

University of Washington

DEPARTMENT OF GLOBAL HEALTH



GHCE

Global Health Clinical Elective



GUIDE TO YOUR 2017 CLINICAL ELECTIVE



UGANDA

Acknowledgements:

Special thanks to Susan Nassaka for her ongoing support of University of Washington medical students.

Disclaimer:

This booklet is provided as a service to UW students going to Uganda, based on feedback from previous students. The Global Health Resource Center is not responsible for any inaccuracies or errors in the booklet's contents. Students should use their own common sense and good judgment when traveling, and obtain information from a variety of reliable sources.

TABLE OF CONTENTS

Contact information	3
Entry Requirements	5
About Your elective	5
Country Overview	8
Packing Tips	11
Money	14
Transportation Tips	15
Health and Safety Information	15
Communication	17
Housing	17
Food	20
Entertainment	20
General Tips from Former Students	21
Cultural Adjustment	22
Guidelines for Management of Body Fluid Exposures	25
Maps	28
Appendix	30

CONTACT INFORMATION

Uganda

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Faculty Supervisor	Dr. Richard Ssekitoleko	Makerere University College of Health Sciences P.O.Box 7062 Kampala	Local: 071-263-1654 From U.S: +256712631654	http://chs.mak.ac.ug sekirchrd@yahoo.com rchrdseki@gmail.com
U.S. Embassy		1577 Ggaba Rd, Kampala	041-233-231 041-259-791	http://kampala.usembassy.gov
Emergency			999	

Ms. **Susan Nassaka** is your main point of contact in Uganda. She helps coordinate student visits, and will be assisting you with logistics. Her office is on the medical school campus at Makerere University, across from Mulago Hospital. Please communicate with her early on, and keep her informed of your travel plans. She will usually send someone to pick you up at the airport, and help you arrange housing. She will also be coordinating your clinical rotations. She works closely with the GHRC.

CONTACT INFORMATION - U.S.

	Name	Address	Telephone	Email or Website
UW International Emergency #	Staff on Call	-----	+1-206-632-0153	www.washington.edu/globalaffairs/emergency/
GHCE Director	Dr. Scott McClelland	Harris Hydraulics Building, Room #315 1510 San Juan Road Seattle, WA 98195	+206-473-0392 (cell) 001-254-731-490115 (Kenya)	mcclell@uw.edu
GHRC Director	Daren Wade	Harris Hydraulics Building, Room #315 1510 San Juan Road Seattle, WA 98195	+1-206 616-1159 (office) +1-206 685-8519 (fax)	dwade@uw.edu ghrc@uw.edu
Insurance	On Call International		call 1.855.464.8971 or collect +1.603.328.1358	http://student.uwsearchlightportal.com studentclaims@oncallinternational.com
Hall Health Travel Clinic	Anne Terry, MN, ARNP	315 E. Stevens Circle Box 354410 Seattle, WA 98195	+1-206-543-8915 +1-206-685-1011	travel@uw.edu
Post-Exposure Prophylaxis	Harborview Madison Clinic	325 Ninth Ave Box 359930 Seattle, WA 98104	1-888-448-4911 (CDC hotline) +1-206-744-5100 (clinic)	http://depts.washington.edu/madclin/providers/guidelines/pep_occ.html
Ugandan Embassy in U.S.	-	5911 16th St SW Washington D.C. 20011	1-202-726-7100 (phone) 1-202-726-1727 (FAX)	http://ugandaemb.org/index.html

ENTRY REQUIREMENTS



- You must have a **valid U.S. passport** that won't expire for at least 6 months.
- You will need a **Ugandan Visa**, available at the Entebbe Airport upon arrival, or from the Ugandan Embassy before departure. Visa applications are available on the embassy website, and turn-around time is generally quite rapid. A three-month Visa costs \$50.
- **Yellow fever certification:** Yellow fever vaccination is recommended by the CDC for all travelers to the country. It is also required if you are coming from an endemic area (such as a neighboring country). It is not required if you are coming directly from the U.S.

ABOUT YOUR ELECTIVE

Mulago Hospital is the country's premier academic teaching hospital, and one of only two national referral hospitals. It was founded in 1913 by British missionary Sir Albert Cook as a treatment center for sexually transmitted diseases and sleeping sickness, and grew to become the country's largest hospital. It is the main teaching hospital for the medical school at Makerere University, known as the Harvard of East Africa until Idi Amin began targeting academics as potential enemies, and allowed it to fall into ruin. During the past several decades, Makerere has slowly fought its way back, and numerous international collaborations have helped establish it as a major center for research, particularly on HIV. Mulago hospital, however, remains underfunded and understaffed, and diagnostic capabilities are substandard. The complex, constructed in the 1960s, is enormous, with has 1500 official beds, but an actual capacity of up to 3000 patients. The hospital is divided into various medical and surgical sub-specialties, along with an Emergency ("Casualty") ward. It has been claimed that Mulago's labor and delivery ward has the highest density of human births on the planet, with over 30,000 per year. You will be paired up with 2 or more services during your time in Uganda. Medical teams consist of a Consultant physician, who acts as an attending, House Officers (residents) and medical students. In general, students are expected to do much more procedures and "scut work" than in the U.S., house officers have more autonomy, and patient loads are much higher.

