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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**

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Most of this handbook was written by Steve Gluckman with contributions from Botswana-UPenn Partnership students, residents, staff and faculty. Note that this was originally written 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. We welcome your thoughts and suggestions about the Handbook (or the program in general) at any time.

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## **Introduction and Code of Conduct**

Dumela! (Hello) Welcome to the Botswana-UPenn program. This handbook is an introduction to Botswana and our programs there for all University of Pennsylvania affiliated faculty, staff and students traveling to 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).

**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.**

**You are all adults and cannot (will not) be monitored. It is up to you to think carefully about the potential negative implications of questionable behavior. 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.**

In addition to being aware of our public appearance, if you are in Botswana for a clinical elective, there are potential problems that could occur in the privacy of our flats. Communal living may put some unusual stresses on the expected level of conduct. One of the true benefits of this elective is the opportunity for faculty, fellows, residents, and students to interact in an extremely informal way. Our intension is to promote this part of the experience. This can put some strain on the well-established line of acceptable conduct between faculty and trainees. It is important to be mindful of this concern.

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. You live communally. Be mindful of the "rules of the flats."
3. If you travel outside of Gaborone or Francistown, it is important that Nikki 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.)

## About Botswana

### Background

Botswana was formerly a British colony 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, they recently found gas in the Kalahari and tourism is a growing sector thanks to the large nature preserves and conservation practices.

### Location

Botswana is a land-locked country, slightly smaller than Texas, in the center of Southern Africa. The Tropic of Capricorn runs through it. It is bordered by South Africa on the south and east, Namibia to the West, Zambia and Angola to north, and Zimbabwe on the northeast. It encompasses 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.



Botswana has never declared war.

### Gaborone

Gaborone (pronounced “Ha-bor-ron-e”...g’s are pronounced as h’s in Botswana) 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” (with the g pronounced), it is the capitol city. It combines feelings of both rural Africa with tin roofed houses in some sections with a more western architecture. There are now modern malls on the outskirts of town. The Princess Marina Hospital opened in 1966 at the time of independence and is in the center of Gabs. The University of Botswana is also in the center of town near the hospital.

### Francistown

Francistown is located in the Northeast corner of the country. It is the second largest city and is similar to Gaborone, but about a third the size. It is closer to Victoria Falls, Chobe and the Okavango Delta region.

### Climate

The climate is semiarid with cool winters (June-August) and hot summers (December-February). The country suffers from periodic droughts given the desert climate. The rainy season in the summer is characterized by intense, brief, dramatic thundershowers.

Average daily temperatures range in January from 22°C/71°F – 33°C/91°F and in July from 5°C/41°F – 19°C/66°F. Clearly the overall temperature range can be quite wide. Typically there are long periods of bright sunshine daily throughout the year with clear skies and low humidity. Summer days can be quite scorching, particularly before the rains come. In the winter months a fleece or sweater is a must in the morning and at night. Most buildings do not have heating and there is little air conditioning.

### Demographics

Botswana is a sparsely populated country of 1.8 million. Because of the uninhabitable Kalahari Desert, the population is heavily concentrated along the eastern corridor, from the capital city of Gaborone to Francistown. Of the population, 35% are 0-14 years old; 61% are 15-64 years old; and only 4% of the population is older than 65 years. Most people are Tswana (or Setswana), and the remaining are Kalanga (11%), Basarwa (formerly known as “bushmen” which is considered a derogatory term) (3%), and other (7%) which includes Kgalagadi and white.

Botswana has one of the highest HIV/AIDS infection rates in the world with approximately one quarter of the population infected. The effects of excess mortality due to HIV/AIDS, has caused life expectancy to drop to ~50 years, infant mortality to increase to 45 deaths/1,000 live births, and to lower population and growth rates. In addition, the socioeconomic impact is immense including loss of skilled laborers and teachers, loss of per-capita household income, and a growing number of orphans.

### Nationality

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

### Religion

70% are Christian, 7% have indigenous beliefs, and 20% have no religion. Note too that many Batswana may also mix some African Traditional Religious or Badimo beliefs into their other religious practices (e.g. consulting medicine men for advice).

### Language

English is the official language, but Setswana is still widely used (79%) and many older Batswana only speak Setswana.

### 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 \$14,700 in 2007. 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) when passing on the street. “Dumela mma” (to a woman) or “Dumela rra” (to a man) is the minimum Setswana everyone should learn. Recognition is very important to Batswana and to ignore even a greeting is considered very rude. Also be aware that seniority and age carry a lot of weight in Botswana. Children are generally taught to obey their elders. Recognition and respect for elders carries through to business and government.

If you are a student traveling to work in Botswana, please note that the characteristics that often make for a successful student in the United States (demonstrating knowledge, questioning the status quo, self-promotion, etc.) can be construed as insulting and offensive to Batswana. You are in Botswana to work and to learn; you are not there to change the entire way of doing things.

### 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 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.

*“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*

### 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.

*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*

### Birth Dates

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

### Body Language

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

### Botswana Time

Like much of the rest of the world people are not nearly as time driven as in the United States. So do not expect meetings, cabs, etc. to be precisely on time. Just relax and enjoy the saner lifestyle. But know too, if you are going for a short amount of time and have very specific but time dependent goals, you are less likely to be successful in meeting them. No physician can work in PMH without registering first with the Botswana Health Professions Council (BHPC). Registrations are processed only one day per week. 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.

### 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	Labotlhano 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/27 December	Boxing Day	

The first Monday after Christmas is also a Public Holiday.

## Notes on Language

While English is the official government language, Setswana is the language of the Batswana, both the ethnic group and most of the people of the country of Botswana. Due to the vagaries of international boundaries, large numbers of speakers of Setswana are also found in present-day Zimbabwe and South Africa (where the language and the people are called Tswana). Setswana belongs to the African Bantu language group, deriving from the same roots as Zulu in South Africa, Shona in Zimbabwe, and many other languages in the region.

Setswana was first written down by Robert Moffat (ancestor to the 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 San of the Kalahari and Kalanga, spoken by a minority group from the north of the country.

After Botswana's prosperity started in the 1970s, newly independent Botswana invested heavily in primary schooling (just as it did in primary health care). 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 30 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 know Setswana, 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 from Heather Calvert in the BUP office or on the BUP website.

Finally, you should know that when a Motswana refers to someone as “late” that means 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 _____.</i> (your name)
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>

#### **General**

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 Afrikaans)
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?

*A nka go thusa?*

What is \_\_\_\_\_ in Setswana?

\_\_\_\_\_ *ke eng ka Setswana?*

### 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 from Brenda Gwafila, a former undergrad at Penn who is from Francistown, Botswana and lives in Philadelphia. 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. She can be reached at gwafila@hotmail.com or at 215-925-8182.

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 (24/01/08 for January 24, 2008) and they use a 24 hour system to tell time. Also remember, that like the British, BATSWANA DRIVE ON THE LEFT.

## **Getting Ready**

### Preliminary

If you are traveling to Botswana as a resident or medical volunteer, be sure to obtain a “check-list” from Heather Calvert. This will cover all of the things that you will need to do to get ready for the trip, including the BHPC registration. Do not forget to sign the risk and release forms and deliver them to Nancy Biller (medical students) or Heather Calvert (everyone else).

### 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. Please note that if you are traveling on grant funds (and nearly everyone does) you must book on U.S. flag carrier airlines whenever possible. Your tickets should cost between \$1500 and \$1800. We will cover up to \$2000 for Penn student and resident tickets.

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

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 in the Cape Verde Islands for an hour to refuel). Flights from the United States operate most weekdays, but some flights stop in Cape Town and others do not (and agents do not always tell you this up front!). 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. A variety of 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 (long) of having your luggage arrive when you do.

From Jo'burg you will take an hour flight to Gaborone. Note that the last flight leaves Johannesburg for Gaborone usually around 7 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 only use one (SAA) carrier, but the last flight is usually an Air Botswana flight.

For those traveling to Francistown, we will make the arrangements to get you there from Gaborone.

**You must email Nikki Jones at [JonesN@Botswana-UPenn.co.bw](mailto:JonesN@Botswana-UPenn.co.bw) with your itinerary at least four weeks prior to traveling since there is NO PUBLIC TRANSPORTATION from the airport into Gabs. Copy this email to Heather Calvert.**

Nikki will see that you are collected from the airport and taken to your housing. Please text Nikki with any delays you encounter ~ 00 267 71802969. If you do get stuck at the airport in Gabs, take a van to the Gaborone Sun Hotel and try to call Nikki.

#### Visas

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

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.

