

The American International Health Alliance  
**Strategic Health Partnership Initiative**



**HOSPITALI YA MANISPAA YA TEMEKE  
OPD (KWA WAGONJWA WA NJE)**

**HEMU NA MAHALI ZILIPO HUDU KWA WAGONJWA**

CHUMBA NO. 1-3  
HIV/AIDS)

CHUMBA NO. 4  
CCBRT  
NO. 5  
NO. 6  
NO. 7  
NO. 8  
NO. 9  
NO. 10  
NO. 11

CHUMBA NO. 12  
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# Mentor Handbook

*A Guide for Russian Professionals  
Providing Technical Assistance  
and Mentoring in Africa*



February 2012





# The Strategic Health Partnership Initiative Mentor Handbook

*Welcome!*

On behalf of the American International Health Alliance (AIHA) and our funders at the United States Agency for International Development (USAID), thank you for your involvement in the Strategic Health Partnership Initiative (SHPI).

The SHPI is a unique program designed to foster Russian-American cooperation — particularly collaboration on global health challenges including HIV/AIDS, tuberculosis, and other public health priorities.

As an expert in your field, your role in SHPI is helping to strengthen Russia's capacity to provide professional technical assistance and onsite mentoring to some of the countries most affected by the HIV and TB pandemics or other pressing health service delivery challenges. At the same time, you are helping developing countries address their own health system strengthening goals, including training and mentoring human resources for health.

As other Russian medical professionals who have participated in the SHPI's mentorship program in the past can attest, your time spent working side by side with your counterparts in Africa will be both challenging and rewarding. As a skilled expert, you will have the opportunity not only to share your knowledge and expertise with colleagues at your host site as you work together to improve quality standards, but also to learn about your profession in a wholly different setting.

This handbook is designed to provide you with a basic overview of the SHPI and what is expected of during your placement, as well as many useful practical tips on how best to prepare for your upcoming trip.

Again, thank you for your participation in the SHPI mentorship program. Your knowledge, time, and commitment is certain to have a lasting impact on your host institution and the dedicated individuals working there. We hope that your time as a mentor will be a successful and rewarding experience. We extend our personal best wishes for your success and thank you for your commitment to serve as a mentor.

**James P. Smith**  
AIHA Executive Director

**Inna Jurkevich**  
AIHA Regional Director for Russia

# The Strategic Health Partnership Initiative Mentor Handbook

## *Table of Contents*

<b>I.</b>	<b>Introduction &amp; Program Overview</b>	<b>2</b>
<b>II.</b>	<b>Roles &amp; Responsibilities</b>	<b>4</b>
	<b>1. MedBusinessConsulting (MBC)</b>	<b>4</b>
	<b>2. American International Health Alliance (AIHA)</b>	<b>4</b>
	<b>3. Russian Mentors</b>	<b>5</b>
<b>III.</b>	<b>Health &amp; Security</b>	<b>6</b>
<b>IV.</b>	<b>Country Contacts &amp; Overviews</b>	<b>7</b>
	<b>1. Botswana</b>	<b>7</b>
	<b>2. Ethiopia</b>	<b>13</b>
	<b>3. Namibia</b>	<b>18</b>
	<b>4. Tanzania</b>	<b>23</b>
<b>V.</b>	<b>Selected Health Indicators (PEPFAR, US Government)</b>	<b>32</b>
	<b>1. Botswana</b>	<b>32</b>
	<b>2. Ethiopia</b>	<b>33</b>
	<b>3. Namibia</b>	<b>35</b>
	<b>4. Tanzania</b>	<b>37</b>

# The Strategic Health Partnership Initiative Mentor Handbook

## 1. Introduction & Program Overview

The Strategic Health Partnership Initiative (SHPI) is a unique mechanism for strengthening Russian-American cooperation on a number of cross-cutting global public health issues, including the fight against HIV/AIDS, tuberculosis, and other infectious diseases. SHPI has its roots in the 2005 Bratislava Initiatives, a joint agreement between the then presidents of both nations, and supports the 2009 US-Russia Bilateral Presidential Commission informally known as the Obama-Medvedev Commission.

SHPI is funded by the American people through the US Agency for International Development (USAID) and managed by the American International Health Alliance (AIHA).

AIHA works closely with Russia's Ministry of Health and Social Development, USAID, the US Centers for Disease Control and Prevention (CDC), and other stakeholders to implement this innovative program. Key Russian institutions currently collaborating on the SHPI project include:

- Moscow State Medical and Dentistry University;
- I.M. Sechenov First Moscow State Medical University;
- Bashkyr State Medical University; and
- Mechnikov North-Western State Medical University.

With unparalleled organizational strength and experience working not only in Russia and the CIS region, but also in sub-Saharan Africa, AIHA is able to leverage relationships and development models that have been honed over nearly two decades of successfully implementing health-related partnerships and programs. These include serving as the implementing partner for USAID's longstanding health partnerships programs in more than 20 countries spanning Central and Eastern Europe and Eurasia; the WHO Regional Knowledge Hub for Care and Treatment of HIV/AIDS in Eurasia; and the DHHS/PEPFAR-supported HIV/AIDS Twinning Center Program.

*“This Russian-American cooperation on healthcare projects is based on previous longstanding cooperation between our countries. Beginning with the Bratislava Accords, we’ve expanded our collaboration to include providing technical assistance to developing countries in Africa, the CIS, and other regions of the world.*

*The joint efforts of our two great nations are helping to solve critical healthcare problems that exist in these countries today and our experience shows that educating staff, as well as providing technical support, should be a priority for our work in the future.”*

*— Dr. Eugeniy I. Slastnykh, Head of International Cooperation in Healthcare, Department of International Cooperation, Russian Ministry of Health and Social Development.*

## The Strategic Health Partnership Initiative Mentor Handbook

The SHPI effectively harnesses US and Russian expertise to bolster health system capacity — particularly capacity related to the care and treatment of HIV/AIDS and TB — in Russia by developing primarily postgraduate level curricula in selected topics of HIV and TB treatment and care, which are being used in medical schools throughout Russia, as well as in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan.

A second key component of the SHPI program — the one in which you are playing an integral role — is supporting the deployment of Russian experts to developing countries in Central Asia and sub-Saharan Africa as a means of strengthening Russia's international development assistance capacity.



*Since 2009, AIHA has placed Russian experts in Botswana, Ethiopia, Namibia, and Tanzania through the Strategic Health Partnership Initiative.*

During Phase I (2007-2010), strengthening lab capacity was the primary focus of all deployments. Since Phase II commenced in October 2010, the scope of technical assistance has broadened to include other disciplines requested by ministries of health in the target countries.

To date, 22 Russian experts have been placed in healthcare institutions in Botswana, Ethiopia, Namibia, Tanzania, and Uzbekistan. These laboratory experts have contributed more than 1,000 days — over 33 months — to health sector development in these countries.

AIHA works closely with USAID, the Russian Ministry of Health and Social Development, and MedBusinessConsulting (MBC) — a private company that supports recruitment and deployment of Russian experts — to ensure this component of the SHPI project is effectively implemented.

Based on feedback from the Ministry, CDC, and Russian laboratory experts who participated in CDC-initiated consultations in Africa prior to the launch of the SHPI, AIHA developed in-country policies and procedures to assure well-developed scopes of work, as well as appropriate, safe, and secure living and local transportation arrangements for laboratory experts deployed in each country.

# The Strategic Health Partnership Initiative Mentor Handbook

## *11. Roles & Responsibilities*

### **1. MedBusinessConsulting (MBC)**

The contract you entered into with MBC forms the basis of your SHPI agreement and fully describes your entitlements and obligations. Please be sure to familiarize yourself with this document and keep a copy with you for your reference during your deployment in Africa. MBC is responsible for drafting and executing this official agreement, which is to include the following mandatory conditions: manner of compensation for your expert services under the scope of work, as well as reimbursement for expenses related to agreement implementation; scope of work (also known as individual terms of reference) for your mentorship placement; and reporting requirements related to implementation of your scope of work, including required documentation of expenses.

MBC will also provide you with a written copy of your scope of work and conduct an initial orientation with you prior to your departure to discuss your country of destination, cultural and national traditions, health and safety concerns, and other relevant issues. They will also provide you with your round-trip airline tickets.

### **2. The American International Health Alliance (AIHA)**

AIHA and its country offices in Africa will provide certain key elements of in-country support for you during your time in the field. Namely, this includes:

- Meeting you at the airport upon arrival and transporting you to your initial hotel for orientation;
- Providing all hotel accommodations and related meals while you undergo your incoming orientation and, at the end of your assignment, your debriefing;
- Providing you with 75 percent of your total per diem (current daily rate for African countries is US \$70 gross) prior to your departure through bank transfer. The remaining 25 percent will be transferred upon your return to Russia.
- Arranging both an in-country and workplace orientation;
- Ensuring that you have adequate, well-equipped, and secure accommodations near your placement site and covering all costs related to these accommodations;
- Providing your transportation and escorting you to and from your placement site for an introductory orientation session;
- Identifying and funding appropriate local transportation between your placement site and housing (i.e. public transport, car rental, etc.);
- Providing health insurance coverage (generally through RESO insurance company) to assure your access to outpatient clinical services while deployed;
- Providing reimbursement for mobile phone and Internet access for your laptop expenses PROVIDED that you submit receipts for the same to your point of contact at an AIHA office in Africa, or to AIHA/Moscow upon your return to Russia;
- Acting as a facilitator and intermediary if any difficulties arise between you and your placement or housing site; and
- Serving as a contact for emergencies and advising you on practical questions regarding your day-to-day living arrangements.

# The Strategic Health Partnership Initiative Mentor Handbook

While it is assumed that your day-to-day activities and other professional support needs will be met by your placement site, AIHA recognizes that adapting to a new cultural environment can be a complex learning process.

There will be obvious environmental, language, and food differences, as well as more subtle differences, such as unwritten cultural and societal rules, values, and norms. These include the way people think, communicate, work, and live.

AIHA staff in our African country offices will serve as a resource to help you assimilate into your new environment and work smoothly and effectively with your African counterparts. Please refer to the country sections for contact information for local AIHA offices, as well as other key institutions in country.

## 3. Russian Mentors

First, we again would like to thank you for agreeing to be part of the international mentorship program supported through the Strategic Health Partnership Initiative by the governments of the United States and Russia. We are confident that your mentorship assignment will be a mutually beneficial and worthwhile experience.

As part of the SHPI laboratory and educational strengthening program, you will have the opportunity to contribute your knowledge, expertise, and energy to improve the quality of services related to HIV/AIDS, tuberculosis, or other key public health priorities in your host country. In addition to being part of an important Russian-American collaboration in Africa, we are confident that your participation will also provide you with many opportunities for professional enrichment and personal growth.

During your deployment, your scope of work will govern your activities. In general, your primary responsibilities will include:

- Assisting the site-defined Quality Manager's efforts to meet requirements for organization, document control and management, development of training manuals, and competency assessments required to fully implement an intact and operational Quality Management System;
- Educating and training regional hospital, laboratory, or health professions education personnel regarding the principles and practices of quality services and other related topics;
- Attending in-country meetings and workshops as requested by program leaders;
- Participating in planning future activities relevant to continuous provision of technical assistance as needed by laboratories or other institutions; and
- Assisting in the development of training modules for local personnel as needed.

For our reporting requirements, it would be useful if you would provide photos that track your progress (i.e. "before and after" photos; images of you and your African counterparts at work, etc.).

Please remember that during your deployment you will be representing not only yourself, but also AIHA. Your actions — positive or negative, intentional or unintentional — have implications for the entire program. Critical judgments during press conferences or other formal or informal discussions could result in compromising the future of program. Please advise AIHA when you are thinking of planning official meetings or other important activities.