In the infectious disease ward at Mulago Hospital in the Ugandan capital of Kampala, a woman in her early 20s lies on a bed with only a thin sheet to ward off the morning chill. Alone, suffering from complications from AIDS, her few possessions in a cardboard box at her bedside, she has no family to bathe her, bring her food or give her medicine. These are what doctors here call poor “blanket signs.” The mere presence—or absence—of a blanket speaks volumes.

Even before they measure the blanket signs, however, the doctors know several things about their patients. They know that as a national government-run referral hospital, Mulago receives the sickest of the sick. They know that more than half the patients in the hospital are infected with HIV. They know that two-thirds of their patients will die in the hospital or within two months of leaving it. And they know that most of their patients are too poor to afford more than the most basic tests and treatments.

Blanket signs will tell them more. The hospital provides patients with a bed. Patients must bring sheets, blankets and pillows, as well as “attendants”—family members who care for them. The doctors have learned that just having a blanket reveals much about a patient’s economic status. Of necessity, the patient’s ability to pay will drive the treatment regimen. If the patient has no resources, the doctors will prescribe only the drugs that come free from the pharmacy and order only the tests that the hospital provides at no cost.

“Medicine is not all about what you have learned in medical school,” said Robert Kalyesubula, M.D., a Mulago resident. “You prioritize. In the context of the limitations you have, what can you best do for this person? What is going to help my diagnosis best? You talk to them so they find a way to get the money, sacrifice a few things. You save the most expensive tests for last, when you really need them.”

-- John Curtis, *Yale Medicine*, Winter 2008

Table 2.7 Staff break down of Mulago Hospital

Cadre of staff	Number	Percentage
Senior consultants	28	1.3%
Consultants	32	1.5%
Medical officer special grade	50	2.4%
Medical officers	44	2.1%
Senior health officers	74	3.6%
Intern doctors	100	4.8%
Nurse/midwives	1030	49.6%
Allied health professionals	517	24.9%
Staff not on pay roll	201	9.7%
TOTAL	2076	100

Source: Mulago Hospital and Complex (payroll data 2006).

Table 2.2 Levels of health service delivery

Infrastructure level	Administrative level	Target population	Services provided
HC I	Village	1 000	Community-based preventive and promotive health services. Village Health Committee or similar status.
HC II	Parish	5 000	Preventive, promotive and outpatient curative health services, outreach care.
HC III	Subcounty	20 000	Preventive, promotive, outpatient, curative, maternity, inpatient services and laboratory services.
HC IV	County	100 000	Preventive, promotive, outpatient, curative, maternity, inpatient services emergency surgery and blood transfusion and laboratory services
District	General hospital	500 000	In addition to the services offered at HC IV other general services are provided. It also provides in-service training, consultation and research to community based health care programmes.
Regional	Regional referral hospital	2 000 000	In addition to services offered at the general hospital, specialist services are offered at this level. Such services include; psychiatry, ear, nose and throat (ENT), ophthalmology, dentistry, intensive care, radiology, pathology, higher level surgical and medical services.
National	National referral hospital	24 000 000	These provide comprehensive specialist services. In addition, they are involved in teaching and research.

Source: MoH, Health Sector Strategic Plan 2005/006 to 2010/11.

Country Overview



Introduction

Uganda, "the Pearl of Africa," is a small landlocked African country on the shores of Lake Victoria, the source of the Nile. Shortly after achieving independence from the British in 1962, Uganda experienced a series of political catastrophes that turned it into one of the poorest nations in Africa. It was also one of the earliest African nations to be hit hard by the AIDS epidemic. Today, Uganda is undergoing an impressive economic transformation, and is praised for its success in decreasing the prevalence of HIV infection.

Uganda has a population of around 32 million, divided into over 50 different language and ethnic groups. Over half of the population is under age 15, and the vast majority of the population lives in rural areas. The highest population density is in the southern "fertile crescent" near Lake Victoria, which includes Kampala, the capital city.

Recent History



President Yoweri Museveni

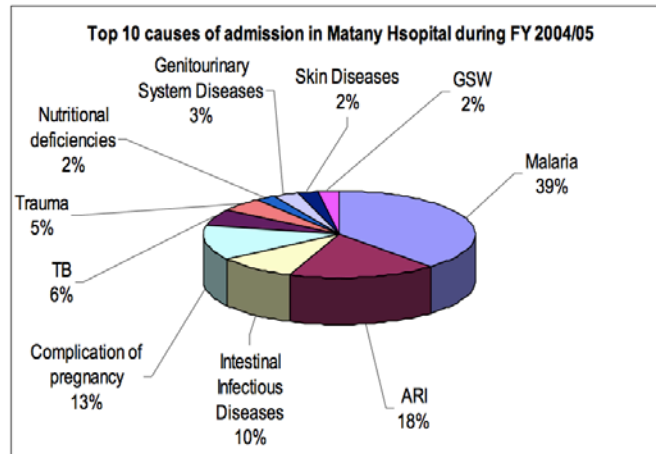
Uganda became an independent country in October 1962 with Milton Obote as Executive Prime Minister. Two decades of military coups and counter-coups followed, during which millions fled the country and over a million people were murdered. The most infamous dictatorship was that of Idi Amin, who seized power in 1971 and for over a decade presided over massive human rights abuses and economic decline. (Among other things, he cast the Indian minority out of Uganda, which resulted in long-lasting damage to the Ugandan economy). Amin's rule ended after his troops invaded Tanzania in 1979. The Tanzanian military repulsed the incursion, and ousted Amin from power. A second brutal Obote regime followed, until he was unseated by the military general Tito Okello in 1985. Six months later, Okello was toppled in turn by the current president, Yoweri Museveni. Museveni has since been re-elected four times, most recently in February 2011, becoming the longest-serving leader in all of East Africa. In April 2011, growing opposition to Museveni's rule, led by Kizza Beysige, led to street protests. Government forces responded with a massive crackdown, during which at least nine people were killed.

