by specialists, when necessary
- Providing technical assistance to the Ministry of Health for other women's health issues including advising on national HIV issues, and maternal mortality issues in Botswana
- Providing technical assistance to the University of Botswana's new school of medicine in teaching undergraduates and training postgraduates

### Telemedicine

Carrie Kovarik, MD, launched the BUP teledermatology program in 2007 which has expanded into a broad telemedicine program that seeks to circumnavigate the challenging landline IT infrastructure in the region and a severe shortage of healthcare workers (particularly specialists) by using cell phone equipped with digital cameras and other electronic tools for to transmit health information for education, diagnosis, and eventual treatment. Current efforts include:

- Organizing and hosting a national Health Informatics Conference with local partners
- Providing support to the MOH for a national informatics strategy and in-service training
- Providing curriculum integrations and development to schools at UB
- Providing support to a live robotic telepathology system whereby a motorized microscope in Gaborone is used to remotely read and assess pathology slides by off-site technicians.
- Providing access to specialty care with mobile oral telemedicine, mobile cervical cancer screening, mobile teledermatology, and mobile teleradiology
- Providing access to medical resources including national treatment guidelines using an SMS query system and mobile telementoring

### Current Programs & Initiatives: Educational

The Partnership has two main medical initiatives, one directed at medical students and trainees in Botswana and the other for students and trainees at Penn. The first program is a collaboration with UB School of Medicine, and the Harvard School of Public Health, under MEPI (Medical Education Partnership Initiative) to strengthen medical education in Botswana. The second program provides global experiences for Penn students and trainees in Botswana and includes providing global health experiences for students from Penn's Schools of Dental Medicine, Medicine, Nursing, and Veterinary Medicine. The program also provides global health experiences for Penn residents and trainees in medicine, OB/GYN, surgery and other programs; pediatric residents from CHOP, plus dermatology residents from Penn and elsewhere to rotate to Botswana. Undergraduate and graduate students from other Penn schools work in summer internship positions in Botswana.

### Current Programs & Initiatives: Research

The BUP has 8 major National Institutes of Health (NIH) grants plus funding for many pilot projects funded by the Penn Center for AIDS Research and others. BUP-affiliated researchers in Botswana and at Penn have co-authored more than 140 scientific articles to date.

### Measuring the Impact

In 2011, the Partnership had 177 people participate in some part of the Botswana-UPenn Partnership. This included 19 Penn faculty members and researchers (from assorted schools), 5 Penn & CHOP Staff, 4 Penn & CHOP Fellows, and 29 Penn Medicine Residents. There were 89 Penn students including 2 Doris Duke Charitable Research Foundation Medical Student Fellows, 6 Penn Dental Students, 33 Penn Medicine Students, 12 Penn Nursing Students, 14 Penn Summer Interns, 1 Penn Law, and 21 Wharton Undergrads as part of WIP (Wharton International Programs).

In the twelve years that Penn has been working in Botswana, approximately 1400 Penn faculty, and students have traveled to Botswana to work in a Partnership program.

Below we summarize key aspects of the Partnership clinical program this past year. In all of the activities Penn providers work closely with local health care workers in an effort to build capacity in country.

Human resources provided by Penn:

- Number of medical specialists (Internists, Infectious Disease sub-specialists, Pediatricians, Combined Medicine/Pediatrics) working as clinicians in Botswana: 10 full time in past year
- Number of medical residents working on the wards of the major teaching hospital for 5 week rotations: 12 in past year
- Number of senior (4th) year medical students working on the wards of the major teaching hospital or a district hospital for 7 week rotations: 24 in past year

Inpatient clinical care:

- One or more of the Penn Specialists round on the Internal Medicine ward of the teaching hospital 12 months annually
- One or more of the Penn Specialists round on the Pediatric ward of the teaching hospital 12 months annually

Outpatient clinical care provided by Penn Specialists working in Partnership with MOH and UB:

- Number of HIV patients screened for cervical cancer in past year: 1200
- Number of HIV patients treated in past year: 750
- Number of adult HIV/TB patients treated in past year: 900
- Number of pediatric TB patients treated in past year: 100

## **Working in the Hospitals**

YOU WILL WORK HARD! 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.

### 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 Botswana, 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. There are currently three main referral hospitals in Botswana. The UB hospital that is currently under construction is intended to take over the role of PMH and become the main teaching and referral hospital 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 may 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 international medical students on service; 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 Also Work 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 research laboratory at PMH. They have been very productive in research. They are not involved in inpatient care or medical education. Important players include Max Essex, DVM, PhD (Director of Harvard AIDS Institute); Richard Marlink, MD (Director of the Botswana-Harvard AIDS Partnership); Hermann Bussman, MD and William Wester, MD.

Baylor College of Medicine has been a very important provider of outpatient pediatric HIV care and medical education at PMH. Their research and clinical facility, the Botswana-Baylor Children's Clinical Center of Excellence, opened at PMH in the spring of 2003. They

*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 short-term medical missions, which undermine the local health care system, cause significant harm, and reinforce poverty.(3) These missions are often labeled as medical tourism or "volunteer vacations" – "short-term overseas work in poor countries by clinical people from rich countries"(4) – 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*

*Residents with very good intentions come to Botswana with the idea that they will be the ones training doctors and saving patients, which is a paternalistic (and false) approach. I think this rotation should be an opportunity for interaction and exchange of knowledge between colleagues with different skills.*

Some residents come with the idea of learning procedures that they would not be able to perform in the US (chest tubes, PD catheters, pericardiocentesis, etc). Although these opportunities may come up, it should not be the main idea of the rotation. Residents should not be encouraged to perform procedures in which they are not fully comfortable.

Some residents also come with the idea of continuing with an "American way of practicing medicine". In many situations, the American way of approaching patients may not be the best one in our settings. Residents get very frustrated when they try to make the system perform up to their expectations. They also get very frustrated when their patients die from conditions that are fully treatable in a different setting.

[We] try to reinforce that the idea of this rotation is to learn a different way of practicing medicine, from very capable colleagues with different skills and different approaches, as well as to get exposed to different patients (with different needs and different perception of health and disease), different families and communities, and different pathologies. This rotation provides an opportunity to teach and learn in a very colloquial way.

- *Observations from Dr. Nicola Zetola, BUP Faculty*

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. See supplement for more about NGWH hospital and Francistown.

### 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 Monday morning so your paperwork can be

turned in, and you can receive 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.

### Hospital Staffing Terms

- Specialist: fully trained specialist, the equivalent of an "attending"
- Medical Officer: Completed internship (but not residency), PMH employee, can be shifted between departments depending upon needs.
- Intern: similar to USA
- Physician: An internist (as opposed to surgeon)

### PMH Phone System

- Paging: Dial 1696 or 1697 → 4 digit pager number of the doctor you wish to page → # → 4 digit extension where you want to be called → #. If you need a pager number call the switchboard.
- Switchboard: Dial 9 and ask to be transferred to a person or department
- Outside Line: Dial 0 before dialing the outside line.
- **NB:** You cannot dial a cell phone directly from a hospital line. You can only dial another land line.

### Set-up of PMH Medical Wards

As part of the University of Pennsylvania clinical program, you will be working in the inpatient medical wards at the hospital. There are two wards - the Male Medical Ward and the Female Medical Ward. On each ward you will find 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. They are called pink A and B, green A and B, and blue A and B. Note that an MO is a doctor 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. The pink firms are designated as part of the teaching program and these firms are run by University of Botswana specialists.

At any given time, some BUP faculty 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. Expect to do morning rounds without a specialist some days.

### You and the Firms

University of Pennsylvania students and residents are each assigned to one of the firms. You may or may not be rounding with a Penn specialist. In many cases you will be asked to function more independently than in the United States. Students are reminded to never perform unsupervised procedures for which they are not qualified.

As stated before, this is an elective where residents will have a great deal of independence; however, you will always have a specialist available for advice about and help with patient care. You should never feel "exposed" or abandoned. There will always be a specialist available for help, advice, consultation but much of the day you may be making decisions on your own. Your threshold for calling for help should be whatever you are comfortable with. Again, you should always feel that there is help at hand. Be careful and take your time, particularly with procedures. Most accidents occur when you are rushed or stressed. Be aware that we have had a number of needle stick and splash incidents among both medical students and residents working in Botswana. Take your time. Follow your safety protocols. Always wear your eye shields!

Rounds are very different from ward rounds performed back in the United States. The entire firm moves from bed to bed around the ward stopping at each patient cared for by the firm. We all work together to care for a large service that usually includes many extremely ill individuals. In addition, the roles you play back home on the wards are much more flexible while you are working here. Of course, there is a hierarchy but to date everyone has done their fair share to get the work done. There are no phlebotomists, blood culture teams, IV teams or PICC teams. There is no one who is identified to transport patients. Therefore, one must be not only a doctor, but be ready and willing to play all of these other roles as well. In addition, if your work has been completed, see if you can help

out with the work of one of the other firms. We are all in this together – patient care and teaching.

### 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 at Penn where virtually no abnormality is ignored (even if it should be) this takes some time. So...prepare for a difficult orientation (we will take care of you), 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 PMH Hospital Experience and Schedule

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 total/shift). These must be brief (it is not rounds) but you should always give an impression and plan. This will allow for some discussion about each case. These sessions are followed by ward rounds, which continue until lunch. After lunch additional work is done and in most cases physicians who are not on call are out of the hospital before five; you will almost undoubtedly stay later than five for the first week or so until you get efficient in the system and learn to prioritize; the need for doing something is almost limitless so one has to learn the skill of deferring. Most procedures are noted on rounds and performed in the afternoon including: phlebotomy, IV insertion, lumbar punctures, thorocenteses, paracenteses, bone marrow aspirates, pericardiocenteses, and FNA of masses and lymph nodes.

Despite the prevalence of AIDS in the hospital there are many other diagnoses including: tuberculosis in all varieties and locations, cryptococcal meningitis, pyogenic meningitis, rheumatic carditis, renal failure, diabetes, hypertension, CVA, MI, snake bite, organophosphate poisoning, tetanus, suicide ingestions, and vitamin deficiencies. One will rely heavily on history and physical diagnostic skills and there are many interesting physical findings. This is not just an experience for someone interested in infectious diseases.

### Daily Intake

Every morning at 7:30 the entire department meets in the small conference room at the end of the Male Medical Ward for a daily intake meeting. During this meeting the previous day's admissions and deaths are listed by the admitting house officers and sometimes specialists (for consults resulting in transfer). Several cases are chosen for a more detailed discussion. In addition to the daily roster of admissions being presented, the meeting is supposed to function as a source of education and learning for the staff. The house officers are questioned about their thoughts, diagnoses, and plans. There are also usually several announcements at the beginning or end.

You are encouraged to ask questions of the admitting doctor. Of course please use tact and consideration, as we are there to help and educate, not to ridicule. It is important that you explain why you are asking a specific question, as many people there probably will not understand the relevance. For instance if a patient is presented with chest pain and it's not clear from the presentation if it could be pericardial in origin you might want to ask "does the chest pain improve while sitting up or sitting forward suggesting that it might be pericarditis". You may think it's clear why you are asking a question but it may not be apparent to everyone else in the room. Take your cues from others around you who have been there a while.

#### **Writing Notes in the Chart**

1. Notes can be written by anyone on the team and the responsibility should be shared.
2. Notes should be short and pertinent. They do not have to contain any of the unnecessary information that we must do for billing coding) purposes in the United States. They are for patient care/communication purposes only.
3. As anywhere in the world all notes should be written legibly, dated, timed, signed, and the author should print his/her name.

#### Rounds

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. Remember that in addition to your experience, rounds serve several other functions including teaching the Marina doctors and students and, of course, patient care. Make sure to actively involve the Marina physicians. In most cases this will be easy, but some of the interns are a bit quiet but very knowledgeable. (Batswana in general are often more reserved and disinclined to show-off.) Draw them out. It will make rounds more fun and it will facilitate your social experience. 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. Usually this is an excellent time to get some lunch or work on discharges. If the work for the day is not complete the team will reconvene at 1400 or some other designated time to complete the work rounds and procedures. We also schedule the many family meetings ("counseling") between 1400-1500. This is done by just asking the nurses to arrange it. Family meetings are frequent and critical for the care of the patients. You will enjoy this responsibility. Remember to not shout at your patients to help them understand you. If their English is not good, speak slowly and deliberately but with a normal volume.

#### Patient Files

Each patient has a "file" or chart on which it should be clearly stated to which medical team he or she belongs (i.e. pink, blue or green). Each file is comprised of a drug/med sheet (yellow), doctor's notes section, and nurse's notes section. In addition, each file contains the "Outpatient or OPD cards" for that particular person. These cards are the patient's permanent medical record and during each encounter with a health professional a note of some sort is written. They carry these cards with them and can be a very valuable asset when trying to establish past medical history and/or the course of a patient's present illness.

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 US 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.) All drug orders need to be completed on the “yellow sheets” which usually are found at the front of the file. The names, dosages and availability of many medications are quite different than what you may be accustomed to in the United States but you will quickly catch on as you become more accustomed to PMH. The first orientation lecture is on the Botswana pharmacopeia and you will be given a CD with this prior to your departure. Students can write orders, but they must get them countersigned by an MD.

### Laboratory Orders and Procedures

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 IPMS. 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”. 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. The label printers for the system are particularly frustrating.