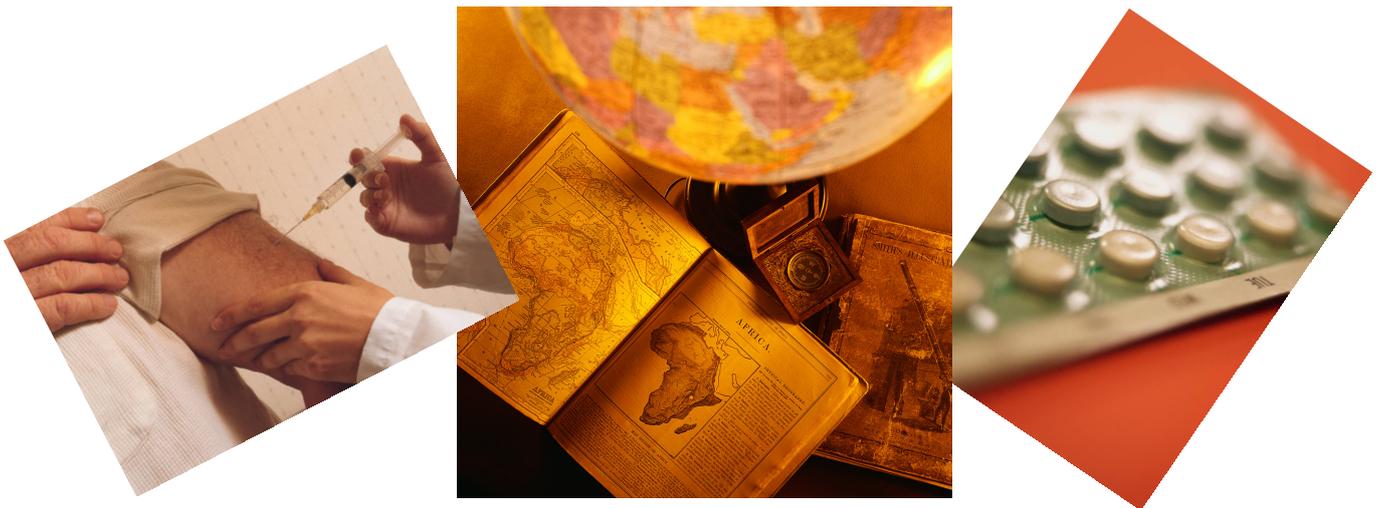
# The Strategic Health Partnership Initiative Mentor Handbook

## III. Health & Security

Regardless of your country of deployment, there are some important safety and security guidelines that you should always keep in mind. These include the following:

- If you travel, always share your itinerary with an official at your placement site. It is also a good idea to inform the local or regional AIHA office of your plans;
- Do not check anything of value (i.e. cell phones, laptops, cameras, etc.); there is a high likelihood that it will be taken from your checked luggage;
- Do not walk by yourself on paths or shortcuts, particularly after dark. Instead, use the streets;
- You are required to be vaccinated against diseases such as typhoid, yellow fever, etc. You must also take anti-malarial medications when deployed to certain countries. This will be discussed with each expert individually. Please take into account the state of your health condition and see what extra vaccinations or medications you may need in advance of your travel.
- Gastro-intestinal infections are the most common illnesses affecting travelers and can occur in any country you are visiting. Proper food handling, drinking purified water, and maintaining good personal hygiene are key to prevention.

As with any travel to a foreign, developing country, please be sure to exercise caution and use common sense to protect yourself and your belongings. Following these simple guidelines will help ensure your time in Africa is safe, healthy, productive, and enjoyable.



“I think it is very exciting to be able to offer opportunities to public health managers and scientists not only to work in other countries, but also to bring the knowledge and skills they gain overseas back home to benefit the people of Russia.”

— William Slater, Director, Office of Health, USAID/Russia.

# The Strategic Health Partnership Initiative Mentor Handbook

## IV. Country Contacts & Overviews

### Botswana

#### Key Contacts:

#### AIHA South Africa

John Capati, Country Director  
1250 Pro Equity Court, Pretorius St.  
Hatfield, Pretoria 0083 South Africa  
Tel: (27-12) 342-4484  
Fax: (27-12) 342-4349  
E-mail: jbcapati@yahoo.com

#### Embassy of the Russian Federation

Ambassador Korsun  
(Корсун Анатолий Николаевич)  
Tawana Close 4711, Gaborone, Botswana  
P.O. Box 81  
Tel: +267 395-3389  
Fax: +267 395-2930  
E-mail: embrus@info.bw  
Consular Department:  
Tel: +267 395-3739  
Fax: +267 395-3739

#### Ministry of Health of Botswana

Dr. Shenaaz El-Halabi  
First Deputy Minister of Health  
Ministry of Health Headquarters  
Private Bag 0038, Gaborone, Botswana  
Tel: 267-391-4467  
E-mail: sel-halabi@gov.bw

#### Primary Placement Sites:

#### University of Botswana

Prof Ishmael Kasvosve  
Associate Professor, Founding Head of Department of Medical Laboratory Sciences  
4775 Notwane Rd.  
Private Bag UB 0022  
Gaborone, Botswana  
Tel: +267 355-0000  
Fax: +267 395-6591  
E-mail: Ishmael.kasvosve@mopipi.ub.bw



# The Strategic Health Partnership Initiative Mentor Handbook

The University of Botswana was established in 1982 as the first institution of higher education in Botswana. The university has four campuses: two in the capital city of Gaborone, one in Francistown, and another in Maun. The university is divided into six faculties: Business, Education, Engineering, Humanities, Science, and Social Sciences. Botswana has finally established its very first medical school after years of intensive planning to get this project underway. Although at present a warehouse is being utilized, the Faculty of Health Science building was completed in 2011 and a 450-bed academic hospital is ahead of schedule and due for completion in 2013.

## **Princess Marina Hospital**

Box 258, Gaborone  
Tel: +9267 353 221

## **Nyangabgwe Referral Hospital**

Dr. NT Gokhela, Head of Laboratory Services  
Bag 127, Francistown  
Tel: +9267 2441465  
Fax: +9267 241 8206  
E-mail: ngokhale@gov.bw or ntg@botsnet.bw

It is important to note that there are two parallel health systems in Botswana: the public system and a private system. Each system has its own set of hospitals, clinics, and physicians. Care in the public sector is completely free for Botswana (the people of Botswana). This includes laboratory testing, hospitalization, and medications.

Traditional healers represent a very important third “health system” in Botswana. Most Botswana seek some of their care within this traditional system in addition to the public system. In fact, much of the renal failure in the country is attributed to traditional medications.

Princess Marina Hospital in Gaborone is the main tertiary care hospital and referral hospital for southern Botswana, while Nyangabgwe Referral Hospital in Francistown is the main referral hospital for the Northern part of the country. Princess Marina Hospital and Nyangabgwe Referral Hospital are the two largest government referral hospitals in the country. Both are located near the center of their respective towns. Until recently, Botswana had no medical school, so roughly 90 percent of all physicians working in the hospitals are from other countries.

## **National Health Laboratory**

Dr. Isaac Mtoni, Laboratory Director or Margaret Mokomane, Chief Medical Laboratory Scientist  
Plot 5353, Extension 10  
Church Road, Gaborone, Botswana  
Tel: +267 3974482  
+267 3972217  
Fax: +267 3974494  
Mobile: +267 1257916  
E-mail: imtoni@gov.bw

Botswana’s National Health Laboratory plays both administrative and service delivery roles with respect to the provision of quality laboratory testing services and commodity management throughout the country. The National Health Laboratory is also the referral laboratory for all specialized chemistry tests and microbiology testing services. At facility level, the day-to-day management of laboratory services is the direct responsibility of the facility’s Medical Officers-In-Charge and their respective Laboratory In-Charges or Supervisors.



# The Strategic Health Partnership Initiative Mentor Handbook

## *Country Overview & Useful Tips*

You will generally feel safe in Botswana. The government is stable, and the Batswana are uniformly kind, friendly, and helpful. The most commonly reported crimes are almost exclusively robberies (usually cell phones) and car break-ins while parked at the foot of Kgale Hill. Crime is rarely against a person. There is a general feeling that robberies are on the increase, however, with blame being attributed to an influx of refugees from Zimbabwe. Remember your street smarts: do not walk by yourself on the paths after dark, use the streets.

According to the US Embassy, "Wild animals pose a danger to tourists. Tourists should bear in mind that, even in the most serene settings, the animals are wild and can pose a threat to life and safety. Tourists should use common sense when approaching wildlife, observe all local or park regulations, and heed all instructions given by tour guides. In addition, tourists are advised that potentially dangerous areas sometimes lack fences and warning signs. Exercise appropriate caution in unfamiliar surroundings."

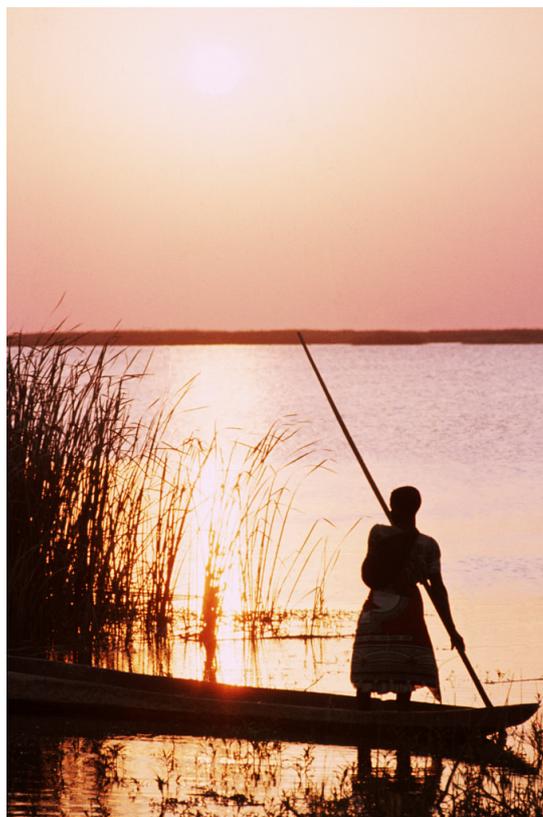
### **Climate**

Botswana's climate is semi-arid. Though it is hot and dry for much of the year, there is a rainy season, which runs from November through March. October and April are considered transitional months and January and February are considered peak months. Often a heavy downpour may occur in one area while 10 or 15 kilometers away there is no rain at all. Showers are often followed by strong sunshine so that a good deal of the rainfall does not penetrate the ground but is lost to evaporation and transpiration. 'Pula', one of the most frequently heard words in Botswana, is not only the name of Botswana's currency, but also the Setswana word for rain. So much of what takes place in Botswana relies on this essential, frequently scarce commodity. Temperatures are hot, especially in the summer weeks that precede the coming of the cooling rains when shade temperatures rise to the 38°C mark and higher, reaching a blistering 44°C on rare occasions. Winters are clear-skied and bone-dry, warm during the daylight hours, but cold at night and in the early mornings.

### **Getting and/or Changing Money**

American Express cards are almost never accepted; Visa and Master Cards are usable at many restaurants, stores, and supermarkets in Gaborone. Once you leave the city, however, cash is often preferred/required. You can get the national currency, Pula, in an ATM with a Visa or Master Card pin. Banks will change dollars and traveler's checks to Pula. You should definitely bring a card that you can use in a machine to get money.

Some individuals have reported difficulties with obtaining money from certain ATM machines in Gaborone. Sun has proven to be a reliable option, so try that if you are having difficulties. As a fallback you can always go to Barclays near the Main Mall to have money wired. Most banks are



# The Strategic Health Partnership Initiative Mentor Handbook

located in the Main Mall, but additional ATMs are located at Riverwalk and Game City. Dollars can be exchanged at any of the banks at the Main Mall. Just remember, most places close by 16:00 during the week, and often charge a service for changing money.

## **Transportation**

Since the recent addition of the malls such as Riverwalk and Game City, the center of action has moved away from the Main Mall to these new locations, which are located on the outskirts of Gaborone. Therefore, walking in Gaborone is less of an option than it once was.

Francistown is more compact and a more “walkable” city. If you do not have a car, there are a number of public transportation options. Public transportation can be identified by their BLUE license plates. Remember when giving directions, use easily identified places. Most drivers do not know the official street names, but will use the destination as the road name, for example “the road to Gabane.” Taxis are readily available. Most mentors will have numbers programmed into their local cell phones so you can just call one when needed. There is a taxi stand at the bus terminal and the south side of the main mall.

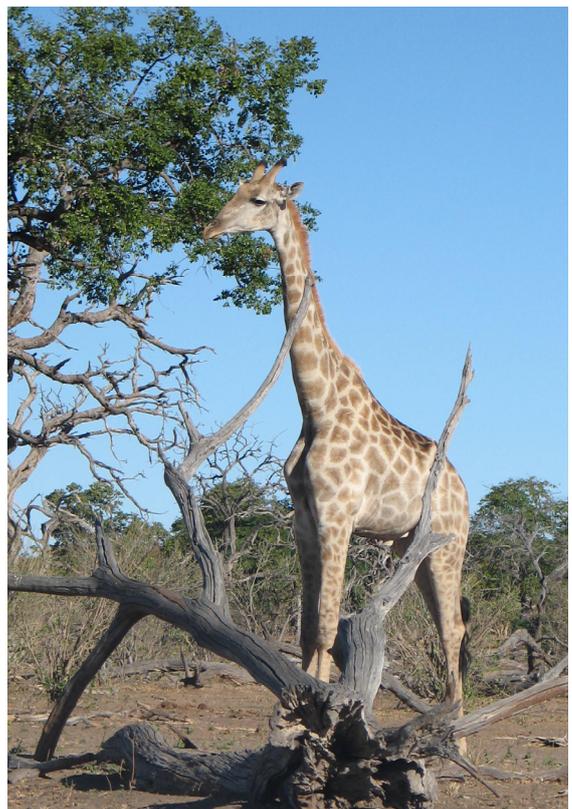
“Combis” are the crowded minivans you will see around town. They follow specific routes, but there are no route maps so if you do not know which combi to take, ask anyone; people are very friendly and helpful and will make sure you get to where you are going. The cost is P1.25 to ride anywhere on the route. Combis are often full, but there is always room for one more. They are the usual way most locals get around town. Rides are always an adventure and a true Botswana experience.