The civil war

Beginning in 1996, the northern regions of Uganda were terrorized by the rebel group known as the Lord's Resistance Army (LRA), led by Joseph Kony, a self-proclaimed prophet from God. The brutal crimes and violence against the people in the north, including forced abduction of child soldiers, rapes, and mass executions, resulted in millions of persons fleeing their villages and being relocated into camps for internally displaced people. After being indicted for war crimes by the International Criminal Court in 2009, Joseph Kony and his army crossed the border into the Democratic Republic of Congo, becoming embroiled in the deadliest conflict since World War II, and leading to a new flood of refugees from that region. What began as a Ugandan civil war has effectively escalated into a regional conflict that involves 4 countries: the DRC, the CAR, Sudan, and Uganda. Currently, attacks in northern Uganda are relatively rare, and the IDP camps have been disbanded. U. S. Special Forces are currently assisting Uganda in the hunt for Joseph Kony.

Health and Development

Life expectancy in Uganda is around 57 years for men and 48 years for women. This is a decrease from previous life expectancy, and is largely due to the HIV/AIDS epidemic in the country. The fertility rate in Uganda is one of the highest in the world: 6.15 children per woman, leading to a population growth of 3.2% per year. Under-five mortality rate is 99 deaths per 1,000 live births. Although it is technically free to see a government doctor in Uganda, fees for pharmaceuticals and diagnostic tests are common. As a result, poorer people often wait until their diseases are advanced to seek medical attention. Uganda has a high burden of infectious illnesses, including HIV/AIDS, TB, and malaria, along with many "neglected tropical diseases." One of the major challenges the Ugandan health sector faces is a severe shortage of healthcare workers, especially in rural areas. Currently, 70% of all doctors in the country practice in urban areas, despite the fact that these areas are home to only 27% of the population. In the more rural parts of the country, there is only 1 doctor for every 20,000 people, and 1 nurse to every 80,000. Despite these challenges, Uganda has been fairly successful in decreasing HIV prevalence: strong safe sex campaigns are credited with decreasing the prevalence from over 30% two decades ago to fewer than 7% today.



Source: Annual hospital report, 2005. GSW is gun shot wounds.

Uganda's literacy rate in 2010 was 77% of men and 58% of women. Primary education is free but of variable quality. In 2000, 49% of Ugandan boys had completed primary education, compared with 25% of girls. This gender disparity continues at the secondary education and university levels. University fees are out of reach for most people, although there are merit scholarships available for a limited number of students.

Economy

Although Uganda remains one of the poorest countries in the world, in recent years it has made strides towards reducing poverty and strengthening its economy. The current gross domestic product (GDP) per capita is \$1,250 per person, which is higher than several other sub-Saharan African countries. Uganda is one of 40 countries to have qualified for debt relief through the IMF and World Bank's Heavily Indebted Poor Countries (HIPC) initiative, and has received a total of about \$2 billion in debt forgiveness. Uganda has a strong agricultural base to its economy, and exports a number of products, including coffee, tea, cotton, and tobacco. It also has abundant natural resources, including copper, gold, and recently discovered oil. Only about 15% of the Ugandan workforce are paid employees: the rest are either self-employed or unpaid family workers.

Languages

Uganda's official languages are English and Swahili; however, Luganda is the language most widely spoken in Uganda. Swahili is the language of Kenya and Tanzania and is used in the military and along the borders with these countries, but otherwise not commonly heard. English is a colonial legacy, and most educated Ugandans can speak some English. Patients, however, may only have very rudimentary English abilities. Luo and other languages are used in the north and there are dozens of other languages throughout the country. Ateso is commonly spoken in Kumi.

PACKING TIPS



General:

Err on the side of packing light. Don't bring anything that you would be heartbroken if it were lost, stolen, or ruined. Take fewer clothes than you think you will need: you can purchase clothing relatively cheaply locally: this helps make sure that they are more appropriate to local conditions, and helps out the local economy. Most toiletries, and any other items you may have forgotten, can be purchased in Garden City, although they can be expensive.

Documents and other Essentials:

Make copies of important documents and leave them with someone you trust. This includes the front and back of your credit cards. You may also wish to make scanned copies and email them to yourself. Consider bringing an extra set of passport photos with you: they can be handy if you need to replace your passport or get other types of documentation. A laminated, color copy of the first page of your passport can also come in handy. If you plan to purchase/use a Ugandan SIM card for your U.S. phone or a Ugandan cellphone, all SIM cards require a passport photo and copy of your passport so that your SIM card can be registered. The mobile phone companies will keep these items.

Be sure to bring:

- Passport, valid for 6 months
- Travel itinerary, receipt, and copy of e-tickets
- Travel insurance documents
- Credit cards, including the one you used to purchase your airplane ticket
- Medications
- Syllabus and textbooks
- Back-up pair of glasses, if needed
- Sunscreen and mosquito repellent

- Power adapters (Uganda uses British 3-pronged outlets. Power strips and adaptors can be purchased in Garden City and at other locations)
- Flash drive
- Digital camera
- Consider bringing a portable mosquito net, although most hotels have them and they can be purchased locally.
- Bottled water is readily available; bring a filter if you plan on drinking tap water.
- List of your emergency contacts!

