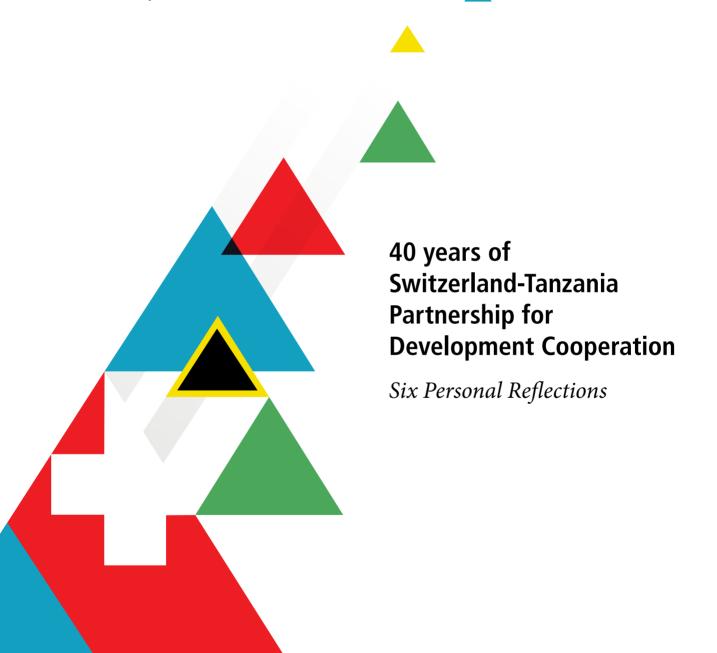


**Embassy of Switzerland in Tanzania** 





### Dear Reader,

It gives us great pleasure to introduce this commemorative booklet marking the 40th anniversary of Swiss-Tanzanian development cooperation. In 1981, the United Republic of Tanzania became a priority country for Swiss development assistance and officially opened a cooperation office in Dar es Salaam. Throughout the years, Switzerland has contributed to improving the lives of millions of Tanzanians, investing more than USD 1 billion.

To mark the occasion, the Embassy of Switzerland looks back on the eventful history of cooperation through the voices of selected stakeholders and beneficiaries, representing different generations and phases of our partnership. Although by no means exhaustive, these accounts provide a glimpse of the work undertaken and the strong partnership between Switzerland and Tanzania.

We hope you find these remembrances informative as well as inspiring. We look forward to continued healthy cooperation between our two countries as we work towards building an inclusive and sustainable future for the people of Tanzania.



**Didier Chassot** Ambassador of Switzerland to Tanzania



**Leo Näscher** Head of Cooperation

**Didier Chassot** 

Ambassador of Switzerland to Tanzania Leo Näscher

Head of Cooperation

e Marlo

## Partnership timeline

• Switzerland opens a consulate in Tanga. 1927 • Opening of a dispensary in Ifakara, today St. Francis Referral Hospital. 1949 • Swiss zoologist Rudolf Geigy visits Tanzania for the first time and establishes the Ifakara Health Institute. Swiss Tropical Institute Field Laboratory • 1957 (STIFL) founded in Ifakara. • Independence of Tanganyika 1961 • Opening of the Rural Aid Centre (RAC), today the Tanzanian Training Centre for International Health Independence of Zanzibar. • 1963 (TTCIH), supported by the 'Basel Foundation for the Advancement of Developing Countries'. Tanganyika and Zanzibar unite to form the • 1964 United Republic of Tanzania. • Opening of the Embassy of Switzerland in Dar es Salaam. 1966 • Signature of the agreement on Technical and Scientific Cooperation between Switzerland and Tanzania.

1981 ·

Opening of the Swiss Cooperation Office in Dar es Salaam. Tanzania becomes a priority country for Swiss development assistance.

