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The Work at the Rural Aid Centre (R.A.C.) Ifakara, Tanganyika*

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The work which is going to be reported has been made possible by the joint efforts of the Swiss private industry and the Swiss Tropical Institute. In 1960 the late Dr. A. Wilhelm, at that time vice-president of the board of directors of CIBA, applied to the management of the Swiss Tropical Institute for suggestions regarding a project for effective aid to developing countries. As Prof. R. Geigy, the director of the Institute, and his staff were well acquainted with the situation in Tanganyika, it seemed feasible to launch the scheme there. Courses for medical auxiliary personnel were suggested and thus a proposal was submitted to Dr. Julius Nyerere who was Prime Minister at that time. He and the Tanganyika Ministry of Health accepted it and consequently the "Basle Foundation for the Aid to Developing Countries" was established. Six firms of the pharmaceutical and chemical industries of Basle are taking part: CIBA, GEIGY, HOFFMANN-LA ROCHE, SANDOZ, LONZA and DURAND-HUGUENIN. It is the task of the Foundation to provide the funds for the Rural Aid Centre and to arrange annual courses in Ifakara. Until now the expenses for buildings and equipment amount to appr. sFr 1,000,000.—. The annual courses and the maintenance of the buildings cost appr. sFr. 200,000.— yearly. The Tanganyika Government provides for the transportation of the students to and from Ifakara, pays their salaries during the course and, to a certain extent, for their food. The management of the R.A.C. and the responsibility for the courses lie with the Swiss Tropical Institute.

The aim of the courses at the R.A.C. is to assist Tanganyika—which became

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independent on 9th December 1961—in its own programme for training technical and medical auxiliary personnel. Like many other developing countries, Tanganyika especially lacks qualified technicians and medical doctors. This need will, however, only be covered after years or even after decades. In the meantime these countries have to manage with auxiliary personnel. But as there is even a scarcity here, an immediate training in this respect seems to be the most urgent task. It is necessary to produce people who are able to work in agricultural research laboratories, who take the responsibility for the many dispensaries, who head Health Centres and small hospitals, who assume the post of assistants in bigger hospitals, who act as Health Assistants, as Medical Officers and finally who can go in for teaching their fellow countrymen. Most of them are young men from all over the country who have already been working for the Government and who are chosen by them for further instruction. Also the final assessment, which decides on the candidate's promotion, is held at Dar-es-Salaam by a board appointed by the Government. Except for the director of the R.A.C. they all belong to the Government's staff. For the rest the teachers of the R.A.C. limit themselves to providing the Government with a short written qualification based on the personal impression of each candidate.

The R.A.C. Ifakara is situated in the immediate vicinity of the St. Francis Hospital (sponsored by the Swiss Capuchin Mission), one of the most modern rural hospitals of the South-Eastern area, in the Kilombero Valley. It was built on grounds which the Mission—in accordance with the Government—has put at the disposal of the "Basle Foundation". The Centre numbers approximately 15 buildings, among which are a lecture room for 40 students, a practical room for 25 persons, 10 small dwelling-houses for four students each, a welfare-house with dining-hall, sitting-room and kitchen, two houses for the teachers, as well as other technical buildings. A "Rural Health Exhibit" and two specially designed snakepits are worth mentioning; they have become a well-known attraction. The Centre was conceived and equipped in such a way as to serve as a model for the students for their own future buildings. The greatest part of this task has been fulfilled very tastefully by the architect of an Anglo-Swiss Sisal Estate who was graciously placed at our disposal by his firm (Amboni Estate Ltd., Tanga).