Clothing:



People in Uganda tend to dress much more conservatively than in the U.S. Failure to do so, particularly among women, will lower your credibility and can invite a lot of unwanted attention. On the medical wards, white coats are the norm. Men tend to wear pressed shirts and trousers, neckties, and nice shoes. Women tend to wear dresses or slacks and conservative blouses. Women should avoid short skirts and revealing tops. Jeans are acceptable as casual wear in Kampala, Entebbe, and Gulu but are less common in more rural areas.

Lightweight cotton clothing is generally best: synthetic “travel clothing” can be too hot and will melt when they try to iron it. It can get cool at night: a lightweight fleece is recommended. If traveling during the rainy season, consider a lightweight rain poncho. Bring clothes that you are comfortable in, that can survive being scrubbed by hand. Other things to consider:

Swimsuit and towel

Hat (for protection from sun and rain)

Flip-flops or Crocs

Sturdy, comfortable shoes that look nice enough for the hospital

Toiletries:

Remember that you are limited in what you can bring in your carry-on, though not your checked bag. Most basic items will be available for purchase in Garden City, but they can be a bit expensive. Wet wipes can come in handy. A small roll of toilet paper or some Kleenex can be a wise investment.

DON'T bring an electric razor, hair dryer, or curling iron unless you bring a transformer, or they will burn out. It may be better to get these locally.

Suggested Personal Medical Supplies:

Thermometer	Tweezers
Sunscreen (SPF 30 or higher)	Acetaminophen (Tylenol)
Insect Repellent (at least 25% DEET or 20% Picardin)	Ibuprofen or Naproxen (Aleve)
Malaria prophylaxis	Diphenhydramine (Benadryl)
HIV post-exposure prophylaxis	Pseudoephedrine or phenylephrine (Sudafed)
Stand-by treatment for diarrhea	Hydrocortisone cream
Any medications you normally take	Antifungal cream
Band-Aids	Antibiotic ointment

Supplies for the medical wards:

White coat	Gloves
*Penlight	*Digital thermometers
Stethoscope	*Blood pressure cuff
Otoscope	N-95 Masks
Hand sanitizer (lots)	*Pulse oximeter?

***Most useful in all wards**

Susan has white coats and scrubs to use while at Mulago but sizes and variety are limited.

Other Suggestions:

Earplugs (Kampala can be very noisy at night)
A laptop is recommended, although they do invite theft.
Flash drive
Digital camera and charger
Small notebooks
Headlamp and small flashlight (electricity goes out frequently)
MP3 music player and/or a small shortwave radio
Extra batteries
Extra food (energy bars, dried fruit, etc.)
Reading material

Suggested Reading:

Brandt Travel Guide

Oxfam Ugandan Country Profile

The Teeth May Smile but the Heart Does Not Forget, Andrew Rice

Dark Star Safari, Paul Theroux

Abyssinian Chronicles, Moses Isegawa

How to be a Ugandan, Joachim Buwebo

MONEY



Uganda is generally a cash-based society, although in some major stores and hotels in cities, VISA cards can be used. You should generally change money in Kampala if you are going to be in a rural area. When going shopping in rural areas, bring smaller denomination bills, as larger ones can be difficult for people to find change for.

The unit of currency in Uganda is the **Ugandan Shilling (UGX)**. As of December, 2016, **\$1 = 3,580 UGX**. It is relatively easy to obtain shillings at **ATM machines** in Kampala and other large cities using a VISA card, provided you alert your bank ahead of time. Banks may charge different foreign currency conversion fees, so you may want to check ahead of time. Note that machines that accept MasterCard are difficult to find. Banks will often freeze your account if they notice transactions from Uganda unless you have alerted them ahead of time.

You can exchange cash at several **foreign exchange bureaus** around Kampala. (They give different rates. The ones at Garden City and the Grand Imperial Hotel have been recommended). You get a better rate if you are changing larger denomination bills (i.e. 100's or 50's). Be sure that the bills you want to exchange are less than 5 years old, clean, and unmarked, or they may not be accepted. **Travelers Cheques** are difficult to exchange, and are not recommended.

According to prior students, you ought to be able to obtain housing for 50,000 UGX a night or less, and get by on 50-100,000 UGX a week for food, depending on how much you eat out. Tipping is expected in restaurants that serve tourists.

Barclays is a recommended ATM and is well located at a nearby wandageya.

TRANSPORTATION TIPS

- The “baggage handlers” at the airport can be quite aggressive. Don’t let them touch your suitcase unless you want to tip them generously to let go!
- Make sure Susan Nassaka knows when you are coming, and confirm a few days beforehand, so that she can have a driver waiting for you at the airport. The cost of this trip is included in your administrative fees. Suggested tip for the driver is ~20,000 UGX. If a driver is not available, a taxi from Entebbe airport to Mulago hospital costs around 65,000 shillings.
- Do NOT ride the boda-bodas (motorcycle taxis) in Kampala. They are unsafe, and the drivers are often drunk at night. Visiting students have died in boda-boda crashes, and there are reports of the drivers robbing passengers and sexually assaulting women. Use a taxi at night. It is recommended that you take down the number of any taxi drivers that you find trustworthy and have a good rapport with. During the day, taxi-buses are cheap, reliable, and relatively safe. They follow prescribed routes. Ask someone to assist you.
- Avoid travel at night. Use a seatbelt whenever possible.
- Recommended Taxi Drivers:
 - **Haji** (telephone 077 243 588)
--Susan recommends him highly-though he's a little more expensive than other drivers. He is very reliable.
 - **Deric** (telephone 078 272 9635; 071 613 3335)
--works with City Cab
--he is very courteous to both his passengers and to his colleagues, and his cab is very clean
 - **Jackson** (078 208 09407) – Very nice, safe and helpful.