#### 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 (since you are not supposed to work in Botswana and though we are not paid it has occasionally been difficult to explain that we are working at a hospital, but not really working to an immigration official). The address (you will also need this on the form) c/o **Nikki Jones, Pilane Court, Plot 154/155, Ext 9.**

Medical 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 or any other place up north, 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 (expensive), or the travel clinic at Presbyterian (much less expensive). Unfortunately, insurance does not cover travel related vaccines; you will 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.

Students can also obtain immunizations from Penn's Student Health Services.

You should have a tuberculin skin test before and 6 – 8 weeks after the trip. Email those results to Heather Calvert. The water and food are safe to eat in Gabs and Francistown.

### Malaria Prophylaxis

There is 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.

There are three 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 Fall).

There have been recent reports of cholera in the Shahi dam and north of Gaborone. If travelling north you are advised to drink/use bottled water.

### What to Pack

Dress in Gaborone is “westernized.” Pretty much anything decent is acceptable for men or women though Batswana women generally dress more conservatively than most American women. Remember if you are traveling during our summer (Botswana winter) the nights can get quite cold. You will want to bring warm layers (fleece, sweater, etc.).

You will need to check with your specific program about your housing arrangements. You may be advised to bring a sleeping bag and linens. If you are staying in the Mallach House (Faculty) or in the Penn accommodation, linens and cookware are provided.

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. 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 seems to have become a common occurrence and is as inappropriate as it would be in the United States.

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

You might find it useful to bring a flashlight. Do not despair if you forget a crucial item; nearly everything you might need can be found in Gaborone.

**DO NOT CHECK IN ANYTHING THAT YOU ABSOLUTELY CANNOT DO WITHOUT OR THAT IS OF VALUE (MEDICATIONS, CAMERA, ETC.). THERE IS A HIGH LIKELIHOOD OF BAGS GETTING DELAYED/LOST OR ITEMS BEING STOLEN FROM SUITCASES.** 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 Jo'burg-Gabs leg of your journey on the small plane and given back to you when you disembark.

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

### Books to Read

The flats have an abundance of Southern Africa, Botswana, and Gaborone travel guides. But, if you are not being housed in the flats, you may want to purchase a good Botswana travel guide before you depart.

Books are extraordinarily expensive in Gaborone. There is an excellent secondhand bookstore in the BBS (Broadhurst) Mall on the second floor above the Woolworths. It is called J & B bookstore and the owner can be a great help in suggesting books.

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.

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 chum of Howard Moffat, ex-Superintendent of PMH. The books are quick and enjoyable reads but are regarded as a bit out of date by many Botswana. Note that bus tours of the sites from the *#1 Ladies Detective Agency* BBC series (being shown in the US on HBO) are becoming 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.

Contact Heather Calvert for a copy of the full Botswana-UPenn Partnership book list that includes recommendations for historical, biographical, travel, and other Botswana texts.

## Communication

### Calling Home

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

### Calling 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. The "Simply Africa" card enables people to call to land lines or cell phones in Botswana for about \$0.08 a minute. Furthermore, with this card there is no connection fee. Another good card is the "GoLoAfrica" card.

### Calling around Botswana

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

We sometimes have extra phones, but do not count on it. If one is available Gill or Nikki will rent it to you. You will need to put down a security deposit of \$50 to borrow a BUP phone, The deposit will be returned to you once you successfully return the phone to staff in country. Or, you can buy an inexpensive phone once you arrive for about P250 or \$50 dollar including SIM card.

You can also rent a phone for the time you are in Botswana. **If you bring your own cell phone from the states confirm that you will be able to substitute a Botswana SIM card with your US cell phone vendor.** If you can do this then you can just purchase a Botswana SIM card when you arrive that will make your phone function in Botswana. This is probably the best way to handle it.

Instead of having a phone plan, most people 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 Gabs. Phone calls during the day are about P1/minute, but text messages can be sent for about 25 thebe.

If you do not have a phone but need to make a phone call, you can easily find a phone around town. 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 available by satellite. Wireless interface is available so any computer with a wireless card can be configured to use the internet connection.

Nikki has the “Penn key” which she will give you access to. There is also an office at the Mallach house with two computers and a printer. If you would like to use the Mallach house office, please ask the 214 office first if you may use it. There are also various internet cafes throughout the city, especially at the Main Mall, Riverwalk, and Game City. In general, it costs around P12-15/hour of use, but make sure to ask for a deal if you agree to buy a block of time and set up an account.

Keep in mind that generally internet connections are a bit slower, and outages are frequent and internet connectivity is not as reliable as on Penn’s campus. Please turn off computers when not in use. Botswana frequently experiences power surges and turning off the computers may help prevent damage. Also, if there is a storm, please turn off all electrical appliances.

Remember the voltage is 220 **NOT** 110 in Botswana.

### Mail

Post offices can be found at the Main Mall and at Riverwalk. Hours are generally 800-1600, Monday through Friday. Letters are priced according to the size of the envelope and not the weight. Letters in business sized envelopes cost P3.30, and larger letters cost P11. **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:

C/O Gill Jones  
Private Bag 324  
Suite 157  
Riverwalk  
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. (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 8.5 BWP.

### 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 you need it from banks or ATM’s.

Some banks are located in the Main Mall, (near Pilane Court) but ATMs are also located at Riverwalk and Game City. Be aware beforehand that ATM's in Gaborone are tied into the **PLUS** network (not Cirrus, or Nyc). You should check the back of your debit card prior to departure because without a card that is on the PLUS network you **WILL NOT** be able to obtain cash through your bank account with a bank card. In all likelihood, you will be able to 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. Some have had difficulties obtaining money from certain ATM machines in Gaborone. 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 are having problems. As a fallback you can always go to Barclays near the Main Mall to have money wired. Remember that end of month is a bad time to try and get cash as the ATM queues are very long.

Banks will change dollars and traveler's checks. There is also an American Express Center and money changing place at Riverwalk that can change your USD or traveler's checks. Just remember, most places close by 1600 during the week, and often charge a service for changing money.

### Credit Cards

Credit cards are accepted at most stores, hotels, supermarkets, and restaurants in Botswana. Once you leave the city, however, cash is often preferred 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 about half that of 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.

## **Transportation**

Since the addition of the malls (Riverwalk, Game City), the center of action has moved away from the Main and African Malls to these new malls, which are located on the outskirts of Gaborone. Therefore, walking in Gaborone is less of an option than it once was. Francistown is more compact and a more "walkable" city. There are a number of public transportation options.

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

### Taxis

Cabs are often available at Riverwalk and Game City, and they can be easily ordered by phone. If you find that you are taking cabs frequently, it is possible to get the cell phone number of a specific driver and call that person directly when needed. Furthermore, by using a single driver for most of your transportation during your stay you can often ask for lower rates. The larger cab companies are less likely to do this, but smaller companies and individual drivers will. Another idea some have had

success with is flagging cabs that already have occupants. 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 very friendly and 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: Gabs-Francistown, 6 hours (P35/person). Francistown-Maun, 6 hours (P40/person). Buses can be found on the north side of the bus station, and they generally leave every half hour or whenever the bus is full. Destinations are located on the front of the bus. Buses can be very crowded and are not air conditioned, but you can't beat the price. Get there early to get a seat.

### Train

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

### Plane

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). Flights to Jo/berg, Maun, Kasane. Typical fares are \$200-\$400 range. South African Air has offices in Broadhurst (3095740) and Game City (3972397) You are not able to book Air Botswana online.

### Travel Agents/Tour Guides

Talk to others Penn visitors about their recent travels for their advice on tours and trips you can make while in Botswana. Gill Jones is also a great source of information and is very experienced and well-connected so can be a tremendous help. Remember that if you are in Botswana over a Bank Holiday weekend that you need to plan well in advance.

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

#### **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.

The office at the Mallach House was established with funds donated in memory of Richard Root.

## Safety

As noted in the checklist 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 occur. Home invasions and burglaries of unoccupied or vacant residences are commonplace. You should use extreme care when talking on a cellular telephone in public. Cell phone thefts are routinely reported to the police. By far the most serious safety concern is vehicle accidents.

### Crime

You will generally feel safe in Botswana. The government is stable, and the Batswana are uniformly kind, friendly, 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. There is a general feeling that robberies are on the increase and this is often blamed on the influx of refugees from Zimbabwe. Remember your street smarts. **Do not walk by yourself on the paths after dark; use the streets. Do not go jogging with a portable media player. 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., “be sure to lock your windows when you leave”) be sure to follow it.

It is a good idea to purchase travelers insurance for your trip. That way if something is lost or stolen while in 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 surrounding.”