### Call and Admissions

Every day there are at least two medical officers taking call on the medical wards and they are responsible for seeing and “clerking” all new admissions to the ward. These admissions come through the A+E department (ER), from the clinics, or referrals from other primary hospitals. There is no system in place for “doc-to-doc” or handoffs! To date we have been unsuccessful in changing this. The patients will show up on the ward with some or no information and the MOs will be informed of their presence on the ward. However, we are close to arranging a plan where the MO on call will either stay in the A and E or be called there to evaluate each potential admission. This would completely eliminate the problem since they would be admitting to themselves. Stay tuned.

People now take call the day their firm is admitting. Each firm takes admissions about twice a week. The exceptions are that readmissions (any patient who has ever been admitted to a medical firm) always go back to their originally assigned firm and patients admitted at night are redistributed to the admitting firm in the morning (night float). Specialists take call (2<sup>nd</sup> call) when their team is admitting. The specialist on call handles all transfers from other hospitals and does the consultations for other departments. Specialists are also the only persons who can put in PD catheters. (Though MOs and students can do all other procedures.)

Penn students and residents have not officially been in the call schedule, but are expected to take call until 2100 on the days that the firms they have been assigned to are admitting. This works out to 1–2 times a week. Be aggressive or you will not get the admissions. When you take call you should find the MO scheduled to be on call for that day-evening and let that person know you are there to take the admissions until 2100. It's also important to make the nursing staff aware of this as well so that you can be notified of new patients and their location. The admission process is similar to what you are used to.

An admission database needs to be completed, any labs or urgent procedures ordered and carried out and orders placed. A Penn resident will primarily function in a supervisory capacity for students, interns and MOs, but should take admissions when there are several waiting. You can expect to get anywhere from two to five admissions each on your call.

If there are any problems, a patient is extremely ill and or needs an urgent CT scan or any other complex procedure there is always a Specialist on call for that particular day (the 2<sup>nd</sup> on call). Checking the on-call roster located on the ward can identify this individual. In addition, if any problems are encountered you can always page or call a Penn specialist, whether he or she is on call or not. We are ALWAYS available.

Make note of your admissions, your evaluation and your impressions, you will be presenting them the next morning at Intake Conference.

### Needle Stick Exposure and PEP

The risk of needle stick exposure is quite real. All medical students complete the required pre-departure procedures training. One of the benefits of learning procedures in an environment where HIV is very prevalent is that you will learn excellent technique. In addition to using proper technique, be careful and take your time. 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.

### Common PMH Abbreviations

ARV- Antiretrovirals  
ATT- Anti-Tuberculosis Therapy  
CCF- Congestive Cardiac Failure (CHF)  
CST- Continue same treatment  
Code 1- HIV positive  
DNS- D5 Normal Saline  
FBC- Full Blood Count (CBC)  
IPT- Isoniazid Preventative Therapy  
Ptub- Pulmonary Tuberculosis  
RFT- Renal Function Tests (Na, K, Cl, Urea, Cr)  
RVI- HIV positive

### Weekly Conference Schedule (Princess Marina)

Monday

0730 Intake (male medical ward conference room) – whole department  
1700 Global Health Journal Club – Pilane Court

Tuesday

0730 Intake (male medical ward) – whole department

Wednesday

0730 Intake (male medical ward) – whole department

0830 Clinical case conference (male medical ward) – rotating responsibility of each firm

Thursday

0730 Intake (male medical ward) – whole department

1830 Global Health Seminar

Friday

0730 Intake (male medical ward) – whole department

0800 Grand Rounds (Administration Building, 3<sup>rd</sup> floor))

### Access to Educational Material

PMH has a medical library that has many outdated textbooks. We have contributed texts to the library to help upgrade the resource, but it is rarely used. Each nursing station has two computers with internet access. In our flats we have access to UpToDate and our own library of medical texts in most fields and access to the internet via a satellite connection.

### 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 cannot manage HIV successfully if we do not 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.

### A “Word” on Radiology at PMH

PMH radiology service has the capability for routine x-rays, CT scans (often no contrast is available), and ultrasound (often difficult to get). Radiology is extremely overburdened. There are rarely portable x-rays making transport a potentially huge roadblock to getting patients the studies they need.

We do most of our own x-ray reading. For particularly difficult/important x-rays we have a contact in the private sector who has been willing to help us. Take the lead from your specialist on consulting with the PMH radiologist.

Other options:

Make a digital image and email as an attachment to Wally Miller, Jr.

### **Clinical Reference Material**

The Internet is spotty or non-existent at many clinical sites, and clinical reference material may be hard to find. Think about loading some mobile resources to your smartphone **before** departing that can serve as a point-of-care reference for you.

The Biomedical Library (<http://www.library.upenn.edu/biomed/>) has a list of good resources, and many are free.

### Laboratory Tests: Ordering Tests

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.**

### Lumbar Puncture

You need 1-3 RED TUBES, 1 PURPLE TUBE, and 1 GREY TUBE. (You can also use the tubes provided in the LP kit, if available).

In MEDITECH you order:

- CSF MCS (1 red top and 1 purple top)
- CSF GLUCOSE (1 grey top)
- CSF PROTEIN (1<sup>st</sup> red top)

### Keys to Obtaining Rapid Results for Laboratory Testing at PMH

Suggestions prepared by P. Edelstein, May 2007

1. Acquaint yourself with the laboratory supervisors and directors by visiting the laboratories.
  - Microbiology, cell counts of all fluids expect blood - Ms. Margaret Bafuna in the National Health Laboratory (across the street from PMH)
  - Hematology, blood banking and coagulation - Dr. Datta at the PMH laboratory
  - Chemistry – Dr. Datta
  - Surgical pathology, including fine needle biopsies- Dr. Nashi and Dr. Kayembi at the National Health Laboratory
  - TB smears and cultures - Dr. Radisowa at the National TB Laboratory (near the Mondior Hotel)
  - Call them with praise and problems.
2. Direct TB smears. **TB smears have a two day turn-around-time after receipt.** The trick here is to get the specimen to the National TB Laboratory as fast as possible, and to **order TB smear only**. This will get you a direct smear (unconcentrated specimen). Ordering both smear and culture currently has a one week turn around and the smear results can only be obtained by telephoning the laboratory. To get specimens quickly to the National Lab, you have to get the specimen to the PMH lab reception area by 10 to 1030 AM; there is a 11AM delivery from there directly to the National Laboratory. You should bring the specimen directly to the PMH lab reception office and explain the urgency, because if only one specimen is to be transported then it is possible that this may get put off until the next day. Do not request both microbiology culture and TB smear on the same specimen if at all possible, as these are first brought to the National Health Laboratory for splitting, introducing an additional day delay into delivery at the TB laboratory. The laboratory reports from the TB lab are kept in a desk drawer in the phlebotomy room/office in the PMH laboratory. Get to know the person who delivers specimens as she is also the person who picks up the reports on the same day. There are plenty of reports in those desk drawers so look carefully for yours. In a very urgent situation, call the TB laboratory. Remember that the TB lab gets the PMH specimens after they have already begun their run, so your specimens won't be tested until the next day.
3. Concentrated TB smears. These are about 30% more sensitive than the non-concentrated specimens, and are only performed if both a TB smear and culture are ordered. The turn-around-time for this is about a week. The tricks here are to get the specimens quickly to the TB lab; if you are lucky your specimen may arrive the day before the run, in which case the TAT will be just a day after arrival in the TB lab. Call the TB laboratory to let them know that you would like them to call you with the smear results, as otherwise you may not see these results appear in the desk drawer for months.
4. TB cultures - see #5 for some guidance. The TAT for cultures is quite long, measured in months. The reports are in the desk drawer (see # 4).
5. Gram stains and microbiology cultures. Take the specimen yourself to the National Health Lab (microbiology is on the 2nd floor, to the left from the stairs). Otherwise all specimens but CSFs are only delivered once daily to the microbiology lab from PMH, around 11AM. The microbiology laboratory is staffed on the weekends, but not at night. Reports come through Meditech, although explaining the urgency to the microbiology staff may result in more prompt entry into Meditech.

- TB MCS (red top >5cc if suspicious of TB meningitis)
- CYTOLOGY (red top if suspicious of lymphomatous meningitis)

### TB Sputum

You need 1 SPECIMEN CUP/ day (we want >=2 specimens total)  
In MEDITECH you order TB AFB and TB MCS.

### Thoracentesis

You need 1-3 RED TUBES and 1 PURPLE TUBE.

In MEDITECH you order:

- FLUID MCS (1 red top and 1 purple top)
- CSF LDH (No option for fluid LDH)
- FLUID PROTEIN (1<sup>st</sup> red top)
- TB MCS (2<sup>nd</sup> red top)—if suspicious of pleural TB
- CYTOLOGY (3<sup>rd</sup> red top or specimen cup)—if suspicious of malignant pleural effusion.

### Bone Marrow Aspirate

You need 1 PURPLE TUBE and 1 RED TUBE.

In MEDITECH you order:

- BONE MARROW ASPIRATE (1 purple top)
- TB MCS (Pus/ red top)—if suspicious of disseminated TB

### Hematologic Blood Tests

These include FULL BLOOD COUNT (CBC), PERIPHERAL SMEAR, ESR, MALARIAL SMEAR, RETICULOCYTE COUNT.

All of these are placed in PURPLE TUBES and can be combined.

Note: CROSSMATCH must include 1 RED TOP and 1 PURPLE TOP.

### Chemistry Blood Tests

These include UREA/ELECTROLYTES, CREATININE, LFTS, MAGNESIUM, CALCIUM, LDH.  
All of these are placed in RED TUBES and can be combined.

### Serological Blood Tests

These include HBV SCREEN, HCV SCREEN, RPR, TOXOPLASMA ANTIBODIES.

All of these are placed in RED TUBES and EACH MUST BE SENT IN A SEPARATE TUBE.

### Coagulation Profile

This includes COAGS and must be filled to the top.

This must be placed in the BLUE TUBES from the refrigerator on the floor.

### HIV Testing

These include HIV 1+2 ELISA, RAPID HIV TEST (generally takes a day), and HIV VIRAL LOAD.  
Both are placed in RED TOP TUBES and MUST BE SENT IN A SEPARATE TUBE.

NB: If you want the results of a rapid test within 5 minutes, carry the tube to the laboratory yourself and wait for the tech to run it.

### CD4 Test

This test must be sent in a PURPLE TOP TUBE and one sticker must be placed on the tube (place the other sticker in the chart for future reference). It must be filled to the top.

This test MUST HAVE THE MEDITECH STICKERS and MUST BE SENT SEPARATELY from all others.

Selected Normal Laboratory Values (SI Units)

Urea: < 7  
Creatinine: < 100  
Calcium: 2.2 – 2.57  
Glucose: 3.5 – 5.8  
Bilirubin: < 26  
AST: < 34  
ALT: < 41  
Alkaline Phosphatase: <110  
Gamma GT: < 50  
Cholesterol: < 5.17  
Triglycerides: < 7.26  
Total Protein: <80  
Uric Acid: < 400

Imaging

There is a fairly robust radiology department at PMH, but it is understaffed and overburdened which has a direct impact on the timeliness of many studies. In order to expedite truly urgent investigations it is always advisable to discuss situation with the radiology technologists located in the radiology area. If the study is not urgent submitting the necessary forms should be done through the ward.

X-Rays Fill out an X-ray request form making sure to note body area of interest and put in outgoing box.

Ultrasound Radiology Dept can perform ultrasounds of ABD, Lower extremity (R/O DVT), Pelvis. Fill out Ultrasound request form or if none available a x-ray request form and indicate ultrasound investigation.

CT There is one CT scanner so careful consideration must be given prior to ordering this investigation. THINK. Will the results change management in a meaningful way? If not, don't order study. The radiology department can perform CT of Brain, Chest (non-PE protocol), ABD/Pelvis, Orbits/PNS, Spine (identify region of interest). Complete CT request form in duplicate and have specialist sign form in indicated place.

Fluoroscopy Barium swallow (esophageal), meal (upper GI tract), and enema can be performed. Order as you would a regular x-ray while making sure to indicate exactly what type of study you require.

Echocardiography This is NOT performed by the Radiology Dept. To obtain a 2D Echo on a patient you must discuss the request with Dr. Mwita or Dr. Yu who will arrange a mutually beneficial time for the study to be done. Most echos are performed at the bedside.

Discharge and Follow-up

No patient should be discharged without it being approved by the specialist in charge and any other consultant working with the patient (e.g. oncology, surgery). Once the decision to discharge the patient is made there are four tasks to complete. Students can/should do this, but they must be countersigned by an MD.

- 1) Write the daily note in the chart.
- 2) Fill out a discharge summary on the patient's "OPD" card. It is important to include the presentation, the relevant studies performed and their results and the final diagnosis. In addition it is helpful to include any outstanding results that are still pending. At the end of the summary you should include a treatment list/drug list which functions as the patient's prescriptions for their discharge. Of course you must include the drug name, dose, schedule and amount. Following the summary and drug list it is important to include the follow-up date/review date for the patient. This will be decided upon between you and the specialist caring for the patient.
- 3) Fill out simple discharge form included in chart.
- 4) Inform the nursing staff caring for the patient.