HEALTH AND SAFETY INFORMATION

- Sign up for the U.S. government Smart Traveler Enrollment Program (STEP). This will ensure that you get alerts from the local embassy. There is a lot of useful information on the travel.state.gov website.
- Avoid protests and public demonstrations, which happen somewhat frequently on the Makerere campus, and avoid going out on the streets if there is escalating civil unrest. Call the UW Emergency Line and contact someone in the GHRC if there is trouble or you need to discuss a situation. You are generally safer in a rural site than in Kampala.
- Women should not travel alone and should never be single passengers in boda-bodas.
- Be aware of pickpockets in crowds, such as soccer games, in public vehicles, and in clubs. Use a money belt under your clothes, and limit the amount of cash and valuables you carry on your person.

- Identify theft is common. Take care when doing any online banking or purchases in Uganda. Be sure to always log out of your email. Avoid using credit cards except with reputable businesses such as major airlines and hotel chains.
- Verbal sexual harassment is common, particularly for young single women traveling alone. Wearing modest clothing and a wedding-style ring may help. Ask locals for their advice on dealing with unwanted attention.
- Be very careful in the hospital anytime sharps are being used! There is not only a high prevalence of HIV-positive patients, but good practices to minimize exposures are not always followed. If you are exposed, contact someone in the US immediately. When in doubt, take your first dose of PEP until you can sort out what to do next. Further details regarding PEP are provided at the end of this manual.
- Avoid running or walking through grass trails as there are lots of cobras and mambas in rural Uganda. Stick to the main roads unless you are walking slowly and making a lot of noise.
- Do not attempt to take photos of bridges, airports, or government buildings. Be respectful towards soldiers and police. If confronted by them, remain calm and cooperative.
- Homosexuality is illegal in Uganda, and there is a bill being debated to make it punishable with the death penalty. Public displays of affection between members of the same sex may lead to violence.
- According to the US State Department, “potential for terrorist activity from extremist organizations such as al-Shabaab remains high, and U.S. citizens are advised to avoid high-density public gatherings. The July 11, 2010 bombings of the rugby club and an Ethiopian restaurant in Kampala resulted in the deaths of 76 people, including one U.S. citizen, with six other U.S. citizens among the injured. More recently, terrorists in Nairobi attacked a bus bound for Kampala on December 20, 2010. U.S. citizens residing in or planning to visit Uganda should also be aware of threats to their safety posed by insurgent groups operating in the Democratic Republic of the Congo (DRC) and South Sudan, and the potential of cross border attacks carried out by these armed groups. In addition, U.S. citizens traveling to the area commonly known as Karamoja in northeastern Uganda should also be aware of ongoing conflict and armed banditry in this region.”
- In April of 2011, protests in Kampala, Gulu, and other cities led by the opposition party led to several people being shot, and students at Makerere University involved in the protests led to teargas being used on campus.
- Road traffic accidents are quite common in Uganda, and can be deadly. Avoid traveling at night, or with any driver who seems intoxicated or who you don't have confidence in.

COMMUNICATION

- **Language:** *Learn as much of the local language as possible!!* It is the key to building relationships, opening doors, and understanding the community.
- **Cell phone use:** There are several carriers, and rates, reliability, and coverage seem to be constantly changing. Currently, Airtel and Orange are relatively cheap and fairly reliable. MTN is another popular provider. Make sure your cell phone is "unlocked" to allow other SIM cards, or plan on getting a phone locally (which you can do fairly cheaply). Sometimes, the GHRC has phones you can borrow. Note, that to call the US, add "+1" before the area code and number. It is recommended that if you are in Kampala with another student, that you get the same carrier, as this is cheaper and lead to fewer glitches and lost messages.
- **Calling from the U.S.:** Have family and friends get international calling cards, or call you using VOIP providers such as Skype.
- **Time difference:** Seattle is 11 hours behind Kampala (10 during daylight savings time).
- **Internet:** There is a high-speed fiber-optic broadband cable now in Uganda, so internet is becoming faster and more reliable, although in rural areas it can still be painfully slow. Most areas have some degree of Internet access. It is relatively easy to purchase a USB dongle from a cellphone provider that will allow you to use your laptop to access the Internet anywhere they have cell phone coverage. Rates vary. You will need to have your real passport with you to register for the dongle.

HOUSING

Susan Nassaka will assist you in setting up housing in your rural site. We'd appreciate any feedback you have for future students. Hot water is rare in a lot of places, so ask ahead of time if this is important to you. Electricity tends to be intermittent, so be sure you have candles/flashlights.

