

University of Washington
DEPARTMENT OF GLOBAL HEALTH



GHCE

Global Health Clinical Elective



2020
GUIDE TO YOUR CLINICAL ELECTIVE IN



Gulu, UGANDA

Disclaimer:

This booklet is provided as a service to UW students going to Gulu, 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. Please conduct your own research to ensure a safe and satisfactory experience.

TABLE OF CONTENTS

Contact Information	3
Entry Requirements	5
Country Overview	6
Packing Tips	8
Money	13
Communication	13
Travel to/from Gulu	14
Phrases	16
Food	16
Budgeting	17
Fun	17
Health and Safety Considerations	18
How not to make an ass of yourself	19
Map	21
Cultural Adjustment	24
Guidelines for the Management of Body Fluid Exposure	26

CONTACT INFORMATION - U.S.

	Name	Address	Telephone	Email or Website
UW International Emergency #	In case of emergency: 1. Notify someone in country 2. Notify CISI (see below) 3. Call 24-hr hotline 4. May call Scott/McKenna		+1-206-632-0153 (24-hr hotline)	www.washington.edu/globalaffairs/emergency/ dbrencic@uw.edu travelemergency@uw.edu
GHCE Director(s)	Dr. Scott McClelland Dr. McKenna Eastment		+206-473-0392 (Scott, cell) 001-254-731-490115 (Scott, Kenya)	mccllell@uw.edu mceast@uw.edu
GHRC Director	Daren Wade	Harris Hydraulics Building, Room #315 1510 San Juan Road Seattle, WA 98195	+1-206-685-7418 (office) +1-206-685-8519 (fax)	dghsom@uw.edu ghrc@uw.edu dwade@uw.edu
Insurance	CISI		24/7 call center available at 888-331-8310 (toll-free) or 240-330-1414 (accepts Collect calls)	ops@us.generaliglobalassistance.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)	
Ugandan Embassy in U.S.	-	5911 16th St SW Washington D.C. 20011	1-202-726-7100 (phone) 1-202-726-1727 (fax)	washington.mofa.go.ug washington@mofa.go.ug

Contacts in Gulu:

Course Directors:

1. Dr. Michael Westerhaus

socmedglobal@gmail.com

michaeljwesterhaus@gmail.com

Ugandan phone number: 011 256 77 576 5619

U.S. phone number: 1-617-869-2908

2. Owilli Alex Olirus

lirusowilli@gmail.com

+1 (306) 490-2041 (Whatsapp)

US EMBASSY AND LOCAL EMERGENCY CONTACTS

U.S. Embassy		1577 Ggaba Rd, Kampala	Tel: 0312-306-001	http://ug.usembassy.gov
Emergency			999 Mobile: 112	

Introduction

This guide is the product of the observations, experiences, and guidance of students who have completed a Global Health Clinical Elective in Gulu, Uganda, so the tone varies throughout and some information may have changed. This guide also has information from the Mulago GHCE guide, since it is in Kampala, so be aware a small part of the information may not be applicable to Gulu. DGH staff and faculty work to provide the most accurate and up-to-date information, but please double check information and do your own research. We hope you will provide updates to this handbook upon completing your GHCE! Thank you!

ENTRY REQUIREMENTS



- You must have a **valid U.S. passport** that won't expire for at least 6 months.
- Make sure passport has TWO blank pages.
- 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. This course also includes a concluding component in Rwanda and thus it is advised that obtain an East African Tourist Visa which will also cover your time Rwanda (this is \$100).
- **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 required for entry into Uganda.

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 43 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

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).



