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Training on the Spot  
Swiss Development Aid in Tanzania  
1960—1976

R. GEIGY

**Introduction**

Teachers seek to impart “their” knowledge to their pupils in a variety of ways and on the basis of various well thought-out programmes in the best possible form, i.e. to pass on that part of humankind’s common stock of knowledge which they themselves have assimilated. In each individual case this knowledge will always be fragmentary. Taken as a whole, however, it is the instrument of a preparation which enables intellectually and technically unformed young people to lead significantly more fruitful lives and to earn their living as well. But the wise, experienced teacher will not limit himself to conveying what he knows in a merely routine fashion. As a practising psychologist he will also give due consideration to his pupils’ individual personalities and bent with a view to bringing out the best that is in them.

These or similar principles should apply equally to teaching activity in the framework of development aid – or as one should preferably say today, “working together for development”. Here, too, the advancement to which we lend a hand is intellectual and technical in nature; and here, too, we find ourselves instructing school “forms”. They are not made up of Europeans, however, but of people hungry for knowledge who have been born under another constellation and in conditions very different to those which we know. Going by appearances, all too often we condescendingly, and unjustly, mislabel them as “primitive”. The mission of those engaged in aiding development, a quite special breed of “teachers”, is at all events considerably more difficult than the exercise of their profession at home, demanding as it does not only the ability to empathise with differences between individuals but also with the whole psychical and intellectual predisposition of a people alien to them. As in any teaching situation, one is called upon primarily to “give”, and yet, as we hope to show, a meaningful personal engagement involves “taking” as well.

Development aid is generally looked upon as an offering from the

“rich”, that is to say as a kind of obligatory gift on the part of those whose economies enjoy affluence. Experience soon teaches that this idealistic view hardly corresponds to how such aid is generally handled. The approach which prevails today tends to favour putting development aid on a businesslike basis, meaning that the recipient is expected to give something in return. Now, although the financially strapped developing countries may possess national assets in the form of mineral wealth or other valuable raw materials, these resources are as a rule either too meagre or too inadequately exploited to present an equivalent return service. On the other hand other export articles such as industrial goods are often scarcely worth talking about, or if they do exist trade in them is in the hands of long-resident foreigners.

This is why in recent decades various means of financing development aid have been devised: government grants-in-aid, projects carried out under the auspices of institutions like the World Bank, and also unilateral or bilateral contributions from private organisations, some of them philanthropic. One recent further measure has been the fund for stabilising commodities prices set up by the 1976 UNCTAD Conference in Nairobi; it is designed to ensure the Third World countries more ample and steadier export orders. We mention this aspect of the problem only in passing, as a reminder of the many and diverse ways in which such countries, like it or not, become dependent when they draw upon the assistance of organisations versed in dealing with capital movements.

Development aid in the form of education can be extended in two ways. The first and familiar one is the granting of scholarships to students from developing countries such as are bestowed by the Swiss Federal Scholarship Committee for Foreign Students in collaboration with the Technical Co-operation Service. The carefully selected scholarship holders, who are usually required to prepare themselves by attending language courses, then study at Swiss schools or institutions of higher learning for a certain period in order to acquire the knowledge and skills which will qualify them to be of service in their native country. This support only fulfils its purpose, however, if the beneficiary actually, and responsibly, puts what he has learned to use on behalf of his country – in other words, if he does not for egotistical reasons “get stuck” in the host country or if, once back home, he goes to the front, out in the countryside where help is needed, rather than taking a more lucrative position in town. In the case of physicians, to be sure, the opening of a practice can almost always be looked upon as positive, so widespread is the shortage of doctors practically everywhere in both town and country.

The second mode of support for training and education, and the one which concerns us above all here, is “on-the-spot” aid. Under this

arrangement personnel are sent out to the country to be aided on teaching assignments in existing schools or in others expressly established for the purpose. So long as we have the charge of students from developing nations in our own country our task is relatively simple, for no matter where they may come from they simply take their place in the school programme, profiting from the exposure as best they can. Both sides have inevitably to cope with language problems, and naturally there are always special cases which demand our solicitous attention and counsel.

When we go out as teachers with the aim of seeing our help bear fruit, however, the calls on us are of quite another character. The purpose of this article is to show what can then happen, taking as an example a development aid project which originated in Switzerland and has been carried out by the Swiss Tropical Institute, with particular reference to the training centre for paramedical personnel which has been in operation at Ifakara, Tanzania, since 1961. The impressions and experiences gathered in the course of performing this mission make up an intrinsic part of the account.

