Welcome to Kampala! This guide has been developed by trainees for trainees from the University of Minnesota visiting Mulago Hospital and its associated clinics, and should serve as a brief introduction to some of the experiences that await you during your stay. This guide is meant to be a work in progress; any additions or changes based on your experience are highly encouraged. You should feel free to choose areas of particular interest and to take advantage of new opportunities that are likely to arise during your stay. Patience and flexibility are highly encouraged, realizing that there are often changes that are unpredictable. Take an open-minded approach to your rotation and enjoy yourself while here! It is expected that you’ll have a memorable and rewarding experience in Uganda.

Contacts from the University of Minnesota:

Medical Students:

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IMER Program
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Medicine/Med-Peds:

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Division of Global Pediatrics and Center for Global Health and Social Responsibility:

Molly McCoy (contact for Doris Duke and Fogarty training programs)
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Contacts for Makerere Medical School:

International Education Programme Coordinator: Susan Nassaka Byekwaso
Phone: 0772419313
Email: sbyekwaso@yahoo.com or internationaloffice@chs.mak.ac.ug

Susan will be one of the most important contacts prior to, and during, your stay in Kampala, especially students. In addition to scheduling your rotations, they can also help locate and reserve housing for you and can help provide airport transportation, if needed. In addition, they are dependable sources to turn to in case of academic, personal, or any other problems. Their numbers should be recorded and given to
your friends and families, in case they need to contact you in Uganda in case of emergencies. The International Education Office can also give you the contact information for the departmental chairs, listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Prof. Harriet Mayanja</td>
<td>Dean, School of Medicine</td>
</tr>
<tr>
<td>Prof. Moses Kamya</td>
<td>Chairman, Medicine Department</td>
</tr>
<tr>
<td>Dr. Kaddu Mukasa</td>
<td>International Coordinator, Head of Nephrology Unit</td>
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<tr>
<td>Dr. Nakibuka Jane</td>
<td>Head of casualty unit</td>
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<tr>
<td>Prof. Sarah Kiguli</td>
<td>Chairman, Paediatrics Department</td>
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<tr>
<td>Dr. Opika Opoka</td>
<td>International Coordinator, Paediatrics Department</td>
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<tr>
<td>Dr. Sam Kaggwa</td>
<td>Chairman, Surgery Department</td>
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<tr>
<td>Dr. Jane Fualal</td>
<td>International Coordinator, Surgery Department</td>
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<tr>
<td>Prof. Seggane Musisi</td>
<td>Chairman, Psychiatry Department</td>
</tr>
<tr>
<td>Dr. Josephat Byamugisha</td>
<td>Chairman Obsetrics &amp; Gyneacology Department</td>
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<tr>
<td>Dr. Muyingo Mark</td>
<td>International Coordinator, Obsetrics &amp; Gyneacology Department</td>
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*Note that this list changes frequently – please refer to Susan for an up-to-date list of contacts for each unit.

**Clinical Sites**

**Mulago Hospital Inpatient Services**

Mulago Hospital serves a dual role as the largest government referral hospital and the main teaching hospital of Makerere University. It is a bustling place, with a bed capacity of nearly 1500 that offers tertiary care services in all areas of medicine, pediatrics, surgery, and OB-Gyn. The hospital has suffered significant budget reductions and staff shortages for the last several years, however, and many Ugandans now view the hospital as a place of last resort for poor patients lacking other options, or for those requiring very specialized services. On the wards, expect to see very sick patients along with massive teams of medical students, interns, residents, and staff rounding bedside in a hierarchal structure similar to what you would see in the United States. Rounds typically last several hours; a typical medicine team may care for as many as 70 patients concurrently; pediatric teams often care for even larger teams. You can expect to see some amazing pathology and physical findings, but given the patient load staff rarely have significant time to spend teaching students and residents. The lack of diagnostic resources can also be frustrating at times, as can language barriers.

All trainees who participate in clinical rotations at Makerere Medical School/Mulago Hospital are required to contact both the international program coordinator for the appropriate department at the University of Minnesota (IMER, Department of Medicine, Pediatrics, etc.) as well as the International Education Program office at Makerere University prior to arriving in Kampala. The international program coordinator will help direct you to the appropriate people to assist in scheduling your rotation. The office for International Programs at Makerere coordinates rotations for visiting trainees. **Please do not arrive on the wards without first consulting this office as this can create a confusing situation for both you and ward staff.** As we have all experienced, there is nothing more uncomfortable than finding yourself answering questions such as, “who are you, and what are you doing here?!?” The office is generally very flexible and open to scheduling nearly any specialty or sub-specialty for any amount of time. It is advised that you contact this office weeks to months in advance so they can make the appropriate preparations. After arriving, they will issue you a letter for the appropriate department chair.
outlining your plan. Many times, in-line with Ugandan etiquette, the chair will request a meeting to discuss your goals and expectations. Attending staff, residents, and students are usually very happy to have visiting trainees and will welcome you as a member of their team.

Several University of Minnesota faculty visit Makerere on a regular basis, benefitting from the ongoing collaboration between our institutions. In addition to visiting faculty, there are frequently longer-term staff and/or fellows present on campus, typically engaged in research activities (see below) and representing the Departments of Medicine or Pediatrics. They often participate in ward rounds on a regular basis, and are happy to have students and residents from Minnesota join them. While we encourage and expect trainees to fully participate within their Ugandan-run teams, it can also be useful to occasionally round with visiting U of M faculty. This can give trainees a better understanding of the ongoing clinical studies within Mulago, and the since they generally manage smaller patient loads than their Uganda counterparts, can sometimes translate into more teaching opportunities.

The Medicine Wards at Mulago

The medicine service is made up of 6 inpatient teams, each consisting of a rotating staff attending, a small team (1-3) of senior house officers (SHO; equivalent to a senior resident), two interns, and several third or fifth-year medical students (the clinical years of medical school training under the Ugandan system). Teams are on call every sixth night and on average admit 40 or more patients in a call cycle. Interns ideally evaluate each patient under the supervision of senior house officer or staff, although conditions are often far from ideal, as you can imagine with such a large patient load. SHOs may remain in the hospital until late evening, after which time the interns admit on their own overnight.
Patients are initially seen in (i.e. the emergency room) by a clinical officer where they are triaged to medicine, surgery, or OB/GYN. Patients admitted to the medicine ward are sent to the 24 hour holding unit on 3B1. It is on this unit that the housestaff evaluates the patients, orders laboratory and radiographic studies, and initiates treatment. The attending rounds with the team during the post-call morning sometimes the night before as well. After post-call rounds, most patients transferred to the regular units which are divided by service (ID, pulmonary, renal, neuro, etc.) and are located on the fourth floor. A few of the sicker patients may remain on 3B1 as it also functions as a step-down unit. A minority of patients will get directly discharged from the holding area.

During non-call days, the senior housestaff round on the wards with the attending consultant joining the team 2-3 times a week. As the wards are generally organized by subspecialty, but due to difficulties combined with a high level of comorbidities, there is usually a lot of overlap between wards. Each of the subspecialty areas generally run outpatient clinics as well. For example, the “ID” ward team staffs the ID/HIV clinic and tends to get many of the newly diagnosed AIDS cases. Again, this system often functions far from the ideal. Do not be surprised to see patients with uncontrolled epilepsy on the ID ward, patients with typhoid fever on the neuro ward, or patients with cryptococcal meningitis on the cardiac ward.

The physical location of the medicine wards are as follows:
- 4A: ID and GI
- 4B: Neuro, endocrine, and hem/onc
- 4C: Pulmonary, cardiology, nephrology
- 3D: ICU

The illnesses affecting the patients are numerous, but some of the common ailments include malaria, tuberculosis, HIV related opportunistic infections, renal failure, congestive heart failure, strokes, and diabetes. Malaria blood smears, hemoglobin, glucose levels, urinalyses, and chest Xrays are the most common initial diagnostic tests, but it is possible to obtain liver function tests, electrolytes, CSF and other fluid evaluation, cultures with sensitivities, and other studies. Most patients you will encounter at Mulago are very poor, and patients themselves often pay for lab studies, imaging, and treatment from their own pockets.
their pocket on an as-ordered basis. This often leads to the heart-breaking circumstances. In addition, you should be prepared to encounter medications that are rarely, if ever, used in the United States. Since resources are limited, it is prudent to use the physical examination as the first diagnostic tool, such as using mucosal pallor as a surrogate for hemoglobin values. The severity of illness is often quite extreme, as patients usually present late for medical therapy. The intensive care unit has a capacity of 6 patients on ventilators at a time, so few patients can be admitted to the ICU because of cost restraints and ventilator availability. Telemetry can only be done in the ICU.

Family members, if present, generally stay at the patient’s bedside on the floor to help with nursing care and to provide food for the patient. Each ward team has all of its patients in a large open room that can hold approximately 50 patients. There are 2-3 nurses per team during the day and often only one nurse at night. Family members are, therefore, imperative for their help with patient care. Patients without family members present must rely on community contributions, and often have a difficult time.