President Yoweri Museveni

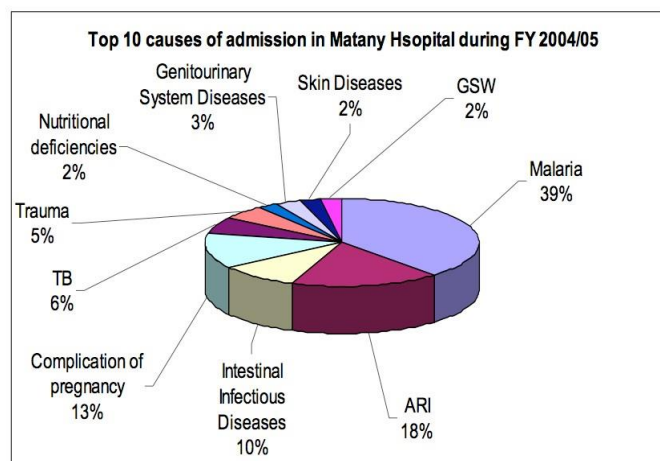
Amin's rule ended after his troops invaded Tanzania in 1979. The Tanzanian military repulsed the incursion, and ousted Amin from power. A second brutal Obote regime followed, until he was unseated by the military general Tito Okello in 1985. Six months later, Okello was toppled in turn by the current president, Yoweri Museveni. Museveni has since been re-elected four times, most recently in February 2016, 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 escalated into a regional conflict that involved 4 countries: the DRC, the CAR, Sudan, and Uganda. In April 2018, Ugandan and U.S. military forces ended their hunt for Kony and his group, with a Ugandan spokesperson stating that "the LRA no longer poses a threat to us as Uganda."

Health and Development

Life expectancy in Uganda is around 60 years for men and 65 years for women. It had previously been lower due to the HIV/AIDS epidemic in the country that started in the 1980-90s and reached a tipping point where the number of new infections per year was less than the number of people beginning to receive antiretroviral treatment in 2013. The fertility rate in Uganda is one of the highest in the world: 5.6 children per woman, leading to a population growth of 3.3% per year. Under-five mortality rate is 62 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 \$604 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. In Northern Uganda where our class occurs, the language is Acholi, which is a member of the Luo language family.

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 locally, 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 locally.)
- Flash drive
- Digital camera
- Bottled water is readily available; bring a filter if you plan on drinking tap water. A steri-Pen is very helpful – much less expensive than buying water.
- List of your emergency contacts!
- The host organization SocMed also provides you with an extensive packing list.

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/button-ups and trousers, neckties, and nice shoes. Women tend to wear dresses or slacks and conservative blouses. Women should avoid short skirts and revealing tops. Try to avoid anything too that shows too much cleavage – some is ok but not too much. Jeans are acceptable as casual wear in Kampala, Entebbe, and Gulu but are less common in more rural areas. For women, sleeveless is OK, but no spaghetti strap tank tops or skirts above the

knee (longer is better). Remember if you wear a skirt, you'll have to learn to ride a boda boda side saddle. No shorts unless you are running/playing sports/working out.

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 (for weekend trips)

- Hat (for protection from sun and rain)

- Flip-flops/Crocs/Texas/Chaco Sandals

- Sturdy, comfortable shoes that look nice enough for the hospital (Toms, Keds, flats you can stand in for a long time. Danskos only really good for OB/GYN or surgical rotations, but best to change in as the road to the hospital is uneven (you don't want a twisted ankle!))

You can buy pretty much anything you need in Gulu if you look hard enough. If you are worried about space, you can always pick up a shirt or two at the market or get someone to make you some clothes (skirts cost about \$10 - \$15 including the fabric; men's shirts about the same – you've just got to find fabric you like). Don't waste your money on a mosquito net from U.S. if for some reason you need one – buy it there much cheaper!

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 purchased locally, 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 (most important according to previous students*):

- Thermometer

- *Sunscreen (SPF 30 or higher)

- *Insect Repellent (at least 25% DEET or 20% Picardin)

- Malaria prophylaxis

- HIV post-exposure prophylaxis

- Stand-by treatment for diarrhea

- Any medications you normally take

Band-Aids	(Sudafed)
Tweezers	Hydrocortisone cream/or other anti-itch cream
*Acetaminophen (Tylenol)	
*Ibuprofen or Naproxen (Aleve)	Antifungal cream
Diphenhydramine (Benadryl)	Antibiotic ointment
Pseudoephedrine or phenylephrine	Consider ORS packets, esp. for travel