# Swiss Development Cooperation in Tanzania 1981 to 2021

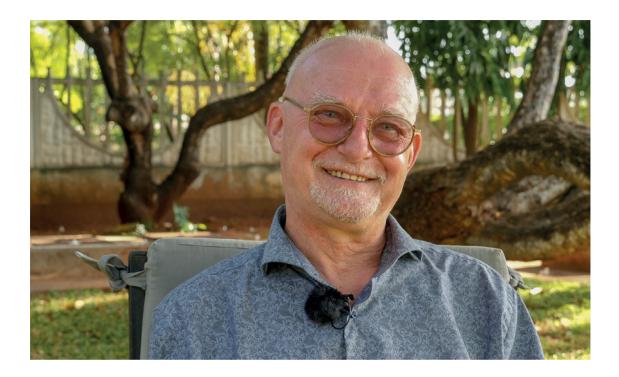
The year 2021 is special for Switzerland and the United Republic of Tanzania (henceforth as Tanzania) as it marks the 40th anniversary of the opening of a Swiss Cooperation Office in Dar es Salaam. However, the connection between Switzerland and Tanzania is much older than the cooperation office. For this commemoration, we asked six stakeholders in the work of Switzerland in Tanzania to share their thoughts. Through their individual stories and perspectives, they offer unique views on this long-standing partnership.

## Brief history

While Swiss support to the country started much earlier, development activities by the Swiss Government in Tanzania began in the mid-1970s in rural road improvement, health sector support and professional training, managed by the Swiss Agency for Development and Cooperation (SDC) coordination office in Nairobi. In 1981, a cooperation office was opened in Dar es Salaam, signaling the new status of Tanzania as a priority country for SDC. Until the 2000s, SDC activities were focused on the Uhuru/Southern Corridor, stretching from Dar es Salaam to Mbeya; focus then shifted to the Central Corridor (Morogoro, Dodoma, Singida and Shinyanga), a poorer region underserved by donors. This shift underlined the importance placed on poverty reduction as a core goal of SDC in Tanzania. Subsequently, SDC moved towards a more programmatic approach with specific areas targeted, including health system strengthening and private sector development, in order to align and to create synergy with the country's national development framework.

With the health sector as a longstanding priority, SDC is a front-runner in the fight against malaria, while also improving access to high quality health services by initiating reforms in the health financing system. Economic development priorities concentrate on the rural population by stimulating private sector development in agriculture. The special focus on women and youth is reinforced by promoting vocational skills development. Over the years, SDC activities in infrastructure and transport were phased out to make way for an increased emphasis on good governance. Work in this key sector ensures equitable allocation of public resources as well as transparent and accountable state systems. As part of its long-standing involvement with civil society, Switzerland provides financial and technical support to independent media.



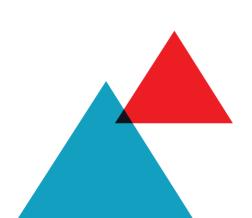


Thomas Teuscher worked in Tanzania from 1988 to 1990 as a deputy director of the Swiss Tropical Institute Field Laboratory (STIFL) and as the director of the Ifakara Health Institute from 1990 to 1994. He came back in Tanzania in 2015 to work as the Head of SDC health pro-grammes. In June 2021, he will be retiring from SDC.

The people of Tanzania and Switzerland enjoy a long tradition of working together, through their governments, churches, non-governmental organizations (NGOs) and academic institutions. This relationship began at the end of the First World War, when Swiss people began to replace some of the Germans working as missionaries or in sisal agriculture. The legacy remains strong. For example in Ifakara, the Swiss Capuchin brothers founded a dispensary in 1927, managed by the Baldegg Sisters, which became the St. Francis Hospital. Today, the St. Francis Referral Hospital is a designated regional hospital for Ifakara Town Council and Kilombero, Ulanga and Malinyi Districts in Morogoro Region, serving about one million people.

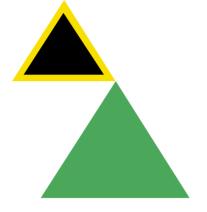


The Swiss presence expanded over the years. You must not forget that from 1953 to 1969 the bishop of Dar es Salaam, Edgar Aristide Maranta, was from Poschiavo in the Canton of the Grisons working for the Basel Mission! This explained why Professor Rudolf Geigy - who founded the Swiss Tropical and Public Health Institute in Basel and belonged to the family that established the Swiss pharmaceutical company Ciba-Geigy – set up his field laboratory in Tanzania. Inaugurated in 1957 in Ifakara, the Swiss Tropical Institute Field Laboratory (STIFL) undertook field studies in tropical diseases to assist Swiss research. But very quickly Professor Geigy became aware that people in Kilombero lacked basic health care. So, he asked Mwalimu Julius Nyerere - leader of TANU (Tanganyika African National Union) who was later to become Chief Minister under British rule and Tanzania's first President-"What can I do to improve the health of Tanzanians?" And Mwalimu Nyerere said, "We need barefoot doctors, lots of them, because we don't have any and we cannot deal with all the problems in such a vast country." That's how STIFL started to engage heavily in training rural medical doctors and founded the Medical Assistant Training Centre (MATC), that later became, with the support of SDC and the Novartis Foundation, the Tanzanian Training Centre for International Health (TTCIH). Today, this institution is used by many different actors to train health workers to upgrade their skills. It is a legacy of Swiss-Tanzanian cooperation; Professor Geigy and Mwalimu Nyerere together laid the founding stone in the 1950s. This longstanding relationship across the public and private sectors is also an important characteristic of the cooperation between Tanzania and Switzerland.