Everything that we shall be relating is closely bound up with the history of the Tropical Institute itself. No-one has given a better short description of this aspect than Professor A. PORTMANN in an article titled "Changing of the Guard at the Tropical Institute" which appeared in the *Basler Nachrichten* and *National-Zeitung* in October 1972, as well as in the 29th Annual Report (1972) of the Tropical Institute. Because this article offers the best background to an understanding of our whole effort abroad, and especially of our work in East Africa, we herewith present the essence of it by way of overture.

### **From the History of the Tropical Institute**

(extracted from "Changing of the Guard at the Tropical Institute",  
by A. PORTMANN)

"The important occasion of this change in directorship (with Prof. T. A. Freyvogel succeeding Prof. R. Geigy) is a fitting moment at which to review the development of the Swiss Tropical Institute, for a new phase in its multi-faceted work now commences.

The Institute was founded during the Second World War, at a time when the Swiss Cabinet had to concern themselves with ways and means of coping with possible postwar unemployment. The universities were summoned to draw up projects for teaching and research assignments. Basel University responded to this call. Professor A. Gigon, as a medical man, was the first to suggest establishing a tropical institute, and the Regents gave their approval. Professor Geigy had a big hand

in formulating the proposal, which Berne then eventually assented to. The Confederation, Canton and private industry ensured the funds for a three-year starting-up period, and on 9th December 1943 the Cantonal Council voted to approve the founding of a Swiss Tropical Institute. Prof. Geigy was named its head.

The new Institute had to win its spurs. There was no obvious reason why a landlocked country without colonies should have such an institution. But the period after the war brought a new situation. With increasing air traffic, people suffering from tropical afflictions who had formerly received their first treatment in port towns now came direct into the heartland. And not only that: liberation from colonial rule created new obligations towards aspiring young nations, so that a country like Switzerland was just as affected by the problems relating to development aid as were the ex-colonial powers. Challenges in the field of tropical medicine now confronted our country and thus, gradually, the necessity of the new institution in Basel came to be appreciated.

Of particular importance too, however, was the fact that its director forthwith devoted all of his energies and his scientific interest to new problems. From his wide experience of experimental zoology he was able to construct a well-made bridge between medicine and zoology by making the investigation of parasitic infections and their transmission the focal point of his work. In the years following the founding of the Institute he consolidated contact with researchers in every country who were active in the same sector. His work in malaria research and in the combatting of sleeping sickness, together with his studies proving the importance of ticks as disease vectors, gained Prof. Geigy a reputation amongst his colleagues which redounded to the benefit of the new Institute.

The founding of *Acta Tropica* in 1944 also gave a great fillip to the fledgling institution's fortunes, and its versatile quality soon secured this review its due place in the rich spectrum of literature dealing with tropical problems. One of Prof. Geigy's many accomplishments is the diversified way in which he built up the publication from the beginning; here one could find substantial ethnographical and historical contributions side by side with zoological and medical papers in particular.

The Swiss Tropical Institute has had two histories: a local one and an African one.

The facilities provided initially in Basel were scanty at best, and in them – on Stapfelberg and in the old Zoological Institute on Rheinsprung – there began a heroic period replete with cares. As head of the Zoological Institute I shared that time with Prof. Geigy as my colleague and friend. Our relief was great when, in 1947, better chances of development offered themselves in the guise of the house known as the

'Föhre' on Socin Street. That was also when the Sonnenrain Clinic next door was converted to the purposes of tropical medicine. Twelve years later construction of a new building behind the Fir Tree was begun, and since 1960 that is where the Tropical Institute, equipped with all the facilities of modern research, has continued to grow. Mere enumeration cannot begin to suggest what this development demanded of Prof. Geigy in terms of dedication and trials of patience. But his retirement may be the suitable occasion on which to speak publicly about this human side of a great scientific life's work.

The 'African visage' of the Swiss Tropical Institute has been limned by an adventurous history, one which has been intermeshed with the evolution of that continent since 1945. The beginning was dramatic – and not by chance were the difficult and long drawn-out preparations in Paris in 1945 the theme of a marching 'clique' and its eloquent lantern at the Basel Carnival of 1946! For Prof. Geigy they brought less joy. Yet he did get to Africa. Who today, when tourist safaris are a commonplace, can imagine the obstacles that had to be overcome back in 1945? Yet out of this adventure came the scientific basis for the work in Basel: 'interned' in the Zoological Institute as a result of it were 500 tsetse flies, the dangerous transmitters of sleeping sickness. The scientific studies that the Tropical Institute carried out over the 20 years thereafter made this stock world-famous. Then, in 1949, Prof. Geigy, at the invitation of Bishop Edgar Maranta, visited Tanganyika and the Capuchin Mission at Ifakara. This first contact was so cordial and encouraging that when a hospital was established at Ifakara the Tropical Institute was enabled to set up a field laboratory there.

