

Investment in rural youth to become the health care professionals needed by their communities

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Introduction

Economic participation of youth in South Africa is poor and characterised by high unemployment and poor entrepreneurial levels. As of 2011, South Africa had an unemployment rate of 25%, about 70% of the unemployed is youth (14- 35 years of age)⁴. Unemployment is arguably not only a function of the ability of the economy to absorb labour, but it is also a function of the level of education and work experience of young people³.

According to the New Growth Path 2010, the core challenges hampering youth's meaningful participation in the mainstream economy are joblessness, poverty, and inequalities. It is a global trend and in South Africa it is even more evident - young people are the most affected by unemployment. Globally it is estimated that young people constitute about 25% of the working age population, but they constitute 47% of the unemployed⁴. In South Africa, the Quarterly Labour Force Surveys (QLFS) have consistently depicted a grim situation, high unemployment affecting youth in particular. It was reported that an estimated 320 000 young people between ages 18 and 24 years lost jobs since December 2008¹.

Some also argue that youth are not skilled and prepared for the labour market and thus unable to be absorbed by the job market. The joblessness situation in South Africa affects largely young women; youth in the rural and peri-urban areas and youth with disabilities³. It is imperative therefore that any employment or economic development strategy, plan or programme be deliberately biased towards these special categories of youth.

For rural youth the above are exaggerated due to poor quality of basic education as a result of shortages of qualified teachers, mainly in mathematics and science, lack of text books and physical facilities like libraries, laboratories and computers. In addition the medium of instruction in rural schools is usually local language, whilst tertiary education in South Africa is in English or Afrikaans. In addition, rural youth lack information about careers, tertiary education and general opportunities. This results in rural youth being poorly prepared both academically and socially for tertiary education.

The Umthombo Youth Development Foundation

It is with this background that the chronic shortages of qualified healthcare staff at Mosvold Hospital, a hospital situated in deep rural northern Kwa Zulu Natal, were to be addressed through an investment in local youth. The Umthombo Youth Development Foundation aims to address the shortages of qualified healthcare staff at rural hospitals through the investment in rural youth. This initiative was started out of a desperate need to address the very high (50-80%) shortages of healthcare staff at rural hospitals. Research indicated that health professionals of rural origin are more likely to practice in rural areas than their urban

counterparts. Based on this research and the belief that despite the economic, social and educational deficiencies rural youth faced, if given the opportunity and appropriate support, they had the potential to succeed in becoming the healthcare professionals needed by their community.

This programme was established in 1992 at Mosvold Hospital and has since spread to 12 rural hospitals. To date 116 qualified health care professionals, covering 16 different healthcare disciplines have been produced. As part of the agreement of their support, they are required to work at a rural hospital for the same number of years they were supported for, and thus all these graduates are currently, or have worked, at a rural hospital for a number of years.

The success of the programme has been dependent on identifying highly motivated youth, who are able to overcome the challenges they face in order to succeed. Over the past 12 years we have determined the critical aspects of the programme, which ensure we select good students, achieve an above 80% university pass rate, and produce graduates that are committed to making an impact as they work at a rural hospital. These critical aspects are:

a) Identifying sufficient youth with potential

This entails marketing the scheme to schools in the area. This entails making pupils aware of health sciences as career opportunities, the subjects and grades required to study different health sciences, the University application procedure and closing dates. Pupils are also made aware of the scheme, mainly the fact that youth from the area, and such schools have obtained places at University, and are succeeding or have succeeded in becoming qualified health care workers. They are also made aware of funding opportunities through UYDF, the Provincial Bursary Scheme and the National Student Financial Aid Scheme (NSFAS). Learners who are interested in studying a health science degree and who are doing Mathematics and Science are invited to attend the **Hospital Open Day** where they are able to learn more about the health science discipline they are interested in and are able to meet some of our graduates.

Pupils who are interested in studying a health science degree, and who have applied to University, and who would like to apply for an UYDF scholarship, are required to do at least one week's voluntary work at their local hospital in the relevant Department. The voluntary work gives the pupil a more detailed experience of the work of the health science discipline they wish to pursue, which will hopefully confirm their choice, as well as shows their commitment and initiative, as they need to make their own arrangements to do holiday work.