### Discharging Patients from the Pink Firm

- 1) Discharge summaries are to be completed on the OPD cards (blue/pink forms) in the following format (see below example)

a. Pink Firm Admission-PMH

DOA: \_\_/\_\_/\_\_

DOD: \_\_/\_\_/\_\_

b. Working Diagnosis:

c. Brief summary of HPI, PE and Hospital course

d. Results of important labs and studies performed

e. List of all pending labs (e.g. CD4, TB MCS, etc)

f. Plan:

- You must include plan for follow-up (IDCC, MOPD, private MD, medical ward etc) with a SPECIFIC date.
- A prescription list of meds pt is to take on discharge must be at the end of plan.

- 2) Patients will be scheduled for medical follow-up if needed in one of the following clinics

PINK MALE MOPD—Mondays (PMH-MOPD)

PINK FEMALE MOPD—Mondays or Thursdays (PMH-MOPD)

PINK MALE IDCC—Thursdays (PMH-IDCC)

PINK FEMALE IDCC—Wednesday, Friday (PMH-IDCC) Penn Fellow or

- 3) Any patient discharged with a pulmonary diagnosis should be given his/her CXR.

- 4) Complete all documents including TB cards as fully as possible.

### Top Ten Causes of Death in Botswana

1. **Infectious Diseases (951.1)**
  - HIV/AIDS (824.9)
  - Diarrheal diseases (56.6)
  - Tuberculosis (41.0)
2. **Cardiovascular diseases (118.9)**
  - Cerebrovascular disease (43.4)
  - Ischaemic heart disease (35.5)
3. **Perinatal conditions (98.4)**
  - Prematurity and low birth weight (42.7)
  - Neonatal infections and other conditions (31.4)
  - Birth asphyxia and birth trauma (24.2)
4. **Respiratory infections (81.8)**
5. **Unintentional injuries (61.4)**
  - Road traffic accidents (21.6)
  - Other unintentional injuries (18.5)
6. **Cancers / malignant neoplasms (48.4)**
  - Mouth and oropharynx cancers (7.5)
  - Breast cancer (6.1)
  - Prostate cancer (5.6)
  - Cervix uteri cancer (4.4)
7. **Respiratory diseases (30.3)**
  - Chronic obstructive pulmonary disease (12.3)
8. **Intentional injuries (28.8)**
  - Violence (21.5)
9. **Digestive diseases (20.0)**
10. **Diabetes mellitus (17.0)**

Source: WHO Data 2009, Estimated deaths per 100,000 population by cause

### TB Registry

Any patient that has been started on anti-tuberculosis therapy (ATT) while in the hospital must be included in the national TB registry following discharge in order for treatment to continue. Botswana has a strict DOT policy for TB therapy and most patients must present themselves every day at their local clinic to receive their medication. In order for this to occur there are two cards, a large pink one and a smaller blue one, these must be completed in full. Once done these cards should be included in the file and given to the nurse when the patient is prepared for discharge.

### Referral to South Africa

Patients with conditions needing testing or treatment not available at PMH may be in special cases referred to a specialist at a Johannesburg area hospital where the services closely approximate those available in a tertiary care facility in the US. However, before embarking on this process ensure that the PMH/BUP specialist has agreed that the patient would benefit from transfer.

The process involves 3 steps:

- 1) Obtain forms and possible dates of transfer from Social Work office on 3<sup>rd</sup> floor of Administration Bldg. You will need two sets of forms both of which must be completed in triplicate which are obtained in this office. Do not to complete all sections of form. Also be sure to include Omanq # on forms.
- 2) Call desired specialist in RSA from Clinical Director's office (2<sup>nd</sup> floor Admin) to set-up possible referral and transfer. After confirming date you can fill in the date of appt. section on the required forms. See below for list of specialists commonly used.
- 3) Ensure patient has active passport and submit forms and Referral Letter to Social Work office.
  - If pt does not have passport SW and nursing can assist in getting patient rapid approval for passport.
  - Referral letter should be addressed to specialist in RSA and 2 copies submitted to office several days before patient is to be transferred.
  - The forms need to go to the Ministry of Health for approval so the entire process can take several days, however, there are exceptions made for emergencies if the patient's condition is deemed to be imminently life-threatening.

### Transferring Patients List of Specialists Commonly Use

Cardiology/Cardiothoracic Surgery: Professor Mohammed Essop and Dr. Ahmed Essop (MILPARK HOSPITAL). Phone #: 0027118374237

Neurology: Dr. Vanitha Parmanand (GARDEN CITY CLINIC). Phone #: 0027118370890

Pulmonary: Dr. Hussein Pahad (MILPARK HOSPITAL). Phone #: 0027114821436

### Common Medications

(Substitutions are essential as drugs are often out of stock)

#### Analgesics:

Brufen (ibuprofen): 300mg PO q6 PRN

Codeine: 30, 60, 90mg PO q6 PRN

Paracetamol (Tylenol): 1g PO q6 PRN

#### Antimicrobials:

Penicillin G (X-Pen): 2-20 million units IV per day

Amoxicillin: 500mg PO TID (dose BD or OD for renal insufficiency)

Ampicillin: 2gm IV q4h  
Amoxicillin/Clavulanate (Augmentin) : 750mg PO BD  
Cefotaxime: usual dose 1-2 gm IV q6/ max dose 12 gm per day (dose q8-q24 for renal insufficiency)  
Chloramphenicol: 50mg/kg PO/IV up to 1 gm q6  
Clindamycin: 600mg PO/IV q8  
Cloxacillin: 500mg PO/IV qid  
Erythromycin: 500mg PO QID  
Cotrimoxazole (TMP/SMX): toxo CNS, 960mg PO QD; PCP, 960mg PO QID; Prophylaxis 960mg PO MWF (or QD)  
Metronidazole (Flagyl): 500mg PO/IV BID  
Quinine (anti-malaria): 650mg PO TID and doxycycline 100mg PO BID for 5-7 days

Anti-Mycobacterial (ATT):

Isoniazid: (>50kg) 400mg PO QD (<50kg) 300mg PO QD  
Rifampin: (>50kg) 600mg PO QD (<50kg) 450mg PO QD (at 6am)  
Ethambutol: (>50kg) 1200mg PO QD (<50kg) 1000mg PO QD  
Pyrazinamide: (>50kg) 2000mg PO QD (<50kg) 1500mg PO QD  
Pyridoxine (Vit B6): 25mg PO QD

Anti-Fungals:

Amphotericin B: 0.7 mg/kg (usual dose 50mg) IV QD  
Fluconazole: 100-800 mg PO QD (if no Ampho, and for oral/esophageal thrush)

Oral Hypoglycemics:

Glibenclimide (sulfonylurea): 5mg PO QD  
Metformin: 850mg PO

Antiretrovirals:

Combivir (AZT/3TC): for all patients  
Nevirapine: Women of child-bearing age  
Efavirenz: All other patients

## Appendix

### Important Phone Numbers

Note: All cell numbers start with 7; all land lines start with 3.

- Boipelo Dibotelo: 73874486
- Emergency / Police: 999
- Pilane Court: 3974500
- Pilane Court: 3904008
- Princess Marina Hospital: 3953221, 3621400
- Medical emergency (Diana Dickinson, M.D.): 3953424, 71426546
- US Embassy: 3953982
- National operator: 100
- International operator: 101
- National directory: 192
- International directory: 193
- Direct dial to USA: 001+area code+number
- Direct dial to South Africa: 0027 – (11 = Johannesburg) + phone number

### Key Botswana-UPenn Partnership Staff

Contact Heather Calvert for a complete list of all current staff.

#### **Headquarters Administration**

- Harvey Friedman, MD ([hfriedma@mail.med.upenn.edu](mailto:hfriedma@mail.med.upenn.edu))  
Director
- Heather Calvert ([hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu))  
Associate Director
- Cyra Copeland ([cyracope@mail.med.upenn.edu](mailto:cyracope@mail.med.upenn.edu))  
Grants Manager

#### **Botswana Administration**

- Doreen Ramogola-Masire, MD ([doreen.masire@gmail.com](mailto:doreen.masire@gmail.com))  
Country Director  
Lead Physician, Women's Health Program
- Andrew Steenhoff, MD ([steenhoff@email.chop.edu](mailto:steenhoff@email.chop.edu))  
Associate Country Director; Research Director; Lead Physician, Peds Program
- Ari Ho-Foster, MPH ([Ho-FosterA@botswana-upenn.co.bw](mailto:Ho-FosterA@botswana-upenn.co.bw))  
Operations Director
- Boipelo Dibotelo ([dibotelob@botswana-upenn.co.bw](mailto:dibotelob@botswana-upenn.co.bw))  
Student and Visitor Coordinator
- Boineelo Sekgwake ([sekgwakeb@botswana-upenn.co.bw](mailto:sekgwakeb@botswana-upenn.co.bw))  
Human Resources Coordinator

#### **Botswana Program Heads**

- Chawa Modongo, MD ([ntungwana@yahoo.co.uk](mailto:ntungwana@yahoo.co.uk))  
Lead Physician, Peds TB & Adult TB Programs
- Miriam Haverkamp, MD ([miriamhaverkamp@gmail.com](mailto:miriamhaverkamp@gmail.com))  
Lead Physician, HIV Program & Global Health Rotations
- Carrie Kovarik, MD ([carrie.kovarik@uphs.upenn.edu](mailto:carrie.kovarik@uphs.upenn.edu))  
Lead Physician, Telemedicine Program

### Common Acronyms

ABC	Abstinence, Be faithful and Condoms
ACHAP	African Comprehensive HIV/AIDS Partnership (Gates & Merck Foundations & GOB)
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic (Surveillance)
ART	Antiretroviral Therapy
ARV	Antiretroviral (AIDS medicine)
ATT	Anti-tuberculosis therapy
BAIS	Botswana AIDS Impact Survey
BBFE	Blood and body fluid exposure
BER	Bureau for Economic Research
BHP	Botswana-Harvard Partnership (Harvard School of Public Health AIDS Initiative for HIV Research and Education)
BHPC	Botswana Health Professions Council
BHRIMS	Botswana HIV/AIDS Response Information Management System
BIDPA	Botswana Institute for Development Policy Analysis
BIPAI	Baylor International Pediatric AIDS Initiative
BNPC	Botswana National Productivity Centre
BONASO	Botswana Network of AIDS Services Organizations
BONEPWA	Botswana Network of People Living with HIV/AIDS
BOTUSA	Botswana-USA partnership
BUP	Botswana-UPenn Partnership
CBO	Community Based Organization
CCF	Congestive cardiac failure
CDC	Centers for Disease Control and Prevention
CGE	Computable General Equilibrium
CI	Clinically Immuno-suppressed – not HIV tested but likely HIV+
COP	Chief of Party
CSO	Civil Society Organization
CSW	Commercial Sex Worker
CTBC	Community Tuberculosis Care
DSS	Department of Social Services
ECD	Early Childhood Development
FBO	Faith Based Organization
FP/SRH	Family Planning/Sexual and Reproductive Health
GBV	Gender Based Violence
GDA	Global Development Alliance
GDP	Gross Domestic Product
GHI	Global Health Initiative
GOB	Government of Botswana
HARRP	HIV/AIDS Rapid Response Project (World Bank)
HBC	Home-Based Care
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IDCC	Immunodeficiency Care Center (the HIV clinic at PMH)
IEC	Information Education and Communication
IFPRI	International Food Policy Research Institute
IGA	Income Generating Activities

IRB	Institutional Review Board
KITSO	National HIV training program
M&E	Monitoring and Evaluation
MARPs	Most-At-Risk Populations
MC	Male Circumcision
MLG	Ministry of Local Government
MOH	Ministry of Health
MRC	Medical Research Council
MSM	Men who have Sex with Men
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NDP	National Development Plan
NGO	Non-government Organization
NGY	Nyangabgwe Hospital (referral hospital in Francistown_
NOP	National Operational Plan
NSF	National Strategic Framework on HIV and AIDS
NSP	National Strategic Plan (for HIV/AIDS)
OAP	Old Age Pension
OMB	Office of Management Budget
OVC	Orphans and Vulnerable Children
PEP	Post exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PF	Partnership Framework
PLHIV	People Living with HIV/AIDS
PMH	Princess Marina Hospital
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
PSS	Psycho-Social Support
PTD	Pulmonary tuberculosis
RFA	Request for Applications
RHAP	Regional HIV/AIDS Program (USAID/Southern Africa)
SADC	Southern African Development Community
SAM	Social Accounting Matrix
SIP	Sex workers Intervention Program (Worldview)
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TB	Tuberculosis
TDA	Tourist Development Area
TFP	Total Factor Productivity
UB	University of Botswana
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary (HIV) Counseling and Testing
VDC	Village Development Committee
VHC	Village Health Committee
WAD	Women's Affairs Department
WHO	World Health Organization

## Pocket Reference

Print this page and include it in your travel documents.

### **Botswana-UPenn Partnership**

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#### Immigration

- Address: c/o Boipelo Dibotelo, Pilane Court, Plot 154/5, Ext 3, Gaborone. If they ask for a contact person, use Boipelo and her cell number (+267-738 74486).
- Check on that form in the appropriate box that you are there for tourism/holiday - NOT that you are working.