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.

### 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 had 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. 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 second leading cause of death in Botswana.

### 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.**

**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. Also note that Penn travelers are asked to not go to Zimbabwe (this includes the Zim side of Victoria Falls) while the situation remains dire there.

Nikki Jones and your supervisor should always know your weekend plans if you are going to be out of Gabs..

## **Penn Housing**

If you are traveling to Botswana as a medical student you will be accommodated in Penn housing arranged by your program coordinator. However, you must contact Nikki Jones to confirm your housing arrangements before you book your flight to make sure there is a bed for you then. Send her your final itinerary. 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 one house for faculty in Gaborone and a complex called Pilane Court, for students, residents, and others. In Francistown there is a three bedroom flat for Botswana-UPenn Partnership use.

### *Flats and Communal Living*

Accommodation in Gabs is located in a safe and beautiful complex. There is a swimming pool and several fruit trees. The Mallach House is on Buffalo Close (plot 2423) a few minutes away. It is about a 15 minute walk from PMH and a 5 minute walk to the Main Mall which is the nearest shopping center. It is also just a walk to UB, the main stadium, the tennis courts, and the squash courts.

All of the accommodations have housekeepers. They keep the places clean and do the laundry and ironing. They are not there to pick up after you! It is communal living, so be respectful of other's space and try to be neat.

We try very hard to house all Penn visitors – even if that means a bit of overcrowding on occasion. It is less expensive and potentially more fun so be prepared to “go with the flow”. **You may be asked to change rooms during you stay to better accommodate others based on gender and other considerations. Be prepared for this.** The cost of food is usually shared. This is done on an honor system basis so please remember to contribute.

Penn rents the accommodation, so we are the tenants. As such – anything that goes wrong structurally is the landlords responsibility. If you encounter any maintenance problems please advise Gill or Nikki as soon as possible. They will communicate with the maintenance people. But note that are not there to buy your toilet paper or light bulbs! Please look after the accommodation – it is nice, but only stays that way if everyone is responsible. If you break something please replace it and let Nikki know. Penn provides the cleaning materials for the maids to use BUT not personal items for you, such as toilet

paper, washing powder, soap, or toothpaste. Please take care of simple home “repairs” such as changing light bulbs or a fused plug.

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

The flat in Francistown is located in a similar type of complex. It has a swimming pool and tennis court. It is 1 km from a gym and 6 km from the hospital.

There is no local mail service in Botswana so any mail should be addressed to the post office bag. It takes about 2 – 4 weeks to get mail within Botswana.

### Bon Sela

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

### Rules:

1. Try to be neat – there are a lot of people living in a fairly small place.
2. All food is shared.
3. Contribute to the purchase of food without being asked – 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. At the end of your stay purchase some item for the flat – either decorative or functional as a remembrance.
7. Internet Etiquette: There are a number of people living together, please be aware of the time you spend on the internet.
8. Sign the spoon in the bar.
9. When you leave the accommodations it is customary to give a “Bone Sela” to the maid who has looked after you. The suggested minimum rate is P100 per month pro 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. Depending on your program you may need to bring or obtain extra supplies for your stay in the dorms. Please contact your program coordinator about the details of your housing.

## Restaurants

All of the restaurants listed are easy to get to by car and none of these are really inexpensive by Botswana standards, but are so by U.S. standards. Andy Schafer rated these but confesses he didn't actually go to them all.

**PMH Cafeteria:** Penn medicine people eat lunch here most days. Food is cheap, delicious and VERY FILLING. Their bowling-ball sized dumpling is not to be missed.

**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 Gabs (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 Gabs.

**Confectionary:** In the African Mall. Outstanding bakery good and coffee.

**Chinese Restaurant:** - 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. \*\*\*\*\*

### 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 Gabs (Has outlet at Game City too.)

**Primi Piatti:** Italian, popular. \*\*\*

**Spur:** Meat place with US Western theme.

**Thai Restaurant:** Excellent, but expensive

## **Having Fun**

### Malls

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

**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.

**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.

**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 is the largest mall in Gabs, near Kgale Hill. All mall-type stores, plus Game – a huge Walmart-type 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, book store (expensive), clothing and sports stores.

### Movies

There are two multiplex movie theaters in Gaborone and one in Francistown. In Gabs one is at Riverwalk and one is at Game City. These theaters tend to play the large blockbuster Hollywood movies, other bad movies from the U.S., and some Academy nominated movies. Tickets are around P25. 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. Gill tries to circulate the information when she hears about them.

### Quizzo

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

### Sports

**Gyms:** Most 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. There is nice running behind the stadium on packed sand – towards the Cricket pitch and around the UB stadium and old airstrip. You will need some guidance, but you can take a very long run in the bush by going past the cricket pitch.

**Football (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. Nikki is the Rugby Secretary and can advise you about the schedule.

**Cricket:** There is a national cricket pitch behind the main football stadium.

**Golf:** The Golf Club is walking distance from the Gabs 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. It is filled mostly with locals. Great scene, but bring ear plugs.

**Karaoke:** There is karaoke at the Red Lantern restaurant.

### Bars

**Bull and Bush:** “English pub” in north part of Gabs. Large screen television to watch sports, pool, and great pizza. Mix of 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. Gabane artists are also worth a visit just out of town.

### Craft Center

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).

### 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 Gabs! 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 some muggings there too lately so check with some of the locals before going. (NOTE: Currently the Dam is banned for US visitors by the American Embassy. This means, do NOT go there.

**Gaborone Game Park:** It is certainly not very exotic by African standards (antelope, warthogs, zebras and ostrich), but 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) and it only costs six 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.

**Kgale Hill:** Kgale Hill is located in the southwest part of Gabs. It is a moderate hike, about three kilometers to the top. There are great 360-degree view of Gabs from the top. Look out for the baboons. *Note: Cars have been broken into when left at the foot of the hill. You can leave your car in the nearby parking lot at Game City and walk to the hill. Because of recent 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 “first safari”, though a bit expensive. 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 is an interesting local museum with a great view of the valley.

**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. Mrs. Merriweather still lives there. She started the Shepherd School with eight children and today there are over 500.

**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.

**Thamaga:** Thamaga is small village outside of Gabs 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.

### Longer Trips

With most trips mentioned below, there are options for comfortable living, budget living, and camping. We strongly advise you to discuss any of these trips with Gill or Nikki. They can help with accommodations, etc. Trips to Okavango Delta, Chobe and Victoria Falls would need to be done at the end of your stay since they take more than a weekend. Remember they are NOT travel agents but have a wealth of experience of who to contact for what and have managed to negotiate some good “Penn” rates. You are welcome and encouraged to book your own travel if you prefer.

Please note: All visitors who are in Botswana for a clinical rotation are encouraged to make arrangements for longer trips (Chobe, Okavango, Victoria Falls, Tuli, Cape Town, etc.) either before your rotation starts or after it ends. Students and residents are expected to work Mondays through Fridays, and most longer trips require flights that are not conducive to work.

**Kalahari Camping Trip:** Contact Tim Race who leads outstanding camping trips to the Kalahari and has all of the necessary equipment.

**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.

**Okavango Delta:** This inland delta is the biggest tourist attraction in Botswana. The camps in the delta are also quite expensive, but are all-inclusive and are perhaps the most unique part of Botswana. There are great animals, birds, and wonderful night sounds of tree frogs. Camps are usually quite lavish. To visit, you must fly to Maun and then generally take a Cessna into one of the camps.

**Chobe Game Preserve/Victoria Falls:** Located in northeast part of Botswana, Chobe has the highest concentration of elephants in Africa. The evening sundowner cruise on the Chobe River is a must but please request a large boat. (Small boats are too dangerous.) The sunsets are amazing and you will see the game in a totally different environment. Elephants swim across the river and the hippos wallow in their pods. The Chobe River Lodge has self catering chalets with either 2 or 3 beds. Gill has negotiated a Penn rate so she can book this for you and organize a pick up at Kasane airport. If you do not want to self cater, the Garden Lodge and the Mowana Lodge are other options. Day trips to Victoria Falls are also available. (Note for Victoria Falls – Visitors are advised to stay on the Zambian side of the falls while the political situation in Zimbabwe remains tense.) The market there is amazing and you can literally barter your shirt to your shoes.