A trip to the Ivory Coast resulted in the plan for a 'Swiss Centre of Scientific Research in Ivory Coast'. It was realised in 1951, and its development since then has become a part of the STI's history. Two further visits to Ifakara in present-day Tanzania in 1954 and 1956 showed the possibilities inherent in this place and led in 1959 to a milestone: the establishment of the 'Basel Foundation for Aid to Developing Countries'. With its help the Tropical Institute was able to erect a Rural Aid Centre at Ifakara where indigenous people were trained for public health and paramedical occupations. The Centre's operations were tied in with the Capuchin Mission's St. Francis Hospital and the Institute's field laboratory. Over a period of eight years it has proved its mettle, and rising into view on the horizon today is an expansion of the Centre into a 'Medical Assistants' School' for 120 students which will help meet the acute need for paramedical people in this category. Let us also note that Prof. Geigy had a big part in the realisation of an amply conceived Institute for Pathology set up in Dar es Salaam as a Swiss development aid project.

Professor T. A. Freyvogel, the new head of the Tropical Institute,

has worked often and intensively in Ifaraka, and the good relations that exist there thanks to Basel's on-the-spot commitment are certain to continue under him. One hardly need emphasise how much empathy and tact the presence of support from Europe calls for in Africa these days. Apart from his authority as a scientist in the relevant areas of research, Prof. Freyvogel is well-equipped for the delicate task. He finds a carefully-prepared field in the full spate of activity, with scientific collaboration between black and white successfully in motion."

### **Engagement in Tanzania up to the Establishment of the STI Field Laboratory at Ifakara**

When one looks back upon the origins and subsequent fortunes of the Ifakara project, one can see that it had deep and subtle roots in the soil of the country which exerted such a fascination on us even then, although it was as yet an unknown land to us; and that, with no presentiment on our part of what was to come, these roots gradually came together to create an autonomous growth. For it was not thoughts of development aid – a notion that scarcely existed at that time – which lured us back in 1949 to the UN Trust Territory mandated to Britain, but rather, as we have heard, a generous invitation to undertake field research in the tropics. The invitation came from a Swiss: Bishop, later Archbishop, Edgar Maranta. He resided in Dar es Salaam, the capital, as patron of the Swiss Capuchin Mission, which maintained a number of stations – most of which it still maintains today – scattered widely over great distances, some of whose staffs already included Black Capuchins.

Several of these Swiss Capuchins, as well as the Baldegger Sisters who worked with them on the same mission, and Swiss mission doctors, too, attended our courses at the Tropical Institute before going out in order to prepare themselves for their sojourns overseas, particularly in East Africa. In those days our teaching and research activity in Basel depended on collecting expeditions for the acquisition of the tropical material required, especially from West and Central Africa, or else on obtaining it from or exchanging it with related institutes and museum departments.

The 1949 invitation, which came at the prompting of the Capuchins, aimed to make it possible for our Institute to carry out tropical research locally. To this end all of the Mission stations offered us their unstinting hospitality. We accepted the invitation gladly and notified our first visit for the summer of 1949. After carefully enquiring into the geographical conditions and the lie of the land I selected the village of Ifakara, situated in the Ulanga Plain near the Kilombero River, as the place

where my two assistants and myself would reside. In and around this spot lived approximately, 10,000 people, most of them rice farmers dwelling in mud-and-wattle huts. The rest of the land round about, however, was uncultivated, a place of swampy riverine areas and wooded hills, but above all of savanna-like expanses – all ideal habitats for the various animals that were our primary objects of interest. During this first contact, which was to be followed by many more, our field investigations were directed above all to wood-destroying termites together with yellow fever mosquitoes and tsetse flies, both notorious vectors of pathogens responsible for diseases afflicting humans.

Already in 1945 I had not only got to know the tsetse as the vector of the sleeping sickness trypanosome in the Congo but had also brought back to Switzerland a colony of the tsetse variety occurring there. In Basel, using my special technique we succeeded in breeding the fly and soon were even able to supply stocks to other institutes. But Ifakara was to provide me with important further data on the East African tsetse sleeping sickness problem and my colleagues with much new information on termites and mosquitoes – and all this in “cloister-like seclusion”! For we were able literally to move ourselves and all of our gear into the stately house of the Capuchin friars. Each of us had a room to himself, while a large room with long tables served as our laboratory and another for housing the blood-sucking insects we brought in and the white rats on which we fed them.