Cellphone Apps for Wards:

MSF Guidance

DynaMed

QxCalculate

Other Suggestions:

- Earplugs and an eye shade
- A laptop is recommended, although they do invite theft
- Flash drive
- Digital camera and charger
- Headlamp (very helpful) and a small flashlight (electricity goes out frequently)
- Digital music player if desired
- Extra batteries
- Extra food (energy bars, dried fruit, etc.)
- Reading material
- Duct tape
- Bug spray
- Shave cream – if you give yourself razor burn you can end up with nasty skin infections – aftershave can help prevent this as well
- Small packages of Kleenex “purse-sized” for allergies, bathroom emergencies, makeshift bandaids etc.
- An across the body purse – just an over the shoulder can easily be pulled off you by someone driving by on a motorcycle
- Bandana
- Umbrella or rain coat
- Spices/hot sauce to add to rice and beans/starchy local food. You can pick these up in Kampala for sure and occasionally in Gulu at one of the supermarkets

Suggested Reading:

- § *Brandt Travel Guide*
- § *Oxfam Ugandan Country Profile*
- § *The Teeth May Smile but the Heart Does Not Forget*, Andrew Rice
- § *Abyssinian Chronicles*, Moses Isegawa
- § *How to be a Ugandan*, Joachim Buwebo

Supplies for the medical wards (*must bring!):

- | | |
|--|--|
| *White coat | *Scrubs |
| *Penlight | *Small notebooks (for taking notes during lectures and rounds) |
| *Stethoscope | *Alcohol wipes for cleaning medical equipment (at least a box) |
| *Gloves | *Hand wipes |
| *Digital thermometers | *Blood pressure cuff (not a must, but helpful if you have it) |
| N-95 Masks (at least 20) | N-95 Masks (at least 20) |
| Otoscope (though some students recommend not to bring) | *Pulse oximeter |
| Hand sanitizer (lots) | |
| *Pens | |

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 the city 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. You can bring some US cash to convert into shillings at the airport or in Kampala as long as they are recently printed and pretty pristine (non-folded) \$20s and \$50s. We recommend changing money in Kampala due to higher rates in Gulu.

Uganda uses the **Ugandan Shilling (UGX)**. As of October 2019, \$1 = 3,695.35 UGX. It is relatively easy to obtain shillings at **ATM machines** in 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. Banks will often freeze your account if they notice transactions from Uganda unless you have alerted them ahead of time. Travelers cheques are difficult to exchange and are not recommended.

Getting cash can be tricky especially if your cards are on the Cirrus network (Mastercard/BMO debit, etc.) and not on the Plus network. Machines that accept MasterCard are difficult to find. Check the back of your card to find out. On the Plus network (Visa and debit cards with the Plus symbol on the back); you should be able to use most Barclays' (most recommended!), Crane Bank and Standard Chartered ATMs. There are pretty high fees for using the ATMs internationally so you may want to take out a chunk and split it up. In 2015, fees were roughly 15,000 UG Shillings. All banks will have armed guards so at least you should be safe at the ATM.

US bills are required to pay for visas at border crossings (if planned) and avoiding the pushy money changers at borders is ideal.

Communication

If you want to get a local number while you are there, it's super easy. If you already have an international unlocked phone just go to any of the hundreds of little airtime booths, most supermarkets/gas stations/general stores or a provider's store and ask for a SIM card. They'll cost you about 4,000 shillings and include some airtime. Then you will need to buy airtime as you use your minutes.

If you don't have a phone already, you can get a cheap one for between 30,000 and 60,000 shillings then get the SIM card and airtime as usual. You only use airtime when you place a call. Incoming calls are free. Everyone has caller ID but voicemail is very rare.

MTN also sells mobile modems with monthly subscriptions that are not too costly. If you are going to be staying in Uganda and your workplace doesn't allow you free internet

access (or even if it does), you might want to pick one of these up. You may need your passport with you to register for the modem.