**Madikwe Game Reserve:** Located right over the border in South Africa, is an absolutely fabulous (and romantic) weekend getaway to a game reserve. You must make reservations ahead but there are many lodging options and prices, though none that are "cheap." Lodging options include Makanyane (very expensive), Tau, Madikwe River Camp, and Jack's Tree House (a little less expensive). Madikwe is well worth the expense! Just outside of Madikwe is Masela Sela at a far more reasonable price, which includes a game drive each day + an extra one if you pay for it. Ask Gill for advice about options regarding expense. Most people prefer to stay in the park. You can view the lodges at: [www.madikwesafaris.com](http://www.madikwesafaris.com). Gill has arranged a special Penn rate at Tau and often gets "last minute" rates with some of the others.

**Johannesburg:** Jo'burg is five hours by car from Gabs. Make sure you get a very detailed map if you drive there, as street signs are nearly nonexistent, and it is very easy to get lost (and your trip could be several hours longer than intended. The northern suburbs are beautiful and safe, but Jo'burg proper is also known to be very dangerous, so be careful. There are great restaurants and great B&Bs in Jo'burg. Some activities you might try include taking a Soweto Township tour, visiting the Apartheid Museum, or other assorted cultural activities. Remember that the Tlokweng border closes at 22:00.

**Khutse Game Reserve:** Khutse is the gateway to the Kalahari. A weekend camping in the Kalahari is a life altering experience, but camping is pricey. You should absolutely not go camping without an experienced guide. There are lions and other animals that make it too dangerous for a novice to be out there alone. There is a new lodge just outside of Khutse that is very nice and the place to go if you are not a camper or if you cannot arrange for a camping trip. **Remember safety first - always go with more than one vehicle and an experienced guide.**

**Pretoria:** Located on the way to Jo'burg, but an hour closer to Gabs, is the South African city of Pretoria. Pretoria has an excellent zoo, and the Kruger museum provides an excellent overview of South

African history. Pretoria is known as the Jacaranda City because of the proliferation of Jacaranda trees. The city actually appears a purplish blue from the hills overlooking the city when the Jacaranda is in bloom in the spring. It is quite a sight to behold.

**Tuli Game Reserve:** This is not the usual tourist area, but has excellent sites and a few great lodges, the Tuli Safari Lodge and Mashatu to name but two. The scenery is beautiful just at the border of Botswana, Zimbabwe and South Africa and only a six hour drive West of Gabs. This is a good place to visit over a Bank Holiday weekend provided you book in advance. Tell them you are with the Penn program and they will give you “resident rates!” One can stay inexpensively in a great tent site on the banks of the Limpopo River. [www.tulilodge.com](http://www.tulilodge.com)

## **Working in the Hospitals**

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

### *About Princess Marina Hospital (PMH) and Nyangabgwe Hospital (NGWH)*

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. Our second hospital site at Nyangabgwe Hospital (NGWH) in Francistown has been open since January 2006. These are the two large government referral hospitals in Botswana. There is also a very important third “health system”--that of the traditional healer. Most Botswana 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 two years ago. The first class started in August 2008. Prior to this all Botswana medical students spent their clinical years at hospitals outside Botswana. Botswana started its own internship program in January 2007. UPenn has been given the responsibility for developing and implementing this program so you will have the privilege of working in this important project. There will likely be a fair amount of switching of clinical responsibilities depending on the teaching needs and you will be relied upon to be an important part in the teaching program – both directly and as modeling an academic program. There are often other medical students on service, but they are primarily from Australia, South Africa and Ireland. Because there is a nursing school at the University of Botswana, most nurses are Botswana; 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 multimillion dollar research laboratory at PMH. They have been very productive in research. They are not involved in inpatient care or medical education. Important players include Max Essex, DVM, PhD (Director of Harvard AIDS Institute); Richard Marlink, MD (Director of the Botswana-Harvard AIDS Partnership); Hermann Bussman, MD and William Wester, MD. They have no inpatient or teaching presence.

Baylor College of Medicine has been a very important provider of outpatient pediatric HIV care and medical education at PMH. Their multimillion dollar research and clinical facility, the Botswana-Baylor Children's Clinical Center of Excellence, opened at PMH in the spring of 2003. They have added a number of physicians in the past few years and are now contributing to the inpatient pediatric care and teaching. It should also be noted that the Dean of the Medical school, Major Bradshaw is from Baylor.

The Harvard and Baylor programs are large, well funded, and well organized. 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. UPenn is the only “show in town”. See supplement for more about NGWH hospital and Francistown.

### Credentialing for Residents and Faculty Working at PMH

Anyone (not including students) who plans to practice medicine in Botswana MUST submit documentation and complete an application for exemption from registration with the Botswana Health Professions Council (BHPC). There are a number of documents required to obtain the registration. Heather Calvert has the full list. Registrations are given in-person on Wednesdays. You should plan to arrive by Tuesday morning so your paperwork can be turned in, and you can 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.

### Set-up of Medical Wards

You will be given a pamphlet titled “University of Pennsylvania Guide to Princess Marina Hospital” or “University of Pennsylvania Nyangabgwe Supplement” just prior to your trip. This will help orient you to the things you need to know to function in the public hospital system. It includes such things as how to use the computer system, what tubes are required for specific tests, common abbreviations, commonly used medications, normal laboratory values and a tour of the hospital. There is also a useful list of Setswana words and phrases. It will also help orient you to living in Botswana and more specifically our flats. ***In addition, you will be given a CD with copies of the five orientation lectures that you will get during your first week or two.*** Topics include: Botswana pharmacopeia, Cryptococcus, Botswana anti-retrovirals, tuberculosis clinical and diagnosis, and tuberculosis treatment.

The following is a description of the wards at Princess Marina. The arrangement at Nyangabgwe is similar (also see supplement).

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, green, and blue and there is one each on the male and female side. Some of the firms are designated as part of the teaching program and each has at least one PMH intern or Medical Officer (MO). A PMH MO is a physician who has graduated from medical school, but s/he has not done a residency. Therefore, an MO may be a new graduate or may have been practicing for years. Each firm is headed by an attending, called a “specialist.” A “specialist” is someone who has completed a residency, and in addition, they often have an area of focus. Penn has full-time clinical specialists at PMH. At any given time some are working on the wards and clinics of PMH and some are doing outreach training in a number of the surrounding referral hospitals. We also have a specialist working full-time on tuberculosis. Penn medical students and residents are fully integrated into the firms at PMH. MOs and interns are the primary caretakers of the patients, and specialists supervise them with morning rounds three times a week and afternoon rounds on the other two days. (The specialists have morning clinic twice a week.) MOs, interns, and

you round on patients every day (except the weekends, unless on call), and perform all corresponding blood tests, invasive procedures, admissions, and discharges. 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. In general the students function at the level of an intern and the residents are expected to function as a specialist.

As stated before, this is an elective where residents will have a great deal of independence; however, you will always have a Penn 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. Do not let these things frustrate you.

Rounds are “classical”. 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. Even transport is a problem. 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), be open-minded (crucial). Be prepared for the frustration of dealing with a new system, inefficiencies (they go at a different pace in Botswana), lack of accountability, items being “out of stock”, inability to get the lab tests you are accustomed to getting, and deaths that would not occur in the US. Consultants from the other departments can be particularly problematic both by ability and lack of interest. All of this is superimposed on jet lag.

*Most people require about two weeks to get past the frustrations and inefficiencies that are part of our work in Botswana. Changes are being made by evolution not revolution. Certainly by the middle of your rotation you will feel in pretty good control and by the end regret that you are leaving.*

### *Daily Hospital 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 its clear why you are asking a question but it may not be apparent to everyone else in the room. Take you cues from the Penn people who have been there for a while.

When you—as residents or medical students take call—you will be presenting those patients at intake. You **should not** go through an in-depth case presentation, as usually there are many other patients that need to be presented. Be focused and as brief as possible. Never forget to include your impression and the diagnostic possibilities. Once you see intake for the first time you certainly will get the hang of it.

### Rounds

Rounds begin shortly after the morning intake report is completed (around 830-9). The team composition will vary. We put a great deal of effort into considering the make up of each team. 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 Meditech. It is accessible in the larger hospitals and most government clinics. All labs are ordered and retrieved through this system. Instructions for its use are in the “Guide”. 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. 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 notify a Penn specialist. We keep the first dose of PEP in the cupboard in our lab on the male medical ward and we have additional medication at Mallach house should it be needed. We will take care of you.

Please note, just as in the United States, you must report all needle stick exposures and other risks. A report form is available from and must be submitted to Heather Calvert to report any safety incident.

#### *Other Responsibilities for Residents (and occasionally students)*

Penn has created a number of conferences at PMH and NFH (see below and supplement). These include a didactic series on the management of basic medical problems, a case-based management conference, and a journal club (jointly with pediatrics). Residents will be responsible for preparing presentations for some of these conferences after consultation with the Penn faculty.