Our presence contributed new topics of conversation to the Capuchins' mealtimes, which we were permitted to join, as the fathers and brothers took an enormous interest in our work and their untiring counsel and assistance were invaluable. A further important source of information were the Baldegger Sisters, whose obstetric ministrations had earned them the affection of the whole neighbourhood. They not only gained us access to the people's huts but also secured us worthwhile ethnological data on the indigenous population, in particular on their mysterious initiation rites, which became the subject of a publication. We recruited our helpers from amongst these jovial, intelligent people; they were our right hands in the laboratory and above all on excursions into the bush, which was still largely an unknown quantity to us. Although we could not know it at the time, this association laid the groundwork for the development aid project which we would carry out ten years later in independent Tanzania – by then no longer as new arrivals but as old friends working harmoniously together with people we knew in a familiar setting.

Already in that early phase we experienced the “taking” aspect that I mentioned in the introduction to this article. We shall never forget the human and scientific enrichment that the contact with this colourful and strange new world in the heart of Tanganyika brought. Above all there

was the experience of the East African bush. We would often go out with our little station wagon, far from Ifakara, and after setting up camp explore the surroundings. One could go on at endless length, relating the adventures that befell us. There one could observe wildlife in its own biotope – herds of elephant and buffalo, solitary rhinos, groups of kongoni and sable antelope with their prominent horns, water-buck, zebra, agile impalas in flight; and on the sandspits and banks of the Kilombero hippos, crocodiles, monitor lizards, and swarms of all kinds of aquatic birds. In the evening, we would sit at the campfire, enveloped by the pitch-black tropical night pierced from time to time by the roars of lions on the prowl, and as the freshly killed meat sizzled on the grate our assistants broke their taciturnity and began to tell us of their existence on the land with all its cares and lighter moments. What a magnificent moment it was when one awoke from a deep sleep in this tranquil solitude to see the early sun lighting up the heaven above, and the cawing of the ground hornbills leaving their nocturnal perches in the trees summoned us to be up and about.

Our investigations of yellow fever mosquitoes brought a surprise: in that remote area we managed to unearth an aardvark, or antbear, alive. This peculiar termite-eating creature with its pig's snout, long ass's ears and tapering kangaroo's tail took to captivity remarkably well, was soon feeding placidly out of our hand and, thanks to Air France, found its way to the Basel Zoo, where as an extremely rare guest it excited astonishment.

We completed this first successful sojourn at Ifakara, so interesting in so many respects, with a promise to return. And so we did – in 1954, in 1956, and many other times later.

Two new themes, in addition to the continuing collection of termite and tsetse material, preoccupied us on our second stay from mid-May until late September 1954. T. A. Freyvogel, my associate and later successor as director of the Tropical Institute, devoted his attention to malaria problems in the field, an activity which nicely complemented his laboratory experiments in Basel. Together with my colleague Professor H. Mooser, director of the Hygiene Institute in Zurich, I applied myself to special studies of African relapsing fever, a by no means innocuous disease carried by ticks. At that time it was still endemic in Ifakara and the surrounding settlements, and in many places the mud floors of the indigenous huts teemed with the ticks. Often a substantial percentage of the ticks was infected with the relapsing fever spirochete, which they transmit with their bite to humans.

Another question awaiting elucidation was whether the wild animals, in whose savanna lairs we had discovered the same ticks, likewise harboured the spirochetes and therefore might be a reservoir of the disease. We suspected warthogs in particular. It was exciting to go after

these alert, mistrustful animals, and the pursuit enabled us to get to know and, later on, to describe their habits. But we failed to detect spirochetes in the warthogs' blood; experimentally, too, we could show that these animals were exempt from suspicion as disease reservoirs. By suggesting suitable guidelines to the people of the area we were, however, able to initiate a successful campaign against the hut ticks, and today relapsing fever has been practically wiped out there. So this too can stand as an instance of development aid brought to bear on the spot.

The 1954 sojourn saw one other occurrence that helped to shape future developments. However much we felt at home in the Capuchin friars' house, and however much we were made to feel welcome there, we did lack our own premises suitable for the proper execution of our various research projects. Another generous offer from Archbishop Maranta, supported by our close friend, Mission Doctor K. Schöpf, served to mend this situation. The Mission hospital, which up to then had been accommodated in rather primitive brick buildings, was to be replaced, now that the necessary funds had been raised, by the modern and farsightedly conceived St. Francis Hospital. And we were given the chance of setting up our own Tropical Institute field laboratory in a wing of the new hospital specially built and reserved for this purpose.

Now it was up to us to take advantage of this magnificent opportunity by laying out and furnishing the available space in conformity with its intended use. Mr. Freyvogel shouldered the task voluntarily and it kept him at Ifakara for three years from 1956 on. We have the tireless commitment he gave to the building and provisioning of the laboratory to thank for the successful conclusion of this project. With its completion the Swiss Tropical Institute gained a permanent footing at Ifakara, with consequences of some moment for the later development aid programme.