Using your North American phone in Uganda is highly discouraged; prices can be \$5 a minute for voice. Orange Network is one way to purchase calls for approximately 6,000 UGX per 45 minute. Other popular providers include Airtel and MTN. If you are with another student, get the same carrier as it is cheaper and leads to fewer glitches and lost messages.

Consider getting data for Uber and WhatsApp use. It is highly recommended to install WhatsApp prior to leaving the US. It is what many people in Uganda use to communicate and can be used to call the US. Family and friends can call you using international calling cards for VOIP providers such as Skype.

Note: If someone calls you – lets it ring once and hangs up that is called ‘flashing’ or ‘beeping’. They want you to call them back so that you pay for the call they do not use their airtime. It might be a cost savings measure or they might not have much airtime at the moment.

Travel to/from Gulu

As part of the Social Medicine course, all initial travel to Gulu is coordinated. A private bus takes everyone from Entebbe to Gulu, to Rwanda for the last week of the course, and back to Kampala. UW students then must travel back to Gulu to complete their final 2 weeks of supervised clinical time at Lacor. The following information may be helpful for initial arrival to Entebbe and to get back to Gulu at the end of the course.

One generally needs to go through Kampala to get to Gulu. Kampala is about 400 kms from Gulu but the road is paved the whole way with the usual bumps and potholes.

Arriving in country: All flights go to Entebbe Airport which is essentially the airport for Kampala, so people will say both. British Airways, Brussels Airways, KLM/Delta, Air Egypt, Ethiopian, Kenyan, Emirates, something from Turkey, South African and some smaller airlines all fly into Entebbe.

At the airport: Entebbe is on the shores of Lake Victoria and the runways are quite close to the water. If you are a nervous flier – avoid looking out the window as you land because the lake might seem too close for comfort. Flights will either disembark on the tarmac or use the one walkway.

The arrivals hall is usually a bit chaotic, so grab a form to fill out in line, pick a line and hope that it's a quick one. Make sure you have a nice looking U.S. bill for your visa – 2010 or later to be safe. Past students have had issues because of a bill having a pen marking on it. For the form, you can usually just write the city and hotel/lodgings for the question

about where you are staying. Once in the country officially, you can get your luggage. Luggage carts may be available. Through customs, there is a public arrivals area. There are ATMs here that take foreign cards (usually) and a forex bureau.

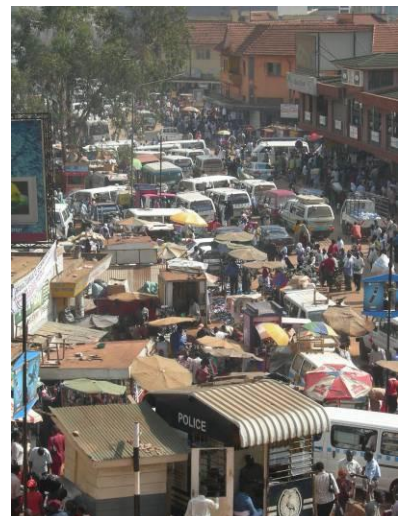
If your luggage is not there, speak to one of the employees. Their desk is right by the carousel. They will fill out a form, but make sure they fill out the full confirmation number – there have been experiences where a partial number was provided... “Baggage handlers” at the airport can be quite aggressive. Don’t let them touch your suitcase unless you want to tip them generously to let go!

Airport to Gulu: It is possible to fly to Gulu on a smaller plane. I’ve never done it and have no idea of the cost. You can hire a driver to take you straight from the airport to Gulu if you so wish. It will cost a couple hundred dollars and I DO NOT recommend doing this if you arrive after 2pm.

Bus will probably cost you about 25,000 shillings – you will need Ugandan shillings – and take anywhere from four and a half to seven hours.