Visiting professors, residents, and even students are generally afforded a lot of respect on the wards of Mulago, and patients usually welcome the presence of foreigners during rounds. For trainees, the degree of autonomy can usually be negotiated based your level of comfort. Many basic procedures are performed by the residents and interns following rounds, and often in a greater frequency than in the United States. It is therefore a good setting for students to learn basic skills or to gain confidence in common procedures. If interested in particular procedures, it is advised to notify the relevant teams about your interest beforehand, and to observe any procedures being performed by the team prior to initiating something yourself. If you are ever assigned by the team to perform a procedure that you are inexperienced or uncomfortable in performing, it is your responsibility to notify the appropriate housestaff for help.

Medicine residents from Minnesota visiting Mulago are often engaged in a combination of clinical care and research.
Outpatient Medicine Clinics at Mulago

There are many general and subspecialty clinics at Mulago Hospital. Clinics vary by day and schedules often change, so it is best to ask any of the residents once you arrive to confirm days and locations. Each clinic is typically run by one of the six ward teams. At the time of writing, some examples include general med, ID/HIV, chest/TB, rheumatology, hypertension, renal, diabetes, cardiac, sickle cell, neuro, premature infant, and endoscopy. Many clinics take place in the outpatient area on the 4th floor of the hospital. They begin anywhere from 9-10am and will run until 2pm or so, depending on the patient load. Most are staffed by residents, medical officers, and a consultant or two. You will generally be able to see patients on your own and then speak with the consultant for review of the case or for questions. Some patients speak English though many will require the use of a translator either through the use of the patient’s relatives or through the nursing/support staff.

The Heart Institute, located on the first floor of Mulago Hospital (ward 1C), runs daily and functions as the main referral center for cardiac cases in Uganda. Here you’ll see lots of endomyocardial fibrosis, HIV related cardiac disease, rheumatic heart disease, pulmonary hypertension from tuberculosis, arrhythmias, congenital conditions, and others. Physical exam finding opportunities are astounding. Most patients come to clinic with an ECG and ECHO report, which is uncommon for patients on the wards.

Infectious Disease Institute

The Infectious Disease Institute, housed in a modern building just across the street from Mulago Hospital, is perhaps the largest facility in sub-Saharan Africa specifically dedicated to the care of patients with HIV/AIDS. The IDI serves 3 distinct but integrated functions: education, research, and most importantly, the care of patients. The clinic cares for roughly 350 patients/day on an outpatient basis, most receiving HAART. There is also a small area for acutely ill patients of the clinic. There are 15-20 Ugandan physicians on staff. Most are junior medical officers (young, with little post-grad training outside of 1 year general internship), but there are also a few senior medical officers (completed a residency) and usually one or two visiting foreign (usually American) physicians.

The clinic tries to accommodate to visiting staff by scheduling a slot each day with a higher proportion of English-speaking patients. Due to the volume of patients seen each day at the IDI, it is more difficult to accommodate for visiting residents or students. For trainees interested in seeing patients at IDI, it is recommended that you identify a visiting faculty preceptor prior to coming to Kampala. For further information or for a list of visiting faculty present during your stay, contact the Visitors and Events coordinator, Connie Kabatoro (email: c.kabatoro@idi.co.ug). While it may be difficult at times to accommodate for clinical training, the IDI welcomes all trainees for educational conferences and training (see below) and for those interested in pursuing research projects.

The clinic takes innovative approaches in helping to counter the difficulties inherent in treating a large volume of patients in a resource-poor setting. Some examples of this include increasing the role of nurses as primary caregivers, providing clinic staff with patient-free days to pursue individual interests and help guard against burnout, and encouraging patients
to participate in games and artistic activities during and outside clinic visits.

The IDI is also a major center for training health care workers in advanced HIV management. A month-long training course, which attracts students from all over sub-Saharan Africa, is offered throughout the year. It is run by a dedicated training director, and is taught by instructors based at the clinic in conjunction with American professors supplied by the Infectious Disease Society of America (IDSA).

**Educational Conferences at the IDI**

Clinic staff are also exposed to daily educational activities at the clinic, and the rigorous academic environment also benefits course participants. Most foreign visitors are unexpectedly surprised by the amount and quality of educational sessions, which take the form of clinically relevant journal reviews, case presentations, or research updates. Clinic staff are expected to attend meetings each morning, which begin promptly at 8am, an hour before the clinic opens. Monday mornings alternate between journal club mediated by one of the junior medical officers and research meetings, a venue for researchers to brief the staff about studies occurring at the IDI. The Pediatric Infectious Disease Clinic (PIDC), the equivalent of the IDI for kids, is a short walk up the hill and holds morning lectures on Tuesday. The most popular meeting occurs on Wednesday mornings. During this conference, dubbed the “switch meeting”, clinic staff present difficult cases of patients they feel may be failing their treatment regimen and attendees then debate a course of action. Friday is case presentations, held jointly between the IDI and PIDC. The clinic welcomes educational presentations from visiting professors, residents, or students which often consist of presenting their research, presenting interesting cases from their home institution, or mediating the journal club discussion.

There are also educational conferences held at Mulago, although they are admittedly less organized and are prone to cancellations or last minute changes. It is best to check with the medicine office, in the corridor between wards 4A and 4B, or with residents. Subspecialty rounds are typically take place between 8am and 9am in the Postgraduate Room on 4A. Grand Rounds, which takes place on Tuesday from 2-4pm, alternates between the 6th floor lecture hall of the hospital or Davies Lecture Hall in the medical school across from the hospital.

**Contacts for the Infectious Disease Institute:**

Executive Director: Dr. Richard Brough

Clinic Director: Dr. Rosalind Parkes-Ratanshi (email: rratanshi@idi.co.ug)

Research Director: Dr. Andrew Kambugu (email: akambugu@idi.co.ug)

UMN Study Collaborator: Dr. David Meya (email: david.meya@gmail.com)

**Visitors and Events Coordinator: Connie Kabatoro**

Phone: 0312307203

Email: cekabatoro@idi.co.ug or visitors@idi.co.ug

If you are planning on visiting the IDI, it is recommended that you contact Connie weeks to months in advance of your trip. She can facilitate or advise on travel plans, transportation within Uganda, accommodation, registration for medical practice, work permit and activities while in Uganda. The IDI
limits the number of visitors at any one time according to availability of space in intended programs. This is done to ensure that each visitor receives the attention that they deserve.

**Pediatric Wards at Mulago Hospital**

Mulago Hospital’s 2 main pediatric wards are Jeliffe and Stanfield, which are located up the hill from the new main hospital building in the “Old Mulago” hospital area. The buildings are older, long one story buildings which house about 60 or more children on each ward, as well as the child’s parent or caregiver.

**Jeliffe Children’s Ward**

Jeliffe ward is divided into side A and C. Jeliffe side A is the pulmonary and cardiac ward, which holds children with congenital cardiac lesions, pneumonia, and other chronic lung diseases – usually about 50-60 children. This ward is divided into 2 areas, one is for more stable children and the other one is for sicker children. The non-sick part of this ward is mostly managed by the intern while the sick part of the ward is managed by the senior resident. Due to the low access to cardiac surgery in Uganda, as well as delay in diagnosis, late presentations of congenital heart disease such as Tetralogy of Fallot are seen. Sequelae of rheumatic heart disease are also commonly seen. Oxygen can be given by nasal cannula to about 6-8 children. The closer the child is to the wall, the higher the flow of oxygen. There is no pediatric ventilator in the entire hospital. The PICU is a small area located in Acute care. Side C is the neurology unit, which holds children treated for epilepsy, cerebral malaria, and other neurologic diseases.

**Stanfield Pediatric Infectious Ward**

Stanfield is the infectious disease ward, which is also always busy, also with about 70 or more patients. It is divided into the general infectious disease area – which mainly holds children with malaria, but typhoid and other infectious diseases are seen. There is also a measles and varicella section of the ward, as well as an isolation room for babies with tetanus. It also holds the neonatal ward – holding about 30 newborns, most admitted with fever for sepsis evaluation. These babies are all treated with a 5-7 day
course of antibiotics, as blood cultures are unreliable, and LPs are only done in the case of concerning signs for meningitis – such as a bulging fontanelle, seizure, scissoring or other severe signs.

How things run on the wards …

Rounding on the pediatric ward is similar to the medicine ward. Teams are made up of a senior attending, junior attending, senior house officer (senior resident), intern, and medical students. The attendings round about twice a week on the sickest children on the ward. On these days the SHO presents to the attending in a style similar to US rounds, and a treatment plan is laid out. On the remainder of the patients, the intern is responsible for seeing most of the patients and the SHO is present seeing the children who are the most ill, and available for questions from the intern. On the other days of the week, the intern and SHO round on the patients. Interns are responsible for drawing labs and doing any procedures on the wards (i.e. thoracentesis, paracentesis). Interns are also responsible for bringing blood to lab (which is located in the New Mulago Hospital) and to collect results the following days. The wards are always full, with 50-60 children per side. Every day is admission day on the wards and patients are usually admitted and triage by the interns. If patient gets admitted at night, there are no doctors around and so they are triage by the nurse at night. If any patient gets too sick at night, they are then sent to Acute Care as there are doctors there at night. The nursing to patient ratio is anywhere from 1 nurse to 30-50 patients. There is usually one nurse per side, who triages patients, gives medications, and may move children up to the front of the ward if she notices they are not doing well. Parents sleep on mats on the floor by their child’s bed, and provide oral medications, food, bathing, and all the daily care for their child. Parents are also expected to bring their child to get imaging studies, such as x-ray and echocardiogram. When there is a consult, parents are also supposed to bring their child to see the consultant and often times, they are turned away if the consultant physician is busy. At set times, the nurse would set up a station where parents can line up to get medication for their children. IV meds are given by nurses. There are no IV pumps and so all IV meds are pushed through IV line, even the ones that are supposed to be given over 15-30 minutes are pushed within 1-2 minutes. When an IV infiltrates,
Outside of Mwanamugimu Malnutrition Unit. As you can see, the building is fairly new compared to the rest of the hospital.

parents would have to bring their child and get in line at the procedure room so that nurse or doctor can replace the IV. Medications are dispensed by the pharmacy on each ward. Some basic medications are free (such as paracetamol, ceftriaxone, ampicillin, chloramphenicol), other more specialized medications are not free (such as vancomycin, nystatin). Parents are expected to pay for medications that are not provided by the hospital as well as imaging studies (CXR, Echocardiogram, EKG). There is a bigger pharmacy in the New Mulago Hospital that sometimes have more medications in stock and so we sometimes send parents there to get free medicine.