"There is a long and established history between the two countries."

THOMAS TEUSCHER



"The guiding principle for Switzerland's work in Tanzania is to foster reform."

One of the first health projects financed by SDC was the Kilombero Health Research Programme (KIHERE), founded in 1982. The programme aimed to provide support for implementing primary health care service. At that time socialism had ended, creating a very tough time with very little money and limited data available in the district. Providing free health care in such conditions was extremely complicated. The KIHERE programme laid the foundation for the resource allocation model to help districts to prioritize investments, an effort that was scaled up and improved to include not only health, but also education and other services. The national planning software of Tanzania (PlanRep) is a legacy product of that SDC project.

The Dar es Salaam Urban Health Project (DUHP), implemented before I left in 1994, is also a good example of cooperation. It became the largest project funded by the Swiss Government, in which the decentralization of money and decision making to districts was tested. The SDC and the Ministry of Local Government fostered reform that influenced many subsequent policies and laid the foundation for decentralization as we know it today.

Swiss-Tanzanian cooperation in the fight against malaria is another key achievement. Switzerland began investing in malaria control in 2002 and has significantly contributed to making Tanzania one of the front-runners in fighting malaria, with a reduction of more than half the burden of malaria in 15 years. In my experience, it's a considerable achievement even on the global scale. In a way, Tanzania, through this collaboration with Switzerland around malaria, became a model for other countries: today, I can see that much of the guidance from the World Health Organization in this field is based on experiences from Tanzania.

The traditional guiding principle for the work of Switzerland in Tanzania is to foster reforms in order that the national government can provide better basic services to its citizens. Reform means improving the effectiveness, availability, impact and cost-effectiveness of service delivery. In the health sector, SDC continues to engage the government in health financing reform. The pooled Health Basket Fund transfers USD 60 million annually directly to over 6,000 primary care clinics. One of the most important results we have seen is that today, 93 percent of children are born in clinics, whereas in the 2000s, it was less than 30 percent. This means that we can finally tackle maternal mortality because health centres can now provide at least emergency obstetric care, and in many cases, they can also provide comprehensive obstetric care. There is also some equity built into these funds, because the money is available reliably, and it's distributed to clinics according to their size and location. Although a comparatively small donor, Switzerland was a leader in this reform dialogue in terms of shaping the agenda and facilitating a partnership to implement these reforms.

### "To advance certain topics, you need an inclusive partnership."

Sometimes people ask me, "What is the benefit of long-term cooperation?" I think the Sustainable Development Goals (SDGs) are built around partnerships. If you look at it in a very narrow sense, I don't think mortality would increase in Tanzania if Switzerland stops its cooperation. But I believe both countries would lose a partnership that advances our global ambitions of creating a better world, a safer planet, a cleaner planet and less migration. To advance certain topics, you need an inclusive partnership. You cannot have it with short-term projects. It is only possible in long-term partnerships, with government, civil society the private sector and others. For example, the malaria control initiative is highly valued after 15 years, and it continues to work towards the 2030 horizon. I believe that long-standing public-private partnerships are the only way to advance agendas. If you have a special advantage in one country, it's better to continue working there because you will produce more results. To me, this is a very important part of working together: to achieve the common goal, you must trust each other.



Shamim Daudi is a lawyer who graduated from the University of Dar es Salaam. Since 2005, she has worked with Helvetas Swiss Intercooperation as a Monitoring and Evaluation Officer and as a Policy Adviser in the Grain Postharvest Loss Prevention (GPLP) project supported by SDC. Presently, Shamim works as a Programme Officer in Market System Development at the Programme Directorate of Helvetas Tanzania in Dodoma.



