



## South African Health Review 2018 Series

### Chapter 6: A rural scholarship model addressing the shortage of healthcare workers in rural areas

*Richard Gavin MacGregor, Andrew John Ross, Ganzamungu Zihindula*

- The shortage of health care workers (HCWs) in rural areas is an international problem. In South Africa, there is an overall shortage of HCWs in the public sector, with 106 518 public-sector vacancies in 2010 for 14 clinical health professions. Medical practitioners accounted for 10 860 of the total vacancies, while professional nurses accounted for 44 780 of the total. Although 43.6% of the South African population live in rural areas, they are served by only 12% of doctors and 19% of nurses. Of the 1 200 medical students graduating in the country annually, only about 35 end up working in rural areas in the longer term.
- The Umthombo Youth Development Foundation (UYDF) bonded scholarship scheme identifies, supports and trains rural youth in KwaZulu-Natal (KZN) to become HCWs who, in turn, undertake to work at their local rural hospital after graduating. This initiative has produced exceptional results in terms of annual university pass rates and graduate compliance, despite the poor rural education system and challenges rural youth face at university.
- Some of the conditions attached to the scholarship are that students have to apply to universities themselves; undertake compulsory voluntary work at the hospital before selection in order to confirm their choice of health science discipline; do compulsory work at the hospital during vacations; and choose study fields based on the provincial Department of Health (DoH) human resource priorities.
- Comprehensive financial support covering tuition, accommodation, books, food, minor equipment and incidental expenses is provided for each student. As rural students in South Africa are poorly prepared academically and socially for university, a mentoring and support programme is in place to ensure that they are able to address the academic and social issues they face as soon as possible, thus increasing their chances of success. This essential support is provided by a full-time student mentor augmented by a network of volunteer mentors who are situated close to the campuses of the 16 different tertiary institutions across South Africa. All first- and second-year students, as well as struggling senior students, are allocated a mentor with whom they have monthly meetings.
- Extensive interaction with students from selection to graduation allows UYDF to inculcate its vision, namely to address the shortage of HCWs in rural hospitals and to improve healthcare delivery to rural communities. Through application of the UYDF model, students understand that they are being supported for a greater purpose, rather than for their personal benefit alone. This is in contrast to other bursary programmes where students are selected without interviews, and are financially supported throughout their university studies with very little contact with their sponsors or the DoH. The result is that there is often an incongruence between the objectives of these graduates and those of the DoH.

- Graduates are required to work one year for every year of support received from the scheme. Some health disciplines require UYDF graduates to undertake a compulsory internship training at regional or tertiary hospitals not situated in rural areas. These graduates are subsequently employed in rural district hospitals. Employment of graduates is the responsibility of the participating hospital and the provincial DoH. Until 2009, the employment of graduates was based on an informal agreement with the KZN DoH. This process was strengthened in 2010 when a Co-operation Agreement was signed between the UYDF and the KZN DoH.
- Support of graduates in the workplace is provided through an initiative to assist new graduates with integrating quickly into their work environment. This involves senior UYDF graduates assisting new graduates to adapt from university life to the hospital work environment. Additionally, the UYDF provides financial support for graduates and other professional hospital staff to acquire additional clinical or procedural training through attending short courses or distance-based learning programmes. Support is also provided for graduates to obtain the necessary management and financial skills should they be interested in assuming a management role in the hospital.
- The financial resources required to run the scheme are raised from South African companies (corporate social investment), South African trusts and foundations, and international foundations interested in the development of the public health system and/or youth development. In 2011, UYDF entered into a partnership with the National Student Financial Aid Scheme (NSFAS), where some of the UYDF students' tuition and residence fees are paid by NSFAS. Currently, the full cost of supporting a student, including mentoring support, is R115 000 per student per year.
- The five-year (2013-2017) average annual university pass rate achieved by UYDF students has been 92%, with the majority of students completing their degree within the minimum time, or minimum time plus one year. To date, 337 graduates in 16 different health disciplines have been produced, of which 113 are doctors. All graduates have taken up employment in rural hospitals to honour their work-back obligation and, as at December 2017, 145 had completed their entire obligation and 5.7% of the graduates had either bought themselves out before completing their work-back obligation or defaulted by either not working or paying back.
- Despite the odds against rural students completing their tertiary education (due to poor quality of primary and secondary education, especially in mathematics and science), the UYDF scholarship scheme has demonstrated that this is indeed possible given proper support, with 337 students graduating over the last 19 years. These students all came from rural areas and rural quintile 1 and 2 non-fee paying schools.
- The UYDF experience proves that rural students from quintile 1 and 2 non-fee-paying schools can succeed at university if provided with the necessary financial, academic and social mentoring support; that graduates will return to work in their local hospitals if it is a condition of support; and that training of HCWs who remain and work in South Africa is an economic investment.
- Perhaps the most important contribution of the UYDF to national health priorities is the development of a critical mass of healthcare professionals willing to work in rural areas. These health professionals are being placed in rural areas and are critical to the realisation of universal health coverage and the implementation of National Health Insurance (NHI). The NHI will require a sustainable supply of competent and committed HCWs willing to live and work in underserved areas – very typical of UYDF graduates. Utilisation of the UYDF model provides opportunities for the NDoH to produce HCWs who understand their role and function within the NHI, and who are therefore fit for purpose

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