**Mwanamugimu Nutrition Ward**

Mwanamugimu (pronounced Mu-wanna-mu-ji-mu) is Mulago’s malnutrition unit. It was recently rebuilt and updated, and is a bright and more spacious place then Jeliffe and Stanfield wards. It can hold many children divided into sections based on stage of treatment. The level of acuity is high here, as is mortality, as children are admitted with very severe malnutrition. These children may also have HIV or TB as an underlying cause of their malnutrition. There is a small critical care area where 4-5 children can be monitored closely, a triage area, and then 2 very large rooms where most children stay who are in the first 2 stages of treatment. There is a kitchen in the unit, where nutritionists prepare rehydration solution and formula preparations for the children. There is also a separate building behind the main building for children who have graduated from these first 2 stages of treatment, and are more stable. There is a lab in this building which can run Hgb, Malaria smears and rapid HIV tests.

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**Special Care Unit**

Special Care Nursery is Mulago’s NICU, which is located in the New Mulago Hospital. This ward is consisted of 2 big rooms, also divided into the sick and non-sick side. There are a lot of incubators in the Special Care Nursery, but none of them actually work and function as an incubator. There are only 2 phototherapy lights and so only the very jaundice babies get to be treated underneath the lights. Other
babies who are mildly jaundiced are placed closer to the window to get natural sunlight. There are only a few incubators with heating pads to warm up babies. Moms are taught about kangaroo care by the nursing staff, but it takes a very dedicated mom to do a good job at this. Many parents do not know the importance of swaddling their babies and instead just place very big blankets over their babies. Because of lack of working incubators, many babies die from hypothermia. Parents are expected to perform tube feedings for the pre-mature babies. Parents are also supposed to provide their own blankets and to keep up with laundry. Many times, babies will be wrapped up in dirty or wet blankets because their mom cannot keep up with doing laundry and providing blankets. Like the NICU in the US, there are protocols on how to give IV fluids and tube feeding based on the day of life. Nursing staff are responsible for giving IV fluids. Each day, there are at least 2 attending physicians who round in the Special Care unit. The SHO come in the morning and work until a little past noon and then they have other commitments. The interns are again responsible for rounding on all the other babies on the ward and to perform procedures and to draw blood for labs.

**Acute Care (Pediatric Emergency Room)**

Lastly, Acute Care Unit is the ED and triage area for the pediatrics wards. Children here are assessed by SHOs and interns and triaged to the appropriate ward. Here the acuity is quite high, with children coming in septic shock, severe dehydration, severe malaria, and the complications of malnutrition. There is a transitional ward where children stay overnight after initial triage, before going to their respective wards in the morning. Here they are rounded on by an attending, SHO and intern team before transfer. There is also a PICU area here, however ventilators are not available with small enough tidal volumes for pediatric use. IV fluids can be given by bolus, but continuous fluids are used only extremely rarely, as no pumps are available to give fluids by any set rate.

**General Cost of Care**
The cost of diagnostic studies is a significant concern at Mulago. Some standard antibiotics (chloramphenicol, gentamicin, ampicillin) and antimalarials (quinine, coartem) are provided free of charge. Blood products are also free to patients, but need to be manually typed and crossmatched by the intern on duty. However, parents are required to go to the pharmacy and buy IV tubing for blood, and other 2nd line antibiotics if needed. Lab tests can be done, however they need to be hand drawn by the intern, with the blood then carried over to New Mulago hospital. Hgb, malaria smear, and HIV tests can be done at acute care with rapid turnover (as well as in the malnutrition unit lab). Blood can be typed and crossed in acute care as well. Any other labs, such as CBC, BMP, glucose, blood cultures, UAs are run in the main hospital and take 1-2 days for results to be available. Xrays are available in the main hospital, however they usually cost 10,000 USh for a chest or abdomen Xray or ultrasound – which can be more than a patient’s family can afford. Echocardiograms cost 30,000 USh and are done in the Heart Clinic. Due to these limitations in diagnostic testing, much more importance is placed on physical exam in establishing a diagnosis, and Ugandan physicians are excellent in their physical exam skills. This is a huge chance for learning for residents and medical students who are rotating here.

**Pediatric Infectious Disease Clinic (PIDC)**

The PIDC, open since 1988, is located in Upper Mulago Hospital. It began at the Immuno-Suppressive Syndrome (ISS) Clinic under the Child Health and Development Centre of Makerere University. At that time it was a once-weekly clinic serving an average of 60 patients per clinic day. In 2002 IDI began supporting the clinic as it moved to its current location, newly renovated with the support of the US Centers for Disease Control (CDC).

The clinic now operates four days a week with one clinic day for adolescents and the other three days for pediatric cases. The PIDC also operates programs to support improved quality health-care to children and adolescents. These include a home health program to support and monitor adherence, nutrition activities including provision of breakfast for patients, and clinic-based research activities including a study of better forms of treatment for adolescents.

**Other Clinical Opportunities in Kampala**

**Reach out:** This innovative and inspiring HIV outpatient clinic, staffed almost entirely by volunteers, takes place on the ground floor of the Mbuya Parish church in the Mbuya neighborhood in southwestern Kampala. HIV patients are treated for opportunistic infections, and medications for OIs and for OI prophylaxis are provided for free on site. Trained Ugandan counselors perform pre and post-test counseling. Follow-up rate is over 95% and opportunities for continuity of care with the same provider are possible. The clinic is staffed by two physicians and a number of dedicated and generous Ugandan volunteers. Visiting trainees are generally well received and you can expect a higher degree of autonomy than at other HIV outpatient clinics, such as the IDI. Residents are able to see patients on their own with the attending physicians serving as consultants if necessary. Translation is provided by one of the volunteers. During clinic there is a concurrent yoga session for patients. Despite its association with a church, there is no religious requirement, expectation, or preaching that occurs during clinic sessions. For more information, see website [http://www.reachoutmbuya.org](http://www.reachoutmbuya.org). Contact: reachout@reachoutmbuya.org. Executive director: Dr Stella Alamo-Talisuna: 077228844 (cell); salamo@reachoutmbuya.org.

**Hospice Uganda:** Hospice Uganda was founded in 1993 to promote the initiation of hospice in those countries in Africa who have not yet the assistance of palliative medicine. Uganda was the third country to commence palliative care in Sub-Saharan Africa. It started a service to patients and families on 23
September 1993. Hospice Uganda looks after cancer and/or HIV/AIDS patients by bringing the modern methods of pain and symptom control, counseling and spiritual support to the patient and family. It is estimated that up to 60% of our cancer patients also have AIDS. There is no inpatient service; patients and families are seen in their own homes and in hospitals where they are asked to be seen. Patients are seen on referral at home or in hospital within 24 hours. The patients are followed up at home if they live within 20 kms of a Hospice. Those who live outside this catchment area have their pain and symptoms controlled before returning to their homes, from which they report back periodically. However with the training of health professionals throughout the country, some are managed closer to home by palliative care trained nurses, clinical officers or doctors. For more information, please email: info@hospiceafrica.or.ug. Phone: 041266867.

Sanyu Babies Home: Sanyu Babies’ Home is a well known baby orphanage in Kampala. Many of the babies who arrive at the Home have been found dumped in rubbish tips, pit latrines, ditches, or left on the side of the road. Sanyu Babies’ Home takes the role of being the child’s family, taking care of all their every day needs, and housing up to 50 children at any given time, so they are always happy to take volunteers anywhere from as little as a few hours up until longer stays at the orphanage (accommodation available). The Home actively tries to find foster parents if possible, trying to place the child back into a family and society. Failure to find new foster parents will mean the child stays at the Home until it reaches the age of 4 years old, when they will be transferred to other orphanages or Homes, if not before. Volunteer opportunities vary, ranging from washing and feeding babies to light clinical care. For more information, please discuss with Susan (email: sbyekwaso@yahoo.com), who can provide further information and help set up your volunteer experience.

Research Opportunities
A number of faculty or fellows from the University of Minnesota are involved in ongoing research projects in Uganda. A list of investigators currently involved in projects in Kampala is listed below along with a description of their primary research interests. If you are interested in becoming involved in one of the projects listed below, it is advised that you contact one of the investigators well in advance of your trip.