#### Important Contacts

- Boipelo Dibotelo, Visitor Coordinator - +(+267-738 74486 - dibotelob@botswana-upenn.co.bw
- Miriam Haverkamp, Global Health Faculty - +267-765 16520 - haverkamp.bup@gmail.com
- BUP office phone - +267-317 0933
- BUP Drivers (Khunong & David) who will collect you 71481155 / 72501698

#### Notes on Phone Numbers

- 267 is the Botswana country code.
- You do not dial the country code (267) when making calls within Botswana.
- Landlines have 7 digits. Cell numbers have 8 digits.

#### Emergency

- International SOS (<http://internationalsos.com>) Alarm center in Johannesburg, South Africa, open 24 hours: +27(0) 11 541 1300. Penn ID#: 11BSGC000012 / CHOP ID# 11BCPA000295
- US Embassy in Gaborone - +267-395 3982
- For police assistance, dial "999." For an ambulance, dial "997." In the event of a fire, dial "998."

Individualistic and Collective Cultures

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<b><u>Individualistic</u></b>	<b><u>Collective</u></b>
1.) I raise my children as individuals in order that they develop to their greatest potential. I teach them to think for themselves.	1.) We raise our children in the context of our family and tribe/clan. This is where they find their identity. We teach them to conform to our group's expectations and traditions.
2.) The basic unit in our society is the nuclear family i.e. father, mother and children. Relatives, other than maybe parents or brothers and sisters are not usually involved in making major decisions concerning this unit. I don't usually look to my larger extended family for help and support.	2.) There is little sense of a nuclear family. The extended family is of the highest value and is involved in all major decisions concerning family members. All are expected to help and support in times of need and in times of celebration.
3.) I choose my spouse and then seek my parent's approval. I will usually marry that person even if they don't approve. Marriage is the uniting of a man and a woman.	3.) If I see someone whom I would like to marry, I speak to my family. They will then negotiate with the girl's family. Marriage is the uniting of two families. If we marry without our families being involved, they will not recognize the marriage and will not help us when we have problems.
4.) When I marry, my spouse and I are the most important people of the day and we receive all the gifts.	4.) When we marry, our elders are as important as we are. We receive gifts but the bride price or dowry is given to them.
5.) I dread getting old and losing my strength, beauty and ability to accomplish much. The younger generation hasn't much use for people like me.	5.) Age gives us privileges and honor. We are the ones the young people come to with their problems and for advice. It is understood that they will care for us in our old age.
6.) It is important that I try to do things myself before I ask for help from others.	6.) Our families and friends expect to help us; if we don't include them, they can be offended.
7.) When I am involved in a dispute, I need to work things out openly with the other person.	7.) When we are involved in a dispute, we call the elders or use an intermediary to resolve the issue with and for us. This avoids confrontation and saves face.

<u>Individualistic</u>	<u>Collective</u>
8.) If I am at fault I admit it and apologize; I will be forgiven. Or I deny it, blame someone else, and get myself a good lawyer.	8.) We do not receive an accusation of fault easily for it could be that someone has witched us or we have done something to offend the ancestors. We consult with the elders who may then call in the traditional doctor to help us find out who the real offender is.
9.) What is mine, is mine and under my control. If you borrow from me, I expect you to return it.	9.) We cannot claim total control over anything; we must share. Borrowing and lending are a way of life.
10.) I must act, speak, and think accordingly to what I know to be true. Or I will say only what I need to, for I need to protect myself.	10.) We always act in a way that we don't lose face. We need to protect ourselves and please others.
11.) I serve best by discovering and applying my individual strengths to meet the need of my group.	11.) We serve best by working together to uphold the priorities, attitudes and unity of our group.
12.) When I am successful, my immediate family, i.e. my wife and children and I, enjoy the fruit of my work.	12.) When we are successful, we are expected to share our success with family and friends.
13.) If I excel, I will receive admiration and promotion.	13.) If I excel, other may become jealous and I could become a target of witchcraft.
14.) It is most important that I accomplish what needs to be done.	14.) It is most important that we maintain order and stability within the hierarchy of our group.
15.) We will move forward as soon as possible. Time is money; let's get on with the work!	15.) We will do nothing until all have been consulted and we come to a consensus. We cannot move forward without unity.
16.) I deserve my position because I have the right qualifications.	16.) I have a right to this position because of my relationship with the one who is doing the hiring.
17.) I should get more because I have worked hard and have shown that I deserve more.	17.) We should all get the same allotment because we are together.

<b><u>Individualistic</u></b>	<b><u>Collective</u></b>
18.) I take pride in having my own personal options. However, deep down I am very afraid of being rejected by my peer group and will usually conform to its standards.	18.) I am very afraid of losing face before my family and friends. If they ostracize me, I lose my sense of identity. There will be no one I can go to for help.
19.) I will gain honor by showing my willingness to perform any task.	19.) We can lose face by doing tasks that are specifically designated in our culture as those done by others.
20.) I am expected to do a job to the best of my ability. If I don't, I will be asked to leave.	20.) Working with others is difficult; they are never satisfied. I am glad when it is quitting time.

Tina Kort, OCT 2002, adapted from an article by David Long

### A Brief History of Botswana

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During the mid-sixteenth century, the ancestors of three of the largest Batswana tribes were ruled by a chief called Masilo. His three sons, Kwena, Ngwato, and Ngwaketse, are the ancestral chiefs of the tribes known today as the Bakwena (chief village- Molepolole), Bamangwato (chief village- Serowe) and Bangwaketse (chief village- Kanye).

The fierce Matebele armies from what is today Zimbabwe, invaded the areas that the chiefs ruled, at the beginning of the 18<sup>th</sup> century, and only Chief Sekgoma of the Bamangwato was able to withstand them and drive them out.

Sekgoma's son, Khama III, became chief of the Bamangwato in 1875 and earned himself the title of Khama the Great. He formed a small, but well trained army and through them was successful in protecting his people against the Matebele. The story is told that during one of the raids by the Matebele, Chief Khama had to find refuge in the area of thick bushes. His rescue came in the form of a duiker, a small antelope, which rushed out of the bushes where he was hiding as the Matebele drew near. Believing that no one could have been hiding so near a duiker, they passed by and his life was saved. Since that time, the duiker ("phuti" in Setswana) has been the sacred totem of the Bamangwato people.

Botswana, then known as Bechuanaland, was never colonized by Europeans though there seems to have been expectation that it would eventually become part of South Africa. The British did govern it for ten years, but were prepared to hand over its administration to Cecil John Rhodes and his British South African Company.

The Batswana chiefs were not at all in favor of such a handover. Three big chiefs, Khama III, Sebele, and Bathoen, journeyed to London, sought audience with Queen Victoria, and as a result went home with a treaty in hand, declaring that Bechuanaland was now a British Protectorate. The only special consideration they had to make was to provide the land that Cecil Rhodes wanted for building his railway to the north.

In 1922, a Naval Advisory council was formed. This served as a medium for the Bechuanaland tribes to express their grievances (complaints) with the Protectorate Administration.

Independence finally came in 1966, and Seretse Khama, one of the great Khama family, became the first president (Tauotona = The Big Lion in the Setswana language). He had been educated first in South Africa and then in England. There he met Ruth Williams, a white English lady, and married her. The marriage was strongly opposed by the British and the South Africans. South Africa was just in the process of putting the Apartheid system into place, and opposed a "mixed" marriage so close to their border. But the Batswana were eventually able to make it known that they had no objection to the marriage, and lady Khama was warmly received in Botswana. They had four children- the eldest a daughter, and then three sons, the two youngest being twin boys.

Before independence, Botswana's capital had been in Mafeking in South Africa. As this was a strange and very unsatisfactory arrangement, a fitting place was sought within Botswana and in 1965-66 the small village of Gaborone was chosen. One of the main

factors influencing the choice was the discovery of the suitable site for a dam that would be able to supply water for a city of some 90,000 people. In an article written a year or so before 1984 we read, "Gaborone is a small, pleasant city of 59,700 [1981 Census] located in south eastern Botswana, 12 miles from the South African border, on the main rail line from Capetown to Harare." Much has changed since that time. Gaborone is now a busy modern city of 213,000 people (2000 Census). Construction of new buildings and roads seems to be in process all the time. (Just for your interest: "Gaborone is derived from the verb "go rona", "to fit badly", and is preceded by the negative "ga" meaning " it does not fit badly". The city was named after chief Gaborone of the Batlokwa, the ancestors of the people who now live in the area between Gaborone and the South African border, called Tlokweng.) (The "g" in Setswana, has a guttural sound, much like the "ch" sound in Scottish "loch".

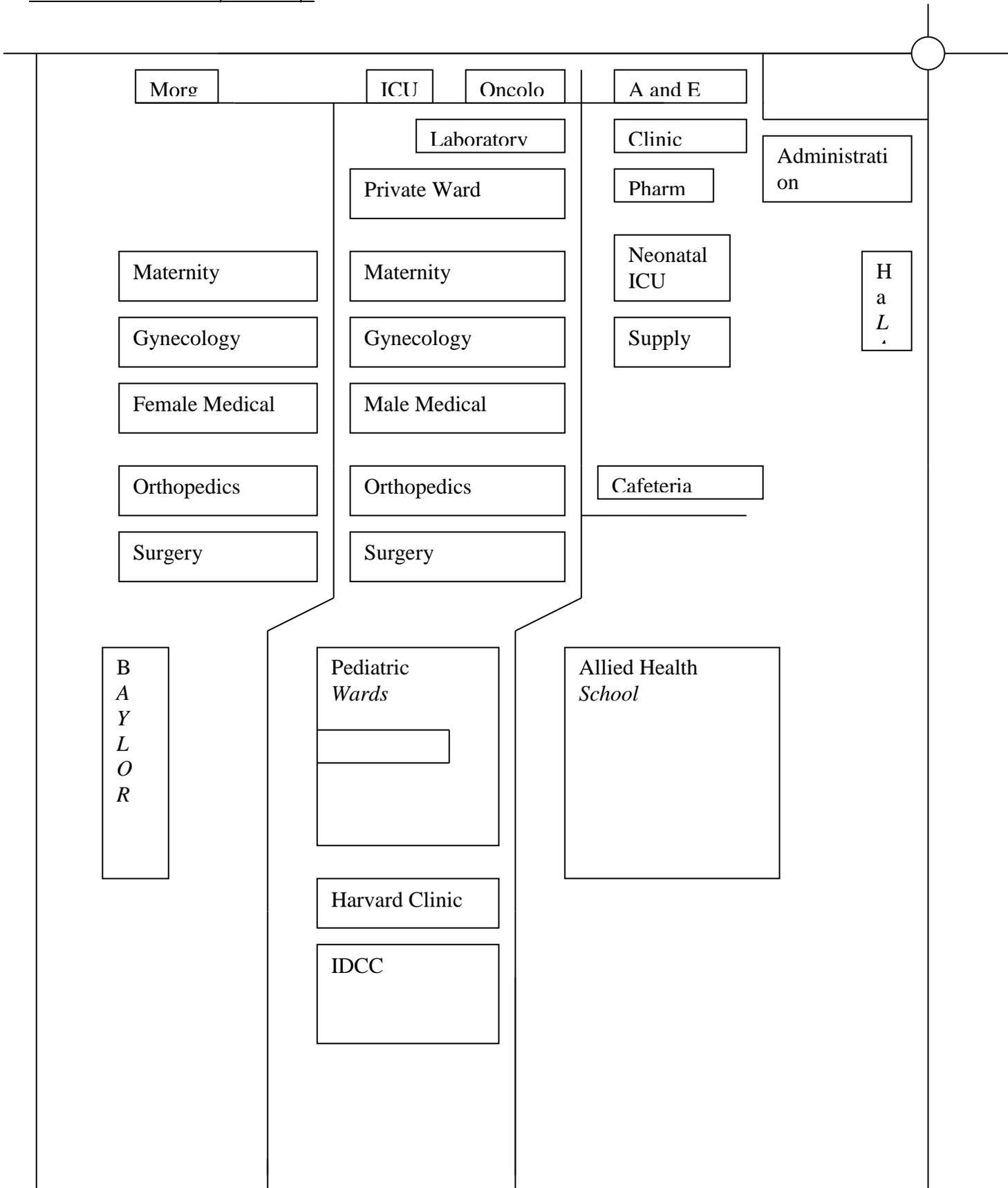
Seretse Khama, later knighted to be Sir Sereste Khama, became the country's first president and remained in that position, through democratic elections, until his death in 1980. (The term "president" in Botswana is referred to as "Tauotona", literally "The Big Lion"). He became well known for his commitment to building a democratic, racially tolerant society in which the rule of law prevails and human rights are protected. He was a moderate leader, committed to a neutral foreign policy. Botswana prospered under his rule, and the discovery of diamonds the year after independence gave the government a wonderful resource for building up the country to what it is today. Botswana is still one of the world's top producers of diamonds.

Dr. Quett Masire, now Sir Keitumile Masire, became the second president on Khama's death, and after many years of serving his country well, stepped down to give his Excellency Mr. Festus Mogae the leadership of the Botswana Democratic Party in 1988. In April of 2008, Mr. Mogae stepped down as president and handed over to His Excellency Lieutenant General Seretse Khama Ian Khama, first son of the first President.

(Adapted by Tina Kort from a number of articles.)