### Weekly Conference Schedule (Princess Marina)

#### Monday

0730 Intake (male medical ward conference room) –whole department

#### Tuesday

0730 Intake (male medical ward) – whole department

0815 Didactic conference (male medical ward conference room) – Penn established curriculum

1230 Every-other week we take Penn students and residents to lunch for medical discussions and bi-directional feedback.

1300 Intern core conference (Baylor conference room) – Internship curriculum (all invited)

#### 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

1430 Journal Club (Baylor building) – we alternate weeks presenting

#### 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 been regularly contributing 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 can not 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.

There is an excellent radiologist in private practice, Eugene Joost, who has been very nice to be available to help with any x-ray we clearly need immediate advice about. Gill has his phone number. We have to bring the films to him.

### 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.

### 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.

### HIV/AIDS in Botswana

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

A number of factors have contributed to this prevalence:

- Excellent roads with the vast majority of the population located in a relatively small geographic area.
- Customarily, men have a few homes and have at least one sexual partner in each location. These homes include the village dwelling or homestead, usually the principle home; the cattle post; lands for arable farming; and the urban home.
- Rapid movement between the homes, resulting in only narrow differences between rural and urban HIV infection rates.
- Stigma – Despite the prevalence, there is still a great 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). **Anti-retrovirals (ARV's) can only be prescribed or changed at one of the treatment sites. (We can continue medications on admitted patients.)**

At the present time there are over 62 ARV sites around the country caring for over 85,000 patients. This is remarkable given that there was essentially no treatment seven years ago. There are over 17,000 patients registered at the clinic at PMH making it the **largest HIV clinic in the world!**

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

*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

the

### Who is targeted for the ART program?

Infected patients get started on ARV's if they have a documented HIV (+) test, CD4 <250 or an AIDS defining illness. Pregnant woman are also a target group for treatment regardless of CD 4 count. First line therapy in Botswana is Combivir and efaviranz or nevirapine (women of pregnancy potential). At this time the "new" guidelines are being rolled out and Tenofovir/Efavir with replace Combivir as first line.

## **Other Information**

### Important Phone Numbers

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

Gill Jones 3926597 (home) / 72768605

Nikki Jones 72791513

Pilane Court 3974500

Pilane Court 3904008

Princess Marina Hospital: 3953221, 3621400

Medical emergency (Diana Dickinson, M.D.): 3953424, 71426546

USA Embassy 3953982

National operator: 100

International operator: 101

National directory: 192

International directory: 193

Direct dial to USA: 001-area code-number

Direct dial to South Africa: 0027 – (11 = Jo'burg) + phone number

### Key Botswana-UPenn Staff in Botswana

Contact Heather Calvert for a complete list of all current Botswana-UPenn Partnership staff.

Harvey Friedman

Director of the Botswana-UPenn Partnership

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Doreen Ramogola-Masire	Country Director, Head Women's Health Initiative
Andrew Steenhoff	Country Research Director
Gill Jones	Country Business Administrator
Nikki Jones	Housing and Student Coordinator

*Other Key Players (non-Penn) in Botswana*

Dr. Parul	Head of Medicine at PMH
Diana Dickinson	Director of a large and superb private practice in Gabs. HIV experienced.
Dr. Lesetedi	Superintendent of Princess Marina, Director of the Emergency Room

*Glossary of Acronyms*

ACHAP	African Comprehensive HIV-AIDS Partnership
ARV	Anti-retroviral
ATT	Anti-tuberculosis therapy
BHP	Botswana-Harvard School of Public Health AIDS Initiative for HIV Research and Education
BHPC	Botswana Health Professions Council
BONASO	Botswana Network of AIDS Services Organizations
BONEPWA	Botswana Network of People Living with HIV/AIDS
BOTUSA	Botswana-USA partnership
BUP	Botswana-UPenn Partnership
CCF	Congestive cardiac failure
CI	Clinically immuno-suppressed – not HIV tested but likely HIV+
IDCC	Immunodeficiency Care Center (the HIV clinic at PMH)
KITSO	National HIV training program
PEP	Post exposure prophylaxis
PMTCT	Prevention of mother to child transmission program
PTD	Pulmonary tuberculosis
VCT	Voluntary HIV counseling and testing

*Additional Information & Resources*

There are a number of other information resources (some are attached here), all of which are available from Heather Calvert (except where noted):

General

- BUP Brochure
- BUP Basic Setswana
- BUP Book List
- BUP Packing Checklist
- BUP Travel Agents
- BUP Employee Listing
- Guide to Long-Term Relocating to Botswana (for new BUP staff)

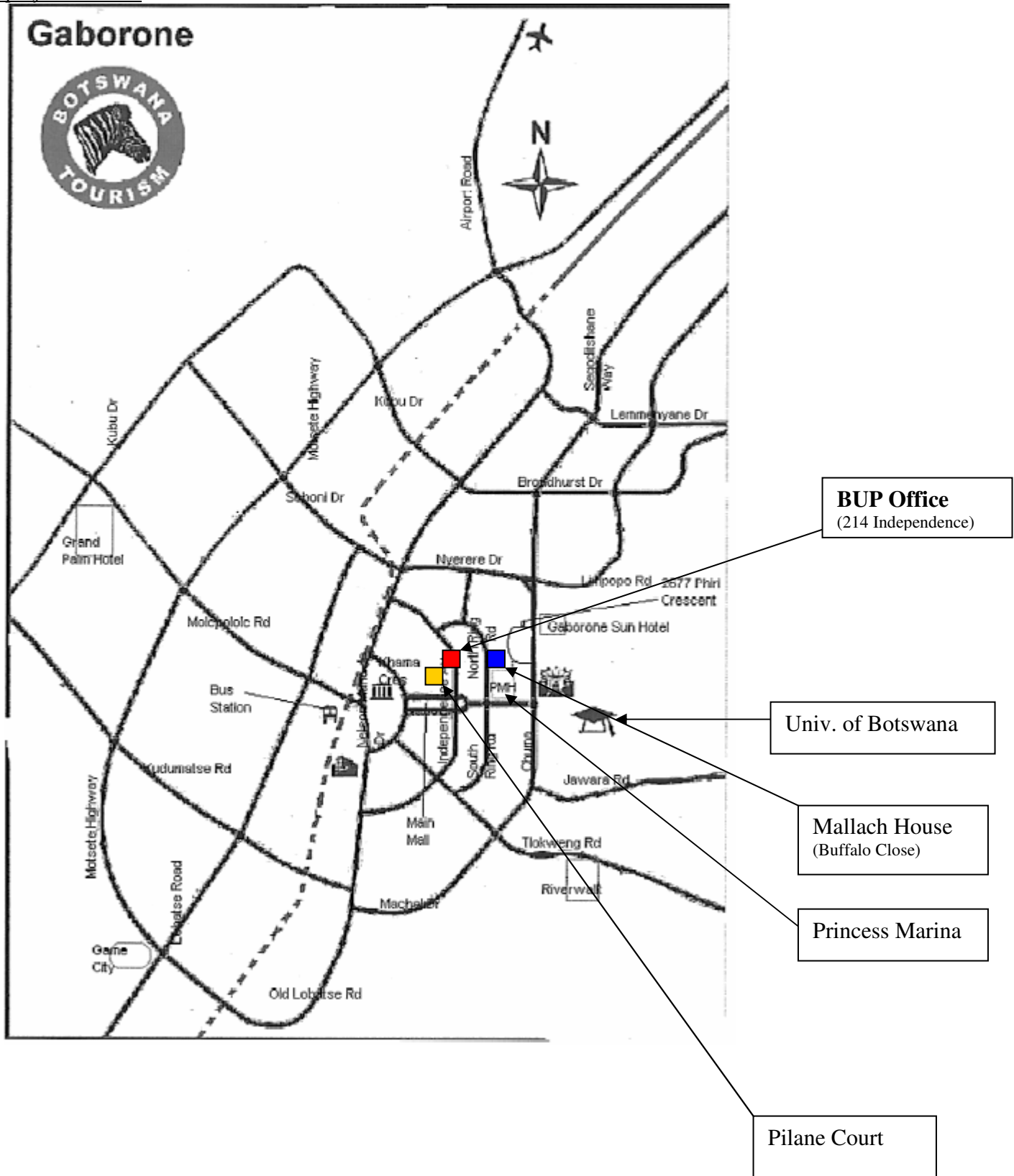
- The Practical Penn Abroad: Know Before you Go – A Resource Guide for Penn Students and Faculty (available from Pat Martin, [martinp@pobox.upenn.edu](mailto:martinp@pobox.upenn.edu))