Whenever in the years after that members of the Institute had to go to Ifakara on research assignments, the hospitality of the friars' house awaited them for their living arrangements, while the field laboratory afforded them every facility desired for their scientific investigations.

### **Centres for Training and Applied Research Established in Tanzania with Swiss Development Aid**

As the process of decolonisation set in throughout the tropical world, often impelling peoples who were still only on the verge of developing towards independence, development aid became the topic of the day in Switzerland as elsewhere. In 1959 Dr. A. Wilhelm, Vice Chairman of Ciba, took the initiative in creating, together with other well-known firms such as Geigy, Roche and Sandoz, the "Basel Foundation for Aid

to Developing Countries” with an endowment of 600,000 Swiss francs. On an orientation tour of East Africa which we undertook in each other’s company in 1960, we conferred in Dar es Salaam with Prime Minister Julius Nyerere, the present President of Tanzania. This far-sighted statesman liked to style himself (and still does) *Mwalimu* or Teacher, so absorbed is he by the necessity of better education for his people – and this preferably not by way of schorlarhips abroad but at home.

It was thus not surprising that he showed great interest in our plan for establishing a local training centre. It would not be situated in the capital but somewhere in the interior, in a but slightly developed rural area. For this reason the Prime Minister genuinely welcomed our proposal to set up at Ifakara, in conjunction with the existing field laboratory and hospital, a boarding school type of institution at which indigenous people would be trained to take on paramedical assignments in rural regions.

On an adjoining plot of land which the Capuchin Mission placed at our disposal the Rural Aid Centre came into being in 1961. That same year the first three-month course for aspiring “rural medical aids” was held under the auspices of the Tropical Institute. Quarters were also built for our staff members and other instructors. 1962 brought courses for “medical assistants” and “assistant medical officers”; 1963 courses for a group of students from the newly founded Tanzanian School of Medicine in Dar es Salaam; 1964 a course for “health auxiliaries” and a further one for medical students from the capital. And so it continued during the following years. The major part of the funds required for these programmes was provided by the Basel Foundation, whose contributions at the end of 1975 totalled around 7 million Swiss francs.

When industry extends support of this magnitude one inclines to assume that some sort of quid pro quo is expected sooner or later. As far as the whole programme of support mounted by the Basel Foundation in Tanzania is concerned, there were no such provisos at all. From the very beginning it has been a purely charitable gesture – even to the extent that when special chemicals, dyestuffs and the like were required for instruction, the teachers selected the suitable materials quite independently of the Basel manufactures.

In 1972, in response to a Government wish, the school at Ifakara was remodelled so as to correspond better to more finely articulated requirements. It was now expanded into a Medical Assistants’ Training Centre (MATC) for 120 students. Attached to it was a Health Centre at Mlimba, southwest of Ifakara, erected to serve the medical needs of the scattered population in that area. At the same time the Mlimba Station functions as a field hospital at which the Ifakara students can gain practical experience. The period which they are required to spend

there in groups in the bush is an excellent preparation for their future profession.

The new extension to the school was substantial and required an investment of around 1.6 million Swiss francs, of which one million came from the Basel Foundation. The remaining sum was made up of contributions from the Swiss Government, the Swiss Capuchin Province, the Baldegger Sisters, and the Government of Tanzania. Once again, an example of effectively applied development aid. All of the facilities described in the following were planned by Swiss specialists and built under their supervision on the spot.

The planning was in the hands of Ernst Heusser, a former associate and superintendent of buildings of the Swiss-owned Amboni Sisal Estate in Tanga. Thoroughly familiar with local conditions, he mastered the often very complicated challenges of materials procurement, transport, and dealings with local contractors, all with consummate skill. Concomitantly with the building of the MATC, a compound for Tropical Institute staff was also erected next door to provide suitable accommodation for our associates engaged in research and teaching at Ifakara.

Another significant contribution to Tanzanian development also deserves mention. To complete its educational plant the new School of Medicine in Dar es Salaam stood in urgent need of a pathology institute. With funds made available by the Basel Foundation, the Swiss Federal Service for Technical Co-operation and the Government of Tanzania, a Pathology Block was constructed between 1968 and 1971 next to the existing Muhimbili Hospital in the capital. This project was planned by architect Franc Sidler, an Ascona architect, whose earlier experience in Venezuela qualified him eminently well for designing structures for tropical conditions. At his disposal as supervisor of construction was Ernst Heusser. The facility comprises histopathological, microbiological and haematological departments as well as space for medical teaching and research. Close by, a hostel for hospital internes and another dormitory for 250 medical assistants were also built with funds from the same donors. A Swiss first served as head of the Pathology Institute, after which it was turned over entirely to the Tanzanian authorities.