Dr. David Boulware
Division of Infectious Diseases and International Medicine, Department of Medicine
Contact: boulw001@umn.edu
Research interests: Dr. Boulware serves as the Associate Director of Global Health Programs in Internal Medicine, and his research interest is in understanding the pathogenesis of cryptococcal meningitis and HIV immune reconstitution inflammatory syndrome (IRIS), an important complication of HIV therapy that has recently emerged with the roll out of antiretroviral therapy in Africa. In particular, Dr. Boulware is most interested in translational research through translating the understanding of disease pathogenesis into practical clinical interventions to improve outcomes. In collaboration with investigators at the Infectious Diseases Institute of Makerere University and Mbarara University in Uganda, and investigators at the University of Cape Town, South Africa, we are prospectively working to improve the survival of persons with cryptococcal meningitis by testing when is the optimal time to start HIV therapy after meningitis (NCT01075152). Through this trial, Dr. Boulware’s collaborative research involves characterizing the differences in gene expression and inflammatory responses that occur over time among people who develop IRIS. The objective is to identify the pathophysiology of IRIS, identify biomarkers for the prediction and diagnosis of IRIS, and develop better treatments for and to prevent IRIS. Several concurrent sub-studies are also in progress, and Dr. Boulware welcomes students and residents to take an active role in any ongoing or new projects. Other ongoing studies include investigating neurologic outcomes of meningitis, the implementation of cryptococcal antigen screening
in patients presenting with HIV and low CD4 count, non-invasive ways of measuring intracranial pressure in patients with meningitis, and improved diagnostics for TB meningitis.

**Dr. Paul Bohjanen**
Division of Infectious Diseases and International Medicine, Department of Microbiology

*Contact: bohja001@tc.umn.edu*

*Research interests:* Dr. Bohjanen has a clinical interest in HIV infection and the global AIDS epidemic. His laboratory research is directed at understanding the regulation of gene expression in cells of the immune system and the abnormal regulation of gene expression that occurs in patients with HIV infection. Basic research studies in Dr. Bohjanen's laboratory focus on the role of mRNA decay in regulating T lymphocyte activation and function. One mechanism that cells use to turn off gene expression is specific mRNA decay within the cytoplasm. Dr. Bohjanen is working to understand the biochemical mechanisms that regulate mRNA decay and to understand the role of mRNA decay in regulating gene expression in disease states such as malignancy or virus infection. Recently, Dr. Bohjanen has applied his expertise in immune cell gene expression to understand the pathogenesis of HIV immune reconstitution inflammatory syndrome (IRIS), an important complication of antiretroviral therapy (ART) that has recently emerged in Africa. Dr. Bohjanen's laboratory has developed a collaborative project with the Infectious Diseases Institute at Makerere University in Kampala, Uganda to prospectively follow HIV-infected patients after they initiate antiretroviral therapy and to compare immune activation in patients that do or do not develop IRIS. These studies will identify biomarkers that can be used to diagnose, predict, or monitor IRIS and will provide insight into the pathophysiology of IRIS that will allow the development of better treatments.

**Dr. Joshua Rhein**
Division of Infectious Diseases and International Medicine, Department of Medicine

*Contact: joshua.rhein@gmail.com*

*Research interests:* Dr. Rhein is an infectious disease and international medicine fellow at the University of Minnesota. He is currently based at the Infectious Disease Institute in Kampala, Uganda during 2012-2014 and lives between Minneapolis and Kampala. Dr. Rhein’s primary research interests are in CNS infections in resource-limited areas, specifically cryptococcal meningitis, as well as HIV immune reconstitution inflammatory syndrome (IRIS). Dr. Rhein’s current research is focused on improving the clinical outcomes of HIV-infected persons with cryptococcal meningitis, a neglected disease which is the second most common AIDS-defining opportunistic infection in Sub-Saharan Africa. He works with Dr. Boulware and in addition to assisting in projects outlined above, he is currently engaged in a two clinical trials attempting to define the optimal induction regimen for cryptococcal meningitis in resource-limited settings. Dr. Rhein has been actively engaged in research in Uganda since 2005-2006 when he spent one year at the Infectious Disease Institute as a medical student, and is very familiar with Makerere University, the Infectious Disease Institute, and Kampala in general.

**Sarah Cusick, PhD**
Division of Global Pediatrics, Department of Pediatrics

*Contact: scusick@umn.edu*

Dr. Cusick’s research focuses on international maternal and child nutrition, the interaction between nutritional deficiencies and infectious disease, and the effect of these interactions on child health and long-term cognitive development.

**Dr. Troy Lund, MD, PhD**
Division of Pediatric Blood and Marrow Transplantation, Department of Pediatrics

*Contact: lundx072@umn.edu*
Dr. Lund's research focuses improving the outcomes for all patients undergoing blood and marrow transplantation by increasing the speed at which hematopoietic stem cells reconstitute the immune system after transplant. He also works to increase our understanding the pathophysiological processes underlying inherited metabolic diseases, and one area Dr. Lund is exploring is how an autoimmune reaction may trigger the cerebral form of Adrenoleukodystrophy (cALD), the most serious form of ALD. This study represents the largest screening for immune-reactivity in cALD ever performed, and further research could help identify ALD patients with immune-reactivity prior to the onset of cALD.

**Practical Considerations**

Kampala is the largest city and capital of Uganda. It is relatively small compared to other African capitals, with a population of roughly 1.4 million. It is historically said to be built upon seven hills, though by my count there is many more than seven. Mulago hill is located within walking distance of the main campus of Makerere University, which is nestled on another hill in the northwest of the city. The commercial and administrative center of the city is known as Nakesero Hill. The airport is located at Entebbe, about 25 miles south of the city. Kampala is relatively safe anytime of day or night as long as you follow all the usual precautions. The main thoroughfare through the city is Kampala Road, which is bustling in the day and lined with shops, street markets, restaurants, forex bureaus and hotels. What the city lacks in daytime cultural activities (consisting of a collection of monuments such as the National Museum, National Theater, and the Kasubi Tombs) it makes up for in a very colorful nightlife.

**Visa Requirements**

A visa is required to enter Uganda. In addition to visa, all travelers to Uganda are required to have a valid passport and an international inoculation certificate against yellow fever. Visas can be attained either at the Ugandan embassy in Washington, DC or at the airport on entry to the country. The embassy offers the following options:

- **Single entry visa**, valid for 3 months from date of entry: cost $100
  
  A single entry visa allows only one entry into the country, which means if you leave the country for any reason you must buy an additional visa on reentry. **This visa is recommended if you plan to come to Uganda for a short time (<3mo) and do not plan on traveling outside the country.**

- **Multiple entry visa**, valid for 6 months from date of entry: cost $100
  
  With a multiple entry visa, you are free to come and go from Uganda as you wish over a 6-month period, without having to purchase another visa. **This visa is recommended if you plan on coming for longer periods of time (3-6 mo) or if you plan on traveling outside of Uganda while you are here.**

Requirements for obtaining a visa, as well as application can be found on the embassy website. Please check this prior to departure to ensure that you procure the correct visa for your stay.


The downside to obtaining your visa via the embassy is that it requires you to send in your passport ahead of time. We recommend allowing at least 2 weeks processing time + mailing time and calling the embassy frequently to check on the status of your application. An expedited service fee of $30 is required for same-day walk-in visas, which is well worth the price if you happen to be in the DC area prior to your trip.
In the recent past, 3-month single-entry visitor visas were easily obtained on arrival to the airport (or any border crossing), and because of this, most people took advantage. Unfortunately, Ugandan immigration recently changed their policies when it comes to issuing visas, and this has complicated things significantly. While there have been no clear guidelines given, they appear to now be limiting visas on entry only for short-term (<2-3 weeks) tourist holidays. If you are staying for < 2-3 weeks, you can still receive a single entry visa for this period without problems. If you are staying for longer periods (> 3 weeks), they will issue you a 2-week “special-pass” for $50, and instruct you to follow-up at the immigration office to obtain an appropriate student or work visa. The latter is a complicated and expensive process that should not be attempted on your own. For this reason, we are recommending that you obtain your visa through the embassy rather than obtaining on entry for all people planning to spend > 2-3 weeks in country.

To repeat: obtaining a visa from the immigration office in Kampala can be an expensive and confusing process and should be avoided at all costs. If you cannot avoid (staying for more than 6 months or if you arrived without visa and were issued a temporary special pass) this office you should seek assistance from your host organization. Again, there are no clear guidelines as to what happens next, but the general process is outlined below.

When you arrive in the country, it is preferable to already hold a visa obtained at the Uganda embassy in DC, which will allow you time to process additional documents through the immigration office. If you arrive without visa, you will be issued a $50 “special pass” for 2 weeks. 2 weeks is typically not enough time to receive your appropriate long-term visa, so while this paperwork is being processed, you will need to get another special pass, typically at $100, which will give you several weeks’ worth of additional processing time. The types of longer term visas offered include student visa and work permit. The website also offers longer-term multiple entry visitor visas, but I have not heard of them ever being issued.

If you are or can pass as student, the student visa is a much better option than a work visa. Cost for 6 months is $100 and this is renewable. It does require a certain amount of documentation. Students can obtain assistance through the international education office (Susan: sbyekwaso@yahoo.com). A work permit is a daunting and frustrating process that involves stacks of documentation, criminal background checks at the US embassy and Interpol, and multiple trips to immigration office and to banks. The cost can be anywhere from $250-$750 depending on how your work is classified. They offer 1-2 year work permits that are essentially a multiple-entry visa, and they are more easily renewable. Visitors to IDI can obtain visa assistance through David Ssimbwa (dssimbwa@idi.co.ug).