For Medical Students, Residents, Faculty and Medical Volunteers

- BHPC Application
- BUP Checklist (Heather Calvert or the Global Health Website)
- BUP Guide to Princess Marina Hospital Supplement
- BUP Guide to Nyangabgwe Supplement
- Essential Drug List
- Orientation Lecture CD
- Risk & Release Form
- TB Manual

Well that's it for now...hope you enjoy your time in Botswana and learn a lot. Please once you return to the US let us know how we can improve the Botswana-UPenn Partnership experience and what more information you'd like to see included in this document. Send your ideas and suggestions to [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

Map of Gaborone



### Botswana-UPenn Partnership Participants (to date)

This is a listing of faculty, students, residents, and staff who have traveled to Botswana as part of the Botswana-UPenn Partnership. If you, or someone you know, is missing from this list, please email Heather Calvert at [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

#### **2002-2003**

Aberra, Faten (GI); Fellow

#### **2003-2004**

Dvorin, Jeff; Student - Med  
Halpern, Scott; Student - Med  
Magee, Hema (H); Student - Med  
Perez, Christine; Student - Med  
Roder, Sanam (H); Student - Med  
Vidal, Rick (H); Student - Med

#### **2004-2005**

Kim, Rose (ID); Fellow  
McLaughlin, Carol (ID); Fellow  
Wang, Gary (ID); Fellow  
Berry, Steve; Resident  
Canada, Robin; Resident  
Chase, Rene (ER); Resident  
Chen, Anne; Resident  
Ciminiello, Frank; Resident  
Ehrenkranz, Peter; Resident  
Fuld, Alex; Resident  
Greenhouse, Brian; Resident  
Hort, Shoshona; Resident  
Iwashna, Jack; Resident  
Lee, Ingi; Resident  
Mangin, Terry; Resident  
Mikkelson, Mark; Resident  
Pelligrini, Cara; Resident  
Rohatgi, Anand; Resident  
Shah, Amil; Resident  
Sheth, Anish; Resident  
Tennyson, Christina; Resident  
Tsai, Emily; Resident  
Apenteng, Tawia; Student - Med  
Campbell, Alfred; Student - Med  
Chattergoon, Michael; Student - Med  
Dowshen, Nadia; Student - Med  
Hall, Allison; Student - Med  
Hart, Elizabeth; Student - Med  
Henry, Camille; Student - Med  
Holtzman, David (H); Student - Med  
Huang, Steve; Student - Med  
Iobst, Sara (H); Student - Med  
Izquierdo, Adrianna; Student - Med  
Jones, Meredith; Student - Med  
Mellore, Anoma; Student - Med  
Merlin, Jessie; Student - Med  
Mullen, Mike; Student - Med  
Newbrough, Sally; Student - Med  
Ogunleye, Temitayo; Student - Med  
Pham, Thu; Student - Med

Phil, Phil; Student - Med  
Rollins, Caitlin; Student - Med  
Rosenbaum, Elana; Student - Med  
Shin, Jennifer; Student - Med  
Silverman, Jon; Student - Med  
Tabaie, Sheida; Student - Med  
Wang, Jessica; Student - Med  
Weissmann, Laruen (H); Student - Med

#### **2005-2006**

Albrecht, Svenja; Fellow  
Anthony, Kara; Resident  
Anziska, Yaakov (Columbia, Neu); Resident  
Azzam, Helen; Resident  
Baseley, Jon; Resident  
Bhargava, Monica (Stanford); Resident  
Dahodwala, Nabila (Neurology); Resident  
Evans, Jon; Resident  
Feldman, Jessica (Neurology); Resident  
Halpern, Scott; Resident  
Halpern, Alalisa (Dermatology); Resident  
Harrish, Shilpa; Resident  
Hellman, Nate; Resident  
Herold, Christina; Resident  
Kairns, Carla; Resident  
Kandhar, Sameer; Resident  
Kao, David (Stanford); Resident  
Kilaru, Sudha (Neurology); Resident  
Kohli, Rahul; Resident  
Messick, Sarah; Resident  
Nasrillah, Ilya; Resident  
Ortman, Matt; Resident  
Stein, Sophie; Resident  
Tiku, Anjili; Resident  
Zentko, Suzanne; Resident  
Anderson, Brett; Student - Med  
Biggs, Melissa; Student - Med  
Blumenthal, Elizabeth; Student - Med  
Brenner, Stacey; Student - Med  
Briggs, Melissa; Student - Med  
Chander, Avantika; Student - Med  
Dubowitz, Nadine (Brown); Student - Med  
Foote, Helen; Student - Med  
Gottesman, Dina; Student - Med  
Gregory, James; Student - Med  
Grunwald, Lili; Student - Med

Hussen, Sophie; Student - Med  
Hutchinson, Rebecca; Student - Med  
Hutchinson, Peter; Student - Med  
Hyle, Emily; Student - Med  
Ireland, Helen; Student - Med  
Khazanie, Prateeti ©; Student - Med  
Lee, Vivian; Student - Med  
Magge, Hema; Student - Med  
Mehta, Shivan; Student - Med  
Morrissette, Erin; Student - Med  
Nair, Meera; Student - Med  
Nerenberg, Rebecca; Student - Med  
Robertson, Adam; Student - Med  
Robinson, Adam; Student - Med  
Roder, Sanam; Student - Med  
Scrattish, Louis; Student - Med  
Shrinivasam, Jayaram; Student - Med  
Silverman, Michael; Student - Med  
Stohl©, Hindi; Student - Med  
Tapela, Neo (Harvard); Student - Med  
Tubman, Venee; Student - Med  
Wilson, Lori; Student - Med  
Wolf, Elizabeth (Uwash); Student - Med

#### **2006-2007**

Azfra, Rahat (Derm); Resident  
Becker, Julia; Resident  
Carroll, Tannon; Resident  
Chattergoon, Michael; Resident  
Cohen, Lisa; Resident  
Cohn, Jen; Resident  
Desai, Mitesh; Resident  
Friedman, Dan (Neurology); Resident  
Heyns, Laura; Resident  
Jones, Niya; Resident  
Kampp, Jeremy (Dermatology); Resident  
Karalakulasingam, Jasmine; Resident  
Klaus-Hernandez, Michelle; Resident  
Lee, Robert (Dermatology); Resident  
Linsky, Amy; Resident  
Lyon, Sarah; Resident  
Maniar, Tap; Resident  
Mazzerelli, Joanne; Resident  
Menard-Katcher, Paul; Resident  
Merrill, Joey; Resident

Mowrey, Ellen (Neurology); Resident  
 Obstein, Keith; Resident  
 Ranji, Pooja (Radiology); Resident  
 Roy, Millie (Stanford); Resident  
 Sederat, Ali; Resident  
 Seymour, Chris; Resident  
 Stover, Mark (ER); Resident  
 Thick, Ai-En; Resident  
 Wei, Stan; Resident  
 Allen, Kiona; Student - Med  
 Azari, Soroya; Student - Med  
 Babushok, Daria; Student - Med  
 Bachhuber, Marcus; Student - Med  
 Barkley, Shannon; Student - Med  
 Brown, Aaron; Student - Med  
 Cardemil, Christina; Student - Med  
 Cheely, George; Student - Med  
 Cheely, George; Student - Med  
 Clemens, Gina; Student - Med  
 Connor, Denise; Student - Med  
 Coryell, Lee; Student - Med  
 Cruz, Carlos; Student - Med  
 Cunningham, Brooke; Student - Med  
 Dalton, Nicole; Student - Med  
 Dubner, Sarah; Student - Med  
 Forcier, Kathleen (Cornell); Student - Med  
 Gergpru, James; Student - Med  
 Gibson, Ericka; Student - Med  
 Goldberg, Josh; Student - Med  
 Goldman, Jason; Student - Med  
 Gotchik, Mara; Student - Med  
 Gray, Laurie; Student - Med  
 Guerry, Christopher; Student - Med  
 Gupta, Raj; Student - Med  
 Harris, Julian; Student - Med  
 Hill, Lauren; Student - Med  
 Hoffman, Marc; Student - Med  
 Hogan, Jon; Student - Med  
 Hudson, Frank; Student - Med  
 Ibawi, Andre; Student - Med  
 Iobst, Sarah; Student - Med  
 Jacob, Jerry; Student - Med  
 Jacobs, Samantha; Student - Med  
 Jang, Joanne; Student - Med  
 Jarrett, Nicole (Cornell); Student - Med  
 Kerwin, Georgina (Newcastle) ©; Student - Med  
 Kolsky, Rebecca; Student - Med  
 Lederer, Phil; Student - Med  
 Lin, Kathy; Student - Med  
 Linton, Julie; Student - Med  
 McKinney, Kibwei; Student - Med  
 Methvin, Amanda; Student - Med  
 Metkus, Tom; Student - Med  
 Miselis, Kristin; Student - Med  
 Mmuma, Bryn; Student - Med  
 Morse, Michelle; Student - Med  
 Neirman, Jennifer; Student - Med