There is a post bus that is a “safer” bus according to guide books but I see little difference in the quality of the bus or the driving. It leaves once a day nice and early from the main post office on Kampala Road in Kampala on weekdays. It drops the mail off on the way and therefore can’t take that much luggage. Other buses can be picked up at the main bus park in Kampala. Any special hire taxi driver from your hotel or the airport or any boda boda driver will know where the bus park is – tell them that you are going to Gulu and they should know which gate to drop you off at. The minute you get out of the car/off the boda there will be some ‘helpful’ guys trying to get you on a bus and ‘help’ you with your luggage. I tend to want to hold on to my own luggage – you can be firm with the ‘helpers’ especially if they are pulling you places. Be clear that you want to go to Gulu. Always double check that the bus is going “Gulu Express” via “Karuma.” Make sure you see your luggage go on the bus and take anything of value up with you. I avoid the Gateway bus company and any bus that looks seriously sketchy. You can just wait for the next one. The buses leave when they are full so if you get on the bus and there are not many other people on it, you’re in for a long wait. They are pretty frequent but I strongly recommend getting on the bus before 1 pm at the latest to avoid travelling in the dark too much.

The bus travels north and will cross the Nile at Karuma falls. Do not get caught taking pictures on that bridge – it is considered a national security issue. I’ve included a snipped and not so good photo of the start of the falls for your reference. Once you’re over the bridge, people say you are in northern Uganda. Keep a lookout for baboons just over the bridge!



If you need to stay in Kampala overnight, check out the Lonely Planet. I will almost exclusively direct you to delicious food that you won't be able to find in Gulu.

- 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 have been reports of the drivers robbing passengers and sexually assaulting women. Use a taxi at night. During the day, taxi-buses are cheap, reliable, and relatively safe. They follow prescribed routes.
- Matatus (called taxis by locals) are easy enough to use, just be sure to confirm where you are going. Expect to get lost at times. Average trip costs 1000 UGX pp.
- Avoid travel at night. Use a seat belt whenever possible.
- Uber is available in Kampala and Entebbe. Call driver to confirm pickup. Most don't use maps, so when you get in tell them where you're going and confirm that they know where it is.

Good traveler/expat information can be found on the [Eye Inside Magazine](#).

Phrases

You should have been provided with an Acholi primary handbook by the course directors. Here are a couple additional key Acholi phrases that will come in handy written out phonetically.

Kopangnon: Hi, how's it going?

Response: Kopay

E cho ma bear: Good morning

E ree ma bear: Good afternoon

Aphoyo: Thank you

Mono: White person/foreigner

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. 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.
- **Kikomando** – hot chapatti with beans

Budgeting

All food and lodging is included in the Gulu Social Medicine course price. Below is information that may be useful for anything happening outside of the formal course.

In Gulu Town (and Kitgum), a guesthouse room will run you about \$12 to \$18 dollars a night based on what everyone has been saying. In a more rural area, you can probably get away with \$4 a night.

In general, local meals will cost about 3,000 to 5,000 shillings. A Guinness (bottled in Kenya – don't get too excited) is about 2,500 or 3,000 UGX while a Bell or Nile Special will cost you about 2,000 or 2,500 UGX. A 500 mL bottle of water should be about 700 shillings, maybe more, while a 1.5 L bottle is about 1,500 UGX. There are a number of wholesalers who sell water by the box. Western or Indian meals tend to be a little pricier – say 8,000 to 20,000 UGX depending on what you want and where you get it.

Mangos start around 200UGX but bigger ones are more expensive. Bananas can be anywhere from 300UGX per banana to 5,000 for a bunch. Pineapples vary in price a lot but 3,000 shillings is average. Chapatis go for roughly 500UGX and Samosa for 200 UGX. Word has it that the ginger ale is delicious.

Fun

There are a number of bars and restaurants that can become pretty hoppin' places on weekends. If there is a Manchester United or Arsenal game on, the town will be loud as almost everywhere that has a TV will be showing it.

Nigerian soap operas and movies are often commonly shown in hotel lobbies and if you can hear/understand them, they are awesome. Radio stations including Mega FM play a variety of music including a lot of locally produced Acholi music.