If you are nervous about sending your passport through the mail or feel that it is too much trouble obtaining a visa ahead of time, please understand that it is infinitely more difficult to obtain a visa from the immigration office in Kampala and you will need to leave your passport with them, often for several weeks, which is in our opinion much riskier than the US mail system.

### Summary of our visa recommendations:

- **Staying for < 2-3 weeks**: Bring passport to airport, tell them you are a tourist, and obtain visa on entry = $100
- **Staying for 3wks-3months and not leaving Uganda during that time**: Obtain single entry visa from embassy in Washington, DC = $100
- **Staying for 3-6 months or planning on traveling outside of Uganda**: Obtain a multiple entry visa from embassy in Washington, DC = $100
• **Staying for >6 months**: seek advice from your host organization. Obtain a single or multiple entry visa from embassy. Will need to obtain a student visa, work permit or equivalent from immigration office in Kampala. Total = $100-$750.

**Health and Safety**

**General safety info**: prior to and during your trip, you should check the U.S. Embassy website ([http://kampala.usembassy.gov](http://kampala.usembassy.gov)) for postings of safety concerns and the US state department ([www.travel.state.gov/travel_warnings.html](http://www.travel.state.gov/travel_warnings.html)), or the Lonely Planet thorntree forum [www.thorntree.lonelyplanet.com](http://www.thorntree.lonelyplanet.com). Each of you should check in with the US embassy: KampalaUSCitizen@state.gov or USA Embassy Uganda 041259791 upon your arrival as well as with a site contact in Uganda. Carry contact info with you and your cell phone to have at your easy disposal should you need it. Make copies of your passport in case it is lost or stolen.

**Medical evacuation insurance and/or travel insurance**: Check your health plan before departure as some have some international coverage. Several of the international fellowships (such as the Judd Fellowship) also offer travel insurance. Otherwise it is wise to buy extra medical evacuation insurance prior to departure through such groups as SafeTrip 1-800-732-5309 or International SOS: [www.internationalsos.com](http://www.internationalsos.com). If you will be traveling with expensive electronics such as laptops or cameras, travel insurance in case of theft or damage is also recommended.

**Health/Medical services**: Immunizations are required prior to travel. Chloroquine-resistant malaria prophylaxis with mefloquine, malarone, or doxycycline is also highly recommended. Required immunizations include typhoid, hepatitis, tetanus booster, yellow fever (yellow WHO yellow fever immunization card required for entry into Uganda). All required immunizations are posted on the US State Department travel site. Travel immunizations are covered under the AHC health plan, and appointments can be made at through the Boynton Travel Clinic. Should you get ill or injured while in Uganda, you should report to an appropriate medical facility to get treatment and notify the University of Minnesota and Ugandan contacts of your status. Most people in Uganda including the doctors you will work with at Mulago will use private services or clinics. The most popular and well equipped is the International Hospital Kampala (IHK) (phone: 041340531, emergency: 0312200400). It is a new, modern hospital founded by Irish physician, Ian Clarke. Most likely you will have to pay cash for the services rendered. Carry your medical insurance or evacuation information with you at all times so that you or another person can expedite the process in an emergency. For outpatient services, another good option in Kampala is The Surgery, staffed by family physician Dr. R.J. Stockley (phone: 0414256003, emergency: 0752756003, email: stockley@thesurgeryuganda.org, website: [www.thesurgeryuganda.org](http://www.thesurgeryuganda.org)).

**Staying healthy**: Staying healthy is more or less a matter of using common sense and weighing the health risks of behavior that can occasionally threaten your best judgment. You will have no fun if you are constantly worrying about becoming sick. On the other hand, a little prevention can go a long way without much effort. The best way to avoid diarrhea therefore, is to not eat unhygienically-prepared food. Try and steer clear of street food. Drink bottled water. The best way to avoid insect borne illness (it’s not just malaria!) is to not get bitten. Use insect repellant (Avon Skin So Soft is a good repellent and sunscreen) and mosquito nets (most hotels will have mosquito nets and will often spray the grounds; if not nets are readily available throughout Uganda). Take your malaria prophylaxis. Do not swim in Ugandan lakes including Lake Victoria as it is generally assumed that all are infested with Schistosoma-infected snails. You do not want Schistosomiasis or acute Katayama Fever. The best way to avoid sunburn is to stay out of the sun. The latitude (i.e. sun angle) is 0 degrees in Kampala, compared to 45 degrees in Minneapolis. If you must, use sunscreen, and stay well hydrated in the heat.
Money

The currency used is the Uganda Shilling, and the preferred means of payment is cash. Credit cards are not commonly used in Uganda, except at large hotels where you will often be charged a large transaction fee. Forex bureaus are common throughout Kampala and many places will accept American dollars for payment. They are usually open until 5pm on weekdays. The forex bureau located at Speke hotel is open until 8:30pm every day. Traveler’s checks are nearly impossible to exchange, except for cash at large banks with a minimum 10% service fee. The most economical option for travelers remains cash. It is highly recommended that you bring dollars in large denominations ($100 preferable over $50) in notes issued after 2000. It is not impossible to exchange older bills or smaller denominations, but expect to get a horrible exchange rate.

Another option is the use of ATMs, which have become relatively easy and safe. However, you will be charged an “international transaction fee” that differs by bank but typically runs about 3-7% of the sum withdrawn. Only Barclays and Standard Chartered Banks will accept foreign ATM cards; fortunately these are two of the more common banks in Kampala, and cash machines can be found throughout the city. Both systems are on the VisaCard system, so make sure your ATM card is compatible (look for visa sign on back of card). Be aware that it will be difficult if not impossible to use your ATM card outside of Kampala, however. Barclays machines will also allow you to draw money against your VISA credit card, if you ever get in a bind.

What to Wear and What to Bring

In general, Ugandans are well-dressed and conservative in style, although relaxed somewhat in Kampala. Dress at work the way that you would at home. Male physicians and medical students typically wear collared shirt, ties, and cotton pants; women wear dresses and skirts to or below the knee, or dress trousers. All Ugandan physicians wear white coats; would suggest bringing yours from home if you have one. A modest dress code should be followed at all times.

Kampala can get hot during the day, so lightweight cotton is advised. Also, the sun can be very overpowering at times, and the recreational use of sunscreen on sun-exposed areas of the skin is highly advised. High-quality sunscreen lotion is difficult to come by in Uganda, and if found at all can be ridiculously expensive. It is therefore recommended to bring your own high-strength sunscreen. It can get chilly at night, so we would suggest bringing along a light coat. Clothes are nearly always washed by hand, and this can be hard on them. Bring lots of underwear and socks. Keep that in mind when packing. In terms of footwear, you should probably bring separate shoes for work (what you wear at home), activity (tennis shoes or hiking boots), streetwear (casual shoes or nice sandals), and around the house (flip-flops). Any article of clothing you can imagine can be found nearly new or used at Kampala’s Owino market, but be prepared to work for it!

It is advisable that during the rainy seasons (March-May and September-November) one carries an umbrella or raincoat. The rains come quickly and with full force and can catch you off-guard. Umbrellas can be purchased for less than $2 in the city markets. Other useful accessories include: flashlights, pocket knives, digital cameras, laptops, portable music devices, and enough books and magazines to keep you busy. In addition, is always nice to be prepared to try and reciprocate the generosity you will receive in Uganda with a small gift for your hosts. T-shirts and other small souvenirs from Minnesota are highly appreciated.
Communications

Mobile telecommunication facilities in Kampala are quite good, with several large companies providing service throughout Uganda including MTN, Celtel, and Mango. It is advisable to have a cell phone for easy communication and/or in case of emergencies while in the country. All service is pay-as-you-go, and mobile airtime cards are sold at agent kiosks that are found literally on every street corner. SMS text messaging is a cheap and popular form of communication in Uganda, and is generally tolerated even in business settings.

Many visitors choose to purchase a cell phone after they have arrived in the country. You can expect to pay a minimum of $25-50 for a new phone. If you use a GSM-based phone carrier in the U.S. (T-mobile or Cingular), it might be possible for you use your current phone in Uganda. You will need to make sure that can accommodate the different bandwidth used outside of North America (i.e. you must have a “tri-” or “quad-band” phone). If your carrier and phone both meet the above requirements, you simply need to buy a new SIM card once in Uganda (also easy to find), and to try and convince your carrier to defer any calling plans throughout your absence.

As of March 2012 all new sim cards need to be registered with the cell phone company before they will work. In order to do this, one must go to the cell provider’s office with a passport sized picture, which they keep, and an ID. Registration is free, and shouldn’t take longer then five or ten minutes once you are helped.

The IDD code for Uganda is +256. The first four numbers that make up a Ugandan telephone number are based on the mobile provider: Celtel (0752), Mango (0712), MTN (0772 or 0782), landlines (041).

Some rules of thumb when dialing Uganda from the United States:

First dial: +256 or 011256

Next dial: number, omitting the first “0”

So if number trying to be reached is 0782123456 (an MTN number), the numbers that should be dialed from the U.S. are 011256782123456.

If you are trying to reach the U.S. from Uganda, you need to dial:

0001 + area code + number

The main post office in Kampala is located on Kampala Road near city square. Post office boxes can be rented here for a roughly $20/year, though they can be difficult to reserve at times.