Below is some information about options in Kampala:

Makerere Guest House

- convenient location on campus, near the gate and taxis to Kampala, etc., about 20-30 min walk to Mulago
clean, free wifi, but also the most expensive place on campus, "with a bit of a country club/expat feel."
- a bit pricey, has more of a dorm feel. Has had a few problems with water and electricity last year; no washer

Guest House Annex

- dorm-like accommodations, with 2-5 beds per room
- \$25 - \$30 per bed

NUFU House

- located on Makerere University campus, within walking distance of the main gate and Mulago.
- one of the best kept houses on campus-very clean, breakfast included, great
- house manager, free wifi, working television, hot water(!)
- security gate
- single room \$26
- double room \$32
- phone 256 41 541 280
- Contact: Margaret, 256 71 299 5428

Human Rights and Peace Center apartments

- 2 bedroom house with 2.5 baths, full kitchen, lg. living room, desktop computer with printer, washer. Very safe. Cleaning included 3x per week.
- On Makerere University campus, about 25 minute walk to Mulago
- \$50/day and can split with others if that option is available.
- Ethernet internet; faster at night
- contact: Grace, 256 782 727 712 or 256 41 532 954
- website: www.huripec.ac.ug

Social Research Flats

- on Makerere campus
- single room \$30
- contact: George Owori , 256 782 650 881

Private Home

- Ms. Tibaleka Betty (owner)
- very spacious, clean, luxurious home
- \$20 per single rm, \$20 per person for a self-contained double rm
- Ask Susan for contact details

Bukoto Brown flats

- 14,000 -20,000 UGX per night per person
- Cold water only, no fans available
- Living room with couch, dining table, balcony, kitchen
- Mosquito nets available.

Kampala Inn

- A small, decent “bed and breakfast” on Kira road across from the Gapco station (one taxibus stop from Makerere).
- Generally quiet and safe, hot water, mosquito nets, and a shared lounge/dining room.
- Can likely negotiate rates for an extended stay.
- Security gate and “guard”

Kampala Kolping House

- A large, immaculately clean hotel on Bombu Rd, popular with missionary groups.
- On the more expensive side.
- Security gate and guard

Edge House:

- Not fancy, but less expensive than many other options
- Had some plumbing issues last year.
- Security gate
- Contact: Lucy 011256704691423

College Inn:

- Relatively close (Wandegeya)
- Very noisy part of town, right on the street, questionable security
- Has had plumbing and other issues recently

Akamwesi Hostel:

- In Wandegeya, not a hostel but large apartment complex
- Very secure with security guards and ID-required entry
- Nice facilities
- \$100/month for private room
- Tenants are other international students and wealthy Ugandan students

HAM Suites:

- Across the street from Makerere; very nice apartments
- Most international students live here
- \$15/night for a 2 bedroom apartment
- No kitchen but there is a fridge and a microwave
- Wi-Fi, hot water, access to food, movies, gym, hill-top view all in same building.

FOOD



Ugandan food tends to be starchy. Local food is relatively inexpensive, and in the markets you can find a variety of fruits, vegetables, and hot food stalls. Tilapia is a popular and widely available fish (obtained from Lake Victoria). Eggs, rice, beans, and meat (beef, chicken, goat) are common. There are a number of good, but expensive (comparable to U.S. prices), India, Chinese, and Thai restaurants in Kampala. Food diversity generally decreases as you leave the capital. A couple of local classics:

- **Matooke** is the local staple, made of steamed and mashed plantains.
- **Rolex** is a hot chapatti with a veggie omelet rolled inside.

ENTERTAINMENT

- Acacia Mall is close to Mulago and has lots of stores and food.
- Garden City mall in Kampala includes a movie theatre and a good bookstore, (Aristoc).
- Recommended excursions:
 - Sipi Falls
 - Mabira Forest
 - Jinja/Source of the Nile *
 - Mpanga Forest
 - Lake Bunyonyi
 - Murchison Falls *
 - Lake Mburo

***Highest recommendations**

GENERAL TIPS FROM FORMER STUDENTS

- Things are more expensive than you think, so budget well.
- Remember that all things are negotiable. It's a good idea to know what price is fair before you enter into bargaining.
- If you want to buy gifts go to the fair trade craft shop on Kampala road. They have a lot of good stuff. It is a bit more expensive but the money goes to a good cause.
- Bring nice clothes and shoes. Appearance means a lot here, so dress nicely.
- Take your anti-malarials every day or week because there really is a lot of falciparum here.
- If you are female and single, making up an imaginary husband or boyfriend who is waiting for you back in the States may help to ward off unwanted sexual attention.
- Be prepared to see a different take on "patient care." Patients may be yelled at, slapped, or ignored. Be prepared to deal with the emotions that come up in these situations. Know your place and make your own ethical and personal decisions.
- No one "rushes" here, so be prepared to chill out a bit.
- Be proactive in what you want to see and learn.
- Men and women are not treated as equals in Uganda. Women are generally seen as inferior and less intelligent and are often paid less than men for the same work.
- Be flexible, as things often pan out differently than expected.
- Don't get burned out. If you find yourself getting really frustrated about how things run at the hospital (i.e. a patient dies because of an avoidable mistake, or a nurse hits a woman in labor, etc), try to journal/digest your feelings or find someone to talk to. There is too much pain and suffering to try to deal with it all by yourself.
- Mutatus (small taxi buses) fit ~15 people, have dedicated routes and are generally safe. Ask the conductor closest to the door for directions. Make sure to have them repeat back to you the location you want. A "Yes" in Uganda doesn't necessarily mean "Yes" as it does in the U.S. and is sometimes simply an acknowledgment that you were heard, not necessarily that you were understood.