The geographical situation of the R.A.C. presents several big advantages. First it is, as already mentioned, in the immediate vicinity of a hospital (size: appr. 200 beds) with a large sphere of action. Apart from common tropical diseases such as malaria, amoebiasis, bilharzia and other helminth infections, namely cases of sleeping-sickness and African relapsing fever can be observed there. It is therefore no problem to provide clinical and pathological material for demonstrations. Moreover the experienced doctors of the hospital living there for many years contribute considerably to the lectures. Secondly the Swiss Tropical Institute has for several years been running a field laboratory in its own wing of the hospital which serves exclusively for scientific research on the field of tropical medicine and biology. Thus tuition is closely linked with science. Thirdly Ifakara is situated in the very neighbourhood of the nearly untouched bush, the biotope of game and different *Glossina* species; excursions there, as well as to the surroundings of the village are easily organized. A fourth important advantage lies in the fact that, thanks to the long-established activity of the Swiss Tropical Institute in its field laboratory and especially thanks to the much respected mission, the whole staff of the R.A.C. has enjoyed the confidence of the population from the very beginning. This also means a great help in gaining the confidence of the new students in a relatively short time.

So far the following courses have been held:

1961	Rural Medical Aids	3 months (July-Oct.)	38 participants
1962	Assistant Medical Officers	3 months (July-Oct.)	36 participants and two assistant teachers
	Technicians of the Agricultural Dept.	2 months (Oct.-Dec.)	16 participants
1963	Assistant Medical Officers	3 months (July-Oct.)	36 participants and two assistant teachers

Time and duration of the courses depend on the availability of the teachers, as most of them are giving lectures at the Basle University or at the Swiss Tropical Institute and, therefore, are not available for a longer period except during the summer holidays. This time of the year, however, is quite favourable, as it is the driest and coolest season in Tanganyika.

Until now the staff for the medical courses consisted of three medical doctors, four biologists, some European assistants and if possible two African assistant teachers in order to acquaint them with tuition by practical experience. The administration and the catering are looked after by two ladies assisted by African local personnel. The subjects taught are Clinical Medicine, Pathology, Rural Hygiene, Epidemiology and Medical Entomology, Laboratory Technique, Venomous Animals and Control of Ecto-parasites. The lectures usually take a very lively shape, many questions being asked by students and teachers. Special stress is laid upon practical work at the hospital and the laboratory. Moreover weekly excursions lead to water places, possible sources of bilharzia and breeding sites of mosquitoes, to houses with resting mosquitoes or with argasid ticks or even to the tsetse bush. Thus the syllabus adds in a useful and welcome way to the one of the Government. This becomes obvious with the Assistant Medical Officer's courses: the Medical Assistants selected for further training—they have usually gone through 10-12 years of elementary school, 3 years medical training and up to 20 years of practical work—attend an additional course of 9 months on the whole. Of these, six are spent at the Medical Training Centre in Dar-es-Salaam and three at Ifakara. The stay in town is thus completed by work in a rural area, the more theoretical knowledge of epidemiology is illustrated and deepened by field-excursions. It goes without saying that the syllabus of the other subjects is equally well adjusted to the one of Dar-es-Salaam. During the course a continuous close connection between Dar-es-Salaam and the management of the R.A.C. is granted by regular visits of members of the Ministry of Health or of the Dar-es-Salaam School of Medicine.

Two years ago the number of Medical Assistants in Tanganyika amounted to appr. 150. The Government wishes to upgrade appr. 100 of them, as far as they have proved successful in their practical work. They would become Assistant Medical Officers and be assigned to tasks with more responsibility. Considering a yearly promotion of between 30 and 35 candidates these upgrading courses will last three years from 1962 to 1964. It, therefore, can be expected that the last of these upgrading courses will take place in Ifakara in 1964. After that the R.A.C. remains available for new tasks on a similar line. At the beginning of 1963 the Dar-es-Salaam School of Medicine started to train students in a five-year course to become General Practitioners. These will still not be fully instructed medical doctors, but people with a training shaped in view of their future task among the rural population. Only such a conception

really contributes to a quicker formation of the badly needed medical corps. In the future the third year at the Medical School will be interrupted by a three-month stay at Ifakara. There the students will mainly be introduced to field epidemiology and rural hygiene. In this way, the R.A.C. will continue to fulfill a worth-while task. By the way, it must be mentioned that at present the propaedeutical course in biology at the Medical School is given by a staff member of the R.A.C., which again assures continuity between the courses at Dar-es-Salaam and Ifakara.