O'Meara, Tim; Student - Med  
 Patton, Alison; Student - Med  
 Prince, Anthony; Student - Med  
 Quain, Rhoda; Student - Med  
 Reinert, Kristy; Student - Med  
 Rieder, Evan; Student - Med  
 Rodriguez, Samuel; Student - Med  
 Rose, Stacey (Baylor); Student - Med  
 Rosenstein, Melissa; Student - Med  
 Rowinsky, Peter; Student - Med  
 Salmon, Patricia; Student - Med  
 Schmidt, Kathryn; Student - Med  
 Schram, Justin; Student - Med  
 Shearer, Lee; Student - Med  
 Sherer, Elena; Student - Med  
 Singer, Karyn; Student - Med  
 Skyers, Princess; Student - Med  
 Sokol-Hessner, Lauge; Student - Med  
 Soriano, Scarlet; Student - Med  
 Stein, Joel; Student - Med  
 Tran, Bao; Student - Med  
 Vale, Ann; Student - Med  
 Weissman, Laruen; Student - Med  
 Wurcel, Alysse; Student - Med

#### 2007-2008

Lemonovich, Tracy; Fellow  
 Limouze, John; Student - Med  
 Qureshi, Azam C'08 (History); Student - Penn  
 Truong, Hong C'08 (Biochemistry); Student - Penn  
 Kumar, Vipul C'09 (Biochemistry); Student - Penn  
 Loy, Dorothy C'09 (Anthropology); Student - Penn  
 Gordon, Mara C'08 (American History and English); Student - Penn  
 Grafmuller, Leanne EAS'09 (Biomed Science); Student - Penn  
 Han, Rachel C'09 (Economics/Health Sciences); Student - Penn  
 Howe, Emily V'09; Student - Penn  
 Kerins, Janna V'09; Student - Penn  
 McAvoy, Florence V'09; Student - Penn  
 Shah, Rachel C'09 (Biology); Student - Penn  
 Strain, Robert C'08 (Political Science); Student - Penn  
 Taraborelli, Donna Master of Bioethics fall'07; Student - Penn  
 Vinekar, Kavita C'09 (Biology); Student - Penn

#### 2008-2009

Dibble, Chris (Cario/Pulm); Faculty  
 Hanson, Bill (ICU); Faculty

Hurtig, Howard (Neurology); Faculty  
 Whereat, Art (Gen Med); Faculty  
 Cottrell, Dan; Resident  
 Dacso, Matt (Brown); Resident  
 Dallapiazza, Michelle; Resident  
 Diangi, Yumi; Resident  
 Flesch, Judy (Oncology); Resident  
 Garland, Joe; Resident  
 Hamilton, Aaron; Resident  
 Hamilton, Keith ; Resident  
 Hung, Emily ; Resident  
 Joseph, Sasha; Resident  
 Katz, Dave; Resident  
 Ky, Betty; Resident  
 Lewis, Sharon (Neurology); Resident  
 Mahon, Katherine (Family Medicine/Pediatrics); Resident  
 Mehta, Neil; Resident  
 Miller, Jess (Pediatrics); Resident  
 Mothobi, Nomvuyo; Resident  
 Mullen, Mike (Neurology); Resident  
 Njage, Yvonne (Oncology); Resident  
 Parikh, Sefali; Resident  
 Quill, Caroline; Resident  
 Sarkar, Monika; Resident  
 Schulte, Michaela (Einstein); Resident  
 Shreenivas, Satya; Resident  
 Simoncini, Gina (Temple); Resident  
 Smith, Megan; Resident  
 Vittor, Amy; Resident  
 Walebowa, Oteng; Resident  
 Wusthoff, Courtney (Neurology); Resident  
 Adler, Rebecca; Student - Med  
 Berman, Micah; Student - Med  
 Byun, Jimmy; Student - Med  
 Caesar, Scott; Student - Med  
 Chokshi, Dave; Student - Med  
 Chu, Jaclyn; Student - Med  
 Cioe, Eric; Student - Med  
 Cohen, Andrew; Student - Med  
 Cohen, Kiera; Student - Med  
 Dunn, Lara; Student - Med  
 Edmonds, Christine; Student - Med  
 Evans, Elizabeth; Student - Med  
 Freeman, Kathrine; Student - Med  
 Gonzalez, Ernesto; Student - Med  
 Gordon, Jeffery; Student - Med  
 Haas, Brian; Student - Med  
 Hatch, Micahel; Student - Med  
 Holtzman, David; Student - Med  
 Iwamaye, Amy; Student - Med  
 Jennings, Rebecca; Student - Med  
 Keller, Deborah; Student - Med  
 Loomis, Caitlin; Student - Med  
 Luskin, Marlin; Student - Med  
 Marston, Hilary; Student - Med

Murthy, Sushila; Student - Med  
Rooney, Melissa; Student - Med  
Rosenberg, Erica; Student - Med  
Seol, Julia; Student - Med  
Shah, Payal; Student - Med  
Simon, Mattew; Student - Med  
Singhal, Neil; Student - Med  
Stine, Nicholas; Student - Med  
Swanson, Jeffery; Student - Med  
Tran, Kathleen; Student - Med  
Truchil, Rachel; Student - Med  
Schwartz, Daniel C'10 (Urban  
Studies); Student - Penn  
Thorne, Ebony C'09 (Health and  
Societies); Student - Penn  
Abbott, Dan V'11; Student - Penn  
Abrahamsen, Karilyn V'11; Student  
- Penn  
Aum, Jennifer N'10/W'10 (Health  
Care Management); Student - Penn  
Bhagat, Rajiv C'09 (English &  
Biology); Student - Penn  
Chan, Rebecca C'09 (Psychology);  
Student - Penn  
Colbath, Aimee V'10; Student -  
Penn  
Emerson, Abigail C'09 (Sociology);  
Student - Penn  
Erdos, Julio EAS'10/C'10  
(Mechanical Engineering & IR);  
Student - Penn  
Hall, Kristin C'11/W'11  
(International Studies); Student -  
Penn  
Johnson, Nina C'09 (Philosophy);  
Student - Penn  
Millner, Ilana C'10 (English);  
Student - Penn  
Patel, Pratik C'09 (Biology);  
Student - Penn  
Torstveit, Emily L'10; Student -  
Penn  
Williams, Dave L'10; Student -  
Penn  
Genfi, Afia C'09 (Health and  
Societies); Student - Penn  
Millner, Ilana C'10 (English);  
Student - Penn  
Modak, Sebastian C'10 (History  
and English); Student - Penn  
Peterson, Amber C'09 (Health and  
Societies); Student - Penn

#### **Faculty**

Albert, Dan (Rheum); Faculty  
Bisson, Greg; Faculty  
Collman, Ron; Faculty  
Coslett, Branch (Neurology);  
Faculty  
Crumlish, Colleen (Hospitalist);  
Faculty  
Deroos, Francis (ER); Faculty

Doyle, Alden (Nephrology); Faculty  
Durocher, John (Hematology);  
Faculty  
Edelstein, Paul (Microbiology);  
Faculty  
Finalle, Rodney (Ped); Faculty  
Friedman, Harvey; Faculty  
Gluckman, Stephen; Faculty  
Gonzales, Francisco (Neurology);  
Faculty  
Hoxie, Jim (Oncology); Faculty  
Kessler, Jason; Faculty  
Macgregor, Rob; Faculty  
Meany, Peter (CHOP); Faculty  
Miller, Jr., Wallace (Radiology);  
Faculty  
Morrison, Lake (Pulm); Faculty  
Nathan, Barry (Peds/ER); Faculty  
Nathanson, Neal; Faculty  
Perrone, Jeanmarie (ER); Faculty  
Root, Richard; Faculty  
Schafer, Andrew; Faculty  
Stark, Fred; Faculty  
Steinberg, Dan (Hospitalist);  
Faculty  
Tebas, Pablo; Faculty  
VonFeldt, Joan (Rheum); Faculty

Jonathan Cossett – CHOP  
Anthony Luberti - CHOP

## Botswana-UPenn Partnership

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### Travel Agents

#### US Based

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##### HTI Tours

1815 JFK Boulevard, Suite 480  
Philadelphia, PA 19103-1731  
United States

tel: 215-563-8484  
fax: 215-563-4411

---

##### Palace Travel, Inc.

5301 Chestnut Street  
Philadelphia, PA 19139  
United States

tel: 215-471-8555  
800-683-7731  
fax: 215-471-8898

<http://palacetravel.com/>

Kermitta Wiedemann

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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).