CULTURAL ADJUSTMENT

- Look for a cultural broker, someone who has an understanding of both U.S. culture and the local culture. An expatriate who has spent many years living in the host country, or a local who has lived in the U.S. can be invaluable in helping you negotiate and understand your host country.
- Learn as much as you can about your host country's history, values, language, culture and norms.
- Resist the urge to assume that people are just “doing things wrong” in your host country, and that you know better. Try to understand the reasons why things might be handled differently.
- Remember that, in general, developing countries tend to be more formal than the U.S. and communication is more likely to be indirect. Value is placed on respecting social hierarchies, “saving face” and avoiding embarrassment.
- Be aware that needing to re-learn even simple routines in a foreign culture is stressful. Give yourself time to adapt, and don't be afraid to make mistakes.



In her book, *Foreign to Familiar*, (2000, McDougal Publishing), Sarah Lanier discusses the differences between “Hot-Climate” and “Cold-Climate” cultures. Although this distinction is a vast oversimplification, they do represent spectrums of cultural norms that can provide a useful framework for understanding cultural differences. The chart below is loosely adapted from her work.

	“Cold-Climate” Cultures	“Hot-Climate” Cultures
Social Interactions	Efficiency is valued. It is acceptable to be businesslike with people you don’t know, and personal questions are to be avoided.	Relationships are valued more than efficiency. It is important to acknowledge people and not rush interactions. Getting to the point too quickly is rude, and personal questions are welcome.
Emotions	Logic, restraint and objectivity are valued, and displays of emotion are rare.	People are emotionally demonstrative. Subjective feelings and intuition are given credibility.
Communication	Accurate, truthful information is valued. Communication is direct, words are to be taken at face value, and people say what they mean. “No” means “no,” and things are not meant to be taken personally.	Maintaining harmony is important, and disagreeing, complaining or causing offense or embarrassment is to be avoided. Indirect methods of communication are frequently used. It is impolite to directly say “no” or not give the answer a person expects to hear.
Individuality	Individuality, autonomy, personal initiative and self-reliance are valued. Individual likes and dislikes are important. People are expected to speak their opinions, and look after their own needs. People see themselves as “free to do as they please.”	Community cohesion and group identity are valued over individuality. (“I belong, therefore I am.”) The needs of the community are more important than personal desires. A person’s opinions should reflect those of the group. One’s actions should reflect well on the group.
Hierarchy	Society is fluid. People generally see themselves as equals, and authority is earned and can be openly questioned. What you know is more important than who you know, and the value of an idea depends on its utility, not its source. “Low-power distance”	Society is hierarchical. Class and social distinctions are maintained, acknowledged and deferred to. Authority is not to be questioned, and the value of one’s opinion increases with social rank. “High-power distance”
Formality	Interactions are casual. First names are used. Clothing choices reflect personal tastes and comfort. “Low context”	Interactions are formal, and it is important to follow protocols and demonstrate respect for elders and superiors. People are referred to by their titles. Greetings carry great importance, and clothing should reflect one’s place in society. “High context”
Privacy	People have a “right to privacy,” their own personal space and time to themselves.	People have a right to be included. Privacy is considered rude. Plans and conversations should include all.
Property	Personal property is considered sacred. People pay their own way, are responsible for their own things, and there is no obligation or expectation to share.	Property is communal and belongs to the group. This is particularly true for food, which is expected to be shared by all.

Planning Planning Continued	Planning is expected, and schedules are adhered to except in extreme circumstances.	Spontaneity is preferred. Schedules are always subject to change. Flexibility and patience are valued. It is acceptable to show up unannounced or not follow through on plans.
Hospitality	Visitors are expected to make arrangements for their own food, housing and transportation, and payments are negotiated ahead of time. When people are invited out, it is expected that they will all pay their own way. Social events usually take place at public establishments.	Hospitality is important. Visitors need to be taken care of, and it is not appropriate to ask them to pay, although it is expected that they will leave gifts in exchange. When people are invited out, it is expected that the person who gave the invitation will pay. Social events usually take place in the home.
Gender	Gender differences are minimized. Women are judged on the same criteria as men. Traditional roles are less respected.	Gender differences are important, and women are expected to be submissive to men. Traditional roles are respected.
Time	Time is a linear phenomenon, measured by clocks. Punctuality and planning are valued. It is important to respect someone's time: Time is money. "Monochronic time"	Time is relative, and is measured by events. It is important to be living in the moment and to deal with things as they come up. Attending to people's needs is valued, regardless of how long it takes. "Polychronic time"

Culture Shock

"Culture shock" is real, and it is important to be prepared for it and to recognize when it is occurring. What people generally mean by culture shock is the stress that occurs from being away from familiar surroundings and continually having to struggle to understand what is going on around you. What begins as discomfort and confusion can subtly progress to frustration, anxiety, irritability, loneliness and withdrawal. More often than not, anger is the result, and it is not uncommon for this to lead to unprofessional behavior and lashing out at the local community. When you find your frustration mounting, be sure to take a step back and find productive and healthy ways to manage your stress. Remember, you are ultimately just a guest in their country. Above all, try and keep a sense of humor.

Be aware that you will likely have some reverse culture shock upon returning to the U.S.

Guidelines for the Management of Needlestick Injury and Body Fluid Exposure

Background:

When working in clinical environments, there exists the possibility for exposure to bloodborne pathogens, particularly in environments where universal precautions and sharps disposal practices may not be followed with the same rigor as in the US. Exposure to blood and other bodily fluids can transmit Hepatitis B, hepatitis C, and HIV, as well as other illnesses such as viral hemorrhagic fevers, including dengue. Transmission of malaria can also occur through needlestick, as can transmission of other parasitic diseases such as trypanosomiasis and visceral leishmaniasis.