Buses can get you to any sizable city in Botswana. Typical times are: Gaborone-Francistown, 6 hours (P35/person) and Francistown-Maun, 6 hours (P40/person). Buses can be found on the north side of the bus station and they generally leave every half an hour or whenever the bus is full. Destinations are located on the front of the bus. Buses can be very crowded and are not air conditioned. Get there early to get a seat.

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

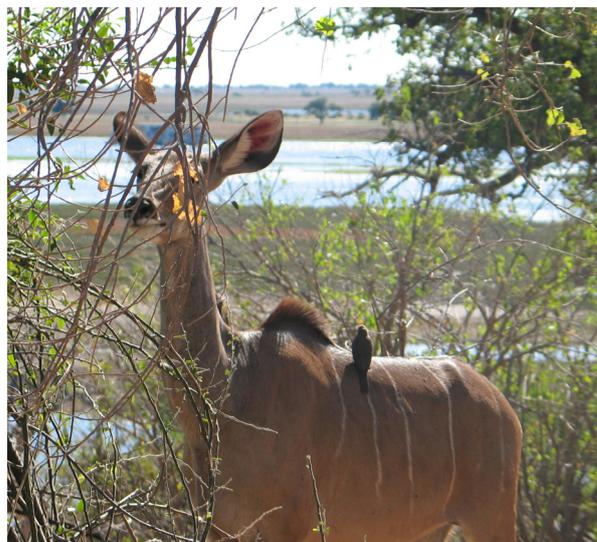
## **Shopping**

The term “mall” is used for any collection of stores. There have been two relatively modern malls built within the past few years in Gaborone: **Riverwalk** and **Game City**. Francistown also has a large modern mall in addition to several others. The **Main Mall** is located in the center of Gaborone near the government buildings. This is an outdoor mall with many stalls where people sell crafts, vegetables, and other items. You can Bargain with vendors. **BBS Mall** is situated near the private hospital in Broadhurst. This one is



## The Strategic Health Partnership Initiative Mentor Handbook

also more atmospheric than the modern malls at Riverwalk or Game City. On the weekends, it is full of stalls where you can bargain for all sorts of things. **Riverwalk** features a Multiplex movie theatre, restaurants, grocery stores, liquor store, hardware store, computer store, electronics store, internet café, and book store, as well as stores that sell clothing and sporting goods. **Game City**, located near Kgale Hill, is the largest mall in Gaborone. There, you will find all types of usual mall stores, as well as **Game**, a huge Walmart-type department store where you can buy most everything. The **African Mall** is located near the Main Mall; it is small, but very atmospheric and boasts a good fabric store and bakery.



### **Day Trips**

In your free time, you can readily hire a cab for all or part of the day to take you to several interesting places that showcase the culture and lands of Botswana.

In the southwest part of Gaborone, **Kgale Hill** is a moderate, 3-kilometer hike that will reward you with a wonderful 360-degree view of the city from the top. Things to watch out for are baboons and car robberies — many cars have been broken into when left at the foot of the hill. A safer option is to leave your car in the nearby parking lot at Game City and walk to the hill. Because of recent muggings, the US Embassy has advised against climbing Kgale. If you do, take common-sense precautions, such as going with a group of people and leaving money and other valuables at home.

**Gaborone Dam** is the only body of water in the city! It is a fun place for a picnic and you can check out the Yacht Club for a drink. You can also rent 4-wheelers for a ride around the dam. Be aware that you sometimes need a permit, but an “exception” could be made. Unfortunately, there have been some muggings here lately, so check it out with some of the locals before going and, as usual, leave extra cash and valuables safely at home.

Located a mere 15 kilometers outside Gaborone on the road to Lobatse, **Mokolodi Game Preserve** was donated to the country by a wealthy lawyer who still lives in the large mansion on the property. Here you may see various antelope, giraffe, zebras, warthogs, white rhino, and elephants. They also have two cheetahs. This is a nice and convenient “first safari,” though it is a bit expensive. You can take guided tours and attend various educational programs on site. It is about P35 for a one-day pass. Make sure you save time to eat at their restaurant; it is one of the best in Gaborone. Though it is certainly not very exotic by African standards, the **Gaborone Game Park** features antelope, warthogs, zebras, and ostriches. It is a very pleasant place to spend an afternoon. You can only go in with a car, but a 4-wheel drive vehicle is not required. At the low cost of 4 Pula, you will have access to several Game View Sites where you can relax and enjoy the peace and sounds of birds and other wildlife. This is an often-overlooked place to spend some time.

For local history and cultural experiences, you can visit the **National Museum**, which is located near the Main Mall just a block from Princess Marina Hospital. While this is a nice museum, it isn't not very big, so you can easily cover everything in a couple of hours. If you are interested in local art, **Thapong Visual Arts Center** is a cooperative of artist studios located near Gym Active, across from the old prison in Gaborone Village. It is open daily until 18:30 and features an

## The Strategic Health Partnership Initiative Mentor Handbook

amazing collection works done by resident artists and best described as contemporary African sculptures and paintings. The studios are in shanties scattered around the cooperative, and the artists are always more than willing to talk with visitors. **Thamaga** is a small village just outside of Gaborone best known for its pottery. It is a great place to buy souvenirs. It is an approximately 30-45 minute drive along the road to Gabane that can be easily reached by catching a bus from the bus station. In the nearby village of **Gabane**, you can visit the tribal meeting place known as a **Kotla**, as well as a **glass craft works** where you can buy something or even take classes. There is a **weaving cooperative in Oodi** where you can take a tour and purchase local textiles.



If you decide to take a drive to Mochudi, you can easily include a stop in Otsi to visit the **Camphill Crafts Cooperative**. Other nearby options include the **Vulturary** just outside of town. There is a nice little **Barantani Lodge** in the village where one can stop for a cold drink and a **cheese factory** is right across the road from the village.

**Mochudi** features an interesting local museum with a great view of the valley **Molepolole** and, on the way to the Kalahari, you will find **Kolobeng**, where the missionary/explorer David Livingstone built a house and church on his way to the north before he discovered Victoria

Falls. This homestead was burned down by the Boers and only ruins and the graves of some of his family remain.

# The Strategic Health Partnership Initiative Mentor Handbook

## Ethiopia

### *Key Contacts:*

#### **AIHA Ethiopia**

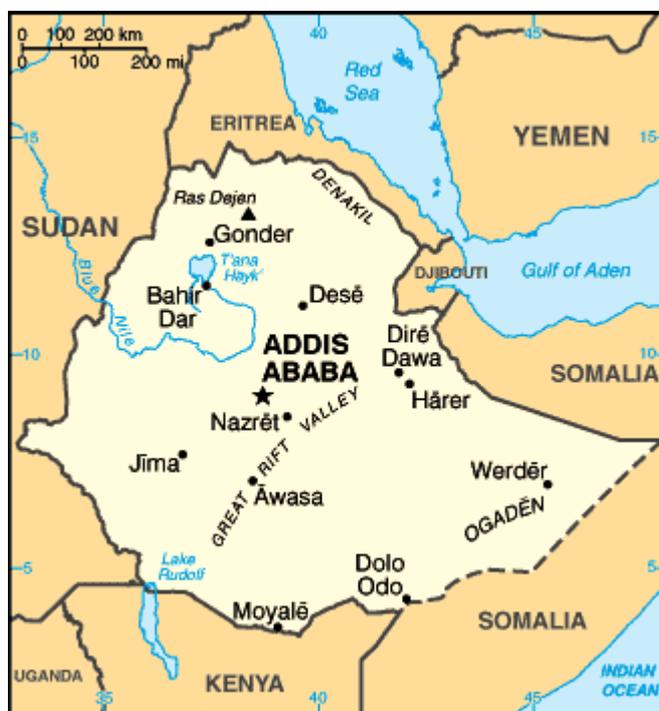
Kidest Hailu, Country Director  
P.O. Box 1470, Code 1110  
Addis Ababa, Ethiopia  
Tel: +251-11 618-8956  
Fax: +251-11 618-8924  
E-mail: khailu@aiha-et.com

#### **Embassy of the Russian Federation**

Ambassador Utkin  
(Уткин Валерий Иванович)  
P.O.Box 1500, Yeka Kifle-Ketema, Kebele 08,  
Fikre-Mariam Street, Addis Ababa, Ethiopia.  
Tel: + (2511) 16- 61-1828  
E-mail: russemb@ethionet.et

#### **Consular Department**

Consul, Head of Section Mr Ivannikov  
(Иванников Игорь Викторович)  
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### *Primary Placement Sites:*

#### **Ethiopian Health and Nutrition Research Institute**

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The Institute conducts research on the causes and spread of diseases, nutrition, traditional medicine, and medical practices and modern drugs to help support activities designed to improve public health within the country. It also contributes to the development of health science and technology and operates under the mandate to serve as a referral medical laboratory providing surveillance and oversight of the occurrence, causes, prevention, and diagnosis of major disease outbreaks impacting public health throughout Ethiopia. Another strategic goal is to establish and support National Laboratory Quality Assurance programs and systems. The Institute is equipped with state-of-the-art laboratories.



# The Strategic Health Partnership Initiative Mentor Handbook

## Addis Ababa University School of Health Sciences & Tikur Anbessa Teaching Hospital

Dr. Dereje Gullilat, Dean Faculty of Medicine

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Addis Ababa, Ethiopia

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Fax: +25115513099

E-mail: dereje00@yahoo.com

The School of Health Sciences at Addis Ababa University encompasses the School of Pharmacy, Medical School, and School of Public Health. There are 12 medical schools in Ethiopia and Tikur Anbessa Teaching Hospital is the largest in the country with 650 beds. It is a reference hospital that collaborates with many American universities through programs funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Centers for Disease Control and Prevention (CDC). With funding from CDC/Ethiopia, AIHA is implementing a twinning partnership linking the Addis Ababa University School of Medicine and Tikur Anbessa with the University of Wisconsin at Madison; this partnership is focused on strengthening pediatric emergency medicine and training capacity in Ethiopia.

## Balcha Memorial Hospital (Russian Red Cross Hospital)

Mr. Alexander Bruev, Director General

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Fax: +251115516263

E-mail: rrchospital@yandex.ru



Balacha — commonly called the Russian Red Cross Hospital — is Ethiopia's first modern hospital. It was established in 1896 following the battle of Adwa by a Russian Red Cross mission that was dispatched to treat Ethiopians wounded during the fighting. Since the hostilities had already concluded by the time the mission arrived, they established the hospital in the capital city of Addis Ababa. Currently, around 60 physicians from Russia work at Balcha, which features 170 in-patient beds and treats more than 300 ambulatory patients each day. Legally, the hospital is a self-financed non-profit, non-governmental institution, so it has to charge patients. There are several groups of patients who are treated in the Balcha free of charge, however, among them hospital employees and their families, war veterans, clergy, and children afflicted with polio from the Cheshire Home, an international charity organization with several offices in Ethiopia. Every week, two children from the Cheshire Home are brought to Balcha to undergo surgeries performed by Russian doctors that would allow them to walk again. The Ministry of Health also has the right to send patients to Balcha for treatment free-of-charge. Most of the 270 personnel in this category include nurses, janitors, security officers, and other cadres, and are Ethiopian.

## *Country Overview & Useful Tips*

Ethiopia features some of the highest and most stunning places on the African continent, such as the jaggedly carved Simien Mountains. Conversely, it also features some of the lowest points, including the sulphur fumaroles and lunar-like landscape of the Danakil Depression. It is also one of Africa's greatest cultural destinations, with no fewer than eight UNESCO World Heritage sites, including the mystical rock-hewn churches of Lalibela.

# The Strategic Health Partnership Initiative Mentor Handbook

Ethiopia is the only country in Africa never to have been fully colonized, with the exception of a five-year occupation by Mussolini's Italy, and so it retains a unique culture, has its own script and language (Amharic), and maintains a strong sense of national identity. Years of totalitarian abuse at the hands of the Derg socialist military regime (1974-1991), drought, famine, and continuing border disputes with Eritrea have taken their toll, but Ethiopia survives as an ancient, fascinating destination.