What is the status of the Ifakara project today and what are the prospects? In 1973 the Medical Assistants' Training Centre, expanded now by a student dormitory, a nursery demonstration room, a training laboratory and a large auditorium, was inaugurated by President Nyerere in the presence of a large gathering of officials and the people. 120 students, divided into three classes, have attended courses there. The first class of 40 came in 1973, the second the following year, and in 1975 the Centre reached full capacity with 120 students. In 1976, after completing the prescribed three-year training period – including the practi-

cum at Mlimba – the first 40 candidates sat their final examinations, with ten Tanzanian doctors as official referees. 37 of them passed, a result that compares very favourably with the national average.

We see, then, how at Ifakara the desired new educational facility for meeting urgent medical needs has taken on shape with Swiss aid and support. In accordance with an agreement between the Government of Tanzania and the Basel Foundation, as of 1st April 1978 the running of the MATC is to be entrusted to the Tanzanian authorities, just as was already done with the Pathology Block in Dar es Salaam. This transitional process has taken place in the spirit of genuine development aid, i.e. help which is extended only up to the point where the autonomy aimed at has been attained. The Tropical Institute is permitted to continue operating its field laboratory at Ifakara, so that contact with our friends there will not cease. We shall also be available should assistance in the teaching programme be wanted.

### **A Summary View of Swiss Development Aid Contributions in East Africa from 1954 to 1976**

In the preceding two chapters I have selected and commented upon some of the principal manifestations of Swiss development aid. It has not been possible to go into all the details or even to touch upon a number of other contributions. To round off the picture, therefore, I would like to present a comprehensive summary of the various projects in chronological order. The list may serve to give an idea of the abundance of new possibilities presented to the countries concerned.

- 1954/55 Construction and fitting out of St. Francis Hospital and the Field Laboratory of the Swiss Tropical Institute, Ifakara.
- 1961 Construction of the Rural Aid Centre in Ifakara in association with the hospital and field laboratory.
- 1962/64 Addition of a tuberculosis wing in the hospital and provision of a leprosy centre for outpatients.
- 1965 Construction of a facility for storing rice, maize and other produce of the newly founded Ifakara Co-operative.
- 1965/66 Production of a display wall designed to scale and of two model blocks at the Rural Aid Centre for demonstrations to the population of Ifakara and also as a field station of the Dar es Salaam School of Medicine.
- 1967/68 Turning over of vehicles, furnishings, medical apparatus and diesel-electric equipment to various Tanzanian organizations for adult education and other purposes.
- 1969 Construction of 5 staff houses for research visitors at the East African Trypanosomiasis Research Institute in Tororo, Uganda; donation of a Land Rover.
- 1968/71 Construction of Pathology Block next to Muhimbili Hospital with audi-

- torium, laboratories, animal house, blood bank, etc. for research and teaching at the University of Dar es Salaam.
- 1971 Construction of a hostel for 60 internes at Muhimbili Hospital.
- 1971/72 Construction of a hostel on the Muhimbili Hospital terrain for 240 medical assistants.
- 1972 Construction of an isolation ward in Muhimbili Hospital capable of accommodating 60 children with contagious diseases.
- 1971/72 Provision of lodgings for visiting researchers and students at the Serengeti Research Institute. Turning over of two Land Rovers, one for anti-poaching patrols in Serengeti National Park.
- 1973/74 Expansion of the Ifakara school to a Medical Assistants' Training Centre with student quarters. Construction of adjacent compound for Swiss Tropical Institute staff.
- 1974/75 Enlargement of arts and crafts boarding school for African trainees of the Swiss Capuchin Mission. Construction of a modern operation block with sterilisation plant and laundry at St. Francis Hospital.
- 1973/75 Deep bores carried out in the course of work on the foregoing projects led to discovery of a large ground water layer: subsequent provision of adequate water supply for hospital, school, mission, Tropical Institute staff house, doctors' dwellings and various points in Ifakara village, resulting in enormous improvement in local public health conditions.
- 1975 Construction of a welfare house for the Ifakara police force.
- 1974/75 Construction of Health Centre with teaching facilities in the bush near Mlimba as a branch of the MATC at Ifakara.