Princess Marina Hospital Map



## Botswana Travel Agents

### US Based

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#### Penn Desk at World Travel

<http://www.campustravel.com/university/penn/>

tel: 1-888-641-9112

fax: 610-458-3981

Email: [uofpenn@worldtravelinc.com](mailto:uofpenn@worldtravelinc.com)

Agents: Elizabeth Cameron

Hours: 24 hours a day / 7 days a week / 365 days a year

Full service agent: \$39

Agent assisted (started online, finished with agent): \$25

Online; \$8

Online car and/or hotel only: \$5

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#### Premier Tours

1430 Walnut Street, 2nd Fl

Philadelphia, PA 19102

United States

tel: 215-893-9966 x 430

800-545-1910

<http://www.premiertours.com/>

Margo Kuno (African Travel)

[margok@premiertours.com](mailto:margok@premiertours.com)

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#### Africa Based

##### Travelwise

(in association with HRG)

Dennis Todd Office Park, Plot 50361

Fairgrounds, P.O. Box 2482

Gaborone

Botswana

tel: +267-390-3244

fax: +267-390-3244

Ingrid

[ingrid.theart@bw.hrgworldwide.com](mailto:ingrid.theart@bw.hrgworldwide.com)

<http://www.hrgworldwide.com/bw>

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##### Macit Travel

(in association with eTravel)

99 Lilian Ave, Parkmore

Sandton

South Africa

tel: +27 11 784 1358

fax: +27 86 682 5905

Dee Chamberlain

[dee@macit.co.za](mailto:dee@macit.co.za)

<http://www.macit.co.za/home.html>

You can check prices for nearly all of the online ticking sites through [www.kayak.com](http://www.kayak.com).

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## Risk & Release

In consideration for being allowed to participate in the Botswana-UPenn Partnership, organized and coordinated by the School of Medicine of the University of Pennsylvania, I acknowledge and agree as follows:

Although the School of Medicine has taken reasonable steps to provide appropriate resources and guidance so that participants in Botswana-UPenn Partnership programs may participate in activities for which they may be skilled, I acknowledge and appreciate that such projects are not without risk. I understand that the School of Medicine is not in a position to guarantee my personal health or safety during my participation in this project. Notwithstanding, the School of Medicine thinks it is important for each participant of the Botswana-UPenn Partnership to be informed of the inherent risks.

Botswana-UPenn Partnership participants will travel to and from, work and live in Botswana where they may be subject to numerous risks, environmental and otherwise. Specific hazards include the risk of crime, exposure to communicable diseases including, but not limited to, Tuberculosis, Hepatitis, Tetanus and HIV, as well as the hazards of travel to, from and around Botswana, inadequate medical care and remote access to medical treatment.

I am aware that the participation in foreign project activities entails risks. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or economic loss. I am participating in these activities on a purely voluntary basis.

I assume full responsibility for all risks associated with my participation in this project and I agree to hold harmless, release and forever discharge the Trustees of the University of Pennsylvania, the School of Medicine of the University of Pennsylvania, the Department of Medicine of the Clinical Practices of the University of Pennsylvania, the University of Pennsylvania Health System, and their respective trustees, officers, directors, employees, agents, faculty and students from and against any and all claims, demands and causes of action of whatever kind that I may have including but, not limited to, illness, bodily injury, imprisonment, death, and loss of personal property, or the consequences thereof, resulting from or in any way connected with my participation in the Botswana-UPenn Partnership.

By signing below, I certify that I am at least 18 years of age, that I have carefully read this "Acknowledgement of Risks and Release from Liability" and understand it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Deliver to Heather Calvert in 502 Johnson Pavilion, 3610 Hamilton Walk, Philadelphia, PA 19104-6073, via fax to 215-349-5111 or scan and send to [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

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## Emergency Contact Information

Print Name: \_\_\_\_\_  
(First, Middle, Last/Surname)

Print emergency contact and phone numbers:

1. Name: \_\_\_\_\_  
Phone # 1: \_\_\_\_\_ Home/work/cell? \_\_\_\_\_  
Phone # 2: \_\_\_\_\_ Home/work/cell? \_\_\_\_\_  
Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone # 1: \_\_\_\_\_ Home/work/cell? \_\_\_\_\_  
Phone # 2: \_\_\_\_\_ Home/work/cell? \_\_\_\_\_  
Email address: \_\_\_\_\_

### Permission for Medical Treatment

I hereby give permission to the medical personnel selected by a member of the Botswana-UPenn Partnership and/or the Botswana local officials to secure medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

Exceptions (if none, write "none"): \_\_\_\_\_

I am allergic to the following medications: \_\_\_\_\_

Other medical conditions about which those providing treatment should be aware: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Note: You should also enter your information in Penn's Global Activities Registry (<http://www.upenn.edu/globalactivities/>) which will inform SOS International of your travel information in the event of a medical emergency.

Deliver to Heather Calvert in 502 Johnson Pavilion, 3610 Hamilton Walk, Philadelphia, PA 19104-6073, via fax to 215-349-5111 or scan and send to [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

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## Code of Conduct

All participants in the Botswana-UPenn Partnership must conduct themselves at all times in a mature and responsible manner. The rights and property of all persons are to be respected regardless of time or place. For those conducting research or working in a clinical venue, this also includes compliance with rules, procedures and accepted practices in the clinical setting.

In addition, participants must comply with the University of Pennsylvania's code of general conduct and other University policies related to conduct. These policies include, but are not limited to, policies on sexual harassment, acquaintance rape and sexual violence, open expression, drug and alcohol usage, and the drug-free workplace.

Botswana-UPenn Partnership participants are expected to adhere to a code of professional conduct. Those working in a clinical setting must behave with paramount concern for patients' welfare and with respect for the rights of patients.

The expectations of professional conduct include, but are not limited to the following:

- Adherence to appropriate standards of behavior (demeanor, use of language, appearance and timely response) with patients, faculty, colleagues, staff and all individuals encountered during participation in the Botswana-UPenn Partnership;
- Attendance at duty station/assignment during all regular working days unless released by supervisor;
- Adherence to appropriate standards of confidentiality with respect to information about patients;
- Treatment of patients and their families with dignity and respect both in their presence and in discussions with other members of the health care team;
- Honesty in interactions with clinical and research colleagues and in record keeping;
- Respect for the limits of responsibility and activity set forth by supervisors;
- Appropriate interactions with colleagues and coworkers;

Botswana-specific rules include the following and violations may result in travelers losing program funding, housing, and/or being expelled from the program.

- Students and trainees on funded trips are NOT permitted to operate motor vehicles while in the program.
- All students and trainees are required to report to placements for all regularly assigned work days (Monday-Friday, 8-5 or other times as assigned) and may NOT be absent on non-holidays (e.g. Fridays) without prior approval from the BUP faculty supervisor.

While in Botswana, Botswana-UPenn Partnership participants represent not only themselves but also the University of Pennsylvania. Participants are required to observe the laws of Botswana and all regulations in effect at the host institution, and established by the Botswana-UPenn Partnership.

Any Botswana-UPenn Partnership participants may be expelled from the Botswana-UPenn Partnership for violation of this code and/or for disciplinary disturbances.

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## Planning and Packing Checklist

### Required - Before you Go

- Ensure passport or visa is current. (Passport must not expire for six months from your return and has three blank pages. Visa may be required for non-US Citizens either to Botswana or a transit visa for going through South Africa.)
- Book your flight. Remember you will need to submit either boarding passes or a credit card statement for reimbursement.
- Send your exact travel itinerary to Boipelo Dibotelo ([dibotelob@botswana-upenn.co.bw](mailto:dibotelob@botswana-upenn.co.bw)) and Heather Calvert ([hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu)) and your Penn-based supervisor at least six weeks ahead of your arrival to secure an airport pick-up.
- Get immunizations and medications: Hep A and B, Typhoid, update Tdap, Malaria prophylaxis (if traveling north of Gaborone) and other medications (see Handbook).
- Get tuberculin skin test. (Remember to repeat test twelve weeks after returning.)
- Register your travel plans online with the Department of State: <https://travelregistration.state.gov/ibrs/> and with Penn's Global Activities Registry: <http://www.upenn.edu/globalactivities/index.html>
- If you are not affiliated with Penn, purchase International SOS insurance
- Read the Botswana-UPenn Partnership Handbook.

### Optional - For the Super Organized

- Enroll in frequent flyer mileage program.
- Complete your taxes if you will be away over the deadline.
- Fill out an absentee voter form if you will be out of town at election time.
- Print address labels for people to whom you wish to send postcards.
- Establish a Skype account (It's free.)
- Purchase or borrow "Botswana Culture Smart" by Mike Main and any other guidebooks you would like for your travels.
- Purchase travelers' insurance for your stuff.
- Record the serial number for any electronics you are taking with you, along with your credit cards and email the information to yourself. Scan a copy of your passport and email this to yourself.
- For those working clinically, download some clinical reference material from the Biomedical Library (<http://www.library.upenn.edu/biomed/>) to your smartphone to use for point-of-care reference.

### Final Arrangements

- Arrange for pet, plant, or house sitter.
- Put hold on mail. Arrange for pickup of packages left at door.
- Pay bills. If you'll be gone for an extended period of time, arrange for a friend or relative to pay the bills.
- Leave emergency contact info and itinerary with relative or friend.
- Verify available spending limits on credit cards and notify the issuer that you will be in Botswana so they don't place a freeze on your account.

### Day Prior to Departure

- Set timers for lights.
- Water plants.
- Wash dishes.

- 
- Give or throw away perishables from refrigerator.
  - Empty trash.
  - Update voice mail and e-mail auto-reply message.
  - Record / memorize PIN codes to credit cards.
  - Install or recharge batteries.

### **Day of Departure**

- Lock all windows and doors.
- Adjust thermostat.
- Remove unnecessary cards from wallet (library, video rental, punch cards, extra credit cards).
- Check in for flight via Web.
- Power-off computer and other sensitive electronic equipment.
- Ensure luggage has current ID tags.

### **Packing**

Important personal possessions, necessities, and all valuables should be carried on the plane. These include money, documentation, electronic items, and prescription drugs. Do not check anything that you absolutely cannot do without or that is of value. There is a high likelihood of bags getting delayed/lost or items being stolen from suitcases when traveling through Johannesburg. Make sure that these items are in your carry-on bag. You may want to pack some underwear and a few essential items in your carry on to get you through a day or two if your luggage is delayed.

The allowance on your international flights is two pieces of checked luggage, and one carry-on. Each checked bag may not exceed 50 pounds. Air transfers in Southern Africa have a luggage restriction of 44 pounds maximum per person.

### **Documents (Pack in carry-on luggage.)**

- Passport & visa
- Airline ticket and/or itinerary
- Emergency phone numbers
- The Botswana-UPenn Partnership Handbook
- Copy of your passport and other important documents, kept in a separate place than your passport.
- Copies of prescriptions
- Medical insurance information
- Driver's license
- Cash (US dollars)
- Credit/ATM cards (It is advisable to bring some cash as well along with bank contact numbers in case you need to report a missing card.)

### **Extra Documents for Residents and Physicians Working at PMH (Pack in carry-on luggage.)**

- Completed Botswana Health Professions Council Application Form
- 4 x Passport Photos (or you can easily and inexpensively purchase these in Botswana)
- Notarized copy of passport
- 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

**Electrical Items (Pack in carry-on luggage.)**

- Laptop, power cord, and laptop lock (The flats have computers but you may find this useful.)
- Camera / camera batteries / charger / extra memory / film / camera bag.
- CD or MP3 player / extra batteries and/or charger / headphones
- Cell phone / cell phone charger
- Universal plug adapter

**Personal Health & Medical Supplies (Pack in carry-on luggage.)**

- Prescription medicines, if required. Bring enough for your whole stay.
- Over-the-counter medications (antihistamine, antacid, anti-inflammatory, travel sickness, cold & flu, headache, indigestion, diarrhea)
- Prescription glasses / contact lenses / lens case / lens cleaner / saline

**Personal Effects / Hygiene (Pack in checked luggage.)**

All basic toiletry items are available in Botswana, so you if you forget something, you can easily purchase it there. Remember that all liquids, gels and aerosols must be in three-ounce or smaller containers and placed in a single, quart-size, zip-top, clear plastic bag to be carried on the plane. Larger amounts can be checked.

- Toiletry/Dop bag
- Razor / electric shaver / shaving cream
- Toothbrush / toothpaste / floss
- Deodorant
- Soap
- Shampoo / Conditioner Comb / hair brush
- Fingernail clippers
- Moisturizer
- Cosmetics
- Tampons / pads
- Sunscreen and lip balm (minimum SPF 15)
- Hand sanitizer, such as Purell (several small bottles)
- Vitamins

**Recommended Clothing (Pack in checked luggage.)**

Light colored clothing and light material is recommended for the Botswana summer months (November – March) as it gets very hot and buildings don't usually have any heating or cooling. If you are traveling during the Botswana winter (May – September) know that it can get chilly at night. Pack accordingly.

Your clothes will take a beating. Don't bring anything to wear on a daily basis that you don't want to get damaged or stained. That said, people dress up to go out and there are often chances for social events so you may want to have a nice outfit to wear. Business people dress professionally (suits, ties, skirts) so plan accordingly if you will have business meetings in Botswana.