I worked on the SDC Grain Postharvest Loss Prevention (GPLP) project, a major initiative implemented by Helvetas in Tanzania from 2013 to 2020. The SDC invested heavily in this project, which took place in the Central Corridor of Tanzania: in the regions of Manyara, Dodoma, Shinyanga and Morogoro. We applied a market system development approach and monitored the implementation of activities and the likelihood of sustainable results. For me, it was a great experience to implement this mandate because it was a long-term project running over two phases and several years, something you don't find often with development initiatives. I really appreciated this because if the work is done well, you can easily see the impact and monitor it after the project phases out, as we are doing with the GPLP project.



The other thing I appreciated in the cooperation with SDC was the approach. With other institutions, you cannot change much once the project document is finalized, but with SDC, I remember that we sat at the table to explain that the environment had changed and suggested a different direction to the initiative. We had open discussions about the intervention. From my experience, this flexibility was an important part in our partnership and contributed to the success of the project.

Another positive aspect of this collaboration was to be involved at three different levels: the grassroots (farmer) level, the district and regional level and the national level. Through our partnership with SDC, we reached all of these levels, which allowed us to have a significant impact. At the local level, we worked directly with the smallholder farmers in the villages to convince them to improve their postharvest management, to adopt postharvest technologies and to raise their awareness regarding pesticide administration or aflatoxin

"It's not the amount of money, but the goal set and the approach chosen that determines success." contamination. At the district and the regional level, we advocated for postharvest management and supported districts to form different Postharvest Management Forums to ensure cooperation among all stakeholders. We worked to improve the entrepreneurial skills of the input suppliers and artisans, as well as other market actors so that they could appreciate the opportunity in investing in and selling postharvest technology. At the national level, we worked to ensure that the policymakers understood the challenges and came up with the appropriate policy. In the beginning it wasn't easy because the government didn't have any mechanism or guidelines for this type of work. But understanding and ownership increased over time and resulted in a 10-year National Post-harvest Management Strategy (2019-2029).

Through this partnership, I collaborated with passionate people who always worked on advancing the project to make sure that it succeeded and enabled the addition of other stakeholders and donors. For me, this synergy was essential to advance the agenda on postharvest management collectively.

Working with results-oriented NGOs that cooperate with government agencies and private sector partners allows Switzerland to foster its development initiatives and achieve significant results. Through this combined effort with NGOs, different approaches, partnerships and cooperation models can be tested and replicated. It's not the amount of money, but the goal set and the approach chosen that determines success. It's also about accountability. In this regard, the SDC GPLP initiative is a good example. Personally, I feel proud of my association as a team member of Helvetas in this successful work.





### Dr. Ntuli Angyelile Kapologwe

is the Director of Health Services in the President's Office - Regional Administration and Local Government (PO-RALG). From 2013 to 2017, he studied via distance and on-campus learning at the Swiss Tropical and Public Health Institute in Basel where he earned a Master of Business Administration (MBA) in International Health Management, followed by a doctoral degree (PhD) at the University of Dodoma.

My collaboration with the Government of Switzerland has multiple components, both professional and personal. In a professional capacity, I initially worked with SDC at both the district and regional levels as medical staff and now I serve as a Director of Health Services in the President's Office. At each level, I enjoyed this partnership.

I will highlight some projects that I was part of from the very beginning and that have now been nationally implemented. First, the Community Health Fund in 2011. The innovation and creativity Switzerland brought to support health care financing resulted in a significant transformation of the system. Before, we had a fragmented health care financing system in the country. Thanks to this partnership with Switzerland, we







were able to reshape it so that it would respond to people's needs. I was among the key implementers of those ideas and innovations while working as a District Medical Officer and I saw the impact it had on people's livelihoods and wellbeing.

Second, SDC also supported the Government of Tanzania in the introduction of ideas on supply chain management for medicine to ensure a constant supply of medicine in all facilities. Initially we couldn't ensure the quality of the medicine and there were frequent stockouts. The innovative Prime Vendor System was a way to connect the public and the private sectors. We in the government, with financial resources from SDC and technical support from the Swiss Tropical and Public Health Institute all worked together to improve the accessibility of essential medicines to all.

# "I took some lessons from Switzerland and hopefully they were able to penetrate into our health care system."

The third achievement relates to the maintenance of medical equipment because in 2011 some of the equipment was deemed not to be functional and was grounded. I remember that we sat down again with colleagues from Switzerland and we agreed that we needed to have health technology management software installed at rural hospitals and at the regional level. This allowed us to revive functionality of some of the equipment and to save an enormous amount of money.