Applicants are required to be interviewed and selected **by a local selection committee**. These include hospital representatives (Human Resources; Medical Manager); a representative from Education – local school Principle or District office representative; and a

community representative. It is imperative that the hospital is involved in the selection process as they are selecting their future employees. The local selection process also builds in a certain accountability between the student and the community, as in most cases the interview panel knows the applicant or their parents or relatives. The student realises that they have to make the best of the opportunity they have been given as their family name is at stake – not just theirs. The selection criteria are: 1) they must come from the area 2) they must have applied or been accepted to study a relevant health science degree 3) they must have done at least one week's voluntary work 4) they must have a financial need 5) they must be chosen by the local selection committee 6) they must agree to sign a year-for-year work back contract.

b) Provision of comprehensive financial support covering tuition, accommodation, books, food, minor equipment and incidental expenses is provided to each student. This allows students to focus exclusively on their studies without having to worry about financial issues as well as a lack of books or equipment.

c) Mentoring support to students – rural students in South Africa are poorly prepared both academically and socially for university, and thus, mentoring support is provided to ensure that they are able to address the issues they face as soon as possible, thus increasing their opportunity to succeed. The mentoring support also ensures that students are held accountable to make the necessary changes needed to succeed. The mentoring support entails students meeting with a mentor on a monthly basis where academic, social and financial issues are discussed. Mentoring support is provided through a network of volunteer mentors that are situated close to the academic institutions where our students are studying. The volunteer mentors are required to complete a standardised report form on each student and submit the completed reports to the full time Student Mentor. The Student Mentor, also visits all students twice a year on campus and once whilst they are doing their holiday work. Mentoring support addresses both academic and social issues students may face. Through this support the overall university pass rate over the past two years has been 88%. REAP reports that the pass rate of previous disadvantaged youth at university is around 35%².

Holiday work forms part of the mentoring support with all students required to do a minimum of 4 weeks holiday work at their local hospital each year. The holiday work allows students to build relationships with the hospital staff and be exposed to the world of work as well as understand the impact they will have when they return as qualified graduates. It also gives them an opportunity to learn and practice under the supervision of the hospital staff, which naturally benefits them in their overall university performance as they gain practical experience.

e) Graduation, employment and work back – on completing their University studies, some health disciplines require students to undertake a compulsory internship training (Doctors, Pharmacists), which takes place at training hospitals, which are not situated in rural areas.

Students that have completed their studies are placed at a rural hospital in order to honour their year for year work back contracts. Graduates are required to work one year for every year of support (financial and mentoring support) they received from the scheme. The employment of graduates is the responsibility of the participating hospital and the Department of Health and is governed by a Memorandum of Co-operation we have with the KZN Department of Health. This emphasises the need for a close relationship between the participating hospital and the UYDF.

f) Support of graduates in the workplace – health professionals working in rural hospitals often feel isolated and that they are falling behind their urban counterparts due to a lack of opportunities for ongoing skills training. In order to retain qualified staff at rural hospitals, the UYDF provides financial support for graduates and other professional staff to acquire additional clinical training through the attendance of short courses, or distance based learning programmes. Support is also provided for graduates to obtain the necessary skills should they be destined for a management role in the hospital. In addition, senior graduates assist new graduates to adapt from University life to the hospital working environment and to become good hospital workers.

Impact

Of the 116 graduates, all of them are employed with 114 being employed in permanent quality, well paying jobs. Although no formal research has been undertaken, numerous graduates have shared about their ability to assist siblings to access better schooling and even tertiary education opportunities. Some of the more senior graduates are, or have, built homes for their parents in their rural village, thus contributing to local economic development through employment of builders and purchase of building materials. The fact that these graduates are receiving monthly salaries, means that they are contributing to the economy as taxpayers and through spending the majority of their money locally. Significantly, although their parent(s) are on social grants, as healthcare professionals in good jobs they (including their children) will never be in need of social grants!

In all cases these graduates are role models in their communities, in most cases being one of the first graduates in their community and most likely the first graduate in their family. Having come from resource poor rural schools, and having succeeded, they are a huge motivation to the hundreds of thousands of rural youth who feel hopeless about their future.

Currently 12 rural Kwa Zulu Natal hospitals are benefiting from this initiative and support is being given to the Eastern Cape Department of Health to develop a similar scheme. This year 183 rural youth are being supported at university.

Of significance is the fact that these youth are being trained for existing jobs and their training allows them to start working immediately after graduating. Unfortunately there are

an estimated 250 000 unemployed graduates in South Africa, mainly because their training was not linked or aligned to the needs of the economy.

Conclusion

Through innovative thinking, as well as providing the necessary support to rural youth, a successful programme of investing in rural youth to become the future healthcare professionals needed by rural hospitals has been developed.

The success of the scheme is based on the academic and social mentoring support provided to students and the fact that their qualification leads to immediate employment.

It is believed that similar initiatives could be developed to train teachers for rural schools as well as this initiative being replicated in other rural Provinces.

References

¹Confronting Youth Unemployment: Policy Options for South Africa. National Treasury February 2011.

²Rural Education Access Programme Tracking Report 2001-2011, Andrew Hartnack, September 2011.

³The Integrated Youth Development Strategy of South Africa 2012-2016. National Youth Development Agency, 2011.

⁴World Development Report, 2007.