According to the US Department of State, Ethiopia is generally stable, but various domestic insurgent groups, extremists from Somalia, and the heavy military buildup along the northern border pose risks to safety and security, particularly along Ethiopia's borders and in the Somali region. In the past two years, there have been bombings in Addis Ababa and in other parts of Ethiopia. In November 2008, the Government of Ethiopia issued a warning to its citizens alerting them of the potential for terrorist attacks and subsequently increased security measures to unprecedented levels. Throughout Ethiopia, US citizens are strongly advised to review their personal safety and security posture, to remain vigilant, and to be cautious when frequenting prominent public places and landmarks.

## ***Climate***

Ethiopia has a rainy season between the middle of June and the end of September, but you will enjoy plenty of sunshine the year, with temperatures generally never rising above the high 20s. Only on the hot, humid lowland edges of western, eastern, and southern Ethiopia do temperatures creep above 30°C. Often, the nights grow chilly in Addis Ababa and other high elevations, so bringing clothing that can be easily layered to meet the varied temperatures is advised.



## ***Concerns about Food and Drink***

All water should be regarded as being potentially contaminated. Water used for drinking, brushing teeth, or making ice should first be boiled or otherwise sterilized. Milk is unpasteurized and should be boiled. Powdered or tinned milk is available and is advised. Avoid dairy products that are likely to have been made from unboiled milk. Only eat well-cooked meat and fish. Vegetables should be cooked and fruit peeled.

## ***Healthcare and Related Concerns***

Health facilities are extremely limited in Addis Ababa and inadequate outside the city. Travelers should bring their own prescription drugs accompanied by a doctor's note. The high altitude and low oxygen level of much of Ethiopia require time for acclimatization and anyone who suffers from heart ailments or high blood pressure should consult a doctor before travelling to the country. A yellow fever vaccination certificate is required from travelers over the age of one year who are travelling from an infected area. Ethiopia is listed in the endemic zone for yellow fever and individuals arriving from non-endemic zones should note that vaccination is strongly recommended for travel outside the urban areas, even if an outbreak of the disease has not been reported and they would normally not require a vaccination certificate to enter the country. Other common health risks include diarrheal diseases — in particular giardiasis and typhoid, which are very common. Bilharzia (schistosomiasis) is also present, so you should avoid swimming and paddling in fresh water. Hepatitis E is widespread and hepatitis B is hyperendemic. Meningococcal meningitis risk is present, particularly in dry areas and during the dry season. Rabies is present. For those at high risk, vaccination before arrival should be considered. If you are bitten, seek medical advice without delay.

# The Strategic Health Partnership Initiative Mentor Handbook

## *Getting and/or Changing Money*

Banking hours in Ethiopia are Monday through Thursday from 08:00-15:00; Friday from 08:00-11:00 and 13:30-15:00; and on Saturday from 08:30-11:00. The local currency — Ethiopian Birr (ETB; symbol Br) — is equivalent to 100 cents. Notes are in denominations of Br100, 50, 10, 5, and 1. Coins are in denominations of 50, 25, 10, 5, and 1 cents. The import of local currency is limited to Br100. The export of local currency up to Br100 is permitted, provided the traveler holds a re-entry permit. The import and export of foreign currency is unlimited, subject to declaration on arrival. Visa is the preferred credit card accepted at some major retailers, with Diners Club and Master Card being accepted on a very limited basis. If you bring Travelers cheques, you are advised to purchase them in US Dollars or Pounds Sterling to avoid additional exchange rate charges. They are difficult to exchange outside the capital.



## *Transportation*

Taxi service is readily available in Addis Ababa and other major towns; these include blue and white minibuses that are sometimes shared basis and quite inexpensive. Fares are not usually metered and should be negotiated before travelling. Personalized and specific trips should be negotiated with the driver in advance of travel. In Addis Ababa, the National Tour Operation (NTO) operates luxury taxis. They are stationed outside major hotels and at the airport. There are also yellow taxis at the airport. Neither have meters, so negotiating the fare in advance is a must. To drive a vehicle in Ethiopia, you must be a minimum of 18 years old. The speed limit is 40kph (25mph) within the city limits and 60kph (37mph) outside.

Rail travel in Ethiopia is limited with the only working line running between Addis Ababa and Djibouti, via Dire Dawa and Harar. Travelers should be prepared for occasional delays.

## *Shopping*

Situated in the Western sector of Addis Ababa, you will find the **Mercato**, one of the largest markets in all of Africa. **Entoto Market** is a good place to find blankets and traditional clothing in Addis; this collection of street stalls is located a few hundred meters north of Botswana Street and the Spanish Embassy.

## *Places to See*

**Addis Ababa**, Ethiopia's capital, is situated at an altitude of 2,440 meters (8,000 feet) in the country's central highlands. Places worth visiting include the **National Museum**, the **Menelik Palace**, the **Jubilee Palace**, the **Meskal Revolution) Square**, **St. George's Cathedral**, and the **Ethnology Museum**. The city has a vibrant café culture and many interesting small shops, stalls, and restaurants. Small supermarkets and Western shopping is available, particularly about Bole Road and in the vicinity of major hotel complexes. There are also many salons and spas that are very inexpensive by international standards.

## The Strategic Health Partnership Initiative Mentor Handbook

**Aksum** is the ancient royal capital of the earliest Ethiopian kingdom and is renowned for its ancient multi-story carved granite obelisks, its archaeological remains, and its church, which claims to house the Lost Ark of the Covenant.

**Blue Nile Falls** is one of the most spectacular waterfalls in Northern Africa, situated about 35km from **Bahar Dar**. Caving is a popular activity in **Dire Dawa**, where there is evidence of prehistoric habitation; local guides are essential.

In the **Simien Mountains**, the **Bale Plateau** and many other areas are perfect for climbing, but be advised that equipment is rarely available, so you should bring your own. Hiking is also good here, with spectacular views and a large variety of wildlife; the countryside surrounding **Lalibela** also provides interesting hiking opportunities.

**Lalibela** is famous for its 12th-century, rock-hewn churches, and **Bete Medhane Alem** is believed to be the largest monolithic church in the world.

**Gondar** is the ancient capital of Ethiopia (1632-1855) and the site of many ruined castles, including the grand **Fasil Ghebbi**, which was home to the country's emperors during the 17th and 18th centuries.

Ethiopia has **14 major wildlife reserves**, so **safaris** are a popular activity. They are usually done in 4-wheel drive vehicles, but guided walking safaris or travelling by mule are also possible.

# The Strategic Health Partnership Initiative Mentor Handbook

## Namibia

### *Key Contacts:*

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#### **Embassy of the Russian Federation**

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### *Primary Placement Sites:*

#### **Polytechnic of Namibia**

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Higher education in Namibia started in late 1979, before which all students wishing to pursue higher education had to go to South Africa or other countries. The Polytechnic of Namibia has its roots in the establishment of the Academy for Tertiary Education in 1980. Shortly after Namibia's independence in 1990, the three existing and distinct schools housed under the umbrella of the Academy underwent a reorganization during which resulted in the establishment of the University of Namibia was established in 1992. Two years later, the Polytechnic of Namibia was launched with the goal of gradually phasing out vocational training courses and developing new degree programs. The School of Health and Applied Sciences provides professional education in various specialties to 11,000 students through its four-year baccalaureate program. Students are trained in microbiology, clinical chemistry, hematology, molecular biology, and other areas. AIHA currently manages a twinning partnership that links the Polytechnic of Namibia with the University of Arkansas for Medical Sciences. Together, partners have developed the country's first degree program in medical technology with support from the US President's Emergency Plan for AIDS Relief (PEPFAR). This program is helping to address Namibia's need for well-trained lab specialists.

# The Strategic Health Partnership Initiative Mentor Handbook

## Namibia Institute of Pathology

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The Namibia Institute of Pathology is the largest diagnostic pathology service in Namibia with a total of 37 medical laboratories serving 80 percent of the country's population and a staff of more than 300 specialists. The Institute plays a major role in public health in Namibia through epidemiology, surveillance, and outbreak response activities. It also supports the National Anti-retroviral Roll-out Programme through CD4, viral load studies, and HIV treatment monitoring, as well as the provision of quality assurance for national VCT sites. Other key services provided by the Namibia Institute of Pathology include tuberculosis diagnosis and treatment monitoring and cervical cancer screening. It also serves as a practical training site for medical technicians, medical technologists, and scientists. Its network includes three patient service centers for specimen collection throughout the country. The Institute has also developed a number of specialized units that focus on particular health needs, such as oncology, HIV, immuno-histochemistry, HIV DNA PCR, and viral load testing. At the central level, the Institute supports three line divisions focusing on diagnostics, quality assurance, and health and safety.

## *Country Overview & Useful Tips*

With the Kalahari Desert on one border and the South Atlantic on the other, Namibia is one of the youngest countries in Africa with a striking diversity of cultures and national origins. The boasts wild seascapes, rugged mountains, lonely deserts, stunning wildlife, colonial cities, and nearly unlimited elbow room. Tourism is a rapidly growing sector and the third-largest source of foreign exchange after mining and fisheries. Perhaps because of its history as a German colony, the largest number of European tourists come from Germany. The tourism industry has also had a positive impact on resource conservation and rural development; more than 50 communal conservancies have been established across the country, resulting in enhanced land management while providing tens of thousands of rural Namibians with much needed income.



Namibia is a predominantly arid country that can be divided into four main topographical regions: the Namib Desert and coastal plains in the west, the eastward-sloping Central Plateau, the Kalahari along the borders with South Africa and Botswana, and the densely wooded bushveld of the Kavango and Caprivi regions. Despite its harsh climate, Namibia has some of the world's grandest national parks, ranging from the wildlife-rich Etosha National Park in Northwestern Namibia, to the dune fields and desert plains of the Namib-Naukluft Park in Western Namibia.

The capital city of Windhoek, in the Central Highlands, is the country's geographical heart and commercial nerve center. Set among low hills at an elevation of 1,660 meters, Windhoek enjoys dry, clean air and a healthy highland climate. The city's population reflects the country's ethnic mix of Owambo, Kavango, Herero, Damara, Caprivian, Nama, San, and European people. Lonely Planet describes it as a

# The Strategic Health Partnership Initiative Mentor Handbook

“surprisingly staid and orderly capital city” that is generally safe by day. Windhoek’s townships are generally safer than those in South Africa, but use caution and try to take a local guide if you visit. That said, muggers in Windhoek frequently target foreign tourists and you should beware of pickpockets in town centers. Theft from vehicles, particularly at service stations, is also common. Where possible, do not leave your vehicle unattended at fuel stops and be sure to keep your vehicle locked and valuable possessions out of sight, especially in heavy traffic. There have been incidents where gangs try to gain entry to vehicles at busy intersections in Windhoek, including during the day. Be alert to your surroundings if returning to your guest house or hotel, especially after dark.



Residents of Namibia have reported incidents of interception of mail and theft of mail contents by Post Office workers in Namibia. Any valuable parcels or documents should be sent by registered mail or by a reputable commercial courier company.

There have been cases of credit card skimming at some hotels and lodges around the country (Okakuejo Lodge in Etosha National Park has been identified as a hotspot for this); unscrupulous employees have been accused of copying card details onto hand-held readers and passing the details on to criminal gangs. Visiting foreign tourists have been targeted. When paying by credit card, keep the card in full view at all times and always check your statement carefully to ensure you do not become a victim of fraud.

Rabies and cholera are common throughout Namibia. Malaria is endemic from the North as far South as Okahandja, 65 km North of Windhoek, especially during the main rains (January - April). Etosha National Park is malarial. Polio is also present in Namibia and you should ensure your polio vaccine is up to date. There have been outbreaks of meningitis in Katutura Township in Windhoek. If you plan to travel to Katutura Township, you should consider whether you wish to have (or update) the meningitis vaccine. Bilharzia is present in rivers in the Northeast. The parasite is found in stagnant, still and slow-moving water, especially downriver from human settlements. It is therefore wise to avoid swimming or washing in rivers and dams in Caprivi and



Kavango. Some people suffer skin problems from Namibia’s hot and dry climate. There is, for the same reason, a serious risk of dehydration. When travelling outside main cities ensure you carry a good supply of drinkable water.

## **Climate**

Namibia’s climate is typical of semi-desert terrain, with hot days and cool nights. The coastal regions are cooled by the cold Benguela current, causing fog and inhibiting rainfall. Over the central plateau, temperatures are understandably lower. Namibia enjoys an average of 300 days of sunshine per year. The summer months from November to February is the rainy season with most precipitation coming as heavy thunderstorms that saturate the usually dry riverbeds with torrents of muddy water that brings the

# The Strategic Health Partnership Initiative Mentor Handbook

sun-scorched land to life within a few days. The interior part of the country two rainy seasons: a short one between October and December and a longer one from mid-January to April. During summer, temperatures can reach 40° C during the day and turn much cooler at night. Average daily temperatures range from 20 to 34° C. Winter is from May to September with wonderful warm days; the nights can get very cold nights with temperatures often dropping to below freezing.