Pre-departure advice:

PREVENTION: Obviously, the most important aspect of blood and body fluid exposure is prevention. Students should use gloves and other personal protective equipment if there exists the possibility of contact with a patient's blood. All students should bring with them a box of non-sterile gloves. You are also encouraged to bring some form of eye protection and face masks. If in a malarious area, tablets for malaria prophylaxis and attention to insect precautions can prevent this potentially fatal disease.

VACCINATION: Hepatitis B is highly transmissible through needlestick injuries (about 1 in 3 people exposed will seroconvert) - all students should have completed their hepatitis B vaccination series before leaving for their GHCE. You should be sure you are protected against measles, mumps, rubella, hepatitis A, tetanus, diphtheria, typhoid, and varicella, and polio. Depending on location, yellow fever and/or meningitis may be appropriate as well. Although there are as yet no efficacious vaccines for hepatitis C or HIV, in case of a needlestick it is helpful to know your baseline serostatus for these infections.

POST-EXPOSURE PROPHYLAXIS: You are required to purchase and bring with you two different HIV prophylactic medications. You should bring a 3-5 day supply of medication, which will allow you to get PEP started, then we can work with you to determine whether you should come home to complete treatment versus getting additional treatment and continuing in-country.

In the event of a needle-stick injury with a contaminated needle, or other significant exposure, you would generally begin taking treatment right away, while arranging for the patient to have HIV testing. If the patient is HIV positive, you should then need to complete a full 30 days of medications.

Specific prophylactic regimens should be discussed during your Travel Clinic visit, and you should ask for a prescription during your visit for a 1-5 day supply.

WHAT TO DO IN THE EVENT OF A BODY FLUID EXPOSURE:

1) **Don't Panic.**

The vast majority of exposures result in no harm. For example, the seroconversion rate of an untreated needlestick injury from an HIV positive patient is less than 0.3%, and from a mucosal exposure less than 0.09%. With prompt initiation of antiretroviral medications, this risk is further reduced 85% or more.

2) **Wash the exposed area.**

Remove all soiled clothing. Wash skin and wounds with soap and water. Irrigate wounds copiously with water. Flush eyes or mucous membranes with water or sterile saline.

3) **Let someone know.**

Inform your clinical supervisor that you had an exposure. Contact a medical provider with experience in post-exposure prophylaxis (CDC Post-Exposure Prophylaxis Hotline, Harborview Madison Clinic, Dr. McClelland, etc.)

4) **Decide if you need to start medications.**

This will depend on the severity of the exposure and the HIV status of the patient. If the patient is HIV positive or of unknown status in a high-prevalence area, *antiretroviral medications should be started as soon as possible* in the event of a needlestick injury, or if visibly bloody fluid is splashed into your eyes or mouth. (See the attached CDC algorithm for specifics). Do not wait for the source patient's blood testing to come back before starting meds. If the patient has suspicion for *P. falciparum*, consider taking a presumptive treatment of malaria if you are not on malaria prophylaxis.

5) **Arrange for testing.**

If possible, arrange for HIV testing of the source patient and a malaria smear (if in an endemic area). If serologies for hepatitis B surface antigen and hepatitis C antibody are readily available, send these too. If you do not know your own HIV, hepatitis C, or pregnancy status, these should be checked. It is helpful to get a CBC, chemistry panel, and hepatic panel if you are going to be starting medications. This will allow your physician to have baseline labs in the event you develop side effects from your antiretroviral medications.

6) **Decide if you need to come home.**

If the source patient tests **negative** for HIV, and you think it unlikely that the patient contracted HIV in the past few months, you can *stop treatment*. If the patient is HIV **positive**, cannot be tested, or is felt to be at high risk of HIV despite a negative test result, continue treatment. *It is generally recommended to arrange for medical evacuation back home* for proper evaluation and monitoring while on prophylaxis. However, many countries now have doctors and facilities that are expert in treating patients with antiretroviral medications. The decision to stay at your post or return home is a serious one that should be discussed with a qualified medical provider. The GHRC is happy to work with you on ways to deal with academic credit and financial aid issues in the event an evacuation is needed.

7) **Get support.**

Having a body fluid exposure is often a deeply unsettling experience. It is recommended that you talk it over with someone to help put things in perspective. Most people feel extremely frightened and vulnerable right after an exposure. The CDC's "PEpline" is an excellent resource. This is a national hotline that provides around-the-clock expert guidance in managing healthcare worker exposures to HIV and hepatitis B and C. Callers receive immediate post-exposure prophylaxis recommendations and counseling. The phone number is +1-888-448-4911. You may also call Dr. McClelland at +1-206-473-0392.

Preferred HIV PEP Regimen:

- Raltegravir (Isentress; RAL) 400 mg PO twice daily (NOT available in Uganda except at the Infectious Disease Institute at Mulago – it is VERY important that you bring your 3-5 day supply of HIV PEP meds.

Plus:

- Truvada, 1 PO once daily
- (Tenofovir DF [Viread; TDF] 300 mg emtricitabine [Emtriva; FTC] 200 mg)

Also see Kuhar et. al. JSTOR 2013; 37:875-93. This paper provides detailed information on the current US CDC guidelines for post-exposure prophylaxis. (attached)

MAPS:

Uganda



Kampala