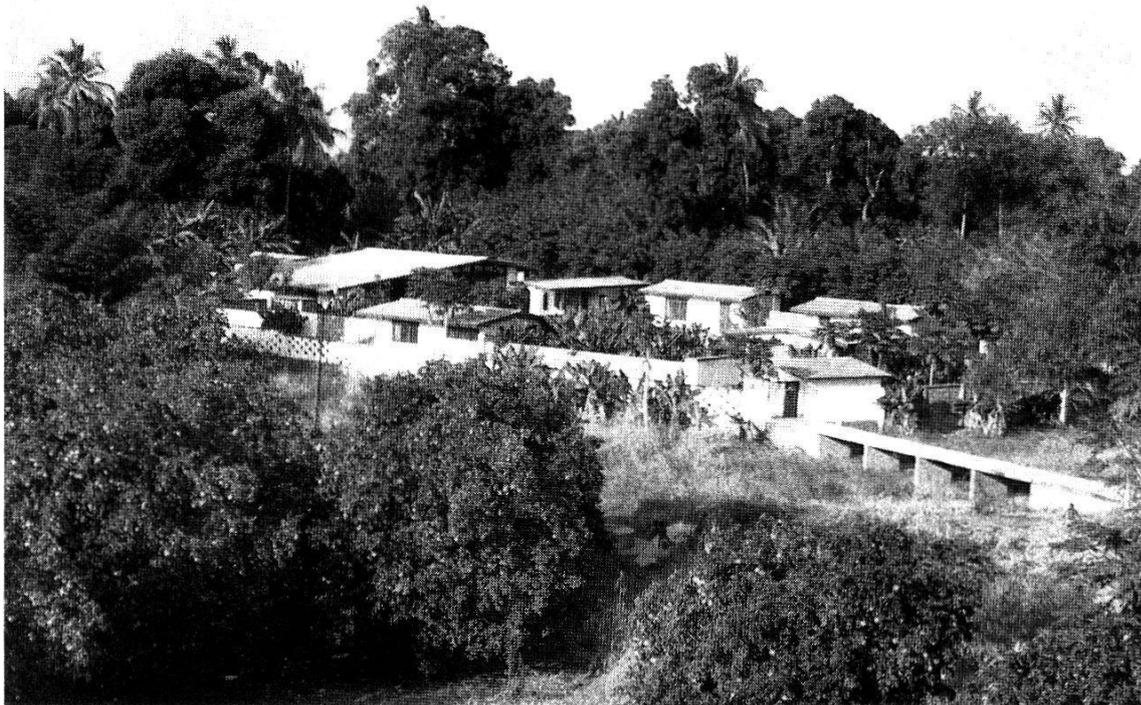
*Fig. 1.* Auditorium of the MATC in Ifakara, capable of seating 120, viewed from the west.



*Fig. 2.* Student bungalows in the MATC compound.



*Fig. 3.* South façade of the students hostel at Ifakara.