The fourth and key component that the Swiss-Tanzanian partnership brought was in health promotion. For instance, in Dodoma, before we started the Health Promotion and System Strengthening project in 2011, which is still running today, the coverage of improved toilets and latrines was very low: around 50 percent. So together we came up with model toilets and additional hygiene and sanitation interventions. Through the Swiss-supported *Maji kwa Afya ya Jamii (MkAJI)* project, we were able to drill boreholes to cover both community and health facilities. We advertised it on local radio and television programmes around the region, which rose awareness about hygiene and sanitation practices that still benefit the communities today.

All of these projects were then scaled up throughout the country. From my perspective, this is a massive effort and I feel proud to have taken part in this journey. I was among the pioneers, involved personally in the design, thought, crafting and roll-out of these projects that are some of the legacies from this Swiss-Tanzanian partnership that I will always cherish. In my opinion, the positive results were only possible through a long-term, multi-year engagement.

On a more personal level, my association with Switzerland has made a huge difference in my career by teaching me skills and approaches that I have been able to use in Tanzania. With the support of SDC, I joined the Master of Business Administration in International Health Management programme at the University of Basel. I travelled every three months to Switzerland back and forth for three years. Some people joke and say that I am half Swiss now because I brought back some of the Swiss values, for example in time management, which I apply with my team. Believe me, today if one of my colleagues is five minutes late, he is in trouble!

More important is the concern for the poor. In my view, Swiss people are very good with the issue of social inclusion: taking the society in its totality, making sure that no one is left behind. I have also been made aware of the importance of a participatory approach: whatever decision you are about to make, you should engage different stakeholders from the local level. These are lessons I took from Switzerland and hopefully they were able to penetrate into our health care system. The other factor is leadership. I was appointed as a District Medical Officer, but I didn't receive any leadership training. In Tanzania, some people believe that leaders are born in that capacity. Thanks to my MBA, I learned how to become a good leader because I had been well mentored, having been taught a number of different styles of leadership. I realized that making decisions is not by guessing, but rather that there is a systematic way of arriving at a decision. Eventually I was able to apply those theories here and luckily, they worked out very well. Coming to the President's Office with those skills made a huge difference because now I can lead and manage comfortably. I really feel the difference. This confidence came from receiving my MBA, something that helped me a lot to become the person I am today.

Finally, I appreciate that Swiss people are reformers. From the beginning, they always think of how to improve efficiency in service delivery. This is essential, particularly for resource-limited countries like Tanzania. I strongly believe that we need information systems to be able to account for every single cent that is collected. We need positive reforms that ensure that our health care system is responsive, and that people benefit from everything we deliver to them.





Elizabeth Barnabas (left) and Hosiana Mmari (right) are beneficiaries of the Swiss-supported Opportunities for Youth Employment (OYE) project. Together they founded Haki Leather Enterprise in Kalume village, Dodoma Municipal Council, where they make leather shoes sold in Tanzania.

#### FI IZABETH

Becoming an entrepreneur has always been my dream. I tried just after finishing secondary school, but I gave up very quickly because I was discouraged and afraid to fail. So, I started a job as a secretary. I was employed by a law firm, but my salary wasn't sufficient, and I wasn't happy. When I heard about the training that was offered by SIDO (Small Industries Development Organization) through the Opportunities for Youth Employment (OYE) project, I jumped on the opportunity and I quit my job. OYE woke me up and brought me back to my first passion: entrepreneurship. I enrolled in the training programme and I started working as a leathersmith.

We were trained in technical skills, business development management and life skills. We had mentors who always encouraged us, which allowed me to acquire self-confidence. My fear to fail disappeared.

OYE changed my life. Not only in term of business and income but it also gave me a lot of exposure. Thanks to the support of the project, I was able to travel out of Dodoma for the first time in my life. I had been advertising our enterprise at exhibitions in Mbeya, Kigoma and Zanzibar, many places. There, I met other young people, especially young women, all from different places, all doing different businesses, but all entrepreneurs. It increased my knowledge and my network. These experiences have been essential for my daily activities ever since.

"OYE changed my life. To young girls today, I would say: be open-minded, believe in yourself and follow your passion and not your fears."

This business allowed me to be recognized and inspire other women. Traditionally, this kind of job - making leather shoes - is a man's job, even a Maasai man's job. In the beginning, I was scared, even by the tools we needed to use. But the trainers said: "If a man can do it, you can do it too." After practicing, I realized that it was easy, that anybody can do it. Around here, some people were surprised to see women do this kind of work but mostly they were eager to see the results. When the community saw our progress, many husbands started to send their wives to be trained; some parents sent their daughters. Today, we train young girls and boys and I think we are inspiring many vocations.