- Socks
- Underwear
- Dress slacks and khaki trousers (jeans are not appropriate at work)
- Dresses or skirts (knee length or longer for work, no denim)
- Lightweight cotton dress shirts (T-shirts are not appropriate at work)

- Jeans (for weekends, travel, or after-work wear)
- Shorts (Note that Tswana men do not normally wear shorts.)
- T-shirts or sport shirts
- Pajamas / sleepwear (appropriate to wear around people you don't know)
- Exercise clothing
- Something nice to wear to fancy dinner / clubbing clothes
- Comfortable dress shoes or loafers (tennis shoes or sandals are not appropriate at work)
- Casual shoes / running shoes or light to medium hiking boots, suitably broken in
- Flip-flops / sandals
- Bandannas, large handkerchiefs or scarves
- Brimmed hat (There are about 365 days of sunshine in Botswana.)
- Sunglasses
- Belt
- Umbrella (only during the rainy season October - December)
- Extra luggage space for purchases (or you can leave behind some clothing to make room)

### **Extra Clothing for Cold Weather**

Only necessary if you go during the Botswana winter (April – September). Note that many work buildings do not have heat and it gets quite cold at night. You will want to layer if you go camping or go on game drives.

- Sweatshirt, sweater or fleece (It can get cold!)
- Raincoat / windbreaker
- Thermal underwear
- Gloves or mittens
- Scarf
- Knitted (woolen) cap
- Housecoat / robe

### **Extra Items for those Working in the Hospital**

If you are working in the hospitals, your clothes may be casual but neat. Some of the male physicians do wear a tie, most do not.

- Penn name badge
- Stethoscope
- Pocket flashlight / penlight
- Portable ophthalmoscope (handy but not necessary)
- Fanny pack to carry essentials while working in the hospital
- Hand sanitizer (a small pocket size one and a bigger refill bottle)
- Suture removal scissors (1-2 pairs you'll end up cleaning and re-using them)
- N95 masks (3-6 masks that reflect the correct size from a recent fit test.)
- White coat

### **Extra Miscellaneous Items**

None of the items below are mandatory, but may make your trip more comfortable.

- Travel neck pillow
- Ear plugs
- Pens / notebooks / journal
- Magazines / a novel that can be swapped, shared or given away. (This is a good time to read something by Unity Dow to learn something about Botswana.)
- Alarm clock / watch with alarm / or cell phone with alarm.)

- USB Flash drive / thumb drive

### **Extra Items if you Plan to Travel Outside of Gaborone**

Travelling means that you will no longer have the guidance of BUP staff and easy access to medical care in Gaborone. You will need to be equipped to travel and deal with situations on your own.

The thing to remember when choosing luggage is mobility. You will probably be moving between several different modes of transport (airplanes, cars, light aircraft, trucks) so plan accordingly. Suitcases with wheels don't work very well in the African bush but they are adequate if you don't mind carrying them.

Only soft bags are accepted on air charter flights within Botswana if you are traveling outside of Gaborone. Soft "squashable" luggage (duffel, fabric or canvas) is essential. No hard suitcases can be transported as they physically cannot fit into the aircraft. The maximum dimensions of the soft bags should be as follows: 32 inches long x 14 inches wide.

- Large duffel bag to carry everything
- Day pack (i.e. small backpack)
- Money belt
- Sleeping bag (good to about 0C, waterproof stuff sack to cover)
- Sheet / pillowcase / camping pillow
- Bath towel and face cloth (quick-dry is best)
- Toilet paper (1 roll – easily bought in Bots)
- Disposable towelettes / wet wipes / hand sanitizer
- Insect repellent (minimum 30% DEET) (Mosquitoes are less bothersome than in North America, but potentially more dangerous. Covering up in the evening is imperative during the rainy season and when traveling outside of Gaborone.)
- Malaria prophylaxis pills (for anyone traveling north of Gaborone)
- General antibiotic (such as Cipro)
- Syringes (in case you need injections, you will have a clean needle only needed outside of Botswana)
- Thermometer
- Re-hydration salts
- Water bottle and water purification tablets or water purifying filter
- First aid items: Band-aids, antibiotic ointment, alcohol swabs, moleskin
- Safety pins, scissors, tweezers, needle
- Pocket knife (Swiss Army / Leatherman). (Note - These cannot be checked in carry-on bags and they are often stolen from checked bags.)
- Flashlight / headlamp, extra batteries
- Small unbreakable mirror
- Small compass
- Lighter / waterproof matches
- String/rope (washing line, tying sleeping bag)
- Plastic zipper storage bags
- Plastic bags to separate dirty clothes from clean / hold muddy shoes
- 10 passport-size photos (to be used for various permits, visas, and ID cards; also helpful for obtaining visas if you plan to travel outside Botswana.)
- Plug adaptor (for UK plugs, if you bring electronic equipment).
- Guide books / phrasebook for countries outside of Botswana

### **Extra Items for Safari and Game Viewing**

- Binoculars
- Long-sleeved shirts, slacks and socks to protect you from insect bites and sunburn. Note that bright colors and white are NOT advised while on safari as they tend to attract flies and mosquitoes. Camouflage clothes are often illegal.
- Good quality sunglasses – preferably polarized. Tinted fashion glasses are not good in strong light.
- Safari hat with a brim (should be light colored, breathable, have a chin string, and provide complete shade to face and ears)
- Comfortable hiking/walking shoes or light hiking boots instead of sandals to protect from thorns and mosquitoes.
- If you wear contact lenses, you should take a pair of glasses in case you get irritation from the dust.
- Small bean bag to substitute a tripod
- Waterproof/dustproof bags/cover for your cameras.

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## Book List

### Anthropology:

- "A Handbook of Tswana Law and Custom" by Ian Schapera \*  
*From JH: The classic work. He has a piece in African Political System (another oldie) which is a good short statement of Tswana political structure as it existed.*
- "Debility and Moral Imagination in Botswana" by Julie Livingston \*
- "Reasonable Radicals and Citizenship in Botswana: The Public Anthropology of Kalanga Elites" by Richard P. Werbner \*
- "The Social Basis of Health and Healing in Africa (Comparative Studies of Health Systems and Medical Care)" edited by Steven Feierman and John M. Janzen

### Economics & Economic Policy:

- "Aspects of the Botswana Economy: Selected Papers" by J. S. Salkin, et al
- "Policy Choice and Development Performance in Botswana (Economic Choices Before the Developing Countries)" by Charles Harvey (Author), Stephen R. Lewis (Author), Keith Griffin (Foreword)
- "An African Miracle: State and Class Leadership and Colonial Legacy in Botswana Development" by Abdi Ismail Samatar \*

### Fiction:

- "A Carrion Death: Introducing Detective Kubu" by Michael Stanley \*
- "Far and Beyon" by Unity Dow \*
- "Juggling Truths" by Unity Dow \*
- "The Screaming of the Innocent" by Unity Dow \*
- "The Girl Who Married a Lion: and Other Tales from Africa" by Alexander McCall Smith\*

### History:

- "The Colour Bar: The Triumph of Seretse Khama and His Nation" by Susan Williams \*  
*From JH: Seretse's biography from a European point of view. No sense of his impact on Botswana.*
- "History of Botswana" by Thomas Tlou  
*From JH: This is for high school but it is very well done.*
- "King Khama, Emperor Joe, and the Great White Queen: Victorian Britain through African Eyes" by Neil Parson \*  
*From Amazon.com: In 1895 three Bechuana chiefs from southern Africa traveled to London to implore Queen Victoria not to turn their territories over to the empire builder Cecil Rhodes. King Khama and his associates won a few concessions, but they were ultimately unsuccessful. In their travels, however, they helped sway British public opinion to a more sympathetic view of indigenous issues in Africa, especially by favorably impressing the liberal clergy. Basing his account of the Bechuana leaders' tour of Great Britain on contemporary newspaper reports, Neil Parsons carefully reconstructs their itinerary, which included a strange stop at Madame Tussaud's famous wax museum.*

- "Marriage of Inconvenience: The Persecution of Ruth and Seretse Khama" by Michael Duffield
- "Seretse Khama, 1921-80" by Thomas Tlou, Neil Parsons & Willie Henderson with an epilogue by Julius K. Nyerere (Hardcover)
- "Beloved partner : Mary Moffat of Kuruman, a biography based on her letters" by Mora Dickson (1989) \*

### **HIV / AIDS & Health in Botswana:**

- "Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic" by Julie Livingston\*
- "Saturday is for Funerals" by Unity Dow and Max Essex
- "English - Setswana medical phrasebook and dictionary: Puisanyo ya bongaka ka sekgoa le Setswana" by Alfred M Merriweather \*
- "Setswana - English Phrasebook (Puisanyo Ya Sekgowa Le Setswana)" by A.J. Wookey

### **Memoir:**

- "Botswana Time" by Will Randall \*
- "Casting with a Fragile Thread: A Story of Sisters and Africa" by Wendy Kann \*  
*Zimbabwe, not Botswana-based*
- "Desert Doctor" by Dr. Alfred Merriweather \*
- "Doctor Remembers" by Dr. Alfred Merriweather
- "The Lost World of the Kalahari" by Laurens Van der Post
- "Place of Reeds" by Caitlin Davies \*
- "Twenty Chickens for a Saddle: The Story of an African Childhood" by Robyn Scott \*
- "Masire: Very Brave or Very Foolish? Memoirs of an African Democrat" by Quett Ketumile Joni Masire \*

*From Amazon.com: Quett Ketumile Joni Masire was born in Kanye in 1925 and later became one of the founding fathers of independent Botswana. Long admired for his innovative farming methods, Sir Ketumile formed the Botswana Democratic Party in 1962 and was one of the key architects of Botswana's political and economic development. He then served as Vice President of Botswana from 1966-1980 and then became President in 1980 upon the death of Sir Seretse Khama. He lead his party to three successive election victories in 1984, 1989 and 1994, retiring in 1988. The years under Masire realized stellar income per capita growth rates, extensive decline in corruption, and important changes in the election processes. Since retiring from the Presidency, Masire was knighted in 1991 and has continued to be an influential presence in African affairs.*

- "Whatever You Do, Don't Run: True Tales of a Botswana Safari Guide" by Peter Allison \*
- "When a Crocodile Eats the Sun: A Memoir of Africa" by Peter Godwin \*  
*Zimbabwe, not Botswana-based*

### **Politics:**

- "An African Miracle: State and Class Leadership and Colonial Legacy in Botswana Development" by Abdi Ismail Samata  
*From Amazon.com: Afro-pessimism has dominated the Africanist literature in the social sciences during the last twenty years. Many works characterized as such deal with what has gone wrong in Africa. In sharp contrast, "An African Miracle" shows how an African state and its people used their resources to remain free from the dictates of racist South Africa, achieving a high rate of economic growth while maintaining a solid commitment to democracy. The book examines the relationship between the dominant class in*

*Botswana, its leadership, and the state in understanding why Botswana succeeded where other African states with more resources and talent failed.*

*Abdi Ismail Samatar is Professor of Geography at the University of Minnesota. He is the author of "An African Miracle" that was a finalist for the 2000 Herskovits award.*

- "Botswana: Politics and Society" by W.A. Edge (Editor), M.H. Lekorwe (Editor)
- "Dividing the Commons: Politics, Policy, and Culture in Botswana" by Pauline E. Peters\*

### **Travel:**

- "Botswana - Culture Smart!: a quick guide to customs and etiquette (Culture Smart!)" by Michael Main \*
- "Botswana: The Insider's Guide" by Ian Michler
- "Botswana: Okavango Delta, Chobe, Northern Kalahari, 2nd: The Bradt Travel Guide" by Chris McIntyre \*
- "The Myth of Wild Africa: Conservation Without Illusion" by Jonathan S. Adams \*
- "The Safari Companion: A Guide to Watching African Mammals Including Hoofed Mammals, Carnivores, and Primates" by Richard D. Estes \*

### **Popular:**

Please note that the books in this section are or have been quite popular and are in most cases enjoyable to read. But the conditions described or the narrative voice is considered by some to be outdated and not an accurate representation of present day life in Botswana.

- "Maru" by Bessie Head \*

*From Amazon: Margaret Cadmore, an orphaned Masarwa girl, comes to Dilepe to teach, only to discover that in this remote Botswana village her own people are treated as outcasts. In the love story and intrigue that follows, Bessie Head brilliantly combines a portrait of loneliness with a rich affirmation of the mystery and spirituality of life.*

*Bessie Head, one of Africa's best known writers, was born in South Africa but spent much of her life in Botswana. She died tragically early, in 1986, leaving behind her a fine collection of literary works. "Tales of Tenderness and Power" was the first of her works to be published after her death, and another anthology, "A Woman Alone," has also been published posthumously. Both these titles reinforce Bessie Head's literary achievements, already evident in her novels "Maru," "When Rain clouds Gather," "The Cardinals," "A Collector of Treasures," "A Question of Power", and her historical account "Serowe: Village of the Rain Wind."*

- "Cry of the Kalahari" by Mark James Owens \*  
*From JH: This book is an extremist book on conservation by people who have no sense of or value for the humans who live in Botswana. It is anthropomorphic thought at its worst.*
- "Serowe: Village of the Rain Wind" by Bessie Head \*
- "Survivor's Song: Life and Death in an African Wilderness" by Mark Owens and Delia Owens
- "The No.1 Ladies' Detective Agency Series: The No.1 Ladies' Detective Agency (Book 1), Tears of the Giraffe (Book 2), Morality for Beautiful Girls (Book 3), The Kalahari Typing School for Men (Book 4), The Full Cupboard of Life (Book 5), In the Company of Cheerful Ladies (Book 6), Blue Shoes and Happiness (Book 7), "The Good Husband of Zebra Drive" (Book 8), "The Miracle at Speedy Motors (Book 9)", "Tea Time for the Traditionally Built" (Book 10), "The Double Comfort Safari Club" (Book 11), "The Saturday Big Tent Wedding Party" (Book 12), "The Limpopo Academy of Private Detection" (Book 13)

*From Amazon.com: Alexander McCall Smith is the author of the huge international*

*phenomenon, The No. 1 Ladies' Detective Agency, and The Sunday Philosophy Club series. He was born in what is now known as Zimbabwe and he was a law professor at the University of Botswana and at Edinburgh University. He lives in Scotland, where in his spare time he is a bassoonist in the RTO (Really Terrible Orchestra).*

Titles marked with an asterisk are available to borrow for a one month period from the Botswana-UPenn Partnership office in Philadelphia. Contact Heather Calvert to arrange a time to drop in and borrow a book.