Internet Access, Wifi, and Data

The easiest way to access the Internet is with your own laptop computer, tablet, or smart phone. All University of Minnesota students, faculty and staff are welcome to use the free guest wifi at the University of Minnesota Hub on the top floor of MUJHU tower 3. Stop in and ask Martha for the password during business hours. Many local cafes and restaurants also have free wifi. While internet in Uganda continues to improve every day, it is still generally prone to frequent cut-outs and agonizingly slow connections.

International Phone Calls
Calling internationally from Uganda is predictably expensive, though you are not charged to receive international calls. Many visitors to Kampala therefore elect for alternative means of calling home, such as calling over the internet via Skype. Internet connections in internet cafés or hotspots are generally stable enough to handle such applications. All that is needed in addition to a computer with internet connection is a set of headphones with attached speaker. Go to [http://www.skype.com](http://www.skype.com) for more information or to download the free Skype software.

**Power**

In the past, the availability of electricity has been a large problem throughout Uganda, though this has largely resolved since the introduction of a second hydroelectric dam. Previously, insufficient supplies of electricity resulted in widespread controlled power outages, or “load shedding”. Few places were immune to the power cuts which essentially resulted in up to 12-24 hour blocks of no power every 2-3 days depending on location. This no longer occurs frequently, but you can still expect occasional power outages lasting a few hours a several times a week, especially during the rainy season.

Ugandan power outlets are usually the British outlet with some European outlets as well. Neither fits American power plugs, but it is easy to find adapters here in the form of one-one or multiple-outlet extension cords. AC voltage in Uganda, however, is different than in U.S. (240V vs 120V, respectively), and certain American appliances can be damaged by the Ugandan power supply. It is NOT a problem for most laptops as the power adapters that come with computers are built to handle either type. Rechargeable batteries (including cameras, phones, iPod, etc.) can also tolerate both types of voltage. It only becomes a problem for larger appliances like radios or electric shavers; in that case you might consider going battery power or buying a voltage adapter beforehand (although beware of small explosions!)

The current is 240 and the sockets are all the European type. I brought all these converters over, and none of them really worked at all. Computers and battery chargers (which is all that I really needed) can handle either type of voltage, so you just need a converter for the socket. You can easily get that here. But if you have any other types of appliance (electric shavers, radios, etc) I would either not bring them or try getting one of the voltage converters. Also make sure your computer battery works well because the power cuts off fairly frequently.

**Housing**

There are multiple housing options in Kampala, ranging from basic to luxurious. The short list described below consists of accommodations that trainees have utilized in the past, and are considered to be safe and affordable. However, this list is always changing and is by no means exhaustive. In fact, it is not uncommon to learn of housing choices only once you have arrived. While you are welcome to make your own arrangements, it is recommended that you first consult with someone with experience living in Kampala, and to consider safety for yourself and for your belongings as well as convenience in relation to Mulago.

**University of Minnesota Housing**

The University of Minnesota Project House serves as home-base for many researchers from the University of Minnesota. It includes office space, storage, and accommodations for up to 4 people. While living quarters in the project house are intended mainly for long-term visitors and faculty, the UMN also leases a flat (apartment) next door. The complex is located on Upper Mawanda road, which
is approximately a 10-15 minute walk to both IDI and Mulago. The apartment is used to house UMN students/faculty as well as students from other universities who are working in Kampala. It is a 3-bedroom, 1 bathroom flat which has a kitchen, sitting room and a small balcony with a line for hanging laundry. Each bedroom has its own key to secure belongings. The apartment is basic, but clean and includes hot water, cooking gas, bednets for all beds and a small fridge. While there is electricity, there is no backup generator, so in cases of power outages candles or flashlights/headlamps will be useful.

Rent for a room in the house is $400/month.
Rent for a room in the apartment is $250/month.

The apartment is cleaned once per week and it is important to keep the public spaces as clean as possible in the interim. General policies for living in the apartment are posted in the kitchen area. Please review upon arrival.

Please note: There is no internet access on the premises, but external modems purchased from Orange (a local wireless/phone provider) are a convenient alternative. Additionally there are a number of coffee shops that have free wi-fi access. During the day the U of M house next door is open and can be accessed for use of the wireless connection and printing.

If you will be staying at the apartment, important items to pack are:

- small head lamp and batteries
- adapters for electrical equipment
- bath towel
- ear plugs (if you are a light sleeper), the neighborhood can be quite noisy

If you are getting a visa in country, the going rate is about 50 USD for a 3-month single entry. The address to use is:

Plot 138 Upper Mawanda Rd, Kamwokya
Kampala, Uganda

The neighborhood is called Kamwokya (pronounced kam-woe-cha)

Transport from the airport can be arranged through Paul (tel: 0712837702) or his brother Herbert (tel: 0712625041). Paul is familiar with both the Minnesota house and the apartment. Just let him know which one you will be staying in and he can drop you there. His charge is approximately $28-$30 or 70,000 Ugandan shillings. **Alternately you can make arrangements through Martha Kandole, the U of M Operations Manager in Kampala who can be reached at kando005@umn.edu.**

Students are advised to spend their first night in Entebbe when their flights arrive late at night due to unsafe road conditions to Kampala. A recommended hotel that includes a transfer from the airport is the Sunset Hotel Entebbe. You can book accommodation and airport transfer by contacting the hotel:

http://www.sunsetentebbe.com/
Email: Enquiries@Sunsetentebbe.com
Phone: +256 776 323 501
Phone: +256 706 323 501
Address: 25 Church Road, Entebbe
For all questions related to the apartment please contact:

Darlisha Williams, Coordinator for MN house and apartment
Cell: 256771878073
Email: coat.trial@gmail.com

Additional Housing Options

The Edge House No. 37: Located on the campus of Makerere University. 15 minute walk to hospital. Options include single, shared room with or without attached bathroom. Living room, kitchen, and dining room shared between all 7 guest rooms. Other guests usually other foreign graduate or medical students. Meals not included in price. Laundry and cleaning services negotiable. Cost: $10-$25/night depending on size of room and whether shared or not. Prices negotiable, especially if staying for longer period of time. House is often full, so reserve ahead. Accommodations can be arranged by Susan through the Medical School Office of Education. You can also contact the house manager Lucy directly: 0772691423.

Makerere Guest House: Located on the campus of Makerere University. 15 minute walk to hospital. Hotel atmosphere rooms with single or double rooms available all with attached bathroom and television. Breakfast included in price. Laundry services available. Cost: $45 (single) or $50 (double). Prices negotiable if staying for longer period of time. Internet negotiable. Better for short-term stays. Accommodations can be arranged by Susan through the Medical School Office of Education. Direct: 0772443775.


Summary of housing recommended by College of Health Sciences

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<tr>
<th>Guest house</th>
<th>Location</th>
<th>Single</th>
<th>Double (single occupancy)</th>
<th>Double</th>
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<td>Email: <a href="mailto:nelsonobote@yahoo.com">nelsonobote@yahoo.com</a></td>
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<td>Prices are per day and in US dollars (Breakfast inclusive)</td>
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<tr>
<td>2) Mulago Guest House</td>
<td>Mulago Hospital Complex</td>
<td>60,000 Inclusive of breakfast</td>
<td>100,000 Inclusive of breakfast</td>
<td>80,000 Inclusive of breakfast</td>
<td>120,000 Triple occupancy</td>
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<td>Email: <a href="mailto:lucpalia@gmail.com">lucpalia@gmail.com</a></td>
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<td>Prices are per day and in UG shillings.</td>
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<td>Email: <a href="mailto:gnakasi@law.mak.ac.ug">gnakasi@law.mak.ac.ug</a></td>
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<td>4) Human Rights and Peace Centre</td>
<td>Faculty of Law Mak. University</td>
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Ugandan cuisine, in our opinion, is very edible though somewhat ordinary by American standards. It is always easy to find and affordable. Most dishes revolve around a meat dish and mataoke (boiled mashed plantain) and are very starchy in nature. Meat dishes include fish (usually a huge platter of Nile Perch; very tasty), chicken, beef, or the ever popular pork. The best “pork joints” which most Kampalans have a guilty pleasure for, are located in Ntinda. Accompaniments to meat and mataoke include cassava, sweet potatoes, “irish” potatoes, rice, and usually beans or stew. Fresh fruit and vegetables are everywhere and are fantastic.

Kampala has wonderful cosmopolitan restaurants and some of the best Indian restaurants outside of India. Expect to pay prices near what you would pay at home for the same quality. Many Restaurant and Bar guides to Kampala directed toward tourists and expats will be available to you once you arrive, one of the best being “The Eye”, which can also be found online at:

http://www.theeye.co.ug

It is recommended that you consult this magazine, which can be found at many expat hangouts, or website for full reviews. Better yet, rely on word of mouth, as like most things in Uganda, the situation is constantly changing. Below is a short list of some of the more recommended restaurants featuring international cuisine, along with some relatively biased comments that you shouldn’t take too seriously. Remember, half the fun is discovering your own places!