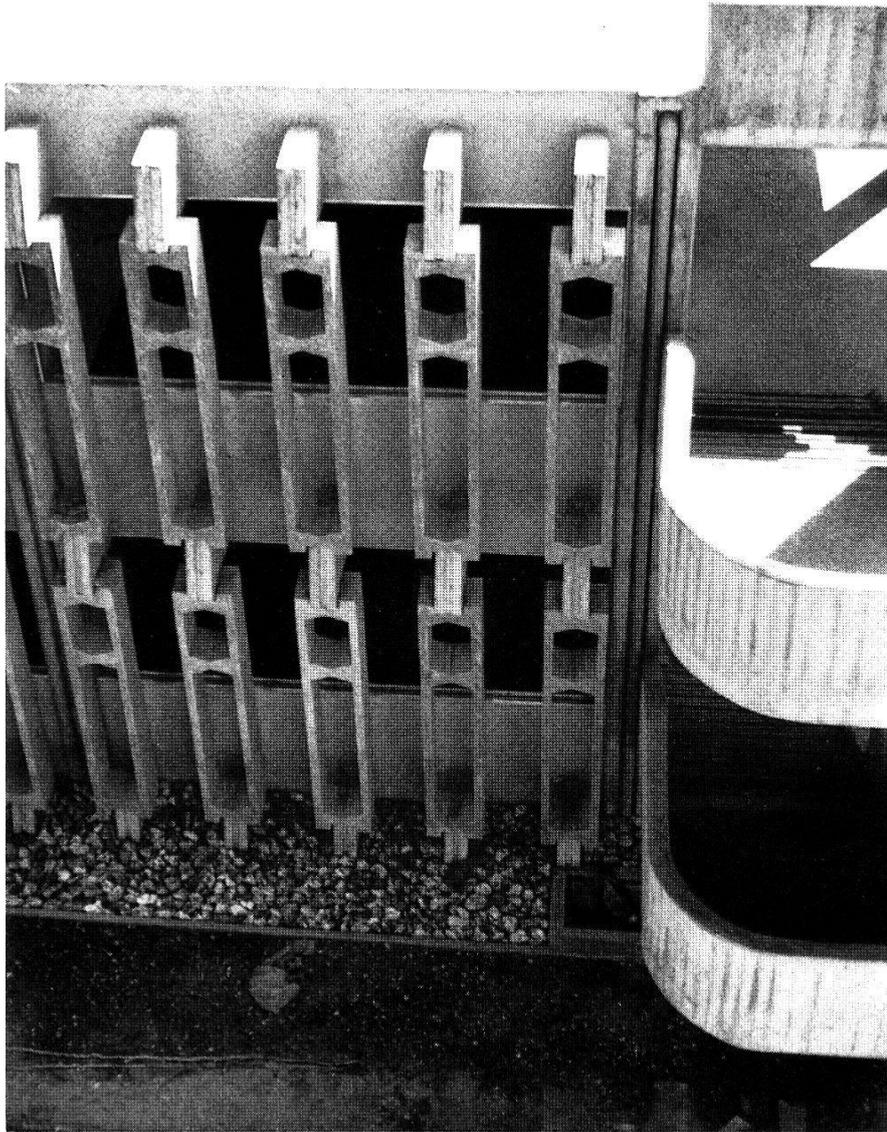


*Fig. 4. STI Field Laboratory at Ifakara seen from the water tower. (Photographs taken in 1975 by T. A. Freyvogel.)*

### **Concluding Remarks**

The foregoing account reflects how resolutely and rapidly the young nation of Tanzania has demonstrated its will to independence. We merely helped to prepare the way by creating new educational opportunities for the aspiring country. Once they were functioning, the Tanzanians often very soon proved capable of taking over their operation. It is gratifying to see how the paramedical people whom we once trained are themselves now acting as teachers, and how the Tanzanians have taken on more and more of the whole administrative responsibility as well.

Amongst other things, the MATC curriculum takes due account of two problem areas of particular importance for the country. The first concerns the effort to achieve a level of village hygiene adequate to keep disease in check. A sanitation campaign carried out with the students in one section of Ifakara showed the feasibility of bringing about and maintaining acceptable hygienic conditions, even in mud-and-wattle huts, with relatively simple practical measures which the inhabitants themselves can take. In this operation the population were shown how to take care of drinking and cooking water, learned about cleanliness in general – particularly as applied to toilets and the showers



*Fig. 5. Façade of the Pathology Block at Dar es Salaam.*

that are common in the vicinity – proper storage of foodstuffs, suitable smoke outlets and interior ventilation, protection against mice and rats, control of sandfleas in the hut floors, and the correct handling of the mosquito net, which has become a familiar amenity but is often not treated as it should be. The campaign also sought to teach the local population how to recognise and appraise disease symptoms and to impress upon them the necessity, where indicated, of visiting the doctor or of going into hospital. All these aspects will be of importance for our graduates in their later assignments.

A second part of the teaching programme covers the various endemic tropical diseases, some of which are the stuff of everyday experience in the country: malaria, relapsing fever, bilharziasis, amoebic dysentery, sleeping sickness, etc. Most of them are propagated via a complex

sequence of stages in the development cycles of the unicellular pathogens, with insects or ticks serving as vectors and human organism as host. Our Tropical Institute is specialised in these problems, and we are at pains to pass on the know-how we have acquired. The effective combatting of such diseases frequently entails special laboratory investigations or even research, however, for which the country is not yet quite prepared. So here is a place for development aid, as the following example illustrates.

Some years ago cases of sleeping sickness were reported to us from Serengeti National Park. The victims were park staff and tourists, and in one case with complications the result was even fatal. At the behest of the Ministry of Health, we looked into the situation on the spot. In one phase we carried out a sizeable project together with the East African Trypanosomiasis Research Organisation (Tororo, Uganda). Later we performed our own investigations, notably in the Serengeti Corridor, well known as the scene of vast wildlife migrations. And in fact we did discover that, as had earlier been shown by findings on a bushbuck, certain wild animals – hartebeest, lions and hyenas – harbour the sleeping sickness trypanosome. These infected individuals, circulating in the bush, act as a reservoir for the transmitting tsetse fly, which draws the pathogen from them and can then pass it on to humans. The Serengeti Park staff were highly gratified by this clear finding, arrived at through volunteer experiments and using our special serological tests, for it enabled the immediate introduction of efficacious measures.

This example points up two of the essential prerequisites of successful development aid:

1. *Trust* on the part of the host country in us as persons and in our abilities. This gift, of such value for our work, does not await us for the taking upon arrival, however. We have to earn it through candid dealings with the people locally responsible.

2. An appreciation on our part of the *necessity of working together* with local specialists. Perhaps the reader will be surprised to learn that they are usually to be found – in the case just described they were the trained staff of the EATRO – and are able to give us first-rate advice and assistance.

To put the whole matter in a nutshell: you have to *like* those whom you propose to help, and you must seek out and draw upon co-operative support on the spot. Let us not forget either that the annals of development aid show time and again that money alone is of no use without compassionate personal engagement – that without this element money can, indeed, provoke harm.