## ***Getting/Changing Money***

The Namibian dollar (N\$) equals 100 cents, and in Namibia it's pegged to the South African rand, which is also legal tender in Namibia, at a rate of 1:1. This can be confusing, given that there are three sets of coins and notes in use, all with different sizes: old South African, new South African and Namibian. Namibian dollar notes come in denominations of N\$10, N\$20, N\$50, N\$100 and N\$200, and coins in values of 5, 10, 20 and 50 cents, and N\$1 and N\$5.



Namibian dollars or South African Rand are essential for buying gas and small items, but most hotels, restaurants, and larger shops accept credit cards. Banks in the cities will cash travelers cheques, but American Express and Barclays Visa are the best recognized. Travelers cheques in pounds sterling, US dollars, or South African Rand are a good idea. Changing money at any of the commercial banks is as quick and easy as it is in Europe. Normal banking hours are 08:30 - 15:30 weekdays and sometimes 08:30 - 11:00 on Saturdays, depending upon the town. Banks will cash travelers cheques or give cash advances on credit cards, though the clearance required for a cash advance may take 30 minutes or so. Note that you may need to take a passport, even just to change currency. Note also, that at the end of the month, when many government employees are paid, the queue at the bank can be several hours long.

ATMs work with Visa and Master Card cards. Regardless if you are using a direct-debit card or a credit card, you should enter 'credit card account' and not 'bank account' when prompted about where you want your money to come from. Visa, MasterCard, and Diners Club are widely accepted, though transactions in Namibia often take longer than usual to appear on your statement. American Express cards are becoming increasingly difficult to use in both shops and banks and are not advised.

Away from the banks, Visa, MasterCard, and American Express cards are usually accepted by lodges, hotels, restaurants, and shops, but travelers cheques that are not in Namibian dollars or South African rand can be difficult to use. In the remoter areas cash is essential. Wherever you are, gas stations always require cash.

## ***Transportation***

There is no public transit in Windhoek, but there is a system of shared taxis, which are similar to Combies. Taxis primarily run between the townships and the main industrial/commercial areas of the city. Routes are not fixed like a bus route, which gives some added flexibility, but also means that fares between given destinations may not always be the same. You can get in or get out wherever you want along the "route." To catch a taxi just flag it down by holding your arm out and waving your hand down towards the ground. It's a casual gesture, so don't stick your arm straight out like a sign post, and don't wave your arm around like you're calling for help. The fare for destinations that are on the "route" or close to the route are N\$8; destinations more "out of the way" are charged at N\$16. Non-standard destinations cost more. Most taxis cruise along

# The Strategic Health Partnership Initiative Mentor Handbook

Independence Avenue south of the intersection with Fidel Castro Street. The easiest place to catch them is in front of the Gustav Voigts Centre and the Kalahari Sands Hotel. Please note that there have been reports that taxis available for street hailing, particularly in Windhoek, have been involved in thefts from foreign tourists. If you feel uncomfortable taking shared taxis, there are on-demand taxis that allow you to hire the entire car to yourself. Most of these taxis have to be pre-booked via telephone; they'll come and get you wherever you are. In the city, they can be found behind the Tourist Information Office at the intersection of Independence Avenue and Fidel Castro Street (again, opposite Gustav Voigts Centre/Kalahari Sands Hotel) and on the northern-side of Wernhill Park shopping mall. They also tend to gather at popular restaurants and nightspots. Make sure you agree on the price before taking them.

## Shopping

In Windhoek, you will find food and other staples readily available at the **Pick & Pay and Checkers supermarket chains** located throughout the city. For excellent and affordable game meat go to **Readi Bites** meat market — located at Bohrstrasse in the industrial area — where you can try oryx, kudu, springbok, or even and zebra. They have no fancy display; order at the counter and they will cut it for you. There are a number of arcades and small shopping centers in central Windhoek where you can find pretty much anything you need. There is also a larger mall called **Maerua Mall** on Jan Jonker Road in the south end of the city that is accessible by taxi.

If you are looking to purchase local art or handicrafts, you will find a craft market in **Post Street Mall** in central Windhoek. For cheaper prices, go to the **craft market in Okahanja**, which is about an hour north of Windhoek, via taxi or Combie. The **Namibia Crafts Centre** is an outlet for great Namibian leatherwork, basketry, pottery, jewelry, needlework, hand-painted textiles, and other arts. Here, the artist and origin of each piece is documented. The **attached snack bar** is well known for its coffee and healthy snacks. **Penduka**, which means 'wake up,' operates a nonprofit women's needlework project at **Goreangab Dam**, 8km northwest of the centre. You can purchase needlework, baskets, carvings, and fabric creations for fair prices and be assured that all proceeds go to the producers. Ask a local the best way to get there.

## Places to See

In Windhoek, the **Hofmeyer Walk** through Klein Windhoek Valley starts from either Sinclair or Uhland Street and heads south through the bushland to finish at the point where Orban Street becomes Anderson Street. The walk takes about an hour at a leisurely pace. Your reward will be panoramic views over the city and a close-up look at the unique aloes that characterize the hillside vegetation. These cactus-like plants are at their best in winter when their bright red flowers attract tiny sunbirds, mousebirds, and bulbuls. Be advised, however, that hikers are frequently robbed along this route, so don't go alone and leave your valuables at home.



With an average of 300 sunny days a year, Namibia's main camps in **Etosha National Park** are open all year round. The best time for visiting the **Namib Desert** is from May to September when temperatures are cooler, but keep in mind that the nights can get quite cold. **Swakopmund** is a popular seaside resort, especially over Christmas and Easter so advance bookings or avoiding those times should be considered. In the **Fish River Canyon** area some of the camps may close from November until mid-March mainly due to high temperatures.

# The Strategic Health Partnership Initiative Mentor Handbook

## Tanzania

### *Key Contacts:*

#### **AIHA Tanzania**

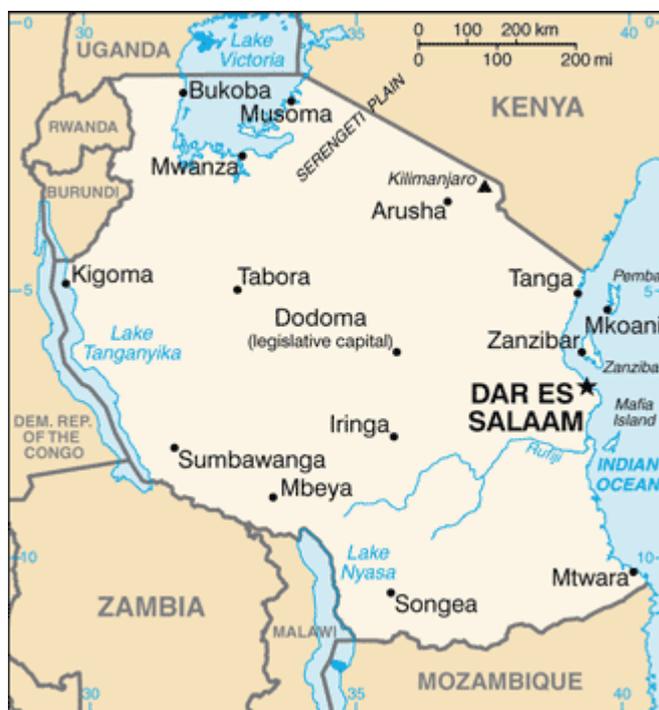
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#### **Embassy of the Russian Federation**

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#### **Consular Department**

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### *Primary Placement Sites:*

#### **Kibong'oto National Tuberculosis Hospital**

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Kibong'oto National Tuberculosis Hospital was established in Moshi — located in Tanzania's Kilimanjaro Region in the northern part of the country — in 1926 as a sanatorium. It was officially recognized as a hospital in 1952. Kilimanjaro Region has a population of nearly 1.4 million people with some 80 percent of that number living in rural areas. Today Kibong'oto operates as a government hospital with a 330-bed capacity. In addition to providing routine TB services to the local citizens, Kibong'oto is also the national treatment center for multidrug resistant tuberculosis. Adult HIV prevalence in the region is estimated to be around 8 percent and roughly 40 percent of all TB patients are also living with HIV. The laboratory at Kibong'oto currently has nine people on staff: one scientist, one technologist, two technicians, one assistant, and four attendants.

# The Strategic Health Partnership Initiative Mentor Handbook



## **St. Benedict's Ndanda Hospital**

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St. Benedict's Ndanda Hospital is a Catholic Voluntary Agency hospital located in the Masasi District of the Mtwara Region in the Southeastern part of Tanzania along the border with Mozambique. St. Benedict's was established in 1908 by two congregations of Benedictine missionaries from Germany. It serves as Mtwara's official referral center and holds 300 beds, employs a staff of 320, and has an average occupancy rate of 98 percent. The hospital's catchment area is large and includes the Mwena, Mpowola, Tuungane, Liputu, Njenga, and

Mkalapa villages. The laboratory is staffed by three technologists, four assistants, and two attendants.

## *Country Overview & Useful Tips*

The history of Tanzania perhaps dates back to the dawn of mankind. Famed archaeologist Mary Leakey uncovered the footprints of our earliest known ancestors (Australopithecines) on the plain at Laetoli near Olduvai Gorge in northern Tanzania where they had trekked across a blanket of volcanic ash in the Rift Valley some 3.6 million years ago. Remains of these early hominids have only been found in East Africa. Interior Tanzania's great cultural and linguistic diversity is due to the various histories of migrations from elsewhere in the region. In some instances, groups of migrants separated, leading to different cultural developments. In other cases, various groups merged, creating new cultural identities and languages. Today, a vast number of peoples and tribes (more than 120 on the mainland alone) whose varied cultures and traditions make up the rich cultural tapestry within the country's borders. From the Masaai culture with its roots in Southern Sudan to the Arab-influenced customs of the Swahili Coast, Tanzania is a rich mosaic made up of diverse people, cultures, religions, and customs. The first European arrival was the Portuguese explorer, Vasco da Gama, who visited the coast in the late-15th century.

Tanzania as we know it today came into being in 1964 with the union of Tanganyika — a German colony that gained independence in 1961 — and Zanzibar — a British protectorate since 1890 and an independent sultanate. Although it is one of Africa's poorest countries, Tanzania has always opened its doors to civilians fleeing violence in the countries that surround it, such as Uganda, Burundi, Congo, and Mozambique. It still hosts over half a million refugees — more than any other African country.

There is an underlying threat from terrorism in Tanzania and attacks may be indiscriminate, including in places frequented by expatriates and foreign travelers. Piracy is a significant threat in the Gulf of Aden and Indian Ocean, especially for shipping, which does not take appropriate precautions or follow agreed shipping industry best practice guidelines. You should exercise particular caution if you intend to travel to the area bordering Burundi. Traffic safety is another

# The Strategic Health Partnership Initiative Mentor Handbook



concern. Long distance buses are frequently involved in accidents that can result in fatalities. If you have concerns over the safety of the vehicle or the ability of the driver, you should use alternative methods of transport. Armed robberies, while still rare, are increasing both at remote sites and in urban centers.

## ***Climate***

Tanzania has a generally comfortable, tropical climate year-round, although there are significant regional variations. Along the warmer and humid coast, the

climate is determined in large part by the monsoon winds, which bring rains in two major periods. During the **masika** (long rains) from mid-March to May, it rains heavily almost every day, but seldom for the whole day. The air can get unpleasantly humid during this period. The lighter **mvuli** (short rains) fall during November, December, and sometimes into January. Inland, altitude is a major determinant of conditions. The central plateau is somewhat cooler and arid, while in the mountainous areas of the northeast and southwest, temperatures occasionally drop below 15°C at night during June and July, and it can rain at any time of year. The coolest months countrywide are from June to October and the warmest are from December to March.

## ***Concerns about Food and Drink***

All local water should be considered contaminated. All water used for drinking, brushing teeth, and making ice cubes should be boiled (bring water to a rolling boil). Hot tea is advised as a beverage. Milk should be boiled before consumption because of possible improper refrigeration during distribution. Powdered and evaporated milk are available and safe. Butter should not be used as a table food. Cream, ice cream, and whipped cream should not be consumed. Cheese, unless cured, is best avoided. Yoghurt is safe only if it is known to be made from pasteurized milk. Several traveler's safety sites suggest that you ensure that all meat, poultry, and fish be well cooked and served while hot. Vegetables should also be well cooked and served hot. Pork is best avoided, as are salads. Fruits with intact skins should be peeled by you just prior to consumption and you should avoid raw and undercooked eggs and dishes prepared with raw eggs.