American: American Recreation Association: ie the American Club. A bit of trek, but sometimes worth a trip for a cold Dr. Pepper or Corona. Pool, tennis, and other activities. Special events. Accommodation available. (Makyinde)

Bakery: Brood: With fresh baked bread and wonderful pastries, I don’t understand why a European chain opened up in Kampala, but I am thankful they did! (Downtown and Kabalagala)

Belgian: Le Patisserie: Authentic Belgian pastries and coffee (Kabalagala)

Le Chateau; extremely expensive but extremely good; selection of Belgian beers always available (Kabalagala)

Carnivores: Ranchers: high quality meat-based lunch (Garden City) Steak Out: decent food for pre-bar crawl gatherings (Nakasero) The Barn: Great steaks at a great price, also a vegetarian mushroom burger is available (Acacia) Cassia Lodge: Decent but overpriced food with best view of sunset in Kampala, perfect for evening drinks (Muyenga)
The Lawns: Great meals for the meat lover, get your African game meat here (Kololo)
Big Mikes: Steak house better known for nightlife, on Acacia Avenue.

Chinese: 
Fang Fang; downtown Kampala landmark; wonderful rooftop terrace
Great Wall; cheap, tasty, and excellent downtown location (Downtown)
Nanjing: Possibly best option for Chinese. Very delicious (Kololo)

Coffee:
1000 cups: excellent local organic coffee, nice atmosphere (Nakasero)
Café Pap: good warm drinks, decent food, free internet (Downtown)
Good African Cafe: best local coffee in city, decent breakfast (Logogo)
Endiro Coffee: Good coffee but US prices. A good option for a place to do work, since they have free wifi and nice outdoor seating (Kisimenti)
Coffee at Last: great drinks, decent food, next to ARA (Makyinde)

Continental: 
Crocodile: great lunch fare, close to Mulago (Kisimenti)
Just Kicking: good food to eat while watching soccer (Kisimenti)
MishMash: Food usually good, the scene for meeting and mingling with other expats (Acacia)
Prunes: trendy new restaurant in Kololo. Well-deserved hype, with great food, nice environment, theme-nights and specialty market on Saturday.

Ethiopian: 
Ethiopian Village: friendly atmosphere, good affordable food (Kabalagala)
Fasika: similar to Ethiopian Village with great food (Kabalagala)
Ethiopian: Super cheap excellent Ethiopian behind Fasika (Kabalagala)
The Space: Come here for beers not the food (Acacia)

Food Court:
The Garden City Food Court has many nice restaurants that all serve to a common seating area. Great for parties that can’t agree between Indian, Middle Eastern, Chinese, or Fried Chicken.

Indian: 
Atithee: located near campus, excellent (Makerere)
Haandi: Upscale Indian worth price, on Kampala Road (Downtown)
Khana Khazana: sets the standard, flawless, $$$ be friends with professor (Acacia)
Masala Chaat House: convenient downtown location, cheap and tasty
Nawab: atop Garden city with great location and great food
Pavement Tandoori: recently reopened Indian and Continental (Kisimenti)
Saphron: Across from Kisementi, nice outside seating but not the best food in town for the price.
Sams: never disappoints for lunch or dinner, on Bombo Road (Downtown)
New Delhi: good Indian, large yard (Acacia)

Italian: 
Café Roma: on Tank Hill, good Italian and pizza (Kabalagala)
Mamba Point: upscale, high-quality Italian (Nakasero)
Restaurant Italia: next to Shell Bugalobi, good food in pleasant courtyard
Mediterraneo: On Acacia road, this lovely restaurant sets the standard for atmosphere and food in easy location.
Il Patio: Attached to the Mayfair Casino, great food (Nakasero)

Irish: 
Bubbles O'Leary: typical Irish pub food and atmosphere, expat central for fun and people-watching (Acacia)
Japanese:  *Kyoto*: get sushi here but remember that you are in Kampala (Centenary Park)  
*Yujo*: Ditto, as above (Nakasero)

Korean:  *Arirang*: nice atmosphere, great food (Nakasero)

Mexican:  *Little Donkey*: Though all the way in Kabalagala it is well worth the journey for great food, and cold coronas!  
*Lotus*: Average food but Salsa Dancing on Wednesdays (Nakasero)

Middle-East:  *Pardi’s*: Lovely new restaurant in Kololo with fantastic Middle-Eastern food and nice atmosphere, also with Garden City food court location

Music:  *GattoMatto*: Live music on weekends in laid-back environ (Bugalobi)  
*Club Obligato*: Worth staying up late on a Saturday night to watch and dance to the famous Afrigo band (Bat Valley)  
*Ndere Dance Troupe*: Well-deserved reputation for music and amazing dancers. Shows on Friday and Sunday nights (Ntinda)  
*Amin Pasha*: Great food in relaxed atmosphere. Great live music on Friday nights, set in yard of exclusive hotel

Pizza:  *Café Roma*: Great Italian and pizza, nice atmosphere (Muyenga)  
*Mamba Point Pizzaria*: great European style pizza (Nakasero)  
*Mammamia*: good pizza, shady atmosphere at Speke Hotel (Downtown)  
*Cayenne’s*: Good Pizza and a popular nightclub (Ntinda)

Thai:  *Tamarai*: The long-anticipated return of Thai food to Kampala is a sad disappointment, though nice spot for drinks (Kololo)  
*Simply Thai*: Better option than above but still a stretch (Metropole Hotel)

West African:  *Mama Ashanti*: Worth the price for the best West African food on this side of the continent. Fufu nearly always available (Nakasero)

Kampala is somewhat friendly to vegetarians depending on how strict you are and how long you plan on staying. Local cuisine, as mentioned, is highly starch-based and usually served with a piece of meat or fish which is optional. Many of the stews, however, might be prepared with (fresh) meat. Most of the restaurants listed above have vegetarian options. Outside Kampala, Ugandans will probably react with good-natured humor if your philosophy is explained to them and will usually try to accommodate as much as possible.

The nightlife, for a small city, is bustling. You can usually find an active bar anytime any night of the week in any neighborhood. The most vibrant bars, however, are located in Kabalagala. They come in all varieties including but not limited by nightclubs, neighborhood bars, sports bars, or after-work type bars. The eye has a listing of hotspots for expats and tourists, but the best way to find out is to ask people where they go for fun. Like most bars in the States, it varies by season and by night. Of course, it is always good to drink in moderation, and this is especially true in Kampala where a drunken
American is a good target for the few criminals that exist here. It goes left unsaid that you should stay clear of prostitutes and drug-dealers (including marijuana) as you are likely to encounter many aggressive manners of each in some of the nightclubs. The last place in the world you want to end up in is Laweero Prison.

A good way of bonding with just about any Ugandan is to learn a little bit about European soccer, pick a favorite team (my recommendation is Manchester United!) and go watch a few games in just about any bar around Kampala on a given game night. You will have fun and will get props for being an American that understands something about a topic of much Ugandan small-talk. Other nighttime or weekend options in Kampala include cinemas, live music, dancing, bowling, golf, swimming pools, and casinos. The Alliance Francaise hosts many top-quality cultural events and it is worth checking their monthly calendar (located within grounds of National Cultural Center). Another “can’t miss” weekly Kampala event features the Ndere Dance Troupe, which performs in a complex near Ntinda.

**Transportation**

Getting around Kampala is relatively easy, especially once you understand the geography of the various hills. There are basically 3 ways to get around town using public transportation: using a “special hire” taxi, a line taxi (i.e. matatu), or by motorbike taxi (boda-boda). Special hire taxis are the most expensive option but are convenient and safe. They will take you wherever you need to go for a pre-negotiated price, typically ranging from $2-5. They are regular-sized cars that are sometimes, but not always, indicated by an “S”. It is often helpful and well-appreciated to find a regular driver once you arrive, ask current residents to provide recommendations.

The line taxis (Ugandans will usually refer to them as “taxis”, while most foreigners call them “matatus”) follow a set route for a set price and they are the cheapest option. They come in the form of small blue and white minivans marked with a “T” that have been converted to hold 14 passengers at a time. In Kampala, they usually conform to the 14 passenger limit. Not true outside the city; my personal record is 26 in one particularly memorable trip from Mbarara to Kibale. The biggest downside of the taxi is the potential for getting stuck in a traffic jam, which will happen more often than not. A city bus service (Pioneer Bus Co) has recently been introduced to Kampala, and has been met with success. They follow many of the same route as the matatus, but are larger, cheaper, and more comfortable, though less frequent.

A third option, the boda-boda, is essentially a motorcycle with an extra seat squeezed on the back for passengers. It may seem the most convenient, but it is also infinitely dangerous. Most people who value life and limb and either have any common sense or have spent any time in the Mulago casualty intake (i.e. emergency department), will find this an unacceptable option. Boda-boda Drivers may be young, inexperienced, or even drunk. Most of the traffic fatalities and much of the rare crime present in Kampala is linked to boda-bodas. Because of the very real possibility of serious injury or death, all visitors from the University of Minnesota are prohibited from riding boda-bodas.

**Outside Kampala**

You didn’t travel halfway around the world to stay confined to Mulago Hospital and Kampala. And let’s be honest, the real Uganda exists outside of the city so go see it! Fortunately, there are many wonderful things to do and places to see within a short distance from the city. Some prefer to take weekend trips while others prefer to save the rest of Uganda for one trip. The preference is up to you and the amount of time you have in the country. Nearly anyplace in Uganda can be reached within one
day, and the comfort level of traveling will depend on how much you are willing to spend on it. Typically, visitors can travel for very cheaply using public transportation (buses for longer trips, taxis for shorter ones) though do not be surprised by delays, breakdowns, elbows, chickens under your feet, babies on your lap, etc. A more expensive but much more comfortable option is tours agencies, many of which can be found downtown Kampala. The following is a nowhere near exhaustive list of a few suggestions. Consult the eye for a complete listing of hotel, lodges, hostels, and campsites located near each of the destinations listed below.