It's pretty safe to run in Gulu as long as it is before dark. The Acholi Inn might still have a pool but I'm not sure and I'm also not sure if you want to go in it. I've heard about expats who have yoga groups and breakdance lessons so you can ask around.

Gulu is a short drive (three hours) from [Murchison Falls National Park](#) which contains lions, elephants, hippos, giraffes and antelope. You can take boat cruises on the Nile to see animals and go on game drives. An optional class trip as part of the course (for additional expense) is usually organized by the students.

Health and Safety Considerations

Medical supplies that are good to have: pain killer that reduces fever (ibuprofen), cold medication, Metamucil, Gatorade or other electrolyte rich powder because it tastes better than sugar/salt water for rehydration, bug spray and anti-itch stuff, Gravol, cipro, Imodium and a multivitamin. FYI you can get a lot of these things at pharmacies in town as well you just have look around a bit (last year got some horrendous tasting benalyn cough from S. Africa at the pharmacy at Kakenyero – see map) and panadol = acetaminophen or Tylenol. Consider eye drops for dry, dusty eyes.

Safety wise – don't be stupid, if something doesn't feel safe, it isn't. If something is a bad idea in Canada, it's a bad idea in Uganda. If the driver is going to fast tell him to slow down: "moot moot". Use a taxi at night. Remember they drive on the other side of the road.

Don't give out your phone number or email freely without context.

- 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 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. If needed, bags and backpacks can be worn on your front side in large busy markets.
- 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. Please contact the GHCE team in ANY case where you feel unsafe and need assistance, after contacting other offices if needed.
- 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 the Uganda Anti-Homosexuality Act of 2014 signed life in prison as the punishment. 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 tear gas 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.

How not to make an ass of yourself

In their trips to Uganda, students have noticed a number of ways to look like an idiot, be rude or otherwise be an ass. I don’t think we’ll have any problems with this group but I’ll share anyways mostly for the laughs. Here are some things not to do:

- Don’t complain if there is garbage/trash on the dirt road outside a restaurant to the owner and suggest that it would be a nicer atmosphere if he cleaned that up.
- Don’t PDA even to levels that would be relatively ok at home. Men and women shouldn’t really be touchy feely in any way in public.
- Don’t get a tailor to make you and your friends dresses that are miniskirt length (not Doudou’s version of a miniskirt – what I would call a miniskirt) and think that they are culturally appropriate because a local woman made them.
- Don’t put a napkin over your drink and poke your straw through it so that flies can’t land on the rim of your glass.
- Don’t assume that any price quoted to you is a ‘mono’ price and attempt to barter over the price of a bus ticket and then loudly ask the only other foreigner on the bus how much they paid for their ticket and then ask how much locals pay as said foreigner tries ever so hard to get the hell away from you.
- Don’t complain that food is taking a while on a night when there is no power or that your ice cream is soft when it’s 30 C degrees out.

- Don't be the person handing out pins/pens, candy or stickers to kids. It adds to the belief that foreigners = presents, which is not something you want to perpetuate. Even if you don't give out tons of stuff, you can still run into the problem of there being too many children. A street kid helped my sister at a soccer camp in Anaka village a couple days in a row so she gave him a pen, then she got to watch a bigger kid come over and steal the pen leaving the helper kid crying.
- Don't talk loudly about the locals, "cute kids" or the transportation.



GENERAL TIPS FROM FORMER STUDENTS

- Things are more expensive than you think, so budget well.
- Download maps.me app to get offline maps of Uganda, etc.
- Remember that all things are negotiable. It's a good idea to know what price is fair before you enter into bargaining.
- 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 (as in the US).
- 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.