Most hotels serve local Tanzanian food that usually consists of meat stews or fried chicken, accompanied by staples including chips, boiled potatoes, or ugali — a maize meal porridge eaten all over Africa. Many Tanzanian towns have a significant population of second-generation immigrants from the Indian sub-continent, and restaurants serving Indian dishes like biryani, spicy curries, and chapatti bread are not uncommon. There is much greater variety of cuisines in the cities and tourist



# The Strategic Health Partnership Initiative Mentor Handbook

spots, as well as in the major hotels and safari lodges offer Western and other international food. The Swahili style of food is delicately flavored by spices and coconut milk and features fragrant rice, grilled fish, and prawn curries; it is best sampled on Zanzibar and the coast. The Indian Ocean provides a full range of seafood, and just about every type of fruit and vegetable that exists is grown in Tanzania. Coffee is grown on the lower slopes of Mount Kilimanjaro and is served freshly ground in small porcelain cups; chai (tea) is served very sweet in small glasses.

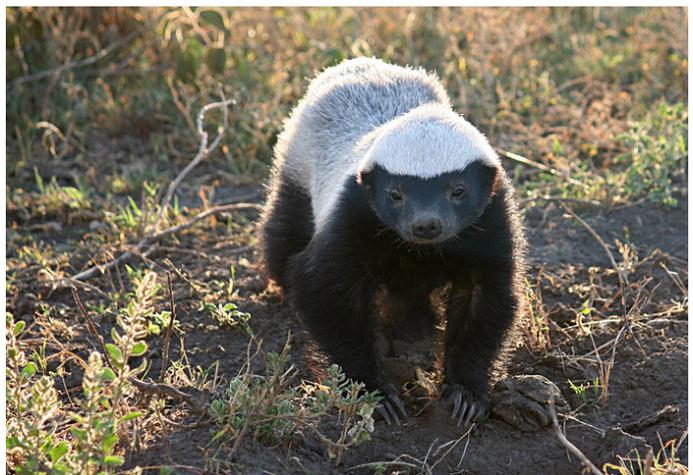
Table service is normal in restaurants, while bars generally have counter service. Larger hotels and lodges offer buffet meals. On the coast and on Zanzibar, the population is predominantly Muslim, so while alcohol is available in the tourist hotels and resorts, it is not available in local restaurants and should not be drunk in public. Tipping is generally not practiced in small, local establishments, especially in rural areas. However, in major towns and in places frequented by tourists, tips are expected. Some top-end places include a service charge in the bill. Otherwise, depending on the situation, either rounding out the bill, or adding about 10 percent is standard practice, assuming that the service warrants it.

## ***Health and Related Concerns***

Good, Western-style medical care is available in Dar es Salaam. There are numerous hospitals and some Christian missions that provide medical treatment, but facilities outside of Dar are often rudimentary and medicines may be unavailable. All treatment must be paid for at time of service. Reasonable care is available in Arusha, Moshi, Zanzibar and in some mission stations, including Kigoma and Songea. If you have a choice, try to find a private or mission-run clinic, as these are generally better equipped than government ones.

Pharmacies in Dar es Salaam and other major towns are generally well stocked for commonly used items, and usually don't require prescriptions. Be sure to check expiration dates before accepting any medications, though. The selection is limited in villages, although you can get chloroquine for malaria and paracetamol almost everywhere. Antimalarials are also relatively easy to obtain, but keep in mind that antimalarials in general, as well as drugs for chronic diseases, should be brought from home and accompanied by a doctor's note. Some drugs for sale in Tanzania might be ineffective: they might be counterfeit or might not have been stored under the right conditions. The most common examples of counterfeit drugs are antimalaria tablets and expensive antibiotics, such as ciprofloxacin.

Malaria risk is present throughout the country year-round below the altitude of 1,800 meters, including urban areas. Infection is spread by the female *Anopheles* mosquito from dusk to dawn. Yellow fever exists in Tanzania and the vaccine is recommended for almost all visitors by the



# The Strategic Health Partnership Initiative Mentor Handbook



US Centers for Disease Control and Prevention, although Tanzania (including Zanzibar) no longer officially requires you to carry a certificate of yellow fever vaccination unless you're arriving from an infected area. Other potential health risks include tuberculosis and hepatitis C, which are endemic in Tanzania, as well as dengue fever, which is transmitted via the bite of an infected *Aedes aegypti* mosquito (these mosquitoes feed predominantly in the daytime). There is a high potential risk of food and water-borne disease throughout all areas of Tanzania. Intestinal parasitic diseases, such as giardiasis, are common. Food-transmitted parasitic infections can be prevented by washing salads and/or vegetables or thoroughly cooking food to destroy infective eggs. Travelers should avoid raw or undercooked food that may be contaminated. Soil-transmitted infections may be avoided by not walking barefoot and not touching soil with bare hands.

## ***Getting and/or Changing Money***

Tanzania's currency is the Tanzanian shilling (Tsh). There are bills of Tsh10, 000, 5000, 1000 and 500, and coins of Tsh200, 100, 50, 20, 10, five, and one shilling (s).

Although prices can be high in Tanzania, credit cards are frequently not accepted, even at many upmarket hotels. Where they are accepted, it's often only with steep commissions, which means that you will need to rely here more heavily on cash, ATMs, and travelers cheques (in main towns).

The best currency to bring is US dollars in a mixture of large and small denominations, plus some travelers cheques as an emergency standby and a Visa card for withdrawing money from ATMs. Euros are also easily changed. Both get the best rates, with US\$50 and US\$100 note bills getting better rates of exchange than smaller denominations. Old-style US bills are not accepted. Cash can be changed with a minimum of hassle at banks or foreign exchange (forex) bureaus in major towns and cities; rates and commissions vary, so shop around. Forex -bureaus are usually quicker, less bureaucratic and offer higher rates, although most smaller towns don't have them. The most useful bank for foreign exchange is NBC, with branches throughout the country. Countrywide, banks and forex bureaus are closed from noon on Saturday until Monday morning.

ATMs are widespread in major towns, although they are out of service with enough frequency that you should always have some sort of back-up funds. Standard Chartered (with branches in Dar es Salaam, Arusha, Moshi and Mwanza), Barclays (Dar es Salaam, Arusha and Zanzibar), National Bank of Commerce (NBC; major towns countrywide), Stanbic (Dar es Salaam, Arusha, Mbeya, major towns), and TanPay/SpeedCash (Dar es Salaam, Arusha, Zanzibar) all have ATMs that allow you to withdraw shillings with a Visa or MasterCard to a maximum of Tsh300,000 to Tsh400, 000 per transaction. Visa is by far the most useful card for ATM cash withdrawals and still the only one possible in many towns – NBC and CRDB machines take only Visa. Barclays and Stanbic ATMs also accept Master Card and cards tied in with the Cirrus/Maestro network, and there are a few machines that only work with MasterCard. All ATMs are open 24 hours,

# The Strategic Health Partnership Initiative Mentor Handbook

although it's not uncommon to find them temporarily out of service or out of cash. In Arusha especially, lines at ATM machines on Friday afternoons are notoriously long so take care to do your banking before then. Also, throughout the country if your withdrawal request is rejected (no matter what reason the machine gives), it could be for something as simple as requesting above the allowed transaction amount for that particular machine, so it's always worth trying again.

Several top-end hotels and tour operators, and some midrange establishments accept credit cards – generally with a commission averaging from 5-10 percent. However many don't, including at the upper end of the price spectrum, so always verify in advance that you can pay with a card or carry back-up cash or travelers cheques. Otherwise, credit cards (primarily Visa) are useful for withdrawing money at ATMs.



Travelers cheques can be reasonably easily cashed in Dar es Salaam, Arusha, Zanzibar, and Mwanza, but not at all or only with difficulty elsewhere. Exchange rates are slightly lower than for cash, and most hotels and safari operators won't accept them as direct payment. Almost all banks and forex bureaus that accept travelers cheques require you to show the original purchase receipt before exchanging the cheques. Most banks (but not forex bureaus) charge commissions ranging from 0.5 percent of the transaction amount (at NBC) to more than US\$40 per transaction (Standard Chartered) for exchanging travelers cheques.

## ***Transportation***

For many, bus travel is an inevitable part of the Tanzania experience. Prices are reasonable and there is often no other way to reach many destinations. As a general rule of thumb, you will find both express and ordinary bus choices for major long-distance routes. Express buses make fewer stops, are less crowded, and depart on schedule. Some have toilets and air-conditioning, and the nicest ones are called "luxury" buses. On secondary routes, though, the only option is ordinary buses, which are often packed to overflowing, stop often, and run to a less rigorous schedule if they follow any schedule at all. For popular routes, book in advance. You can sometimes get a place by arriving at the bus station an hour prior to departure. Scandinavian Express and Royal Coach bus lines fill up quickly on all routes: you should book at least one day in advance. Each bus line has its own booking office, at or near the bus station. Express buses have a compartment below for luggage. Otherwise, stow your pack under your seat or at the front of the bus near the driver. Prices are basically fixed, but overcharging does happen. Most bus stations are chaotic and, at the ones in Arusha and other tourist areas, you'll be incessantly hounded by touts. Buy your tickets at the office and not from the touts, and don't believe anyone who tries to tell you there's a luggage fee, unless you are carrying an excessively large pack.



For shorter trips away from the main routes, the choice is often between 30-seater buses called "Coastals" or

# The Strategic Health Partnership Initiative Mentor Handbook

thelathini, and dalla-dallas. Both options come complete with chickens on the roof, bags of produce under the seats, no leg room, and schedules only in the most general sense of the word. Dalla-dallas, in particular, are invariably filled to overflowing. Shared taxis are rare, except in northern Tanzania near Arusha and several other locations. Like ordinary buses, dalla-dallas and shared taxis leave when full and are the least safe transport option. Marked taxis in Dar es Salaam are generally safe and can be used without problem.

For more on travel and transportation near your placement sites, please consult AIHA's staff in Tanzania.

## Shopping

Most popular tourist centers host markets and stalls packed with curios and trinkets, such as African drums, batiks, baskets, carved soapstone knick-knacks, handmade chess sets, paintings of Masai tribes and Serengeti landscapes in the popular Tingatinga style, and large wooden carvings of animals or salad bowls fashioned from a single piece of teak, mninga, or ebony. Maasai items such as beaded jewelry, decorated gourds, and the distinctive red-checked blankets worn by all Maasai men also make good souvenirs. Kangas and kikois are sarongs worn by women and men respectively and are often in bright colors and patterns that make attractive tablecloths or throws sure to remind you of your time in Tanzania once you return home.

In Dar es Salaam, **Mwenge Carvers Market** is just opposite the Village Museum off New Bagamoyo Rd. It is packed with vendors and you can watch carvers at work. Take the Mwenge dalla-dalla from New Posta transport stand to the end of the route, from where it's five minutes on foot down the small street to the left. The **Fish Market** near Kivukoni Front is fairly calm as urban markets go and you can watch fish auctions before picking up the catch of the day for dinner, or better yet, getting something cooked for you there. For traditional Tanzanian Tingatinga paintings, the **Tingatinga Centre** is located at the spot where Edward Saidi Tingatinga originally marketed his designs; it is still one of the best places to buy Tingatinga paintings in Dar and you can also watch various artists at work. For a bustling, chaotic experience, try **Kariakoo Market**, but leave your valuables at home and beware of pickpockets. And, if you are looking for a good book or two, **A Novel Idea at Sea Cliff Village** is purportedly Dar es Salaam's best bookshop, with classics, modern fiction, travel guides, Africa titles, maps, and more.



If you travel to Zanzibar, you can pick up packets of the island's famous spices in Stone Town. Haggling is common, and often necessary, as optimistically inflated prices are the norm. In addition, there are many interesting stalls and shops in Stone Town, where you will be able to find artwork, clothing, and souvenirs in a wide range of price points. A specialty of Tanzania is the semi-precious stone called tanzanite, which ranges from deep blue to light purple and is only found around Arusha. Tanzanite jewelry can be seen in up-market curio and jewelry shops in Arusha, Dar es Salaam, and Zanzibar's Stone Town.

In Moshi, **Tahea Kili Crafts** is located just opposite the Coffee Shop. It features batiks, basketry, woodcarvings, and more, and a portion of the profits goes to a local women's group. **Shah Industries**, situated south of Moshi town just over the railway tracks, offers leatherwork and

# The Strategic Health Partnership Initiative Mentor Handbook

other crafts, many made by people with disabilities. For groceries and staples in Moshi, try **Aleem's Grocery** and, right across the street, **Abbas Ally's Hot Bread Shop**.

In general, shopping hours in Tanzania are Monday through Friday from 08:30 - 12:00 and 14:00 - 18:00 and on Saturday from 08:30 - 12:30. Some shops open on Sunday and, in larger cities, markets are usually open daily from 08:00 - 18:00. Keep in mind that Tanzania has a 20 percent value-added tax (VAT) that is usually included in quoted prices.