From my experience, I would like to say to young girls: "be open-minded, believe in yourself and follow your passion and not your fears." I hope my success can encourage many others.



#### **HOSIANA**



When I started the training programme with SIDO and OYE, I was 23 years old. I was jobless and hopeless because without having graduated from school, it was very difficult to find a good job. When friends of mine told me about this opportunity, I didn't hesitate for long. Through this project I received training, acquired skills and I was able to employ myself. This business improved my life. Before I was financially dependent on my parents and I was living with them. Now, I live by myself and I can cover all my expenses and those of my child, independently.

The training helped me gain a lot of knowledge, I developed leadership skills which allow me today to feel comfortable to train other people. We are trying to empower other young girls with skills as we have been empowered ourselves.

## "We are trying to empower other young girls with skills as we have been empowered ourselves."

I chose to work in this business because the market is guaranteed. If you don't have customers today, the product you made is still here tomorrow or even next month; you can always sell it later, which is not the case with vegetables, for instance. Following our training on business management planning, I agreed with Elizabeth to concentrate on quality instead of quantity. Now, the business is more profitable, and we are able to sell every single shoe we produce. We are making both ready-made shoes and custom-made shoes and thanks to our network, we are selling them as far as Dar es Salaam and Zanzibar.

I am confident that with a good strategy, the business will increase even more. And if I can run an enterprise today, why not manage a large shoe factory tomorrow? This is my wish and how I see my future.





**Erick Kabendera** is an investigative journalist. He studied journalism at the University of Dar es Salaam, graduating in 2004. He is one of the first beneficiaries of a fellowship from the Swiss-supported Tanzanian Media Foundation (TMF) where he became a mentor for young journalists.

Media in Tanzania played a key role in the struggle for independence: it was the best way for the people involved in this struggle to communicate with the population. In the early years of independence, the sector flourished until the ban of political parties.

Until 1992, there were only two daily newspapers, Daily News and Uhuru, owned by the government and the ruling party. But with the reintroduction of a multiparty system, the doors were suddenly opened for independent daily newspapers to start operating. Successful business leaders were setting up media houses and journalists established the first media company owned by journalists.

"The leadership role Switzerland has taken in the media has had a huge impact on me directly and on the sector in general."

When I joined the sector in early 2000, the key problems in the media related to skills and independent thinking. And, of course, the market and the culture of reading newspapers were quite small compared to countries like Kenya where an independent press had existed for 50 years. Most of the newspapers relied on government advertising because the private sector was still weak and the government owned the majority of the business parastatals.

This context helped the establishment of the Tanzanian Media Fund (TMF), which was supported by multiple development partners, including SDC. The TMF engaged in discussions with media houses to find innovative ways to grow their businesses and increase their audiences, and started supporting journalistic training through fellowships. From 2009 to 2010, I became one of the very first of the cohorts of TMF fellows to cover stories in rural areas for six months. I picked up three big stories that I would have never covered without the support of TMF.

The founding of TMF was an important moment for journalism and for me: it gave me an opportunity to travel across the country, doing a lengthy investigation on the use of public money in public services. I wrote two big award-winning stories. The government actually took note, and it created a debate about the efficiency of the policies to address the challenges they were meant to be addressing on the ground. The support of TMF made a difference because no newspaper would have given a journalist this money and time to focus on a specific investigation for six months. Most of the workforce in the media is made up of freelancers who are barely paid, operating in the remotest part of the country without coming to the headquarters or undergoing any form of training. There is no investment in encouraging a new breed of reporters.



The TMF also provided mentors: experienced local and foreign journalists. They guided me on a day-to-day basis during the investigation and allowed me to gain skills to become a better journalist. I received a fellowship to go to the United Kingdom to work with The Times, one of the most prominent newspapers in the world. When I returned, I subsequently graduated from being a local journalist to becoming an international journalist. I started freelancing for The Guardian (United Kingdom), The Times of London and other major newspapers, writing stories on Tanzania and the East African region.

After this experience, I too became a mentor at TMF to support the careers of young journalists and I could see the transformation of these reporters. For two and a half years, I mentored 25 journalists who have excelled in their careers thanks to this fellowship. The TMF opened up the media landscape and encouraged innovation. It's also a platform for journalists to meet and discuss the challenges they face.