Map

The next page is a rough map that notes some useful or important locations (the little green numbers.) *Of note, class and lodging is based at Lacor Hospital which is around 5 km outside of town.*

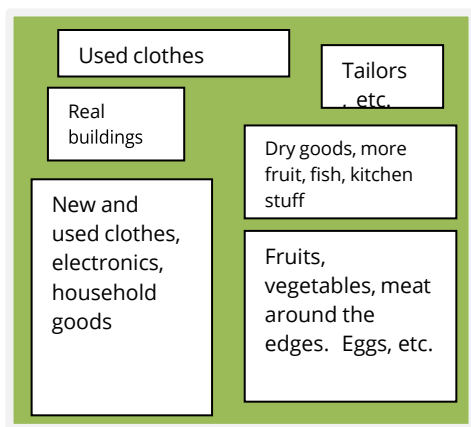
The map pretty much only shows the paved roads and cuts off before places like the soccer stadium. The labels for location of Hotel Pearl Afrique, Cafe L are wrong and I don't remember ever seeing a road that goes north/south besides Bomah Hotel.

Gulu Map Key (for the following map)

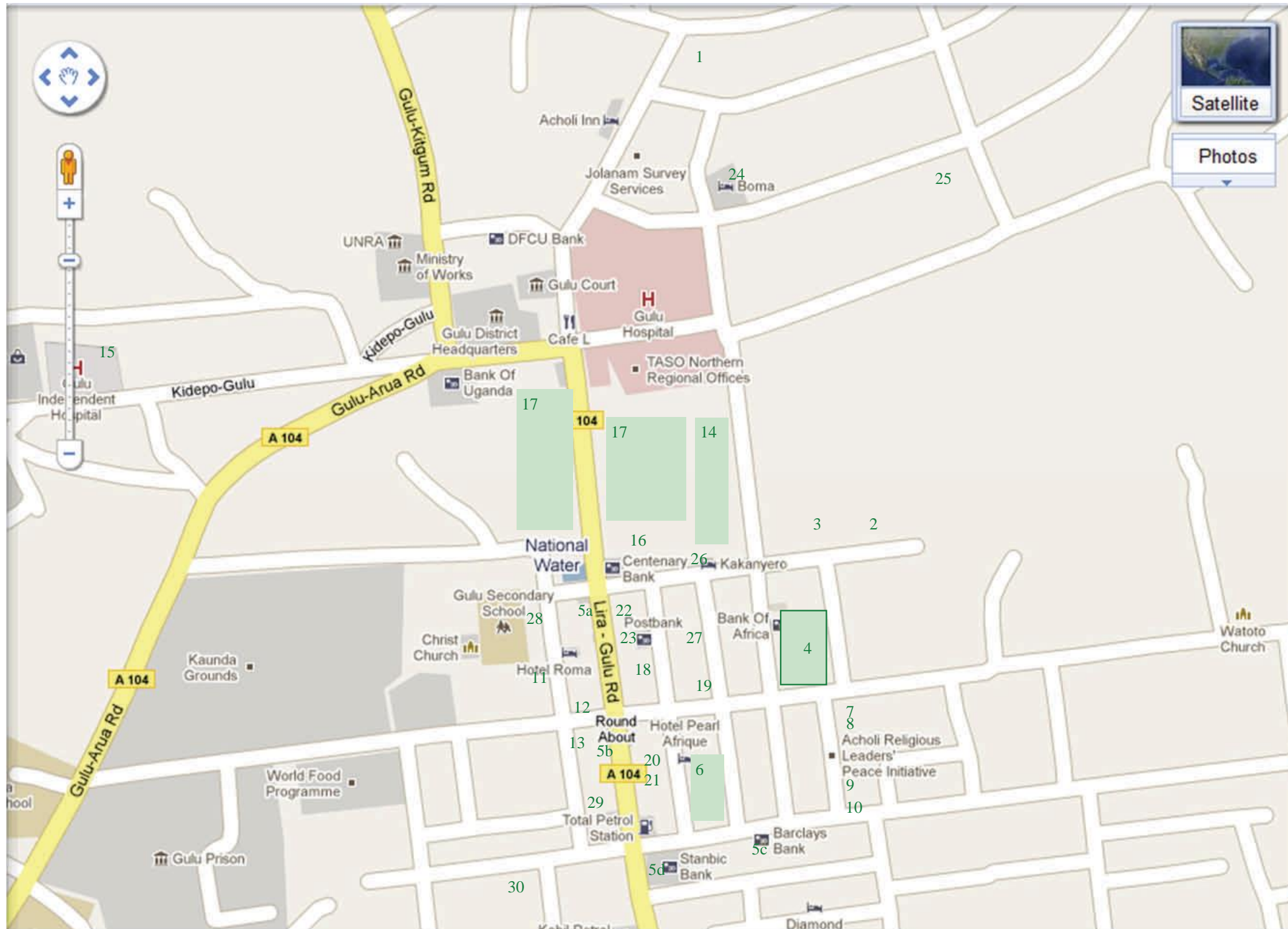
Note: Road through Gulu Hospital is not always open.