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## Basic Setswana

*Setswana (Tswana)* is a Bantu language and the national and majority language of Botswana; although the official language of government in Botswana is English. In addition to Botswana, there are also Setswana speakers in South Africa, Zimbabwe, and Namibia, comprising about 4 million Setswana speakers worldwide.

### Tips on Pronunciation

The basic key differences from English are:

- “G’s” are generally pronounced as “h’s” in Setswana. (Officially known as a voiceless velar fricative.)
- The final “e” in Setswana words or names is not silent as is the case in English, but is pronounced as a long “e”.
- People typically roll their “r’s” in Botswana.

Therefore, “Gaborone” is phonetically written as “Hahborronee.”

The following information is more detailed pronunciation keys for the curious, but don’t get hung up on this in the beginning.

In Setswana, the vowels are pronounced as in the following English words:

- ‘a’ as in ‘**car**’
- ‘e’ as in ‘**let**’
- ‘i’ as in ‘**meet**’
- ‘o’ as in ‘**go**’
- ‘u’ as in ‘**school**’

There are also a few combinations of consonants which are pronounced very differently from English:

- ‘g’ = an ‘h’ sound deep in your throat, like the end of “**loch**”
- ‘kg’ = k + an ‘h’ sound deep in your throat
- ‘kh’ = k + some air
- ‘ph’ = p + some air
- ‘th’ = t + some air (NOT like English “th”)
- ‘ny’ = think of isolating the ‘ny’ in ‘canyon’
- ‘tl’ = think of isolating the ‘tl’ in ‘Atlanta’
- ‘tlh’ = ‘tl’ + some air
- ‘ts’ - think of isolating the ‘ts’ in ‘itself’
- ‘tsh’ = ‘ts’ + some air
- ‘nts’ = n + ‘ts’ sound
- ‘š’ = sh

You can hear some basic Setswana phrases being spoken by a native speaker here:

<http://www.botswanatourism.co.bw/about/language.html>

## **The Importance of Greetings**

If you only learn one thing in Setswana, you should learn how to properly greet people: *Dumela Rra* (Hello sir) / *Dumela mma* (Hello madam). Greetings are very important in Tswana culture. Proper greetings are more important than thanking people. Batswana generally think that Americans say “thank you” too easily and too frequently.

Generally, the appropriate thing to do when greeting a group of people is to simply ‘pluralize’ the word *dumela* by adding ...ng at the end – “*dumelang*”. Handshakes are lighter and less firm than an American handshake and often one supports the right elbow with the left hand. This supporting of the extended elbow is also used when giving gifts or handing someone something. (e.g., This is generally how shopkeepers will return change.) Sometimes handshakes are a three-part handshake of “grasp hand-grasp thumb-return to hand.” If you don’t use too firm a grip, you can follow along should the shake go that way. Handshakes are more common as an official gesture. In a social group or when greeting a group of people in an unofficial manner, [and when it may take forever to shake each person’s hand], a slight bow of the leg and putting your hands together is regarded as being very polite!

## **Basic Words and Terms**

### **Greetings**

Hello madam.	<i>Dumela mma.</i>
Hello sir.	<i>Dumela rra.</i>
Are you well? (How did you wake? - More formal)	<i>O tsogile (pronounced TSO-HEELE) jang?</i>
How are you?	<i>Le kae?</i>
How's it going? (Casual slang. Not appropriate for patients or elders.)	<i>O a re eng? (pronounced 'wah-reng')</i>
I am well.	<i>Ke teng</i>
We are well.	<i>Re teng (Use of the plural shows respect.)</i>
I am fine (more formal), and you?	<i>Ke tsogile sentle. Wena?</i>
My name is ...	<i>Leina la me ke _____. (your name)</i>
And you are?	<i>Wena mma/rra o mang?</i>
What is your name? (formal)	<i>Leina la gago ke mang?</i>
What did you say your name was?	<i>Leina la go go ke mang, kana?</i>
I am a doctor. I work at Marina.	<i>Ke ngaka. Ke bereka ko Marina</i>
I am a med student. I work at Marina.	<i>Ke ithuta bongaka. Ke bereka ko Marina</i>
I am from Philadelphia in America.	<i>Ke tswa Philadelphia ko America</i>
I'll be here for a month.	<i>Ke tlaabo keke kwano kgwedi</i>
Where are you from?	<i>O tswa kae?</i>
Where is your home (town)?	<i>Gae ke ko kae?</i>
Who are you? (informal - also the name of the national identity card and number)	<i>O mang?</i>

### **Farewells**

Goodbye (generic, also “all is well”)	<i>Go siame.</i>
Go well. (said to the person/group leaving)	<i>Tsamaya Sentle.</i>

Goodnight. (both departing and non-departing)	<i>Boroko mma/rra.</i>
Goodnight/Sleep well (literally: "Lie well")	<i>Robala sentle.</i>
Stay well. (said to the person/group staying)	<i>Sala Sentle.</i>

### **General**

Thank you.	<i>Ke a leboga / Re a leboga (pronounced LE-BO-HA)</i>
	<i>Tanki (borrowed from Afrikaans)</i>
Excuse me.	<i>Sori</i>
I am sorry.	<i>Ke maswabi</i>
No problem.	<i>Ga gona mathata</i>
Absolutely!	<i>Tota!</i>
I like ____.	<i>Ke rata ____.</i>
I would like -----	<i>Ke ta rata ----</i>
I would like water, a coke, a castle.	<i>Ke kopa metsi, coka, castle.</i>
I don't like ____.	<i>Ga ke rate ____.</i>
I want ____.	<i>Ke batla ____.</i>
One Hundred	<i>Lekgolo</i>
Let's go!	<i>A re tsamaye!</i>
What time is it?	<i>Ke nako mang?</i>
I need help, please.	<i>Ke kopa thuso, tswee-tswee.</i>
Can you help me? (Help!)	<i>A o ka nthusa? (Thusa!)</i>
May I help you?	<i>A nka go thusa?</i>
I forget.	<i>Ke a lebala.</i>
Do you speak English?	<i>A o bua sekgoa?</i>
I only speak a little Setswana	<i>Ke itse Setswana go le go nnye</i>
I speak Setswana just a little	<i>Ke bua Setswana go le gonnye fela</i>
I don't speak Setswana	<i>Ga ke bue setswana</i>
What is _____ in Setswana?	<i>____ ke eng ka Setswana?</i>
Do you understand?	<i>A o a tlhaloganya?</i>
I understand.	<i>Ke a tlhaloganya</i>
I don't understand.	<i>Ga ke go tlhaloganye</i>
I don't know.	<i>Ga ke itse</i>
Or? (also used as "What?" "Repeat please?")	<i>Kana?</i>
Please speak slowly.	<i>Ke kopa gore o bue ka bonye</i>
Can you translate for me	<i>Ke kopa gore o ntlokele</i>
Can you translate for me?	<i>A o ka ntlokelela?</i>
Where is the clinic?	<i>Kokelwana e ko kae?</i>

### **Food**

Vegetables	<i>Morogo</i>
Porridge	<i>Motogo</i>
Meat	<i>Nama</i>
Beans	<i>Dinawa</i>

I'm hungry (literally, 'I'm held by hunger')	<i>Ke tshwerwe ke tlala.</i>
I'm thirsty (literally, 'I'm held by thirst')	<i>Ke tshwerwe ke lenyora.</i>
May I (please) have some water?	<i>(Ke kopa) metsi.</i>
This food is good!	<i>Dijo tse di monate.</i>

### **Days and Months**

Monday	<i>Mosupologo</i>
Tuesday	<i>Labobedi</i>
Wednesday	<i>Laboraro</i>
Thursday	<i>Labone</i>
Friday	<i>Labotlhano</i>
Saturday	<i>Matlhatso</i>
Sunday	<i>Tshipi</i>
January	<i>Ferikgong</i>
February	<i>Tlhakole</i>
March	<i>Mopitlo</i>
April	<i>Moranang</i>
May	<i>Motsheganong</i>
June	<i>Seetebosigo</i>
July	<i>Phukwi</i>
August	<i>Phatwe</i>
September	<i>Lwetse</i>
October	<i>Phalane</i>
November	<i>Ngwanatsele</i>
December	<i>Sedimonthole (Morule)</i>

### **Numbers**

**Note that numbers are often said in English.**

One	<i>Bongwe</i>
Two	<i>Bobedi</i>
Three	<i>Boraro</i>
Four	<i>Bone</i>
Five	<i>Botlhano</i>
Six	<i>Borataro</i>
Seven	<i>Bosupa</i>
Eight	<i>Borobabobedi</i>
Nine	<i>Borobabongwe</i>
Ten	<i>Lesome</i>

### **Seasons and the Weather**

Winter	<i>Mariga</i>
Spring	<i>Dikgakologo</i>
Summer	<i>Selemo</i>
Autumn	<i>Lethafula</i>
Planting season	<i>Nako ya temo</i>
Hot	<i>Letsatsi</i>
Cold	<i>Tsididi</i>
Warm	<i>Mogote</i>
Windy	<i>phfo</i>
Dust	<i>Lerole</i>

Rain	<i>Pula</i>
Cold	<i>Serame</i>
It's hot	<i>Go letsatsi</i>
It's cold	<i>Go tsididi</i>
It's windy	<i>Go phefo</i>
It's rainy	<i>Go pula</i>

## **Clinical Words and Terms**

### **The Medical Interview/Exam**

Hello ma'am/sir, I'm ...	<i>Dumela mma/rra, ke nna (your name)</i>
I'm Dr. ... from America.	<i>Ke nna Ngaka ... tswa Amerika</i>
Do you speak English?	<i>A o bua sekgoa?</i>
I don't speak Setswana.	<i>Ga ke bue setswana</i>
I don't understand.	<i>Ga ke thaloganye.</i>
I only speak a little Setswana.	<i>Ke itse Setswana go le go nnye</i>
What is your name?	<i>Leina la gago ke mang?</i>
Why are you here?	<i>Gorileng?</i>
Where is the problem?	<i>Mathata a fa kae?</i>
Where does it hurt / where is the pain?	<i>Go bothloko fa kae?</i>
Does it hurt here? (pointing)	<i>A go bothloko fa?</i>
Does it hurt if I push like this?	<i>A go bothloko fa ke tobetsa jaana?</i>
Does "x" hurt?	<i>A "x" e bothloko?</i>
Does "x" ache?	<i>A "x" e opa?</i>
When did it start to hurt?	<i>Go simolotse go nna bothloko leng?</i>
Would you please.../ I would like you to please...	<i>Ke kopa gore o</i>
Touch your toes (lit: you must / touch / your / toes)	<i>Tshwara menwana ya maoto</i>
Please touch your toes	<i>Ke kopa gore o tshware menwana ya maoto</i>
May I take a picture of you?	<i>Ke kopa go go tsaya senepe.</i>
Are you feeling better today?	<i>A o ikutlwa botoka Tsatsijeno? A o ikutlwa sentle gompieno?</i>
May I examine you now?	<i>Ke kopa gore go go tlhatlhoba jaaong.</i>
I am going to examine you now.	<i>Ke tsile go go tlhatlhoba jaanong.</i>
I am looking at your eyes.	<i>Ke lebile matlho a gago.</i>
I need to look in your ears.	<i>Ke tlhoka go go leba mo ditsebeng.</i>
Watch my finger.	<i>Lebelela monwana wame.</i>
Look this way.	<i>Leba kwa.</i>
Turn this way.	<i>Retelogela ka fa. (pointing)</i>
May I listen to your heart?	<i>Ke kopa go reetsa pelo ya gago.</i>
Please sit up / Please get up	<i>Ke kopa gore o tsoge/ ke kopa gore o kotame.</i>
Breathe deeply.	<i>Hema ka thata</i>
Take a deep breath.	<i>Hemela ko teng</i>
Hold your breath.	<i>Tshwara mowa.</i>
Does it hurt here? (pointing)	<i>A go bothloko fa?</i>
Does it hurt if I push like this?	<i>A go bothloko fa ke tobetsa jaana?</i>
Squeeze my hand.	<i>Tamola / gatelela seatla same</i>
Relax your ... (arm, leg)	<i>Repisa (letsogo, lenao)</i>