The Media Council of Tanzania (MCT) is equally playing an important role in advocating for policies and laws affecting journalists. If you looked at the most prosperous time for journalism, between 2007 and 2015, innovation progressed and media thought about their future critically. The use of the Internet was also increasing, and content was moving onto online platforms, commercializing it to supplement revenue and income.

I very much value that the Governments of Ireland and Switzerland continued to provide support - especially in those challenging times - with SDC taking a lead role in facilitating debates and supporting TMF and MCT. What is interesting is that Switzerland has been the only major donor still holding on to say, "There is still something we can do in the media space." This persistence in staying in the sector while others are pulling out is essential because media need someone as a leader. And for Switzerland to take a leadership role has had an impact, a huge impact on me directly and on the sector in general.





Jacqueline Matoro is a National Programme Officer - Health at the Embassy of Switzerland in Tanzania. She has been working at the Embassy for 17 years. She has Master's degrees in Development Studies and in Public Health.

Over the past 17 years, I've seen a lot of transformation in the development work here at the Embassy. In my view, one of the highlights is the engagement with the Government of Tanzania. Switzerland was part of the General Budget Support (GBS) from 2007 to 2010. At that time, the State Secretariat of Economic Affairs (SECO) was present in Tanzania and I noticed very good collaboration with SDC, with both Swiss agencies working together as part of the GBS. Switzerland played an active role as one of the GBS members and worked very well with the government.

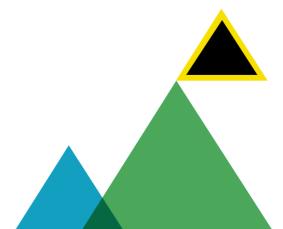
Another transformation that I've seen is in terms of the policy dialogue. It seems to me that Switzerland is considered as an honest broker. Switzerland does things in a very systematic way, especially through policy dialogue, and with very successful results. This comes very clearly from the way we have organized ourselves, with the micro-macro linkages. The micro linkage comes in our direct project implementation. We have mandates where we receive lessons learned from the field, evidence-based information, and then we bring it up at the macro level for policy dialogue. During the 17 years I have worked at the Embassy of Switzerland in Tanzania, I saw different projects starting from a regional level being scaled up nationally. I think the Government of Tanzania benefits from the evidence that has come out from these small projects. Good examples are the malaria project, where the pilot was scaled up nationally in the implementation of the National Voucher Scheme programme that targeted pregnant women with free insecticide-treated nets from 2004 to 2012, and the ongoing national scale up of the improved Community Health Fund (iCHF) that is now being implemented by the government in 26 regions. And an important part of my work with the Embassy is to bring in the lessons learned of a small initiative to the higher level policy dialogue.

Another evolution of SDC work that I would like to highlight is the strong interaction between the three domains of interventions: Health, Employment & Income and Governance & Accountability. I can see today that there are many interlinkages between the sectors that emphasize the rich process of SDC these last 40 years, to bring in different expertise and alignment with



"Switzerland does things in a very systematic way, especially through policy dialogue, and with very successful results." the government's priority areas. For example, the Employment & Income domain promotes health insurance to prevent young and poor people to use all their resources just for medical treatment. The Governance & Accountability domain works with the Government of Tanzania to ensure that people receive the required services for which they pay (e.g. health insurance). Thus, the three domains are interlinked and well connected with government priorities and the needs of the people. It's about targeted interventions that contribute to the outcomes of the government and not necessarily the volume of funds provided. A CHF 10 million intervention for example, can trigger a huge impact and bring a lot of learning to influence policy, provide an enabling environment for implementation and for the government to scale it up. While Switzerland might be considered as a small donor, I think its presence in Tanzania is impactful and visible and I am proud to be part of this journey and partnership.

Personally, I enjoy my work and I have a passion for what I do. In my 17 years of experience, I've seen many people coming, with different expertise, different management styles and different backgrounds. But it has always been a good working environment, which allows me to take the lead and to try out something and see how it comes out. There is no "top-down" hierarchy, we are all peers and I feel that I can express myself very openly.





### Contact

79, Kinondoni Road P. O. Box 2454 Dar es Salaam, Tanzania

+255 22 266 6008 daressalaam@eda.admin.ch www.eda.admin.ch/daressalaam

Dar es Salaam, 2021 © Embassy of Switzerland in Tanzania