Again, AIHA's local staff and colleagues at your placement site can provide more information.

## Places to See

Tanzania does not lack for interesting and impressive sites to see. The country boasts something for everyone, from the most rugged adventurer to those who simply want to bask on a sunlit beach and all who fall in between.

In Dar es Salaam, the **National Museum** — located near the Botanical Gardens between Samora Avenue and Sokoine Drive — houses the famous fossil discoveries of the nutcracker man from Olduvai Gorge, along with some fascinating displays on numerous other topics, such as the Shirazi civilization of Kilwa, the Zanzibar slave trade, and the German and British colonial periods. The **Village Museum** off the busy New Bagamoyo Road features energetic tribal dancing most afternoons along with a compound of about a dozen houses typical of various tribes throughout the country. There is also a garden planted with indigenous crops and some artist stalls where you can buy various handicrafts, including Tingatinga style paintings, batiks, and pottery.



**Mtwara** is the capital of Tanzania's Southern coastal region of the same name. Very much off the beaten path, it is an excellent location for relaxing on the beach, beautiful diving, and excursions to the **Mkonde and Rubondo plateaus**. The town of Mtwara is considered the gateway into Southern Tanzania for tourism, so access to and from Dar es Salaam is easy with regular flights and boats. Mtwara is a laid back town that sprawls over a large area. The main commercial area is in the center of town where you will find a Post office, banks with ATMs, and some shops. The main market is situated toward the southern end of town. **St. Paul's Church** features some lovely murals of Biblical scenes created by German priests.

**Ndanda** has gradually built up around the German mission station and hospital. Any buses running between Masasi and Lindi, Mtwara, or Dar es Salaam will pass through Ndanda and will drop you off here. Just over 40 km from **Mtwara**, the **Msimbati Peninsula on Mnazi Bay** offers beautiful, remote beaches and largely unexplored coral reefs. **Ruvala Sea Safari** offers both

## The Strategic Health Partnership Initiative Mentor Handbook



camping or full-board room options if you are looking for a quiet time by the **Indian Ocean**.

**Moshi** is a town with a prosperous feel situated at the base of **Mt. Kilimanjaro** in the Northern part of Tanzania. It is in the center of one of the country's coffee-growing regions and is also home to a large number of secondary educational institutions. Treks up Kilimanjaro are an obvious activity given Moshi's location. If climbing all the way to the top is not for you, you can do a **day hike** from Marangu Gate to Mandara Hut in

**Mt. Kilimanjaro National Park** (about two hours up and one hour down). Gain some insight into the lives of local Chagga coffee farmers at **Kahawa Shamba**, a community tourism operation that allows you to stay in huts that are authentically built yet outfitted with modern conveniences such as en suite showers. You can arrange to have a meal with a local family and tour the area on horseback, among other things, through the Moshi booking office located in the KNCU Building near the clock tower.

One of Tanzania's fastest developing regions, cool, green **Arusha** situated at the foot of **Mt. Meru** is considered the gateway to the **Serengeti** and other Northern parks. In other words, it is the safari capital of Tanzania and a major tourist center. Near **Arusha National Park's** Momela Gate, you will find **Mkuru** — a camel camp from where you can arrange safaris lasting a day or longer. If you are looking for an "off-the-beaten-path" adventure, you can also climb **Oi Doinyo Landaree Mountain** and get to experience life in a small, relatively isolated **Maasai village**. Also in Arusha National Park, you will find **Ngurdoto Crater** and the **Momela Lakes**. Other points of interest in the Rift Valley are too many to name, but some highlights include **Tarangire National Park**, **Lake Manyara National Park**, and, of course, **Ngorongoro Crater**.



# The Strategic Health Partnership Initiative Mentor Handbook

## *V. Selected Health Indicators*

This section is designed to provide a basic overview of each country's HIV and TB epidemics utilizing for the most part statistics and indicators from the US President's Emergency Plan for AIDS Relief (PEPFAR) and other US Government agencies, as well as WHO.

### *Botswana*

#### **HIV/AIDS**

Botswana has one of the highest HIV prevalence rates in Sub-Saharan Africa, with an adult (15 - 49) prevalence rate as of 2009 at an alarming 24.8 percent. An estimated 320,000 people aged 0 - 49 are living with HIV or AIDS. Thanks to the international donor community — largely PEPFAR and the Global Fund — treatment coverage exceeds 90 percent and the annual number of AIDS-related deaths fell from an estimated 18,000 in 2002 to 9,100 in 2009, representing an almost 50 percent decrease. There are roughly 93,000 children who have been orphaned by AIDS. PMTCT coverage is high, with an estimated 95 percent of pregnant women living with HIV receiving ARVs in 2009. The virus has had a dramatic impact on Botswana's healthcare system — including approximately 17 percent of the country's healthcare workers lost to AIDS between 1999 and 2005. With support from PEPFAR and the United States Government team in country, AIHA currently manages five partnerships in Botswana, as well as a Volunteer Healthcare Corps program.

PEPFAR program results in Botswana as of fiscal year 2010 include:

- 12,200 individuals receiving ART;
- 66,300 HIV-positive individuals receiving care and support, including treatment for TB-HIV;
- 36,700 orphans and vulnerable children receiving support; and
- 145,900 individuals receiving counseling and testing.

Botswana is considered a mature PEPFAR program with high level of engagement and leadership from the Government of Botswana (GOB) as is demonstrated in the development and release of a Partnership Framework and joint USG-GOB strategic planning and program implementation structures. Programmatically Botswana continues to demonstrate important successes in meeting PEPFAR targets in treatment, care, PMTCT, and blood safety. Prevention will be the top priority in Botswana over the next several years. Activities will target both the general population as well as specific groups that are particularly vulnerable to HIV infection, such as MARPs, military personnel, and women. Recognizing that changing social and cultural norms must begin at an early age, the sexual prevention portfolio will continue to provide services focused on reducing risk among youth. Sexual prevention interventions include mass-media campaigns, in-school lessons, workplace discussions, and one-on-one conversations on risk reduction strategies. Additionally, in FY 2010 additional funding will be used for voluntary medical male circumcision (VMMC) to respond to the huge demand for these services. In an effort to build an evidence base for prevention activities, several projects will focus exclusively on determining the effectiveness of certain interventions.

PEPFAR also supports treatment and care efforts in Botswana. The national antiretroviral therapy

# The Strategic Health Partnership Initiative Mentor Handbook

(ART) program, MASA, continues to expand enrollment by rolling out services to all mother/ART clinics and satellite clinics, with the goal of bringing ART services nearer to the community. PEPFAR has been focusing on procuring antiretroviral (ARV) drugs, Supply Chain Management System strengthening of the central medical store, technical assistance (TA) in the development of care and treatment guidelines, curriculum development for pre-service training at various institutions, including the University of Botswana School of Medicine, regular training of health-care workers on the national care and treatment guidelines. The PEPFAR country care and treatment team will continue to provide TA in areas of policy formulation, especially in the areas of palliative care and opioid usage for pain management.

Finally, health system strengthening is an important approach to ensure the sustainability of HIV/AIDS programs and other health services and interventions developed and rolled out under PEPFAR. Construction projects benefitting blood safety, pediatric treatment, TB/HIV, and laboratory infrastructure were implemented in FY2010. With PEPFAR support, the Botswana MOH is undertaking the development of an integrated health service plan to correct inequities in the distribution of health services and increase access to basic services, including HIV/AIDS prevention, care, and treatment programs. The overall purpose of the plan is to strengthen strategic health planning to ensure optimal utilization of health resources, including human resources, and to improve implementation of the Botswana National Health Policy. An Essential Health Services Package (EHSP) has been developed, along with supporting human resource, procurement, financial, monitoring and evaluation (M&E) components.

## ***Tuberculosis***

In 2009, the country's TB incidence rate — including individuals co-infected with HIV — was approximately 14,000 people (694 per 100,000). TB case detection of all forms was 62 percent with a total of 7,966 new cases: 3,144 were smear-positive (39%); 976 smear-negative (12%); 2,417 smear unknown (30%); and 1,429 extrapulmonary (18%). A full 100 percent of these patients were treated with fixed-dose combinations (FDCs) and TB mortality (excluding HIV) was 39 per 100,000. In comparison, the treatment success rate in 2008 was 65 percent smear-positive, 54 percent smear-negative extrapulmonary, and 45 percent retreatment.

A drug resistance survey conducted in 2008 indicated that 3.4 percent of new and 13 percent of previously treated cases were multi-drug resistant (MDR). In 2009, 220 MDR TB cases were found among new pulmonary cases and 150 estimated TB cases among retreated pulmonary TB cases. Furthermore, 268 new cases and 251 retreated were tested for MDR-TB in 2009 and 30 and 54 were confirmed respectively. In 2009, 111 patients started treatment for MDT-TB in 2009. There is a National Reference Laboratory in Gaborone and first line drug susceptibility testing (DST) is available in Botswana; second line testing is available outside the country.

There are 3,960 TB patients who are living with HIV and nearly 160,000 HIV-positive patients have been tested for TB. Some 35 percent of all patients known to be co-infected with HIV and TB are on ART. The total budget for TB in 2010 and 2011 is \$14,000,000 per year, Nine million dollars are available from domestic sources and the Global Fund.

## *Ethiopia*

### **HIV/AIDS**

Ethiopia's HIV epidemic varies substantially among populations and geographic locations with just under 1 million adults estimated to be living with the virus and many more men, women, and

# The Strategic Health Partnership Initiative Mentor Handbook

children affected by it. HIV, coupled with the other communicable diseases, has led to a seven-year decrease in life expectancy among Ethiopians and has also led to substantial decrease in the workforce. Consequently, providing access to quality healthcare services is hindered by a dearth of trained human resources. Other challenges include inadequate and overburdened infrastructure, logistics systems, and supply chains. With support from PEPFAR and CDC in country, AIHA has been working to build sustainable institutional capacity and human resources for health in Ethiopia since 2006. AIHA currently manages seven partnerships in Ethiopia, along with a very successful Volunteer Healthcare Corps program. These programs are supported by staff at our country office in Addis Ababa, as well as our team in Washington, DC.

For fiscal year 2010, PEPFAR progress results achieved in Ethiopia include:

- 207,900 individuals receiving ART;
- 1,079,400 HIV-positive individuals receiving care and support, including treatment for TB-HIV;
- 474,200 orphans and vulnerable children receiving support;
- 590,000 pregnant women with known HIV status receiving services;
- 10,500 HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT;
- 6,177,500 individuals receiving counseling and testing; and
- 1,995 estimated infant HIV infections averted.

The PEPFAR prevention program will focus on PMTCT, persons engaged in high-risk behaviors, and discordant couples. PEPFAR will support the GOE in the development of specific intervention packages for the various MARPs groups. Additional efforts will address critical gender issues that exacerbate the HIV problem, including early marriage, sexual coercion, and cross-generational sex. Access to post-exposure prophylaxis (PEP) for victims of rape and occupational exposure cases will be strengthened. The PMTCT program will provide support to the GOE to prioritize high yield facilities in areas of high HIV prevalence, building upon the opportunity provided through the deployment of over 6,000 urban health extension workers. PEPFAR will also continue to strengthen coordination of HCT programs in urban, peri-urban, and selected rural “hot-spots.”

PEPFAR care and support activities focus on infrastructure improvement, training, TA, and commodity support including the distribution of the basic health care package, and nutritional care and support to PLWHA. TB/HIV activities aim to increase case detection rates and improve TB treatment in children. Ethiopia has implemented task shifting through a nurse-centered care model which utilizes outreach workers and case managers to improve adherence rates. Aggressive attempts are being made to increase the number of children on treatment. PEPFAR will also support the national laboratory system, including the procurement of laboratory reagents and supplies for ART monitoring, infrastructure support, TA, quality assurance (QA), and site supervision to the National Referral Laboratory and nine regional labs.

Support for health systems strengthening (HSS) and human resources for health (HRH) were a priority for FY 2010, with an emphasis on: leadership and management of service delivery; human and organizational capacity-building; broad expansion of private sector engagement; and expanding pre-service training in support of the national plan. PEPFAR will continue support for the ongoing roll-out of the HMIS at health facilities and will work with the Federal HIV/AIDS Prevention and Control Office to design a community-based system to capture community level sector inputs into HIV/AIDS programs.

In July 2010, funding for the Ethiopia PEPFAR program was decreased as compared to the Country Operational Plan (COP) submitted in January 2010. With an existing pipeline of funding for the Partnership for Supply Chain Management Systems (SCMS), it was determined that funding originally programmed to SCMS for Ethiopia could be strategically reallocated to support needs in other countries. The Ethiopia USG team is developing a costed plan as the basis for

# The Strategic Health Partnership Initiative Mentor Handbook

continuing bridge support for commodities, will negotiate a clear plan for hand-over to the GOE, and adjust funding levels per that analysis.