Moreover, it is not excluded that in the near future there will be given courses for Health Assistants during several months in the period inbetween two medical courses.

The experience made up to now has shown that the students are very happy with the teaching methods. The close relation between the theory in the lecture room, the practical work at the laboratory and in the patients' wards and finally the excursions into the village and the bush have proved extremely successful. Many students come to the bush for the first time in their lives and begin to realize the manifold relations between the people's way of living and their condition of health. We think this is the most important goal of field-epidemiology. It is a thankful task for the teachers to lecture under these circumstances and it makes you happy to see with how much interest and intuition the young Africans approach their studies. However, the student's interest is not at all confined to medical science, they are equally concerned about their human responsibilities. We were able to realize it when having informal discussions with the students in the evenings. Among others, problems regarding medical ethics were brought up. Such a stimulating exchange of views, however, proves impossible unless it is based on mutual confidence between students and teachers. And this again requires an absolute acceptance of the equality of the other race—irrespective of the existing differences—and a simple open-mindedness in the daily relations between one person and the other.

The future will tell if this sort of aid to developing countries is the best way to proceed. Many nations with the intention to help, tend to grant as many scholarships as possible, enabling young people to study at old and traditional universities or even at universities founded especially for this purpose. This may be appropriate for special branch training if somebody has already been successfully employed by his Government or at least has given proof during his studies of having the necessary qualifications. It may be the only possibility if a new country does not yet dispose of the necessary schools. But, where there are universities in a country, we think it does not make sense to remove the few people who, according to their standard of instruction, are entitled to advanced studies. First, universities cannot do without students. Secondly, there is a great danger that, during their stay abroad inexperienced people get alienated from their own way of living; they consequently often refuse to return to their home countries where their activity is most wanted. The same danger becomes even more evident if scholarships are granted to auxiliary personnel, i.e. to people who will have even more difficulties to adjust themselves to new surroundings in foreign countries. They possibly only dispose of a minor schooling standard and the studies already mean sufficient effort. They should be spared the additional trouble; the risk of adaptation has to be taken by the teachers. Moreover, the teaching is easier, if it takes place in the surroundings where the students are supposed to work later on. The financial side is yet an additional reason: at the same cost many more people can be trained than it would ever be possible with scholarships. Taking into account the various aspects, we think that institu-

tions like the R.A.C. really are in a position to cope with some of the immediate needs of the so-called developing countries.

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Kiswahili ist die im ganzen ostafrikanischen Bereich geltende Umgangs- und Schriftsprache, welcher eine rasch wachsende Bedeutung zukommt. Für die dritte Auflage des zu besprechenden kleinen Lehrgangs zeichnet außer P. ERICH EBERLE OFM Cap. nun auch P. HILMAR PFENNIGER OFM Cap., der viele Jahre intensiver Arbeit in Tanganyika hinter sich hat und seit seiner Rückkehr in die Heimat im engsten Kontakt mit dem Missionswerk der Schweizer Kapuziner geblieben ist. Obschon äußerlich kaum verändert — das sympathische kapuzinerbraune Gewand wurde beibehalten —, weist die neue Auflage doch gegenüber den zwei vorangehenden einige ganz wesentliche Verbesserungen auf. Vor allem wird das Verb mit seinen vielfältigen und für den Europäer zunächst so ungewohnten Abwandlungen viel früher eingeführt als bisher und mit andern Lektionen alternierend gebracht, so daß selbst der Anfänger schon gleich zu Beginn der Studien einfache Sätze zu bilden imstande ist. Ferner wird unter besonderer Berücksichtigung der landläufigen Umgangssprache manches ausführlicher oder im Lehrgang eingestreut behandelt, worauf jeder bald stoßen wird, wenn er Kiswahili anzuwenden beginnt: die Kurzform der Gegenwart, die Lokativformen, das Lokalsuffix -ni und vieles andere.

Frisch überarbeitet wurden die zu den meisten der 100 Lektionen gehörigen