Don't move .	<i>Se itshikhinye.</i>
Don't move, be brave now.	<i>Se itshikhinye, o itshoke jaaong.</i>
You must.	<i>O tshwanetse.</i>
You must not.	<i>Ga o a tshwanela.</i>

### **Clinical Terms**

Hospital	<i>Sepatele</i>
Doctor	<i>Ngaka</i>
Doctors	<i>Dingaka</i>
Nurse	<i>Nnese / Mooki</i>
Matron	<i>Mmeiterone</i>
Patient	<i>Molwetse</i>
Ambulance	<i>Emelense / Ambulense</i>
Bandage (noun)	<i>Bandeiji / Sefapo</i>
Breathlessness	<i>Go hupela</i>
Clinic	<i>Kokelwana / Tleliniki</i>
Cough / chest / phlegm	<i>Sehuba</i>
Disinfectant	<i>Sebolayaditwatsi</i>
Dizziness	<i>Sedidi</i>
Drugs / medication	<i>Melemo</i>
Feel sick/nausea	<i>Go feroga sebete / Go selelega</i>
Fever / to have a high temperature	<i>Go gotela</i>
Hospital	<i>Kokelo</i>
Illness	<i>Bolwetse</i>
Injection	<i>Mokento</i>
Inoculate	<i>Enta/Kenta</i>
Intestines / stomach	<i>Mala</i>
Massage (verb)	<i>Sidila</i>
Medical aid	<i>Kalafo thuso</i>
Medicine	<i>Molemo/Setlhare</i>
Operation/surgery	<i>Karo</i>
Out-patient	<i>Mookelwantle/baokelwantle</i>
Oxygen	<i>Okosijene</i>
Pain / painfull	<i>Botlhoko</i>
Pain-killer	<i>Sebolayaditlhabi</i>
Pill	<i>Pilisi</i>
Pimples / sores	<i>Diso</i>
Prescription	<i>Ditaelo</i>
Problem	<i>Mathata</i>
Sharp pain	<i>Setlhabi</i>
Sickness	<i>Bolwetse</i>
Tests (exams)	<i>Ditlhatlhobo</i>
Tiredness	<i>Letsapa</i>
Traditional healer	<i>Ngaka ya Setswana</i>
Vaccinate	<i>Enta</i>
Waiting room	<i>Phaposi ya boletelo</i>
Ward	<i>Phaposi ya kokelo</i>
Weak / weakness	<i>Bokoa</i>
Wounds / sores	<i>Dintho</i>

**Verbs**

Breathe	Hema
Close	Tswala
Cough	Gotlholo
Cough (also chest)	Sefuba
Deep breath (breathe well)	Hema thata
Do this (and demonstrate)	Dira jaana
Get up	Tsoga
Lie down	Robala/rapama
Lift/raise	Tsholetsa
Lower	Diga
Open	Bula
pull up / down	Goga godimo / fatshe
Push up / down	Kgarametsa ko godimo/ fatshe
Remove	Tlosa
Rest	Ikhutsa
See	Bona
Sit down	Nna fa fatshe
Sleep well.	O robale sentle.
Stand up	Emelela
Stick out	Ntsha
Touch	Tshwara
Wait	Leta/ema
We are done	Re feditse
Breathe	Hema

**Parts of the Body****Mmele**

Ankle	Lenyenyana/lengenana
Arm	Letsogo
Armpit	Legwafa
Back	Mokwatla/Marudi
Big toe	Kgonotswe
Breast	Sehuba
Buttock	Lerago
Calf	Letlhafu
Cheek	Lerama/Lesama
Chest	Sefuba/Sehuba/Kgara
Chin	Seledu
Ear	Tsebe
Elbow	Sekgono/sejabana
Eye	Leitlho
Eyebrow	Losi
Eyelash	Ntshi
Eyelid	Losi
Eyes	Maitlho/Matlho
Face	Sefatlhego
Finger	Monwana
Fingernail	Lonala

Fist	<i>Letswele/lebole</i>
Foot	<i>Lenao</i>
Forehead	<i>Phatla</i>
Gums	<i>Marinini</i>
Hair	<i>Moriri</i>
Hand	<i>Seatla</i>
Head	<i>Tlhogo</i>
Heel	<i>Serethe/Mokobe</i>
Hip	<i>Noka</i>
Knee	<i>Lengole</i>
Knuckle	<i>Nook</i>
Left	<i>Molema</i>
Leg	<i>Leotlo/maoto</i>
Lip	<i>Pounama</i>
Little finger	<i>Monnyenye/potsana</i>
Middle finger	<i>Monogare/thabadiamela</i>
Mouth	<i>Molomo</i>
Neck	<i>Molala</i>
Nose	<i>Nko</i>
Palm	<i>Legofi</i>
Right	<i>Moja</i>
Shin	<i>Momo/mosetlase</i>
Shoulder	<i>Legetla</i>
Shoulders	<i>Magetla</i>
Stomach	<i>Mpa</i>
Tear	<i>Keledi</i>
Tears	<i>Dikeledi</i>
Teeth	<i>Meno</i>
Thigh	<i>Serope</i>
Throat	<i>Mometso</i>
Thumb	<i>Monwana wa kgonope/kgonojwe</i>
Toe	<i>Monwana</i>
Toes	<i>Maoto/menwana</i>
Tongue	<i>Loleme</i>
Tooth	<i>Leino</i>
Torso	<i>Karolo e e kwa godimo ya mmele</i>
Waist	<i>Lotheka</i>
Wrist	<i>Makopanelo a seatla le letsogo/letlhalela</i>

### **Internal organs**

### **Dirwe tsa ka fat eng**

Artery	<i>Seisamadi</i>
Bladder	<i>Setlha</i>
Blood	<i>Madi</i>
Bone	<i>Lerapo</i>
Brain	<i>Boko</i>
Heart	<i>Pelo</i>
Intestines	<i>Mala</i>
Kidney	<i>Philo</i>
Liver	<i>Sebete</i>

Lung	Lekgwalo
Muscle	Mosifa
Rib	Legopo
Skin	Letlalo
Stomach	Mpa

### **Diagnoses**

AIDS	eitsi
Asthma	asema
Blindness	bofofu
Cancer	kankere
Chest pain	dithabi tsa mafatlha
Chicken- pox	thutlwa
Cold (illness)	mofikela
Cough (noun)	kgotlholo
Disease	botlhoko/bolwetse
Ear ache	setlhabi sa tsebe
Fever	letshoroma
Flu	mokgotlhwane
Headache	opiwa ke tlhogo
Heart-attack	bolwetse ba pelo
Heartburn	lesokolela
High blood pressure	<i>High blood (madi a magolo in Setswana, but they use the English, although it has more traditional meanings about "hot" and "passionate" blood as well as the biomedical ones)</i>
Labor pains	dithabi tsa pelego
Measles	mmoko/mmokwana
Mumps	makidiane/mauwe
Pain	botlhoko/setlhabi
Polio	pholio
Pregnant	ima/imile
Scar	Lebadi
Stomach ache	o tshwerwe ke mala
Virus	megare

### Setswana Names

In Botswana, children may be named for some circumstance related to their birth and also given a pet name by which they are known at home. Students often give themselves nicknames for use at school. Upon the birth of her first child, a woman may thereafter be referred to as the mother of that child (for example, *Mma Dintle*). Here are some of the most popular Setswana names and their English meanings. Whether the name is use predominantly for men, women or both, is indicated. (F = Female, M = Male).

Amogelang ---- receive; accept (pl.) [F/M]  
Akanyang ---- think (pl.) [F]  
Baboloki ---- saviours; people who save [F/M]  
Barulaganye ---- they come immediately one after the other [F/M]  
Boikanyo ---- dependence [F/M]  
Boitumelo ---- happiness; joy [F/M]  
Bontle ---- beauty [F]  
Botshelo ---- life [F/M]  
Dikeledi ---- tears [F]  
Dineo ---- gifts [F]  
Dipuo ---- talks [F/M]  
Ditiro ---- acts [F/M]  
Gaone ---- of His (God) [F/M]  
Godiraone ---- it is Him (God) who acts or who does [F/M]  
Gofaone ---- it is Him (God) who gives [F]  
Goitsemang ---- who knows? [F/M]  
Goitsemodimo ---- it is God who knows [F/M]  
Goitseone ---- it is him (God) who knows [F]  
Gosego ---- lucky is he [F/M]  
Itumeleng ---- be happy; celebrate; rejoice [F]  
Kabelo ---- a gift [M]  
Kabo ---- that which has been given [F/M]  
Kagiso ---- peace [F/M]  
Karabo ---- answer [F/M]  
Keabetswe ---- I have been given [M]  
Kealeboga ---- thank you; I am thankful [F/M]  
Keamogetse ---- I have received; I have been paid [F/M]  
Kedibonye ---- I have seen them [F]  
Kefilwe ---- I have been given [F]  
Keitumetse ---- I am happy; I am thankful [F/M]  
Kelebogile ---- I am thankful [F]  
Keneilwe ---- I have been given [F]  
Kenosi ---- I am alone [M]  
Kgomotso ---- comfort [F]

Kgosi ---- chief; king [M]  
Kgosiemang ---- who is the chief [M]  
Khumo ---- wealth; riches [F/M]  
Khumoetsile ---- wealth has come [F/M]  
Lebogang ---- be thankful [F/M]  
Lesedi ---- light [F]  
Lesego ---- luck; a blessing [F/M]  
Lorato ---- love [F]  
Malebogo ---- thanks (noun) [F]  
Marea ---- Mary [F]  
Masego ---- blessings [F]  
Matlho ---- eyes [F/M]  
Matshidiso ---- condolences [F]  
Mmoloki ---- a saviour [M]  
Mmusi ---- governor; a ruler [M]  
Moagi ---- a builder; a resident [M]  
Modise ---- herdboys [M]  
Moeng ---- a guest; a visitor [M]  
Mogapi ---- one who confiscates [M]  
Mogorosi ---- one who brings the animals into the kraal in the evening [M]  
Mogotsi ---- the builder of fire [M]  
Mokgosi ---- a loud call for help [M]  
Molatlhegi ---- the lost one [M]  
Molefe ---- pay damages for her [M]  
Molefi ---- one who pay damages to another [M]  
Mompoti ---- one who accompanies me [M]  
Mooketsi ---- one who increases [M]  
Morapedi ---- one who prays [M]  
Moremi ---- one who cuts with an axe [M]  
Moseki ---- one who appears before a court [M]  
Mosetsanagape ---- a girl again [F]  
Mosimanagape ---- a boy again [M]  
Mosweu ---- the light colored [M]  
Mothibi ---- one who drives animals [M]  
Mothusi ---- a helper [M]  
Motlalepula ---- one who brings rain [F]  
Motsumi ---- a hunter [M]  
Mpho ---- a gift; a present [F/M]

Neo ---- a gift; a present; that which is given [F/M]  
Oaitse ---- he knows [F/M]  
Obonye ---- he has seen [F/M]  
Odirile ---- he has done, created, made [M]  
Oduetse ---- he has paid [M]  
Ofentse ---- he has conquered; he is victorious [M]  
Olebile ---- he is watching [M]  
Olebogeng ---- thank Him (God) [F/M]  
Onalenna ---- He (God) is with me [F/M]  
Onkemetse ---- he is representing me; he is awaiting me [F/M]  
Ontibile --- God is watching over me [F/M]  
Ontlametse ---- He (God) has protected me; He (God) has taken care of me [F/M]  
Oteng ---- He is there [F/M]  
Othusitse ---- He has helped [F/M]  
Otsile ---- He has come [M]

Palesa --- Flower [F]  
Phenyo --- Victory [M]  
Pono ---- sight [M]  
Pule ---- rain [M]  
Reneilwe --- given [F/M]  
Segomotso ---- a comfort [F]  
Sethunya ---- a flower [F]  
Tapologo ---- relaxation [F/M]  
Tebogo ---- a gift (noun) [F/M]  
Thapelo ---- prayer [F/M]  
Thatayaone ---- His (God) strength [F/M]  
Thato ---- Will; desire; love [F/M]  
Tshegofatso ---- Grace; Blessing [F]  
Tshenolo ---- Revelation [F/M]  
Tshepo ---- Trust; to have faith and hope [F/M]  
Tshepiso --- a promise [F/M]  
Tsholofelo ---- Expectation [F/M]  
Tuelo ---- Payment [F/M]

### Additional Information & Resources

There are a number of other information resources (some are attached here), all of which are available on our website (<http://www.med.upenn.edu/botswana/>) or from Heather Calvert:

#### BUP Created Documents

- Adding a Vacation – Sub-Saharan Sites for Tourists
- Guide to Long-Term Relocating to Botswana (for new BUP staff)
- Hotels and Housing List
- International SOS Info Sheet
- Non-profit and Volunteer Organizations
- Photo Release & Consent Guidelines
- Research Tips

#### For Medical Students, Residents, Faculty and Medical Volunteers

- BHPC Application
- BUP Checklist (Heather Calvert or the Global Health Website)
- Essential Drug List
- National HIV/AIDS Treatment Guidelines
- TB Manual

Remember, if you have suggested edits for this document please send it to Heather Calvert.

***Tsamaya Sentle!*** (go well)