## ***Tuberculosis***

According to WHO, TB is a major public health concern in Ethiopia. In 2009, the TB infection rate was 146,677 new cases of all forms. TB prevalence, including patients co-infected with HIV, was at that time 572 per 100,000 people, with a mortality rate (excluding HIV) of 64 per 100,000. A drug resistance survey conducted in 2008 showed that 1.6 percent of all new TB infections, as well as 12 percent of all previously treated cases, were MDR TB. In 2009, 1,500 cases were tested for MDR-TB, with 233 cases were confirmed; 88 MDR TB patients started treatment that year. Of these MDR TB cases, 1.6 percent were in new pulmonary TB cases. The TB treatment success rate in 2008 among the new smear-positive cohort was 84 percent, while it was 79 percent among the new smear negative or extrapulmonary cases. Approximately 20 percent of all TB patients tested positive for HIV as well; 37 percent of all TB patients knew their HIV status in 2009 with 68 percent of those co-infected with TB-HIV on CPT and 41 percent receiving ART.

## *Namibia*

### **HIV/AIDS**

Namibia has an HIV prevalence rate of 13.1 percent among individuals aged 15 - 49, with AIDS being the leading cause of death in the country since 1996. With support from PEPFAR and the United States Government team in country, AIHA's HIV/AIDS Twinning Center currently manages one partnership in Namibia, which focuses on medical technology education. PEPFAR has responded to one of the worst HIV/AIDS epidemics and the highest tuberculosis case rate in the world by providing nearly \$100 million to Namibia in 2009 alone.

Progress achieved in Namibia through direct PEPFAR support during fiscal year 2010 includes the following:

- 80,300 individuals receiving antiretroviral treatment;
- 260,500 HIV-positive individuals receiving care and support, including treatment for TB-HIV;
- 75,500 orphans and vulnerable children receiving support;
- 54,700 pregnant women with known HIV status receiving services;
- 5,600 HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT;
- 228,300 individuals receiving counseling and testing; and
- 1,064 estimated infant HIV infections averted.

Namibia continues to experience a severe, generalized HIV epidemic, complicated by shortages of trained healthcare staff and high levels of income inequality. HIV transmission is largely through heterosexual contact and/or through mother-to-child transmission. Social, economic and cultural factors such as population migration, gender inequity, alcohol, stigma, multiple concurrent partners, and lack of VMMC help drive the epidemic.

The planned use of FY 2010 funding represents an evolution in the vision and methods that underpin the planning, organization, and implementation of PEPFAR support for HIV/AIDS programs. In coming years, starting with FY 2010 funds, investments will be shifted to further strengthen Namibian capacity and ownership, especially in the areas of human resources, and the financing and operation of national healthcare systems. Core to the prevention strategy is a focus on a combination of behavioral, biomedical, and structural interventions that address the

# The Strategic Health Partnership Initiative Mentor Handbook

known epidemic drivers with evidence-based interventions and intensifying work with vulnerable and most at-risk populations.

PEPFAR will continue to leverage its resources for care and treatment services with those of the Global Fund, Ministry of Health and Social Services (MOHSS), the Clinton Foundation, and other development partners. All partners will continue to strengthen linkages between non-ART care, HCT, and referral services. TB activities will focus on the integration of HIV/TB services.

Provider-initiated counseling and testing (PITC) services will be expanded throughout the MOHSS network from the limited settings where they are currently offered, with support from PEPFAR.

With approximately 250,000 OVC in Namibia, PEPFAR supported the government and civil society in the implementation of the OVC National Plan of Action 2006 - 2010, and in the development of a follow-on plan of action.

HSS, including HRH, is playing an increasingly important role as Namibia begins the transition to a government-owned and led process. PEPFAR and the Government of Namibia are in the process of developing a Partnership Framework that is synchronized to the Namibia National Strategic Framework, and which will support and strengthen the Namibia government's capacity to plan, oversee, manage and, eventually, finance the national HIV/AIDS response.

Funding is also provided support for work on gender-based violence; regional governments within Namibia to strengthen coordination of their HIV/AIDS response; and UNAIDS/Namibia, to facilitate civil society coordination efforts for the national HIV/AIDS response. Funding will also support HSS and strengthening of health outcomes in the private sector, to optimize private sector resource contributions and involvement in HIV prevention and clinical services, and provide a salary reserve for USG funded physicians to match an increase in medical officer salaries in the public sector. Additional funding will support a cooperative agreement with the Ministry of Health and Social Services (MOHSS) to support renovation, start-up funding for delayed District Health Survey, and funding for the MOHSS to strengthen multisectoral coordination within the National Strategic Framework for HIV/AIDS.

## ***Tuberculosis***

TB represents a significant public health threat in Namibia and is one of the three most frequent causes of hospitalization and reasons for attendance in the outpatient clinics throughout the country. Namibia ranks second in the world on TB notification rates. In 2010, the TB notification rate was 589 cases per 100,000 (roughly seven times higher than in Russia), which means 12,625 new cases of all forms. A drug resistance survey showed that in 2008, 3.8 percent of all new and 16.55 percent among previously treated cases were MDR TB. In 2010, 214 MDR and 8 XDR (extremely drug resistant) TB cases were identified; 53 patients with MDR TB were put on treatment without DST results, up from 24 in 2009. The TB case detection rate in Namibia reached 84 percent, well above the WHO target of 70 percent. The TB treatment success rate in the 2008 cohort was 82 percent, which is almost 1.5 times higher than in Russia. HIV-positive persons account for 56 percent of all TB cases and the country's TB epidemic is largely HIV-driven. Despite that, just 76 percent of all TB patients knew their HIV status in 2009, 92 percent of HIV patients were on CPT, and only 35 percent were on ART. Smear microscopy is performed in 31 laboratories country-wide. The USAID-funded TB control program in Namibia is managed by KNCV TB Foundation under the TB CARE mechanism. With international assistance, Namibia developed and implements a well-structured and clear Second Medium Term Strategic Plan for Tuberculosis and Leprosy, 2010-2015.

# The Strategic Health Partnership Initiative Mentor Handbook

## *Tanzania*

### **HIV/AIDS**

In the midst of a mature, generalized AIDS epidemic and burdened by other communicable diseases, Tanzania faces many social and economic development challenges. Some 1.4 million Tanzanians are living with HIV and AIDS, with an average adult HIV prevalence estimated at nearly 6 percent, according to UNAIDS. Strengthening health outcomes in the country is impeded by a severe shortage of trained human resources, inadequate infrastructure, and overburdened logistics systems and supply chains, among other factors. With support from PEPFAR and the United States Government team in country, AIHA has been working to build sustainable institutional capacity and human resources for health in Tanzania since 2005. AIHA currently manages five partnerships in Tanzania, as well as a Volunteer Healthcare Corps program.

Progress achieved in Tanzania through direct PEPFAR support during fiscal year 2010 includes:

- 255,500 individuals receiving antiretroviral treatment;
- 935,500 HIV-positive individuals receiving care and support, including treatment for TB-HIV;
- 1,374,700 pregnant women with known HIV status receiving services;
- 58,800 HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT;
- 2,664,300 individuals receiving counseling and testing; and
- 11,172 estimated infant HIV infections averted.

The United Republic of Tanzania (URT) faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable diseases. Critical impediments to strengthening health outcomes in Tanzania include the inadequacy of trained human resources, inadequate infrastructure, and overburdened logistics systems and supply chains. In March 2010, the U.S. Government and URT signed a PEPFAR Partnership Framework. Overall, the Framework aims to reduce new HIV infections and morbidity and mortality due to HIV and AIDS and improve the quality of life for those affected by HIV and AIDS. The PF focuses on six goals: service maintenance and scale-up; prevention; leadership, management, accountability, and governance; sustainable and secure drug and commodity supply; human resources; and evidence-based and strategic decision-making.

The URT's stated top HIV/AIDS priority is to reduce the number of new HIV infections. With FY 2010 funding, sexual prevention implementing partners will work closely to implement coordinated programs with consistent messages on VMMC, cross-generational and transactional sex, alcohol, condom use, gender norms, and other drivers. PEPFAR also supports prevention programs for MARPS, including CSWs, IDUs, and MSM. VMMC services will be scaled up in 2010, and PEPFAR will continue to support PMTCT, safe blood services, and injection safety.

Since 2004, the number of PEPFAR-supported care and treatment clinics has grown from 15 to 605 in 2009. The Tanzanian National Costed Plan of Action outlines specific needs of Most Vulnerable Children by geographic area and identifies resource gaps for meeting these needs. Considerable progress has been made in the scale-up of direct supportive services by reaching 370,954 OVC.

Rapid national scale-up of HIV services benefitted from a regionalization strategy initiated by the Ministry of Health and Social Welfare (MOHSW) in FY 2006, yielding broad geographic coverage, de-duplicated efforts, and maximized efficiency of implementing partners. As a result, PEPFAR treatment partners have now taken on the responsibility for the implementation of a variety of

# The Strategic Health Partnership Initiative Mentor Handbook

clinical services. Because of this coordinated support, PEPFAR expects to see continued improvements in referrals and linkages between services and an increase in the provision of more efficacious ART regimens to HIV-infected pregnant women.

PEPFAR continues to work with the MOHSW to conduct a feasibility appraisal in the context of the new WHO treatment guidelines. Findings are informing URT consideration of changing treatment guidelines Tanzania. An ART costing study has been undertaken in Tanzania; preliminary results indicate that the proposed funding for FY 2010 was sufficient to meet immediate care and treatment targets.

PEPFAR-supported activities in systems strengthening are designed to sustain the responsible transition of PEPFAR programs to the URT and to local partners. PEPFAR has targeted key elements of the health system: procurement and supply chain; management capacity of national, regional, and district health teams; HRH; lab services; and SI. The Tanzania Field Epidemiologist and Laboratory Training Program will continue training field epidemiologists and public health field laboratory managers to serve as leaders in surveillance and the public health response. Conflicting opinions among high-level URT officials on task shifting required PEPFAR to advocate vigorously in FY 2010 for a more open perspective on task shifting. During FY 2010, a review was conducted to assess whether existing programs appropriately prepare professional health managers and administrators to effectively manage health service delivery and resources, and to achieve task shifting goals.

Programming around the additional Partnership Framework funding was developed under the national scale-up scenario that recognizes Tanzania's progress in the fight against HIV and AIDS as well as the ongoing financial and capacity constraints. The Partnership Framework is designed to support Tanzania's HIV and AIDS programs, fortify structures in the underlying health system and strengthen in-country leadership and management capacity to oversee and manage the national response.

These funds have been programmed within the context of the Partnership Framework Implementation Plan, which has been submitted for stakeholder review. The Team used the following guiding principles while programming funds to fit within the context of the PFIP: 1) Focus on building and strengthening local capacity, 2) Promote strengthening of the health system by increasing long-term viability and sustainability of the program in each technical area, 3) Build synergies with other resources, including Global Fund, PPPs, and wraparounds with other USG programs, and 4) Increase efficiencies in existing programs to maximize impact.

## ***Tuberculosis***

Tanzania ranks 15th on the list of 22 high-burden tuberculosis countries in the world. Of the estimated 120,191 new TB cases in 2007, 56,233 were sputum smear-positive (SS+). Due to improved quality of services and evaluation, Tanzania met WHO's global target of 85 percent in 2007 for treatment success that year. However, the case detection rate for new SS+ TB cases remains low at 51 percent, well below WHO's target of 70 percent. Case notification rates have fallen over the last three years. The HIV/AIDS epidemic is associated with a 60 percent increase in active TB in Tanzania. Half of all notified cases were tested for HIV in 2007, and the prevalence of HIV infection among TB patients is estimated at 47 percent. Plans to expand treatment to HIV-positive TB patients will reduce the death rate, and plans to improve TB reporting systems will improve follow up and reduce patient default rates. Prevalence of MDR TB remains low, with about 1,300 cases reported in 2007. Management of MDR TB started in 2007, although preparations began in 2006 with the renovations of laboratories and patient facilities, procurement of new diagnostic tools, and recruitment of personnel.

## **The Strategic Health Partnership Initiative Mentor Handbook**

The burden of TB on Tanzania has been rising astonishingly since the early 1980s when HIV/AIDS was first detected in the country. The prevalence of TB has jumped from 11,753 patients in 1983 to 64,000 diagnosed and registered patients in 2009. Today, tuberculosis continues to be among the major public health problems in Tanzania despite concerted efforts by the Ministry of Health and Social Welfare and various local and international developmental partners in controlling the disease in the country. In October 2010, the Tanzanian Government embarked on nationwide patient-centered treatment (PCT) approach to tame the rapidly increasing TB infections instead of the WHO-recommended DOTS.



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