**Entebbe:** Only about a 45 minute matatu ride from Kampala that costs about $2. Leave from old taxi park. Entebbe is a great place to relax for a weekend or even for a day. The Lake Victoria Royal Windsor has a fantastic pool complete with high dives where you can spend the day away swimming or lounging. For 5000 USx/day ($2-3) it is a much better option than the pools in Kampala which are less fun and charge from 20,000 – 50,000 USx. Other highlights include the Botanical Gardens and the Uganda Education Wildlife Center (i.e. the zoo, which is a surprisingly worthwhile way to spend an afternoon).

**Jinja:** Jinja is the second largest town in Uganda and has the attraction of having plenty of activity while still maintaining a small-town feel. Near Jinja you can visit the actual “Source of the Nile” and Bujagali Falls. Jinja has also become the site for adventure and adrenaline activities from Grade 5 white water rafting, bunjee jumping, and All-Terrain Vehicle (ATV) riding. The Source Café in Jinja packages has some of the best premium coffee (Kiira Kawa) in Uganda.

**Rafting the River Nile:** If you haven’t gotten enough of an adrenaline rush from the being in a taxi in Kampala, this is the perfect activity for a day. Both Adrift and Explorers Rafting run raft trips daily. Adrift has a package deal for about $100 that includes transport to and from Kampala, an all-day rafting trip, and food and drinks for the day. There are also half-day options from both companies. Several of the rapids are Class V and quite exciting. You’re almost guaranteed to flip over at least once and you won’t forget that rush as the river roars through your ears. Luckily the water is warm and there are “rescue kayakers” who will help you back into your raft if they recognize the look of terror on your face after flipping. Life vests and helmets are required and provided. People in your raft will be from all over the world which further enhances the enjoyment of the trip. For the kayak fans, there are options to rent kayaks from the companies and try some of the rapids if your skills are adequate. To make a weekend out of this adventure, consider staying at Speke Camp which overlooks an area of the Nile near Lake Victoria where the river splits and joins up again in 7 sections. You can camp there or stay in huts, and food is served overlooking the rapids below. It’s a splendid setting!

**Bwindi Impenetrable Forest:** The place to go for gorilla trekking. Bwindi is most famous for gorilla tracking, but there are also hiking trails where you can see a large variety of birds and primates. Trails begin at 08.30 a.m and 14.15 daily. Accommodation: Clean and simple bandas at basecamp Buhoma. There are also 3 privately run campsites in the area along with some middle and up-market tented camps. Access: 6 hour drive from Kampala to Kabale. Kabale to Buhoma Park HQ takes 3-4 hours and may require 4WD. Kabale - Ruhija - Buhoma takes about 3 hours. The public does not use this road much and a 4WD is needed. A bus leaves from Kampala to Butogota daily at circa 06:30 a.m. Otherwise you may travel by bus or matatu from Kampala to Kabale for circa Ush 12,000. From Kabale you can hire a car for about Ush 100,000, or take a pickup truck to Butogota. Public transport to Butogota is unpredictable, but most common on market days in Kabale. It is 18 kms from Butogota to Buhoma.

**Mount Elgon/Sipi Falls:** Mount Elgon is an extinct volcano and the 4th highest mountain in Eastern Africa, reaching 4321 metres. The park has magnificent waterfalls, caves, gorges and hot springs and is
excellent for hiking. No technical climbing equipment or skills are required, and all major peaks are accessible to hikers. The full trekking circuit takes 4-5 days to complete and there are also 3 “day” trails, 3-7km long. The magnificent Sipi Falls are 66km north of Mbale, en route to the Forest Exploration Centre and Kapkwata. Accommodation: Several nice lodges within walking distance from Sipi Falls range from affordable to extravagant. There are 5 basic campsites around the trekking circuit. Simple accommodation is available at the Kapkwata Rest house and the Forest Exploration Centre at Kapwai. Book through the office in Mbale. Access: Good tar roads from Kampala to Sipi.

**Kibale Forest:** The place to go for chimpanzee trekking. Guided walks can be arranged and take 2-3 hours. There are 12 species of primate found within the park besides the chimps. Accommodation: Bandas at the Kanyanchu visitors’ centre. There are 3 basic campsites. Access: The visitors’ centre is 36 kms south of Fort Portal on a dirt road.

**Lake Mburo:** The place to go to see many large grazers and the only place in Uganda to see zebras. This is the only National Park to contain an entire lake. Accommodation: The park has 3 campsites and a private luxury tented camp. Access: The park is about 3 hours drive from Kampala.

**Murchison Falls:** In addition to Kidepo and Queen Elizabeth, the best park in Uganda to see wildlife. Murchison Falls is situated north of Masindi, 350 kms from Kampala. The Falls themselves are breathtaking, viewed either from the bottom or on top. Boat trips operate from Paraa to the foot of Murchison Falls and take around 3 hours. These enable you to see hippos, crocodiles and magnificent bird life close up. You will also see elephants and other large grazers on land safari. Giraffe- likely. Lions- maybe. Leopards- unlikely. There are also nature walks to the top of the falls and at Kaniyo Pabidi, where you can trek chimpanzees. Kaniyo Pabidi is on the Masindi-Paraa road, 8kms from Kichumbanyobo (main) park gate. Accommodation: There is a basic campsite at the top of the falls and a privately run campsite with bandas at Paraa. There are 2 lodges within the park and 1 just outside. Red Chili runs a nice affordable 3-day package including food, lodging, and transportation from Kampala. Access: Kampala to Paraa takes around 5 hours and a 4WD vehicle is recommended.

**Queen Elizabeth:** QE borders Lakes Edward and George which are connected by the Kazinga Channel. Launch trips on the Kazinga Channel last about 2 hours. Trips can be booked at the office adjacent to the lodge. Kyambura Gorge is part of the park and offers Chimp tracking. The best place in Uganda for viewing Lions. Accommodation: There’s a safari lodge at Mweya and a camping site and hostel on the Mweya peninsula. Near Ishasha there are campsites and bandas. There is a lodge on a crater lake within the Maramagambo Forest. Access: 438 kms from Kampala on a good tar road that leads to the main gate turn-off. From there it is 20kms on a dirt road.

** Rwenzori Mountains:** Rwenzori N.P. contains 6 snow-capped peaks, 3 with glaciers. Excellent mountaineering and hiking opportunities are available. Contact UWA HQ for details and bookings.

**Semliki:** Semliki Valley Wildlife Reserve (formerly Toro Game Reserve), north of Fort Portal is Uganda’s first protected area. It offers over 40 kms of walking trails, chimpanzee research projects, night drives & boat trips on L. Albert. For further details please call: 0772 489497. Accommodation: There’s a lodge within the reserve. Contact UWA HQ for further details: (0414) 346287

**Lake Bunyoni:** In the far southwest of Uganda lies Lake Bunyoni, one of the most beautiful areas in the entire country. It is a long trip from Kampala, but is well worth the trip for a weekend of recreation in a relaxed setting. A good side-destination if planning a trip to Rwanda. There are several affordable lodges and campsites located around the lake and on several of its islands.
The North: With peace recently have been achieved after a brutal, decades-long war with the Lord’s Resistance Army (LRA), it has now become safe to travel parts of the country that were previously considered off limits just 5 years ago. It is still recommended that you become familiarized with the current situation before traveling in areas north of the Victoria Nile. The rich and varied culture in the North has many attractions to tourists, and a visit can help give a better understanding of Ugandan culture. Towns in the northwest of the country, such as Gulu and Arua, are not the desolate outposts they were once rumored to be, and actually offer a nice selection of hotels, bars, and restaurants. The northeast, on the other hand, is still pretty rough, and it is recommended that you do considerable research before scheduling a trip to this part of the country.

Other trips: There are many other options to explore. In addition to multiple parks in Uganda, there are those in neighboring Kenya, Tanzania, and Rwanda. We hope you’ll add to the list of places upon you return.

A few tips about traveling:
Bus Transportation: If you are taking a long bus ride try to sit in the middle of the bus close to a window. If you sit in the back of the bus be prepared to be thrown in the air every time you hit a speed bump, and sitting in the front of the bus is a very real safety concern.

National parks: There are entrance fees which can be paid upon entering the park with either Uganda shilling or US dollars. A vehicle fee will also be requested. A four-wheel drive is essential, as roads can be muddy with large holes.

Schedules: Keep in mind that transportation can be unpredictable and flexibility in your travel plans is essential. Do not, for example, plan on returning from an excursion a few hours before your flight back home is scheduled to leave. Certainly some of the best moments can come from serendipitous occurrences, so be patient and creative. All sorts of adventures await you and the Ugandans are generally eager to help you.

Final Comments

We hope you’ll have a wonderful time in Uganda! Each person will have a unique experience, so please add to this guide upon your return so that others may benefit from your expertise. While the wildlife and landscape are breathtaking, we suspect you’ll particularly enjoy the Ugandan people. They are known as some of the friendliest people in Africa and you’ll quickly see why. May you leave something of yourself in Uganda and come back enriched with many memories.