# Botswana-UPenn Partnership

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## Acknowledgement of Risks and Release from Liability

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

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

Botswana-UPenn Partnership team members 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 service 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 522H Johnson Pavilion, 3610 Hamilton Walk, Philadelphia, PA 19104-6073 or scan and send to hcalvert [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

# Botswana-UPenn Partnership

## Emergency Contact Information

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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: \_\_\_\_\_

Deliver to Heather Calvert in 522H Johnson Pavilion, 3610 Hamilton Walk, Philadelphia, PA 19104-6073 or scan and send to hcalvert [hcalvert@mail.med.upenn.edu](mailto:hcalvert@mail.med.upenn.edu).

# Botswana-UPenn Partnership

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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;
- 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;

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.

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

# Botswana-UPenn Partnership

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## Planning & 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.)
- 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 Nikki Jones ([jonesn@botswana-upenn.co.bw](mailto:jonesn@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 eight weeks after returning.)
- Register your travel plans online with the Department of State:  
<https://travelregistration.state.gov/ibrs/>
- 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. No other guidebooks are necessary because the BUP Housing in Botswana has plenty.

### Final Arrangements

- Arrange for pet, plant, or house sitter.
- Put hold on newspapers and 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 info.
- 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
- 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
- PDA and PDA charger / address book

**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.

- Toilet/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. You may want to bring some hard worn clothing that you can leave behind when you return home. 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 usually 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 most 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 Hospital, your clothes may be casual but neat. Some of the male physicians do wear a tie, most do not. Two white coats

- Penn name badge
- Stethoscope
- Pocket flashlight / penlight
- Portable ophthalmoscope (handy but not necessary)
- Fanny pack to carry essentials while working in the hospital
- EKG leads
- Hand sanitizer (a small pocket size one and a bigger refill bottle)
- Alcohol wipes (one box)
- Chlorapreps (~15)
- Suture
- 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.)

### **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 (You can use your cell phone as an 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
- Items to donate to local charities (school supplies - pencils, pens, erasers, children's books, paper, workbooks; toys for the Rotary Club Christmas collection at PMH)

#### **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, waterproof, 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.

# Botswana-UPenn Partnership

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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 “Hahborrhonee.”

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**

<b>Greetings</b>	
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>
<b>Farewells</b>	
Goodbye (generic, also “all is well”)	<i>Go siame.</i>
Go well. (said to the person/group leaving)	<i>Tsamaya Sentle.</i>
Goodnight.	<i>Boroko mma/rra.</i>

(both departing and non-departing)	
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 Africaans)</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 bonya</i>
Can you translate for me	<i>Ke kopa gore o ntlokele</i>
Can you translate for me?	<i>A o ka ntlokela?</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>Lweise</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>Letlhafula</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 phfo</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	Molwetse
Ambulance	Emelense/Ambulense
Bandage (noun)	Bandeiji / Sefapo
Breathlessness	Go hupela
Clinic	Kokelwana / Tleliniki
Cough / chest / phlegm	Sehuba
Disinfectant	Sebolayaditwatsi
Dizziness	Sedidi
Drugs / medication	Melemo
Feel sick/nausea	Go feroga sebeta / Go selelega
Fever / to have a high temperature	Go gotela
Hospital	Kokelo
Illness	Bolwetse
Injection	Mokento
Inoculate	Enta/Kenta
Intestines / stomach	Mala
Massage (verb)	Sidila
Medical aid	Kalafo thuso
Medicine	Molemo/Setlhare
Operation/surgery	Karo
Out-patient	Mookelwantle/baokelwantle
Oxygen	Okosijene
Pain / painfull	Botlhoko
Pain-killer	Sebolayaditlhabi
Pill	Pilisi
Pimples / sores	Diso
Prescription	Ditaelo
Problem	Mathata
Sharp pain	Setlhabi
Sickness	Bolwetse
Tests (exams)	Ditlhatlhobo
Tiredness	Letsapa
Traditional healer	Ngaka ya Setswana
Vaccinate	Enta
Waiting room	Phaposi ya boletelo
Ward	Phaposi ya kokelo
Weak / weakness	Bokoa
Wounds / sores	Dintho

### **Verbs**

Breathe	Hema
Close	Tswala
Cough	Gotlhola
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	<i>Kgarameletsa ko godimo/ fatshe</i>
Remove	<i>Tlosa</i>
Rest	<i>Ikhutsa</i>
See	<i>Bona</i>
Sit down	<i>Nna fa fatshe</i>
Sleep well.	<i>O robale sentle.</i>
Stand up	<i>Emelela</i>
Stick out	<i>Ntsha</i>
Touch	<i>Tshwara</i>
Wait	<i>Leta/ema</i>
We are done	<i>Re feditse</i>
Breathe	<i>Hema</i>

<b>Parts of the Body</b>	<b>Mmele</b>
Ankle	<i>Lenyenyana/lengenana</i>
Arm	<i>Letsogo</i>
Armpit	<i>Legwafa</i>
Back	<i>Mokwatla/Marudi</i>
Big toe	<i>Kgonotswe</i>
Breast	<i>Sehuba</i>
Buttock	<i>Lerago</i>
Calf	<i>Letlhafu</i>
Cheek	<i>Lerama/Lesama</i>
Chest	<i>Sefuba/Sehuba/Kgara</i>
Chin	<i>Seledu</i>
Ear	<i>Tsebe</i>
Elbow	<i>Sekgono/sejabana</i>
Eye	<i>Leitho</i>
Eyebrow	<i>Losi</i>
Eyelash	<i>Ntshi</i>
Eyelid	<i>Losi</i>
Eyes	<i>Maitlho/Matlho</i>
Face	<i>Sefatlhego</i>
Finger	<i>Monwana</i>
Fingernail	<i>Lonala</i>
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>Monnyennyne/potsana</i>
Middle finger	<i>Monogare/thabadiamela</i>
Mouth	<i>Molomo</i>

Neck	Molala
Nose	Nko
Palm	Legofi
Right	Moja
Shin	Momo/mosetlase
Shoulder	Legetla
Shoulders	Magetla
Stomach	Mpa
Tear	Keledi
Tears	Dikeledi
Teeth	Meno
Thigh	Serope
Throat	Mometso
Thumb	Monwana wa kgonope/kgonojwe
Toe	Monwana
Toes	Maoto/menwana
Tongue	Loleme
Tooth	Leino
Torso	Karolo e e kwa godimo ya mmele
Waist	Lotheka
Wrist	Makopanelo a seatla le letsogo/letlhalela

#### **Internal organs**

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

Artery	Seisamadi
Bladder	Setlha
Blood	Madi
Bone	Lerapo
Brain	Boko
Heart	Pelo
Intestines	Mala
Kidney	Philo
Liver	Sebete
Lung	Lekgwalo
Muscle	Mosifa
Rib	Legopo
Skin	Letlalo
Stomach	Mpa

#### **Diagnoses**

AIDS	eitsi
Asthma	asema
Blindness	bofofu
Cancer	kankere
Chest pain	diitlhabi 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	<i>lesokolela</i>
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	<i>ditlhabi tsa pelego</i>
Measles	<i>mmoko/mmokwana</i>
Mumps	<i>makidiane/mauwe</i>
Pain	<i>botlhoko/setlhabi</i>
Polio	<i>pholio</i>
Pregnant	<i>ima/imile</i>
Scar	<i>lebadi</i>
Stomach ache	<i>o tshwerwe ke mala</i>
Virus	<i>megare</i>

### **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 ---- herdboy [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]  
 Mosimanegape ---- 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]  
 Phenyoo --- 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]  
 Tshogofatso ---- Grace; Blessing [F]  
 Tshenolo ---- Revelation [F/M]  
 Tshupo ---- Trust; to have faith and hope  
 [F/M]  
 Tshupiso --- a promise [F/M]  
 Tsholofelo ---- Expectation [F/M]  
 Tuelo ---- Payment [F/M]

# Botswana-UPenn Partnership

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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 \*

### 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 Beyond" 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)

### **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 led 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 \*

**NOTE: If you read only one book before going to Botswana, read "Botswana - Culture Smart!: a quick guide to customs and etiquette" by Michael Main.**

#### 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 Miracle at Speedy Motors (Book 8)"  
*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.