1. IPSS is somewhere in this area according to their web site
2. Approximate location of Acholi Ber Hotel
3. Cafe Larem – a western style cafe
4. Market – sells everything

Diagram of the market:



5. Banks where you can use your cards at the ATM to get cash. (a) Crane Bank; (b) Standard Chartered; (c) Barclays; (d) Stanbic (maybe)
6. Bus park – where you will arrive and where you can get rides to various other locations including minibuses, back of a pickup truck or taxis.
7. Decent pharmacy
8. Kopi Cafe – makes some western style food
9. Indian restaurant that delivers
10. Prince supermarket – all-purpose store, food, alcohol, electronics etc.
11. Hotel Benen – good local restaurant. Hotel Roma across the street also has good rice and beans.
12. Wholesaler who sells water/beer by the crate. Other wholesalers are found on the roads by the bus park and across the street from Barclays bank.



13. New shopping area just being built when I was there last – includes the Korean grocery store, ridiculously crappy rates Forex, possibly a fast food place (think Western Style) and other stores.
14. More used clothes stalls – also along this road is the Marie Stopes medical clinic which is decent.
15. Gulu Independent Hospital – first choice for medical care. They guarantee less than 30 minute wait and are quality.
16. Carwash pork joint – tasty roasted pork on a stick with fried cassava. If you get dysentery that's your fault.
17. Swamp/car washing bay
18. KSP – rooftop Indian dining – may have gotten this a block off – it might be one block closer to the market. You can see it quite easily it has Christmas lights on the roof.
19. Small grocery store
20. Country Bakery – makes salty bread which is bread as we know it.
21. Restaurant whose name I can't remember name involves "Comfort" but serves western style food and has a decent and cheap breakfast. It has silver furniture and lace curtain over the door.
22. The popcorn lady – must I explain this? Hopefully she hasn't raised her prices. 200 shillings for a bag is the best 14 cents or so I ever spend.
23. MTN store – cell phones/airtime/modems and internet access. Across the street is UTL another big communications provider. Also on this street are a bunch of stationary stores.
24. Bomah Hotel – serves western style food, shows English Premier League games and Champions League games, has nice gardens to sit in and have a soda. Has a generator and lots of available outlets. Another mono (and rich Ugandans) paradise.
25. Bjz – restaurant/bar/club. Western food, pool table, quiz night (maybe), shows EPL games, live music sometimes. Usually a decent night out – was popular with Gulu University students last year. Has also been known as Bambu and a few other things.
26. Kakenyero – hotel that makes decent western food, has a good"ish pharmacy in the bottom.
27. Havana – nightclub. Used to be The Friday night bar now not sure. Last I heard lots of 'working girls.'
28. Green Valley – bar that makes me uncomfortable to go to.
29. Diana Gardens – local food buffet lunches that are pretty good but pricey and last Friday of every month "Corporate Night" goes until about 5 am.
30. Mosque – there are also a ton of churches in town but too many to note. I know the mosque because I've stayed in this area and it wakes me up.

CULTURAL ADJUSTMENT

- Try to get to know the Ugandan medical students – they are generally very friendly and helpful. You will learn a lot from them and also hear about lectures, etc. that you may not know about otherwise.
- 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 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	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

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 3-5 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) Getsupport.

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 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. (Appendix)